

# The negative impact of poor health on civic participation in older adults of the Baltic countries

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**Abstract.** Civic participation as a specific subtype of social participation in later life has received little attention from researchers. How to maintain the well-being and health of older adults through their involvement in the community is crucial to understand the prevalence of civic participation in older age, especially for those in poor health. This study fills the gap in knowledge on the relationship between the civic participation of older adults in the Baltics and their health status. The data come from a quantitative survey of Lithuania, Latvia, and Estonia's residents aged 50 years and older ( $N = 2015$ ) conducted in 2019-2020. Data were analysed based on Serratet et al. [1] concept of civic activity and health status, using descriptive statistics and multinomial regression analysis. The results show that the profile of civic participation people aged 50+ is asymmetrical: 1) individual rather than collective and social rather than political participation is prevalent, and 2) poor health limits the participation of older adults in almost every civic activity (especially those that are more resource-intensive). The research results can be helpful for social policymakers and practitioners (social workers).

**Key words:** older adults, social activities, political activities, health, the Baltic countries.

## 1 Introduction

Individuals' social activity is an element of old-age social inclusion that is one of the most difficult to study and measure. Nevertheless, we can easily find studies arguing that, broadly speaking, social activity is positively related to a person's well-being in general and health in particular [2-4 – to name only some of the sources]. Social activities can be both the cause and the outcome of better health [5].

From the broad spectrum of social activities, we examined civic participation, which is less studied. There is, to a more considerable extent, developed scholarship on some particular activities related to civic participation, such as formal volunteering [6-11] and voting [12-14] behaviour. Researchers have noted that civic participation is sometimes reduced to just one activity: volunteering or voting [1, 15, 16]. Civic participation in later life is still an emerging area of study in the literature [15]. Moreover, knowledge about the older population of the Baltic region is fragmented and insufficient. Therefore, this study

fills the knowledge gap on civic participation among older adults (aged 50+) in the Baltics, especially the link between such civic participation and health status. This study aims to 1) examine the prevalence of civic participation among Baltic older people and 2) determine how health affects the level of civic activity among older people.

## **2 Theoretical background**

### **2.1 Civic participation**

Civic participation is a type of social activity [4, 17]. Unlike civic engagement, which ‘denotes psychological attentiveness to social and political issues, participation conveys the idea of action’ [18:e39]. According to the taxonomy of Levasseur et al. [4], a wide and diverse spectrum of social activities can be classified into several levels depending on (1) the degree of involvement of the individual with others and (2) the goals of these activities. In this way, two activities of the highest level - ‘helping others’ and ‘contributing to society’ (Levasseur et al. 5th and 6th level [4]) - correspond to civic participation activities. Recent scholarship also describes the concept of civic participation quite differently [19]; many scholars agree that civic participation refers to people acting for the collective welfare or public good [1, 19]. Namely, civic participation is attributed to ‘individual and collective actions designed to identify and address issues of public concern’ [20]. These contributions can potentially be beneficial to many people. They (usually) are voluntary and altruistic and include many forms [19]: individual and collective, social and political. These actions can be expressed at the community level or as an interaction with institutions of representative democracy. Civic acts can have different volumes of activity and may or may not require resources such as time, money, and skills [21]. The present study analysed the level of involvement of older adults in civic activities, leaving the motives, abilities, and opportunities of these activities for future research.

To operationalize civic participation and find its empirical expressions, we turned to the typology of Serrat and colleagues [1]. They divided activities into two types according to the form (individual or collective) and according to the domain (social or political). Thus, they constructed a matrix that gives four subtypes constituting civic participation: (1) individual social participation; (2) collective social participation; (3) individual political participation; and (4) collective political participation. Several items represent each subtype, allowing for the creation of a model closer to reality. Of the four subtypes, only the second one – collective social participation represented by formal volunteering – has been better studied [1, 22].

### **2.2 Health and civic participation**

The health status of older people varies greatly. Poor health may affect older people’s patterns of civic activities [16, 23, 24], whether individual or collective, and whether with social or political intention. Scholarship shows that poor physical and mental health conditions are barriers to, for example, volunteering [5, 25-28] and voting [29, 30]. A similar situation may exist with other civic activities (helping others, working for the benefit of the community, contacting a politician, participating in protest actions, etc.), the patterns of which are less studied. It was hard to find consistent studies on the impact of health conditions on civic participation. Only a few authors have examined the links between health and civic engagement [16, 23]. These studies also noted the connection between health and activity, with poorer health reducing participation.

In previous studies, the health factor was operationalized in various ways: as a subjective assessment of health status [29, 31, 32, 33], as functional limitations [5, 27], as an objective health status [33], or as the presence of chronic diseases [27]. Both quantitative [5, 27-29, 33] and qualitative [16, 23, 24] studies have been conducted.

It is important to emphasise that by exploring links between health and civic participation, we do not claim that absolutely all healthy older people should feel obliged to participate in civic activities nor that those who do not commit to civic activities are less valuable members of society. People successfully practice multiple ways of achieving well-being in old age. However, here we pay attention to those whose opportunities to participate in civic activities could be limited because of poor health.

### **3 Materials and methods**

#### **3.1 Design**

This cross-sectional study used a quantitative survey approach – face-to-face interviews at a respondent’s home, using a pre-designed questionnaire. Data were collected from Lithuania, Latvia, and Estonia’s residents aged 50 years and older. This study adhered to the guidelines described in the regulations of ESOMAR [34] and the Lithuanian Association of Sociologists [35]. All participants provided oral informed consent for their participation. The data analysed in this study were a part of the research project ‘Construction of older people’s well-being: The empowerment policy, monitoring indicators and the voice of older people’ (COPWELL). It was implemented in Lithuanian Centre for Social Sciences and funded by the European Social Fund (project No 09.3.3-LMT-K-712-01-0063) under a grant agreement with the Research Council of Lithuania (LMTLT).

#### **3.2 Participants and procedure**

A random sample of 2015 native and foreign-born older adults aged 50+ residing in Lithuania ( $N = 800$ ), Latvia ( $N = 605$ ), and Estonia ( $N = 610$ ) was taken. The age range of respondents was 50-94 years, the mean age was 66.6, and female respondents comprised 61.2%. The samples were designed using a method to ensure proportional representation [17]. The survey was conducted from November 2019 to January 2020.

#### **3.3 Operationalization and data analysis**

The questionnaire of the COPWELL project included 51 questions. For the purpose of this study, we used only selected questions: a block on individual socio-demographic characteristics (including health information) and a block on respondents’ social and civic activities.

*Reported civic participation.* We organised the set of varied activities into four subgroups so that they could capture individuals’ civic participation [1, 18]: (1) individual social participation; (2) collective social participation; (3) individual political participation; and (4) collective political participation. In our study, the first subgroup of questions covered pro-social behaviours outside the family, represented by two items: following the national or local news and helping others outside the family without pay – in other words, informal volunteering. The second subgroup contained two items: formal volunteering and working with others to benefit the local community. The third subgroup of civic participation incorporated individual activities with a manifest political intention – namely, voting at recent national elections, contacting political representatives, and signing

petitions. Finally, the fourth subgroup in our study was presented with two items: working on political campaigns and participating in protest actions.

*Health status.* We examined two indicators: subjective assessment of health status and self-reported functional limitations of the person (vision, hearing, movement, self-care, memory, and speech perception). For the first indicator, we used a one-question instrument assessing general perceived health: ‘How is your health in general? Is it... Very good / Good / Fair / Bad / Very bad’. This question expressed a subjective assessment of the respondent’s health. As a standardised question recommended by the World Health Organisation, it is used in many international surveys [31-33]. To evaluate the functional limitations of the person, a separate Likert-type question for each functional limitation was included in the questionnaire.

Descriptive statistics and multinomial regression analysis were applied. The data were analysed using SPSS 20.0.

## 4 Results

### 4.1 Prevalence of civic participation among older adults in the Baltics

In general, civic participation of the population aged 50+ residing in the Baltic countries is developed unevenly. Individual activities are practised much more widely than collective ones (Table 1). Meanwhile, collective activities involve a minority of older people.

We evaluated the distribution of older adults in the Baltic States according to the subtype of civic activity (Table 1). It turned out that individual social activities are characterised by the highest mass participation – 96 to 99% of the 50+ population in the Baltics were involved.

However, among individual social activities, reactive participation dominated – following the local/national news on various mass media channels (95-98% of respondents). Providing unpaid help to other community members (requiring more time, funds, and skills) was comparatively widespread among older people. Older generations of Latvians helped others most often – almost half (46%) of Latvian older adults helped others; Estonian seniors, a little less often (39%); and Lithuanian seniors least often (29%) (Table 1). With regard to other individual social activities, they were very rare and varied little between countries.

**Table 1.** Share of population aged 50+ participating in civic activities and baseline characteristic of health in population aged 50+, 2020, per cent.

	Lithuania	Latvia	Estonia
<b>ISP - Individual social participation<sup>1</sup></b>	<b>95.8</b>	<b>97.3</b>	<b>98.5</b>
Followed local/national news	95.3	95.5	97.9
Helped others without pay	28.8	45.9	38.6
Attended a village/neighbourhood council meeting, public hearing, or public discussion group	9.4	9.1	13.9
Alerted newspaper, radio or TV to a local problem/ Notified police or court about a local problem	1.4	2.7	4.4
<b>CSP - Collective social participation<sup>1</sup></b>	<b>26.0</b>	<b>21.6</b>	<b>35.1</b>
Volunteered	13.1	13.8	26.4
Worked with others for the benefit of the community	20.5	13.2	21.1
<b>IPP - Individual political participation<sup>1</sup></b>	<b>79.6</b>	<b>80.8</b>	<b>71.0</b>
Voted at recent national elections	78.0	79.4	68.6
Met with a politician, called him/her, or sent a letter	4.4	5.3	3.6
Signed a petition	4.4	4.5	1.3
<b>CPP - Collective political participation<sup>1</sup></b>	<b>5.4</b>	<b>3.8</b>	<b>3.1</b>

Participated in an information or election campaign	2.4	2.3	2.5	
Participated in a protest or demonstration	1.5	1.7	0.8	
<b>Self-rated health status</b>	Very good/good	29.8	26.6	34.9
	Moderate/bad/very bad	70.2	73.4	69.6
<b>Difficulty walking or climbing steps<sup>2</sup></b>	53.1	45.4	43.6	
<b>Vision difficulty<sup>2</sup></b>	43.3	39.6	46.0	
<b>Memory and concentration difficulty<sup>2</sup></b>	44.6	41.9	37.9	
<b>Hearing difficulty<sup>2</sup></b>	22.4	11.4	18.1	
<b>Self-care difficulty<sup>2</sup></b>	19.9	11.3	10.2	
<b>Difficulty communicating with others using ordinary spoken language<sup>2</sup></b>	13.2	6.4	5.8	

<sup>1</sup> The sum of activities of a subtype can exceed the general indicator of a subtype, as some respondents reported participation in several activities.

<sup>2</sup>For analysis here is presented an aggregated group of individuals who chose answer options ‘Some difficulty / A lot of difficulties / Cannot do it at all’.

Individual political participation was the other most common subtype of civic activity among older adults in the Baltic countries. Four out of five residents of the Baltic States aged 50+ were individually active in the political domain. However, it should be noted that most individual political activities consisted of voting (69-79%). Again, according to [21], voting is one of the least demanding activities for citizens because it happens comparatively rarely (once in several years), requires no money or specific skills, and has minimal time costs. Activities that are more time-, skill-, and money consuming are not popular.

Compared to individual activities, be they social or political, collective activities were not widespread among the older citizens of the Baltics. Among these activities, social ones were considerably more popular than political ones (activity level was respectively 22-35% and 3-5%). The highest level of collective social participation was observed among the Estonian 50+ population, where one out of three volunteered or worked with others for the benefit of the community. In Lithuania, a quarter of the 50+ population were active in activities of this type. In Latvia, slightly more than a fifth was active. Collective political participation was the least common type of civic activity; only two percent of older citizens reported participating.

#### 4.2 How health conditions influence participation in civic activities

A multinomial logistic regression was performed to model the relationship between the predictors (one item for self-perceived health; six items for functional difficulties) and participation in civic activities (individual and collective participation in social and political domains) (Table 2). The .05 criterion of statistical significance was employed for all tests.

For each activity, adding the predictors to a model containing only the intercept improved the fit between the model and data, except for certain predictors: alerting public to a local problem, signing a petition, participating in an information or election campaign, and participating in a protest or demonstration. The prevalence of the latter actions was too small to serve as an approved behaviour predictor. As shown in Table 2, significant unique contributions were made most often by general health status compared to separate functional difficulties experienced by the respondents. Our model suggests that bad health is associated with decreased involvement in a number of areas: contacting a politician individually (meeting, calling, or writing a letter) by 61%, volunteering by 43%, giving of help to others (outside the family) without pay and working for the benefit of the community – each by 39%, and attendance of local council meetings – by 31%.

Results show that specific functional difficulties were important predictors only in some cases. The strongest predictor of limited civic activity was difficulty with self-care. It

decreased the probability that a person would follow local/national news by more than half (56%), participate in elections (by 46%), work with others to benefit the community (by 42%), and help others (by 35%). The next significant predictor appeared to be hearing difficulty, associated with less helping others and voting in elections. However, such a prevalent health issue as difficulty moving around emerged as a barrier just once – it decreased people's working for the benefit of the local community by ¼.

Three predictor variables – difficulty remembering or concentrating, vision difficulty, and difficulty communicating with others using ordinary spoken language – did not demonstrate their impact on any civic activity. Apparently, among the respondents, there were more those for whom these functional difficulties were mildly expressed and did not prevent them from being active.

## 5 Discussion

This study examined the prevalence of civic participation among adults aged 50+ residing in the Baltic countries and paid attention to the effects of health on participation in civic activities.

Older people were more likely to participate in individual rather than collective activities and social rather than political activities. Among individual social activities, the most common was following the local/national news (95-98%), and among individual political activities, voting in national elections (69-79%). These findings support previous studies showing high levels of senior citizens' participation in national elections [12, 21, 36, 37]. These two activities are spread among the absolute majority of older generation and constitute the quintessence of civic participation in later life. Burr et al. [21] discriminated between low- and high-investment forms of participation. They argued that in many cases, individual activities are more accessible, more straightforward, and less binding and that they require less effort and specific skills. So it is unsurprising that they are practised much more often. In contrast, it turns out that collective activities are less affordable because they may require long-term commitments (time), the ability to act in a team, a piece of specific knowledge (skills), mobility, and the investment of some amount of monetary assets (money).

From the results of the multinomial regression, it is clear that subjectively perceived bad health and self-reported functional limitations can serve as predictors of lower civic participation. Our results connect well with previous studies, wherein health conditions were acknowledged as an essential barrier to volunteering [5, 26, 27], participation in political organisations [38], voting [29, 30], and more general civic engagement [16, 23]. Moreover, our results go beyond previous reports, showing a more detailed picture. We found that subjectively perceived lousy health was a predictor of decreased involvement in the following activities: contacting a politician individually (meeting, calling, or writing a letter), volunteering, giving of help to others, working for the benefit of the community, and attendance of local council meetings. Results show that specific functional difficulties predicted the extent to which and the types of civic activities older citizens engaged in. The most significant effect on civic activities was found to be one of the most severe health conditions – difficulty taking care of oneself (washing or dressing etc.). Such a problem cuts off people's interest in news and considerably reduces participation in elections and working for the benefit of the community, as well as help provided to others.

**Table 2.** Predictors' Unique Contributions in the Multinomial Logistic Regression (*N* = 2015).

Predictor variable	1. Individual social participation				2. Collective social participation			3. Individual political participation				4. Collective political participation	
	1.1. Helped others without pay	1.2. Attended a local council meeting, etc.	1.3. Alerted public to a local problem	1.4. Followed local / national news	2.1. Volunteered	2.2. Worked with others for the benefit of the community	3.1. Voted at recent national elections	3.2. Met with a politician, called him (her), or sent a letter	3.3. Signed a petition	4.1. Participated in an information or election campaign	4.2. Participated in a protest or demonstration		
Intercept	1.569*** .215	2.343*** .295	3.605*** .549	-2.000*** .295	1.767*** .245	2.281*** .277	-1.158 .190	3.596*** .503	3.317*** .455	4.337*** .705	5.073*** .1061		
Self-rated health status	-500*** .120	-371* .175	-262 .361	-078 .337	-564*** .150	-497*** .140	-194 .148	-931*** .284	-129 .312	-69 .364	-375 .536		
Vision difficulty	.057 .112	.084 .171	.615 .333	-.428 .291	.128 .146	-.123 .139	.009 .132	.247 .266	-.537 .313	.235 .353	.206 .475		
Hearing difficulty	-.418** .154	.043 .231	.306 .407	-.388 .316	.070 .195	.071 .188	-.355* .161	.019* .364	-.160 .416	-.45 .529	.705 .546		
Difficulty walking or climbing steps	.011 .122	-.248 .190	-.124 .368	.333 .329	-.260 .164	-.302* .152	.105 .145	.512 .299	.204 .323	-.055 .412	.915 .533		
Difficulty remembering or concentrating	-.074 .117	-.101 .182	-.118 .357	.064 .305	-.257 .157	.191 .143	-.037 .137	-.222 .290	-.292 .317	-.704 .431	-.847 .531		
Self-care difficulty	-.428* .189	-.330 .309	-1.217 .648	-.815* .371	-.049 .25	-.550* .263	-.622*** .188	-.960 .542	.199 .461	-.140 .699	-.594 .857		
Difficulty communicating with others using ordinary spoken language	-.222 1.569	.325 2.343	.896 3.605	-.329 -2.000	.232 1.767	-.077 2.281	.208 .223	.545 3.596	.499 3.317	.262 4.337	-.583 5.073		
<i>Chi-Square</i>	71.355	75.443	45.096	44.843	89.563	86.364	74.156	52.894	84.288	29.366	22.223		
<i>df</i>	65	66	66	66	65	66	65	66	66	66	66		
<i>Overall percent of correct predictions</i>	60.9	89.1	97.4	96.3	82.7	81.4	76.4	96.0	96.6	97.7	98.8		

Note: SE is presented above the E (estimate), in lighter font. Operationalisation of variables: see Sect. 3.3. The reference category was: '1=Yes, I did ... (activity listed in column 1-4)'. \**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

At the same time, the results illuminated predictor variables – difficulty in remembering or concentrating, vision difficulty, and difficulty in communicating with others using ordinary spoken language – which did not demonstrate their power at all. From this, we cannot conclude that these factors are neutral. We need further research because, for instance, previous studies on the effects of visual impairment on older adults' participation demonstrate a negative impact [39].

The limitations of this study involved two types of underrepresentation. 1) Some target groups (for example, institutionalised population or migrants); 2) Some components of civic activities, the list of which open-ended (e.g., charitable activities by donating money to achieve both social and political goals, and organised collective activities of older people in political parties and organisations [19], and micro-volunteering activities [22]). Data that are more detailed are needed for deeper analysis (especially of those who are passive in civic participation and have deplorable health conditions). Future research on civic participation could be expanded to include several additional activities mentioned above.

These research results can provide valuable information for stakeholders, policymakers, and practitioners who aim to ensure opportunities for a pro-social life for older people, one of the most effective guarantors of personal well-being in old age [9, 40]. The results call for special attention to those in poor health.

## 6 Conclusions

In this study, we covered a wide range of civic participation activities, from those requiring little personal involvement to those highly demanding, from individual to collective, and from those pursuing social goals to pursuing political goals. The analysis found four asymmetrical profiles of civic participation. This research revealed that older people in the Baltic countries strongly prefer individual rather than collective forms of civic activities, and social rather than political intentions were preferable for civic activities. These results confirmed a trend observed in other studies: poor health has a limiting effect on a person's participation in most civic activities - whether they are carried out individually or collectively, whether they aim for social or political impact. This study is significant in that it enriches the field of scientific knowledge with the following insights: 1) It revealed, for the first time, the features of civic participation of older people in the Baltic region. 2) It found that poor health resources limit participation in almost any type of civic activities in older adults, especially in those which are more time-, skill-, mobility-, and money-intensive. The research results could interest stakeholders, policymakers, and practitioners focused on promoting a pro-social life for older adults, especially those in poor health.

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