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Social engagement and physical activity: Commentary on why the activity and disengagement theories of ageing may both be valid

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Abstract: There is a stark contrast between the activity and disengagement theories in terms of what they say is the level of social engagement and physical activity associated with the population of elderly people. Owing to their opposing arguments, it is confusing to realize that research validates both of them. What their originators and researchers have failed to explain is the unique set of factors or conditions under which each theory is more likely to be confirmed. As a consequence, the contrast between the two theories has a misty practical foundation and therefore remains confounding several years after these theories were formulated. In this paper, an attempt is made to identify conditions under which each theory is more likely to be supported in research. This effort is expected to encourage researchers to relate their findings to the appropriate factors in order to better explain the contrast between the two theories and the practical significance of research results.

Subjects: Health & Society; Health Conditions; Public Health Policy and Practice; Aging and Health; Population Health; Preventative Medicine; Quality of Life; Epidemiology

Keywords: social engagement; physical activity; activity theory of ageing; disengagement theory of ageing; ageing; geriatrics

Ageing is irrevocable—everybody is liable to grow old and lose the glamor of being young. The condition of being old is not desirable because it is associated with interrelated social, economic and health challenges. Moreover, health challenges emanating from old age is linked to the withdrawal of older people from society (Arslantaş, Adana, Ergin, Kayar, & Acar, 2015; Bernard, 2013). This

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PUBLIC INTEREST STATEMENT

Ageing is irrevocable – everybody is liable to grow old and lose the glamor of being young. The condition of being old is not desirable because it is associated with interrelated social, economic and health challenges. The fact that they are aged however does not mean older adults are less important in society. In fact, they are better experienced in life than those often perceived to be energetic and prolific and therefore still play critical roles towards socio-economic development. For these reasons, it is incumbent on researchers and public health stakeholders to embrace and support programs dedicated to improving geriatric care and the quality of life of older people.

reasoning is in harmony with the Disengagement Theory of Ageing (DTA). The DTA, originally developed by Cumming and Henry (1961), postulates that ageing is inevitable, and one's abilities, including the ability to come into contact with friends and relations, reduce over time. Consequently, growing people gradually lose ties with others in their society and become physically inactive and lonely as compared to their youthful counterparts. Some researchers (Arslantaş et al., 2015; Bernard, 2013) have found that loneliness and physical inactivity are characteristic of the population of geriatric people and have thus corroborated the DTA, at least to some extent.

The Activity Theory of Ageing (ATA), originally developed by Havighurst (1961), directly opposes the DTA. It contends that older adults keep physically active and healthy as a result of their significant social engagement. Like the DTA, the ATA has been confirmed in some empirical studies (Crewdson, 2016). Evidently, research supports these two contrasting theories. Since the ATA and DTA directly oppose each other, it seems as though only one of them can be valid and can therefore be confirmed in research. The fact, however, is that both theories can be valid, and the validity of each of them could be linked to unique sets of socio-economic and demographic factors. The contrast between the two theories and the criticism they are subject to in the academic domain are attributable to failure of their originators to identify these factors. Needless to say, these factors have not been discussed in any identifiable study, including those that have confirmed these theories.

What could these factors be? To start with, ATA is likely to be supported in environments where economic and social conditions facilitate social engagement of older people. This argument is supported by the World Health Organization (2014) on the basis of its declaration that social engagement and physical activity among older people is higher in developed countries as compared to developing and poor countries. Crewdson (2016) also found in a recent literature review that social engagement and physical activity are within the culture of developed countries but not developing and poor counterparts. Moreover, virtually all studies that have confirmed the ATA have been carried out in developed countries (Crewdson, 2016; Schroll, Jonsson, Berg, Sherwood, & Sherwood, 1997). To explain, geriatric people in developed countries may better meet the cost of recreation and physical activity like visiting the gym and playing Golf, possibly as a result of benefiting from highly effective pension schemes. From this perspective, a higher rate of employment and a more balanced income distribution could enable older people to better engage with society in developed countries. Social engagement is made easier and more frequent when an individual has one or several groups of people to identify with. Similarly, recreation and other social activities are better enjoyed in a group. Noteworthy is the fact that life expectancy can influence whether or not a person has a group of individuals to mingle with at old age. Developed countries like Australia and Canada have high life expectancy. As a result, their permanent residents are more likely to have a majority of their friends and relations being alive at their old age. If this is the case, individuals in developed countries are likely to maintain a wider social sphere of friends and relations as their age advances and would consequently remain socially active at old age. The physical environment can also influence social participation. Cities which are well designed to support physical activity such as walking, jogging and cycling are more likely to influence social engagement of older people and their participation in physical activity. Bernard (2013) observed that cities and social infrastructure in developed countries better support social engagement and physical activity as compared to those in poor or developing countries. The culture of recreation and physical activity is also better entrenched in developed countries (World Health Organization, 2014). So older people in these countries, especially when they are involved in social clubs and relationships such as marriage, would often attend parties, night club events, and other recreational social programs. The ATA is more likely to be supported from these perspectives.

The few studies that have confirmed the DTA were conducted in developing and less developed countries (Crewdson, 2016). Hence, the opposite of the above scenarios would apply to less developed and poor countries. For instance, it could be considered an eyesore for older couples or individuals to attend a night club in some developing countries like Ghana. Moreover, an older adult in a

developing country like Nigeria has a relatively short life expectancy of less than fifty years. What this situation implies is that each individual in such an environment is likely to lose to death all or a majority of the people he or she can socially engage with at old age. Thus, belonging to a society where there are very few people or no one to interact with at old age is attributable to low life expectancy and is very likely to discourage social engagement and physical activity at old age. As a consequence, confirmation of the DTA is more likely to be associated with developing and poor countries. While the validity of the DTA and ATA may be influenced by some other factors not mentioned in this study, the author recommends that every study testing the ATA or/and DTA links its findings to the appropriate socio-economic and demographic factors, making it possible for academic debate to better explain the contrast between the two theories.

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