

## Ageing & the life course

Strand organizer: Athina Vlachantoni (University of Southampton)

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### The role of paid work across the life course & later life – Monday 10 September 1.30pm

#### **Work histories of older adults in China: increasing social heterogeneity across cohorts?**

**Maodi Xu, Maria Evandrou, Jane Falkingham; University of Southampton**

While the labour market behaviour of older adults in China is gaining increasing attention, there remains a dearth of research on work histories within the Chinese context in comparison with western literature. To evaluate the adequacy and future financial sustainability of the public pension system, a holistic understanding of the work histories of current older adults is crucial. This research provides unique evidence on the work experiences of individuals aged 60 and over (born between 1930 and 1954) over the life course, using retrospective life history data from the China Health and Retirement Longitudinal Survey. Results reveal a picture of significant social heterogeneity within work trajectories; there are differences in terms of the dominating economic activities, the intensity of work and the timing of the labour market exit between different living areas and genders. Such differences are largely shaped by the wider economic and institutional context, as well as by key personal characteristics such as educational attainment. Cohort comparisons highlight how different groups of current Chinese elders have been affected by changes in the labour market over the past sixty years, particularly the growth of the non-agricultural sector and the rise of the private sector following the opening up of the economy in the 1990s. These findings emphasise the importance of ensuring policy design that deliver equitable pension entitlements for those Chinese elders residing in rural and urban areas, and between genders.

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#### **For money or for love? Work-family life courses and later-life health**

**Marco Tosi<sup>1</sup>, Emily Grundy<sup>2</sup>; <sup>1</sup>London School of Economics, <sup>2</sup>University of Essex**

Most previous studies have focused on family or employment histories singly, while others have analysed work-family life course trajectories using a sequence of employment and marital states. In this paper, we consider a larger amount of information including family and fertility histories as well as indicators of employment and social economic status to analyse how individuals' investments in family and work are associated with later-life health. We examined respondents aged 65-75 at baseline using data from five waves of the UK Household Longitudinal Study. The findings from latent class analysis show that women's life course types can be distinguished by different investments in family and work: on the one hand, the 'short working life' and 'lower class, early family' groups invested more in family than in work; on the other, the 'childless higher SES' group prioritized career over the family. Among men, those who invested less in education and work had also less family involvement ('childless lower SES'), while those in higher socio-economic position invested in both family and work ('higher SES, 2 children'). We ran multilevel models predicting physical and mental health (SF-12). The results indicate that among both men and women weak ties to the labour market and the combination of lower SES and early and large family were associated with more health problems in later life. Findings from growth curve models show that the health disparities associated with work-family life course types persist over time.

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## **Grandchild care and grandparents' labour supply in Europe**

***Ginevra Floridi; London School of Economics***

Despite the growing research interest on grandparenthood in Europe, not much is known about the relationship between regular grandchild care provision and grandparents' labour supply in mid- to later life. Estimating such relationship is problematic due to the likely presence of unobservable personality traits associated with grandparents' participation in both roles. In this study, I address selection by jointly modelling labour supply and grandchild care provision through a recursive bivariate approach. Using data from the Survey of Health, Ageing and Retirement in Europe, I investigate the relationship between regular provision of grandchild care and two employment outcomes: the probability of being employed and the average weekly working hours. I focus on European grandmothers and grandfathers aged 50–69 with a grandchild younger than 15 and, for the analysis of working hours, I further restrict the sample to those who are in paid employment. The results suggest that, across Europe, the association between regular grandchild care and labour supply differs by grandparental gender and educational attainment. Among grandmothers, grandchild care provision is not linked with the probability of working, but employed grandmothers who look after their grandchildren work on average for less hours. By contrast, among grandfathers, regular grandchild care provision is significantly associated with a lower probability of working, but not with average working hours. Separate analyses by educational attainment reveal that the conflict between grandchild care provision and labour supply only holds for lower-educated grandparents, likely due to the earlier age at grandparenthood among individuals this group.

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## **A new Census-based measure of socioeconomic position for New Zealanders aged 65 years**

***Daniel Exeter<sup>1</sup>, Olivia Healey<sup>1</sup>, Nichola Shackleton<sup>2</sup>, Michael Browne<sup>1</sup>, Ngaire Kerse<sup>1</sup>, Arier Lee<sup>1</sup>; <sup>1</sup>School of Population Health, University of Auckland, <sup>2</sup>Centre of Methods and Policy Application in the Social Sciences (COMPASS), University of Auckland***

In 2013, the elderly population accounted for 14% of the total population in New Zealand and, as in many countries around the world, our ageing population is expected to increase significantly over the next 50 years. In many studies of health inequalities among the population at 65 years, researchers typically use individual-level measures of socioeconomic position such as income, occupational class and/or educational attainment, or area-level deprivation indices, which normally centre on the working-age population. However, there is growing consensus that these measures fail to represent the circumstances of older people. In this study, we propose a framework for measuring socioeconomic position among those aged 65 years using 11 census variables representing four constructs of relevance to this population (house value, housing income, tenure, assets and savings). Using the 2013 Census microdata available within Statistics New Zealand's Integrated Data Infrastructure, we provide a demographic snapshot of the study population, before implementing the proposed SEP measure and exploring the association between SEP and a number of health and social outcomes. Preliminary results show a strong association between outcomes such as smoking or area-deprivation. We conclude this presentation with a discussion of the potential uses for this tool in research and planning, in addition to its limitations and future research opportunities.

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## The impact of earlier parts of the life course on later life – Monday 10 September 4.45pm

**Gender gaps in later-life cognition among older Indian adults: examining the effect of early-life conditions**  
*Prashant Kumar Singh<sup>1</sup>, Ridhi Kashyap<sup>2</sup>, Lucky Singh<sup>3</sup>; <sup>1</sup>Department of Policy Studies, TERI School of Advanced Studies, New Delhi, <sup>2</sup>Department of Sociology, University of Oxford, <sup>3</sup>National Institute of Medical Statistics, Indian Council of Medical Research, New Delhi*

While existing work from the developed world has highlighted how men do worse in cognitive functioning at older ages than women, studies from less developed country contexts indicate the opposite pattern, with women doing worse. In this study, we examine if and how disadvantages accrued in early childhood can help explain gender gaps in cognitive and health outcomes in later life in the Indian context, where a marked son preference has been linked to significant gender gaps in early life conditions. Using data on adults aged 50 and over from the nationally representative WHO-Study of Global AGEing and Adult Health (SAGE) for 2007-08, we examine to what extent parental education, childhood residence and height explain male-female differences in cognitive health in later life. Our results indicate that cognitive function scores are worse among women than men in India. Although women continue to do worse than men, controlling for early childhood circumstances (in particular height followed by parental education) significantly reduces the gender gap in cognitive function among older adults. In contrast, early-life variables such as childhood place of residence do not show a statistically significant association with cognitive function, and do not help in explaining the gender gap.

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**Gender differences in the links between childhood circumstances and allostatic load in later life**  
*Thijs van den Broek; London School of Economics*

Poor childhood circumstances can be seen as the launch pad for a lifetime of health problems (Raphael, 2011). In addition to having an immediate health impact that remains apparent throughout people's lives, they may initiate a chain of risk, that is, set people off on a life course filled with events and experiences that are detrimental for health. Few scholars have thus far explored the potentially gendered nature of these chains of risk. We use UK Household Longitudinal Study data from ~1,100 women and ~1,000 men aged 60-80 to examine potential gender differences in the links between poor childhood circumstances (low parental socio-economic status; absence of at least one parent) and allostatic load. Allostatic load, i.e. the accumulated physiological 'wear and tear' of the body is measured with an index of 12 biomarkers, 8 of which are blood-based. Preliminary unadjusted analyses show that for both men and women, low as opposed to high parental socio-economic status was associated with substantially higher allostatic load (~25% of a standard deviation). These differences were attenuated after adjusting for parity, marital status and educational attainment, but remained substantial and statistically significant for women. There were large allostatic load differences by educational attainment, but with slight gender differences. Women with low educational attainment had higher allostatic load than women with intermediate or high levels of education, whereas for men only those with high levels of education had lower allostatic load, and there was little difference between men with low and men with intermediate levels of educational attainment.

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**Cumulative disadvantage over the life course: does it matter for later life depression?**  
*Georgia Verropoulou, Eleni Serafetinidou, Cleon Tsimbos; University of Piraeus*

The main aim of the study is to assess the impact of cumulative disadvantage in three domains of life, health, socioeconomic status (SES) and adverse experiences, on later life depression, decomposing total effects to indirect and direct in order to evaluate possible mediations, while also considering differentials by gender. The sample derives from combining cross-sectional data from the second wave of the Survey of Health, Ageing and Retirement in Europe (SHARE), carried out in 2006-2007, with retrospective information from SHARELIFE (wave 3), carried out in 2008-2009. The sample includes 23,816 persons participating at both waves. The analysis is based on logistic regression models and a decomposition approach. The findings indicate that greater socioeconomic disadvantage, a higher number of adverse

experiences and more health problems are associated with higher chances of depression for both men and women. In spite of the significance of past conditions, in particular for women, concurrent circumstances, especially concerning health, seem to have greater importance. Although all three types of disadvantage have a significant and independent effect on later life depression, there is a synergy and interdependence between them. Indirect effects of SES and adverse events are mediated mainly through health. Health and SES disadvantage have a slightly greater impact among men, whereas adverse experiences are somewhat more important among women. To disentangle these complex associations further analysis is needed based on longitudinal information. Adversity should be measured comprehensively, combining information on stressors from different domains of life.

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### **Life course transitions in later life in Indonesia: To what extent do life histories and family networks shape these?**

***Elisabeth Schroeder-Butterfill; Centre for Research on Ageing, University of Southampton***

Later life is often characterised by significant transitions in an older person's circumstances. Sometimes transitions may be planned and desired (e.g. ceasing work or moving in with an adult child). At other times transitions can be unexpected and unwanted (e.g. losing a spouse, falling ill or losing the support of a child). This paper asks to what extent later-life transitions are shaped by a person's life history and by their family networks. A person's life history influences the relationships they have formed, the assets and resources they have been able to accumulate and the social status they have gained. It is likely that these in turn influence which transitions are experienced later in life, how they are experienced and how well an older person adjusts to the transition. The paper draws first on longitudinal household survey data from a community in Java, Indonesia, to identify the frequency of key transitions over a 5-year period (e.g. changes in health, work and marital status or living arrangement). It then uses in-depth qualitative data from ethnographic fieldwork in the same community to place observed transitions into the context of older persons' life histories and family networks. This is expected to reveal that accumulated disadvantages over the life course make certain deleterious transitions more likely, but whether these result in lower wellbeing depends on whether supportive family networks exist. The evidence can contribute to arguments for the development of minimum state provision in Indonesia to lessen the impact of deleterious life course transitions in later life.

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### **Support provision & receipt across the life course – Tuesday 11 September 9.00am**

#### **Unmet need for social care among older people in England**

***Athina Vlachantoni; Centre for Research on Ageing and ESRC Centre for Population Change, University of Southampton***

Understanding the nature and extent of unmet need for social care among older people is a critical policy priority in the United Kingdom and beyond, as national governments juggle the provision of adequate social care for a growing older population with competing funding priorities. Several factors can heighten the experience of unmet need among older people, for instance their family environment, and their health and socio-economic status. This paper contributes empirical evidence on the patterns of unmet need for social care among older people in England today, focusing on the individual characteristics associated with experiencing unmet need in relation to mobility tasks, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The results show that about 55 per cent of older individuals with an ADL difficulty had unmet need, compared to 24 per cent of those with an IADL difficulty and 80 per cent of those with a mobility difficulty. Characteristics reflecting greater vulnerability were more strongly associated with the risk of experiencing unmet need for ADLs, and such vulnerability was greater for particular ADLs (e.g. bathing), and for a higher

number of ADLs. The findings reaffirm the complexity of conceptualising and empirically investigating unmet need in later life, and add to our understanding of the challenges of providing adequate and appropriate social care to older people

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**Intergenerational relations: The changing pattern of economic and social transfers within Chinese families**  
*Yazhen Yang, Maria Evandrou, Athina Vlachantoni; University of Southampton*

The trends of rapid population ageing, modernisation and urbanisation, changing family structure and weakening filial norms in China are exerting pressure on intergenerational relations within Chinese families. This study investigates the changing intergenerational financial and social support within Chinese families, as well as the impact of changes in co-residence upon the provision of support to or from their parents, based on statistical analyses of the China Health and Retirement Longitudinal Study (CHARLS) data (2011, 2013 and 2015). The preliminary results indicate that the proportion of older people receiving financial support from adult children declined, while the proportion of respondents providing such support to adult children increased between 2011 and 2015. The proportion of respondents receiving assistance with ADL/IADL activities increased from 2011 to 2015, and a higher proportion of this group provided care to grandchildren during this time. The hybrid method combining fixed and random effects models suggests that co-residing with adult children is negatively associated with both the provision of upstream (OR=0.61,  $p<0.01$ ) and downstream (OR=0.57,  $p<0.05$ ) financial support, and positively associated with the receipt of social support provided by adult children (OR=2.01,  $p<0.01$ ). Intergenerational co-residence shows a significant association with the flows of financial and social support within Chinese families over time, and this may reflect a causal relationship. The policy implications of such findings need to be taken into account at the national, regional and local level in order to strengthen the intergenerational ties and to improve older people's well-being in China.

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**Care provision to ageing parents and changes in quality of life in Sweden and Denmark. A difference-in-difference study**

*Thijs van den Broek<sup>1</sup>, Emily Grundy<sup>2</sup>; <sup>1</sup>London School of Economics, <sup>2</sup>University of Essex*

The impact that providing care to ageing parents has on adult children's lives may depend on the long-term care (LTC) context. When affordable state-supported care services are more widely available, there is less pressure on family members to provide care, which may mean that care-giving has less of an impact on caregivers' wellbeing. LTC coverage has traditionally been generous in Sweden and Denmark, but there has been substantial retrenchment in Sweden in the 1990s and more recently in Denmark. We use longitudinal Survey of Health, Ageing and Retirement in Europe (SHARE) data, collected between 2004 and 2015, to explore differences between the two countries in the impact of care-giving on quality of life. The fact that Danish LTC cutbacks took place considerably later than the cutbacks in Sweden allowed us to conduct difference-in-difference analyses to shed light on possible effects of the availability of state supported LTC services on the impact of care-giving on quality of life. Fixed effects regression analyses showed that care-giving was more detrimental for quality of life in Sweden than in Denmark. However, this country difference did not weaken significantly when LTC coverage was reduced in Denmark. Possibly, the way care-givers are supported shapes the care-giving experience more than LTC coverage.

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**Old age without children: How childless women see their future and what do they do to improve it?**  
**Monika Mynarska<sup>1</sup>, Sylwia Timoszuk<sup>2,1</sup>; Institute of Psychology, Cardinal Stefan Wyszyński University in Warsaw, <sup>2</sup>Collegium of Socio-Economics, Warsaw School of Economics**

In an era of population aging, appropriate care services for seniors are of crucial importance. Poland constitutes a particularly challenging case in this respect. On the one hand, children are the main care providers for elderly parents in Poland. On the other hand, the share of childless individuals has been increasing markedly in recent cohorts. With a poorly developed care system for seniors, childless individuals might become particularly vulnerable in their old age. Do they think and try to do anything about it when they are still in the prime of their life? This is the question that motivated our research. We draw on qualitative interviews with 55 childless women aged 31-42, who declared that it is likely or possible for them to never become mothers, either by choice or due to various circumstances. We address two questions: (1) How do they imagine their old age, and (2) what actions (if any) do they take or plan to take in order to secure a good quality of life as they get older? Both questions are asked in relation to the respondents' childlessness. Our informants recognize they are likely to face numerous difficulties in their old age, mainly related to a deteriorating health and economic hardship. But they take few haphazard actions to prevent that. In-depth, qualitative data allow for investigating the reasons for women's passive or disorganized approach in this respect. We also depict examples of a few good practices that should be promoted and supported.

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**Socio-economic status across the life course – Tuesday 11 September 1.30pm**

**Kenya's Older Persons Cash Transfer Programme: Who benefits in the Nairobi slums?**  
**Gloria Chepngeno-Langat, Nele van der Wielen, Maria Evandrou, Jane Falkingham; University of Southampton**

With the number of older people in sub-Saharan Africa growing rapidly, and with the majority entering old age in poverty, many countries have introduced non-contributory pension schemes targeted at the most poor. In resource poor environments, where the majority of people live below the poverty line, identifying those most in need for the limited resources available is challenging. This paper provides the first assessment of the older persons cash transfer programme (OPCTP) in Kenya - a programme which combines a 2-stage selection process involving community-based selection and proxy means tests. The paper investigates whether the 2-stage process "correctly" identifies the targeted vulnerable older people or whether the selection is driven by other factors, such as active participation in the community. Further, it explores whether receipt of the OPCTP results in an improvement in well-being, proxied by the beneficiaries' perception of having enough money to meet basic needs. Data from informal settlements in Nairobi are analysed. Money metric measures and non-monetary indicators were used to evaluate the targeting efficiency and impact of the OPCTP. The study finds no indication of community elite favouring. Using propensity score matching, the paper evidences that the OPCTP helps to raise the living standard of older people.

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**Education and employment trajectories of young adults in England and Wales**  
**Alina Pelikh; University of Liverpool**

This paper investigates how birth cohort, gender, and socio-economic background influence education and employment trajectories of young adults born between 1974 and 1990 in England and Wales. We investigate how (and whether) the British pattern of the transition to adulthood with an early transition from school to work was affected by societal changes including the expansion of higher education and economic and housing crisis. We apply sequence analysis with specification of dynamic hamming distance measure and partitioning around methods clustering algorithms to combined life histories from the British Household Panel Survey (BHPS) and the Understanding Society study (UKHLS). We compare

sequences of three birth cohorts (1974-79, 1980-84 and 1985-90) up until age 26 and follow the older cohorts until age 30 and 35, respectively. Next, we investigate how various trajectories lead to inequalities in labour market outcomes in later life. Around one third of young adults from each birth cohorts has obtained higher education by age 26 which confirms the prevalence of the rapid school-leaving trajectories among young Britons. The trajectories of the youngest cohort 1985-90 have shown to be the most turbulent. The decrease in 'successful' direct school-to-full-time-work trajectory among the youngest cohort was replaced by the prolonged stay in education (up to 10 years) and increase in part-time employment. The proportion of university graduates from lower socio-economic backgrounds has increased among the youngest cohort yet remaining significantly low. The distinctive for Britain early transitions from school to work are still prevalent, although becoming more complex and precarious in particular among young people from lower socio-economic backgrounds.

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### **Transition into retirement and changes in health-related behaviours: An investigation on English men and women**

***Herica La Valle; University of Southampton***

This paper deals with the changes in health-related behaviours as associated with the occurrence of life events; specifically, it focuses on the transition into retirement. Since health behaviours are not fixed characteristics of individuals and, as such, they can be modified, understanding the drivers of their changes is the first step of a health promotion strategy. In this paper, it is hypothesised that a key event in an individual's life such as retirement can be an opportunity to change health behaviours. In particular, the following research question is addressed: Are individuals who retire more likely to quit smoking/increase physical activity/reduce alcohol consumption compared with those who do not experience the transition? The analysis is conducted on individuals aged 50 and over and a particular emphasis is put on the investigation of gender differences. Data are drawn from the English Longitudinal Study of Ageing (ELSA), which provides information on individual health, employment, family and fertility histories. By merging all the seven waves of the survey, the changes in work circumstances of respondents can be reconstructed as well as the changes in behaviours between one wave and the next. The analysis is carried out by using multinomial regression and by running three models, i.e. one for smoking, one for physical activity and one for drinking.

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### **Adult children's education and parental health and mortality in England and Wales. A regression discontinuity approach**

***Cecilia Potente<sup>1</sup>, Patrick Praag<sup>2</sup>, Christian Monden<sup>2</sup>; <sup>1</sup>University of Zurich, <sup>2</sup>Nuffield College/University of Oxford***

Parents with better-educated children are healthier and live longer, but why is that the case? Previous research on this question has been largely associational and was thus not able to account for all confounders such as genes that would predict both children's education and parental longevity. Our study uses the 1972 educational reform in England and Wales, which increased the minimum school leaving age from 15 to 16 years, to identify the effect of children's education on parental health and longevity in the linked census data from the ONS Longitudinal Study. Our intent-to-treat estimates reveal that children's education hardly affects a wide range of outcomes related to parental mortality and health ratings. Effect sizes are small and rarely reach conventional levels of statistical significance. We interpret these findings against the backdrop of universal and free health care in England and Wales.

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## Understanding the characteristics of older persons & cohorts

### How do the post-World War baby boom generations compare?

***Ngaire Coombs, Angele Storey, Lisa Jones; Office for National Statistics***

The post-WW2 baby boom generation turned 70 in 2016. They have lived through a period of unprecedented economic, social, cultural, technological and medical change, and were the first to benefit from the NHS. Babies born earlier, during the baby boom that followed WW1 lived through the Great Depression, were young adults during WW2, and turned 70 in the early 1990s, just as recession hit the UK. Both generations were born in the aftermath of World Wars, but have had very different experiences throughout their lives. How do their situations compare in their 70s? Across multiple indicators, the post-WW2 baby boom cohort fares better in their 70s than the post-WW1 baby boom cohort. They were more likely to survive to age 70 in the first place, and having reached age 70 can expect to live for longer, with a decrease in the gap between male and female life expectancy. This has driven an increase in the proportion married and a decrease in widowhood, although a side effect of this may be the increase in the likelihood of being divorced. They are less likely to smoke in their 70s, and less likely to be childless. They are better educated, are staying in the workplace for longer, consider themselves more financially secure, and are far more likely to be living in homes that are owned outright. The presentation will discuss these differences with reference to the events and influences which have affected these cohorts throughout their lives.

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### Brazilian Ninis: A cohort analysis

***Anne Caroline Costa Resende, Mariangela Furlan Antigo, Carolina Guinesi Mattos Borges; Universidade Federal de Minas Gerais***

Despite the strong economic growth seen in Brazil in the 2000s, with a significant increase in the formal labour market and in real income, along with reductions of inequality and poverty levels, the proportion of the Ninis just marginally fell in the last two decades. Despite these gains, the widespread presence of youths between 15 and 24 years old that are not in school, nor in the labour market, remained a persistent and, apparently, structural phenomenon. Based on this scenario, this work acknowledges the model developed by Behrman et al. (2014), in which the time allocation of youths is influenced by individual, familiar and local factors, and, furthermore, by macroeconomics factors. Empirically, in order to determine the Ninis' condition for youths between 15 and 24 years old, data from the Continuous National Household Sample Survey (PNAD), from the Brazilian Institute of Geography and Statistics (IBGE) between 1992 and 2015 was analysed. The usage of a pseudo-panel method allows the observation of the evolution of cohorts over time, tracing their life cycle. The estimations display that local causes, such as being in high school, higher than average schooling and higher males' occupational rates reduce the proportion of the Brazilian Ninis, as well as the fertility rate. In addition, a favorable macroeconomic environment contributes to a smaller proportion of youths that are neither in work, nor in school.

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### Exploring the incidence of falls among the older Kuwaiti population

***Hadeel Alsaleh, Saseendran Pallikadavath, Julie Udell, Amy Drahota, Mark Amos; University of Portsmouth***

Globally, much attention has been paid to the characteristics of falls within older populations. However, it is important to consider regional contexts of Falls. This study provides evidence of the incidence of falls in Kuwait, which is currently unknown. We conducted a population based retrospective cross-sectional study in Alrazi Orthopaedic Hospital-the only orthopaedic hospital in the country. Older adults' fall profiles were compiled via an audit across three months of Accident & Emergency (A&E) admissions records from May to July 2016. We recorded the total number of older patients (50 and above) who reported a fall, as well as patients' age, gender, nationality, and diagnosis. The results of the study show an incidence of falls of 4.20 per 1000 and 2.28 per 1000 for serious falls. The incidence of both falls and serious falls increases with age on the probability of having a serious fall of the older age group (OR= 1.89, P= 0.004) compared to younger age



group. We modelled scenarios for the effect of differential rates of A&E attendance on estimated incidence to account for differential non-response. The rate of both fall and serious fall among Kuwaitis is considerably higher than among non-Kuwaitis; falls among non-Kuwaitis are likely to be underreported, our analysis reveals that this under-enumeration would need to be in the region of 70% to explain the differential rates. Exploring the risk factors, understanding, and attitudes towards falls prevention in Kuwaiti residents is an important next step to address this health issue.

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