

Relationships, social care, and health

Tuesday 2 September, 1.30pm

Closer children, better health? The influence of residential proximity to adult children on older parents' incident hospitalization in Finland

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Residential proximity facilitates contact and exchange of support between ageing parents and their adult children. Studies have largely focused on the effect of parents' life cycle shocks such as health issues and children's support needs on intergenerational proximity, but how parents' proximity to their children influences their health and well-being is a question that is largely understudied. This study sheds light on how residential proximity to adult children influences the risk of incident hospitalization among parents aged 60+ in Finland, one of the most rapidly ageing countries in Europe. We tap into linked data sets from the Finnish population and health registers, and we measure intergenerational proximity using real-word navigation data. Preliminary results suggest that greater distance to children is associated with a higher risk of hospitalization, especially from musculoskeletal and respiratory diseases, but the effects vary across parents' socioeconomic backgrounds. These findings reinforce the importance of children's close proximity not only in terms of facilitating exchange of tangible and non-tangible support but also potentially influencing parents to adopt healthy behaviors.

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Impacts of Social Isolation on health and wellbeing: A mixed methods study

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Background & Aims: Increasing numbers of older people are living alone. Living alone as a proxy measure of social isolation and lack of social support is of importance due to potential negative impacts on health and mortality. This is of particular interest in a geographical area such as Northern Ireland in which about half the population live rurally, another risk factor for social isolation. Thus, we aim to explore the prevalence of social isolation within Northern Ireland, to what extent this is associated with mortality risk and how this is impacting people.

Methods & Results: We used a mixed methods approach for this study. First, using data from the Northern Ireland Longitudinal Study provided a large, representative sample of approx. 28% of the resident population. Potential explanatory variables from Census 2011 were linked with mortality data up to 2018 allowing for a 7-year follow-up. At baseline, approx. 13% of study members were living alone, almost half of which were aged over 65 years of age. During the follow-up period, approx. 37% of those living alone aged over 65 years died. We then investigated the association of living alone with mortality among older persons, controlling for other potential confounders. Following on from this, we held four community engagement workshops for our target population and 10 subsequent one-to-one interviews to explore the challenges associated with living alone in a rural area.

Conclusions & Further Study: We found an association between living alone and mortality, particularly in older persons. In order to further explore how this at-risk population can be best supported within their community, we are working with AgeNI, an older persons charity, and Fermanagh & Omagh District Council, one of the predominantly rural council areas in NI.

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Unequal Access, Unequal Ageing: A Gendered Lens on Healthcare Utilization in India
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Gender disparities in health are not confined to a single stage of life, they are shaped by inequalities that accumulate across the life course. Older women often enter late life with limited education, economic dependence, social exclusion, and restrictive gender norms, all of which influence their healthcare-seeking behavior. This study aims to integrate intersectionality and Social Determinants of Health (SDH) framework, to examine disparities in healthcare utilisation among older adults in India.

Using data from the Longitudinal Aging Study in India (LASI) Wave 1, we analyse outpatient and inpatient healthcare use among 22,680 individuals aged 60 and above. Multivariable logistic regression models stratified by gender were used to assess how gender interacts with different social, structural and life courses factors including education, caste, marital status, childhood and current economic status, employment history etc. to shape healthcare utilisation.

Results show that older women, particularly those who are widowed, economically disadvantaged, and with no formal work history, are significantly less likely to access both outpatient and inpatient care despite reporting similar or greater health needs than men. These disparities persist even after adjusting for health status, highlighting that healthcare access is not only a function of current need but of historical disadvantage.

Addressing these gaps requires a shift beyond individual-level interventions to systemic reforms that tackle the root causes of inequality. This research contributes to a more nuanced understanding of how gendered social structures shape the ageing experience and hinder equitable access to care in later life.

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Inequalities in Access to Nursing Home Places: Between Service Provision Structure and Territorial Characteristics in France

Federico Bietti, Marie-Victoire Bouquet, Loïc Trabut - Ined, France

Admission to a nursing home represents a major event in the life of a dependent elderly person. Since the political shift toward promoting aging at home, admission to nursing homes has increasingly been reserved for individuals with high levels of dependency or those without access to care provided by relatives. Leaving one's home often means distancing oneself from local or even family-based support networks, which are essential to the social well-being of elderly people. This transition is therefore a critical moment in the final years of a person's life. In this context, one of the key challenges in the provision of accommodation for dependent elderly people concerns geographic accessibility to available places, with the aim of preserving, as much as possible, the continuity of social and family ties despite the disruptions caused by institutionalization.

This paper explores territorial inequalities in access to nursing home places in France through cartographic and statistical analysis. Our approach examines the spatial relationships between municipalities that have available places and those that do not, as well as their sociodemographic characteristics, in order to understand disparities in access to these resources. It also considers the structure of service provision, particularly the distribution of places across the public, for-profit private, and non-profit private sectors.

This research analyzes accessibility to available places at the municipal level as the outcome of how care provision is organized in response to local conditions. It also questions the consequences — or risks — of an uneven territorial liberalization of the sector.

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