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**Role and Activity Profiles of Middle-Aged and
Elderly Israelis: First Findings of a National Survey**

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Judah Matras**

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Abstract

Changing patterns of longevity, parenting, and employment have given rise to new parameters governing the social and economic roles and activities of people in middle and old age. A 1984 national survey conducted in conjunction with the latest population census provided information on income, health and support networks, as well as on the current and past social and economic activity of people aged 60 and over. Specifically, the data obtained provided insight into the employment, living arrangements, housekeeping, family caregiving and support, health-care practices, and leisure activities of this population.

This paper presents initial findings about the different roles and activities, and combinations of roles and activities, that men and women either choose or assume in later life. It examines the extent to which these roles and activities substitute for or complement one another at different stages of life. In addition, it identifies and measures the relative importance of situation and preference in determining the assumption of, or transition to, different roles and activities during middle and old age.

INTRODUCTION

While concepts and theories of role loss and disengagement have enjoyed great currency and were both provocative and fruitful in the early years of social gerontological theorizing, individual aging has increasingly been viewed as a process of role transition and change wherein most individuals are able successfully to transfer, and effectively to adjust, to new role sets. Throughout the life course aging is understood to entail both gains and losses in a variety of interrelated roles. For the elderly especially, but at other ages as well: transitions for some may be stressful and coping difficult, and for others they are uneventful and successfully achieved. Change or loss of social rôles may be, but is not necessarily, sufficient to threaten one's identity or lower one's self-esteem. (McPherson, 1980; Rosow, 1985; Hagestead and Neugarten, 1985).

Although this discussion has developed remarkably on the conceptual and theoretical levels with some grounding in case materials, there has not been a corresponding development of broadly-based empirical materials on role shifts and transitions in later life, on their social and economic causes and correlates, and on their implications for social policy. There have been many studies that have analyzed the pattern and extent of involvement in particular roles or activities among the elderly. However we know very little about the interrelationships between various roles and their joint distributions (as noted by Morgan, 1982, in his review of the literature): Do the elderly tend to find alternative channels for activity which can be viewed as substitutes for one another? Are there certain combinations of activities that tend to occur together and complement each other? Does one find a clear division into active and non-active groups among the elderly, or at least a significant group characterized by little or no participation in roles and activities? What are the characteristic differences in these patterns between men and women, and what are the age differences like? To what extent is the pattern of activities influenced by situational factors related to personal attributes, family situations, or external opportunities and constraints as opposed to preferences for the various kinds of activities?

In this paper we examine recent findings showing roles and activity patterns of Israelis aged 60 and over. The data were obtained in a national survey of the elderly (aged 60+) carried out in 1984 by Israel's national statistical agency, the Central Bureau of Statistics. The survey encompassed a total of 4573 respondents aged 60+ of both sexes drawn from a sampling frame taken from the 1983 Israel Census of Population and Housing. The survey

included questions concerning personal, family, and residential characteristics and activities; employment, health, and income; household equipment and management, leisure activity, and use of health services; and other selected topics. Among large-scale national surveys in Israel, this survey is somewhat unusual in that it incorporates a set of inquiries concerning respondents' attitudes, opinions, capabilities, and perceived needs ranging from reasons for seeking or for not seeking employment to dimensions of health and to interest in old age homes. However the present paper focuses upon identification of major social roles and activities reported by respondents, measurement of their relative frequencies among the major sex, age, and marital status groups, and examination of characteristic combinations and profiles of roles and activities. In part II we describe our definitions and procedures for identifying twelve roles among the survey respondents and indicate their general levels of prevalence in the sample. In Part III we describe sex and age variations in the prevalence of the twelve roles. In Part IV we examine the numbers of roles held by respondents, identify the most frequent role pairs, and study variations in their prevalence. We also examine the interrelationships between the roles: we distinguish between major commitment roles and social, cultural, and leisure roles and we examine the relationships among these role categories. In Part V we consider some situational and preferential correlates of role and activities prevalence, and we examine the bearing of marital status and of perceived health condition on roles and role combinations. We conclude, in Part VI, with a brief summary statement and indications of the directions of our future work.

Identification of Major Roles and Activities

We have identified several distinct personal, family, and community roles among the middle-aged and elderly respondents on the bases of reports concerning their current activities and attachments. These include:

a. Continuing Parent of Grown Children, including:

- i. frequent assistance to grown children in their household and child care activity and needs (denoted hereinafter Parent Helper), and frequent visits with grown children and their families (denoted hereinafter Parent Visitor).

Employed

Housekeeper

Volunteer

Hobbyist

Frequent Friend Socializer, denoted: Friend Visitor

Frequent Sibling or Relative Socializer, denoted:
Family Visitor
Patient: Continuing Health Care
Synagogue Attender
Student
Community or Seniors' Centre Participant
introduce them in the order of their frequencies
among the survey respondents.

Close to half (47%) of the respondents reported being engaged in one or more hobbies. Hobbies listed explicitly include handicrafts, garden or houseplant cultivation, fine arts (painting, sculpture, music, or writing), or "some other hobby." Some 43% of the respondents reported having friends and visiting or meeting with one or more of them at least once weekly. These were denoted "friend visitors."

Many middle-aged and elderly Israeli respondents reported frequent and intense involvement with their children --mostly adults themselves --either visiting (or being visited by) them daily or every two days ("Parent-Visitors:" 37%), or else helping out in their children's households or caring for grandchildren...daily, or every two days (eight percent). Just over one-fourth of the respondents (25.5%) reported having siblings or other relatives in Israel whom they see face-to-face at least once weekly. And these were identified as "family visitors."

A respondent reporting that he or she engages in ALL of the four household tasks: cooking, washing the floor, doing light laundry, and routine grocery shopping was denoted a "housekeeper," regardless of whether or not he or she had help from a spouse or other household member, or if there was some other paid or unpaid household help. Just over one-fifth of the respondents (21.8%) were denoted "housekeepers" by these criteria, with considerable variations in frequencies among the respective sex-age-marital status classifications.

Respondents reporting themselves currently employed, whether full-time or part-time, were identified as "employed." They include about sixteen percent of the total sample with, of course, sharp variations by sex and age. Those reporting themselves currently engaged in some type of volunteer work, about eleven percent of the total, are identified as "volunteers;" and those reporting themselves currently engaged in some type of organized studies (among the middle-aged and elderly in Israel, these are mostly religious or sacred book studies among men), about thirteen percent of the total, are identified as "students." Those participating in or attending synagogue services "daily, or almost daily" are identified

as "synagogue attenders" (13% of the total, but very much higher among the men than among women); and respondents reporting participation in or attendance at social, cultural, or seniors' clubs, centres, settlement houses, and the like (just under 12% of the total) are identified as "community or seniors' centre participants."

Respondents were asked a battery of questions concerning both their own assessment of their health condition and their use of health services. Use of health services is very high in Israel (Habib and Matras, 1987; Israel Central Bureau of Statistics, 1985); and more than half the respondents in the survey (52%) reported Both that they had visited (or had been visited in their homes by) a physician AND that they had undergone recent laboratory tests or treatments (measurement of blood pressure, or blood, urine, sugar, or similar tests within the past two weeks; or X-ray, lung, or hearing tests or physiotherapy within the past month). The latter included more than one-third of those reporting themselves in good or excellent health and almost half those reporting themselves in satisfactory health. Of the total sample, just over one-fifth (21%) reported themselves in poor health; and of these some 62% reported both that they had visited (or been visited by) a physician or specialist and that they had had very recent tests or treatments, as above. They comprise some thirteen percent of the entire sample; and we identify them as having the "patient" role.

III. Variations by Sex and Age

Ideally the study of age-related role change should be carried out on the basis of longitudinal data. Our present source of data, the Israeli national survey of persons aged 60 and over, does include some retrospective questions concerning past residence, past employment, past smoking habits, and past volunteer activity, but basically the data of this survey are cross-sectional. We must make inferences about age-grading and age-related role change on the basis of comparisons among age groups, recognizing that some of these comparisons will inevitably confound age and cohort effects. Sex, and age-related variations in the relative frequencies of the roles we have identified are shown in Table 1.

The most dramatic sex and age variations in frequencies are those apparent for the "employment" role: 63% of the men aged 60-64 are employed, compared to only 27% of those 65-74 and less than 10% of men 75 and over. Less than twelve percent of the women 60-64, and only about five percent and one percent of the women aged 65-74 and 75+ respectively are employed (top row, left panel of Table 1). For the men, the dramatic decline in percentages

employed associated with age reflects primarily the fairly-rigid mandatory retirement regime in Israel under which male employees conventionally are retired at age 65, and National Insurance Institute (the Israeli national social insurance agency) benefits at that age (and until age 70) are paid conditional upon withdrawal from employment for pay or profit. The mandatory retirement age in Israel for women is 60 years, so that the great sex differences in percentage "employed" even at ages 60-64 reflect both the cohort lifetime male-female employment history differences and the male-female retirement age differences in Israel (see, also, the more extensive discussion in Habib and Matras, 1987). Especially for the men: to the extent that the differences among the successive age groups in the sample reflect age-related changes or withdrawal from the roles in question, clearly the shifts out of employment and the "employed" role are the most dramatic, abrupt, and massive in scale.

Table 1: Major Identified Roles and Activities of Israelis Aged 60 and Over, in 1984 by Sex and Age Groups (a): Percent Identified in Each Role or Activity Category

Number in Survey	Total 4573	M a l e s			F e m a l e s			Sex or Age Unknown 111
		60-64 486	65-74 877	75+ 752	60-64 593	65-74 957	75+ 792	
Percent	%	%	%	%	%	%	%	%
Employed	16.3	63.0	26.9	9.6	11.6	4.9	1.3	4.5
Parent- helper	7.6	10.9	8.9	4.5	11.5	7.2	4.8	5.4
Housekeeper	21.8	8.0	12.9	15.4	27.8	31.1	30.6	18.9
Volunteer	10.8	14.8	14.4	8.8	11.0	11.7	5.9	4.5
Synagogue attender	13.3	20.2	29.5	28.2	1.0	1.6	0.6	9.9
Student	12.9	15.8	20.6	22.5	8.9	7.2	4.1	7.2
Seniors' club participant.	11.6	8.6	12.1	14.2	8.9	13.9	10.3	5.4
Parent- visitor	37.3	40.3	39.3	37.1	42.0	36.8	30.9	36.9
Family visitor	25.5	32.9	30.1	23.1	26.1	25.5	18.7	16.2
Friend visitor	42.7	46.7	46.8	42.3	44.4	42.7	35.5	37.8
Hobbyist	47.0	46.7	40.6	33.5	65.4	57.4	44.5	21.6
Patient	13.3	6.8	10.5	14.6	12.6	15.6	16.6	14.4

(a) Source: Israel National Survey of Residents Aged 60 and Over, 1984.

In great contrast to the comparisons for the "employed" role, the sex and age-related differences in the frequencies of the "continuing parenting" roles are mild. For the "parent-visitor" role the percentages diminish very little over the successive age groups among the men, though somewhat more among the women.

Among the "old-old" male respondents (aged 75+) more than 37% report continuing involvement in the lives and activities of their children at least through daily visiting, compared to 39% among the "young-old" (65-74 years) and just under 40 percent among the 60-64-year-old men. Among the 60-64-year-old women, slightly higher percentages are parent-visitors; but the percentages among both the "young-old" (37%) and the "old-old" (31%) women (the latter considerably older, on the average, than the "old-old" men) fall much more steeply both below those for 60-64-year-old women and below those for the "young-old" and "old-old" men. Continued high reported frequencies of daily visiting may be associated with increases in the respondents' own care needs at older ages, rather than with those of their grown children. The percentages in the "parent-helper" roles, however, are notably lower at the older ages, especially among the women respondents.

The "housekeeper" role is, not surprisingly, considerably more frequently reported by women than by men, regardless of age group. But it is of interest to note that the percentages with "housekeeper" role among "old-old" (75+ years) men and, to a somewhat lesser extent among the "young-old" (65-74) are sharply higher than among men 60-64 years old. These differences are probably due in part to retirement after age 65 allowing time and opportunity for housekeeping activity, on the one hand, and to increased widowhood among the old-old, obliging independent housekeeping, on the other hand. Data not shown here indicate that among both men and women, the percentages of widowed with "housekeeper" roles are very much higher than among the married.

The "synagogue attender" role, virtually non-existent among the women, is much more evident among men after the retirement age (65 or over) than among those aged 60-64. The "student" role is somewhat less prevalent among the men than is the "synagogue" attender role, but is also very much more prominent among men than among women. Moreover, whereas among the men the frequency of the "student" role is higher in each successive age group, among the women it is highest (almost nine percent) in the 60-64 age group, and lowest (four percent) in the oldest age group. Among the men study activity is very closely connected with synagogue attendance, while among the women the study is likely to be in conventionally-organized class settings.

The "hobbyist" role appears to be much more characteristic of women than of men; and it is especially prominent among women in the 60-64 age group, with just under two-thirds (65.4%) of the women in that group identified as "hobbyists." The high frequency of such activity in this group of women might be related to their own or their husbands' retirement transitions; and the percentages with "hobbyist" roles fall off sharply among the women in the older age groups: just over 57% among the "young-old" and 44.5% among the "old-old" women, respectively. Among the men there are also lower percentages of "hobbyists" in each successively-higher age group, but levels are much lower (under 47% in the 60-64 age group) and the decline is not so steep. These age group variations may well reflect cohort differences in experience, education, and tastes, with the younger cohorts having much more exposure to, and past opportunity to cultivate, hobbies and leisure activity.

The "friends visitor" roles are more common (some 43% of the total sample) than the "family visitor" roles (25.5%) among middle-aged and aged respondents of both sexes and in all age categories. The differences may be due in part to the fact that "siblings" and "relatives" are well-defined and much more closely circumscribed than are "friends." But there are some similarities in their patterns of age-group variations. The "family visitor" role frequencies of the men are consistently higher than those for the women; and all are highest at the youngest ages (60-64), are only slightly lower at the 65-74 ages, and drop off fairly steeply lower among those in the older (75+) age groups. among both men and women, "family visitor" roles are much more frequent among the married than among the widowed. The percentages of "friend visitors" among the male respondents are high (between 42% and 47%) in all the age groups among the female respondents, the percentages of "friends visitors" are high (42.7 to 44.4 percent) among the late middle-aged (60-64) and among the young-old (65-74) women, but are notably lower (35.5%) among the old-old (75+) women.

The long Jewish and Israeli traditions of volunteer activity notwithstanding, the percentages of respondents in the national sample of the late middle-aged and elderly identified as "volunteers" are not high (less than eleven percent of the total). They are somewhat lower among the women than among the men; and among both sexes they are much lower among the old-old (aged 75+) compared to their levels among the 60-64 and the 65-74 age groups. The "community or seniors' centre participant" role is also not very prevalent among the elderly in Israel. While its overall frequency is virtually the same (11.6 percent of the total) as that of the "volunteer," the pattern of age variations seems quite different. Quite few among those

60-64 are identified as "centre participants" (under nine percent among both men and women in this age group), but the percentage so identified among the respondents aged 65-74 is substantially higher (12 and 14 percent among the men and women respectively). Among the men aged 75 and over, the percentage identified as "community or seniors' centre participants" is even higher than among those of younger ages (14.2%); while among the eldest group of women the percent identified as "participants" is considerably lower (10.3%, compared to 13.9% for the 65-74 age-group).

In obvious contrast to the age pattern of other roles and activities, the percent identified in the "patient," or continuing health problem and care role differs among successive age groups. But the pattern is somewhat different for the male and the female respondents. The percentages of men "patients" are low (under seven percent) in the late middle-aged group, 60-64 years old, notably higher (10.5%) in the "young-old" group, 65-74 years old, and higher still (14.6%) among the "old-old" men (75+). The percent identified as "patients" among the late-middle-aged women respondents is almost double (12.6%) that among the men in that age group, and only somewhat higher among the "young-old" and among the "old-old" women (15.6% and 16.6% among those aged 65-74 and those aged 75+, respectively). The differences might be due either to objectively worse health among the women, or to a greater tendency among women to perceive and report themselves in poor health.

To summarize: middle-aged and elderly men appear much more frequently to have employment, synagogue attender, and student roles than do the women, and they are somewhat more likely than the women to have volunteer roles; while the middle-aged and elderly women are much more likely than the men to have housekeeper and hobbyist roles. If we are to infer or hypothesize age-related role transitions from the comparisons of role frequencies or percentages among the different age groups, we may note dramatic age-related transitions out of employment and age-related transitions out of the parent-helper role among both men and women. The transitions out of the parent-helper role may be related to the increasing self-sufficiency, or diminishing needs, among the adult children and grandchildren more than to diminishing interest or capacities of the middle-aged and elderly themselves. For men, the transitions out of employment are almost surely related to transitions into housekeeper and into seniors' club participant roles. The age-group differences among men in the frequencies of synagogue attender and student roles and activities may be due either to age-related transitions or to cohort differences in lifelong religious observance and practices. The

percentages in the family visitor and friend visitor roles appear to be stable across late middle age and young-old age, but drop off at old-old age. Percentages in many of the roles are markedly lower; and among the men the percentages in the patient role are sharply higher in the old-old age groups compared to those in the young-old age groups, suggesting transitions out of earlier activity and participation roles and transitions into the patient role at later ages.

IV. Role and Activity Combinations and Profiles

In this section we analyze the patterns of interaction among the various roles. We proceed in two phases: we first examine the interaction among the full list of twelve roles as identified above; and we then proceed to divide the roles into subgroups, as elaborated below.

By our role and activity identification criteria a large majority of the survey respondents have two or more roles, while some (just over seven percent) have none at all. We show the distributions of respondents by numbers of roles and activities identified for each sex and for the separate age groups in Table 2. Just under one-fifth of the respondents are identified in a single role, and we shall return to this subgroup below. Over one-fourth are involved in two roles or activity categories; almost 36 percent report three or four roles and almost eleven percent are identified as having as many as five or six of the (total of twelve) roles which we have delineated (first column of Table 2.).

In general the women are relatively more frequently recorded as having no roles or activities at all; and men are more frequently recorded as having higher numbers of roles or activities. Age seems clearly negatively related to numbers of roles and activities: among the middle-aged (60-64) men more than one-third (37 percent) have four or more roles and less than fourteen percent have only one or fewer roles; while among the old-old (75+) about one-fourth have four or more roles and more than 27 percent have only one or fewer. The age differences among the women are in the same direction and even more pronounced, while - as noted above - the overall level of role incumbency and activity is lower among the women than among the men.

Table 2: Number of Roles* and Activities (Percent Distribution) by Sex and Age Groups: Israel National Survey of Residents Aged 60 and Over, 1984

No roles or activities	6.6	2.1	5.0	7.3	4.0	4.8	13.0	16.2
1 "	19.7	11.7	15.7	19.8	19.7	21.0	26.2	28.8
2 "	25.7	25.5	22.0	27.5	24.6	27.9	25.6	30.6
3 "	21.2	23.9	22.6	20.7	20.4	21.7	19.9	11.7
4 "	14.7	16.5	16.6	13.4	18.9	14.5	10.8	8.1
5 "	7.7	12.6	11.2	6.3	9.6	6.0	3.5	2.7
6 "	3.1	5.3	5.5	3.1	1.9	3.2	0.4	0.9
7 "	0.8	1.0	1.1	1.5	0.3	0.5	0.5	0.4
8 or more roles or activities	0.3	1.4	0.2	0.4	0.5	0.4	0.0	0.0

* For the list of roles and activities identified, see Table 1 and text.

Among those with only a single role or activity, the most frequently identified role is that of the hobbyist (Table 3), with the "parent-visitor," "friend-visitor," and "patient" roles also very frequent. These account for about two-thirds of those with only a single role, or about thirteen percent of the total sample. Single-role respondents who are employed, housekeepers, family visitors, or synagogue attenders account for most of the rest of this sub-group and constitute another six percent of the total sample. Thus the respondents with only a single role (among the twelve roles or activity categories we have delineated) are concentrated in just four of the role categories: hobbyist, parent-visitor, friend-visitor, and patient. None of these is included in what we describe below as major "commitment" roles.

Table 3: Person 60+ with a Single Role or Activity:
 Number and Percent Distribution by
 Role/Activity. Israel National Survey of
 Residents 60 and Over, 1984

Total - all persons with a single role or activity	Number	Percent Distribution	Percent of Total Sample
identification	903	100.0	20.6
Employed	53	5.9	1.2
Parent-helper	10	1.1	0.2
Housekeeper	95	10.5	2.1
Volunteer	5	0.6	0.1
Synagogue attender	52	5.8	1.1
Student	6	0.7	0.1
Seniors' club participant	20	2.2	0.4
Parent-visitor	115	17.2	3.4
Family visitor	57	6.3	1.2
Friend visitor	110	12.2	2.4
Hobbyist	226	25.0	4.9
Patient	114	12.6	2.5

The list of twelve roles or activity spheres includes a wide range of activity types. Moreover, it is very difficult to examine the more detailed pattern of the joint involvement in these roles based on such a large number. We therefore have tried to classify these roles into two major groups: major commitment roles and social/recreational roles.

Employment, continued parenting involving assistance to children (the parent "helper" role, as we have put it), housekeeping, and volunteer activity differ somewhat from the other roles and activities we have identified and delineated in that they are carried out in social contexts involving commitments over time to the activity and to the social units in which they are carried out. We therefore analyze separately the link between these four major role categories. We then proceed to examine how activity patterns among these four are related to the patterns of supplementary activities that are of a more recreational or social nature.

More than half (54%) of the respondents in the survey were recorded as having no "major commitment" roles (employment, parent helper, housekeeper, or volunteer roles) at all; and an additional 37% were identified as having only one of these roles. Thus the combinations of two or more "major commitment" roles are infrequent in the population 60 and over in Israel (less than one percent in three or more such roles, and just over eight percent in

two such roles). In Table 4 we show distributions of the respondents by profiles of "major commitment" roles for the entire sample and for the sex and age subgroups.

The employed and volunteer, housekeeper and volunteer, and employed and housekeeper role pairs are the most frequently reported combinations of "major commitment" roles; and the pairs involving parent helper roles (employed and parent helper, volunteer and parent helper, and housekeeper and parent helper) considerably less frequently found. Among those with only a single "major commitment" role, the housekeeper (17%) and employed (11%) percent are by far the most frequently identified, with only about five percent each solely in the volunteer and parent helper roles.

Table 4: Major Commitment Role* Profiles (%) of Israeli Aged 60 and Over in 1984, by Sex and Age Groups

Major commitment role profiles	Total	M a l e s			F e m a l e s			Sex or Age Unknown
		60-64	65-74	75+	60-64	65-74	75+	
Total sample = N	4573	486	877	752	593	957	792	111
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	%	%	%	%	%	%	%	%
Three or more roles	0.8	2.0	0.9	0.8	1.3	0.3	0.0	0.9
Two roles								
Employed and parent-helper	1.1	6.6	0.9	0.3	0.7	0.7	0.1	0.0
Employed and volunteer	2.2	9.1	3.6	1.5	1.2	0.6	0.1	0.9
Housekeeper and volunteer	2.0	0.2	0.9	0.9	2.2	4.6	2.5	0.0
Employed and Housekeeper	1.7	2.3	3.2	1.3	2.4	1.4	0.4	0.0
Parent-helper and volunteer	0.5	0.2	1.5	0.1	0.8	0.2	0.0	0.9
One role								
Parent-helper and housekeeper	0.7	0.0	0.1	0.1	1.9	1.1	1.0	0.0
Volunteer only	5.4	3.7	7.5	5.5	6.1	6.0	3.3	1.8
Housekeeper only	16.7	4.5	8.0	12.2	20.1	23.6	26.7	18.0
Parent-helper only	4.7	2.5	5.7	3.5	7.1	5.4	3.5	4.5
Employed only	10.6	43.0	18.1	6.3	6.4	2.6	0.5	2.7
No major commitment roles	53.6	25.9	49.4	67.6	49.9	53.9	61.7	70.3

* Employed, parent (helper), housekeeper, volunteer roles.

In Table 4 we may note that men are more likely than women to have major commitment roles at all, and much more likely to have pairs of such roles or three or more such roles. In particular, the employed and volunteer role pair is frequent among the men aged 60-64 (about nine percent). As is the case for the roles and activities generally, the role combinations are considerably less frequent among the old-old of both sexes than among the middle-aged or young old; and the percentage among the old-old with no "major commitment" roles at all is very high (68% among male old-old and 62% among the female old-old).

After having reviewed the distribution of these four major commitment roles we turn to the examination of the links between involvement in these roles and the pattern of supplementary recreational and social activities. We are particularly interested in analyzing whether these activities tend to increase (or substitute) when the involvement in the major commitment roles declines and whether there are any activities that tend to serve as complements for the major commitment roles. In Table 5 we show the relationship between involvement in major commitment roles and the social/recreational roles. We examine the relationships between "major commitment" role profiles and visiting activity (children visiting, sibling and family visiting, and friend visiting), cultural and communal activity (synagogue attendance, study, or seniors' centre or club participation), and hobby activity.

Although many of the percentages shown in the columns on Table 5 are based on relatively small absolute numbers, it seems clear that those with combinations of two or more major commitment roles other than those involving the parent "helper" role are generally more likely to engage also in the other visiting, cultural, and hobby roles and activities than are those with only a single major commitment role; and the least likely to engage in additional visiting, cultural, and hobby activity are those with no major commitment roles at all. Thus the major commitment roles, rather than excluding participation in other activities, appear to complement and indeed to enhance participation in the other roles and activities.

Table 5: Visiting(a), Cultural and Communal(b), and Hobby Activity of Israelis Aged 60 and Over, by Major Commitment Role Profiles, 1984

Major commitment role profiles:	Total Number In sample	Percent In Visiting Activity	Percent Cultural and Communal	Percent In Hobby Activity
Total Sample	4573	68.9	28.9	47.0
Three or more roles	38	86.8	65.8	76.3
Employed and parent-helper	49	85.7	30.6	46.9
Employed and volunteer	102	74.5	50.0	75.5
Housekeeper and volunteer	93	88.2	53.8	76.3
Employed and housekeeper	79	62.0	21.5	54.4
Parent-helper and volunteer	23	95.7	73.9	69.6
Parent-helper and housekeeper	32	93.8	25.0	65.6
Volunteer only	246	80.5	57.7	80.1
Housekeeper only	762	61.7	23.1	52.4
Parent-helper only	215	90.7	24.2	35.3
Employed only	485	72.0	24.9	49.1
No major commitment roles	2449	65.5	26.4	39.2
a. Parent visitor or friend visitor roles.				
b. Synagogue attenders, student, or senior center participant roles.				

To summarize: quite few of those aged 60 and over in Israel are "roleless" in the sense we have indicated. All but about seven percent have at least one of the twelve roles we have delineated, and almost half have three or more such roles. Women are somewhat more likely to be "roleless" than men, and have fewer roles, on average, than the men; among both sexes the old-old have fewer roles. Those with only a single role are highly concentrated in five of the roles: hobbyist, parent visitor, friend visitor, employed, and housekeeper roles.

We recognized four of the roles: employment, parent-helper, housekeeper, and volunteer roles, as "major commitment" roles in that they are enacted in social settings and entail longer term commitment to the role, behaviour, and social units in question. More than half of Israelis 60 and over have no "major commitment" roles at all; and the overwhelming majority having "major commitment" roles have only one such role. Among about nine percent with two more major commitment roles, the most prominent combinations are the employment and volunteer role pair (especially frequent among men aged 60-64) and the housekeeper and volunteer role pair (frequent among women aged 65-74).

Participation and activity in "major commitment roles does not generally exclude or diminish, and often enhances other role activity. Those with no major commitment roles at all are generally less likely to be involved in visiting, cultural and communal, or hobby activity than are those with a major commitment role; while those with the employment and volunteer, the housekeeper and volunteer, or the parent helper and volunteer role pairs are most likely to be involved in any of the other activities and roles as well. Altogether, middle aged and elderly Israelis with volunteer roles appear to be an especially active and involved subgroup, generally with profiles of multiple roles.

V. Situational Correlates of Role Profile Variations

We may expect two distinct types of factors to influence the patterns and profiles of roles and activities in middle and old age: situational factors, i.e. factors associated with the personal attributes and characteristics of the individuals in question, or factors associated with the "objective" social, economic, or other constraints bearing upon the individual's behaviour and relationships; and preferential factors, i.e. factors associated with attitudes, norms, opinions, and preferences of the individuals in question. In this paper we make a initial effort to examine two situational factors affecting role profiles: marital status and health

condition; and we defer the examination of additional situational factors and of preferential factors for subsequent studies and analyses.

i. Marital Status

The distributions of respondents by numbers of roles and activities identified among the full set of twelve initially delineated (in Table 1 and in the text above) are shown in Table 6 for the entire sample and for subgroups classified by sex and marital status (left panel of the Table) and by self-assessed health condition (right panel). Comparison of the distributions among married and widowed males reveals that the widowed males (older, on the average, than the married men) are less likely to report four or five roles, and slightly more likely to report no roles or only a single role, than are the married males; but the distributions are basically quite similar. This is even more so for the married and widowed women, respectively, even though the widowed women are on the average considerably older than the married.

Table 6: Number of Roles and Activities (Percent Distribution) by Sex and Marital Status and by Self-Assessed Health Condition: Israel National Survey of Residents Aged 60 and Over, 1984

	Males		Females		Health Status				
	TS 4573= 100.0	M 1747= 100.0	W 335= 100.0	M 1184= 100.0	W 1107= 100.0	GH 814= 100.0	S 881= 100.0	NVG 1858= 100.0	P 947= 100.0
No roles or activ- ities	6.6	5.1	6.0	6.4	9.0	2.9	3.9	8.1	8.3
1 "	19.1	15.7	18.2	22.7	22.8	1.7	16.5	22.5	27.6
2 "	25.7	24.6	27.2	27.4	25.3	18.3	25.3	27.6	28.5
3 "	21.2	21.8	22.7	19.8	21.0	23.5	22.7	20.5	19.5
4 "	14.7	15.8	14.6	15.0	13.2	20.6	16.7	12.1	13.4
5 "	7.7	10.4	6.3	5.7	6.3	13.3	9.6	6.2	4.2
6 "	3.1	5.1	2.1	2.4	1.4	6.0	3.7	2.4	1.7
7 "	0.8	1.1	2.1	0.3	0.4	1.6	1.1	0.6	0.2
8 or more roles or activ- ities	0.3	0.5	0.9	0.1	0.4	1.1	0.4	0.1	0.1
		X2 = 142.7		DF = 40		X2 = 293.1		DF = 50	
		P = .0000				P = .0000			

TS = Total Sample
M = Married
W = Widowed
GH = Good Health
S = Satisfactory
NVG = Not Very Good
P = Poor

Table 7: Mayor Commitment Role* Profiles (%) of Israelis Aged 60 and Over, 1984, by Sex and Marital Status and by Self-Assessed Health Condition

Major Commitment Role Profiles	Total Sample	Males		Females		Self Assessed Health Status			
		Married	Widowed	Married	Widowed	Good Health	Satisfactory Health	Not Very Good	Poor
Total Sample	4573 = 100.0	1747 = 100.0	335 = 100.0	1184 = 100.0	1107 = 100.0	814 = 100.0	881 = 100.0	1858 = 100.0	947 = 100.0
<u>Three or more role</u>	0.8	1.2	1.5	0.4	0.6	2.5	0.8	0.4	0.3
<u>Two Roles</u>									
Employed and parent-helper	1.1	2.3	0.6	0.4	0.2	2.1	1.5	0.9	0.2
Employed and volunteer	2.2	4.5	0.9	1.0	0.0	7.9	2.2	0.7	0.6
Housekeeper and volunteer	2.0	0.5	2.1	1.1	5.2	2.6	2.5	2.2	1.0
Employed and housekeeper	1.7	1.6	5.7	0.6	1.8	3.2	2.5	1.3	0.6
Parent-helper and volunteer	0.5	0.9	0.3	0.4	0.2	1.0	0.7	0.4	0.0
Parent-helper and housekeeper	0.7	0.1	0.3	0.3	2.3	0.9	0.8	0.8	0.3
<u>Single Role</u>									
Volunteer only	5.4	6.5	3.3	8.5	1.4	9.8	7.0	4.5	2.2
Housekeeper only	16.7	5.5	21.2	10.6	36.5	10.9	17.0	17.7	18.3
Parent-helper only	4.7	4.6	2.1	5.7	5.1	3.4	4.9	6.0	3.1
Employed only	10.6	22.3	3.6	4.7	0.9	20.4	14.1	8.8	3.0
No major commitment roles	53.6	50.0	58.5	66.1	45.9	35.3	46.0	56.4	70.4
		$\chi^2 = 1331.5$ DF = 60				$\chi^2 = 640.4$ DF = 75			
		p = .0000				p = .0000			

Focusing on the major commitment roles, considerable elaboration of these comparisons, and of the effect of marital status on role profiles, is possible as presented in the left panel of Table 7. These show distributions of married and widowed male and female respondents by "major commitment" role profiles. In the first place, we may note that while married men are somewhat less likely to report no major commitment roles than are widowers, married women are much more likely to report no major commitment roles than are widows, and this despite the fact that the married women are generally younger. Next we may note that among both sexes, though most pronounced among the men, the major commitment roles and profiles or combinations involving employment (excepting the employment and housekeeping combination) are much more frequent among married than among widowed respondents; and those involving housekeeping are more frequent upon the widowed than among married respondents. Finally, among both men and women, the volunteer role is much more frequently identified among married than among widowed respondents. Among both sexes the married are, of course, much younger on average than the widowed; so that a more refined analysis of the impact of marital status will require controlling for age differences.

ii. Health, Role Incumbency, and Role Profiles

Some of the discussion of role loss and disengagement revolves about the changes entailed by or associated with failing health. In addition to details of their conditions, impairments, and use of health services, survey respondents reported an overall assessment of their health condition in response to a question: In general, how is your health? Only eighteen percent of the respondents reported themselves in "good health," and another nineteen percent report that their health is "o.k., satisfactory, not bad." Just under 41 percent reported themselves in "not very good health;" and 21 percent said that their health is "not good" or that they are "in poor health."

Obviously self-assessed health status is negatively correlated with age, so that some of the variations confound "net" age effects; if any, with health status effects. Yet it is very interesting to note, in tabulations not shown here, that the different role categories are differentially affected by health status. Thus, for example, the "parent-visitor" and the "housekeeper" role frequencies seem relatively indifferent to health status; while the "synagogue attender" and "community or seniors" centre participant" role frequencies are sharply lower among those reporting themselves in "poor health," but otherwise they are very similar among all the health status groups.

The percentages identified as "employed", "volunteers", and "hobbyists" appear to diminish very sharply across the successively less-favourable health status groupings. Health status clearly makes a difference in the percentages in other role categories (e.g. in the "student," "frequent sibling and family socializer," and "frequent friend socializer" roles), but evidently more mildly: differences in relative frequencies between those reporting themselves in "good health" and those reporting themselves only in "satisfactory health" are apparent but not very large; and the percentages fall notably only among those in "not very good health" or in "poor health." More refined analyses, drawing upon some of the responses to more detailed health and impairment questions in the survey and using multivariate techniques, will hopefully allow us to examine in more detail the bearing of health status and its dimensions upon role incumbency and role shifts in middle and later life.

The data of the right panels of Table 6 and Table 7 address the relationship between health condition and variations in role profiles. Of those reporting themselves in "good health," about two-thirds were identified in three or more roles or activities (of the original twelve); while among those reporting themselves in "poor health," about two-thirds were identified in two or fewer roles or activities (Table 6). More generally: the better the self-assessed health condition, the more roles and activities identified or reported for the survey respondents.

About 70 percent of those reporting themselves in "poor health" have no "major commitment" roles at all; while all but 35 percent of those in "good health," and 54 percent of those in "satisfactory health," have at least one single - and, in many cases, two or even more "major commitment" roles. To the extent that those in "not very good health" or in "poor health" have major commitment roles at all, they are likely to have only a single such role; whereas among those in "good health" or in "satisfactory health" there are many respondents recording pairs of such roles or even three or more roles in a few cases. Those in "poor" or in "not very good" health were least likely to be employed or volunteers, though more likely to be housekeepers than the healthier respondents.

The connection between diminished health and diminished role and activity involvement and participation seems clear. What remains unclear is the direction of the causal relationship, if any: does declining health lead to declining participation, or does sustained and intensive role and activity involvement fortify health condition?

In summary: married men are somewhat more likely than widowers to report at least one major commitment role, while widowed women are much more likely than married women to have a major commitment role. The employed role and role pairs including employment are much more frequently identified among married men and women than among widowers and widows, and this may be due primarily to the age differences between the married and the widowed; while the housekeeper role and role pairs including housekeeping are more frequent among the widowed than among the married respondents. Except for the housekeeper and parent-visitor roles, poor health reduces the probabilities of all the major commitment roles and of all the role profiles, while sharply raising the likelihood of absence of any major commitment role.

VI. Concluding Remarks

In this paper we have tried to present a first description of the roles and role profiles of middle-aged and elderly Israelis based on national survey data. The roles we have been able to identify include (a) major commitment roles in social units taken up with material production, with household and family life, and with volunteer activity; (b) cultural and communal roles, and (c) hobby and personal satisfaction roles and activity. While few are entirely without roles or activities, more than half the middle-aged and elderly (aged 60+) surveyed in Israel in 1984 have no "major commitment" role at all and of those having such roles, for most there is a single major commitment role. The age-group comparisons lead to the hypothesis that, except for housekeeping, the major commitment roles - and, most notably, the employed and parent helper roles - are relinquished in the transitions from middle age to young-old ages to old-old ages.

But half the young-old and more than one-third of the old-old retain their major commitment roles; and for others the major commitment roles are usually replaced by cultural and communal roles, or by hobby or personal satisfaction roles. It is to exploration in detail of this differentiation that we hope to turn in subsequent analyses. In particular we are interested in distinguishing the role of circumstances and facilitating factors from preferences in determining the observed pattern of activities. In this regard health status and marital status were found to be related to the pattern of activities.

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ג'וינט ישראל
מכון ברוקדייל לגרונטולוגיה
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דיוקני תפקידים ופעילות בקרב בני גיל הביניים
והקשישים בישראל: ממצאים ראשוניים מסקר ארצי

פרסומי מחקר

ג'ק חביב
יהודה מטרס

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Role and activity profiles of middle-age

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המכון

הוא מכון ארצי למחקר, לניסוי ולחינוך בגרונטולוגיה והתפתחות אדם וחברה. הוא נוסד ב-1974 ופועל במסגרת הג'וינט האמריקאי (ועד הסיוע המאוחד של יהודי אמריקה), בעזרתו של קרן ברוקדייל בניו-יורק וממשלת ישראל.

בפעולתו מנסה המכון לזהות בעיות חברתיות ולהציב להן פתרונות חילופיים בשירותי הבריאות והשירותים הסוציאליים בכללם. אחד מיעדיו הוא להגביר שיתוף הפעולה של מומחים מהאקדמיות והממשלה, עובדי ציבור ופעילים בקהילה כדי לגשר בין מחקר לבין מימוש מסקנות מחקר הלכה למעשה.



**דיוקני תפקידים ופעילות בקרב בני גיל הביניים
והקשישים בישראל: ממצאים ראשונים מסקר ארצי**

יהודה מטרס

ג'ק חביב

תדפיס מתוך:

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תקציר

התמורות בדפוסי תוחלת החיים, ובדפוסי ההורות והתעסוקה, הביאו להתפתחות דפוסיים חדשים המאפיינים את התפקידים והפעילויות החברתיים והכלכליים בגיל הביניים ובזיקנה.

סקר ארצי משנת 1984 שנערך בשילוב עם מיפקד האוכלוסין האחרון, סיפק מידע על הכנסה, על מצב הבריאות, על מערכות תמיכה, ועל הפעילויות הכלכליות והחברתיות של בני 60 ומעלה, בהווה ובעבר. הנתונים שנאספו מרחיבים את הידע הקיים על תעסוקה, הסדרי מגורים ומשק-בית, טיפול ותמיכה במסגרת המשפחה, טיפול בבריאות ופעילות בשעות הפנאי.

המאמר מציג ממצאים ראשוניים על התפקידים והפעילויות ושילוביהם השונים, שגברים ונשים נוטלים על עצמם בחייהם המאוחרים, אם מבחירה ואם מכורח הנסיבות. נבחנות המידה שבה התפקידים והפעילויות השונים מחליפים או משלימים אלה את אלה במהלך החיים. בנוסף עומד המאמר על חשיבותם היחסית של גורמי מצב, לעומת גורמי בחירה בעת המעבר לתפקיד מסוים או לפעילות כלשהי בגיל הביניים ובזיקנה.