

Socio-cultural participation and wellbeing of older people in China and UK

Introduction

The proportion of older people is soaring in almost every country of the world. By 2050, nearly eight in ten of the world's older people will be living in the developing countries (United Nations, 2017). This is likely to have far-reaching implications for individuals, families and communities. One of the most pressing challenges is the need to maintain the quality of life of older adults in the face of increasing frailty, multi-morbidity and social exclusion as they age. Despite social, cultural and political differences between the UK and China, both countries face similar issues related to healthy ageing. The background of changing family structures, weakened family ties and the growing recognition and promotion of 'ageing in place' and community care center in the UK and China makes it useful to conduct comparative research to explore possible common ways to improve the quality of life of older adults in two countries. Social participation is a modifiable health determinant and a key outcome measure as well as a common goal of health interventions. Enhancement of social participation is a key proposal of the World Health Organization' (WHO) policy framework promoting 'active ageing' (WHO, 2002) or 'healthy ageing' (WHO, 2006) in response to concerns about population ageing.

There is growing evidence on the role of social participation in later life in relation to improved physical functioning, reduced social isolation and better cognitive outcomes. Social participation among older people can be rather localized and influenced by political, economic and community contexts (Levasseur et al., 2010). For example, older people in China often engage in collective leisure activities such as practicing Tai-chi, playing Mahjong and public square dancing (广场舞). While in the UK, social participation among older adults often involves volunteering and civic engagement. Hence, it is important to understand what socio-cultural and political contexts older people are embedded in for potential effective intervention design. Within societies, social participation in later life demonstrates distinct social gradients. In the UK, playing bingo is popular with working-class women (Dixey, 1987). Disadvantaged socioeconomic status and ethnic minority status are associated with reduced later life social participation (Croll et al., 2015). Social participation interventions that do not take into account such social class differences may fail because they do not take into account the heterogeneity of older people. The diversity of older people may limit the impact of socio-cultural participation on the quality of life of older people. We also need to understand the possible mechanisms and driving forces at individual-, household- and community-levels that may operate during the process of social participation. Contrasting the UK and Chinese social contexts could provide us with a better idea of these mechanisms.

This study aims to fill these gaps by conducting a thorough review of existing evidence on socio-cultural participation among older adults and its associated health and wellbeing impacts in China and the UK. This study will be conducted by a cross-faculty interdisciplinary team (medical sociology, ageing, population health, occupational health and social statistics) and serve as a starting point for our future intervention research to design contextualized social participation to promote healthy and active ageing in both countries.

Research questions

- What is the existing evidence on the social distribution of socio-cultural activities of older adults in China and UK?
- To what extent do such activities benefit older people's health and wellbeing?
- What are the main barriers and challenges to promote such socio-cultural activities within communities in China and UK?
- What are the potential age-friendly socio-cultural participation interventions by taking into account the heterogeneity (e.g., gender, social class) of older people themselves and specific socio-cultural and political contexts of two countries?

Methodology

A systematic review will be conducted according to preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines using a PRISMA checklist (Moher et al., 2015).

Inclusion & exclusion criteria

We will include studies that evaluate the interventional effects of socio-cultural engagement with the use of any possible study designs (e.g., experimental studies, quasi-experimental studies, cohort studies, case-control studies, cross-sectional studies, qualitative studies). We will include all studies in English and Chinese as long as they involve older adults and report outcomes for older adults separately regardless of whether they mix older adults and participants at other age groups. We will pay particular attention to studies related to UK and China.

Literature search

We will follow literature search methods recommended by the Campbell Collaboration to retrieve eligible studies for the review. A comprehensive literature search will be conducted through

- Searching key electronic databases related to ageing, health and wellbeing including Medline, CINAHL, AgeLine, PsycInfo and CNKI (China National Knowledge Infrastructure) for journal publications,
- Searching Google Scholar for related records of included studies,
- Scanning the reference lists of included studies,
- Reports from WHO, United Nations, HelpAge International and Age UK.

The search strategy will be composed of the following relevant terms (and Chinese equivalence): socio-cultural activities, social engagement, social participation, community engagement/involvement, ageing or aging or older or elder, health (mental health and physical health), mortality, morbidity, quality of life and wellbeing.

Study selection & data extraction

Two reviewers will independently screen the titles and abstracts of search results for relevance and then independently inspect the full-text of all potentially eligible studies. Additionally, they will independently extract data in terms of country, study design, characteristics of participants, information about socio-cultural participation, follow-up durations, analytical methods, health outcomes, and results. Disagreements will be resolved by discussion between the two reviewers and involvement of a third reviewer if necessary.

Data synthesis

We will narratively summarize the results across relevant studies; and where possible given sufficient data points, meta-analysis methods will be performed to pool quantitative data across studies. Here odds ratios (ORs) and the 95% CIs of ORs will be presented.

Expected outputs of research:

- To submit one review paper to high impact journal (i.e., The Lancet Global Health, Social Sciences & Medicine)
- Following from the information provided by this review, the team will develop potential contextualized feasibility and intervention studies for major findings bids from UKRI, Newton Fund, NSFC (National Natural Science Foundation of China) and Nuffield Foundation.

Summary of budget:

One part-time (20 hours per week) research assistant/PhD researcher for 2.5 months: £5500

Research team:

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