

Valuing Old Age: The Relationship between Societal Value and Health Outcomes in the Elderly

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Abstract

This project looks at the relationship between social value and health outcomes among elderly individuals. It looks at the World Values Survey for an international view on how different societies view the elderly populations and compares it to the life expectancy rates in those societies. This research also addresses the impact poverty can have on both social value and health outcomes. This research uses Symbolic Interactionism for a theoretical base. Based on the theory of Symbolic Interactionism, the way people interact with the elderly in society will help them construct their own identity as an aging human. Symbolic Interactionism would claim that there is a positive relationship between societal value and the health outcomes of the elderly and that in societies that place higher value on the aging, the elderly will be physically and mentally healthier and vice versa. This analysis found that when controlling for poverty there is a significant relationship between the societal value of the elderly and health outcomes

Introduction

This research looks at the relationship between social value and health outcomes. Using Symbolic Interactionism as a theoretical framework, this paper discusses the importance of social value how it can impact the health outcomes of elderly populations around the world. Firstly, this research paper lays out Symbolic Interactionism and the beliefs the theory has regarding social value. Symbolic Interactionism holds the belief that oneself is created through meanings and symbols found within society. This implies that if a society places higher value on an individual, then they are afforded more resources and the ability to create their own identity. This would have a great impact on the health outcomes of the individual, meaning if society places high value on an individual, they are likely to have a healthier life and vice versa. To further show this relationship, this research paper offers a literature review with multiple research findings that support the hypothesis. Lastly, the research paper offers a section about the methods and ethics of the research as well as an analysis of data and the findings.

This research seeks to find the relationship between social value and health outcomes in the elderly population while also addressing poverty as a control variable. This paper hypothesizes that there is a positive relationship between social value and health outcomes. According to multiple resources and Symbolic Interactionism, it can be said that the more social value placed on the elderly cohort, the healthier the elderly cohort will be based on allocated resources, self-identity, and acceptance within their society.

Theoretical Framework

Symbolic Interactionism is a theory based on interaction, symbols, and meanings and how they create ones identity and self. Symbolic Interactionism looks at the relationships and meanings created within societies and how that could impact the way it works. In terms of

societal value and health outcomes, Symbolic Interactionism is interested in the worth a society assigns, the self-worth created by interaction, the distribution of physical and mental resources, and the impact that could have on a specific cohort.

Societal value is the worth people within a particular culture, community, or location assign different objects, whether it is ideas, institutions, or groups of people. The value a society places on such things can be seen in many different aspects throughout that society. If a society places one thing higher on the value scale, it will often be allotted more resources within that society, such as monetary support. Symbolic Interactionist Herbert Blumer states that the premise of Symbolic Interactionism lays out how a society assigns value and meaning:

- (1) Human beings act toward things on the basis of the meaning things hold for them.
 - (2) The meaning of such things is derived from, or arises out of, the social interaction one has with one's fellows.
 - (3) These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters.
- (Blumer 1969)

This particular quote by Blumer shows that specific meanings, which are derived out of social interactions, are given to various objects, ideas, and people found within societies. With these meanings, a society can decide on the object's societal value. When a society assigns importance to a certain object, it will interact with it more, therefore solidifying its higher societal value and vice versa. With a higher assignment of value, the object, human, or idea will receive more resources. For example if it is an idea, it could receive more credibility or if it is a human, it could receive more societal benefits and care.

This idea of the assignment of societal value can be applied to all things found within a society and the results vary from location to location. For example, countries in Asia such as Japan, South Korea and China have all been shown to have more positive perceptions and ideas related to the aging process and the elderly cohort. In these countries "...aging is associated with

increased reverence and greater bearing within society.” (Yun and Lachman 2006:56). Due to these beliefs, many aspects of societies that place high value on the elderly, such as the family unit and various institutions, will allocate more resources not limited to but including shelter, monetary funding and even emotional support. In contrast, societies that place less value on the elderly will be seen through many facets that make up societies such as public policies that can be used to further the negative feelings associated with aging and the elderly cohort. For example in the United States, society is focused primarily on youth and youthfulness which results in “...negative social attitudes towards the elderly result in lower status, and subsequently, diminished roles for older members in the US” (Yun and Lachman 2006:56). With these diminished roles, the elderly are unable to support themselves and will have little to no help from society. This can be seen through battles over Social Security and Medicare benefits. Whether a society assigns the elderly a high value or low value can have a vast impact on their health outcomes, including their life expectancy.

Health outcomes, including life expectancy, are biologically driven and are often seen as a natural process. The World Health Organization (2013) clearly defines life expectancy as: “Life expectancy at birth reflects the overall mortality level of a population. It summarizes the mortality pattern that prevails across all age groups in a given year – children and adolescents, adults and the elderly”. This shows that life expectancy is the projected age people of a certain location will live, based on averages seen though all different age levels. While life expectancy can be looked at as a purely biological timeframe, many different factors can contribute to varied life expectancy rates around the world including but not limited to poverty, famine, and psychological factors. Symbolic Interactionism would argue that psychological factors play a large role in life expectancy.

Since symbols, meaning, and interactions are important factors within Symbolic Interactionism, the meaning a society gives a specific cohort of people could greatly impact their life expectancy. Based on the value assigned to a cohort, distribution of resources will vary. Cohorts with higher value will receive more resources, allowing them a greater chance at a longer life expectancy. In Eastern countries, such as Japan, South Korea and China, it could be argued that based on their belief that the elderly are reverent family additions; they are more likely to be assisted with care in their very elderly years which would increase their life expectancy rates in the country. Given that symbols and interactions construct self-worth, the value assigned to various people could impact their will to succeed which ultimately could change life expectancy rates.

Based on Symbolic Interactionism, there is a positive relationship between societal value and health outcomes. Symbolic Interactionism would claim that the way people interact with the elderly cohort in society will help them construct their identity as an aging human. This can be easily related back to Herbert Blumer's (1969) statements about societal value, "Human beings act toward things on the basis of the meaning things hold for them", meaning that depending on one's society, their views on the elderly could vary. With the varied views come varied treatment and allocations of resources which all play a part in life expectancy. If a society values the elderly they will provide them with assets which will help them thrive and the opposite can be said about societies which hold lesser value on the elderly.

Symbolic Interactionism looks at the relationship between societal value and health outcomes in the elderly by assessing the self-worth created through interactions and the assigned value, the allocation of various resources and how that impacts life expectancy. Ultimately, Symbolic Interactionism would see a positive relationship between social value and health

outcomes. Symbolic Interactionism would claim that there is an association between societal value and the health outcomes of the elderly and that in societies that place higher value on the aging, the elderly will be physically and mentally healthier and vice versa. By promoting positive interactions with the elderly and placing higher value on them we could help them lead healthier, longer lives therefore allocating them the ability to be constructive, participating members of society.

Literature Review

The relationship societal value has on health outcomes in the elderly population is important to understand in order to erect public policies and initiatives in order to make sure that the elderly population is properly cared for and can adequately contribute to society. According to Herbert Blumer (1969) and Symbolic Interactionism, “Human beings act toward things on the basis of the meaning things hold for them”, meaning that the preconceived notions a society holds for the elderly will impact the way they are treated. Given the way a society treats the elderly, that will impact their allocated resources and goods which will have an immense influence on their health. Many studies have been done in the recent past to solidify this idea.

Much research has been done exploring how societal value impacts the elderly population. Researchers looked at the role age-related perceptions have on the elderly. They found that both young and old members of society typically have stereotypes, either negative or positive, about the elderly which impacts the elderly’s own self-perceptions (Chasteen 2000). It was also found that youth in Western Societies are likely to be wary of growing old and aging, which in turn only perpetuates the stereotypes surrounding the elderly population (Chasteen 2000). In contrast, other research states that “Analysis of the life of many long-lived people convincingly shows that the majority of them made no special effort to preserve their health”

(Aganbegian 2013:6). This contradicts the notion that social value and self-perception can have positive or adverse effect on one's health. While this research may seem credible, the researcher only reviews statistics about mortality and death rates in Russia and then makes a broad statement about long-lived people. Another group of researchers found through their study of social perceptions of aging in South Korea and The United States that "...negative social attitudes towards the elderly result in lower status, and subsequently, diminished roles for older members in the US" (Yun and Lachman 2006:56). This means that because of the negative social attitudes, the elderly cohort has a less important role in the United States. Compatible research shows how these social attitudes can biologically impact the elderly population. The research shows that the older population that had higher self-perceptions lived on average 7.5 years longer than their lower self-perception counterparts (Levy et al. 2002). It is noted in this research that those that held higher perceptions of themselves had a will to live that those who had low self-perceptions did not have (Levy et al. 2002). This shows the immense impact societal value can have on one's health and well-being.

Another relationship that is relevant to the main relationship between societal value and health outcomes in the elderly is the relationship between poverty and societal value. Poverty is a prevalent global issue that impacts a community as well as individual units within that community. Years of research show that there is a strong relationship between poverty and societal value. Research found that "...discrimination may be one important mechanism behind SES [Socioeconomic status] related health inequalities" (Fuller-Rowell et al. 2012:737). These results show that poverty impacts social value in terms of the resources that one has access to and the discrimination an individual can receive. In contrast, research coming from Sweden shows through their studies that poverty and social-class ranking has little to do with the quality

of life. The research states that “Income equality and generous social security do not appear to be required for a long and happy life” (Veenhoven 2005:61). Contrarily, research about social welfare also from Sweden states that:

Based on our analysis, we can argue that the socially excluded in today’s Sweden are poor and unemployed and that they also experience health problems, loneliness and psychological distress. The socially excluded, thus, are excluded from the labor market and from ordinary consumption of goods and services, and in addition they suffer from more individual problems such as ill health and psychological distress. (Hallerod and Larsson 2008:24).

Through their research they find that the impoverished experience some sort of social exclusion, which shows that they have had a negative social value assigned to their specific cohort. This research clearly shows the relationship between poverty and social value and it also suggests another significant relationship; poverty and health outcomes.

Looking at the relationship between poverty and health outcomes is important in understanding how poverty impacts the longevity and overall health in various societies. There has been an overabundance of research pertaining to the relationship between poverty and health. Research found from studying Asian-American men and women shows that poverty and poverty discrimination negatively impacted their health, both physical and mentally (Hamh et al. 2010). This can then be countered by research found showing that income disparities within societies have little to do with leading a happy, long life (Veenhoven 2005). Instead of income equality, this research only states economic affluence, freedom, and justice as characteristics of societies where people live longer, happier lives (Veenhoven 2005). In contrast, other research found that there is a direct connection between income inequality, including poverty, and a populations overall health. The research concludes that:

...there is an unambiguous link between income inequality and population health at the country level. Prior research has debated this point, but the results reported here are sufficiently robust, are sufficiently stable over time, and cover a sufficiently large

proportion of the countries of the world to be considered definitive. (Babones 2008:1625).

This report shows that globally, there is a direct link between income inequality and health in varied societies. With research showing the connections between poverty and health outcomes, it can now be applied to the impact poverty can have on the relationship between societal value and health outcomes within the elderly population.

Looking at how poverty has the power to impact the relationship between societal value and health outcomes within the elderly population in particular is important in being able to fully understand the relationship as a whole. Understanding how societal value influences health outcomes can help various societies create policies and generate new ideas on how to end negative preconceived notions many may have in regards to the elderly population. In order for the elderly to be successful, participating members of communities, societies need to understand how their interactions with them can either negatively or positively impact their health and all over well-being. With all the research done on creating self-worth and positive self-perceptions and how that can vastly impact health, it is important to continue the research to find how changing the value a society assigns a specific cohort can impact the health of the community as a whole. In doing so, societies can work on getting purged of negative stereotypes and stigmas related to different groups of people.

Methods and Ethics

This research project looks at the World Values Survey to determine the relationship between societal value and health outcomes in the elderly population. The World Values Survey is an international study of the cultural change over time and location that specially looks at over 50 countries. The World Values Survey uses the full probability method of sampling. Using interviews, the World Values Survey is able to compare cultural and societal values of those

countries throughout periods of time (World Values Survey 2012). The World Values Survey was established in 1981 and is updated every few years. When looking at the relationship between societal value and health outcomes and controlling for poverty, the World Values Survey, along with the World Health Organization and World Bank offer concise ways for those concepts to be measured. To find the societal value of the elderly, the World Values Survey offers one important measure to go by, it asks respondents if they participate in unpaid, voluntary work within a social welfare organization for elderly, handicapped, or deprived people. The answers are “1 - yes, they do voluntary work” or “2-was not mentioned in survey”. This measure is extremely important in understanding if a society places value on the elderly population because it shows the amount of effort put into helping the elderly. The World Values Survey makes a great effort to insure that the data is collected using ethical guidelines. When interviewed, the respondent has the option to not answer. The questions use simple, neutral terms to make sure there is no bias implied when interviewing for the answers. Finally, the World Values Survey makes itself available or anyone to find the Questionnaires and results. This research will address missing data through the strategy of list wise deletion.

To determine health outcomes, this research project looks at the average life expectancy for each country from the World Health Organization and to determine poverty levels, this research looks at the World Bank information on the percentage of a country living under \$5 a day.

Analysis

Table 1: Descriptive Statistics

	N	Mean	Min	Max	SD	Skew
Social Value Placed on Elderly						
Voluntary work, Unpaid work social welfare service for elderly, handicapped, or deprived people	23	0.0963	0.01	0.36	(0.09224)	1.667
Health Outcomes						
Life Expectancy	23	72.913	56	83	(7.70427)	-0.832
Control Variable						
Percent of Population living under \$5 per day	23	22.1678	0	87.87	(28.20894)	1.180

This analysis looks at the relationship between social value of the elderly and health outcomes. Social value of the elderly, the independent concept, is addressed using the measure “Voluntary work, Unpaid work social welfare service for elderly, handicapped, or deprived people” (HelpingOld) which has N=23 (countries) with a mean score of 0.0963, meaning the average is 9.63% of the country’s respondents volunteer with the elderly, handicapped, or deprived people. The minimum score for the societal value placed on the elderly is 0.01 (1%) and the maximum score is 0.36 (36%). This measure has a standard deviation of 0.09224 and is positively skewed 1.667. For the dependent concept of health outcomes, which is life expectancy, N=23 and the mean is 72.913 years and the minimum score is 56 and the maximum score is 83. This measure has a standard deviation of 7.7027 and is negatively skewed -0.832. This analysis controls for percent of poverty living under \$5 a day which has an N of 23. The mean score for poverty is 22.1678, which indicates the percentage of a specific countries population that is living under \$5 a day. The minimum score for poverty is 0 and the maximum is 87.87. This measure has a standard deviation of 28.20894 and is positively skewed 1.180.

Table 2: T-Test for Relationship between Social Value and Health Outcomes

	N	Average	SD	T
Low Score (≤ 0.0637)	12	73.6667	(7.22789)	0.481
High Score (> 0.0637)	11	72.0909	(8.46705)	

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

The analysis of the relationship between social value of the elderly and health outcomes begins with a difference of means test, comparing those countries with below average levels of helping the elderly (a score of ≤ 0.0637) to those with above average levels (a score of > 0.0637). Of those in the lower levels of helping the elderly category, their average life expectancy was 73.6667 compared to 72.0909 for those in the higher category. This difference is not significant.

Table 3: Impact of Social Value of Elderly on Health

	Independent Concept: Social Value		Total
	Low (≤ 0.0637)	High (> 0.0637)	
Low(56-70 Life Expectancy)	33.3%	36.4%	34.8%
High(71-100 Life Expectancy)	66.7%	63.6%	65.2%

Dependent Concept: Health Outcomes

Chi Square 0.023

Correlation -0.032

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

To address the relationship between societal value of the elderly and health outcomes more clearly, countries were divided into two levels, those with low scores of helping the elderly (≤ 0.0637) and those with high scores (> 0.0637) as well as health being divided into two levels, those with low score of health (56-70 life expectancy) and those with a high score (71-100 life expectancy). Looking at the countries with a low score for helping the elderly, there is an under representation of people with a low life expectancy score, 33.3% compared to 34.8% expected. In the high category of helping the elderly, there is a small over representation, 36.4% compared to 34.8% expected, of low level life expectancy. Looking at the countries with a low score for helping the elderly, there is slight over representation of people with a high life expectancy score, 66.7% compared to 65.2% expected. In the high level of helping the elderly and high life expectancy score, there is an under representation, 63.6% compared to 65.2% expected.

These results suggest that social value of the elderly is not a significant predictor of health.

Table 4: Control for Poverty on the Relationship

	Independent Concept: Social Vale of Elderly		Total
	Low (<0.0637)	High(>0.0637)	
Low (56-70)	38.5%	28.6%	33.3%
High(70-100)	61.5%	71.4%	66.7%

Dependent Concept: Health Outcomes

Chi Squared 0.023
Correlation -0.032

*p<0.05 **p<0.01 ***p<0.001

When adding a control for poverty levels, looking at countries with a low score for helping the elderly and a low life expectancy, there is an overrepresentation of 38.5% as compared to the 33.3% expected. Looking at the countries with a high score for helping the elderly, there is an under representation of people with a low life expectancy score, 28.6% compared to 33.3% expected. In the low category of helping the elderly, there is an underrepresentation, 61.5% compared to 66.7% expected, of high level life expectancy. Looking at the countries with a high score for helping the elderly, there is an over representation of people with a high life expectancy score, 71.4% compared to 66.7% expected.

These results suggest that social value of the elderly is not a significant predictor of health even when controlling for poverty.

Table 5: Regression Analysis

<i>Model 1</i>		<i>Model 2</i>	
Constant	74.149	Constant	75.698
Helping Old (recoded)	-0.128	Helping Old (recoded)	0.294 *
		Poverty	-0.253 ***

Model One

When looking at the relationship between the societal value of the elderly (recoded helping old multiplied by 100) and health outcomes the constant life expectancy is 74.149 and for every unit in helping the elderly a country increases, the life expectancy decreases by -0.128. This is not significant. This model can explain 2.4% of the variance.

Model Two

When controlling for poverty, the output shows that for every unit of helping the elderly a country increases, the life expectancy increases by 0.294 ($p < 0.05$). For every unit a countries poverty score increases, life expectancy decreases by -0.253 ($p < 0.001$). This shows a significant relationship between the societal value of the elderly and health outcomes when controlling for poverty. This model can explain 62.8% of the variance.

Conclusion

In conclusion, this analysis found that when controlling for poverty, there is a significant relationship between the societal value placed on the elderly and their health outcomes ($p < 0.05$). It can be seen in Table 5, that when controlling for poverty the relationship between the variables become significant unlike seen in the previous tables, making poverty a suppressor variable. Table 5 shows that in countries that have a higher population that help the elderly and place more value on them, they have an increase in life expectancy and the higher percentage of the population living under \$5 a day, the higher decrease in life expectancy.

Though this analysis produced a significant finding, there are many limitations to this study. The World Values survey only offered one measure specifically having to do with the helping the elderly. If offered more specific measures, determining the relationship between societal value and health outcomes in the elderly population would have been more conclusive. Another limitation was the number of countries this research had access to. Using the World Values Survey measure of volunteering with the elderly, handicapped, or deprived people, only 23 countries were asked, limiting the ability to relate the findings on a broader level. These limitations express the importance of future research and findings.

It is important to continue collecting data worldwide having to do with the elderly populations. Looking at the relationship between the societal value of the elderly and health outcomes and comparing it to societies around the world will give future generations the ability to change the way they perceive the elderly population and help them maintain their health. Understanding how the value a society prescribes to the elderly can impact their health is extremely important and it could affect many policies and the ways the elderly population is supported worldwide.

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