Making sure aging is active: the influence of health and well-being throughout the life course on active aging

Conference Item

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INTRODUCTION

- policy emphasis on ‘active ageing’
- a life course perspective features in the approaches being adopted e.g. “encourage young adults to prepare for old age in their health, social and financial practices” (World Health Organisation, 2002: 52)

Structure of the presentation

1. Outline of the life course approach to health and well-being
2. Importance of life course approach to ‘active ageing’ policies

1. OUTLINE OF THE LIFE COURSE APPROACH TO HEALTH AND WELL-BEING

- multidisciplinary approach which has been used to supplement biological and epidemiological based explanations.
- many different models
- starts from the premise that poorer health outcomes accumulate as we progress through each life stage
- from conception through to old age we are exposed to various risk factors. The health outcomes of these risks are shaped “independently, cumulatively and interactively” (Kuh and Hardy, 2002:5) by various environmental, psychological, social, historical and biological factors
- positive experiences can offset negative events
- led to the recognition of the development of disease over the life course and further understandings of the patterning of health and illness over the life course
- central to the contemporary public health movement and other policy areas e.g. social care
- used in many other areas of study e.g. inequalities in health, aging, disability, mental illness and injury prevention
2. RESEARCHING HEALTH AND WELL-BEING ACROSS THE LIFE COURSE

• growing body of evidence that many risk factors for poorer health "are rooted in people's experiences in the early years and that individuals exposed to severe adversity during their early years are at an increased risk of developing negative outcomes in later life" (Borgonovi, 2010:1928)

• only available from numerous disparate sources and organisations

2. RESEARCHING HEALTH AND WELL-BEING ACROSS THE LIFE COURSE

• aim = to synthesise the existing body evidence to get a full account of health and well-being across the whole lifespan from a life course perspective

• life stages defined as:
  - Prenatal (prepregnancy and in utero)
  - Childhood (0 - 10)
  - Adolescence (11 -19)
  - Young adulthood (20-39)
  - Midlife  (40 -65)
  - Old Age (over 65)

3. ANALYSIS OF THE FINDINGS

• disentangling, let alone researching, all the processes that purportedly affect our health and well-being throughout our lives is highly problematic. Hence the life course perspective on health and well-being raises "formidable methodological challenges" (Graham, 2007:145)

• looked at the literature about each of the stages in the life course I had identified and analysed what it tells us about risks to health that can occur in each stage and the implications of these risks for future life stages
### 4. RISKS TO HEALTH AND WELL-BEING IN OLD AGE OVER THE LIFE COURSE

- Risks to our health and well-being do accumulate as we progress through each life stage even in the later life stages.
- There is a very wide range of risks at each stage.
- The risks in the various stages of the life course have many implications for health and well-being in old age.

<table>
<thead>
<tr>
<th>RISKS</th>
<th>OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy influences</td>
<td></td>
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<tr>
<td>Maternal prepregnancy weight below 50kg</td>
<td>Low birth weight, which in turn can result in cardiovascular diseases, hypertension, and diabetes.</td>
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<tr>
<td>Fetal exposures</td>
<td></td>
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<tr>
<td>Maternal diet</td>
<td>Greater risk of poor fetal growth and low birth weight which can result in cardiovascular diseases, hypertension, obesity, and diabetes.</td>
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<tr>
<td>Certain foods (e.g., uncooked eggs)</td>
<td>Increases risk of abnormality.</td>
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<tr>
<td>Obesity in pregnancy</td>
<td>Hydrocephalus, brain damage, epilepsy, deafness, blindness, growth problems.</td>
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<tr>
<td>Maternal alcohol consumption</td>
<td>Fetal abnormalities e.g., Fetal Alcohol Spectrum Disorders (FASD) which lead to facial deformities, physical and emotional developmental problems, memory and attention deficits, cognitive and behavioural problems.</td>
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<tr>
<td>Prenatal stress</td>
<td>Low birth weight, which in turn can result in cardiovascular diseases, hypertension, and diabetes.</td>
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<tr>
<td>Maternal antenatal depression</td>
<td>Increased vulnerability to depression and abnormalities of the neuroendocrine systems in adulthood.</td>
</tr>
<tr>
<td>Uncontrolled Type 1 or Type 2 diabetes</td>
<td>The effects of congenital malformation.</td>
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</tbody>
</table>
### Outcomes for Health and Well-being in Old Age

<table>
<thead>
<tr>
<th>Risks</th>
<th>Outcomes for Health and Well-being in Old Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood</strong></td>
<td></td>
</tr>
<tr>
<td>Birth trauma</td>
<td>Irreversible brain, skeletal and organ damage</td>
</tr>
<tr>
<td>Maternal depression</td>
<td>Mental health problems and the increased risk of infections also increases the risk of chronic diseases, such as cardiovascular disease</td>
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<tr>
<td>Early menarche</td>
<td>Breast cancer and reduced survival rate into old age</td>
</tr>
<tr>
<td>Undiagnosed mental health problems</td>
<td>Increased vulnerability to mental health problems</td>
</tr>
<tr>
<td>Passive smoking and smoking</td>
<td>Respiratory diseases, asthma, leukaemia, lymphoma, cancer, brain tumours, psychological problems</td>
</tr>
<tr>
<td>Diet and nutrition</td>
<td>High cholesterol, cardiovascular diseases, diabetes, high blood pressure and depression</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>Sleep apnoea, muscular skeletal disease, diabetes, hypertension, heart disease, liver disease, pulmonary disease, some cancers, carthma and mental ill health</td>
</tr>
<tr>
<td>Bullying</td>
<td>Bulled children are at risk of being victimized in adulthood</td>
</tr>
<tr>
<td>Child abuse</td>
<td>Drug abuse, mental health problems, psychiatric disorders, offending and antisocial behaviors</td>
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<tr>
<td>Unresponsive parenting</td>
<td>Poorer mental and emotional well-being</td>
</tr>
<tr>
<td>Poverty</td>
<td>Cardiovascular disease, obesity and Type 2 diabetes, lower educational attainment</td>
</tr>
</tbody>
</table>

### RISKS

- **Adolescence**
  - Chronic illnesses: Legacies of reduced employment prospects and unresolved emotional, developmental and fertility problems, ongoing anxiety, higher mortality risks
  - Poor mental health: Major depression, suicidal behaviour, alcoholism, anti-social personality disorders, drug misuse as well as decreased employment opportunities, lower income, lower owner-occupation rates and increased probability of criminal activity
  - Anorexia/bulimia nervosa: Heart and gastrointestinal diseases, nerve damage and osteoporosis
  - Poor nutrition: Cancer and coronary heart disease
  - Overweight and obesity: Sleep apnoea, high blood pressure, high cholesterol levels, mental illness, diabetes, heart disease, liver disease, cancer
  - Inconsistent use of contraception: Sexually transmitted diseases
  - Smoking: Respiratory, vascular and chronic obstructive pulmonary diseases, cancers of the lung, upper aerodigestive tract, pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary and myeloid leukaemias
  - Binge drinking: Psychological problems, the effects of irreversible brain damage, cognitive impairments, heart disease, liver disease, alcohol-related disorders, alcoholism
  - Regular drug use: Serious and/or persistent offending and a drug use career
  - Early transition to parenthood: Reduced income, increased risks of breast cancer and depression
  - Poverty and deprivation: Cardiovascular disease, obesity and Type 2 diabetes, lower educational attainment, employment and socioeconomic status

- **Young adulthood**
  - Smoking: Respiratory, vascular and chronic obstructive pulmonary diseases, cancers of the lung, upper aerodigestive tract, pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary and myeloid leukaemias
  - Excessive alcohol consumption: Mortality, heart disease, stroke, cancer, and liver cirrhosis, anaemia, peripheral neuropathy, gastrointestinal problems and decreased bone density and blood cell production, loneliness and reduced income
  - Unremitting drug use: Psychiatric disorders, reduced income, lower life satisfaction, drug-related death, loneliness (as result of relationship breakdown in previous life stages) and reduced income
  - Overweight and obesity: High blood pressure, high cholesterol levels, heart disease, diabetes, some cancers, reduced income and loneliness
  - Relationship dissolutions: Depression, anxiety, physical problems, higher mortality rate
  - Gestational diabetes in pregnancy: Gestational diabetes
  - Postnatal depression: Postnatal depression, postnatally, puerperal psychosis, recurrent puerperal episode unrelated to childbearing
  - Late transition to parenthood: Increased risks of breast cancer and depression
  - Prolonged relationship conflict: Poorer mental and physical health including depression, psychiatric disorders mood, anxiety and substance abuse disorders, cardiovascular disease
  - Sleeping problems: High blood pressure, heart attack, stroke, Type 2 diabetes, obesity, psychiatric problems
  - Mental health problems: Depression, bipolar disorder, drug misuse, suicide, anxiety, schizophrenia, paranoia
  - Long-term illnesses: Reduced employment, ongoing anxiety, treatment-related problems
  - Poverty: Cardiovascular disease, obesity, Type 2 diabetes
### Mid Life
- **Harmful use of alcohol**: heart disease, stroke, cancers, and liver cirrhosis, amnesia, cognitive deficits, sleep problems, peripheral neuropathy, gastrointestinal problems, decreased bone density and blood cell production.
- **Smoking**: cancer, heart disease, chronic obstructive pulmonary disease.
- **Low levels of physical activity**: increased risk of cancer and heart disease.
- **Excess weight**: degradation of the brain, increased risk of cancer, diabetes, heart diseases, vascular diseases, dementia, strokes, high blood pressure, mental illness, disability.
- **Relationship dissolution and living alone**: greater risk of HIV, depression and dementia, higher mortality.
- **Strained relationships with children**: depressive symptoms.
- **Timing of the menopause**: early menopause associated with an increased risk of osteoporosis and possible higher cardiovascular risk and later menopause with increased risk of breast cancer.
- **Early retirement**: higher mortality rates than those who retire at 65.
- **Caring**: heart problems, arthritis and asthma. Caring may also impact negatively on personal and sexual relationships, employment opportunities, financial and social circumstances.

### 5. Influences on the Outcomes of the Risks

- **a.** The health outcomes of risks are shaped "independently, cumulatively and interactively" (Kuh and Hardy, 2002:5) by various environmental, psychological, social, historical and biological factors.
- **b.** The life course perspective recognises that negative events and risk factors can be offset by positive experiences or positive factors over the life course.

### (a) Environmental, psychological, social, historical and biological factors

- Interactions between socioeconomic background and interpersonal resources
- Gender
- Social and cultural changes
- The economy
- Poverty and social disadvantage
(b) positive experiences/factors which offset exposure to the negative events and risk factors

- breastfeeding
- personality
- ethnicity
- parenting

6. CONCLUSIONS

Implications for ‘active ageing’ policies
- a life course approach to ‘active ageing’ is very important
- need to address the influence of ALL the life stages on old age
- BUT there are many challenges because
  - many factors and influences interact in unpredictable ways
  - some factors and influences beyond control e.g. economy
  - other highly significant events can have unpredictable and long lasting effects on health and well-being across the life course

USEFUL REFERENCES

Borgonovi, F. (2010). ‘A life cycle approach to the analysis of the relationship between social capital and health in Britain.’ Social Science and Medicine, 71: 1927-1934