

Old Age in the City



Life of seniors in urban Slovakia



Comenius University
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FOREWORD

The combination of demographic and spatial perspectives is a fruitful approach that not only poses questions but also offers ways for seeking answers that consider multiple social processes and phenomena. A hot topic that grips a major part of society from time to time is the issue (the word problem is deliberately not used) of population ageing. There is already a wide range of academic research in this area including economic, healthcare, social, demographic and spatial indicators. No less productive has been research into the individual experience of seniors and their personal views on how time has affected their own personality in several aspects. The present publication is based mainly on this second approach ageing. The almost intimate objective and subjective perception of one's own personality in the context of relations with family, friends and neighbours in the urban environment, as well as of circumstances that we cannot influence but that shape our very existence – these are all issues that we will never be able to make perfect generalisations about to judge the parameters of high-quality or successful ageing. In the end, every indicator has a unique context in time and space and a dynamic that is not well suited to universal generalisation.

Nevertheless, research in this area is far from hopeless. Although each individual has their own life path and direction, it is possible to identify certain common trends. Common problems resulting from loneliness, inactivity, and the inaccessibility or low quality of certain services and interpersonal relationships are just one part of the diverse life of seniors in our present time. A much stronger finding is confirmation of what may previously have been suspected – that seniors' daily lives are not at all boring; they are full of activity at home and in society and they carry on their routine activities with the same patience, quality and intensity so that their next day can be equally full, even though many events and concerns are not always positive. This publication presents a wide variety of true stories amidst routine, even stereotypical existence. Although many stories may not look unique, when viewed together they demonstrate that Slovak urban life can be highly diverse and interesting even in old age. It is not at all a simple matter posing easily answered questions. The way is still long, requiring courage and endurance. Just like the lives of our seniors.

We would like to take this opportunity to thank all the respondents who kindly sacrificed their time for brief but intensive interaction with our interviewers and contributed to the mosaic laid out in this publication. It is also necessary to thank the FOCUS research agency, the Slovak Research and Development Agency, our university and department, as well as all the master's students who collected information in the field under varying conditions. We believe that this was a unique, indispensable experience for them. Because that is what this work has been for us.

INTRODUCTION

Europe is ageing and is now the world's oldest continent. Above all, the second half of the 20th century brought about fundamental changes in family life and reproductive behaviour that were reflected in changes in age structure. The European population lives longer and has fewer children. In 2018, children made up 15.6% of the population, which is just 60% of their share in the Europe of 1950. At the other end of the scale, at nearly 20% of the population, over-65s have more than two and half times their share from the mid-20th century. Equal representation of children and the elderly in the European population points to an alarming level of population ageing. However, the ageing of the European population is not homogeneous. On the level of large regions, we may see certain differences in ageing of the population, reflecting a larger ageing differentiation on the level of individual countries. Two large regions – Northern and Western Europe – currently have similarly low infant mortality, higher rates of total fertility, and higher proportions of elderly population. In contrast, Eastern and Southern Europe have a slightly higher infant mortality, lower total fertility, and lower proportions of the population group of children (Káčerová, Ondačková 2015). The Slovak population, as part of the Eastern European grouping, has had one of the fastest ageing populations in Europe in the last decade. The number of seniors has increased by 263,989 in the last 20 years, which is an increase of nearly 30%. Their life expectancy at age 65 is also increasing. While in 1998 it was 12.76 years for men and 16.28 years for women, in 2018 people on the threshold of old age can expect 18.8 more years if they are a woman and 15.2 years if they are a man.

This ageing of the Slovak population is not the primary focus of the present work, however. It focuses on the life of seniors in the urban environment in Slovakia in a context that has experienced many social changes. It is not just important to add years to life but to add life to years. This monograph seeks an answer to the question: what is everyday life like for seniors in Slovak towns? It works with two basic levels: seniors' relationships and seniors' activities. Seniors' lives are significantly affected by their relationships with neighbours/friends and their relationships with family. Older urban dwellers live in the densely populated parts of towns, which offer countless opportunities for social life in retirement without active participation in working life. On the other hand, the anonymous social environment of the city often means that it is not easy to build contacts with the local community. In Chapter 4, we analyse the daily lives of the older population and seek to identify the occasions when spontaneous encounters of neighbourhood communities occur. We need to know when people are more open to new impulses during the day and understand where in the city and how such encounters can take place and give rise to positive effects. In Chapter 5, in the context of discussion of the relationship between the urban environment and ageing, we focus on the following aspects of intergenerational relationships: type of housing, household size and structure, proximity of generations, relationships with friends and neighbours, leisure activities and the frequency and intensity of contacts between residents.

The strongest indicator of the quality of life in old age is activities (chapter 6) that help to develop an individual's mental and physical abilities in the period when they have ended their active working career and often pass through stages in their life cycle that can be stressful in emotional and physical terms (such as loss of a life partner, changes in the social network of friends, neighbours and family, changes in physical condition as a result of injury or illness). In such moments of senior life, an important question is the representation of the most varied spectrum of activities, including not only those that are essential to meeting biological and social needs (eating, rest, hygiene), but also those that create the preconditions for the development or non-attenuation of an individual's other abilities (physical movement, social interaction, education and entertainment). The chapter on activities aims to shed light on such activities. They are categorised into several groups and attention is paid not only to their representation but also to the extent to which other people in a senior's social circle are involved in their activities. The aim here is to capture not just real participation but also the level of subsequent interaction facilitated by seniors' activities that multiplies their personal benefit and emotional fulfilment.

In terms of methodology, this book is aimed at the quantitative analysis of results gained in field research and the collection of answers in questionnaires. Only rarely are quotations from interviews used (especially in the chapter entitled Community). We used several formats for interviewing, in accordance with the overall goals of our research project. In expert interviews we asked questions in more structured forms, mainly to test the relationship with data focused on ageing. Most of the interviews conducted in our research were informal, in-depth interviews with elderly participants. The interviews focused on their social networks, family, and often reminisced past. Our aim was to gather exploratory data and gain in-depth understanding through lived experiences and a subjective understanding of individuals. Qualitative interviews were conducted face to face in participants' natural environment, their private flats. The process of data analysis ran simultaneously with the processes of data collection. With the very first interview, we started taking notes, which helped introduce ideas for further interviews. After approximately six interviews, we re-evaluated our research questions and emerging themes. After fifteen interviews, we created coding categories, using all categories that seemed sensible. Some of these codes provided the data for this paper.

We primarily aimed to use a variety of statistical methods to unveil the current state of urban senior citizens in Slovakia – to find the internal relationship between answers, reflections of individuals' lives in their current position, and to discover similarities and commonalities shared among older people. The full version of the questionnaire is published at the end of this book. It aspired to grasp the most important aspect of the older person's social life, their ties to place, their position in networks of friends, neighbours, and family, and their own perception of the quality of these elements.

We collected 1,026 questionnaires. According to gender the collection is not balanced; 63% of respondents were women. According to age, there is a significant cumulation of respondents aged 62–79 (years of birth 1940–1960). This cohort is typical for both genders, and together they represent 75% of all answers. Regarding geographical distribution, we paid the most attention to the capital city Bratislava, where one-third of the answers was collected. Especially, in terms of specific form of habitation of most participants (panel block housing estates), this offers a very relevant snapshot of seniors'

lives in terms of an ageing society in general and an ageing urban society specifically. The other four cities were more or less evenly distributed throughout Slovakia. They represented what has historically been a mining city (Prievidza), cities with massive industrialization and urbanization during Socialism (Banská Bystrica, Liptovský Mikuláš), and a city in the region of mostly traditional demographic behaviour, higher impact of family ties, and higher fertility and nuptiality in general (Prešov, Humenné). The character of data collected in the questionnaire represents nonprobability sampling. Therefore, the data are not representative; they do not reflect the demographic structure of cities and seniors (gender, education, social status, etc.) but were based on randomly chosen seniors in the streets who were willing to spend several minutes answering the questions. This approach thus excluded seniors who mostly stay home (due to health reasons or social distancing) or are still employed and therefore could not have been targeted on streets during the day.

This book is not an exhaustive portrait of the life of seniors in the post-socialist urban landscape in Slovakia. It does not aspire, and it was not our intention, to grasp all aspects of the life of seniors and provide exact and fully professional and precise information on them. It was not the intention of this research project to perform that task; it rather attempted to add another brick into the building of research on and knowledge of seniors that our societies need to build in this era of a constantly rising proportion of seniors in the population.

1 AGING Older citizens proportions in population rise faster than ever before

Population ageing and urbanization are two global trends that together comprise major forces shaping the 21st century (WHO, 2007). One of the great achievements of modern society is the ever-increasing life expectancy of the world's population. People not only live longer, but also in better health than before. The ageing of society is a positive phenomenon but one that is not without serious challenges (Hook, Kazak, 2018). Understanding how population ageing relates to urban change and the development of supportive urban communities is a key public policy issue. Older citizens are a precious resource but to enable their full potential to flourish, it is necessary to know them, integrate them and make the urban spaces, structures and services fully accessible for them. As industrialised societies age, it is necessary not only to measure increases in the share and number of older persons, but also to redefine old age as a social category and the way society relates to it. It is a question of redefining seniors' status in a changing system of social stratification (Mareš 1998).

Many researchers have studied the differences between urban and rural communities without a specific reference to ageing. There seems to be a larger life satisfaction among city dwellers (Easterlin 2011, Sørensen 2014). Furthermore, analysis of rural and urban areas indicated that living conditions for older people were much better in the town than in the countryside, even if the differences were not large (Perek-Białas et al. 2017).

Increasing life expectancy and decreasing numbers of live-born children are two demographic principles applying simultaneously in most populations that are moving towards a population ageing process. The development of the age structure of the Slovak population conforms to this ageing trend (Káčerová, Ondačková 2015). At the same time, however, the characteristics of population ageing vary significantly in the Slovak territory depending on the type of settlement. More than half the population of Slovakia lives permanently in an urban environment. At present, the urban share of the population is decreasing slightly and has stabilised at around 55 – 53% in recent years (Figure 1). Another major factor in the last 22 years has been enormous growth in seniors' presence in the urban environment. Between 1996 and 2018 the percentage of seniors living permanently in Slovak towns increased by nearly 10 percentage points (Figure 2). This increase in the urban senior population is evidently partly a structural effect of the trend for working-age people to migrate to areas adjacent to the towns. On the other hand, it is also a sign of improving mortality rates, as people are living to higher ages. The countryside is experiencing a gradual increase in population also accompanied by a steady but slower population ageing trend. This is due to migration gains, and in rural areas the child component is larger than the elderly population in absolute terms.

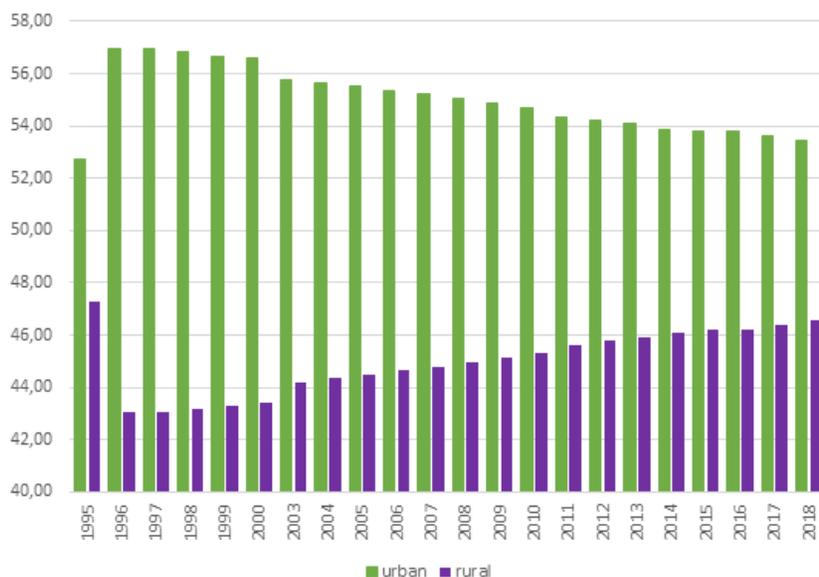
The different levels of population ageing defined above are reflected in more comprehensive indicators of population ageing. The potential social support index indicates that opportunities for intergenerational assistance in towns are increasing

such that for every 100 children aged 15–65 there are 15 parents over 80 years of age. On the other hand, the increased intensity of population ageing is reducing the economic support for seniors. In Slovak towns, there are now 4 working-age people for each senior, which is a significant reduction from the situation in 1996.

The household is an important factor to consider in the question of seniors and their lives, especially the number of members per household. The households of retired individuals constitute a specific area within research on the ageing population. At this stage of life, solitariness is very common and this state, carrying with it a risk of impaired living conditions, can have a negative impact on individuals' physical and mental condition. It is difficult to make a clear demographic measurement of solitariness. We measured the solitariness of seniors based on their housing situation (which is not a perfect measure of solitariness, i.e. seniors dwelling and keeping house in a one-person household).

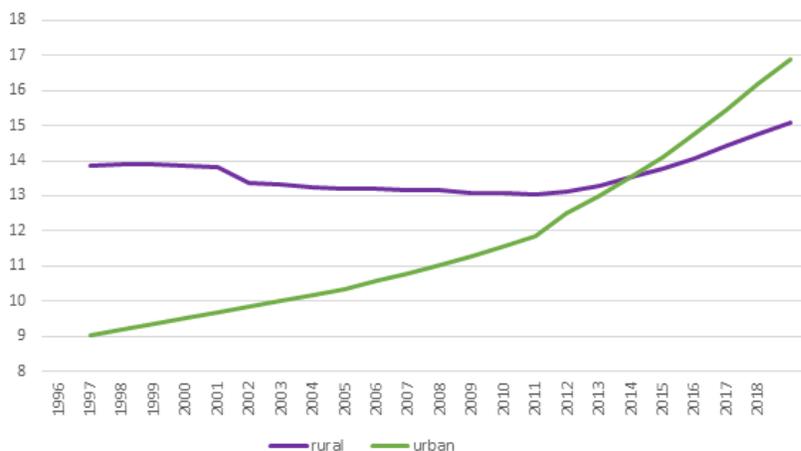
Statistics on households from the last two censuses show that the proportion of one-person households has stabilised at around 30% in 2001 and 29.4% in 2011. This is a consequence the major changes in family life in the population over a period of nearly 30 years. The EU average for this type of household is somewhat higher, at around 33.6% (2017). The divide between town and country in Slovakia appears in this area as well, and there is evidence supporting the hypothesis of greater “solitariness” in towns (in household dwelling). The 2011 census shows a higher proportion of one-person households in urban than in rural communities (28% versus 21%). The phenomenon of solitary seniors, in the sense of those who keep their own household, is an urban phenomenon.

Figure 1: Development of the share of urban and rural population in Slovakia (1993-2018)



Source: Statistical Office of the Slovak Republic

Figure 2: Development of the share of the population aged 65+ in urban and rural settlements of Slovakia (%) (1996-2018)



Source: Statistical Office of the Slovak Republic

Table 1: Selected indicators of the age structure of the SR (1996, 2018)

	Urban communities		Rural communities		Slovak Republic	
	1996	2018	1996	2018	1996	2018
Total population	3 064	2 912	2 314	2 538	5 378	5 450
	358	062	574	359	932	421
0-14(%)	22,07	14,67	21,11	16,97	21,66	15,74
15-64 (%)	68,92	68,45	65,04	67,95	67,25	68,22
65+ (%)	9,00	16,90	13,80	15,10	11,09	16,04
80+(%)	1,52	3,28	2,61	3,30	2	3,29
Index of ageing (%)	40,8	115,0	65,6	88,9	51,2	101,9
Index of social support (%)						
	11,86	15,94	17,68	17,70	14,60	16,72
Index of economic support (%)						
	7,65	4,06	4,70	4,50	6,06	4,25
median age	33,9	41,6	32,4	39,4	33	40,6

Explanation: Index of social support (ISP1) expresses how many residents 80 years and older for every 100 persons 50-64 years of age.

Index of economic support (IEP) reflects how many people in the productive / working age (15-64 years old) accounted for 1 per capita retirement age.

Source: Statistical Office of the Slova Republic

2 SOCIETY & ECONOMY

Old cities demand revisiting their socio-economic order in theory and practice

The growth in the number of seniors is having an irreversible multi-dimensional impact on the structure of society. This section of the population seems to be the most vulnerable (and not only in economic terms). Their position in society is the centre of attention for many disciplines because old people are a precious resource. Understanding how population ageing relates to urban change and the development of supportive urban communities is a key public policy issue (Buffel, Phillipson 2016). At the same time, however, it must be emphasized that population ageing is a multifactorial process whose success depends to a large extent on social engagement, and the idea a senior's participation in social activities, however defined, is good for their health and well-being, is not only intuitively appealing but also an idea that resonates with our personal experience and our relations with older adults (Bath, Gardiner 2005).

Seniors, especially the very elderly, are particularly dependent on multi-purpose support in daily life. Identifying the nature of this support is a challenging task. The World Health Organization (WHO) has established international guidelines for age-friendly communities that include encouraging active ageing by optimising opportunities for health, participation, and security in order to enhance people's quality of life as they age (Emlet, Mocer 2012). Within the everyday life of seniors there are many hidden areas, and our research was designed to uncover some of these in certain areas (relationships and activities).

FAMILY

In Slovakia, the process of population ageing is occurring in parallel with changes in family structures. The family provides individual emotional, social and economic support (Kaur et al. 2015) while, on the other hand, the modernisation of the family has shaken both the traditional dependence of ties and traditional experience and authority. The essence of the parent-child relationship has shifted away from material and generational dependence (Chorvát 2006). The shape of families is changing from horizontal to vertical as the generations shrink but the number of living generations increases (Lowenstein, 1999). The family is the first place where an intergenerational community develops (Podmanická, Podmanický 2018). On the other hand, it must be noted that declining fertility, increasing labour market flexibility and a higher employment rate for women in most industrialised countries are factors that put family support networks at risk.

INTERGENERATIONAL RELATIONS AND SOLIDARITY

An intergenerational relationship is a bond between generations of different age groups within a family. Family ties extend across generations and serve to integrate young and old (Elder 1998:6). Hogerbrugge and Komter (2012) distinguish six dimensions of solidarity in intergenerational family relationships: associational (frequency and patterns of interaction), affectional (positive sentiment), functional (auxiliary exchange), normative (support for family commitments), consensual (degree of agreement on values, attitudes and beliefs of family members) and structural solidarity (proximity between family members, i.e. the structure of opportunities).

The changed structure of the family and strong individualism increases the impetus for the study of intergenerational relationships, mutual solidarity and the need for greater care and support for seniors. In addition to partners and spouses, adult children are the most important individual source of support in old age (Lye 1996, Silverstein et al. 1997). Parents and children cohabit for longer periods than at any time in recorded history.

Hagestad and Uhlenberg (2007) report that most adults aged 50–59 in industrialised countries have at least one ageing parent. In fact, both sides spend more years together as adults than as parents raising children. (Hrozenská 2013) and it is only in the sixth decade of life that most adults in developed countries become “orphans” on the death of their last surviving parent (Soldo 1996; Uhlenberg 1996).

These factors increase opportunities for intergenerational contact. It is family members whose support enables older people to come to terms with changes in health, income and social activities (Kaur et al 2015). Adults who have received support from their parents in young adulthood are more inclined to provide care for their ageing parents in the future (Silverstein et al. 2002).

In general, intergenerational assistance or solidarity can be defined on two levels – emotional or social and financial. Much research has shown that across Europe families are very involved in providing care to seniors (add studies by Sinclair et al 1990, Dykstra and Fokkeman 2010). Although it is rare for adult families to live together in Western Europe, except in the Mediterranean countries geographical proximity tends to be high. The same applies to emotional proximity and social and financial support (Szydlik 2002). At the same time, even when the distance between adult offspring and parents is large, there is strong associational solidarity (Cooney, Dykstra 2011).

A strict economic interpretation of such relationships as the “payment of debts” is an oversimplification. Although relationships between adults are often based on norms of reciprocity, the idea of direct repayment of debts to parents is unlikely (Hrozenská 2013)

A special aspect of intergenerational relations is grandparenthood. Given the increasing importance of multigenerational ties in families with grandchildren (Bengtson 2001), it can be assumed that a large proportion of parents who are also grandparents are involved in the system of live intergenerational exchange. Such exchange can function in both directions with some forms of support flowing from older to younger generations and some forms flowing in the opposite direction (e.g. Kohli, Künemund 2000).

The character of intergenerational relations has changed in the last century. “Old” and “young” view each other differently – each group has “their own way of seeing” and “their own needs”. Naturally, what is at issue is not only about “ways of seeing” and “needs” but also about how generations have been shaped and are being shaped by their experiences. The fact that each has “their own way of seeing the world” often leads to misunderstandings and generational problems. (Petlák 2018) On the other hand, some researchers consider the prevalence of conflicts between generations surprisingly low (Szydlik 2002).

SOCIAL NETWORKS – NEIGHBOURS AND FRIENDS

A no less important factor in considerations of an individual’s quality of life in old age is the quality of their social networks (Mulkay 1992, Victor 2009), the absence of which leads to social exclusion and loneliness. Qualitative research indicates that these are amongst the most serious concerns of the oldest generation regarding life in old age (Laslett 1996). Seniors’ social networks tend to shrink and their social engagement tends to decrease as their age increases (Lang, Carstensen 1994), although both are important for successful ageing.

The relationship between ageing and the urban environment is a research topic in many studies (Rochovská et al. 2017, Mookherjee 1998), which have tended to conclude that urbanisation does not lead to social isolation. However, it appears that social networks in urban areas differ from those in rural areas (Putnam 2000). As Putnam states in his study, cities with higher levels of social contacts based on trust (social capital) tend to have cleaner public spaces, friendlier people and safer streets (Putnam 2000). A sense of belonging, good interpersonal relationships, cooperation within the community and safety are all factors with a significant effect on an individual’s quality of life in an urban setting (Rochovská et al. 2017). People who are socially engaged and actively involved in their communities tend to live longer and have better physical and mental health (Leyden 2003).

SENIORS’ ACTIVITIES

The concept of “productive ageing” in relation to the cessation of meaningful work in old age was first presented by the American gerontologist Robert N. Butler (1927 – 2010) at a seminar in 1983. Subsequent work on “productive ageing” point to the importance of local institutions in decisions on participation in paid and unpaid labour (Morrow-Howell, Wang 2012). In this context, there is widespread reflection on activities that are essential or enriching activities of daily life. The concept of active ageing also highlights the importance of seniors remaining healthy, staying in employment longer and being able to participate in social and political life (Foster, Walker 2015).

3 EXPERTISE

Experts start to notice urgent challenges in everyday life of seniors

The specific meaning of urban residents' experience of ageing is a question that is asked increasingly frequently in both practical and academic contexts. Population ageing and urbanisation are processes taking place in parallel in the world and their indicators continuously point to the continuation of both. Seniors living in towns face many challenges in their immediate daily surroundings in relation to their health, social care, housing, transport, infrastructure and the built environment. In Bromley's view, ageing is an extremely interesting, though sometimes frightening and depressing, research problem (Farkašová 2014). Interdisciplinary approaches are essential for a better understanding of how seniors now live in cities, and their application has been indispensable for achieving the goals of our research.

Ageing in place does not have one, established definition but it is generally considered to be the ability to continue to live autonomously in the environment of one's choice, even when declining competence reduces or threatens independence. A microeconomic perspective emphasises consumers ability to choose the type and scope of services supplied to them in the standard open market.

Our research focussed on the socio-economic conditions in which seniors live their daily lives in their local community in the context of changes in the age structure of Slovak towns and the growth of the older segment of the population. Seniors often face physical and mental obstacles that young people are not, as a rule, aware of. In addition to its specific focus on the urban environment and its inhabitants, the work is original in closely combining qualitative and quantitative research methods. This type of research is still not common in our academic community. The result is a thorough analysis of the state of the ageing phenomenon in towns on multiple levels: (1) society as a whole, (2) the local community as part of the society, and finally (3) the individual as part of the community. Building on a good understanding of the demographic and social indicators of the urban environment in specific and individual contexts, the project points to complex contexts, social challenges and opportunities for innovative solutions especially in the sphere of local government on the level of the municipality and its parts and the sphere of non-profit organisations active in the fields of ageing and community life.

A questionnaire was chosen as the main source of original data on various areas of seniors' lives. The research was carried out in eight localities, three of which were parts of Slovakia's capital city, Bratislava. A total of 1,026 valid responses were collected from the pension-age population. A total of 140 responses were obtained in Bratislava - Staré Mesto, 150 responses were obtained from Bratislava - Dúbravka and 158 responses were obtained from Bratislava - Nové Mesto. These made up 43.7% of all the project data. To contrast with the socio-economic environment of the big city, we then chose 5 towns

that were evenly distributed geographically: Prievidza, where we received answers from 100 respondents, Banská Bystrica with 68 respondents, Liptovský Mikuláš with 149 respondents, Prešov with 157 respondents and finally Humenné with 104 respondents. These towns provided 56.3% of the data in our sample. The questionnaires are a data record in which each entry was obtained via a personal interview in a public space in the town, where potential respondents were contacted at random according to the interviewer's preference.

At the beginning of the interview, we verified that the respondent was retired and a permanent resident of the area in question. We then asked when they retired from economic life. We asked whether respondents had moved into the area and from where. We also asked why they had moved. The basic temporal and geographical coordinates and their interrelationships helped us to distinguish people who had lived in the area their whole lives from those for whom the environment was less familiar, especially with regard to the social contacts that were a later topic in the interview.

We asked who the respondents lived with. Previous research pointed to the importance of asking whether they had children of their own and if so where they lived. Intergenerational family ties are strongly emphasized in the literature on seniors' lives, and we followed up with a question about the existence of a geographical barrier between them and their children, who often live not just in a different town or region in Slovakia but may also live abroad, in which case they are practically unable to be in daily contact or provide assistance with routine actions. As another indicator about the composition of seniors' households, we asked whether they had a dog living with them. We then inquired about the typical option to spend time working on their garden.

We obtained information on the economic dimension of respondents' lives by asking whether they currently had paid employment. Working during retirement is a significant way for seniors to improve their financial situation, but the literature further indicates that paid employment can also be significant in the social dimension. Pensioners are thus in contact with colleagues and customers and get out of the narrow boundaries of their own household. Another important question was which occupation they had last worked in, since it is known that not all occupations provide an equally good basis for maintaining social ties with the community beyond a person's immediate family. Some occupations do more than others to encourage employees to establish personal contacts in the course of their career. Some occupations develop valuable communication skills while others attenuate them. Some occupations are linked to the local community while others are totally unrelated.

A block of ten questions focused on how respondents spend a typical day divided into equal two-hour intervals from 06:00 to 22:00. We then asked them who they are typically with during their routine daily activities. Respondents were offered the following choice of activities: sleep and self-care; housework and manual work, gardening; care for loved ones; care for others; paid employment; education, courses; shopping and services; food preparation, eating, coffee; culture, social activities, meetings; television, radio, reading; sport, movement, walks alone or with pets; religious and spiritual activities; volunteering; telephone calls, skype; and finally travelling. Besides the regular daily routine, we inquired who seniors usually spent their Sundays and holidays with.

There was a block of questions on the neighbourhood including a question on the number of apartments in the building where they lived. The purpose of this was to distinguish between the residents of large, prefabricated apartment blocks where neighbours seldom know each other well, and smaller buildings and streets of detached houses where there are different, perhaps better, relations with neighbours. We therefore asked if they knew their neighbours' names and how long their neighbours had lived near them. Subsequent questions asked how often they exchanged visits with neighbours and whether they helped each other.

As a contrast to practical contacts with the neighbourhood community, there were similar questions about non-neighbours. The respondents were asked how often they met with friends from outside the family before they retired and how often they met after retirement. We once again brought into play the geographical dimension of the social network around senior by asking where their friends lived. The context of personal contacts in the urban environment was illuminated by asking where they usually met their friends. The respondents were asked the same questions as about friends about how often they met with relatives that they did not live with. As in the questions on friends, we wanted to know where they most often met with relatives. This demanding block of questions provided the data for a synthesis uniting social network and local geography perspectives on the lives of the ageing population.

The penultimate block of the interview concerned respondents' subjective satisfaction with some relevant aspects of their lives. They assigned grades from 1 (most satisfied) to 5 (most dissatisfied) to the following areas of their lives: social events, culture; ease of movement within the local area; their own health; medical services; education; their financial situation; their purchasing power; their proximity to family; interpersonal relationships; and finally travel on trips and holidays. We deliberately avoided direct questions about subjective feelings of loneliness or solitude because we did not want to burden respondents with such issues.

We returned to the social network around the individual with a block of playful questions intended to relax the interview before the final block of basic demographic identifiers, which some people could find over-sensitive even though we took strict measures to protect our respondents' anonymity. We asked the respondents who they would call first if they needed to share their joy about winning a million euros; help with their household; someone to go with them to the doctor or to an office; first aid; care when they had flu; someone to water their flowers when they were not at home; someone they could borrow a hundred euros from. These questions might have seemed too personal to some respondents especially if they were suffering from medical or financial problems. In the end, however, it turned out that our concerns were unfounded, and these questions received as high a proportion of answers as the other items in the questionnaire.

At the end of the questionnaire we collected demographic identification data such as sex, the year of the respondents birth and where the interview was conducted based on prepared lists of official districts or groups of streets in and around each town designed to help interviewers who did not live in the area or know it well. The final, open question was what message the respondents would like to give to the interviewer's generation – current university students. One complete questionnaire consisted of a total of 74

information items, for which the completion rate was 88.6% across all the locations, giving a total of 67,289 items. In relative terms, the data collection can be considered very successful and proof of a well-chosen method and good implementation of the data-collection part of the present research. Concerns about the respondents' sensitivity to personal questions were not justified. No conflicts arose during implementation and there was no indication of systematic non-cooperation in any of the areas of inquiry.

The empirical research also included in-depth interviews with seniors in their households and interviews with experts active in related fields. The examples that form the basis for the present attempt to characterise social networks of the households of Slovak seniors derive from thirty structured interviews conducted between 2017 and 2019 in the Dúbravka district of Bratislava. The households were selected at random, the primary criterion being that the respondents must be over 65 years of age. The interviews were conducted in the home, recorded and transcribed as text.

The statements used in the text are the voices of members of these households from the current generation of seniors, reflecting on life and ageing in the urban environment, neighbourhood relations and the ways they have changed reflecting the broader changes that Slovak society is currently undergoing.

4 LONELINESS

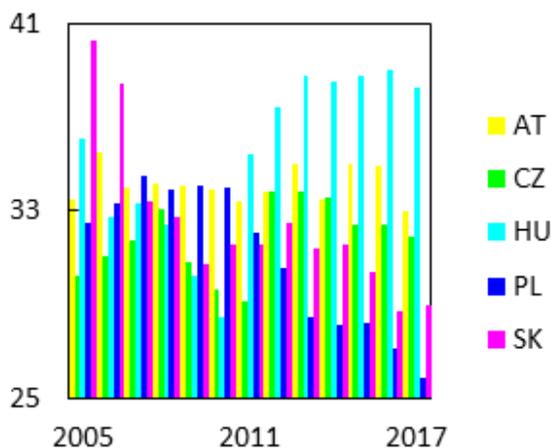
Loneliness is real and unnecessary experience ready for intervention

INTRODUCTION

According to the original survey conducted from 2017 to 2019, the probability of living alone for older residents of cities in Slovakia is 30.8%. Gender-specific values show how the differentiation in mortality modifies single household frequency, with probability for females at 35.8% and for males at 22.2%. Compatible proportions were found by the EU-SILC survey in 2017, in which 29.0% of individuals 65 years of age or older in Slovakia live alone (37.4% for women and in 15.9% for men). Similar levels can be found in neighbouring countries, as the below illustration shows (Austria 33.0%, Czech Republic 31.9%, Hungary 38.3% and Poland 25.9%) with a difference in the trend, as indicated in the declining numbers for Poland and Slovakia and increasing numbers for the Czech Republic and especially Hungary. Austrian levels remained stable between 2005 and 2017.

The probability of spending weekends and holidays alone in the original project survey was much smaller than living alone (only 5.3%). Among those not living alone the percentage is 0.3%, the conditioning of the lonely experience over weekends and holidays by living alone further shows. However, living alone increases the same probability to 16.6%. Childless seniors have the same proportion again increased much further to 38.3% if they live alone. In the average population, 5.0% of seniors live alone and spend their weekends or holidays alone. In the same population 2.1% of seniors live alone and spend their weekends or holidays alone and are childless.

Figure 3. Distribution of population in age 65 years and over living in single households
Source: EU-SILC survey (2005-2017).



Various dimensions of social networking around individuals appear to describe the central subject of interest for researchers focusing on loneliness among seniors. According to one of the most influential studies, Cutrona (1986) considers social networks as a determinant of the availability of social support for seniors. Networks even predict loneliness and the components of social support. Actual interpersonal behaviours, their contexts, and personality characteristics that affect the facilitation and interpretation of this support should be taken into consideration.

Developing the link between networking and loneliness, Heylen (2010) searched for the impact of isolation on feelings of loneliness among seniors. He notes the theoretical and practical distinction between social and emotional loneliness. Social loneliness refers to a lack of social integration, while emotional loneliness appears in the absence of an attachment to a person. Loneliness is a highly complex experience dependent on the context in which it is perceived and is not synonymous with social isolation. In this sense, Stanley et al. (2010) showed that loneliness is influenced by private, relational and temporal factors. Seniors feel or are seen by others as having a sense of connectedness with the surrounding community.

Do socio-demographic factors contribute differentially to loneliness in institutionalized seniors? Prieto-Flores et al. (2011) found that gender and marital status can affect loneliness among those living at home, whereas family, friends, and neighbours can affect institutionalized groups. Stephens et al. (2011) also identified how social context contributes to perceived social support, subsequent loneliness and the resulting mental and physical conditions. Cornwell and Laumann (2015) studied how social networks of seniors dealt with the prospect of declining connectedness. They discovered the addition of new confidants associated with improvements in physical and psychological health. On the contrary, network losses were found to be associated with physical but not psychological well-being. Losing social connections and the slow dissolution of social networks lead to both actual and perceived isolation from the community.

ISOLATION FROM SOCIAL TIES MAY LEAD TO DEPRESSION

Social disconnectedness is repeatedly found to be at least partially responsible for the decline in the subjective perception of well-being or satisfaction. Imamoğlu et al. (1993) characterized social networks and linked them with evaluations of self-image, satisfaction, and attitudes toward aging and feeling lonely. A positive attitude toward aging was also found to be related to lesser feelings of loneliness and a positive self-image. Cornwell and Waite (2009) distinguished between two aspects of social isolation.

Social disconnectedness, as physical separation from others, is contrasted with perceived isolation, as feelings of loneliness and a lack of social support. They suggested that social disconnectedness doesn't vary with age, yet seniors feel more isolated. Social disconnectedness and perceived isolation are stronger if people are dealing with illnesses. Coyle and Dugan (2012) studied the connection between isolation, loneliness and health. Their findings suggested that social isolation and feelings of loneliness, if not separated, only mildly impact physical and mental health. Haynie et al. (2001) examined depression-like symptoms in the population and found that people who are diagnosed

with dementia at some point in life did not differ in depression significantly from others. The lack of well-being is the strongest contributor to depression. Bisschop et al. (2004) estimated the effects of psycho-social resources on depression and examined whether these effects are different for people with chronic diseases.

Factors except for social network size had a direct effect on depression-like symptoms, regardless of chronic disease. Having a partner, high self-esteem, mastery, self-efficacy and feeling less lonely also mitigate the negative effects of disease. Heikkinen and Kauppinen (2004) described the changes occurring in depression-like symptoms. Loneliness, chronic disease, poor self-rated health, poor functional capacity, poor vision and perceived negative changes in life predict depression. Still, despite the fact that depression among the elderly is most typically only episodic, Barg et al. (2006) found that loneliness is viewed by seniors as a precursor to depression, and a self-imposed withdrawal expected in aging. Loneliness was found to be associated with depression, anxiety and hopelessness. Schnittker (2007) explored the connection between age and social support. The likelihood of having no close friends or confidants increases with age. The growing likelihood of living alone accounts for much of this increase. Surprisingly, the evaluation of support also increases with age. Loneliness declines despite changes in the social environment and independent of making choices among friends. Loneliness also declines among those living alone, childless and without confidants. Aylaz et al. (2012) found a significant correlation between loneliness and depression, social security and income. It seems crucial to secure a safe income in order to weaken the connection between isolation and depression, which seems to include certain elements of dependence on others. The most important factors giving rise to the fear of losing independence are health, illness and eventually surviving their partner.

HEALTH DIFFICULTIES AND EXPERIENCE OF DEATH INCREASE RISKS

Health concerns appeared as crucial elements in numerous studies. Their interpretation enters into statistical considerations of researchers and their study designs. For example, Hinton and Levkoff (1999) showed how family caregivers drew on cultural and personal resources to find meaningful explanations concerning Alzheimer's disease. They observed the erosion of the core identity of a loved one and mind deterioration. Families managed confusion and disabilities and ultimately expected related personal changes as a part of growing old, but also as a tragic loss.

Loneliness and family responsibility appear as two tightly linked elements of these interpretations. It is possible that chronic diseases modify the perception of loneliness. Penninx et al. (1999) examined if patterns of social network size, social support and loneliness vary for Alzheimer's patients. Feelings of loneliness were found to be greater among patients with lung disease or arthritis, while persons with arthritis or stroke victims were found to receive more support. Concerning support, Tomaka et al. (2006) examined its connection to social isolation and loneliness. The findings indicate that support related most consistently with health and demonstrated the importance of social variables for predicting disease.

Since social isolation may arise from sensory deprivation among seniors, Pronk et al. (2011) were interested in the connection between hearing, depression and loneliness. Hearing showed a significant negative association with loneliness. Further analysis showed that the effect is significant only for those who do not use hearing aids and for men, but that it had no significant effect on depression. Gilmour (2012) associated social participation with health and well-being, and that the association between social participation and self-perceived health quality and satisfaction increased with the number of different types of social activities. Participation correlated with health and personal well-being. Support from socializing is as important as the number of activities in which an old person frequently participates. Hawkley et al. (2008) focused on the connection between loneliness, health, and mortality. Their study investigated relationships, health behaviour and outcomes as a possible mechanism through which loneliness may affect mortality. They found that loneliness was associated with an increase in mortality unexplained by relationships or health behaviour alone. Hawkley et al. (2008) are among many researchers who believe that loneliness is a risk factor for illness and mortality. Van Baarsen (2002) focused on self-esteem and social support and their contribution to loneliness.

Partner loss was found to lower self-esteem, resulting in increased emotional loneliness and a tendency towards social isolation. Personally supportive relationships reduced emotional loneliness but, paradoxically, close friends seemed to increase emotional loneliness and isolation. Savikko et al. (2005) also examined self-reported loneliness causes. Loneliness was found to be more common among rural seniors and depended on their age, whether they lived alone or in a residential home, their marital status, level of education and income. Common perceived causes for loneliness were illness, surviving their partner and missing friends. Dykstra et al. (2005) also examined the connection between loneliness and health.

The context in their study was given by being in residential care, having a partner and social networks of varying size. People became lonelier with age, while the increase was more pronounced for the partnered and functionally better disposed at the baseline. Surviving partners showed a steep increase in loneliness. On contrary, those with better functional capacity and network expansion showed less loneliness. Grov et al. (2010) examined a specific sample of seniors with HIV. The correlation between depression, loneliness, health and illness-related stigma was studied. They found depression was related to the associated stigma and loneliness, decrease in cognitive functions and levels of energy. Another specific sample in the study of Dees et al. (2011) explored the elements of suffering for patients requesting euthanasia.

Suffering is the outcome of a process that originates in illness and ageing. Hopelessness is a central element which can be understood in the continuum of the perspectives of expectations for the future. Health-based factors contributing to loneliness and isolation seem to vary according to gender, most probably based on cultural norms from the past. Gender variation in loneliness and one's role in life was also strongly connected with family status and parental status.

GENDER VARIABILITY, INTIMATE PARTNERSHIP AND FAMILY AS CRUCIAL FACTORS

Considerable research has focused on synthesizing gender differences in life satisfaction, happiness, self-esteem, loneliness and subjective health concerns. For example, in Pinqart and Sörensen (2001) older women reported significantly lower subjective well-being and less positive self-concept than men on all elements except for subjective feeling of their age. Because of a woman's higher risk of being widowed, experiencing health problems, and needing care, one might expect such results.

Family status substantially differs for parents and childless seniors. Zhang and Hayward (2001) examined the effect of aging and childless persons on two dimensions of psychological well-being, depression and loneliness. They found no significant evidence to indicate that childless seniors were lonelier and suffered more severe depression if divorced, widowed or never married. Interestingly, men who were childless had higher rates of loneliness than women. It seems important to understand the effects of childlessness in the context of family status and gender. Boneham and Sixsmith (2006) examined the connection between social capital, health and gender, specifically focusing on social networks of older women in a socially disadvantaged community.

The social constructions of motherhood underpinned responsibility for their own health and the health of others. Women have been found to be autonomous in health matters and capable of influencing the development of healthy communities. However, their influence came at a personal cost. The relationship between old age and health support is further linked in Murray et al. (2006). Their study reported that patients rarely mentioned psychological difficulties to others aside from nurses. Seniors were more open about non-medical problems with them. They regarded symptoms of depression as a normal consequence of aging and didn't consider it as a problem requiring medical help. Men were particularly reluctant to disclose emotions or stress and were more vulnerable to severe depression and suicide.

Gender and family play a two-part role in developing and managing mental difficulties linked with aging. Families were identified as the main source of both support and stress. Grossman et al. (2000) examined social support networks of LGBT senior adults, whose family situation is different. The common support provided by close friends and friends was socializing support while support provided by partners, siblings, and other relatives took the form of emotional support. More satisfied respondents felt the support they received and felt less lonely. Living with a partner was also linked with lesser feelings of loneliness and higher rating of health and more positive feelings than living alone. A similar situation in the course of life may arise for people after the partnership is damaged. Pezzin and Schone (1999) analysed these effects and found that marital disruption or divorce had negative effects on inter-generational social networks, in particular for elderly men.

The quality of life for seniors was found to be adversely affected by marital disruption. Hawkey et al. (2008) examined the extent to which loneliness can be explained by social and economic status, health, social roles, stress, social network and subjectively perceived qualities of social relationships. Higher levels of education and income are

associated with lower levels of loneliness, while a positive marital relationship also offers a substantial degree of protection against loneliness. Males with health issues, social stress, a small social network and poorer social relationships are at greater risk of loneliness. De Jong et al. (2009) examined the emotions and social dimension of loneliness. They also questioned the perceived quality of marriage and its role. The emotional and social aspects of loneliness were more evident among seniors whose spouse suffered from health difficulties and offered lower emotional support. Loneliness also increases among partners who converse less and argue more. Intimate aspects, if not pleasant or applicable, have a similar effect on loneliness as a small social network and the lack of contact with children. Hansen et al. (2009) explored parental status in connection with psychological well-being.

Childless women reported a lower level of satisfaction and self-esteem than mothers regardless of whether they lived with their children. Parental status among men was not found to be related to well-being. Parenthood does not seem to change with age, family status or level of education. Shiovitz-Ezra and Leitsch (2010) also explored the association between social network characteristics and loneliness. The frequency of social contact was negatively associated with feelings of loneliness, while the contribution of one's subjective perception of social and family ties and the quality of marriage strongly mattered.

Sixsmith and Sixsmith (2008) suggested that aging at home can bring social and psychological benefits, but there can also be unwanted elements of everyday life. Home can also be a place of negative experience. Isolation and loneliness often weaken informal support. The physical environment of home and neighbourhood determines one's engagement in a social network and the ability to live independently. Social engagement is not only considered a significant factor affecting loneliness and isolation in older age. It is also researched as part of a hopeful strategy, potentially changing the situation for many.

HOPE IN THE DEVELOPMENT OF OLD AGE FRIENDSHIPS AND PARTICIPATION IN SOCIAL GROUPS

It is unclear how and why non-family social network segments affect isolation and feelings of loneliness. Numerous studies also focus on how participation in group activities can lessen the adverse effects of isolation on the quality of one's life. Arling (1976) studied the involvement of family members compared to that of friends and neighbours in order to determine which had a greater impact. A sample of older widows revealed that meeting friends and neighbours was more satisfying. These relationships based on mutual interests proved to be different than pure family ties, which were often marked by differences in interests.

Family relationships can lead to formal obligations and often create roles of dependence. The study by Dykstra (1995) indicated that the absence of friendships rather than the status of living alone was an important determinant of feeling lonely. Older singles are most vulnerable to loneliness and see very few opportunities to change their situation. This may worsen if a person experiences health restrictions. Stevens (2001) found that friendship contributes to well-being in a number of ways.

Friends provide companionship in everyday life and support in stressful situations. Through friendships it is also possible to maintain one's own identity under changing circumstances and adaptation to the aging process. Some people lack friends who can fulfil these functions. Still, it seems worth the effort to find new or improve existing friendships.

Friends significantly reduce loneliness. In this sense, Aday et al. (2006) examined friendships in the context of senior centre activities and their effect on health and well-being. A sample of women who lived alone and who participated in centre activities were able to effectively create social networks extending even outside the centre. Cattan et al. (2005) recognized that dealing with social isolation and loneliness should be an important policy area as well as a practical field. They questioned the effectiveness of interventions and searched for objective evidence. Research shows that education and social interventions targeting specific groups can diminish social isolation. However, the effects of home visits and other befriending projects were less clear. Haslam et al. (2014) also addressed different types of social engagement.

Different effects were found to affect cognitive health, among which group engagement made a significant, sustained, and unique contribution. The effect was found to increase with age. Social engagement can help to keep seniors mentally active and independent. Erickson and Johnson (2011) examined whether the virtual environment of the internet also can help individuals in communication, access and engagement in social activities. Seniors who used internet more often had a better perception of their own independence. Similarly, Heo et al. (2015) attempted to determine the connection between internet use, loneliness, social support, life satisfaction, and psychological well-being. Their findings show that higher internet use significantly correlates with social support, reduced loneliness, better life satisfaction and higher quality of well-being. Virtual social networks seem to provide seniors with effective means to cope with social isolation and loneliness in their changing real life contexts.

EMPIRICAL INVESTIGATION IN SLOVAKIA

An original survey on various lifestyle elements of pensioners in Slovakia was collected between 2017 and 2019 in several urban locations across the country. The basic demographic structure was heavily dominated by female respondents (62.9%) which reflects a higher level of gender disbalance in mortality in old age, and perhaps the easier approachability of female citizens via face to face interviews, by which the surveys were collected in public spaces. The average age of female respondents was 71.9 years (\pm standard deviation 6.9 years), while the average age of male respondents was 72.1 years (\pm standard deviation 7.3 years). A quarter of the sample was younger than 67 years of age and another quarter was older than 77 years of age. The respondents were asked to rate the subjective perception of their satisfaction concerning ten general elements. We used a 5-point scale where 1 equalled fully satisfied (100% satisfaction) and 5 equalled totally dissatisfied (0% satisfaction).

The statistical modelling for each of these variables was capable of uncovering a hidden pattern of mutual relationships between these ten elements. When controlled

for additional effects of age and location, we observed a set of several network effects, quantified above and illustrated as a graph structure below. Health services (doctors), shopping possibilities and the financial situation were the three most important elements that heavily affected predictions for the others.

Participation in social and cultural events, quality of interpersonal relationships, ease of mobility within their residential area and travel possibilities were of relatively intermediate importance. Self-perceived health, education possibilities and proximity to family were the three elements that least affected the others. They can further be clustered into three groups (two groups of 3 elements and one group of 4 elements) according to their modularity scores.

Table 2. Mutual regression (OLS model variants) effects among ten everyday life aspects in percentage values of subjectively perceived satisfaction. Statistical significance *0.1, **0.05 and ***0.01, N = 1,026. Source: Project survey observations (2017-2019).

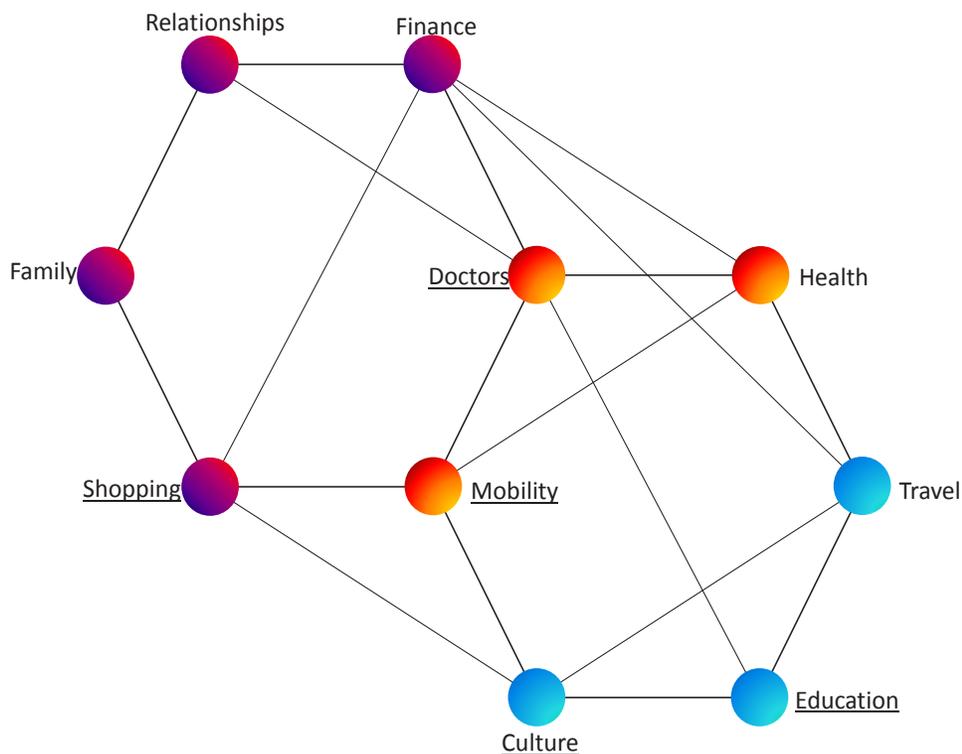
	Culture	Doctors	Education	Family	Finance
Culture	-	0.017	0.206***	0.003	-0.025
Doctors	0.017	-	0.306***	-0.051	0.116***
Education	0.215***	0.319***	-	0.075	0.073*
Family	0.002	-0.042	0.059	-	-0.031
Finance	-0.028	0.133***	0.081*	-0.044	-
Health	0.031	0.163***	-0.071	0.062	0.171***
Mobility	0.216***	0.144***	0.063	0.033	0.014
Relationships	0.054	0.133***	-0.094**	0.362***	0.113***
Shopping	0.165***	0.003	0.081*	0.146***	0.232***
Travel	0.116***	-0.075*	0.115***	0.092**	0.184***
	Health	Mobility	Relationships	Shopping	Travel
Culture	0.028	0.165***	0.048	0.129***	0.154***
Doctors	0.147***	0.110***	0.119***	0.002	-0.100*
Education	-0.067	0.051	-0.087**	0.066*	0.160***
Family	0.046	0.021	0.262***	0.092***	0.099**
Finance	0.177***	0.012	0.116***	0.208***	0.281***
Health	-	0.121***	0.057	-0.010	0.160***
Mobility	0.142***	-	0.057	0.160***	0.066
Relationships	0.058	0.049	-	0.008	0.107**
Shopping	-0.011	0.157***	0.009	-	0.008
Travel	0.109***	0.038	0.072**	0.005	-

Doctors, mobility and health comprised an internally coherent group of elements easily translated as the respondents' health status linked with biological aging and progressively diminishing mobility. Health services, on which seniors become more dependent as they age and as medical issues mount were most central in this group. Culture, travel and education were another internally well connected group, which is best described as mental vitality. Seniors value participation in socializing events and their satisfaction with this dimension significantly affects their satisfaction with the other aspects in this group. Shopping possibilities and their financial situation were important elements in the last group. They connect the private elements of interpersonal relationships and the proximity of family members with the rest of the network. Subjective satisfaction as observed and described by self-rating data revealed a collective pattern in which health and health-related aspects were contributing factors, and strongly influenced social participation possibilities.

The most intimate sphere of family and interpersonal relationships connects with the public sphere through the economic aspects of financial situation and shopping possibilities. If a more central position of family and relationships was expected, our findings indicated a surprising perspective; they appear on the structure's fringe, while they were strongly interrelated and economically-based. Some of these ten elements can be considered potential channels of influence from the surrounding community either in the neighbourhood or city. Others remained strictly in the private realm of family or household and couldn't be naturally accessible from the side of public service or potential volunteering. For example, within the central health-related group, health is a highly personal element, but health services and mobility infrastructure allow relatively easily modifiable channels affecting the life satisfaction of seniors.

The socializing events group was public as a whole, while cultural and social events and education were the most often pursued channels of active intervention if the life satisfaction of seniors was challenged in public terms. However, satisfaction with participation in cultural events was linked with ease of mobility within the city and shopping possibilities in the economic realm, through which it indirectly relates to the financial situation. Culture must be easily accessible and affordable if it is to have any effect on life satisfaction. Third, the mostly private group of aspects has a channel that can be easily opened from the public realm - shopping. Shopping possibilities not only relate to budget concerns, limited by pensions for many seniors, but also to mobility patterns and the proximity of family members who hypothetically help with the everyday provision of goods and services.

Figure 4. The significant positive linkages connecting everyday life aspects. Three colours represent statistically connected groups. Five underlined elements are in public realm, open to interventions from community. Source: Original research based on survey observations (2017-2019).



Regression effects averaged over the ten elements suggest that the greatest improvement in overall satisfaction can be accomplished by a one percent increase in satisfaction with private finance (0.194%). This element is largely beyond the typical reach of the local community because one's pension depends on their individual career history, private family circumstances, and the economic wealth of the nation. Still, it seems worth remembering that positive interventions widening the limited possibilities of income generation may matter most to seniors and provide them with resources to achieve more independence, and thus create synergy measured by the model on our sample.

The second greatest improvement was measured as a result of a one percent improvement in ease of mobility (0.189% which is -2.1% in comparison with finance). This element is strictly local and depends on the quality of public spaces managed by the city government. This finding is important, because it suggests that life quality and subjective satisfaction can be improved by the relatively easily accessible channel of public influence. Seniors need a barrier-free environment, enabling as much independence in their everyday life as possible. It is also interesting that this improvement quantitatively almost equals improvement in their financial situation. Socializing through education

programs (0.180% which is -6.8% in comparison with finance) is a typical intervention. Its influence throughout the structure is again relatively large.

Education offers a positive outlook and creates specific goals towards which people develop even in the absence of the regularity of employment. The social, repetitive and goal-oriented nature of education makes it more influential in terms of overall satisfaction than cultural events. Improvement in interpersonal relationships quality is the fourth aspect (0.179%, which is -7.5% compared to finance), which belongs more to the private realm of personal dispositions and the specific pattern of a person's social network. Still there may be space for interventions focusing on networking within the local community. A very similar overall average effect was measured in the event of a one percent improvement in satisfaction with shopping possibilities (0.179%, which is -7.6% in comparison with finance).

The former five aspects are among the more influential half and are followed by the next five aspects in decreasing order of average effect: availability of socializing and cultural events (0.172%, which is -10.9% in comparison with finance), subjectively rated personal health (0.168%, which is -13.0% in comparison with finance), quality of health services (0.167%, which is -14.0% in comparison with finance), travel possibilities and holidays (0.165%, which is -14.5% in comparison with finance), and finally with a great distance from previous - proximity to family members, which similar to the graphic illustration of the network of elements above, was the least influential (0.151%, which is -22.1% in comparison with finance). By all means, this is a controversial and unexpected finding. Seniors and their perception of self-rated satisfaction place proximity with their closest relatives too far from the core elements, however inadequately selected as a referential group.

Could this be true despite the highly frequent literal identification of close relationships as being a safeguard against the degradation of life quality? Are family members truly only those who help with daily shopping and bridging seniors with wider social circles as our set of regression models suggest? It necessarily requires further inspection and attempts to achieve a deeper understanding beyond this superficial correlation analysis. The same survey from which evidence on personal satisfaction was extracted has also been used to capture daily routines of seniors through a series of ten questions about how their usual day is typically spent by two-hour time slots starting from before 6AM until after 10PM.

They indicate their major type of activity at the specific time and their typical daily routine can be constructed based on the activity proportions. Above a quarter of their daytime is dedicated to sleep and self-care (28.3%). Two similarly important categories are housework, handicrafts and gardening (13.3%), and watching television, listening to the radio or reading (13.3%). The fourth most frequent category is food preparation and eating (12.0%). All of the activities in these categories take place in the private space of the home. The first outdoor activity in the list is shopping and using services (8.7%), followed by taking walks or doing sports (6.2%). The time spent in the remaining categories is considerably lower.

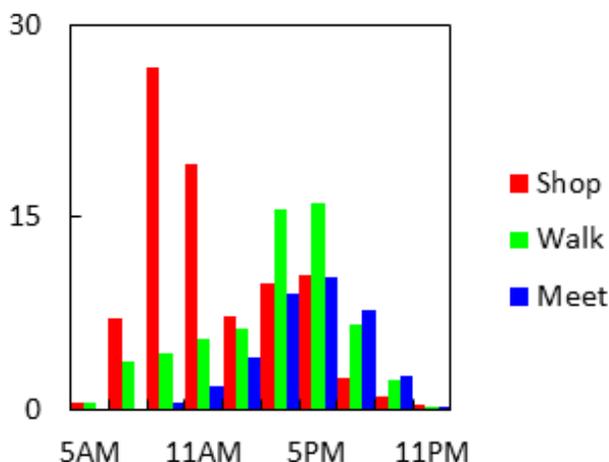
Caring for relatives (4.8%) takes the same amount of time as that spent in paid employment (4.2%). Seniors also engage in social activities, meet friends or attend cultural events (3.7%) and participate in religious activities (2.0%). Even less time is

dedicated to education and courses (1.2%) other than reading on their own. A similar fragment of the day is spent speaking on the phone (1.0%), caring for people other than relatives (0.9%). Travel (0.2%) and volunteering (0.1%) are almost non-present.

Three of these categories connect daily routine with previous findings of life-style satisfaction - shopping and using services, walking or active sports, and meeting people for socializing, sometimes connected with cultural purposes. The proportions aggregated for the three outdoor categories show that seniors spend about a fifth of their day (18.4%) shopping, walking and socializing. These categories are rather equally distributed. Their mornings (48.5% of the activities) are almost as active as their afternoons (occupying 51.5% of the activities).

Shopping (71.8% in the morning and 28.2% in the afternoon) is first on their schedule. Walking (33.8% in the morning and 66.2% in the afternoon) appears to be contrasting, even further with socializing which appears to be most frequent in the late afternoon (18.3% in the morning and 81.7% in the afternoon). Shopping, in this view, is something that needs to be done first, while walking and meeting friends or attending events is relaxing, and takes place after other daily routines are accomplished. Cultural events are also usually scheduled for late afternoons or early evenings in cities. The time before 6AM is very calm. morning before 6AM is very calm.

Figure 5. Empirical probability (%) of the three selected daily activities, for which mobility in public space of cities matters most, indicated by a representative day schedule of older people. Source: Original survey observations (2017-2019).



The average share of time for outdoor activities is only 1.3%. During the following hours seniors leave their homes and being outdoors increases to a third (31.7%) at 9AM. Probability declines later for lunch until 1PM. The maximum presence outdoors is found between 3 and 5PM when again a third (34.6 to 36.9%) of them do not typically stay at

home. Afterwards, they return home for the night, where at 11PM only 0.9% of them indicate outdoor presence, similar to earliest morning record.

In order to illustrate these findings further, ten typical seniors who are in public spaces of cities can be redistributed among these three activity categories as illustrated below. Between two and eight are shopping and using commercial services.

The temporal pattern for using a commercial infrastructure has two peaks; the first and major one is in the morning when businesses open and the second is in the evening when businesses close. One to five seniors can also be found relatively often walking outdoors in public spaces. This activity also has two peaks, in the early morning and second in the early afternoon, when it appears more frequently than shopping. Meeting friends and attending events has an altogether different trajectory. From five to ten seniors can be found socializing throughout the day, unequally distributed towards late afternoon and early evening at 7PM when the number increases to five from ten.

Figure 6. Generalized distribution for ten representative older people in public space by sample activity categories. Source: Original survey observations (2017-2019).

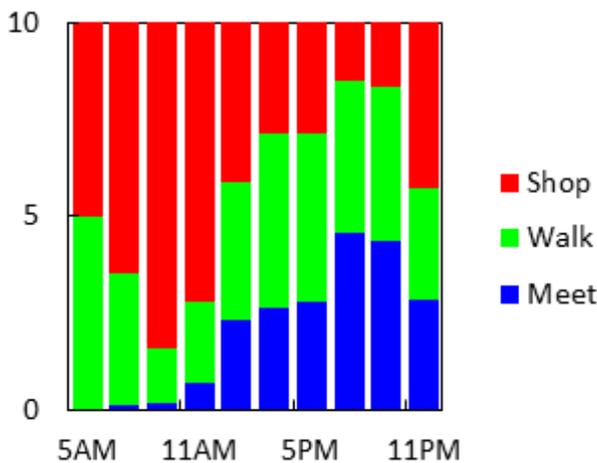


Table 3. The activity to actor pairs of variables selected by probability of being chosen above average threshold for the actor category (alone, spouse, children, grandchildren, relatives, neighbours and others). Source: Project survey observations (2017-2019).

Activity	Actor	%	Activity	Actor	%
Care	Grandchild	20.2	Phone	Child	40.7
Care	Child	19.2		Grandchild	8.9
	Relative	4.0		Relative	8.9
Care/others	Child	19.2	Pray	Other	6.1
	Grandchild	15.5		Alone	38.9
	Relative	8.5		Other	10.4
	Other	7.7		Neighbour	5.4
Clean	Neighbour	4.8	Shop	Relative	3.4
	Alone	44.1		Alone	44.9
Cook	Spouse	42.6	Sleep	Spouse	49.0
	Alone	53.5		Alone	44.6
Help	Spouse	38.1	Travel	Spouse	50.6
	Other	18.0		Child	17.0
	Relative	6.7		Other	7.1
Learn	Neighbour	4.5	Walk	Grandchild	4.9
	Alone	43.5		Relative	3.6
	Other	20.8		Other	8.8
	Grandchild	5.4		Neighbour	7.0
Meet	Neighbour	4.8	Watch/Read	Grandchild	6.7
	Spouse	40.6		Alone	45.8
	Other	15.7		Spouse	45.7
Meet	Child	10.5	Work	Alone	42.5
	Neighbour	9.1		Other	34.0
	Relative	7.1			

When we focused on subjective satisfaction aspects, the connection between individual mobility outdoors and shopping has also been found to be important in daily schedules similar to the previous part of this chapter. The idea of an independent lifestyle in which seniors still take care of themselves is supported once again as very important in their lives. Concerning the spatial pattern of attention to details important to seniors in public spaces, it appears to be effective to pay attention to connections between residential areas with an aging residential population and nearby clusters of retail businesses. Seniors need a high quality of connection between these, including convenient public transport options if walking is unfeasible due to large distances or other barriers, which should be removed as much as possible. Shopping and using commercial services are frequent but far from the only type of outdoor activity for

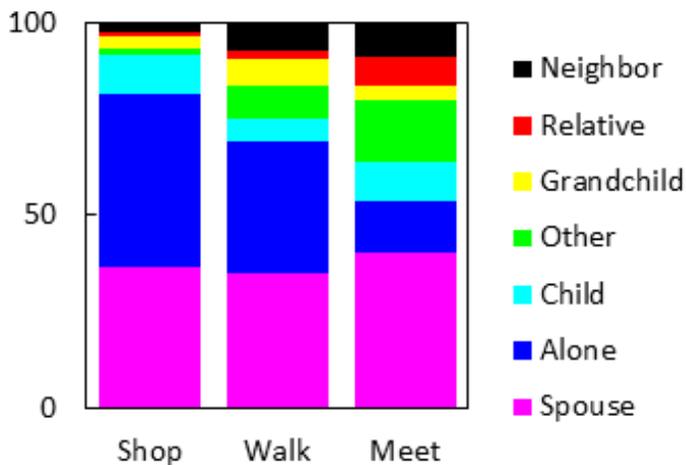
them. Walking is almost as important as shopping, at least during certain times of a typical day. Therefore, seniors need inviting options for walking, often walking their dog, which leads us to recommend attention to the direct convenient connection between residential areas with an aging population and neighbourhood parks, river fronts, or other recreational spaces.

Third, barrier-free access to common commerce and urban green areas must also be carefully balanced with the accessibility of open socializing spaces in cafes, restaurants and pubs, which are usually very frequent in cities but can be clustered in central locations too inconvenient for seniors for various reasons. Since socializing tends to be allocated in the later hours, sufficient street-lighting, for example, may be critical in terms of mobility and safety. Further attention would need to be paid to the location of these and similar amenities in public spaces with respect to places of residence. Typical distances and public connection opportunities should be assessed. In any case, independent mobility seems to play an important role in the lives of seniors and this public part of their life has a distinct rhythm which should also be considered. Daily activities have also been associated with a person who typically joins the respondent or who keeps him or her company. For 37.4% of the respondents, this person was their spouse.

However, activities were carried out alone for 36.2% of the time. A son or a daughter was involved in 10.4% of the time. Non-relatives and distant neighbours who were considered as others, but who were most probably friends, were involved in 5.6% of the time. Grandchildren and other relatives were involved for 4.9% and 3.0% of the time respectively and finally, least frequent neighbours were involved in 2.6% of the time. These findings show that seniors typically spend about a third of their time in solitude (36.2%), about a half of the time with family members including their wife, husband or partner (55.6%) and only 8.2% of the time in the company of non-family members. Neighbours have limited access to the daily schedule of a typical senior.

Three selected activities inspected above can again be revisited, this time with an indication of how common the various categories of company are also present. As the illustration below shows, the involvement of non-family members increases with shopping, walking and socializing and meeting others. The same order also applies to differences in solitude. 44.9% of shopping is done alone and only 3.8% with someone other than a family member. Walking is more social; 34.0% of the time it is done alone and 15.8% of the time in the company of someone who is not a family member. Social and cultural events are rarely done alone (13.0% of the time), but the presence of non-family members is still relatively low at 24.8%.

Figure 7. Empirical probability (%) of accompanying an older person in three selected daily activities, for which mobility in public space of cities matters most. Source: Original survey observations (2017-2019).



The above table can be used as a tool to indicate which activities in a senior’s typical daily schedule can be used for intervention channels in potential networking between them and their neighbourhood community. Neighbours of seniors are most often chosen for three specifically indicated purposes of socializing or co-attending cultural events (9.1%), for walking and exercising (7.0%) and for going to church or other activities related to a religious community (5.4%). Other functions are below the 5.0% threshold of accessibility for the neighbours of seniors.

Others, notably friends, are mostly connected to employment or paid work (34.0%). Further, people also learn and attend courses with others (20.8%), participate in volunteer activities (18.0%), attend cultural events and socialize (15.7%), and again go to church or connect with their religious community (10.4%). Walking and exercising in the company of others (8.8%) is slightly more frequent than providing care for non-relatives (7.7%), travel (7.1%), and talking on the phone (6.1%). The remaining activities are below the 5.0% threshold. These activities are those through which most natural channels of intervention may be established without disturbing the privacy of the typical senior.

KEY FINDINGS

The lifestyle of seniors is a subject of increasing importance for the academic community, and public and private service providers. The population is rapidly aging in terms of absolute and relative numbers. More resources are starting to flow into research and experimentation with novel approaches to dealing with various practical challenges linked with the aging population and a society increasingly consisting of older citizens and the social and economic contexts surrounding them. One of the most common topics of research is dedicated to the decline in the vitality of the social network around

seniors, leading to more isolation and loneliness. Paradoxically, citizens in large cities are described as especially vulnerable due to the anonymity and fast pace of the urban lifestyle, and where room for close, reliable and long-lasting relationships may be limited.

Seniors can find themselves negatively affected by a lack of direct human contact in their everyday routine due to the inevitable end of their employment and household activities. The lack of support can be seen in terms of practicalities but it seems that even more serious effects appear in studies of the negative association between loneliness and health, which is responsible for depression, negative feelings and attitudes. Governments and various volunteer groups and non-profit institutions active in cities have acknowledged such need and have developed many projects targeting seniors and their interests. Aging is recognized as a relatively new socio-economic reality and public finances are dedicated to bring experimental solutions. This research project systematically collected a mid-size sampled survey covering various everyday lifestyle elements of seniors in Slovakia. Three questions were addressed in an empirical analysis of the collected responses. A selection of life satisfaction elements linked by correlations to a network revealed that interpersonal relationships within or beyond the family are not at the very core of rating of seniors.

Instead, aspects of everyday life independence are in the center of their attention. People seek to remain healthy if possible, mobile, financially resilient and well taken care of. If this is satisfied, their proximity to others is felt improved, same as their involvement in additional socializing. Cultural, educational or other organizing is important but is truly dependent on satisfying more primary needs. Our insight reveals that the same is true for their social networking. If city governments are interested in effective life satisfaction interventions targeting older citizens, they need to improve mobility and around residential areas densely populated by older age categories.

People need to have accessible public and commercial services, especially health care, but also access to relaxed environment for walking or other outdoor exercise. Walking out is a significant part of everyday routine as our analysis of daytime schedules provided. Daily rhythm of older people is divided between activity at home and out of home in our perspective. It has strict logic in it, when shopping, walking and meeting others are in sequence, each category placed in a typical dedicated part of a usual day. Life of older people in cities according to our findings appears less of one in social isolation but one in which independence is valued above anything else.

It is a promising discovery, because it implies that direction of interventions should be reconsidered to better focus assistance, which is perhaps less direct but more oriented towards public space and the quality of its use. Cities have resources and know-how on public space redesign, removal of barriers, providing public transport, making amenities available when and where they are needed. As a bonus, these improvements will be much valued also by younger generations of citizens, to which older people may finally better connect if their shared streets, parks, trams and buses will work as intergeneration catalysts. Aging cities need them now.

5 COMMUNITY

Family and community will keep providing networks of precious relationships

The Harvard study entitled *What Does the Good Life Actually Look Like?* which in 2016 publicized the results of the longest, 75-year study on happiness showed that quality interpersonal relationships help us to live longer and happier. According to Robert Waldinger, the director of the study, and a psychiatrist at Massachusetts General Hospital and professor of psychiatry at Harvard Medical School, our relations and happiness in our relations have a strong impact on our health: "Taking care of your body is important, but taking care of your relationships is also a form of taking care of yourself. This is a key finding in my opinion." The afore mentioned research monitored almost 300 men, beginning when they were young students and continuing until they became seniors. Their health, career promotions and demotions, marriages and financial status were monitored. The result of this complex research was simple. Researchers found that relationships with others have a huge impact on our health and happiness. It is not about the number of people we know, but about the quality of relationships that we have. The research definitively showed that people who had relatives at their side and maintained good relationships with them, regardless of whether this was a large or small group of people, evaluated their lives as happy and fulfilled, despite problems accompanying them. Close relationships, not money or career, keep people happy and healthy. These bonds put off mental and physical diseases and represent a more reliable guarantee of longevity than social status, IQ or even genetic makeup.

Scientists have identified five places in the world where people live the happiest and longest lives. Demographers entitled these places as Blue Zones (Poulain et al 2004). They include Okinawa, Japan, Ogliastro in Sardinia, Italy, Loma Linda in the USA, the Nicoya peninsula in Costa Rica and the island of Ikaria in Greece. These locations differ markedly from each other, but they have one important feature in common. The priority for the people in these places is community, building and maintaining close interpersonal relationships, having fun together, praying together, eating together, working together or learning together. Residents in these locations maintain a traditional lifestyle oriented on firm social relationships, meaningful emotional exchanges among generations and significant support for weak individuals from the community as a whole (Poulain et al 2013). According to Dan Buettner (2012), a scientist and publicist who wrote several studies on the Blue Zones, an individual's sudden loss of their traditional role may have a measurable impact on mortality. Kamada Nakazato, a 102 year old woman living on the Motobu peninsula in Okinawa, is a good example. She is a "village priestess who serves as a spiritual advisor to the townsmen". This gives meaning to her life, and a reason to wake up in the morning.

Slovak cities grew quickly in the socialist era. This rapid development of urbanisation occurred after World War II as a result of the industrialization of the country. The urbanisation process was guided in compliance with the principles of the centralized system, where the main investments, job opportunities and related retail and service facilities were localized in important district and local centres. Based on the town-planning concept at that time, medium-sized cities (20,000 up to 50,000 of populace) were deliberately formed and evenly distributed throughout the territory of the Slovak Republic (Vokoun 2006). Young families participated in the immigration to the cities and towns at that time. However, the prefabricated housing developments of cities and their communities did not remain static; they developed, as larger or smaller communities with varying degrees of turnover of the populace; in particular, the age structure changed. The traditional image of a young family as the largest housing development cohort during the socialist era was gradually transformed into the image of seniors whose children had moved away and were living independently. The urban environment, including its housing development, naturally underwent an age renovation more dynamically than in other parts of Slovakia; however, the pioneering populace frequently ages together with the housing development and they remain in the place of residence at the time of the productive stage of life. The generation which most distinctively participated in immigration to cities in the socialist era is comprised of seniors. In connection with the aging of the population in cities, the link between low mobility, the negative perception of cities and social exclusion automatically emerges in relation to seniors.

The physical environment of the city has been adapted to the faster pace of economically active people, where anonymity is not an essential obstacle, and where social interactions take place mostly at the workplace, leisure activity facilities, schools and at home. On the other hand, however, for seniors with limited mobility, usually with a lower income from pensions, which frequently covers only the basic necessities, this can result in serious physical and social isolation. Social relationships that were established during one's active life were related to the workplace rather than the place of residence and therefore retirement can present a higher risk of loneliness. Moreover, seniors frequently live alone after a partner's death. The anonymous urban space (especially in comparison to rural space) can also be perceived negatively in this context. Seniors whose children live in different cities or abroad, perceive the feeling of loneliness very intensively ("Family is the most important thing, but they live far away; one daughter lives abroad and the other in Central Slovakia. For me, my friends as well as my neighbours are important." – 72 year old widower).

There is clear evidence of the impact of social relations on health (Fratiglioni et al 2004), and the mortality rate is two to four times higher with socially isolated people due to various reasons. Since we consider social networks to be extremely significant in the context of healthy aging, the following text will focus on the analysis of social networks of seniors in Slovak cities. Through our findings from qualitative research with seniors from the Dúbravka district of Bratislava, we will strive to show how the urban (possibly housing development) environment creates or prevents opportunities for the development of social relationships among seniors.

URBAN AGING: AGING FRIENDLY CITIES, OR SPACES OF SOCIAL ISOLATION?

The dramatic demographic changes of the first half of the 20th century affected almost all older and more urbanized populations in all countries. According to Beard et al (2012) the urban environment can be used to support more active and healthier aging, and many cities in developed countries have begun to introduce programs which could create a more favourable environment for the aged.

The aging of cities is an emerging issue which deals with the population of seniors living in cities. The aging of society is considered to be a positive phenomenon, because aging and urbanization are the culmination of a successful human development; on the other hand, it constitutes a huge challenge (Van Hoof et al 2018). Due to the fast aging of the population, the shapers of communal politics and providers of services have become increasingly aware of the importance of providing services and products that are "age friendly". In recent years the discussion on strategies and courses of action to ensure that services and products comply with the specific needs and living situations of seniors has become more intensive. This senior friendly boom has spread throughout Northern America and Europe in the last decade. The idea of the age friendly community is the last incarnation of this trend in discussions on aging. Building and maintaining an age-friendly environment is considered to be the key component in the positive approach to addressing the issue of population aging (Lui et al. 2009).

Is the urban environment an ideal place for aging and the life of seniors in comparison with rural regions? There are many possible ways in which the urban environment can affect the health and wellbeing of seniors. In fact, they may be especially vulnerable due to urban features. They spend more time in their neighbourhoods, they have elevated levels of biological, psychological and cognitive vulnerability, their patterns of territorial use may change and they rely more on community sources of integration (Wight et al 2009). While seniors exhibit the desire to remain active and live independently in their own communities as long as possible, their ability to truly do so is affected not only by their functional capacity (i.e. their physical and mental health), but also by the surrounding environment and their ability to adapt to it (Lawton 1973).

The urban environment may also affect the social cohesion of local communities. Economically disadvantaged neighbourhoods often have a higher level of social disorder, lower social cohesion and weaker informal social control of problematic behaviour. This may prevent the development of social networks which have the potential to reduce stressors that individuals face on a daily basis (see for example Cohen 2004, Mulia et al 2008).

The challenges, which must be overcome in cities are probably greater, yet cities have more and better resources and offer greater opportunities. Smedley (in Van Hoof et al 2018) claims that "cities don't always seem the most old-age friendly of places", but in order for an aging society to work, the cities must be adapted and designed for this purpose. For this reason, many authors emphasize the importance of the possibility to utilize public spaces for seniors (for example Foster et al. 2004, Musil 1993, Rochovská et al. 2017, Temelová and Dvořáková 2012). The availability of parks and green areas in cities, in densely developed city centers (Temelová et al. 2009) as well as housing

developments (Leyden 2003, Plane, Klodawsky 2013), is usually considered to be one of the important factors for the quality of life. In this connection, several authors point out the importance of safety, as seniors consider parks as potentially dangerous locations (for example Pain 1997, Foster et al. 2004, O'Brien 2005).

The World Health Organization (2007) identified eight elements which are part of age-friendly cities (Fig. 1). They include the physical environment (transportation, outdoor space and buildings, housing), communal services (social and health services, communication and information) and the social environment (civic participation, respect and social inclusion and social participation). Many authors who studied the concept of age-friendly cities emphasize the importance of an environment which stimulates the building of community, improves and strengthens social relationships in the housing development (Rémillard-Boilard et al 2017, Zhao, Chung 2017) and encourages the social inclusion of seniors (Scharlach, Lehning, 2013).

IMPORTANCE OF SOCIAL NETWORKS FOR THE URBAN AGING POPULACE

Figure 8: The eight domains of an age-friendly city according to WHO (2007)



Humans are social creatures. Social relationships are important in every stage of the life cycle, but they become especially significant in older age (Bruhn 2011). Baumeister and Leary (1995) even claim that our need to socialize is the foundation; it fuels thoughts, emotions and interpersonal behaviour. Seniors are no exception. According to Depp

and Jeste (2006), when describing successful aging, seniors more frequently emphasize social inclusion over physical health.

Golden et al (2009) stress the importance of social networks for physical well-being. Social isolation, subjective (loneliness) or objective (non-integrated social network) ranked high, according to the authors (up to 70 %), as a contributor to depressive episodes among the researched seniors. A social network is considered to be a set of social units and relationships among these social units, in terms of individuals or groups of individuals. The term social network used in this article designates a group of people or groups which are connected by a certain type of social relationship. Mitchel (1969, cit. according to Bridge 2002: 6) defines social network as a “specific set of bonds among a defined set of individuals that can be used for the interpretation of the social behaviour of individuals.” According to Bridge, social networks are usually considered as a necessary part of the definition of the nature of a certain location (Bridge 2002).

Social relationships or networks were also used by Burawoy et al. (2000) when assessing the household economy in post-socialist Russia. He calls them social assets and refers to the bonds of family members and friends from which individuals or households may ask for help or to which they are linked. This group of assets pertains to exchange and redistribution and creates the economy of donations and goodwill.

In the post-socialist communities, interpersonal relationships, on the personal level, but also within communities, are confronted with the pressure of growing social inequalities, and a polarized society divides people. Relationships which continue to work and change only slightly are family relationships. According to several authors (Rochovská et al., 2014, Stenning et al. 2010) the firmest relationships are within families, and the family continues to represent an extremely important source of support for households. However, family relationships are also endangered by factors such as work-related migration, which chases people to look for work, not only to nearer or more distant cities, but abroad, from where they return once in two weeks, a month or even less frequently. Barátová (2007) pointed out the negative impact of migration on the overall life and functioning of families and the mutual emotional bonds among partners and parents and children. On the other hand, based on their analysis of specialized literature, Gouveia et al. (2016) emphasize networks of friends which contribute to the quality of life and wellbeing of seniors more than family networks. In addition, the positive impact of more than one type of relationship (such as relationships among family and friends) on the quality of life/wellbeing of seniors and ultimately on the positive impact of emotional closeness on quality of life have been proven (Gouveia et al. 2016).

There are two ways to approach social networks: directly and indirectly. In the indirect approach the researcher identifies elements which are part of the social network of the respondent through their social relationships. The existence of a social relationship itself is considered to be significant. In the direct approach to social networks, the respondents identify members of their social network whom they consider to be significant. Certain authors consider the retirement age to be a process of deculturation and devaluation. The depreciation of the old is called disconnection. According to Cumming and Henry (1961) this process is not completely negative; rather, it is a mutual withdrawal or disconnection which leads to indecisive interactions

between the individual and others in society. These authors insist that this is normal process which occurs in various cultures (Bruhn 2011). According to Simić (1977) disconnection and deculturation are not only a product of old age, but a reflection of the values of individualism, independence and freedom. A. Simić states that individuals do not suddenly find themselves isolated, they have been socialized in this role since their childhood. In a society oriented on independence, seniors may expect only limited support from family or others.

HOUSING DEVELOPMENT – A GOOD PLACE FOR LIFE. THE IMPORTANCE OF FAMILY, ENVIRONMENT AND COMMUNITY IN THE SOCIAL RELATIONSHIPS OF SENIORS

In the following section we will present several examples of how the housing development environment of the capital creates or prevents opportunities for the development of social relationships among seniors. We studied social relationships directly in the households of these seniors through in-depth interviews. The reflection of life in the housing development environment and its impacts on social relationships revealed several interesting aspects. The family model which functioned in Slovakia for decades where multi-generation households lived next to each other, jointly managed the economy of their households, and provided each other with care, ceased to exist along with growing urbanization connected with life in apartments in city housing developments. Multigeneration households are rare; seniors live on their own, and the differences caused by the life expectancy of men and women were also manifested. In the researched district (Dúbravka in Bratislava) up to 60% of women over the age of 65 live in separate households, while in case of men it is only 14.8 % (data from 2011). Despite this fact, adult children and their families still represent an important part of the social networks of elderly people. During interviews in the households of seniors, the importance of these relations became apparent at many levels, be it assistance with transportation to see physicians, carrying heavy shopping bags, weekend visits, or spending time together during holidays. Seniors frequently provide necessary assistance for families with young children; for example, they accompany grandchildren to out-of-school activities, pick them up from school and do household chores, such as ironing. Such reciprocity was possible especially if the physical distance between families was not great. In the households of seniors whose children live in a different city or abroad, words such as loneliness were much more frequent, contacts with relatives were limited to several times a year and families primarily remained in contact by telephone. In these households, relationships with friends or neighbours were extremely important in terms of social interaction or small help:

“Family (is the most important), but they live far away; one daughter lives abroad and the other lives in the Central Slovakia. For me, my friends as well as my neighbours are important.” (72-year old widower).

“We have very good neighbours right next to us; we’ve lived next to each other for years. Every Saturday we give them a list and they buy everything that we need. Small things we then buy on our own.” (86-year old man and his 82 year old wife whose children live in a different city).

Leighton and Seaman (1997) offer similar examples of help in their study, stating that seniors frequently rely on family or informal relations when doing large shopping.

Many respondents also referred to maintaining relationships from former employment. Work-related relationships were very important, particularly among seniors, who remained in one job for several years and with those with higher education. Many commented on maintaining these contacts also through regular personal meetings. Relationships with neighbours were good, especially when the households knew each other for a long period of time; the design of the physical environment also plays an important role. In connection with social networks, the importance of the form of housing development, the number of floors in particular, was pointed out by Gifford (2007), Janto (2014), Pargač and Tomandl (1995), and Ginsberg and Churchman (1985). As Rochovská et al. (2017) stated, a housing development featuring green courtyards and three-floor apartment buildings with front yards was less anonymous than one with twelve-floor buildings, where inhabitants had only superficial relationships with their neighbours; the friendly contacts they had were mostly independent of their permanent residence. In an environment which is more anonymous (tall prefab apartment buildings, many apartments in one entrance), people did not know each other. Frequently they did not know who their neighbours were and contact was rather sporadic.

“We mostly know each other in the apartment building because we’ve lived here for a long time, but some I know just by sight. As I have already said, our relations are good, and with one neighbour, who lives right next to me, we have very friendly and close relations; we’ve known each other for a long time, and we even visit each other.” (72- year old woman)

“A prefab apartment building with three floors and with front yards, it’s like a single-family home. I’m totally satisfied; I have everything, I’m used to living here, I don’t need anything else for my life. I’m satisfied, I don’t mind anything.” (67-year old widow)

Social networks in urban areas differ from the networks in rural areas by their extent and characteristics. In addition to individual features affecting the extent and nature of social networks among seniors in cities, their social networks and the quality of their lives is also affected by the neighbourhoods in which they live. In addition to the physical design of apartment buildings, the presence of community or leisure time centres, clubs for pensioners, sporting facilities, churches, and parks with benches also play important role (for example Ribeiro et al. 2013, Rémillard-Boilard et al. 2017). A developed environment contributes to meeting with others, to social inclusion, stimulation of a sense for community among seniors and between generations. Several studies have concluded that urbanization as such does not have to lead to social isolation (Gusmano, Rodwin 2010).

According to Rémillard-Boilard et al. (2017), social connections in an urban environment are necessary; they create opportunities to meet others, regardless of the age of the populace or their social-economical group. Cities are important places for building social networks, but they also can lead to marginalization and social exclusion due to individualized lifestyles. There are many ways in which the social involvement and the generation of inclusive and age-available places with a special orientation on interconnecting generations can be supported.

Attendance at pensioners' clubs was only minimal among the addressed respondents at the Bratislava housing development. Some respondents considered visits to such clubs as inappropriate because they did not know anybody there, they had only minimum information about the activities or they were not interested. On the other hand, events for seniors that were announced ahead of time (concerts, theatre productions in the district, information about which was published in local newspapers were very popular and visited). The affordability of such events for seniors also played a role; most were free of charge. Affordability is most certainly an important factor in social inclusion and town planning.

For the majority of respondents, moving around the housing development was connected with shopping at local supermarkets. For most, the everyday visit to shops was the reason for leaving the apartment and going for a walk.

"My son bought me a watch that measures my steps. So, I shop every day, sometimes even twice a day, even to the Billa supermarket, although it is further away, because then I have more steps counted. And he's always asking me when he phones; you know, he checks up on me, if I walked enough. He's not happy, if I don't leave home during the day." (71-year old divorced woman).

The interviews also showed that when building social networks, informal communities, such as the community of dog owners, play a more important role than community centres. We found that owning a dog can have a significant effect in support of physical activity, as well as socialization. Several studies confirm the favourable effect of taking care of a dog (for example Wells 2007, Krause-Parello and Gulick 2014, Krause-Parello 2012, Knight and Edwards 2008). Ståhl et al. (2001) emphasize that seniors living alone move much less (up to a two-time higher probability of sitting) and thus a walk with dog is extremely beneficial. It can be also beneficial for the entire society, since it potentially reduces the necessity to provide health and social care.

Dog owners establish friendly relationships and mutual interactions much easier, as the urban environment frequently does not allow for such interactions. A walk with a dog enables seniors to overcome their everyday routine by walking, meeting and chatting with other dog owners, which may have a significant favourable psychological effect, like every day physical activity outside of apartment.

"I know many people around here, because I've lived here for a long time and I spend a lot of time outside with my dog. I have no problem to communicate with anyone, I know about almost everything that takes place here." (60-year old widow), or "Our relations are very good, we know each other, but we have no time to visit. I also know dog owners whom I meet every day around here." (62-year old widow).

The study (Wood et al. 2005) also indicates that pets should be included in the group of factors which help to create social capital and community awareness. In comparison with people who do not own any pet, pet owners are more likely to participate in events within their community and to participate in neighbour exchanges (various types of favours and assistance). In this context we can also look at our researched location, which in this respect has the potential to build social networks, also for example through building an infrastructure for dog owners.

To conclude, living alone represents a great structural potential for social isolation. Considering the growing life expectancy, there is a precondition that the trend of living alone will remain unchanged in the future. The absolute number as well as the percentage of elderly women living alone will probably grow (Rubinstein et al. 1994). Living alone may be a satisfying lifestyle if an individual is healthy and has family who live nearby, friends or a healthy community in the neighbourhood. However, seniors with illnesses who usually rely on their spouse and relatives for care are among the most vulnerable in the country.

Research has repeatedly shown that social relationships play a significant role in personal wellbeing and have a significant impact on the health of individuals. This also became apparent during the conducted interviews. Good family relations and help within the family are considered to be the most crucial; however, it is in the urban environment, where building functioning communities and adapting the physical environment to the creation and support of social capital and thus healthy aging, appears to be very important for seniors living on their own.

The aging population, as part of social capital, may not only be the receiving party, but also the party providing support within a flourishing community in the form of civic involvement, a functioning neighbourhood and general trust.

6 ACTIVITIES

Life after retirement will become something we can't wait to go through

The human life cycle connected with ageing can pose several difficult questions. In addition to issues related to ontological attempts to find the answer to the meaning of life or to reconcile with human mortality and the relationship to death and dying, they include more mundane aspects of this transition. The first threshold is retirement and becoming a pensioner. The absence of days filled with commuting, working and socializing with colleagues is a mental challenge similar to that of a sportsman and women who end their active career and experience feelings of emptiness and uselessness. Such feelings can be stressful and in the case of other external complications (such as health care, decline in social status) they can influence and change lives. This transition is followed by strategies for filling the days responsibly, independently, providing fulfilment and amusement, maintaining well-being, while retaining independence, and mental and physical health to the least restrictive extent. This issue has become very topical, as retirement is no longer a waiting room to death. With increasing life expectancy, retirement can be a new challenge in life, opening up possibilities that were unavailable during times of employment and childcare. Although physical and mental issues may represent obstacles in fulfilling goals and plans, a common notion veiling this process is active ageing. Old age is not a time of passivity; it represents a concept where individuals actively and systematically influence the conditions of their own ageing through self-responsibility and self-care (Hasmanová Marhánková 2011: 5). This definition indicates how retirement and old age have undergone redefinition and reconstruction. Being old today is completely different than it was several decades ago. It is not just connected with increased life expectancy, but with changing gender and social roles as well as economic and cultural aspects. This redefinition also influences the meaning and different perception of what we see as active.

One of many specific connections of activity as such, and the ageing population resides in changing the societal position of the aged. First of all, being old can often be perceived as being inactive, with poor health and medicalization. Active discourse in this time of human life should represent a contrast to the perception of *aged being a priori sick, passive and dependent* (Sedláková, Hytych 2015: 564) which, together with the biological determination of body and mind and its natural and gradual degradation, represents the *binding discourse of aging* but also the *unbinding discourse* which aims at responsibility, autonomy and independence in the ageing process (ibid, 564). Then what does active mean in terms of the third age? Why there is a strong demand to stay active even when not working full time? There are several approaches and attitudes that seek to perceive activity as physical and mental well-being, which is indeed not easy to define, as the quality of life of a senior is construed in a diverse way. Seeing seniors as a homogeneous group with one certain set of requirements is very risky. Like other

population groups, seniors must be perceived as individuals with the same abilities and needs and with the same personal and social priorities (Biggs 2001, 99).

Official social and political proclamations see it quite clearly - the European Commission defines active ageing as a situation where *people remain in charge of their own lives for as long as possible as they age and, where possible, contribute to the economy and society* (<https://ec.europa.eu/social/main.jsp?catId=1062&langId=en>). Active ageing can be perceived as healthy ageing, where *people place considerable emphasis on the maintenance of social relationships and social participation as a key to achieving quality of life* (Victor et al. 2009: 82). However, active ageing goes slightly further than this description. On one hand, activity means either physical movement, the pursuit of daily interests and activities such as social participation (Katz 2000: 136). On the other hand, according to the WHO, the three pillars of policy framework for active ageing are health, participation, and security (Rowland 2012: 186), or active learning, as such, by maintaining social networks, continuity in activities, having high mental and physical functions and low risk of disease represent the *successful ageing model* (Swindell, 2012: 38). Active ageing is connected with the rights of seniors to remain healthy, to remain in employment longer and to be able to participate in community and political life (Foster, Walker 2015: 84). Ideal ageing individuals can also foresee their future, *determine what they wish to achieve in retirement, and proactively work towards idealised lifestyles and subjectivities* (Rudman 2006: 195). It seems that independence, interest, health, and socializing represent the keys to successful ageing, providing seniors with dignified achievements, fulfilment of their life goals and the opportunity to enjoy and take advantage of successful decisions and strategies in earlier life stages.

Here we come to a crucial point in this discussion. On one hand, there is a strong association of seniors being dependent and passive recipients of the social systems of welfare states (Hasmanová Marhánková 2011: 8), or the aspect of having the responsibility to be productive and give back to the community by volunteering (Martinson, Minkler 2006: 321), or generally with other non-working populations (such as the unemployed) it has become a target of state policies to empower and activate them, which can be seen as a *panacea for the political woes of the declining welfare state and its management of the risky population* (Katz 2000: 147). It then seems that only visible or public activities or those providing a certain number of benefits are expected from our seniors. Providing full-time care for a partner in need, or unpaid and fully managed care for grandchildren is something that we can take for granted. If volunteering, or life-long labour is taken as the norm, it completely devalues the worth of those elderly who cannot or choose not to engage in such activity (Martinson, Minkler 2006: 321-322). This approach of the goals of seniors serving more to society than providing and enhancing the good of such person is a matter of criticism in social gerontology (Adams et al. 2011, 706). Since activity in general is not easy to measure, one cannot say how active seniors should be, what types of activities are suitable according to their age and physical status, and how to encourage older people to remain active (Macera et al. 2015: 1). Or the criticism is towards a reduced understanding of activity and neglecting non-economic contributions to society and excluding those who no longer take part in paid work (Pfaller, Schweda 2019: 46).

The perception of active ageing and quality of life seems to be very tricky in defining the content and its *evaluative and normative content* as they often simply appear to

mirror the value system of the era, the political agenda, or the sociocultural context (Pfaller, Schweda 2019: 45). The specific position of the elderly was perceived under national social policies – welfare states and marketization in the late 20th century (Biggs 2001: 92-93) or traditional theory (probably rooted in Western Protestant traditions) claiming that a society that identifies work as a wellspring of virtue needs to justify the life of pensioned leisure and the issue of “busy ethics” on how to integrate such values into the status of a person withdrawn from work (Ekerdt 1986: 239, 243). This aspect under the umbrella of responsibility and independence could have influenced the attitude of the always active senior who gives back what he or she once was given from a society or community. Then it seems, there is always the risk of the lack of empathy towards this segment of the population in terms of activity, which can represent another ethical aspect of studying the relationship of activities and seniority.

Ageing in urban areas is a topical issue especially in Eastern Europe. Parts of many cities were built after 1950 with a migration of baby-boomers who are now approaching their seniority. Urban space and ageing open up several research questions. For example, how does the urban landscape influence the ageing process of the population? J. R. Beard and C. Petitot (2010: 429) point to a disadvantageous residential neighbourhood on one hand and a positive environment on the other, providing sufficient possibilities for a healthier diet, accessible public spaces such as parks, good public transport, and availability of services and retail stores. Although public spaces, housing estates and stores undergo certain dynamics, and seniors sensitively respond to them, they appreciate certain advantages (building redeveloping) and comparatively realize the advantages of living in urban areas as opposed to rural areas (Sýkorová 2012). The specifics of a developed environment can play an important role in decisions regarding participation in physical activities. It is not just the social aspect (such as having somebody to participate with in any kind of physical activity), but also issues such as unsafe neighbourhoods, heavy traffic, inadequate pedestrian infrastructure and poorly maintained sidewalks (Macera et al. 2015: 10), or going out in the evening alone, or safety as a general issue in urban areas (Crombie et al. 2004: 291).

ACTIVITY AND SENIORITY

Since seniors are engaged in many activities, their correct and expressive categorization is always a challenging task. As discussed earlier, it is not easy to define activity; for example, according to Foster and Walker (2015: 87), there is a *narrow productivist approach* aiming at one’s extending working life, and a more comprehensive approach that includes other activities. This is particularly true if we try to categorize activities themselves within the optics of activity, socializing, and leisure. We have adopted a scheme of 4 types of activities used by Everard et al. (2000). This scheme was used for the categorization of our questionnaires. We followed 4 types but with a slightly different content: instrumental activities, social activities, active leisure activities, and passive leisure activities.

- 1) *Instrumental activities* – include basic chores for maintaining an independent, healthy, clean, and nurtured individual and relatives in the same household or for a household where respondents were assisting or providing care or help. In

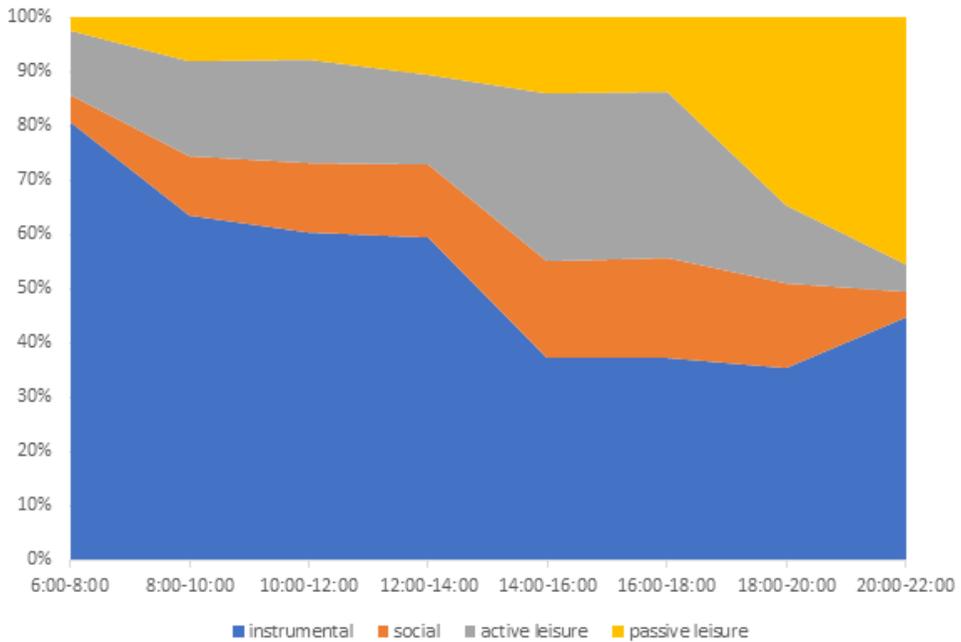
our questionnaire, these activities included the preparation and consumption of meals, shopping, home and household chores, care for others, sleep and care for oneself. This category included the most activities that were rich in diversity and required both physical and mental commitment, and therefore they kept seniors busy for most of the day

- 2) *Social activities* – these included activities that usually take place outside the household and required social contact with at least one person or a group of people. The level of interaction in these activities was not a matter of research. These activities included volunteering, cultural and social activities, meeting friends, relatives or other acquaintances, religious and spiritual activities (esp. services), and paid work (in these cases we evaluated it as more of a social activity, with the general precondition that the respondent was a pensioner). Travel is also included; although it does not require much activity, we included it in this category as individual must leave home and interact with people.
- 3) *Active leisure activities* included leisure activities that require a certain amount of physical activity, usually outside the home – travel, sports, walking, dog walking, education and attending courses. If the respondent owned a garden, which is otherwise included in the instrumental category, it was evaluated here as an active leisure activity. We included education and attending courses as this requires various forms of mental activity
- 4) *Passive leisure activities* included activities that usually take place at home and do not require much intellectual or mental commitment. This category included telephoning (skype, internet), or watching TV, listening to the radio, and reading.

Urban seniors and instrumental activities

Instrumental activities represent a considerable part of the regular day of urban seniors. Several research reports (such as Horgas et al. 1998: 561; Fortuijn et al. 2006: 357) stress that it represents an important part of the day, usually in form of personal maintenance, and it is a dominant activity for most age groups of seniors. According to our research, it consumes 52 % of a senior's day (between 6 AM to 10 PM). Although it is a necessary part of a daily life, consuming considerable energy and requiring constant commitment, it does not always have to be perceived as a burden. For example, shopping and services can represent a form of *recreation, amusement and movement for health, strengthening social ties, or just a change of environment and liberation from daily stereotypes* (Vidovičová, Petrová Kafková 2012: 957). In general, the proportion of daytime activities does not vary according to gender as a whole. Except for the time period between 8-10 PM, this is the most common type and set of types of activity of Slovak urban seniors during the day (see Figure 9). Instrumental activities can be divided into activities linked to certain periods of the day – such as

Figure 9. Distribution of instrumental daytime activity types of seniors (according to hours)
 (Source: original survey observations (2017-2019))

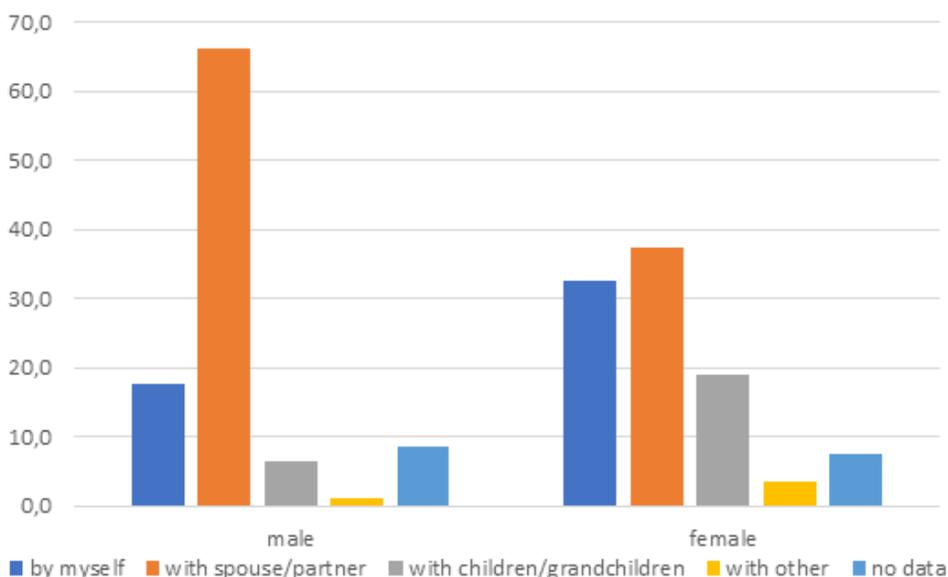


Shopping and services and especially meal preparation (especially lunch as the main meal of the day). Together with shopping and service activities between 8 and 10 AM, sleep and caring for oneself after 8 PM are the most intense activities. Relatively stable instrumental activities are chores, handiwork and caring for others. Figure 9 also illustrates how instrumental activities diversify after noon, where especially between 2 and 4 PM activities are almost equally distributed except for those connected with meals.

The gender labour division seem to be relatively balanced in terms of household work and activities connected with physical needs. However, certain work seems to be closer associated with women. According to research from the UK in the 1990s (Bennet 1998) men were more involved in outside instrumental work – such as gardening, while women were more involved in housework (apart from heavy housework where gender differences were smaller), or in the study of Horgas et al (1998) women spent more time involved in obligatory activities (563). Generally speaking, half of the day was filled with instrumental work for women (54.2 %) and men (50 %) The lowest period of participation in instrumental work was in the afternoon, where more time was dedicated to other activities. A more detailed look at the structure of instrumental activities reveals more nuances in gender labour division. The participation of women in elementary household chores and handiwork is greater than that of men (14 % of the day of women and 11 % of the day for men) with the greatest discrepancy between 2 and 4 PM, where the most common activities for men are sleep and caring for oneself; in fact, such activities consume almost one third of a man's day. Another more gender-

specific activity is caring for others. This activity, slightly dominant for women, requires their almost equal involvement during the day. On the other hand, men are slightly more involved in activities related to shopping and services. Most of these activities are performed in the morning, while women divided their time more equally between the morning and afternoon.

Figure 10. Gender division of certain instrumental work in household (chores, shopping, meals) (Source: original survey observations (2017-2019))



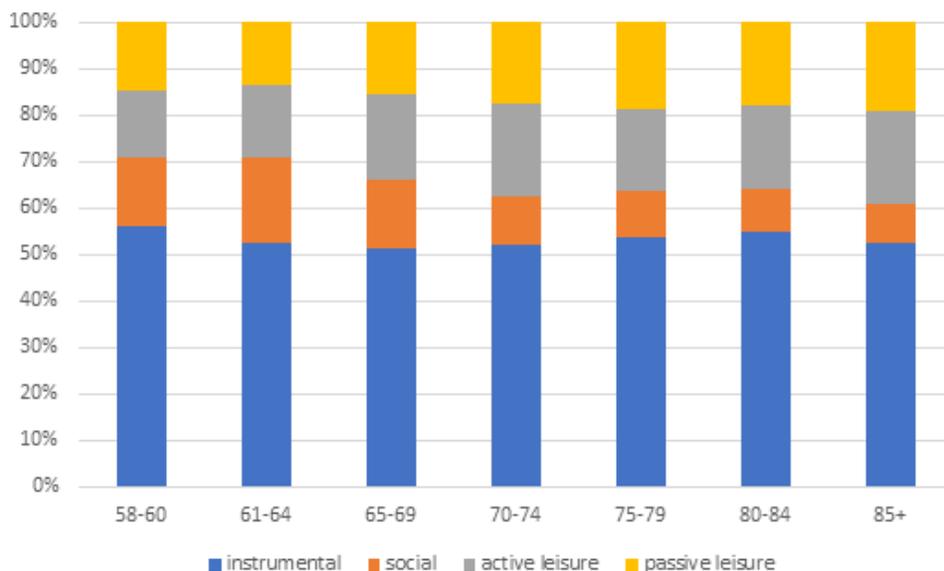
More detailed insight into the gender division of labour in households can be analysed on the data of households where seniors live with a spouse/partner, children, grandchildren or other related or unrelated individuals. Here we can see certain aspects that reflect how the work can be organized.

First of all, males are less involved in certain household tasks (meal preparation, shopping and services, chores and housework) as individuals; their work is much more shared than it is perceived from the female side. For example, in the case of chores, 15 % of males do not participate in such activity, but if they do, in 65 % of these cases they do it with their partners. However, 33% of women do it by themselves and 37 % share the work with their partners (see Fig. 10). Thus, the basic work in households is done by women, and a considerable amount of the work is only done by them, although the highest (but not majority) proportion of work is shared with a partner. Higher participation is noted in shopping and caring for others. Female seniors are also more involved in joint work with their children or grandchildren. 19 % of work done by females is shared with their offspring, while only 6.3 % of male work is shared in this way. The assistance of children or grandchildren is very strong in the case of caring for others (32 % for males, 61% for females). Thus, caring for others seems to be the most intergenerational activity in the urban senior's instrumental work schedule.

One might think that there is different dedication of one's own time to instrumental activities by seniors who live alone and those who share their household. Living alone is not just a status; it can go further in forming certain processes. For example, losing a spouse, especially in the case of men, can lead to a more sedentary life (Glass et al 1995: 74) and increase their involvement in instrumental activities. Horgas et al (1998: 566) indicate that unmarried persons spend more time at home and are more involved in certain instrumental activities, while our research shows other differences in the structure of instrumental activities. At first sight, it seems that seniors who live alone are more involved in activities connected with the home, such as doing chores (16.5 % of the day, while other seniors spend 11.6 % of the day), and they spend slightly more time preparing meals and dining, just like sleeping and taking care of themselves. Only 5 % of seniors living take care of someone else. Seniors who share a household with others spend 16 % of the day in caregiving. In general, caregiving is more the domain of a women, which represents a critical aspect of a gendered life course (Patterson, Margolis 2019: 2). Especially in the case of women, we can see that caregiving has a more stable position in their day, while for men it is more concentrated in certain times of the day.

Instrumental activities have a specific relationship with age. Apart from other activities, they have stable proportion, although in the oldest age group it slightly decreases to 52 % (see Fig. 11).

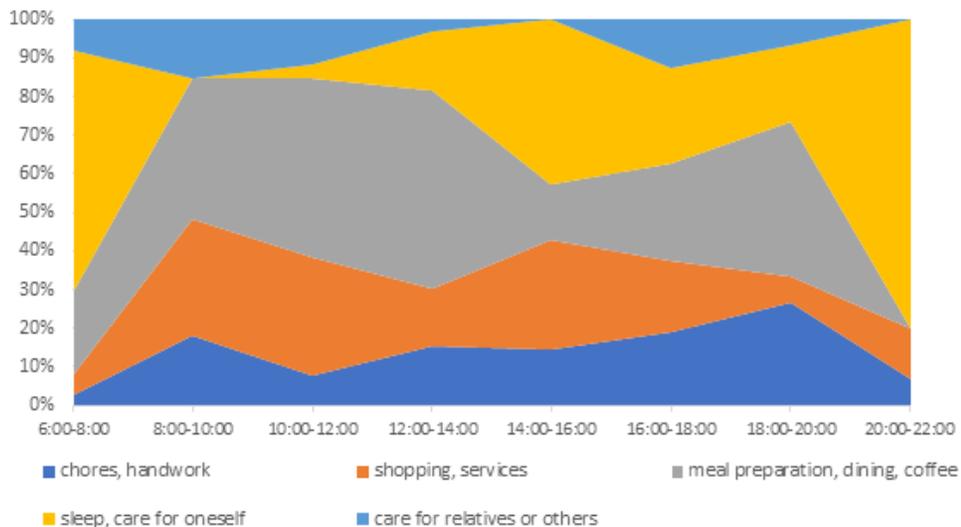
Figure 11. Distribution of activities of seniors according to age groups (Source: original survey observations (2017-2019))



These activities seem to be more oriented towards one's own physical and mental maintenance – over the age 85, individuals spend less time doing chores, shopping and services and especially caregiving for others; more time is dedicated to sleep and care for oneself including meal preparation (amounting to 60 % of their instrumental

activities). Especially mornings and late evenings are almost exclusively dedicated to one's own care and sleep, and generally the time dedicated to one's own care increases with age and leaves other activities (even those included in the instrumental activities of the family structure) behind (see Fig. 12) (Horgas et al. 1998: 564).

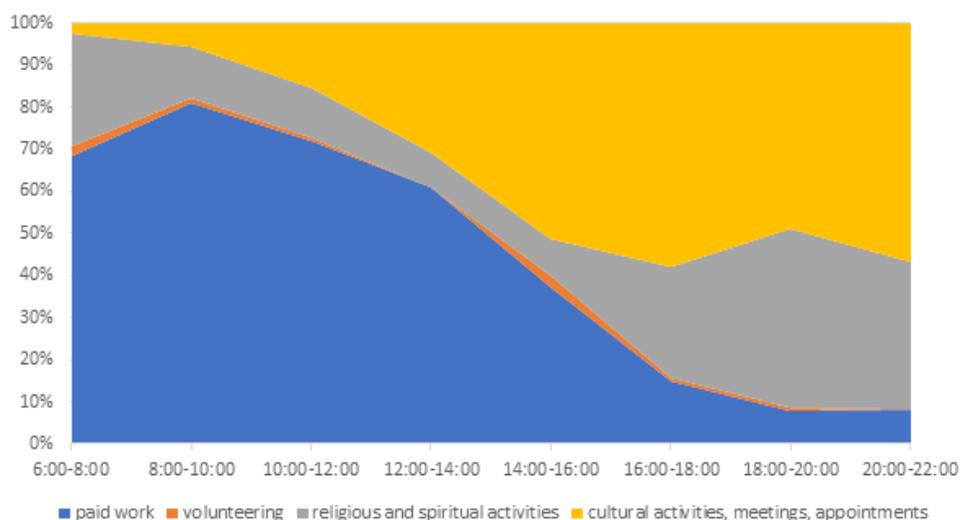
Figure 12. Daily structure of instrumental activities of seniors 85+ (Source: original survey observations (2017-2019))



Urban seniors and social activities

Activities connected with social networks, socializing, interaction and participation are evaluated as one of the most notable indicators of successful ageing (Litwin, Stoeckel 2013, Warr et al. 2004, Victor et al. 2009 and others). According to the findings of Vidovičová and Kafková (2012: 957), these activities accurately reflect the lifestyle of an individual, their cultural and social capital, and to a certain degree their level of education, positive worldview just like the quality of the environment, health and other restrictions. Social activities represent the smallest proportion of daily activities of seniors. Although it is barely 13 % of their day, it is a more or less stable activity during the day. Generally, there is a direct interdependence of age and social activities, where after the age of 70 it generally declines below 10 % of their day. There is only a slight difference between participation in social activities among seniors who live alone and for those who live with someone else. Seniors who live alone are slightly less involved in social activities (11 %). However, in the case of male seniors this difference is greater, as men who live alone are less interested in such activities (9%) than those who share their household (12.8%). The internal structure is interesting as well. Less than 1 % of individuals are involved in volunteering activities during their regular daytime, which fills about 3.5 % of their day (see Fig. 13).

Figure 13. Daily structure of social activities of seniors (Source: original survey observations (2017-2019))



An important set of social activities is comprised of meetings and cultural activities (mostly concentrated in the afternoons and evenings, which fills up more than 1/3 of their social activity time and religious activities (1/5 of social activity time), and which seem to be the most equally distributed social activity during the day.

In terms of inactivity, approximately 33% of seniors do not participate in any activities. The proportion of socially inactive seniors is slightly higher among men (35.7 %) than among women (31.8 %) and among those who live alone (45 % male and 34 % female). The most typical social activities are cultural events, meetings and appointments, as they comprise more than 40 % of all social activities. Two other activities – religious and spiritual activities and travel – are slightly below 30 %. Especially religious activities seem more typical for seniors living alone; and on the other hand, travel is more common for this group of seniors. Religious activities and travel are outside the interests of more than 40 % of all seniors. Men are less interested in religious activities than women, but more interested in travel (53 % of male seniors do not participate in religious activities, while 43 % of females do not travel). A survey from Poland did not reveal important gender inequalities in terms of tourism, but urban residence, level of education and membership in senior organizations were factors that inspired seniors to engage in travel (Omelan et al. 2016).

Children and grandchildren seem to be less involved in the social activities of seniors, as they take part in fewer than 10 % of such activities, and in most cases it involved travel or cultural activities. Generally speaking, seniors prefer to share the company of other relatives, friends or neighbours (15 %) than their own children. In addition, such activities are more often performed alone. From the gender point of view, men are more involved in social activities with their partners and spouses, and if they live alone, they participate on their own or not at all. Women, on the other hand, share more of their time with other companions even if they live with a spouse. For example, although

women living with a partner share most of their social activities with them, they are more likely to engage in social activities with others, their children or grandchildren, or by themselves. Women who live alone usually enjoy the company of others or engage in social activities by themselves (mostly religious activities in this case).

Paid work is a specific activity within the category of social activities. As mentioned earlier, it is often seen as a restrictive sign of active and productive ageing and many valuable contributions are at risk of being neglected if they are outside the sector of paid work (Boudiny, Mortelmans 2011: 9). Approximately 10 % of the seniors in our sample had some kind of a paid work which usually filled 40 % of their day (these were mostly full-time positions). Most employed seniors were younger than 70 (75 %) and male (12 % of the male sample were employed and 42 % of all employed seniors were male, while 10 % of females from the sample were employed). The average age of employed seniors was also lower (67 for employed and 72 for others). One of the most vivid benefits of their work, measured by questionnaire, is the perception of their improved financial situation in comparison with those who were no longer employed. More than 50% of these seniors were employed in the fields of education, services, economics and accounting, health care and construction.

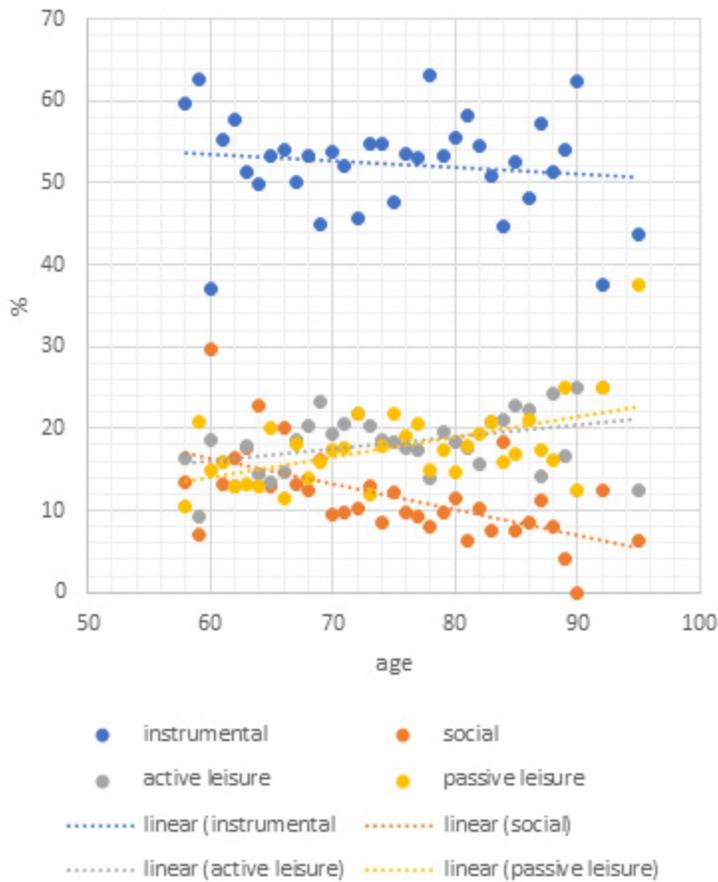
Urban seniors and active and passive leisure activities

Leisure activities are also an important variable in defining qualitative higher ageing. It does not always have to be labelled active or positive, but it can have a certain impact on ageing personalities. In addition to instrumental activities, they fulfil the ordinary day of seniors. Its structure can unveil the ways and strategies in which seniors give content to the ageing process. It is a good practice to divide leisure activities according to those with low physical or mental demands and those that require more commitment. The type of leisure activity which has a greater impact on an ageing personality is a matter of discussion. Everard et al. (2000, 211) believe that low demand activities contribute more to mental health rather than high demand activities, and its proportion reflects the health status of a senior. However, their research aims at the need of activities and social support to be considered together to provide conclusions on successful ageing.

Both active and passive leisure activities fill a noticeable part of the day of each senior. On average, 33% of their day is spent on this type of activity. Generally, seniors fill their time slightly more with active leisure activities (18.3 %) than with passive leisure activities (16.9 %). As activity is usually connected with outdoor work, its concentration is evident more during daylight hours while passive leisure activities are more common in the evening. Although active leisure activities are not more common for a specific time of the day (such activity peaks between 2 to 6 p.m. when almost 33% of seniors are relaxing actively), in the evening, activities slowly move toward passive leisure activities, as seniors perform more passive activities than chores between 8 and 10 PM.

As mentioned, seniors are slightly more involved in active leisure than passive leisure activities. They are more or less balanced in terms of the composition of the daytime activities and the age of the respondent; it is only after the age of 75 that such activities seem to become more salient (see Fig. 14).

Figure 14. Age and daily activities of seniors and their linear trends (Source: original survey observations (2017-2019))



Due to the fact of the combination of chores and gardening, this explanation may be biased, as we cannot separate these two activities. Sports and walking occupy a specific position within active leisure activities, as they represent one of the most expressive indications of active ageing. For seniors in urban areas, it has equal importance as gardening, as they represent 1/5 of all leisure activities, and fill more than 7 % of their day. Involvement in sports is rising up to the 70-74 age category (7.5 % of the day, from this age it starts to decline slowly (seniors in the 80-84 age category dedicate 6.5 % of their day to sports or walking). It may seem that its importance does not change with age very much and becomes less frequent upon the increase of physical obstacles and barriers. Research from 2011 in the U.S (Costello et al. 2011) showed that there is different perception of sports activities by active and inactive seniors. For example, active seniors enjoy sports activities regardless of their purpose, while inactive seniors searched for “made to measure” activities; they claimed a lack of motivation and fear of “slowing down” the others during gym exercise (ibid. 144). However, the most serious physical and mental fear for being more involved in sports activities is the fear of falling (Crombie et al. 2004, Macera et al. 2015, Stenner et al. 2010, etc.)

The demographic aspects of the structure of activities do not reveal many surprising differences. In terms of gender, it is more or less equally distributed. On one hand, the daily life of men is slightly more filled with leisure activities (36 % for men and 32 % for women). Men show a slightly higher preference for active leisure activities (53 % for men and 51 % for women) which, of course reflects the different age compositions of both groups of seniors. Men like working in the garden slightly more, while women are more interested in education. Almost half of their activity structure is filled with passive activities - reading, listening to the radio, or watching TV.

ACTIVE OR INACTIVE?

The dichotomy in terms of the activity and inactivity of the lives of seniors is not straightforward. Both poles are connected with a set of strategies that provide meaning to life, tend to avoid mental and physical deterioration and generally keep seniors independent as long as possible and in as many activities as they can perform. Many of these activities are connected to a closer environment and include a restricted number of people, usually those who are tightly embedded in senior social networks. It is evident that activities related to the public or civic sphere have very low participation (see Table 4). According to survey results from many western European countries (Fortuijn et al. 2006: 357-358), participation in certain activities is formed in layers which seem to contract with age. These results revealed that the most peripheral layer is paid work with the highest decrease between the ages of 50 and 60. Contraction is not just social, but also spatial, as with growing age most of the activities take place closer to home and, for example, according to this survey, civic participation is a matter of personal characteristics and is more typical for rural areas.

Table.4 Activities with no participation of certain groups of the sample (in %)

inactivity	whole sample	solo living seniors	males
Volunteering	88,7	88,5	91
Paid work	80,6	83,6	82,6
Education	78,6	78,4	81,8
Caregiving	52	59,7	58,5
Religious activities	44,4	44,7	53,4
Traveling	41,9	52,7	39,9

(Source: original survey observations (2017-2019))

The intensity of non- participation in activities revealed less interest and perhaps possibilities of seniors who live on their own for travel and care-giving, while the lower participation of males in education, religious activities is balanced with their greater involvement in travel.

Although most of the activities during a regular day are bound to maintain elementary processes that provide comfort and are connected to essential biological activities, they do not represent an absolute set of work and routine tasks that seniors have to perform. It revealed how an individual's attempts to maintain one's own healthy and independent living can vary according to gender, age, and household setting, as its important position in the daily routine is underlined by the fact that for all of them this set of activities keeps seniors busy for more than half of their day. Its specificity lies in the gender-related division of labour, where women are more involved in preparing meals and caring for others, while men are more involved in shopping and services, sleeping and caring for oneself. The lower level of independence in instrumental household activities is also present where men live with their spouse. Most of such activities are performed with their spouses, while women's activities include more individuals from their social networks (besides their husbands/partners); they also include children or others, or they do instrumental activities by themselves.

KEY FINDINGS

Social activities are the activities that mostly keep seniors in social networks, allow them to interact and provide amusement, extra income or spiritual and mental stimulation. Most are connected with paid work and cultural activities and meetings. In these type of activities, which we can consider as an important indication of active and successful ageing, women are more involved than men, and as in the previous type of activity, women more than men share this activity with various individuals (children, grandchildren, others).

Leisure activities with their passive and active alternatives form another important part of the daily life of a senior. There is an evident tendency in keeping both activities balanced, although in higher ages the passive form of leisure begins to consume more time. Gardening, sports and dog-walking comprise an essential source of active activities. As men were less involved in social and instrumental activities, here it seems, they found a platform. They are more involved in all kinds of activities, both passive and active, except for education and participation in courses and phoning. The differences in the type of activities is distinct for seniors living alone and with others. Here, partly due to age and gender breakdown, seniors living alone seem to be more involved in passive activities (such as TV and radio), and less in gardening. For them, the major active activity is sports or dog walking, while for seniors who share their households, gardening is more popular.

There is no doubt that the life of a senior is not a boring, sad and calm time filled with waiting for the final days. The urban seniors from our sample seem to be involved in various forms of activities. However, such involvement is often dependent on the setting that has been evolving their whole life. First of all, the important issue seems to be the level of solitude in terms of household company (single persons without children, for example, or the presence of a spouse or other close individuals at home). The quality and intensity of social networks that have been evolving for several decades is also important. They keep seniors involved in many activities outside the home and provide them with important impulses that usually keep them active in terms of

physical and mental health. These are not just networks of children and grandchildren (many of whom can live outside the city or even abroad which reduces real contacts and close interaction), but networks of friends, colleagues, and neighbours. The third important aspect is one's health status and mental attitude regarding their natural deterioration. Age makes an individual less active, less mobile and less accommodating to the changing world, but it can open up new strategies, based on the internal power to face the inevitable process of ageing, which under changing and usually irreversible circumstances can provide activities and possibilities to keep seniors independent and allow them to spend their time according to their own decisions and appropriately controlled circumstances.

CONCLUSION

A person's life experience involves fundamental changes over time. Outdated circumstances diminish to be replaced by new circumstances that people take some time to get used to but eventually incorporate into their daily routine. No human life is ever independent of the social environment in which it is lived. It is shaped and reflected in relations with others, with whom people are connected by many types of relationships from intimate family ties to sporadic meetings with strangers in public spaces.

Over many decades people synchronise their lives based on external factors to develop and maintain a shared life with a partner, to provide for their families economically, to advance their careers and other specific social roles that they adopt. The present work has focused on what happens to the life circumstances of retired people, whom society sees as having completed their role, and in particular what happens after children have left to start their own families and the working career comes to an end, when people paradoxically end up spending their time alone amidst the intensive and dynamic socio-economic reality of the urban environment.

In a place where direct contacts with the surrounding community should be easy, mutual and natural, loneliness has the effect of a deficiency in the life experience of older people with a series of negative effects on their quality of life, including their health, which could potentially lead to an avoidable shortening of their life. At the same time the surrounding community also seems to be missing an opportunity by not being motivated to benefit from the accumulated experience of the older generation or the time that people who are still healthy and active have at their disposal. The city continuously generates opportunities that old-age pensioners could also participate in. These opportunities need not be on the economic level.

A large-scale survey of pensioners living in Slovak towns revealed that at the centre of their life circumstances is the desire for independence, which is increasingly constrained by health problems as they grow older. These problems can be mitigated by high-quality health care and an environment that is sensitively adapted to enable pensioners to get around as much as possible without special assistance or attention from those around them. Pensioners want to maintain for as long as possible their ability to get themselves to the doctor's, to the shops and other services, to be able to walk in nature and spend time outside the home. Coincidentally, their desire for an environment in which they can easily get around on foot is in accordance with a trend to take town planning back to the human scale and to make less use of the cars and roads that have dominated towns in recent decades. Sensitivity to the needs of older townspeople can improve the environment for everyone, even if there will be some discomfort from changes like restrictions on parking directly in front of buildings.

The desire for independence is also affected by economic aspects of life on a pension. Besides the current macroeconomic issues affecting the pension system based on intergenerational solidarity, pensioners have to reconcile reduced incomes with relatively expensive urban life, where the price of goods and services is constantly

increasing. As time goes by, they face additional costs for their health problems and constraints that younger people do not experience. Ensuring the normal functioning of a pensioner's household almost inevitably means cutting out things that were normal in the productive phase of life but which a lone pensioner simply cannot afford in later life.

Having a partner, children and other relatives in close proximity can provide important balance to negative changes in life experiences. Networks of family relationships, and especially the quality of such relationships, has been shown to be of vital importance in the literature and in the interviews that we conducted. A network of friends, neighbours and the local community can saturate much of the need for meetings and participation in common social events. The support that a pensioner can receive from such a network mitigates some of the effects of stress from the effects of aging and especially loneliness.

Community interventions in the form of the natural involvement of older people are not possible without targeted support in the anonymous modern urban environment, which is geared towards work productivity. More advanced societies have long recognised that the life experience of older people should not be locked up behind the doors of their empty flats. The community must step up and express an interest in older people, even when they do not seem to contribute tangible value to society. It must make clear that it still sees them as its full members. Commitment to older people is not necessarily about filling their free time with "activities for seniors", but rather about making continuous improvements to the cities, towns and neighbourhoods so that pensioners can benefit from them as long as possible without needing assistance.

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ANNEX

Questionnaire: Seniors in (city)

[Address a random respondent in a public space in who is a local citizen in senior age according to your estimation. After addressing him or her please read the following paragraph.]

„We would like to talk to you about how is your living in We are students of geography at the Faculty of Natural Sciences, Comenius University in Bratislava. This interview is part of a long-term research project. We participate on it in cooperation with your mayor. Our goal is to find out which practical problems are you experiencing in social area and what could be done or done better for you by either public, non-profit institutions or local businesses. Our interview will take approximately ten minutes and will be completely anonymous. It also has no commercial and political purpose“.

Are you a pensioner?

[If he or she answers „No“, please end your conversation and don't send the questionnaire. If the answer is „Yes“, please continue and send the questionnaire.]

- Yes
- No

Since when so you live in

[If he or she says „I don't live in“, end your conversation and don't send the questionnaire.]

- Before 1970
- 1970-1979
- 1980-1989
- 1990-1999
- 2000-2010
- After 2010
- I don't live in

When have you retired?

- Before 1970
- 1970-1979
- 1980-1989
- 1990-1999

- 2000-2010
- After 2010

If you have moved in here, where was it from?

- I've lived here all my life
- From another part of this city
- From another part of this region
- From another part of Slovakia
- From abroad

Why did you move in here?

Check all that apply.

- I bought an apartment here
- To be near family member
- I got an apartment here
- Employment
- Other reasons
- My health
- I built a house here

Who do you live with?

Check all that apply.

- With nobody
- With partner, wife or husband
- With son or daughter
- With grandchildren
- With other relative
- With others

Do you have children? If so, where do they live?

Check all that apply.

- Also in
- In another part of this city
- Elsewhere in this region
- Elsewhere in Slovakia
- Abroad
- I don't have children

Are you a dog owner?

- I am
- I'm not

Do you have a garden?

- I have
- I don't have

Do you currently have a paid job?

- I have
- I don't have

In which professional field do you have or you had your latest job?

- Administration
- Agriculture and food
- Ancillary work
- Arts and culture
- Automotive industry
- Banking
- Construction and real estate
- Customer support
- Economy, finance, accounting
- Education, science, research
- Electrical and power engineering
- Engineering
- Health and social care
- Human resources
- Chemical industry
- Information technologies
- Insurance
- Journalism, printing, media
- Law and legislation
- Leasing
- Management
- Marketing, Advertising, PR
- Pharmaceutical industry
- Production
- Quality management

- Retail
- Security and protection
- Services
- State administration, local government
- Technology, development
- Telecommunications
- Textile, leather and clothing industry
- Top management
- Tourism, gastronomy, accommodation
- Translation and interpreting
- Transport, logistics
- Water, forestry, environment
- Wood-processing industry

How do you spend your typical day from 6AM to 10PM?

Check one per 2-hour window that applies best.

- Sleep a care
- Household and garden
- Care about relatives
- Care about others
- Paid employment
- Education, courses
- Shopping and using services
- Preparation of meals
- Community activities and meetings
- Television, radio and reading
- Sports, walking
- Religion and spiritual
- Volunteering
- Telephone and Skype
- Travel

Who are you spending time with while doing these activities over your typical day?

Check one per activity who applies best.

- On my own
- With my husband or wife
- With my son or daughter
- With grandchildren

- With other relatives
- With neighbors
- With others
- I have no such activity

Who are you spending Sundays and holidays with usually?

- On my own
- With my husband or wife
- With my son or daughter
- With grandchildren
- With other relatives
- With neighbors
- With others

How many apartments are there in the house where you live?

- One detached house
- Within 10, a small apartment building
- Between 11 and 20, a mid-size apartment building
- Above 20, a large apartment building
- I don't know

Do you know the names of your neighbors?

- I know everyone
- I know most of them
- I know about half of them
- I know only a few
- I don't know anyone

How long have your current neighbors been living around you?

- They're all long-time residents
- Mostly they are long-time residents
- About half of them are the new
- They are mostly new
- They're all new
- I don't know

How often are you visiting each other with your neighbors?

- Daily
- At least once a week
- At least once a month
- Several times a year
- Not visiting each other

Do you help each other with your neighbors?

- Yes, we often help each other
- Sometimes we help each other
- We never help each other
- I don't know

How often did you meet your friends except family members before retiring?

- Daily
- At least once a week
- At least once a month
- Several times a year
- I didn't have such friends

How often do you meet these friends except family members these days?

- Daily
- At least once a week
- At least once a month
- Several times a year
- I don't have such friends

Where do these friends live?

- Also in
- In another part of this city
- Elsewhere in the this region
- Elsewhere in Slovakia
- Abroad

Where do you most often meet these friends?

- Cafe, restaurant
- While walking a dog
- At home

- In a garden
- While doing shopping
- In a park, forest
- At the community center, club
- In the church
- In other places

How often do you meet relatives with whom you don't live?

- Daily
- At least once a week
- At least once a month
- Several times a year
- I don't have such relatives

Where do you most often meet these relatives?

- Cafe, restaurant
- While walking a dog
- At home
- In a garden
- While doing shopping
- In a park, forest
- At the community center, club
- In the church
- In other places

How satisfied do you feel (between 1 and 5 as in school) with these areas in your current life:

- Social events, culture
- Ease of movement around the neighborhood
- Your health
- Medical service
- Education possibilities
- Financial situation
- Shopping possibilities
- Proximity with your family
- Personal relationships
- Travel, trips, vacations

Who would you probably call as a first person if you wanted to:

- Share that you just won in a lottery
- Small help in your household
- Guide you to the doctor's office
- Medical emergency
- Care while being in bed with flu
- Water plants while traveling
- Borrow a minor cash

What is your gender?

- Man
- Woman

When were you born?

What would you like to say to our generation?

Where did this interview take place?

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She focuses strongly on the recognition and verification of methods and techniques of analysis. In publications, this aspect is highly significant including authorship of a chapter in the textbook on research methods in human geography. The orientation is mainly on quantitative methods in demography. Her major fields of interest geography and demogeography, qualitative research, ageing population and elderly.

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more recent work is focusing the knowledge economy and role of proximity in ongoing virtualization of social and economic interactions. His work includes experiments in spatial econometric models based on theory of evolutionary economics; network approach is used in his conceptual attempts of methodically bridging human geography with a rapidly growing field of machine learning in computer science. Currently, he becomes oriented towards understanding of innovation ecosystem and how creation and commercial value of knowledge can be shaped by leadership and public policy

Alena Rochovská (1971) is a scientific researcher working at Department of Economic and Social Geography, Demography and Territorial Development. Her research is focused mainly on social geography, topics focused on inequalities, poverty, livelihood strategies, communities, gender and ethnicity. She is a strong proponent of qualitative research methods in scientific research. She received her PhD in geography from Comenius University in 2005. She has authored and co-authored books and papers, led high number of research projects.

OLD AGE IN THE CITY

Life of seniors in urban Slovakia

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