



ARTICLE IN THE SPECIAL SECTION

Factors Influencing Social Participation of Older People in Russia: Study of Practices of Delayed Ageing

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ABSTRACT

The article presents the study results of the social participation of Russian citizens aged 60 and over. The analysis is based on the concept of extended adulthood or delayed ageing, which is a continuation or development of “active ageing.” Extended adulthood is understood from a sociological perspective as the preservation of the social status and role of an independent person participating in the life of society. Our main research question is “What factors and how do they influence the social activity of older people in modern Russian society?” Our research is based on a quantitative survey, consisting of a corpus of 210 questionnaires collected in a medical institution from older people aged 60 and over, supplemented by data from their medical records. For data triangulation and thick description, we use the material from 50 in-depth semi-structured interviews. All material was collected in 2022–2023. The data are strictly anonymous. Among the various forms of social participation and involvement of older people in activities, the most important is employment, which increases income. Internet use helps to prolong social participation and not to feel old. After the age

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of 75, the range of activities decreases and focuses on family and relatives. The very concepts of “ageing” and “elderly” themselves have predominantly negative connotations for both respondents and informants and are associated with inactivity, illness, loss of interests and abilities, etc. This allows us to consider the concept of extended adulthood/delayed ageing as the most effective and appropriate for studying ageing and changes in ageing policies.

KEYWORDS

ageing, delayed aging, social participation, older people, Russia

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Introduction

Sociologists rightfully point to the lack of sociological definition of old age and the impossibility of defining old age without ageist undertones (Smol'kin, 2022). In fact, different sciences consider ageing as a negative process, as something irreversible that incurs losses, as something that should be counteracted and slowed down, and, where this is impossible, as something that should somehow smooth out the negative consequences and alleviate the inevitable and natural process. In various approaches, we notice the lack of a theoretical conceptualization of ageing. Ageing “just happens,” and studies devoted to it view this process from an essentialist perspective. The analysis rarely includes the approach of Parsons (1951), who turned away from the objectivist view of illness and proposed the concept of the “sick role” and different ways of playing this role, including the “sick role” as not the only possible one. It seems that we can look at the “old role” from a similar perspective, as there are also different ways of playing it. Recently, biologists have increasingly supported this sociological approach or hypothesis, noting that there is more control over ageing than it was previously thought, when the process of ageing was seen as a biologically inevitable fact of life (Khalyavkin, 2013; Kirkwood, 2017).

However, many researchers are reluctant to abandon the “crisis lens” in the study of ageing and to adopt a new perspective on the changing age structure of society. In the Russian language, the word “starenie” [ageing] has a mostly negative semantic meaning. Therefore, it has been replaced in official and academic discourses by “dolgoletie” [longevity], e.g., active longevity, healthy longevity, etc. Otherwise, a direct translation of “active ageing” would imply a faster, accelerated ageing (Sidorenko & Zaidi, 2013). Therefore, both active and healthy ageing are predominantly defined by the term “longevity”. We see a similar problem with referring to ageing not only as a process, but also as a period of life. For instance, the renowned psychologist O. Strizhitskaya seems to have been the first in Russia to work on the topic/approach of delayed ageing, but, unfortunately, returned to the analysis of “productive ageing”

(Strizhitskaya & Petrash, 2022). In this case, the negative connotations are even stronger. The first thing that comes to mind is the saying “old age is not a blessing.” We can avoid these connotations by addressing periods of life or older people as a single group: “late life,” “silver age,” “third age,” “senior generation,” etc. The English-speaking psychological tradition has evolved the concept of lifespan development, which includes eight age stages, the last of which is late adulthood beginning after the age of 65. At the same time, social gerontologists, who elaborated the theory of activity that became the cornerstone of the concept of active ageing, saw the extension of activity and attitudes in middle age as the main condition for successful ageing (Havighurst, 1961). In this way, ageing is delayed or replaced by late adulthood. From a purely biological and medical perspective, researchers have attempted to present delayed ageing as a new paradigm for the healthcare system, in contrast to the concept of delayed disease. However, a renewed focus on prolonging healthy life at older age (delayed ageing) by preventing disease and reducing disability rates may not only provide more years of healthy and active life, but also be economically beneficial in the long run (Goldman & Olshansky, 2013). In many respects, we can state that this idea underlies the concept of active ageing, which implies measuring the relevant index, with employment as one of its four main domains. In this article, we consider extended adulthood from a sociological perspective, as the preservation of social status and roles of an independent person participating in the life of society both within the proposed institutional framework and individually chosen. At the same time, from a conventional perspective, an “older” person is precisely the one who has lost status, social roles, and independent activity, since the age limit for the beginning of ageing is also blurred today and the interpretative potential of “age” is reduced.

The main instrument for measuring activity and social participation of older people is the Active Ageing Index (AAI). However, there are several criticisms of its performance. For instance, researchers criticize the AAI for its insufficient conceptualization and the prioritization of some key assumptions such as the potential and preferred areas of activity of older people (de São José et al., 2017), despite the fact that the developers of the AAI emphasize the flexibility of the frameworks for different countries. The testing of some parameters for active ageing based on the material of the SHARE project (Survey of Health, Ageing, and Retirement in Europe) shows that only some types of activity (volunteering, physical activity, and participation in clubs) improve the quality of life, while caring for family members may have a negative effect. Quality of life is also affected by age, health, and economic conditions (Lakomý, 2021). Another important aspect concerns the individual interpretation of activity and its role by older people. A legitimate question is why older people should be involved in prescribed activities, if they prefer some other forms of activities and participation that, from the conceptual point of view, do not improve the integration of older people into the life of society, communication, and interactions?

The social activity of older people was also drastically reduced by the COVID-19 pandemic. The identification of older people as a vulnerable group during the pandemic brought biological age to the fore, thus contributing to the growth of ageism and the decline in social activity among older people (Kienko, 2021; Sinyavskaya, 2020).

In this article, we examine the social participation of older people focusing on the variety of its forms and the factors that influence the level of participation. Our main research question is “What factors and how do they influence the social activity of older people in modern Russian society?” This article is a continuation of our research on the social activity of older people (Parfenova & Galkin, 2023) complementing it with new empirical data and results.

Conceptual Framework of Research

Widely discussed approaches to active ageing are based on several earlier concepts and approaches. These include the concept of successful ageing introduced by the American researcher Robert Havighurst (1961); the concept of maintaining activities that bring pleasure and satisfaction, which implies maintaining activities and attitudes of middle age for as long as possible (Lemon et al., 1972).

A further development of the theme was to explore ways of maintaining middle age activities, thereby prolonging adulthood and delaying ageing, which was seen as a success in life. The term *successful ageing* has gained popularity in the 1980–1990s with the work of American gerontologists John Rowe and Robert Kahn. They suggested that successful ageing is the preservation of middle age activity patterns and values in old age (Rowe & Khan, 1987, 1997). This preservation is possible by replacing the lost relationships, activities, and roles of middle age with new ones with a view to maintain activity and life satisfaction (Walker, 2002).

High numbers of the Baby Boomers and their ageing, together with concerns about the decline in pension support for older people, which Kotlikoff has termed the *pension tsunami* (Kotlikoff & Burns, 2004), has stimulated theoretical developments and brought the issue of active ageing to the political level. The concept of active ageing was formulated in the Madrid International Plan of Action on Ageing, or MIPAA (United Nations, 2002). The main provisions of the International Plan actually challenge the first international instrument on the elderly’s rights, that is, the Vienna Plan of 1982 (United Nations, 1982). In particular, the approach to the rights of older persons has changed from “the right to pension and rest after a period of work” to the right to “employment and active life, social participation and integration.” The Madrid Plan took a sharp turn away from the idea of old age free of work commitments towards the values of active ageing and participation in the labor market, and not only in housework and caring for grandchildren. These regulatory documents set the tone for understanding the very process of ageing itself and established a more or less stable international status quo on this issue.

Later, the MIPAA approach has undergone several conceptual changes that have brought older people’s activity to the structural level of the theory of activities and introduced its practical instruments in relation to older people (Formosa, 2019; Versey, 2015). The measurement of the results of the active ageing approach has also changed. It is based on the concept that any form of activity promotes social participation, i.e., the integration of older people into different levels of society. In 2012, for international monitoring of the ageing process the Active Ageing Index (the Active Longevity Index in the Russian context) was introduced, which included four key areas:

employment, participation in society, independent, healthy and safe living, capacity and enabling environment for active ageing (United Nations Economic Commission for Europe, n.d.).

In this context, we should note that employment is regular paid work, implying the labor relations between an employee and an employer, as well as certain working conditions and taxes. In other words, not only an individual who can support themselves in other ways, but also the society/state can benefit from employment. However, although this type of employment guarantees a pension to an employee, older people in Russia often prefer various forms of self-employment (including informal employment), as they provide more convenience for them and independence from the employer.

There are also significant differences in the understanding of participation. For instance, volunteering in Western countries is more avocational and grassroots than in Russia, where the state has a regulatory and managerial role in the process. In addition, lists of volunteers involved in projects are required for subsidies or grants from the Presidential Grants Fund (PGF). In Russia, participation is more in line with neighborly mutual aid or with part-time activities such as landscaping courtyards and communal entrances. Helping children, grandchildren or older people in Russia is associated with family relationships rather than social participation, unless it involves helping older people who are complete strangers. Finally, the political participation of older people today is regulated and can hardly be seen as a manifestation of activism.

Independence, health, and safe living include physical exercise and access to health services, independent living, financial security, physical security, and lifelong learning. The logic of such an association is not obvious to a person from a “non-Western” culture, although in Russia it is also difficult to receive any service without having compulsory health insurance policy or a taxpayer identification number. Finally, the fourth key area comprises life expectancy over the age of 55 years, prolongation of healthy life after the age of 55, mental well-being, ICT use, social cohesion, and educational attainment (UNECE Statistics Wikis, n.d.).

Over the years, it has been recognized that in some cases the AAI needs to be modified due to regional specificities. A possible solution to this problem can be the development of flexible policies that take into account regional specificities within a country (Principi et al., 2023), for example for the Eastern countries (Liang & Luo, 2012). In Russia, this has taken some time, although the number of statistical indicators of ageing has been expanded since 2020. Currently, there are guidelines for the use of the AAI in countries outside the EU (United Nations Economic Commission for Europe & European Commission, 2018).

The theory of activity, as mentioned above, implies a “delay” in the ageing of older people and an extension of middle age activities, thereby preserving the living conditions and motivations characteristic of middle age (Bengtson et al., 2009; Formosa, 2019). In particular, this implies the prolongation of professional employment, independence, mobility, and education of older people, as well as communication and access to ICT, which provide basic opportunities to maintain middle age activity. Our team has studied the opportunities and barriers for continued employment of older

people (Grigoryeva & Ravchik, 2023; Parfenova, 2023). In 2023, the number of offers on the labor market began to grow rapidly, but the working conditions that older people could be interested in were rarely offered. Based on data from Russia, we have shown that employment and social participation are the main parameters of active ageing, which correlates with international documents. Continued employment, maintenance of social ties, and communication both in person and remotely generally have a positive effect on the self-perception of older people (Vidiasova, 2023).

The development of communication and access to ICT are the main opportunities for maintaining activity in middle age (Kornilova, 2018). Older people need at least basic ICT skills to access medical services, order medicines and other services, including food delivery, not to mention find employment. In Russia, the state has already transferred all citizens' data to personal accounts on the portal *Gosuslugi*¹ [Public Services Portal of the Russian Federation], regardless of whether this is convenient for people, especially the older ones, or not. In fact, in recent years, the state has created conditions for teaching the basics of digital literacy to older people. The websites of Russian regions have mandatory sections with educational programs, many NGOs also develop such courses, while public libraries provide access to computers. For instance, the ITMO University in St. Petersburg has developed and maintained an educational website, the Third Age University (TAU),² with free access and a range of engaging courses. Nevertheless, there are also many prejudices about the learning abilities of older people and other manifestations of ageism (Grigoryeva, 2022). At the same time, we believe that techno-optimism about the accessibility of telemedicine for older people during the COVID-19 pandemic has been exaggerated, if only because of poor Internet coverage in many regions (Galkin, 2022). However, we can agree that such inclusion is essential for older people being an important form of their social activity (Vidiasova et al., 2022).

Naturally, many older people, especially in the senior age groups, do not want to replace the types of activity that they have lost due to retirement or health conditions, and they seek activity either in new occupations or in other, more mundane activities (Biggs et al., 2020; Wild et al., 2013). These types of activity are very diverse and differ from the mainstream perceptions of older people's activities, which are counted as statistically significant in the AAI.

In the current situation, activity can be “decoded” in different ways. For instance, Kienko et al. consider the activity and self-organization of older people within the framework of empowerment approach. They note that the process of ageing is particularly complicated, heterotropic and heterochronic, in which age limits are arbitrary (Kienko, Pevnaya, & Ptitsyna, 2022). In studying the participation of older people, the authors introduce a notable innovation by emphasizing that it is important to study not only the different forms of participation and capabilities of older people, but also the reasons for “non-participation” (Kienko, Ptitsyna, et al., 2022).

Other characteristics of older people's work are also changing. Psychological and emotional tensions of working older people require rest and relaxation. However, it is recommended that older people engage in active leisure, use resources on the Internet

¹ <https://www.gosuslugi.ru>

² <https://u3a.itmo.ru/>

and in community centers, and take part in various educational activities. The decision to focus only on grandchildren or a household no longer seems like the right way to grow old (Bogdanova & Grigoryeva, 2021). In addition, older people are encouraged to participate in community activities and attend social events. At the same time, they do not necessarily view the experience of loneliness as emotionally negative. Instead, when being alone, older people look for interesting activities, use this time for reflection and rest, go for walks, and read newspapers (Elutina & Trofimova, 2017; Versey, 2015).

These changes were confirmed by the latest All-Russian Census that was carried out in 2021. According to its results, there were 27.6 million single-person households (Degot'kova, 2023). This type of household accounted for the largest share of all household types, namely 41.8% out of 66.1 million. Since the turn of the century, the share of single-person households has almost doubled from 22.3% in 2002. This census was the first in the Russian Federation to record the predominance of this type of household. On this indicator, Russia has caught up with European countries. Among the reasons for this increase are late marriage, and for older people, mostly women, widowhood and a preference not to enter into new relationships or the impossibility of doing so, since statistically women outnumber men in this age group.

At present, the issues of social activity and the search for new practical solutions and theoretical insights are connected to generational change. The Baby Boomer generation can be described as the first generation to be active in older age. Thus, upon reaching the retirement age, Baby Boomers (as a rule, in big cities and metropolitan areas) are at the peak of their careers and are often considered to be valuable professionals with enormous capacity for development and continued employment (Zacher et al., 2018). Another important criterion characteristic of Baby Boomers is their savings and thus greater financial independence (North, 2019). This allows them to be autonomous, plan their lives, and choose between different types of activity. These generational and demographic changes define two main challenges for social policies and the concept of active ageing. The first challenge is linked to the search for a new model for delaying one's ageing and, consequently, to the development of individual conceptions of activity. The second challenge is linked to the search for a new interpretation of age and ageing as a stage in life, and is a nonlinear and indefinite category.

In addition to individual perceptions of what activity should look like and what daily tasks should be involved, the structural framework of ageing prescribed by society is of great importance. These perceptions are largely determined by belonging to a particular age group, and by the history and culture of a country or community. Research data from European countries show an increase in the happiness that people aged 50 and over derive from various activities, formal (volunteering) and informal (communicating with relatives and friends), with informal activities having a bigger positive impact (Sinyavskaya et al., 2019). We can expect to see similar results in Russia, although it will not be an exact comparison, as in Russia older people are less involved in volunteering and more engaged in caring for elderly relatives (Pevnaya, 2016). The public expectations mentioned above are likely to prescribe scenarios of active and successful ageing that differ from those in Europe.

Research Methodology

In this research, we have used a mixed methodology. While we continue to study the social participation of older people with a qualitative method, in this article we mainly use data collected through a quantitative survey. In order to triangulate the data and provide a thick description, we use the data from 50 in-depth semi-structured interviews with informants aged 60 and over. However, we do not aim to present a detailed analysis of both datasets in a single article. The survey results are considered as the main dataset and the interviews as the auxiliary dataset. A detailed analysis of the interviews on social activities can be found in our companion study (Parfenova & Galkin, 2023). The interviews were analyzed using thematic coding with the identification of semantic blocks. The validity of the data was ensured by the researcher triangulation method. When working with the interviews, several researchers with different professional backgrounds analyzed the narratives, which allowed us to obtain verifiable and reliable conclusions about the range of activities of older people (Denzin, 2017).

The quantitative part of the research in the form of questionnaires was carried out from May to June of 2023. The survey was conducted in person at the premises of the North-Western District Scientific and Clinical Center named after L. G. Sokolov of Federal Medical-Biological Agency in St. Petersburg³. The sample comprised 210 respondents, of whom 62% were women and 38% were men. The age of respondents ranged from 60 to 91 years old. The age range of respondents was as follows: 22% were 60–64 years old, 29% were 65–69 years old, 28% were 70–74 years old, 14% were 75–79 years old, 5% were 80–84 years old, and 2% were 85 years old or older. Almost half of the respondents have university or academic degree, 8% have incomplete secondary or general secondary education, 42% have vocational education. About 8% estimate their income as very low, 16% as low, 75% as medium, and just under 1% as high. Just over a half of the respondents (54%) are officially married, 29% are widowed, 11% are divorced, 3% are in unregistered relationships, 3% have never been married. Of the respondents, 57% live with a spouse or partner, 13% live with their children or grandchildren, and 27% live alone, 3% – unclassified others. The study sample is continuous and unstratified, as it is limited to patients of the medical institution aged 60 years and over. The choice of this health facility was motivated by the unique opportunity to combine data on the opinions of older patients collected through questionnaires with data on patients' health from the health information system. The study thus provided an opportunity to compare subjective assessments with what are traditionally considered objective indicators of patients' health and established diagnoses.

Before the survey, we completed the necessary paperwork to regulate our research on the premises of the medical institution. We used questionnaires to collect information on respondents' health, attitudes to ageing, access to medical services, and demand for digital health services.

³ Federal State Budgetary Organization "North-Western District Scientific and Clinical Center named after L. G. Sokolov of Federal Medical-Biological Agency" is a large medical institution that consists of a 560-bed multidisciplinary hospital, Central polyclinic with 1500 visits per day, five on-site industrial polyclinics, and two branches.

We then analyzed anonymized data on diseases and rehabilitation periods in St. Petersburg medical institutions, as well as the respondents' commitment to annual preventive medical check-ups. Data collection and transfer was carried out through the healthcare information system (HIS) of the St. Petersburg regional segment.

In our research, we assessed the indicators according to six components:

- professional activities;
- social activity;
- delayed ageing;
- health saving practices;
- digital health services;
- data on health conditions from the healthcare information system.

This article focuses on a detailed analysis of two of the indicators presented. The list of studied categories for each indicator is presented in Table 1.

Table 1

Categories for Assessing Social Activity and Practices of Delayed Ageing Among Older People

Social activity	Delayed ageing
Age restrictions on activities	Feeling old
Freedom of choice of activity	Assessment of age limits of old people
Restrictive family obligations	Capabilities to delay ageing
Overall emotional state	Improvement in vitality through work activity
Engagement in different types of activities	
Practices of communication with relatives, friends	
Satisfaction with life	

Note. Source: methodology adopted by the authors.

The following statistical methods were used to analyze the data collected: pairwise correlations using Spearman's method and factor analysis. The results of the correlation analysis are presented in Table A2 (see Appendix).

In order to build models, the entire set of criteria was tested in each case, and then the most optimal parameters of the models were compared, while excluding individual criteria. Only rank variables were used to compute factor models.

The qualitative part of the research involved in-depth semi-structured interviews with informants aged 60 and over. One of the main thematic blocks of the interview was social participation in its various forms. In 2022–2023, we conducted 50 semi-structured interviews with older people, of whom 38 were women and 12 were men. Most informants have a university degree and are (or have been) engaged in intellectual labor. Most of the informants live in cities (mainly St. Petersburg, some in Petrozavodsk, Tuymen, and Salekhard), and some in the countryside (the Republic of Karelia).

Research Results

Employment as a Form of Social Participation

In the research, we focus mainly on non-labor forms of social participation. However, we cannot completely exclude employment both as a form of activity and as a factor influencing social participation. According to the results of the survey, over a half of respondents (62%) are unemployed pensioners, while 38% remain in employment. Of those who continue to work, 93% are satisfied with their job, 59% do not think that their job requires physical effort, and 84% think they are well paid for their work. In addition, 62% feel that their work provides them with new opportunities, while 80% feel they have enough support at work in difficult situations.

Interestingly, the opinions of older people in terms of their assessment of necessity to continue the employment do not differ between different age groups (Table 2). At the same time, the proportion of retired people is 47% in the group of 60–69-year-olds, 68% in the group of 70–79-year-olds, and 87% in the group of 80-year-olds and over.

Table 2

Distribution of Respondents' Agreement With the Statement About the Need to Continue Working by Age Groups of Respondents, %

"To maintain vitality, you should not retire"	60–69 years old	70–79 years old	80 years old and older
Yes	19.5	19.1	12.5
Rather yes	39.8	36.0	37.4
Rather no	25.0	27.0	31.3
No	15.7	17.9	18.8

The respondents believe that in order to maintain vitality they should not retire (56%) or at least maintain part-time employment (65%). Overall, older respondents think that delayed ageing depends on the actions of the individual (89%). Moreover, 65% indicated that most employers do not consider part-time work for their employees or do not allow older people to continue working. These findings confirm that the institutional framework personalized by employers largely limits the employment of older people, rather than their health or ICT skills. Similar conclusions can be drawn from the analysis of the interviews, which shows that older people prioritize flexible working conditions and seek jobs with more convenient schedules/part-time work. For more on employment after the age of 60, see Parfenova (2023).

At the beginning of the research, we suspected that there would be considerable differences between the activities of employed and unemployed older people. So, one of our first tasks was to compare the range of activities of employed and unemployed informants (two equal parts of the interview). The analysis revealed that there was little or no significant difference in the range of activities between employed and unemployed people. Perhaps, to clarify the differences, we need to introduce another parameter of the "time spent on activities," which will show the differences, but this

hypothesis should be tested. At the same time, we discovered differences with increasing age. We therefore created two groups, not by employment, but by age. The first group included respondents aged from 60 to 75 (including both employed and unemployed people). We conventionally labeled this group as 60+. The second group consisted of informants aged 75 and over, which we labeled as 75+. In the data collected, 75+ represent about one-third of the total number of informants (14 out of 50). In the interview data, we compare the results for the two age groups 60+ and 75+.

Variety of Forms of Activity and Its Affecting Factors

Research at the all-Russian level demonstrates the diversity of forms of social activity of older people⁴. Our research based on the survey and interviews also shows a wide range of activities of older people. The social activity of our respondents and informants takes various forms. For instance, our survey showed that last year 88% of senior citizens of St. Petersburg read books and magazines, 54% played board games, 38% landscaped the residential courtyard or renovated communal hallways, 33% visited theaters, museums, and exhibitions, 27% traveled across the country and abroad, 23% traveled across their region, 13% visited sports and wellness centers, 11% transferred money to help children, the seriously ill, and victims of armed conflicts, 9% participated in the collection of humanitarian aid, 6% attended various educational courses or hobby groups, and 4% studied foreign languages.

According to the survey, 43% of respondents feel that their age prevents them from doing what they would like to do. About 12% feel that family commitments prevent them from doing what they would like to do, and 54% feel that lack of money is the reason.

The interview material allows us not only to learn more about the forms of activities, but also to analyze the links between activities, the professional status, and age of the informants.

The range of activities of the 60+ group is quite diverse and includes working in a country house (gardening, vegetable gardening); socializing with family, friends, and coworkers; informal help and care for relatives or friends; leisure activities (theaters, museums, concerts, etc.); traveling (across the country and abroad); charity (donations); landscaping residential courtyards; interacting with housing and other services to solve housing and communal problems; caring for grandchildren and older relatives; online and offline educational courses; fitness or special exercises (in organized groups or independently); participating in volunteer organizations; interaction with various organizations as an informal volunteer; participating in environmental campaigns (garbage collection, recycling, etc.); fishing.

⁴ In May 2021, the VCIOM (Russian Public Opinion Research Center) presented the following data on the lifestyle of the Russian citizens of the silver age. Each third Russian citizen (35%) is retired. Among citizens aged 60 and over, each fifth person continues to work after retirement (19%). Among the most popular occupations of Russian citizens aged 60 and over are caring for children and grandchildren (62%); outdoors activities, for instance, fishing, gardening, clubs (58%); physical exercise and sports (36%); indoor leisure activities, i.e., painting, model building, etc. (27%); attending cultural events, such as theaters, museums, exhibitions, etc. (24%). Moreover, 12% of older citizens are regularly engaged in volunteering, while 8% participate in trade unions, political parties, public committees, etc. (Aktivnaia zhizn' na pensii, 2021).

Professional employment does not significantly affect the range of activities. The peculiarity of the 60+ unemployed informants is an emphasis on involvement in communication with former (as a rule, recent) colleagues and specific one-off work projects (on a voluntary basis). The employed informants, with rare exceptions (one older man working on a rotational basis) do not justify the low level of social activity through employment. On the contrary, their non-work activities quite naturally complement their participation in the labor market. The exception is special courses for older people usually organized in libraries, social centers, etc. The employed informants usually do not attend them. Thus, the respondents' participation in work activities and their income levels contribute to a wider range of the respondents' activities.

Communication as an Essential Part of Social Activity

In the research, we consider communication and interaction with the outside world as an essential part of social participation. Close relatives and friends make up the social circle of unemployed older people. Older respondents communicate relatively often with their relatives, both in person and remotely, and 63% spend time with their grandchildren. In addition, 82% of respondents communicate more or less regularly with relatives in person, and 91% communicate with relatives remotely. Finally, 58% communicate with their friends more or less regularly in person, and 76% communicate with their friends remotely.

The interview material clearly shows age-specific communication. For older people aged 75+, deficits in communication and socialization become apparent, as well as the regret of not being able to replace the former communication, which mainly took place in the workplace and became inaccessible with retirement. The informants note that their current communication is limited to socializing with relatives and friends and is often episodic rather than regular.

What friends? House neighbors. There are no neighbors, as everyone rushes back home, closes the door, starts feeding someone, washing, cleaning. There is no time for a chat. All that remains is the communication with friends you made at work, or friends from college. It is fortunate if they are alive. I, for instance, do not have any college friends left. They are dead. Although, two have left the country, and three have died. I'm not even talking about school friends. Not everyone lives to be 80 years old. I still have a social circle. Very small. (Interview 2, woman, 88 years old, St. Petersburg)

For people aged 75 and over, communication practices clearly show that socializing with friends and acquaintances does not bring the usual satisfaction and tends to play the role of background communication. At the same time, there is a natural reduction in the circle of communication with peers (due to illness and death), which changes communication patterns.

Conversely, for the 60+ group, we see a clear distinction between formal communication and activity at the current or former workplace and interaction

with colleagues, and informal communication with relatives and friends, which is personalized. We would like to emphasize that the recently retired informants maintain communication and interaction with colleagues, which in turn contributes to the preservation of previous activities, which, as the older people themselves note, remain important to them despite retirement. In this context, the unemployed informants aged 60 and over consider the communication with relatives and family to be secondary to the communication with colleagues and coworkers, since it brings satisfaction and replaces activities that existed before retirement.

Thus, the analysis of the narratives of the interviews with people aged 75 and over shows a deficit in communication and the phenomenon of family isolation, when older seniors are limited to communication within the family, which they often view as the only possible option. At the same time, there is a theme of regret in their narratives, mainly related to the fact that the opportunity for active communication and interaction is lost for people aged 75 and over. As a result, the presence of relatives and the opportunity to connect with them and to be involved in their lives becomes the dominant value. Regular communication sometimes involves socializing with one or two friends. An important part of communication for the 75+ group is the help and the opportunity to get advice or support, while for the 60+ group communication is related to professional activities and hobbies. Those who are retired may maintain some quasi-employment with attempts to give work-related advice.

Framing Old Age: Who are Older People?

The survey asked the question: “How would you describe someone you consider to be elderly; what habits, activities, clothes or anything else indicate old age?” When answering this open-ended question, the respondents mentioned the following characteristics: illnesses, talking about illnesses, boredom, disinterest, laziness, sedentary lifestyle, appearance, clothes, slovenliness, age over 65, grumpiness, wish to moralize, no sparkle in the eyes, no joy of living, dementia, inability to gain new knowledge, helplessness, loneliness, social withdrawal, reluctance to communicate and go out, dirtiness, hair-splitting attitude, stereotypical thinking, wisdom, frailty, languidness, no social activity, limited financial resources, and lack of optimism.

These data are fully consistent with the statements made by the informants in the interviews, in which they associated old age and the “elderly” with the characteristics listed. To illustrate this, we quote one of the interviews, in which the informant associates ageing with lifestyle:

Question: And why lifestyle?

Answer: Because if you sit on the couch, stare mindlessly at the TV and do nothing, do not communicate, since somehow with age some people retreat into themselves, stop communicating with other people in a friendly way. That’s why they end up ageing faster. (Interview 17, woman, 64 years old)

In view of these attitudes, we looked for a correlation between the parameters of active ageing, delayed ageing, and health indicators of the older respondents. Interestingly, 41% of respondents considered themselves elderly, while 35% said they felt much younger. The correlation between these responses and the degree of life satisfaction is shown in Table 3.

Table 3

Correlation Between the Respondents' Answers About Their Satisfaction With Life and Recognizing Themselves as Elderly, % by Row

How satisfied are you with your life?	Do you consider yourself elderly?		
	Of course, I am a pensioner after all	Not at all, I feel younger	I will be elderly later on
Completely satisfied	31	45	24
Somewhat satisfied	51	32	17
Somewhat dissatisfied	58	27	15
Dissatisfied	60	20	20

We also found that older people who are engaged in various forms of activity have higher levels of life satisfaction (see Table A2). The research revealed that maintaining social ties with children, relatives, and friends has a positive effect on overall life satisfaction level. Thus, among those who often communicate with friends and relatives, 66% are satisfied with their lives. Among those who maintain frequent online contacts, the figure is 62%. The research shows that older people who often spend time with their grandchildren are more satisfied with their lives (80% satisfied).

The Internet use as one of the forms of social activity also contributes to feeling younger and satisfied with life. Among those respondents who do not consider themselves advanced users of the Internet and computers, 54% consider themselves to be older. In the group of active users, this figure is 16%.

Three quarters of respondents believe that ageing can be delayed or slowed down. According to 88% of respondents, self-discipline and regular physical exercise can delay ageing.

The research discovered a correlation between the positive and negative attitudes of the respondents and their age. All respondents were divided into three groups: 60–69 years old, 70–79 years old, and 80 years old and over. We found that members of the eldest group were more likely to give low ratings to their satisfaction with life. At the same time, 39% of the respondents had not thought about old age. Some 28% started thinking about old age when they turned 70, 25% when they were 60, almost 3% when they were 50, and 5% after an illness. Overall, the respondents showed a fairly positive attitude, with 71% believing that life is full of opportunities and 65% feeling full of energy.

Correlation Between Social Activity and Health

This research examined the correlation between older people's activity and their health. According to the data obtained from the health information system, about a third of older people smoke, 48% drink alcohol, although the type and amount of alcohol was not specified. Almost a quarter are allergic to something and almost one in three has a disability. Only a third of respondents have an annual check-up, 48% have been treated for COVID-19, and 10% have had a thorough physical examination. In particular, almost 90% have chronic vascular disease, 24% have cancers, and 17% have non-insulin-dependent diabetes mellitus.

We discovered that disabilities do not play a decisive role in terminating one's employment: 27% of those who continue to work have a disability, compared with 29% of the retired group. Among those who continue to work, 91% suffer from chronic vascular diseases, compared to 87% of the retired group. There was also an almost equal share (24%) of older people with cancers. The proportion of older people with cancer was almost the same (24%) in the employed and retired groups.

Illness, however, makes older people feel that they cannot do what they would like to do. In particular, one third of those who feel this way have a disability, 92% have vascular disease, 24% have cancers, and 18% have diabetes mellitus. Among those who seldom feel this way, the percentages are lower: 14% have disabilities, 86% have vascular diseases, 14% have cancers, and 9% have diabetes mellitus.

Nevertheless, we found that older people with various health conditions (up to and including serious diseases) do not deny themselves different types of activity. Table 4 presents data on the proportion of respondents with different health conditions among those who commented on types of activity.

Table 4

Correlation Between Respondents' Answers to the Question "Have You Engaged in Any of the Activities Listed Below During the Last 12 Months?" and Diagnosed Health Conditions, % by row

Activities	Diagnosed Health Conditions			
	Disability	Chronic cardiac failure	Cancers	Diabetes mellitus
Took educational courses, including online	7.7	100.0	7.7	7.7
Attended sports clubs	29.6	85.2	22.2	7.4
Attended clubs and hobby groups	7.7	92.3	7.7	15.4
Studied foreign languages	37.5	100.0	12.5	0.0
Went to theaters, museums, exhibitions	31.4	90.0	27.1	17.1
Traveled across their region	30.0	88.0	16.0	14.0
Traveled across the country and abroad	24.1	91.4	27.6	24.1
Landscaped, did gardening	28.4	93.8	29.6	19.8

The research found a correlation between life satisfaction and perceived health. Respondents who feel restricted by their age have a poorer assessment of their health. In addition, there are more older people in this group who experience limitations due to insufficient financial resources (Table A1). There is a correlation between feeling restricted by age and having family responsibilities.

Among the factors related to the health of the respondents and affecting their activity, we noted such subjective ones as the feeling of satisfaction with life and the fact that they are doing what they want to do. Objectified and quite serious diagnoses, as our analysis has shown, do not play a decisive role in limiting the social activity of older city dwellers.

Impact of the Pandemic on Social Activity

The research examined the impact of the global pandemic on social activity. More than half of respondents (51%) said that they suffered from a lack of physical activity and 27% felt isolated and lonely. At the same time, 41% seized the opportunity to take a break from fast-paced lives and acquired new knowledge and skills, while 32% reported no change in their usual lifestyle. The dramatic reduction in opportunities for social participation during the pandemic continued to dampen activity in the post pandemic period. For instance, the informants from the 75+ group lamented the former and lost hobbies and reminisced about former interests and mobility that gave them satisfaction. At present, as the informants in this group noted, their former activities and hobbies have become virtually inaccessible owing to the pandemic and health issues, leaving them with nostalgia instead.

At the same time, one in four respondents started to use the Internet more often during the pandemic, including messengers, etc. According to the correlation analysis, engaging in online communication with relatives and friends is an important factor in increasing overall life satisfaction and maintaining a positive attitude, which in the long term contributes to a wider range of social activities among older people.

Conclusion

Our research allows us to talk about a wide range of social activities of Russian citizens aged 60 and over. In this respect, we can speak of the effectiveness of the delayed ageing concept, which in this case is supported by the desire of older people to seek and find different forms of social participation regardless of their professional employment and even health conditions. We interpret such activity as an increase in the subjectivity of older people and the realization of the desire to go beyond the institutional framework of employment and medicine. However, this is a contradictory process. The very concepts of “ageing” and “older people” themselves have predominantly negative connotations for both respondents and informants and are associated with inactivity, ill health, loss of interests and skills, etc. This suggests that the new institutional framework of ageing, i.e., active and delayed ageing is not yet a stable basis for individual ageing and subjective activity. This makes the concept of delayed ageing even more productive for analysis. The main factors influencing the diversity of forms of social participation and inclusion

are age, lack of financial resources, and family status. The provisional “threshold” of 75 years of age that we have discovered in our research is linked to the restructuring of forms and contents of activity, from mainly external to internal, individual, or family. We suggest that this is not conditioned by health issues, since, as our analysis has shown, diagnosed illnesses (including serious ones) do not interfere with many forms of activity. Rather, we should speak of a certain transition to the “fourth age” when, as many of our informants said in the interviews, “you want to do a lot of things, but you have little strength.” Financial stability correlates with life satisfaction, a sense of life fulfillment, and the absence of restrictions on desired activities (Table A1). Sufficient financial resources allow older people to satisfy their needs in different ways, to travel, to attend cultural events, to do charity work, and to help their relatives. Our research also revealed a correlation between respondents’ marital status and their perception of health, energy, and ability. The respondents who frequently communicate with their relatives, generally rate their health status higher. The presence of close relations and regular contact with them help to fill the gaps in activity after the age of 75. Finally, it should be noted that changing societies imply changing individuals. Increasing life expectancy, which is shaping multiple flexible and diverse ageing scenarios in the changing world, is leading to a shift in conventional age limits and their perceptions, as well as rapidly changing the perceptions of old age, ageing, the capabilities of older people, and their role in society. However, a significant obstacle to prolonging adulthood are the institutional norms of retirement age and medicine that are familiar to the Russian population. They play the role of a “dividing line,” separating “adults” from “older people” and healthy older people from the sick at an early stage. All these changes in the structure of society, the perceptions, expectations, and practices are taking place before our eyes, and our research is helping us to capture them.

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Appendix

Supplementary Material—Correlation Tables

Table A1

Correlation Matrix of Social Activity Assessment Parameters and Socio-Demographic Parameters of Respondents

	Satisfied with their life	Feel restricted because of age	Feel they are doing exactly what they want to do	Family obligations do not allow doing what they want to do	Can't do because of lack of money	Feel full of energy	Feel that life is full of opportunities	Your health...	Gender	Income	Family status
Satisfied with their life	1.000	.229**	.394**	.128	.293**	.393**	.428**	.230**	-.118	.355**	-.054
Feel restricted because of age	.229**	1.000	-.128	.332**	.359**	-.304**	-.281**	-.271**	-.137*	.190**	-.096
Feel they are doing exactly what they want to do	-.394**	-.128	1.000	-.149*	-.256**	.342**	.280**	.090	.014	-.282**	.047
Family obligations do not allow doing what they want to do	.128	.332**	-.149*	1.000	.282**	-.186**	-.250**	-.055	-.072	.183**	.084
Can't do because of lack of money	.293**	.359**	-.256**	.282**	1.000	-.150*	-.188**	-.038	-.095	.318**	-.036
Feel full of energy	-.393**	-.304**	.342**	-.186**	-.150*	1.000	.593**	.447**	.155*	-.323**	.140*
Feel that life is full of opportunities	-.428**	-.281**	.280**	-.250**	-.188**	.593**	1.000	.274**	.214**	-.233**	.194**
Your health...	-.230**	-.271**	.090	-.055	-.038	.447**	.274**	1.000	.118	-.136*	.159*
Gender	-.118	-.137*	.014	-.072	-.095	.155*	.214**	.118	1.000	-.044	.411**
Income	.355**	.190**	-.282**	.183**	.318**	-.323**	-.233**	-.136*	-.044	1.000	.074
Family status	-.054	-.096	.047	.084	-.036	.140*	.194**	.159*	.411**	.074	1.000

Note. * The correlation is significant at the .05 level (bilateral correlation); ** the correlation is significant at the .01 level (bilateral correlation).

Table A2

Correlation Between Respondents' Answers About the Types of Social Activity and Their Satisfaction With Life, % by Row

Have you engaged in any of the activities listed below in the last 12 months	How satisfied are you with your life?			
	Completely satisfied	Somewhat satisfied	Somewhat dissatisfied	Dissatisfied
Transferred money to help children, the seriously ill, victims of armed conflicts, etc.	34.8	43.5	13.0	8.7
Participated in the collection of humanitarian aid (brought items or food)	33.3	38.1	23.8	4.8
Landscaped residential courtyards, renovated communal entrances, staircases	32.1	48.1	18.5	1.3
Took educational or professional courses, including online	30.8	53.8	7.7	7.7
Visited sports and wellness centers	51.9	37.0	11.1	0.0
Attended various clubs or hobby groups	53.8	30.8	15.4	0.0
Went to theaters, museums, exhibitions, concerts	31.4	61.4	7.2	0.0
Traveled across their region	44.0	46.0	8.0	2.0
Traveled across the country and abroad	36.2	56.9	6.9	0.0