

The cover features a futuristic cityscape with a prominent observation pod in the foreground. The pod is spherical with a glass window and a metallic frame, set against a backdrop of a dense urban environment. The sky is a mix of blue and purple hues, suggesting a sunset or sunrise. The title 'REVISTA INCLUSIONES' is written in large, bold, white capital letters across the upper middle section. Below the title, there is a purple rectangular box containing the subtitle 'HACIA UN FUTURO PROMETEDOR'. At the bottom left, there is a block of text providing publication details: 'Revista de Humanidades y Ciencias Sociales', 'Volumen 7 . Número Especial', 'Octubre / Diciembre', '2020', and 'ISSN 0719-4706'.

# REVISTA INCLUSIONES

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**PARTICIPATION IN ACTIVITIES – DETERMINANTS AND REFLECTION ON QUALITY  
OF LIFE AND SATISFACTION IN OLD AGE POPULATION IN BULGARIA**

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**Abstract**

Social participation is a part of the concept of active ageing and it is among the important and effective factors for the elderly people's welfare and good health. The aim of the present empirical study is to reveal the rate of participation of Bulgarians aged over 55 in various activities including social participation and to examine the effect of social participation on their life. The data used in the study are from the seventh wave of Survey of Health, Ageing and Retirement in Europe (SHARE), conducted in Bulgaria for the first time in 2017 and covers random sample of 2006 individual interviews. Relationships between socio-demographic and economic characteristics and activity participation on the one hand, and between activity participation and quality and satisfaction of life, self-perceived health and recall of words as measure of cognitive abilities on the other hand are studied. The majority of respondents (57%) reported that they had not participated in any of the studied activities. The proportion of respondents who participated in at least one individual activity was significantly higher than that of respondents who participated in collective activities. There were significant differences between the groups formed by gender, age, marital status, level of education, place of residence, financial status and health status. Participation in various activities, and especially in collective ones, had a significant beneficial effect on the measures of quality and life satisfaction, self-assessment of health and cognitive skills. These results support the idea in the concept of active ageing that it is important to provide opportunities for the elderly to participate in society according to their desires and abilities.

**Keywords**

Active ageing – Successful ageing – Social activities – Quality of life – Life satisfaction – Health

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## Introduction

Population ageing is a challenge facing many of the societies in developed countries around the world. At the Organisation for Economic Co-operation and Development (OECD) Conference on Social Policies in the 1980s in Paris it was concluded that ageing was one of the most important phenomena which many countries were facing and would continue to face in the future<sup>1</sup>. According to Eurostat data, the proportion of population aged 65 and over in the EU countries was 20.3% in 2019 and is projected to reach 29.5% by 2050. In Bulgaria, this proportion is higher – 21.3%<sup>2</sup>, while the average life expectancy at birth is 75 years, which is the lowest in the EU (vs. 81 years for the whole EU-28)<sup>3</sup>. All of the above factors indicate that Bulgaria will be one of the countries most affected by population ageing in the EU.

The term “active ageing” was adopted by the World Health Organization (WHO) in the late 1990s. Active ageing is a process of optimizing the opportunities of the elderly for health, security and participation in various socio-economic activities. Active ageing applies both to separate individuals and to groups of people. It allows them to realise their potential in terms of physical, mental and social well-being throughout their whole life, as well as participation in society according to their needs, desires and capacities<sup>4</sup>.

Social participation is among the important and effective factors for the elderly people’s welfare and good health, as well as an essential tool for guaranteeing their rights<sup>5</sup>. It is also a central subject in many publications dealing with population aging. According to Bowling and Dieppe<sup>6</sup>, the definition of successful ageing should include the participation of the elderly in various social and community activities, leisure activities, integration, social networks and support. According to a study by the same authors, more than 30% of 854 persons aged 50 and over living in the UK associated their idea of successful ageing with social roles and activities. As stated in the *Concept of Successful Ageing*<sup>7</sup>, „successful ageing is not only a disease-free life but equally requires subjective life satisfaction, social participation, good cognitive performance and psychological resources”.

The UN active ageing index includes 22 indicators, aggregated into four domains: Employment, Participation in Society, Independent, healthy and secure living, Capacity and enabling environment for active ageing. It is not by chance that the second domain relates to the participation of the population aged over 55 in social activities and contains

<sup>1</sup> G. Betti y F. Bettio, Th.Georgiadis, P. Tinos, *Unequal Ageing in Europe* (NewYork: Palgrave McMillan, 2015): 1-3.

<sup>2</sup> Eurostat, 2019, (18.03.2020)  
<https://ec.europa.eu/eurostat/databrowser/view/tps00028/default/table?lang=en>

<sup>3</sup> Eurostat, 2019, (18.03.2020)  
[https://ec.europa.eu/eurostat/databrowser/view/sdg\\_03\\_10/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/sdg_03_10/default/table?lang=en)

<sup>4</sup> Active Ageing: A Policy Framework, World Health Organization (2002): 12-18  
[https://apps.who.int/iris/bitstream/handle/10665/67215/WHO\\_NMH\\_NPH\\_02.8.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1&isAllowed=y)

<sup>5</sup> M. Dehi Aroogh y F. Mohammadi Shahboulaghi, “Social Participation of Older Adults: A Concept Analysis” *Int J Community Based Nurs Midwifery* Vol: 8 num 1 (2020): 55-72.

<sup>6</sup> A. Bowling y P. Dieppe, “What is successful ageing and who should define it?”. *BMJ (Clinical research ed.)* Vol: 331 num 7531 (2005): 1548-1551

<sup>7</sup> U. Eloniemi-Sulkava, Ageing, in *Education and quality of life of senior citizens*, eds. P. Escuder-Mollon y S. Cabedo (Universitat Jaume I, 2013): 57

such indicators as voluntary activities, care for children and grandchildren, care for the infirm and disabled and political participation. Regarding this domain of indicators, Bulgaria's index is 9.7 – lowest among the EU member states, with an average index of 17.9 for the whole EU (for 2018)<sup>8</sup>. Bulgaria's lowest position is due to lower index values for participation in various voluntary activities and political participation. The participation rate for voluntary activities in Bulgaria was one of the lowest – 1.7% versus an EU average of 8.7%. The political participation rate was again lower than the average – 9.6% for Bulgaria versus an EU average of 18.7%<sup>9</sup>.

The scientific interest in the participation of the Bulgarian population aged over 55 in social activities is motivated by Bulgaria's unfavourable position in the active ageing index as well as the still insufficient number of local empirical studies in this field. The aim of the present study is twofold: first, to reveal the rate of participation of Bulgarians aged over 55 in various activities including social participation and to assess the differences based on socio-demographic characteristics such as gender, age, marital status and educational level; second, to examine the effect of social participation on their quality of life and their subjective assessments of their health, life satisfaction and indicators for cognitive function.

### Theoretical and empirical considerations

With the ageing, relationships with family, friends and other members of society as a whole remain just as important for the well-being of individuals. As V. Zlatanova<sup>10</sup> points out, research dating from Durkheim's *Suicide* (1897) to present indicates that social relationships provide emotional, social and economic assistance that enhances the individual's physical and emotional satisfaction with life.

Social participation is an organised process in which individuals participate consciously and voluntarily in collective activities and which leads to self-realisation and achievement of specific goals<sup>11</sup>. There is no conventionally accepted definition of social participation in older age or even of social participation in general. In their article, Dehi and Mohammadi analyse and systematise 1,300 scientific papers in English or Persian to clarify various concepts of social participation of the elderly, as well as the applicability of these concepts. The most common definitions are: "Person's involvement in activities that provide interaction with others in the community," „Sharing community-based individual resources," „Engagement in interpersonal interactions outside the home," „Interacting with other people in the society and spending time with them," „Spending time on social interactions with others". Social participation can be defined in most general terms as "socially oriented sharing of individual resources"<sup>12</sup>.

<sup>8</sup> Active Ageing Index 2018, Analytical Report (Geneva: United Nation,2019): 4-7 (14.01.2020) [http://www.unece.org/fileadmin/DAM/pau/age/Active\\_Ageing\\_Index/ECE-WG-33.pdf](http://www.unece.org/fileadmin/DAM/pau/age/Active_Ageing_Index/ECE-WG-33.pdf)

<sup>9</sup> M. Murgova, „Aktivno ostaryavane i indeks na aktivnoto ostaryavane", Nauchni trudove na sayuza na uchenite v Bulgaria – Plovdiv, Seriya A, Obshtestveni nauki, izkustvo I kultura, Issue V (2019): 157-164

<sup>10</sup> V. Zlatanova, Stareene na naselenieto (Sofia: Avangard Prima, 2015): 127.

<sup>11</sup> M. Dehi Aroogh y F. Mohammadi Shahboulaghi, "Social..."

<sup>12</sup> A. Bukov; I. Maas y T. Lampert, "Social Participation in Very Old Age: Cross-Sectional and Longitudinal Findings From BASE", Journal of Gerontology: Psychological Science The Gerontological Society of America, Vol: 57B num 6 (2002): 510–517.

Social participation can be classified into three general types: collective, productive and political. This distinction is based on what specific resources are shared. In collective social participation, the most commonly shared resource is time. These are the usual activities in different social groups, where the “efforts” of the individual are oriented towards the group and there are no side goals. Such activities are, for example, going on organised trips or visiting sports events, participation in various collective games (chess, cards) and others. Productive social participation involves mainly provision of services, goods or various other types of benefits to others. These include care for children, elderly or other people, household help, paid or unpaid volunteer work and more. Political social participation involves decision-making for a community and resource allocation. In this case, both time and special competencies are shared within the context of the specific activity. Social participation can also be classified as formal, which involves the activities of specially organised groups (political parties, clubs of interests) or informal, for example meeting friends.

Regardless of the type of social participation, most empirical studies from different countries show that social engagement, along with physical activity and stimulation of the cognitive function, are key factors for good health and improving the quality of life in old age. The concept of active ageing emphasises the fact that social participation, along with leisure activities, are associated with increased life expectancy and better health status, emotional welfare, quality of life and cognitive function<sup>13</sup>.

These studies are based on two main approaches: observation of the population at a certain time or for a certain period (cross sectional studies) and observation of the population for a long period of time, taking into account the changes (longitudinal studies). A meta-analysis on 148 studies shows that social participation has a positive effect on life expectancy<sup>14</sup>. The presence of a positive effect of social participation on various aspects of physical and mental health and welfare in old age has been studied by numerous authors, and some of those studies were systematised<sup>15</sup>.

Not only in Bulgaria, but also in many other societies, there is insufficient provision of opportunities for the elderly to participate in various social activities. A large number of studies confirm the fact that older adults spend much of their time on television watching instead of social participation that may have a positive effect on their mental and physical health and general well-being. It would be easier to improve that situation in urban settings where there is more potential for community-based programs to help the elderly to socialise<sup>16</sup>. Another example is the study by Horgas et al.<sup>17</sup>, which is part of the Berlin Aging Study (BASE)<sup>18</sup>. The Yesterday Interview method was used with a representative sample of 516 inhabitants of the western part of Berlin aged 70 and over. The results showed that the largest proportion (83.3%) was of persons who had watched television on

<sup>13</sup> N. Dahan-Oliel y I. Gélinas, “Social Participation in the Elderly: What Does the Literature Tell Us?”, *Critical Reviews in Physical and Rehabilitation Medicine* Vol: 20 num 2 (2008): 159-176.

<sup>14</sup> J. Holt-Lunstad; T. B. Smith y B. J. Layton, “Social Relationships and Mortality Risk: A Meta-analytic Review”, *Los Medicine* Vol: 7/ 7 (2010): e1000316.

<sup>15</sup> M. Dehi Aroogh y F. Mohammadi Shahboulaghi, “Social...”

<sup>16</sup> L. P. Fried; M. C. Carlson; M. Freedman, et al. “A social model for health promotion for an aging population: initial evidence on the Experience Corps model”, *J Urban Health*, Vol: 81/1 (2004):64-78

<sup>17</sup> A. L Horgas; H. Wilms y M. Baltes, “Daily Life in Very Old Age: Everyday Activities as Expression of Successful Living”, *The Gerontologist*, Vol: 38 Is. 5 (1998): 556–568.

<sup>18</sup> P. Baltes; K.Mayer; H.Helmchen y E. Steinhagen-Thiessen, “The Berlin Aging Study (BASE): Overview and Design”, *Ageing and Society*, Vol: 13/4 (1993): 483-515

the day before the interview, followed by 74% who had read newspapers, magazines or books vs. 18% who had participated in cultural events, 6% who had participated in church activities and 1.6% who had participated in political activities. The study by Glass et al. is longitudinal and traces over a 13-year period a sample of 2,812 residents of New Haven (USA) aged 65 and over<sup>19</sup>. In the first year of the study, 25.4% of the participants reported that they frequently attended cinemas, restaurants and sporting events, 20.5% reported that they often played cards, bingo or other similar games and 1,7% reported that they frequently attended church services.

## Methods

### Data Source and Sample

Bulgaria joined the seventh wave of Survey of Health, Ageing and Retirement in Europe (SHARE) for the first time in 2017. The population of interest in SHARE is non-institutionalised citizens aged 50 and more and their spouses regardless of their age. The method of observation is face to face interview and the registration is via CAPI system. The wave 7 public release data is representative and includes extensive information on socioeconomic indicators, physical, cognitive and, mental health, family networks and life history<sup>20</sup>. The representative individual sample of SHARE wave 7 in Bulgaria covers 2001 individual interviews or 1347 households<sup>21</sup>. The subsample explored in that study covers the persons aged 55 and more.

### Measures

Several questions in the SHARE survey questionnaire more or less directly related to the participation of respondents in various types of activities, including social participation. In Wave 7 of the survey, which was the only one conducted in Bulgaria so far, there were no questions about the traditionally widespread help and care for grandchildren, elderly relatives or other household members. These will be monitored in the next Wave 8. Nevertheless, the questions asked make it possible to shed light on some trends characteristic of the social participation of the studied population. These questions were: „Activities in last year:

- Have you done voluntary or charity work?
- Have you attended an educational or training course?
- Have you gone to a sport, social or other kind of club?
- Have you taken part in a political or community-related organizations?
- Have you read books, magazines or newspapers?
- Have you played word or number games (crossword puzzles/Sudoku...)?
- Have you played cards or games such as chess?
- None of these.”

<sup>19</sup> T. A. Glass; C. M.de Leon; R. A. Marottoli; L. F. Berkman; T. A. Glass; C. M.de Leon; R. A. Marottoli y L. F. Berkman, “Population based study of social and productive activities as predictors of survival among elderly Americans”, *BMJ* Vol: 319 (1999): 478-483.

<sup>20</sup> A. Börsch-Supan, Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 1. Release version: 7.1.0. SHARE-ERIC. Data set, Release Guide (Munich: MEA, Max Planck Institute for Social Law and Social Policy, (2020):5-15

<sup>21</sup> M. Bergmann; A. Scherpenzeel y A. Börsch-Supan, SHARE Wave 7 Methodology: Panel Innovations and Life Histories (Munich: MEA, Max Planck Institute for Social Law and Social Policy, 2019).

Of the above options, “reading books, newspapers or magazines” and “playing word or number games” are more difficult to classify as social activities.

The measurement of health status in the SHARE survey is based on self-evaluation by respondents who are given the choice of five categories – “bad,” “satisfactory,” “good,” “very good” and “excellent”. The main measuring instrument of the quality of life of older people in the SHARE study is a modified version of the CASP index, which includes statements from four areas: Control, Autonomy, Self-realization and Pleasure<sup>22</sup>. The answers to these statements were used to construct an aggregated index ranging from 12 to 48; a higher value indicated a higher self-evaluated quality of life. Self-evaluation of life satisfaction was made by answering the question “On a scale from 0 to 10, where 0 means extremely dissatisfied and 10 means extremely satisfied, how satisfied are you with your life?” The self-assessment of health status is described above. One of the measuring instruments of cognitive function in the survey is a short-term memory test based on the number of recalled words out of 10 possible which the respondents are asked to repeat once immediately after those words are read to them and again after some time has passed.

The analysis in this study began with descriptive statistics for participation in a specific activity for the whole studied population as well as by groups formed by socio-demographic and economic criteria. The following relationships were studied: on the one hand, between socio-demographic and economic characteristics and activity participation, and on the other hand, between activity participation and life quality, life satisfaction, self-perceived health and recall of words as a measure of cognitive function. To account for the measurement level of the variables of interest, non-parametric tests Chi-square and Kruskal-Wallis were conducted.

## Results

The majority of respondents (57%) reported that they had **not** participated in any of these activities in the last year. In practice, this means that the elderly in our country are very much in social isolation, especially regarding contacts within formal communities and organised groups. Confirmation of this conclusion can be seen in published results of various national and international studies. A report noted that “Retirees, unemployed persons, wealthy citizens or members of various minorities are seldom involved in volunteer initiatives”<sup>23</sup>. European surveys on volunteering show that voluntary participation has a high participation rate in Northern Europe and a low participation rate in the Mediterranean countries. The lowest levels are in Greece (3%) and Spain (2.2%)<sup>24</sup>, which are comparable to the proportion of participants in charitable initiatives in the current study.

<sup>22</sup> C. Borrat-Besson; V. A. Ryser y J. Gonçalves, “An evaluation of the CASP-12 scale used in the Survey of Ageing and Retirement in Europe (SHARE) to measure Quality of Life among people aged 50+”, FORS Working Paper Series, paper 4 (2015)

<sup>23</sup> E. Zlateva, “Novi aspekti na dobrovolchestvoto – prouchvane na naglasite sred deystvashti dobrovoltsi v Bulgariya” Proekt Legitimnost chrez vidimost, znaniya i spodeleni resursi” (Sofia: 2014).

<sup>24</sup> D. Haski-Leventhal, “Elderly Volunteering and Well-Being: A Cross-European Comparison Based on SHARE Data”, *Voluntas International Journal of Voluntary and Nonprofit Organizations* Vol: 20 (2009): 388–404.

A publication called *Education and quality of life of senior citizens* emphasises that “ageism in our societies affect aged people and cause barriers to participating in educational activities”<sup>25</sup>.

However, it should be kept in mind that traditionally elderly people in Bulgaria participate in productive social activities and their social contacts are in the form of personal friendships; these are directions for which no variables are monitored in this study.

Figure 1 shows the proportions of respondents who reported participation in a given activity. Nearly one in three read books, newspapers or magazines. About 10% played chess or cards or word and number games. Merely less than 5% of the respondents participated in another activity. Of the readers of books, newspapers or magazines, more than 52% answered that they practiced this activity almost every day, and 43% – almost every week. Of those who reported word or number games, 47% played almost every day and 44% every week. Of those who reported chess or cards, 17% played almost every day and over 56% – almost every week. To sum up, the main activities of elderly Bulgarians do not involve communication with other people through formal communities (clubs, courses, political associations) and their participation in various forms of communities of interests is very rare.

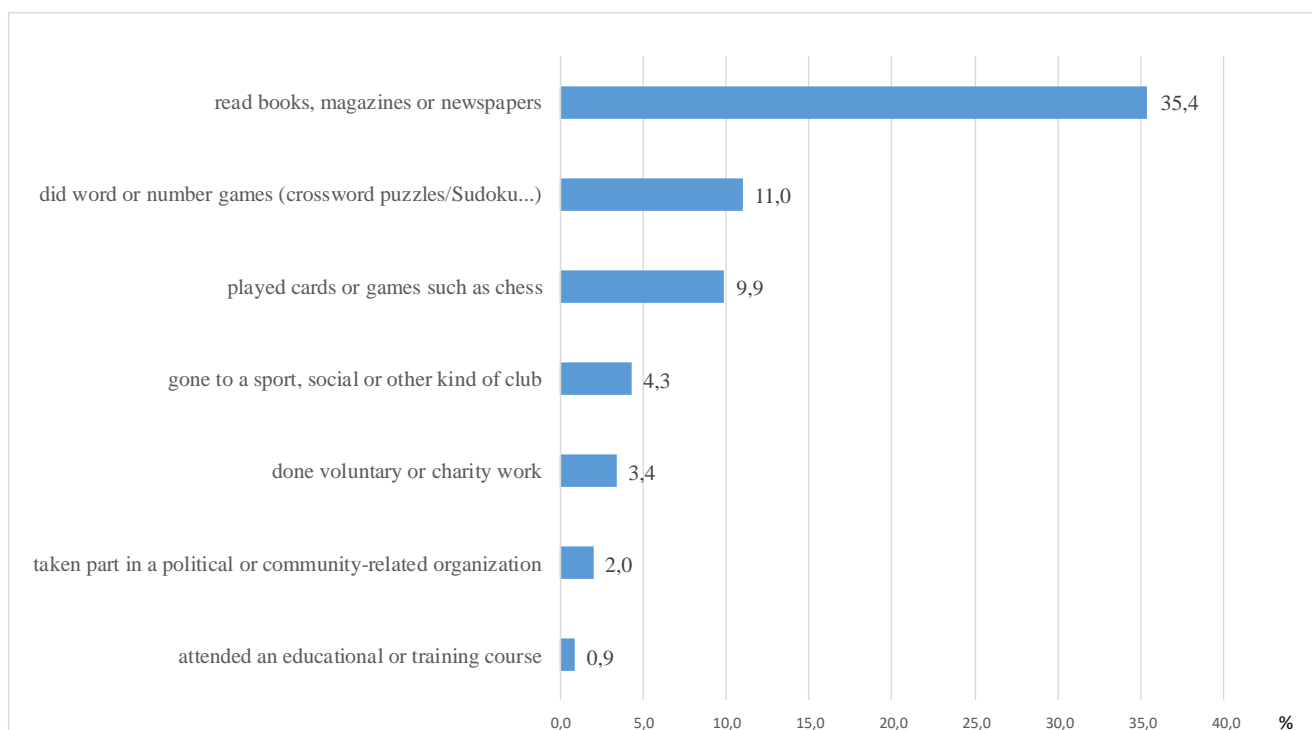


Figure 1  
Proportion (%) of respondents who reported participation in various activities in the last year (source SHARE data, author's estimations)

<sup>25</sup> U. Eloniemi-Sulkava, “Ageing” in Education...



Social participation is influenced by both personal and environmental factors<sup>26</sup>. The participation of the elderly in various activities was examined in this study only with regard of differences for respondents with a certain socio-demographic profile, i.e. the influence of personal factors. Based on the abovementioned questions, a new variable with three values was created: 1. does not participate in any activity; 2. reported only reading books, newspapers or magazines (largely individual leisure activities) and 3. reported at least one of the collective activities. In the published research on this subject, subsets are most often formed by gender, age, marital status, educational level<sup>27</sup>, gender, age, marital status<sup>28</sup>, gender, age, marital status<sup>29</sup>, age, gender, place of residence, gross income, education<sup>30</sup>, health status<sup>31</sup>.

The distribution of all studied persons into different socio-demographic groups is presented in Table 1. The results show that 24.5% of men take part in collective activities vs. 10.9% of women. A higher proportion of women (28%) than men (23%) read or play word or number games. There is a clear trend for a smaller proportion of persons in the older age groups to take part in collective activities. About 20% of respondents aged up to 74 participated in such activities vs. less than 10% of respondents aged 75 or more.

The differences by level of education are also large: nearly 30% of persons with tertiary education participated in collective activities and 45% – in individual activities, while among the respondents with secondary and lower education that proportion was much lower. It is interesting to note that the share of persons living with spouse participating in both collective and individual activities was higher than that of single persons. There were also significant differences between the respondents from households with or without financial difficulties.

The proportion of village dwellers who participated in collective activities was smaller than that of town or city dwellers. There were significant differences in the participation in individual activities as well: nearly 1/3 of town or city dwellers reported reading or playing word or number games while only 15% of village dwellers reported such activities.

There were also differences among the separate groups formed by the self-assessment of health status. As expected, the proportion of participants in collective activities with very good or excellent health status was the largest; there were no significant differences among participants in individual activities.

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<sup>26</sup> N. Dahan-Oliel y I. Gélinas, "Social Participation in the...."

<sup>27</sup> L. A Strain; C. Grabusic; M. Searle y N.Dunn, "Continuing and Ceasing Leisure Activities in Later Life: A Longitudinal Study", *The Gerontologist* Vol: 42 num 2 (2002): 217–223.

<sup>28</sup> K. Tomioka; N. Kurumatani y H. Hosoi, "Association Between Social Participation and Instrumental Activities of Daily Living Among Community-Dwelling Older Adults", *Journal of epidemiology* Vol: 26 num 10 (2016): 553-561

<sup>29</sup> A. Bukov; I. Maas y T. Lampert, "Social Participation..."

<sup>30</sup> D. Naud; M. Généreux; J. F. Bruneau; A. Alauzet y M. Levasseur, "Social participation in older women and men: differences in community activities and barriers according to region and population size in Canada", *BMC Public Health* Vol: 19 (2019): article 1124.

<sup>31</sup> M. Levasseur; J. Desrosiers y G. Whiteneck, "Accomplishment level and satisfaction with social participation of older adults: association with quality of life and best correlates", *Qual Life Res* Vol: 19/5 (2010): 665–675

Socio-demographic characteristics		Participation in various activities in last year			
		No activity reported	Only reading or word or number games reported	At least one collective activity reported	Total
Total		57.4%	25.8%	16.8%	100.0%
Gender	Male	52.9%	22.6%	24.5%	100.0%
	Female	60.8%	28.3%	10.9%	100.0%
Age	55-59	47.4%	29.1%	23.5%	100.0%
	60-64	47.1%	31.4%	21.6%	100.0%
	65-69	57.4%	26.6%	16.1%	100.0%
	70-74	53.6%	25.9%	20.5%	100.0%
	75-79	69.0%	21.1%	9.9%	100.0%
	80+	74.0%	19.5%	6.5%	100.0%
Marital status	Living with spouse	54.7%	26.9%	18.3%	100.0%
	Living without spouse	62.4%	23.8%	13.8%	100.0%
Level of Education	Primary or lower	81.0%	10.1%	8.9%	100.0%
	Secondary	52.0%	29.7%	18.3%	100.0%
	Tertiary	26.0%	45.2%	28.8%	100.0%
Place of residence	Town/city	47.9%	32.3%	19.8%	100.0%
	Village	71.6%	15.7%	12.7%	100.0%
Is household able to make ends meet	With difficulty	60.3%	24.6%	15.0%	100.0%
	Easily	44.1%	31.3%	24.7%	100.0%
Self-perceived health status	bad or satisfactory	64.9%	23.6%	11.4%	100.0%
	good	54.0%	28.6%	17.3%	100.0%
	very good or excellent	48.3%	26.2%	25.5%	100.0%

Table 1

Distribution of participation in activities of the whole population and different socio-demographic groups

Source: SHARE data, author's estimations

The analysis via the Chi-square method of the statistical significance of the relationships between the studied socio-demographic characteristics and participation in collective activities showed that all relationships are statistically significant (Table 2). It may be concluded that gender, education, age, marital status, place of residence and financial security are essential prerequisites for the participation of the elderly in individual or collective activities. There is a co-relationship between health status and participation in activities: on the one hand, health affects participation, and on the other, participation in various activities is a factor for better health (that relationship will be explored below).

Chi-square Test Statistics	Gender	Age group	Marital status	Level of education	Place of residence	Is household able to meet ends	Self-perceived health status
	55.50**	60.63**	9.98**	235.85**	93.22**	29.51**	49.17**
Cramer's Coefficient	0.18**	0.21**	0.08**	0.38**	0.24**	0.13**	0.18**

\*\* $\alpha < 0,01$ , \* $\alpha < 0,05$  Source Share data, author's estimations

Table 2

Results from hypothesis testing the statistical significance of the relationships between the studied socio-demographic characteristics and participation in collective activities

Participation in various activities affects life quality and the satisfaction with life, health status and cognitive function. Table 3 shows the main indicators for the three subsets of respondents: not participating in any activities, participating only in individual activities and participating in at least one collective activity. The results confirm the conclusions from the above results of various studies that respondents who participate in activities have higher values of the indicators for life quality, satisfaction with life, health status and cognitive function. The mean CASP index for participants in collective activities is 37.14, for participants in individual activities - 34.13 and for respondents with no reported activity - only 30.79. Moreover, half of the respondents who did not report any activity had a CASP index value under 31, while those participating in collective activities had a median CASP index value of 38. There were also large differences in life satisfaction assessments: for respondents who did not report any activity, the mean value for life satisfaction (5.80) was one unit lower than that of respondents participating in collective activities (6.78). When assessing health status, the lowest values were also found in respondents who did not participate in any activities, and the highest - in those who participated in at least one collective activity.

The trend was the same in word recall, while the differences in the average number of repeated words of respondents participating in collective activities and those participating in individual activities were smaller.

Participation in various activities in last year	Mean	First quartile	Median	Third quartile
CASP index for quality of life				
No activity reported	30.79	26	31	35
Only reading or word or number games reported	34.13	30	34	39
At least one collective activity reported	37.14	33	38	42
Degree of life satisfaction				
No activity reported	5.80	5	6	8

Only reading or word or number games reported	6.49	5	7	8
At least one collective activity reported	6.78	5	7	8
Self-perceived health status				
No activity reported	2.52	2	3	3
Only reading or word or number games reported	2.81	2	3	4
At least one collective activity reported	3.13	2	3	4
Number of words repeated immediately after reading				
No activity reported	4.27	3	4	5
Only reading or word or number games reported	5.04	4	5	6
At least one collective activity reported	5.17	4	5	6
Number of words repeated after some time				
No activity reported	2.77	1	3	4
Only reading or word or number games reported	3.48	2	4	4
At least one collective activity reported	3.67	3	4	5

Source SHARE data, author's estimations

Table 3

Main indicators of respondents, divided in subsets by activities' participation

The Kruskal-Wallis method was used to test the hypotheses of the extent to which the participation in activities affects the value of the CASP index, self-assessments of life satisfaction and health status and the number of recalled words (Table 4). Significant relationships were confirmed for all of the above: respondents participating in collective activities had significantly higher values of those variables. To control the influence of outside factors such as age, education, marital status, place of residence and financial situation of the household, the above hypotheses of the existence of a significant relationship were also tested separately in the subsets formed by those factors. In all groups, there was a significant relationship between participation in activities and CASP values, as well as the number of words repeated immediately after reading. Regarding life satisfaction, no relationship was found in the age groups from 60 to 79 years, in respondents with tertiary education and in respondents from households without financial difficulties. Regarding health status, such a relationship remained unproven in the age groups from 60 to 69 years and in respondents from households without financial difficulties.

Despite these exceptions, it may be concluded that participation in individual and collective activities has a positive effect on life quality and the satisfaction with life, health status and cognitive functions of the elderly.

	CASP index	Degree of life satisfaction	Self-perceived health status	Number of words repeated immediately after reading	Number of words repeated after some time
Total	210.34 **	46.90**	62.25**	119.87**	95.72**
Male	80.77**	12.17**	25.66**	39.08**	33.39**
Female	124.59**	31.82**	38.44**	82.29**	63.79**
55-59	34.26**	6.57*	9.53**	21.68**	20.75**
60-64	15.66**	3.04	2.96	10,03**	5.49
65-69	39.29**	4.70	1.64	8.93*	5.63
70-74	17.09**	0.57	6.77*	23.56**	18.21**
75-79	20.70**	3.20	9.26*	9.09*	4.46
80+	23.19**	10.98**	24.93**	13.92**	8.50*
Living with spouse	118.98**	26.36**	26.40**	60.01**	43.92**
Living without spouse	81.32**	14.46**	37.63**	57.33**	54.26**
Primary or lower education	24.80**	10.24**	13.64**	15.22**	20.21**
Secondary education	77.63**	7.31*	7,01*	15,79**	5,66
Tertiary education	30.52**	5,13	11.28**	18.16**	9.14*
Town/ city	131.30**	21.30**	32.27**	66.25**	49.17**
Village	72.55**	27.78**	23.62**	46.42**	46.06**
With difficulties	167.21**	38.90**	52.95**	93.93**	76.06**
Easily	23.61**	2.37	2.51	16.75**	10.44**

\*\* $\alpha < 0,01$     $\alpha < 0,05$

Table 4

Results from Kruskal-Wallis hypothesis testing the statistical significance of the relationships between participation in activities and studied indicators

## Conclusions

The results of the study of Bulgarian citizens aged 55 and over for participation in various individual and social activities showed that a large part of the respondents do not participate in any of the studied activities. The proportion of respondents who participated in at least one individual activity was significantly higher than that of respondents who participated in collective activities. There were significant differences between different groups formed by gender, age, marital status, level of education, place of residence, financial status and health status. Participation in various activities, and especially in collective ones, had a significant beneficial effect on the measures of quality and life satisfaction, self-assessment of health and cognitive skills. These results support the idea in the concept of active ageing that it is important to provide opportunities for the elderly to participate in society according to their desires and abilities. In this regard, it is necessary to stimulate the participation of the elderly in Bulgaria in collective and individual activities through various initiatives such as clubs of interest, educational courses, sports, financial

aid for organising and participating in activities, etc. These initiatives should be accessible to the elderly in more towns and villages across the country. The opportunities for participation and the benefits of the activities should be widely promoted to motivate the elderly to participate in them.

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