GENDER DIFFERENCES IN THE MECHANISM OF INVOLUNTARY RETIREMENT ON LONELINESS

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Involuntary retirement is known to be associated with long-lasting negative effects on well-being compared to voluntary retirement. However, little is known about complex mechanism connecting the path from social contexts and psychological factors of retirees, especially involuntary retirees to later year well-being. Also, despite the well-known gendered pattern of preretirement employment histories over the life course in general, gender differences in the pathway on well-being after involuntary retirement is still unclear. Drawing on the stress process theory, this study examined gender difference on the pathway linking involuntary retirement (primary stressor) to loneliness through material/ physical vulnerability (secondary stressor) and social support/self-efficacy (coping resources). Data are from the 2014 HRS with 2,087 retirees aged 65+. Two-step structural equation modeling (SEM) was utilized to examine the significance of the specific effects of multiple mediators (material/ physical vulnerability, coping resources). For male retirees, involuntary retirement was associated with a higher level of loneliness mediated through physical vulnerability and social-efficacy. For female retirees, involuntary retirement was directly associated with loneliness as well as indirectly associated through 1) material vulnerability connected to low social support, and 2) physical vulnerability related to low social support and low social-efficacy. The different impact of involuntary retirement may be due to differences in work history, previous work quality, and accumulated financial condition across gender. The results suggest important gender specified implications for social policy and practice for involuntary retirees.

MAKING THE AGING EXPERIENCE WORTHWHILE: HOW SOCIAL INTERACTION CONTRIBUTES TO ACTIVE AGING

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In most parts of the world, people are now living longer lives, which presents both opportunities and concerns over how to make the ageing process a worthwhile experience. The World Health Organisation's Active Ageing model became a prominent global policy response since 2002 and has evolved into different country-level ageing policies. While a considerable volume of literature exists on active ageing – testing the validity of its various components, there is limited empirical evidence of how social interaction contributes to active ageing for older people and how it can be promoted through policy. In this paper, we examine social interaction and how it contributes to lived experiences of active ageing among a sample of 30 older Ghanaians living in Australia

and Ghana. Our findings confirm the significance of social interaction for active ageing, and shows that social interaction creates a sense of purpose for living, which leads to the ability of the individual to build resilience, which mitigates anxieties and pains associated with ill health (especially for frail older people); enhances self-motivation for play and fun; empowers the individual to explore opportunities for continuous activity including leisure, and improves the general feeling of happiness resulting in active ageing – quality of life. The paper's main argument is that social interaction presents potentials for improving the quality of life (active ageing) for older people and needs to be carefully considered in policy, research and practice.

ADDRESSING SOCIAL ISOLATION OF OLDER ADULTS: THE COMMUNITY PERSPECTIVE AND CONTRIBUTION

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This presentation will discuss the Reducing Isolation of Seniors Collective (RISC), a collaboration of three organizations that have implemented nine projects to address social isolation for rural and urban older adults in Saskatchewan, Canada. A survey was completed with the purpose of identifying community-level awareness, knowledge and perspectives on the extent of social isolation of older adults in their communities. Key variables of interest included contributors to social isolation of older adults, barriers to overcoming social isolation, and community efforts and promising assets for addressing social isolation of older adults in their own communities. To develop an understanding of the extent to which respondents are involved with older adults, the survey asked respondents to report how often they supported, observed, advocated for, and/or interacted with seniors. The 271 respondents identified their roles in the community as human service professionals, healthcare professionals, program facilitators, community leaders, organization members, and community volunteers. Three-quarters of respondents reported that they were involved with seniors at least daily or weekly. While 75.3% believed that social isolation of older adults was "somewhat" or "very" common, almost one-half (41.2%) of respondents believed there was not general awareness of social isolation of older adults by other members in their community. Over one-half of the respondents mentioned community programming (55.7%), friends and neighbours (63.1%), and volunteers (57.2%) as community assets that can reduce isolation of older adults. Respondents reported examples of promising interventions in their communities: church support, library programs, transportation service, visiting programs, advocacy groups, and information sessions.

EXPLORING THE EFFECTS OF RURAL AND URBAN LIVING ON LONELINESS AND REINSTITUTIONALIZATION

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