Seniors and Volunteering: An Italian Study into Gender Differences

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Abstract: Various studies on active ageing have focused on social participation as an element in the promotion of related policies. Literature on the subject reveals that the participation in voluntary activities is a factor which contributes positively to the process of active ageing. This article explores gender disparities related to active volunteerism among Italian seniors. Of the 900 active subjects aged between 65 and 74 who participated, 146 were engaged in voluntary activities. Constrained cluster analysis techniques based on a series of variables including age, income type, relationship networks, value attributions, and sector of volunteering association were applied to identify the statistical differences between elderly male and female volunteers. The results show a difference in volunteer profile between the genders. Male volunteers are younger, often married and more active, while women are older, often widows and possessing a strong religious vocation. Furthermore, while men are more likely to be involved in activities related to sports, women tend to donate time to solidarity and educational initiatives aimed at individuals. The promotion of active ageing policies should consider as crucial not only the differences in national welfare regimes, but also how gender disparities determine different forms and opportunities for social participation.

Keywords: Active Ageing, Gender Differences, Gender Disparities, Volunteerism, Social Participation, Civic Engagement

1. Introduction

Low birth rates and increases in life expectancy have contributed to changes in the age composition of European populations. Older cohorts currently constitute an important part of the total live population. According to Eurostat predictions [1], the percentage of persons aged 65 years and over will rise from 17% in 2010 to 30% in 2060, while those aged 80 and over will increase from 5% to 12% over the same period.

This demographic change has made the promotion of active ageing an agenda priority for Europe, where 2012 was named the European Year for Active Ageing and Solidarity between Generations. [2]

The WHO defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (p. 12). [3]. It is important to note that the definition proposed by the WHO embraces a wide concept of activity, not merely the ability to be physically active or to have a role in the labour force. Instead, this understanding of active ageing emphasises the continuing participation of the elderly in domains that extend beyond economically productive activities to include in cultural, social and civic affairs which contribute to personal well-being and quality of life, as well as to the well-being of other individuals and the society at large. This requires the acceptance of a holistic vision of ageing and is an attempt to overcome the limits of another concept popular above all in the USA, that of successful ageing. This approach has, since the 1960s, drawn attention mainly to the performance potentials of the elderly [4] or, in other terms, the promotion of the physical, mental and social well-being of a person as they experience the last phase of their life-cycle.

However, according to Rossi et al. [5], activity represents an individual and a social resource. Under successful ageing, ageing actively means the empowering of a person so that they are be able to attain physical, mental and social well-being during the last part of their life. The WHO definition requires a consideration of how the past, the expertise and the experience of the elderly provide strength and consistency to
the social dimensions of activity, transforming it into a fundamental resource for everyone.

However, the propensity to activity is influenced by many factors, partly rooted in life experiences and in part related to socio-demographic variables.

Gender plays a particularly important role among these. Women suffer from isolation more than men, due mainly to a higher life expectancy and a therefore greater risk of experiencing a period of life alone after the loss of a partner. [6] The increased vulnerability of older women is also linked to lower socio-economic status indicators. Females have in fact generally acquired lower academic credentials, followed unpaid professions and attained lower income levels. [7]

In 2012, to mark the year dedicated to active ageing and solidarity between generations, the European Union demonstrated an awareness of this inequality between the genders. The Union’s Advisory Committee on Equal Opportunities for Women and Men [8] issued the Opinion on the Gender Dimension of Active Ageing and Solidarity between Generations. The document showed clearly that older women are at a greater risk of stress and social isolation, with ensuing negative impacts on their health and life expectancy. In addition, it was stated that “although the life expectancy of women is longer than men, the number of quality-of-life-years for women compared to men is lower” (p. 3).

This increased vulnerability, the document continues, means that policies must take into account gender differences in isolation risk factors which affect above all older women.

This paper aims to investigate the differences related to gender between active male and female seniors with a focus on social participation and, specifically, volunteering. In the first part, it will be developed some considerations relating to active ageing and the participation in the world of volunteering. The second part will examine several European studies on gender-related differences among older volunteers. The third part will examine an Italian research project involving active seniors, highlighting findings related to gender disparities.

2. Volunteering as a Resource for Active Ageing

Of the social participation forms available to the elderly, volunteering is an important resource which may be considered a practical strategy of civic engagement.

As demonstrated by the extent of the literature available [5, 9, 10, 11, 12, 13, 14], an involvement in voluntary work allows older people to achieve multiple objectives.

In the first place, it strengthens personal traits such as self-esteem, self-confidence and the feeling of being useful to others. It also allows skills accumulated and matured to date to be used and regenerated as well as being an incentive to develop new abilities.

Secondly, voluntary activity may allow a person to develop a sense of belonging to a network committed to the achievement of common objectives, a network which they then later rely on even if the need is not strictly related to the role fulfilled as a volunteer. As part of a group, the older person feels themselves to be a member of a community, and their individual sense of social identity may be constructed or reinforced through the contact with members. The group or association allows the older person to rediscover the value of dialogue and to satisfy their need for self-expression, for social contact and even solidarity [12]. Volunteering is an important resource in the processes of the social capital. [9, 15, 16]

The third objective is closely related to the second. Participation in the voluntary sector may protect against the isolation and solitude - emotional and social - which is often felt when affection and friendship are lost after the death of a family member or where relationships may be difficult to cultivate due to reduced mobility, a lack of economic resources, life as the single household member or as a former member of the work force. [13]

Being a member of a voluntary association allows the development of an identity that is both individual and social during a stage in life when a person’s sense of self often enters a period of crisis and redefinition on attaining the pension age or through the loss of a professional role. [12]

Studies show that the elderly engaged in the voluntary sector also benefit on the physical level because they are less sedentary or learn important information related to healthy lifestyles. [14]

Last but not least, being a volunteer allows the elderly to mature relations based on solidarity, pro-sociality, trust and reciprocity among both peers and people belonging to other generation. [17] Intergenerational solidarity may be defined as the co-operation and mutual support between people belonging to different age groups, aimed at guaranteeing all ages a fair chance to satisfy their personal needs, build their capacities and to provide opportunities for economic and social progress. [3]

To summarise, participation in the world of volunteering allows the elderly to increase their sense of physical, mental, social and relational well-being, affirming their capacity to continue to be of influence despite entering the most mature of life’s stages. Volunteer activities may therefore constitute an important opportunity to reduce the risks of isolation and individual vulnerability.

As discussed in a previous work [11], four factors play an important role in an older person’s choice to be involved in volunteer activities (see Figure 1):

1. at the micro level (individual-subjective), the motivation and inclination of the older person to volunteer for activities which presuppose a practical, hands-on involvement;
2. at the meso level (where the voluntary organisations are involved), the real opportunities for the elderly to contribute is conditioned by whether or not the organisations seek older volunteers;
3. again at the meso level, whether the volunteer organisations interacts with other social areas related to welfare, for example, the family in the case of groups active in the formal healthcare market or system. Here, each of the groups in the individual national settings promotes a specific benefit aimed towards an
improvement in general welfare conditions;
4. at a macro level, government policies may encourage or inhibit the widening of opportunities available for active elderly to be involved as volunteers. [18]

Figure 1. The choice to be a volunteer during old age: a micro-meso-macro perspective.

3. The Profile of Active Seniors in Europe: Gender Disparities

Within Europe, the various national cultural and operational contexts influence the participation of an individual's participation in volunteer activities. [19]

According to data published in the latest Volonteurs report [13], the percentage of people over 50 engaged in volunteer activities varies substantially among the European states, with a minimum percentage of 3% in Greece and a maximum of 20% in the Netherlands. In addition, the data shows a greater participation among males, those who have higher educational qualifications and among persons aged 50-74 years (with the exception of Northern European countries, where there is also a strong participation among those over 74).

An analysis of data released in the 2012 Volonteurs report [13] related to the areas where the elderly donate their time and efforts reveals a difference which may be linked to the relative national welfare system. For example, In Sweden, for example, where the State is a strong presence in the welfare system, elderly volunteers are more likely to be engaged in activities of expression (sport, culture and advocacy groups). In the United Kingdom, where the State has a weaker role in providing services destined to improving personal well-being, participation in social-health and assistance associations prevails, and social care and welfare groups are strongly represented.

The Active Ageing Index (AAI) published by the United Nations Economic Commission for Europe (UNECE) in 2015 [20] notes four macro domains represented by employment, participation in society, independent and secure living and the capacity for active ageing. The domains included 22 thematic indicators. While the first three domains involve the real life experiences of the active older person, the fourth is related to the ability/willingness to become an active senior.

The construction of the index allows a concise and analytical comparison of the condition of active seniors in the 28 European Union countries, and enables further investigations involving, for example, an analysis of gender disparities. This difference will be commented in depth in this paper.

The index uses populations aged between 55 and 74 years as reference units. As a result, it includes a cohort of people aged between 55 and 64 who, for the purposes of analysis of persons over the age of 65, are not considered 'senior'. Despite this, the possibility to denote each individual country specifically and to make standardized comparisons across contexts does allow the formulation of several interesting statements. The data related to social participation (including information on voluntary activities, the care of children and grandchildren, the care of other adults and political participation) ranks Italy at first place, together with Ireland. However, Italy is placed very low in the ranks for the other three indicators examined. The domain devoted to employment examined indicators for populations between 55-59, 60-64, 65-69, and 70-74 years of age present in the workforce. Physical exercise, access to health services, degree of independence in lifestyle, financial security, physical security and lifelong living were considered as indicators in the domain for independent and secure living. The fourth domain, management of life as a senior, considered the anticipated life expectancy at 55, the expectation at 55 to live a healthy life as a senior, mental health, use of technology and social networks, and the continuation of intellectual pursuits.

Two Northern European countries which have led in instituting policies to support active ageing also have the highest scores for the capacity of seniors to be active (Sweden at 69.2%, Denmark 65.1%).

When examining the index scores as a whole, it can be seen that the intermediate position occupied by Italy was due largely to the high score obtained for social participation, an aspect which has consistently increased in the period between 2010 and 2014. It must be kept in mind that "social participation" is defined as more than just voluntary action actually performed by people aged 55 and over. It includes dimensions such as the care of children and grandchildren, disabled or elderly family members, and political participation in its various forms. For the purposes of analysis it is not, then, a "pure" indicator of an exclusively voluntary action, as it takes into account other intra-family care activities. The cohort of the analysed population also includes people aged between 55 and 64 years, a group not included in study.

As noted above, the report enables an examination of the gender disparities in the four domains. The data reveals that women receive lower average scores in all areas, with a wider gender gap above all in Malta and Cyprus, but also in
Luxembourg and Holland (Table 1). In only three countries (Estonia, Latvia and Finland) did women record higher index scores AAI than men. The greatest disparities are seen in the domains of employment and independent living. In the domain of social participation (of specific interest for the purposes of this paper), it has been noted that the widest gaps were recorded in Denmark, Austria, Luxembourg, and to a lesser extent in Denmark, Austria, the Czech Republic, Belgium, Lithuania, France, Germany and the Netherlands, States where there is a greater involvement of men than of women in voluntary activities and policies. In contrast, higher female participation rates were recorded in Latvia, Greece, Poland, Ireland, Finland and Spain.

Table 1. Active Ageing Index – 2014: Differences in the domain-specific scores between men and women for the EU-28 countries, 2014 AAI.

| Country        | Employment | M | F | Participation in society | M | F | Independent living | M | F | Capacity for active ageing | M | F |
|----------------|------------|---|---|---------------------------|---|---|---------------------|---|---|-----------------------------|---|---|
| Sweden         | 7.1        | F | 0.8|                           | 1.9| F | 0.7                 |    |    |                             |    |    |
| Denmark        | 9.1        |    | 2.6|                           | 0.2|    | 0.5                 |    |    |                             |    |    |
| Netherlands    | 13.8       |    | 1.9|                           | 2.4|    | 1.5                 |    |    |                             |    |    |
| UK             | 10.6       |    | 1.7|                           | 1.5|    | 2.1                 |    |    |                             |    |    |
| Finland        | 1.5        |    | 3.4|                           | 2.2|    | 1.5                 |    |    |                             |    |    |
| Ireland        | 12.3       |    | 3.8|                           | 3.4|    | 0.3                 |    |    |                             |    |    |
| France         | 3.8        |    | 2.1|                           | 4.0|    | 1.8                 |    |    |                             |    |    |
| Luxembourg     | 7.6        |    | 8.9|                           | 2.8|    | 3.0                 |    |    |                             |    |    |
| Germany        | 9.3        |    | 1.9|                           | 3.3|    | 0.5                 |    |    |                             |    |    |
| Estonia        |            |    | 0.8|                           |    |    | 6.1                 |    |    |                             |    |    |
| Czech Rep.     | 12.4       |    | 4.1|                           | 1.7|    | 1.9                 |    |    |                             |    |    |
| Cyprus         | 18.1       |    | 2.1|                           | 2.8|    | 6.1                 |    |    |                             |    |    |
| Austria        | 11.0       |    | 2.1|                           | 0.9|    | 1.8                 |    |    |                             |    |    |
| Italy          | 13.1       |    | 1.5|                           | 2.7|    | 2.6                 |    |    |                             |    |    |
| EU28 avg       | 9.5        |    | 0.1|                           | 2.8|    | 0.5                 |    |    |                             |    |    |
| Belgium        | 7.6        |    | 3.0|                           | 3.9|    | 1.3                 |    |    |                             |    |    |
| Portugal       | 11.2       |    | 0.0|                           | 2.5|    | 2.8                 |    |    |                             |    |    |
| Spain          | 8.5        |    | 2.2|                           | 2.8|    | 1.4                 |    |    |                             |    |    |
| Croatia        | 11.6       |    | 1.5|                           | 4.5|    | 2.1                 |    |    |                             |    |    |
| Latvia         | 2.4        |    | 6.3|                           | 3.8|    | 1.2                 |    |    |                             |    |    |
| Lithuania      | 5.3        |    | 2.0|                           | 1.9|    | 2.6                 |    |    |                             |    |    |
| Malta          | 22.9       |    | 1.1|                           | 0.4|    | 1.2                 |    |    |                             |    |    |
| Bulgaria       | 6.0        |    | 1.7|                           | 7.5|    | 0.5                 |    |    |                             |    |    |
| Slovenia       | 9.2        |    | 1.6|                           | 2.5|    | 0.3                 |    |    |                             |    |    |
| Romania        | 10.5       |    | 1.3|                           | 4.0|    | 2.9                 |    |    |                             |    |    |
| Slovakia       | 10.6       |    | 0.6|                           | 2.7|    | 1.1                 |    |    |                             |    |    |
| Hungary        | 6.0        |    | 3.0|                           | 2.9|    | 1.3                 |    |    |                             |    |    |
| Poland         | 12.5       |    | 2.3|                           | 3.2|    | 2.0                 |    |    |                             |    |    |
| Greece         | 13.1       |    | 3.7|                           | 3.4|    | 3.2                 |    |    |                             |    |    |

Source: UNECE (2015, p. 31).

The Index shows a gap of 5.2 percentage points in favour of men in Italy (36.8% vs 31.6%, where the EU28 averages are respectively 36% and 32.2%). However, given a difference of only 0.5% in favour of women in the area of social participation, it may be said that male and female involvement is equal for the domain.

Other studies of the Italian situation arrive at similar results for older male and female participation in volunteer activities. For example, from the data in Principi et al. [18], sourced from a study conducted by the Italian National Institute for Statistics in 2012, it can be seen that the gender composition of volunteers over 65 is rather similar (10.5% males, 9.5% females). However, while male volunteers are more present in the culture and recreational sectors (55%), females tend to be involved in social services (55%) and health related activities (60%). In order to focus on gender disparities and examine aspects related to this difference in more detail, a study conducted in Italy on the elderly population engaged in volunteer activities will be discussed in the next part.

4. Research on Volunteering Among Active Seniors in Italy

4.1. Methods

The research presented here was conducted in Italy during 2014 and involved 900 senior citizens aged between 65 and 74 years representative of the Italian population in the age group. The subjects were interviewed face-to-face with a questionnaire. Of the many findings from the study (Scabini, Rossi, 2016), this article will focus on a sub-population of the sample, the 146 individuals who declared their volunteer involvement. The aim is to explore differences in the characteristics of volunteers and their volunteer experiences which are linked to gender. The relevant data was subjected to a cluster analysis "tied" to the variable gender (male/female) using statistical software SPAD (Systeme Portable pour l'analyse des Données). The tests results detailed in the tables are: a) t-value: a measure of similarity
between a variable and the group defined by that cluster. The results are sorted in descending order, the higher the value in the test, the more that variable and its mode more markedly characterise the relevant group; b) p-value: significance tests; c) the percentage of the mode belonging to the class, i.e. the percentage of subjects in that class which have the same mode of response for the feature indicated; d) the overall percentage, the percentage of subjects in the entire sample who indicated a mode of response with the same characteristics.

85 categorical variables deemed relevant to the profile of the respondent were inserted. These included socio-demographic variables (gender, age, geographical area of residence, family type, family status index, type of income received and physical activity), variables for the personal universe of values and leanings (values considered important by the respondent, religious beliefs, frequency of participation in religious services and personal areas of interest), the individual’s social network (primary, secondary and generalised social capital indexes, overall relational intensity index, propensity to intergenerational contact, prosociality index and their level of involvement in related organisational activities), their use of new technologies (technological equipment index, levels of pc and internet usage, use of social networks), issues related to ageing (self-perception as an older person, age-related reduction of possibilities, age-related concerns), characteristics and other aspects of the voluntary association (and any other organisations adhered to), where the activity is conducted (type of groups to which they belong, type of volunteer activities undertaken, evaluation of the volunteer organization, type of benefiting organisation, age group of the beneficiaries, benefits experienced as volunteers). Only meaningful relationships were considered for the analysis of the results (I. C: 95%; p. <0.05).

4.2. Results

Among respondents in the sub-population of active seniors who volunteer, 50.6% of the sample are men and 49.4% women.

The male cluster (Table 2) is characterised by a greater presence of persons receiving an employment retirement pension (92.91% vs 84.85%, t. value = 2.66, p. = 0.004) and engaged mainly in volunteer activities related to the world of sports (15.13% vs 8.94%, t. value = 2.34, p. = 0.010). The males in the sub-population are more likely to see themselves as ‘old’ than those in the complete sample (66.45% vs 56.09%, t. value = 2.32, p. = 0.010). A difference is also noted in values considered important, compared to the complete sample. Couple relationships (55.14% vs 44.67%, t. value = 2.53, p. = 0.006) and hobbies (36.50% vs 28.09%, t. value = 2.12, p. = 0.017) are considered more important, while religion is considered important enough (40.55% vs 31.69%, t. value = 2.21, p. = 0.013). They believe that volunteering makes a fairly significant contribution to providing companionship (44.36% vs 34.64%, t. value = 2.32, p. = 0.010). They also belong more frequently to neighbourhood committees (10.75% vs 6.09%, t. value = 2.09, p. = 0.019) and are often members of the organising organ of the volunteer group (25.84% vs 18.30%, t. value = 2.07, p. = 0.019). Volunteering seniors tend to be younger, or belong to the 65-69 year old group (69.04% vs 60.03%, t. value = 2.00, p. = 0.023) and have a medium family burden index (7.19% vs 3.64%, t. value = 1.86, p. = 0.031), assessed from variables related to care and treatment commitments for family members.

The data from the female cluster (Table 3) reveals a greater propensity to belonging to religious groups (23.43% vs 12.96%, t. value = 3.66, p. = 0.000), specifically to local church groups (22.26% vs 16.04%, t. value = 1.90, p. = 0.029). Females are primarily involved in activities which offer solidarity (27.43% vs 18.47%, t. value = 2.67, p. = 0.004) and education (18.01% vs 11.03%, t. value = 2.49, p. = 0.006). An analysis of the values data reveals that females assign more importance to religion (62.53% vs 51.40%, t. value = 2.50, p. = 0.006), independent living (62.29% vs 52.07%, t. value = 2.33, p. = 0.010), money saving (12.41% vs 7.33%, t. value = 1.96, p. = 0.025), while they assign little or no importance to having free time (27.57% vs 20.75%, t. value = 1.94, p. = 0.026). The older female subjects in the 70-74 group are those more likely to "feel old" (49.20% vs 40.0%, t. value = 2.34, p. = 0.010) from the point where they begin to lose independence (22.97% vs 16.20%, t. value = 2.07, p. = 0.019). They are more likely to be a surviving spouse compared to the men in the same age group, given that the source of income is linked to a greater extent to a survivor's pension (12.42% vs 7.60%, t. value = 1.96, p. = 0.025). They are also less active physically (32.80% vs 25.67%, t. value = 1.80, p. = 0.036). The voluntary activities undertaken mainly involve minors and youth (43.69% vs 36.78%, t. value = 1.67, p. = 0.047).

No significant differences related to gender are observed for the other variables.

Table 2. Constrain cluster analysis: group “Male”.

| Variables and modality                        | T. Value | P.   | CAT/GRP | Global |
|-----------------------------------------------|----------|------|---------|--------|
| Sex: male                                     | 13.79    | 0.000| 100.00  | 50.62  |
| Employment pension                            | 2.66     | 0.004| 92.91   | 84.85  |
| Important relationship as a couple: indicate  | 2.53     | 0.006| 55.14   | 44.67  |
| Association activity type: sport activities   | 2.34     | 0.010| 15.13   | 8.94   |
| Self-perception as senior: "I don't feel old" | 2.32     | 0.010| 66.45   | 56.09  |
| Volunteering offers companionship: enough     | 2.32     | 0.010| 44.36   | 34.64  |
| Importance of religion: important enough     | 2.21     | 0.013| 40.55   | 31.69  |
| Importance of hobbies: indicate               | 2.12     | 0.017| 36.50   | 28.09  |
| Types of groups adhered to: neighbourhood committees | 2.09 | 0.019| 10.75   | 6.09   |
4.3. Discussion

The number of voluntary associations in Italy has risen sharply since the early nineties, an increased related closely to the crisis of the welfare state. It is no coincidence that the most active volunteer areas are health and social welfare, followed by education.

The above data reveals that there is a link in Italy between the gender of the active senior and the participation in volunteer activities. Male volunteers are clearly younger, more active, and they do not "feel old". They are adhere mainly to associations related to the world of sport, and believe that volunteering represents above all an opportunity to socialise. Most male volunteers are still married. Women, in contrast, are generally older, often less physically active and widowed, as well as closely connected to a religion. For females, volunteering is seen as an opportunity for a pro-social commitment to other people through solidarity and educational activities.

5. Conclusions

This paper has sought to highlight the importance of promoting policies aimed at supporting active ageing and thereby improving the quality of life and the bio-psychosocial well-being of older persons. It has also presented evidence that ageing results in different trajectories and scenarios for men and women, and that the latter are more vulnerable to a risk of isolation and social exclusion.

There is a need to encourage better conditions and wider opportunities for active citizenship, civil engagement and social participation by older people. The social inclusion of elderly people through volunteer activities represents a new challenge within this context. As seen in the discussion, volunteerism is an important opportunity for social participation, in itself a crucial element in the support of active ageing. Volunteer work contributes to a sense of well-being by increasing social capital and the feeling of belonging as well as the competences and abilities of an individual. The role of volunteer also provides an opportunity for seniors to contribute to solidarity between the generations.

The isolation risk factor for seniors is not equal throughout the EU as it is closely linked to the type of welfare regime of each Member State where diverse guarantees of welfare and social protection exist. [21] This has consequences in terms of social participation through engagement in the voluntary sector, as evidenced by various research results [22] highlighting how the different welfare arrangements in force within various European national contexts influence the spread of choice for a pro-social action of solidarity between active seniors. Particular elements within national contexts can hinder the development of volunteering by the elderly. These include the isolation of the elderly person and the resulting slower social inclusion into solidarity networks, the lack of information about how an elderly person may become involved in a volunteer organisation, the absence of funding allocated to the support of volunteer activities for the elderly, the difficulties in travelling to a volunteer location due to the lack of public transport, and in the very significant level of aid the elderly offer to family members which in turn prevents them from engaging in other activities.

In addition to the factors outlined above, the research demonstrates that the volunteer profile and the areas where the senior donates their time and efforts are also influenced by the gender of the individual. It has been noted how the women in Italy devote themselves above all to solidarity and education activities aimed in particular at children, while men are more likely to be involved in activities related to the sports world. It is a trend that seems to underline the traditional role for women, that of welfare activities addressed to aiding a person. This assumes greater

| Variables and modality                                           | T. Value | P.   | CAT/GRP | Global |
|------------------------------------------------------------------|----------|------|---------|--------|
| Role within the volunteer association: member of the association's organisational body | 2.07     | 0.019| 25.84   | 18.30  |
| Age range: 65-69 years                                           | 2.00     | 0.023| 69.04   | 60.03  |
| Dependants index: medium                                         | 1.86     | 0.031| 7.19    | 3.64   |

Table 3. Constrain cluster analysis: group Female."
importance in a context where the welfare system is undergoing a period of deep crisis, as in Italy. The data also show that the female volunteers are on average older than male volunteers, often widows, and possessing a strong religious vocation. Two intervention suggestions emerge from the discussion. On one hand, it is important to ensure opportunities for women to participate in voluntary initiatives that enable them to express participatory forms not anchored solely in traditional welfare roles. It is also important to investigate whether men over the age of 70 face obstacles in their participation in the volunteer sector which may be removed through appropriate policies.

The research experience highlights the need for policies and measures aimed at promoting active ageing to take into consideration how opportunities, subjective motivations, the levels of independence and well-being, association memberships and provision of services are currently intertwined, and the differences which exist for each gender within these factors. An ambitious goal, and one which applied policies do not always manage to identify and pursue.

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