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Confronting Active Ageing with Empirical Evidence: A Structural Equation Model Approach. The Case of Older Migrants Living in Switzerland¹

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1 Introduction

Ageing is widely considered to be a major social, economic and political challenge for today's Western societies. Ensuring the financial and social sustainability of pension and healthcare systems is at the core of political concerns and discourses. But at the same time, more and more retired people are asserting their right to participate fully in society, and do not necessarily identify retirement with loss and dependency. To tackle these challenges, the notion of active ageing has recently emerged in ageing policies and discourses as an antidote to alarmist demographic arguments, and as an answer to the demands of older people to remain "socially integrated." International organisations have played a major role in highlighting and disseminating this notion (Moulaert 2014). Two contrasting approaches to active ageing, which are not mutually exclusive, currently coexist. The productivist approach involves the idea of "work longer, live longer" (OECD 2006) and is supported by most international organisations (Walker 2009). According to this model, an extension of professional activity appears to be inevitable because of the risks to pension sustainability posed by an ageing population. The World Health Organization (WHO), using a much broader definition of active ageing, has proposed a multidimensional and holistic approach. In 2002, this model was formally defined as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO 2002). From an analytic perspective, active ageing may be viewed as a normative and cognitive framework for ageing and retirement policies. Active ageing acts as a reference framework that informs, orientates, and legitimates national ageing policies (Kaeser and Roch 2015).

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In Switzerland, both these active ageing approaches underlie the current agenda of retirement and ageing policies. In international comparative terms, Switzerland has a high senior employment rate and retirement age.² The Swiss pension system is also seen as a model, having developed multi-risk coverage supported by three pillars: basic insurance (which is mandatory and publicly funded), an occupational pension scheme, and a private pension scheme (Bonoli et al. 2008). Despite this privileged position, Swiss political rhetoric uses the same argument as the productivist approach. The reform project “*Prévoyance vieillesse 2020*,” proposed in 2013 by the Swiss Federal Council and shortly to be submitted to the Parlement, contains two key measures: incentives for extending professional activity and discouraging early retirement, and decreasing the second pillar conversion rate. While this reform still requires democratic approval, it suggests that the Swiss retirement agenda relies on a productivist approach to active ageing. In addition to the pension scheme, the Confederation also has responsibility for preventive health programs, health care insurance, and long-term care. For other domains such as social participation, housing, or retirement homes, ageing policies are organised according to principles of federalism and subsidiarity. In 2007, the Swiss Federal Council produced a report “*Strategies for Ageing Policy*,” which is non-binding but which specifies the key strategies and orientations for ageing policy at the federal, cantonal, and communal levels in Switzerland. This report declares adherence to the holistic approach to active ageing by using the WHO definition as the source of its principles for orientations and actions (Swiss Federal Council 2007, 2). This dual affiliation in Swiss policy, to the productivist and the holistic approaches, reflects a concern for malleability and efficiency in terms of active ageing, to legitimate and support the current evolution of ageing policy.

While the notion of active ageing may reflect the aspirations and choices of some older people to actively participate in society, it has also often been criticised for conveying a homogeneous representation of ageing which does not take social and economic inequalities into account (Kaeser and Roch 2013; Van Dyk et al. 2013; Boudiny 2014). From a productivist point of view, the effective retirement age does not always match the legal one: early retirement may be constrained by health status or labour market conditions (Caradec 2009; Debrand and Sirven 2009), and working beyond the legal pension age is not always a preferred choice but may also be done for financial reasons (Jolivet 2010). The holistic approach seems to embrace the demands of older people for their roles and status within society to be valued, but it downplays the positive relation between socioeconomic conditions and

2 In a European comparison, Switzerland is one of the leading countries in terms of senior employment rate. For example, in 2010 and according to the Swiss Federal Statistical Office, more than 70% of the population aged between 55 and 64 years old were active, compared to the European Union mean, which was about 50%. Furthermore, 14.5% of people in Switzerland aged between 65 and 74 years old continue to work after legal retirement age, compared to 7.7% in the European Union (FSO 2012).

social, civic, and political participation (Caradec 2001; Guillemard 2002; Sirven and Debrand 2013) and the importance of life course components for understanding older people's social participation (Bickel 2014). Moreover, individuals with modest living conditions are mostly absent from discourses on active ageing (Van Dyk et al. 2013). Finally, although the concept of active ageing often underlies policies and discourses on ageing, it has rarely been empirically tested.

This article aims to confront active ageing policy with the living conditions of populations not traditionally taken into account when defining active ageing models. To do this, we compare Swiss political ambitions concerning active ageing with the living conditions of older migrants, who are considered to be at higher risk of vulnerability than the overall population (Bolzman et al. 2004; Bolzman and Kaeser 2012). Instead of opposing the productivist and the holistic approaches, we adopt a large framework for activity to confront both current approaches of active ageing. This research attempts to identify the types of activities of older people, and ties them to socioeconomic and demographic characteristics, with a focus on older migrants. Essentially, this research responds to the lack of quantitative empirical research in the field of active ageing by using a structural equation modelling approach, which is a statistical approach not currently used to report and understand older people's activities in Switzerland.

The paper has four parts. First, it reviews the extant literature relevant to the activities of older people and older migrants from a life-course perspective. Then the research methodology is presented and data analysis techniques are discussed. Next, the findings are examined and summarised. The paper concludes with a discussion on the risks of neglecting social inequalities in active ageing advocacy, and with directions for further research.

2 State of the art

Until recently, retirement, exit from the labour market, and ageing tended to converge at the same life-stage. The life course was institutionally divided into three main phases organised around work: education, active life, and retirement. Pension systems have contributed greatly to structuring the transition to retirement and to articulating age and social roles at this stage of the life course (Guillemard 2005; Kohli 2007). Nevertheless, various factors have recently blurred this traditional transition. Among others, the extension of life expectancy, and particularly of life in good health, has transformed a previously well-defined period of retirement transition into a new period of life that needs to be shaped (Sapin et al. 2007). Transition to retirement marks the beginning of an extended and new stage of life, characterised by the reorganisation of time freed from work (Lalive d'Épinay 1991).

The emergence of new cohorts of retirees is accompanied by an evolution of the values and practices of older people. On the one hand, the development of civic, social, and cultural activities addresses the aspirations of many older people to play more valued roles within society and to move away from a negative representation of ageing. On the other hand, getting access to such activities depends on health, economic, and social resources which are not equally distributed (Caradec 2001; Guillemard 2002; Viriot Durandal 2003). Living conditions at retirement are far from being homogeneous in terms of socioeconomic, physical, and mental resources. The reinforcement of inequalities due to cumulative effects has led to more heterogeneity of life trajectories in the second part of life (Sapin et al. 2007), depending on birth cohort, environment, and demographic status (Elder et al. 2003; Settersten 2003). Research on the institutionalisation of the life course highlights the fact that individual resources are deeply structured by public policies, norms, and the values of the living environment, with contrasting effects on social inequalities (Mayer and Schoepflin 1989; Leisering 2003; Mayer 2004; Kohli 2007). Finally, the cumulative effect of advantage and disadvantage underlies the general mechanism of inequality across the life course, in which an unfavourable or favourable position translates into resources which produce further relative gains and losses (Dannefer 2003).

The life course perspective thus prompts the hypothesis that retirement activities are shaped by the individual life course, and especially by professional, health, and familial trajectories. Consequently, the norms conveyed by the idea of active ageing may not encompass the variety and diversity of the practices of older people. We suggest that this link is even stronger for older migrants because of specific characteristics of their life courses. The next sections present the state of the art concerning each component of this theoretical hypothesis.

2.1 Critiques of active ageing in scientific literature

Recent research reveals the hiatus between the direct concerns of older people and the rhetoric of contemporary ageing policies: older people's discourse on being active is usually very different from the conceptions contained in political rhetoric (Holstein and Minkler 2003; Clarke and Warren 2007; Bowling 2008; Bowling 2009; Raymond and Grenier 2012; Repetti 2013; Van Dyk et al. 2013). Also central to any empirical testing of active ageing is a definition of what counts as an activity and its associated meanings (Caradec 2008; Boudiny 2013). Finally, as a cognitive and a political object, active ageing is by definition normative. This normativity has been criticised in the scientific literature for its over-responsibilisation of the individual at the expense of environmental and socio-demographic determinants in the ageing process. The most critical authors even denounce active ageing as a tool for neoliberal visions of empowerment (Katz 2000; Moulaert and Biggs 2013; Van Dyk et al. 2013). More favourable approaches underline the collective and emancipatory potential of empowerment (Bacqué and Biewener 2013) as constitutive of

active ageing (Boudiny 2013; Moulaert et al. 2014) if “active ageing policies centre on engagement with life in general, rather than reducing the concept to economic engagement or involvement in highly physical activities. Fostering adaptability, supporting the maintenance of emotionally close relationships and removing structural barriers related to age or dependency may further involvement with life throughout various phases of life” (Boudiny 2013, 1094–1095).

Nevertheless, most of these studies are based on qualitative methods. To date there have been only three studies specifically addressing the complexity of active ageing with a statistical model applied to a general population. Constança and colleagues (2012) present an empirical approach to the WHO model and aim at identifying the components of this model. However, their study does not directly address the social determinants of active ageing, and mixes the components and the determinants of active ageing. For example, as Boudiny (2013) was the first to point out, health is one of the three components of the WHO model but is also one of the major determinants for being active. Constança’s model also lacks coherence in some dimensions, such as the cognitive dimension, which includes both “income” and “educational level.” It also does not include professional activity, which is a crucial component of active ageing for the WHO approach. A study by Bowling (2009, 710) analyses “perceptions of, and associations with, active ageing among ethnically diverse and homogeneous samples of older people in Britain.” She shows that policy models of active ageing are reflected in people’s views, and tend to offer a better match with the realities of older people’s lives compared with definitions of quality of life and successful ageing. Nevertheless, her study does not directly address active ageing normativity. Finally, Ashgar Zaidi and his team (2013) have constructed an Active Ageing Index. This aims at evaluating the level of active ageing in European countries at an aggregate level. Kaeser and Roch (2015) criticise this index for being largely supported and exploited by the European Union. Indeed, it is used as a tool to benchmark national ageing policies in terms of their capacity to maintain citizens in productive and autonomous life as long as possible; in this sense there is a reliance on scientists to contribute to elaborating an “expert discourse” which legitimates active ageing policies as the “best solution” to tackle ageing issues (Kaeser and Roch 2015). For example, articles such as those by Walker (2009), Foster and Walker (2013) or Boudiny (2013) all intend to point to “best practices” to implement active ageing.

Outside the specific field of active ageing, much research in the sociology of ageing addresses the issue of social determinants of older people’s activities from a quantitative perspective.³ The typology of Guillemard (1972; 2002) was based on a hypothetico-deductive model and identified four types of practices.⁴ These practices

3 See Caradec (2001) for a synthesis.

4 The four types identified by Guillemard (1972; 2002) are: “third age”-retirement (retirement characterized by productive activities aiming at replacing former professional activity); “consumption”-retirement (retirement characterized by either leisure or mass society); “participatory”-retirement

were more or less correlated with social determinants, which were resources accumulated throughout the life course (income, social relationships, health status, education, and leisure outside work). The French National Foundation of Gerontology adopted an inductive empirical method using a factorial analysis with three axes of practices⁵ related to social determinants, in particular gender and socio-professional status (Paillat 1989). In Switzerland, researchers at the Centre for the Interdisciplinary Study of Gerontology (CIG) used the same inductive empirical method and did a correspondence analysis to identify configurations of activities and their links with socio-demographic, biographic, and health characteristics (Lalive d'Épinay et al. 2000).⁶ They then applied multinomial regressions to measure the link between types of lifestyle and explanatory determinants (health, socio-demographic characteristics, values, household composition). These three typologies highlight the fact that the practices of older people result from social constructions and do not simply reflect individual behaviour (Caradec 2001). The above-mentioned typologies are dated 1972, 1989 and 2000 i. e. at least two years, for the latest, before the first references to active ageing. However, these typologies are of undeniable interest in identifying “ideal-types” of older people and the latent dimensions of activities. We therefore find it necessary to mention them, since our study is based on their idea of how to identify latent dimensions of activities (see below). Based on this literature, Kaeser (2013) developed a cluster-based model aimed at identifying groups according to their activity practices. Three clusters were determined: the first two were characterised by a high degree of activity and mainly differed on the religious dimension, while the third included very few active individuals. Regression analyses were then applied to determine factors explaining the risks of belonging to this last group.

Nevertheless, none of these typologies include employment – a central dimension of active ageing – while 14.5% of people in Switzerland aged 65 to 74 (that is to say older than the legal retirement age) have a professional activity (FSO 2012). By using cluster analyses, Kaeser (2013) does not however succeed in globally and coherently embracing the empirical dimensions of active ageing. Finally, except for Bowling (2009) and Kaeser (2013), the topic of older migrants is never addressed in these studies. Since more and more older people have a migratory background, diversity in the older population needs to be addressed to inform social gerontology (Torres 2008). Consequently, the question arises as to whether the process of migration may influence older migrants' practices or not.

(retirement characterized by high level of participation in society); “withdrawal”-retirement (retirement characterized by withdrawal from participation in society and limitation to functional activities).

5 The first axis opposes diverse and numerous activities to little activity; the second axis opposes traditional activities to new ones; the third axis differentiates retirees in terms of sociability.

6 This typology distinguishes three sets: active, non-active and withdrawn.

2.2 Older migrants in a life course perspective

Migration is a process which deeply influences the future of one's individual life course. It creates a complex structure of strong interdependent relationships among migratory and other life trajectories such as profession and family (Flöthmann 1993; Attias-Donfut 2014). In addition, migratory policies play a major role in shaping migrants' life courses by defining crucial modalities such as legal status or measures of integration.

Large migratory movements in recent decades have led to an increased diversity of the European population. More and more people age outside their home countries. They are either labour or forced migrants who have "aged in place," or retirees from Northern Europe who permanently or seasonally migrate to southern Europe for retirement (Warnes et al. 2004). In Switzerland, people originating from Italy, Germany, France, Austria, and Spain are the most numerous foreign elderly. In this paper, we focus on labour migrants coming from Southern Europe. Most ageing labour migrants arrived in the second half of the twentieth century and chose, or were obliged, to spend the last stage of their lives in their host country (Bolzman et al. 2004). After World War II, the main goal of Swiss migratory policy was to attract temporary workers to respond to the needs of the growing economy. Older migrants mainly came from Italy in the 1950s, from Spain in the 1960s and from Portugal and former Yugoslavia in the 1980s and early 1990s. Theirs was first mainly a labour migration, followed by a family migration reinforced by the authorisation of family reunification (Piguet 2009). Until the early 1990s, immigrants experienced severe restrictions depending on their legal status (including the interdiction of family reunification for seasonal status), and a lack of integration policies. A part of the Swiss population also expressed hostility towards immigrants in the 1970s during the Schwarzenbach years⁷ (Piguet 2009) and, more recently, during the campaigns for five initiatives launched by the *Union démocratique du centre* (2002, 2008, 2009, 2010, 2014) and the one launched by the association Ecology and Population (2014). Both 2014 initiatives propose to limit foreigner numbers in order to tackle the issue of overpopulation.

Consequently, most of the older migrants who are spending their retirement in Switzerland have been living in this country for a long time. It is worth noting in addition that those who retire in Switzerland, as opposed to returning to their home country, have stayed in Switzerland because of children and grandchildren settled in this country and/or because of better living conditions in this country (in particular access to health care services). Migrants are on average younger than the Swiss population, but the share of older migrants within the older population

7 Schwarzenbach's initiatives (originating from the name of the initiator, representative of the "Action nationale," a conservative political party) were initiatives against "foreign overpopulation," which were submitted twice to the vote of the Swiss population in the 1970s. Finally refused, they deeply impacted on the foreign populations living in Switzerland at that time.

as a whole is increasing steadily. In 1995, the resident foreign population aged 65 years and over represented 6% of the total resident population of that age. This share had grown to 10.5% by the year 2010 (FSO 2012).

Local studies⁸ have highlighted special features of the living conditions of older migrants compared to the overall population. Most worked in low-skilled jobs in construction, industry, and cleaning. The average income of older migrants is lower than that of Swiss-born older people because of an overrepresentation in low socio-professional statuses and/or a shorter contribution period (professional activity in two or more countries). They have, on average, a worse state of health than the overall population. Those with the worst state of health worked in the construction sector: half of them are receiving disability insurance benefits (Bolzman et al. 2004). In 2012, the employment rate of the first generation of migrants, aged between 55 and 64 years old, was 66.1% compared to 74.4% for people originating from Switzerland (FSO 2012).

Due to these specific professional, migratory, and health trajectories, older migrants are overrepresented among the most disadvantaged ageing populations. Their social life and leisure activities are centred on family and compatriots grouped in informal networks. They are also characterised by a low level of social and political participation in the country of residence. They have had few opportunities to learn and practise the local language, because of a low level of education, absence of accessible training structures, or lack of time. Most of them still have strong links with their country of origin, bolstered by regular visits there on holiday. A growing proportion of older immigrants spend their old age in the country where they have worked (Bolzman et al. 2004).

This research is a direct continuation of the above-mentioned work on typology of activities. Indeed, we hypothesise that there are latent dimensions, *configurations of activities*, measured by multiple observed variables, *single activities*. In addition to previous research, we introduce a structural equation model (SEM), which allows for more coherence and for the inclusion of explanatory dimensions, *demographic and socioeconomic variables*, into the measurement model. Our objective is to develop a model which best fits the variety of activities practised by older people, while providing information on factors explaining the association with certain types of activities. In other words, we aim at building configurations of activities linked with demographic and socioeconomic characteristics of individuals, rather than

8 These local studies, conducted by Prof. Claudio Bolzman, are the following:

“Elderly immigrants at the time of retirement: ways of life, resources and plans for the future” was a ground-breaking study in the field of ageing and migration in Switzerland carried out in 1998. This study was based on a quantitative survey with a representative sample of 442 Spanish and Italian workers aged 55 to 64 living in Geneva and Basel City.

Carried out in 2000, the “Fifth European framework program on Minority elderly care” dealt with the living conditions and access to care and social assistance of older minority people, as well as the quality of those services, in ten European countries.

categorising each individual in a unique group of activity. We hypothesise that the types of activities practised by older people are related to their demographic status (sex, age, and origin) and socioeconomic conditions (health, education, and economic resources). The issue of cause and effect is at the core of the notion of active ageing (Boudiny 2013). Here we limit ourselves to analysing dimensions related to activity, and only address the issue of activity, without mixing components and determinants. This is obviously a limitation of this paper, and further research is needed to tackle this central distinction and its associated methodological challenge. In short, based on previous literature, this article introduces the use of a SEM to empirically test active ageing in European migrants in Switzerland. In doing so, it extends the exploration of active ageing in marginalised populations first proposed by Bowling (2008; 2009), Ranzijn (2010) and Raymond and Grenier (2012).

3 Method

Our results come from the research *Old Age Democratization? Progress and inequalities in Switzerland – Vivre/Leben/Vivere* (VLV). VLV deals with the living and health conditions of people aged 65 and over living in Switzerland. This interdisciplinary survey focuses on heterogeneity and vulnerability in ageing processes. In order to address the increasing diversity of the older population, VLV has developed a sub-project investigating ageing migrants' living conditions, resources, and life trajectories.

3.1 Participants and procedures

The Centre for the interdisciplinary study of gerontology and vulnerability (CI-GEV⁹) carried out the survey in five regions of Switzerland (Canton of Geneva, Central Wallis, three districts of the Canton of Bern, conurbation of Basel, and Canton of Ticino). The main survey was conducted in 2011 and 2012. The final sample comprised 3 600 people stratified by age and sex, living in French-, Italian- and German-speaking Switzerland. To meet the goals of the sub-project on ageing migrants, oversamples were compiled in the cantons of Geneva and Basel including people aged 65 to 79. In the canton of Geneva, the groups of older migrants were made up of natives of Portugal ($n = 62$), Spain ($n = 68$) and Italy ($n = 117$), and in the canton of Basel, of natives from Italy ($n = 119$). They also contained bi-national individuals (Swiss or other citizenship). These choices of groups and sites were determined by the distribution of these populations relative to the national population and other immigrant groups.¹⁰

9 Formerly called Centre for the Interdisciplinary Study of Gerontology (CIG).

10 Surveying older migrants involves some additional challenges such as dealing with low response rates and adapting survey procedures without impairing data quality. For more information on how VLV researchers dealt with these difficulties, please refer to Kaeser (in press).

Table 1 Demographic composition of the samples

			Overall population (%)	Italy (%)	Spain (%)	Portugal (%)
Age	Geneva	65–69	42.7	35.1	56.4	54.5
		70–74	32.8	38.6	25.1	33.3
		75–79	24.6	26.3	18.5	12.2
	Basel	65–69	41.9	35.6		
		70–74	32.7	33.3		
		75–79	25.4	31.0		
Education	Geneva	Primary	14.1	38.2	48.8	67.8
		Mandatory	4.4	12.1	12.0	10.5
		Upper secondary school	46.7	36.7	27.3	4.2
		University, HETS, etc.	34.7	13.0	12.0	17.6
	Basel	Primary	8.4	52.2		
		Mandatory	5.8	16.8		
		Upper secondary school	55.2	23.7		
		University, HETS, etc.	30.6	7.3		
Self-assessed health	Geneva	(Very) bad	6.8	11.9	9.3	19.9
		Satisfactory	33.0	40.1	36.7	48.0
		(Very) good	60.2	48.0	54.0	32.1
	Basel	(Very) bad	8.6	17.7		
		Satisfactory	27.8	47.7		
		(Very) good	63.6	34.6		

Source: VLV survey (see Ludwig et al. 2014).

Since this article focuses on ageing migrants, the main analyses relate only to the Canton of Geneva ($n = 557$) and the conurbation of Basel ($n = 534$) and to individuals aged 65 to 79, to allow a comparison between Swiss and immigrants. It is important to note that both samples include randomly selected older migrants other than natives of Italy, Spain or Portugal. For the analysis, we grouped these people in a group named “other immigrants,” mainly made up of individuals from Northern Europe, Germany, and France. Consequently, we limited ourselves to analysing and interpreting results for two mainly urban regions and the youngest age groups among the VLV sample. The table 1 presents an overview of the age distribution, level of education and state of health of individuals from Italy, Spain and Portugal compared to the overall population.

The survey was conducted in two phases. First, the respondents received a self-administered questionnaire and a life-event calendar. Secondly, an interviewer

conducted a face-to-face interview with an average duration of one hour and a half. For the oversample, the survey material was translated into the languages of the target populations (i. e., Portuguese, Spanish, Italian). The respondents could choose to be interviewed in their native language or the local language (i. e., French or German) by a bilingual interviewer.

3.2 Statistical analyses

For the first part of our analyses, we created a typology of activities. We ran a factor analysis to select observed variables related to older people's activities, to determine the number and the structure of latent factors. Latent variables are hypothetical constructs represented by clusters of observed variables. VLV includes numerous variables related to a broad spectrum of activities matching the previous typology of Lalive d'Epinay and his colleagues (2000): voluntarism, contacts with family and friends, services and care provided to family and friends, religious activities, sociability activities, professional activity, civic and political activities, associations, sport, gardening, cultural activity, board games, and manual activities. In total, the first factor analyses incorporated 80 variables associated with these activities.

We tested several models counting from four to eleven latent dimensions on the total VLV database (i. e. the database including the five regions of the VLV survey) with individuals aged 65 to 79. Latent dimensions and their components (the observed variables) were selected using statistical considerations: we dropped a variable when it was not sufficiently correlated with the latent dimensions (less than 0.3), or when its variance was not sufficiently explained by the model (less than 0.2). We also took into consideration theoretical coherence: we grouped observed variables belonging to same types of activities (see table 2). Eleven dimensions were identified to take into account the diversity of older people's activities and to be consistent with previous research.

We then ran a Confirmatory Factor Analysis (CFA) on the Basel and Geneva VLV database (including ageing migrants) to confirm the dimensions of activities required for the final model. We used fit indices (Comparative Fit Index [CFI] and Root Mean Square Error of Approximation [RMSEA]) to test the assumption that the measurement model fits the data well. Hu and Bentler (1995) have suggested a minimum cutoff of 0.95 for CFI and a maximum cutoff of 0.06 for RMSEA. Since the eleven chosen dimensions and their components met the fit criteria, we kept this measurement model for the last step of our analyses.

Finally, we introduced explanatory variables in a structural equation model using a step-by-step procedure to test their effects on each type of activity. Going beyond regression models, structural equation models (SEM) are considered a combination of factor analysis (the measurement model) and regressions (the structural model). SEMs have the advantages of enabling modelling of hypothetically observed constructs that cannot be measured directly, and the study of the complex relation-

ship among latent and observed variables (Hox and Bechger 1998). In other words, SEM allows for the testing of relationships between observed and latent variables and includes multiple independent and dependent variables (Kline 2010). According to our hypothesis, we selected explanatory variables related to demographic profile (sex, age, and origin), socioeconomic status (income, last occupation, education, social benefits), state of health (indicator of frailty, indicator of functional health, self-reported health and depressive symptoms) and professional trajectory (satisfaction of professional trajectory and demanding nature of work). Since the VLV survey is stratified by age and sex and oversampled for some nationalities, we included all these variables in the first structural equation model. According to our hypothesis, we then selected explanatory variables. We only kept variables with explanatory power over at least one dimension. Income, last occupation, indicators of frailty, and functional health were dropped from the final model because they had no significant effect on latent dimensions. Every remaining variable was then tested for each of the eleven dimensions. The only exception was for the dimension “professional activity” (see below) for which we included two additional explanatory factors (“Demanding nature of the last occupation” and “Satisfaction of the professional trajectory”). We evaluated the model fits according to significance and strength of estimated parameters, variance accounted for by observed and latent variables, and fit indices (CFI and RMSEA). All statistical analyses were run on R (R Core team 2014). We used the Lavaan package (Rosseel 2012) for the latent models.

4 Results

This section describes the main results obtained at every stage of the structural equation modelling. This description is the basis of our final discussion, which is more interpretative than the following section.

4.1 Measurement model

Table 2 shows the eleven latent dimensions and their components measured in the CFA.

According to fit indices, the latent model of activity typology is of very good quality. It accounts for the diversity of practices among the lower age cohorts of older people while identifying dimensions meaningfully and in a statistically coherent way (see the column *Standardized coefficients*). Among other findings, it is interesting to note that activities related to grandchildren constitute a type of activity apart from those done in a larger familial context. Excursions of several days, and cultural activities such as spectacles or attending conferences, are part of the same dimension. Joining cultural activities and excursions contributed greatly

Table 2 Observed variables and latent dimensions of activities
(Confirmatory Factor Analysis)

	Standardized Coefficients	Communalities
Religious activities		
Frequency of attendance at religious services	0.839	0.705
Frequency of individual religious activity (prayer, meditation, etc.)	0.847	0.717
Frequency of prayer activity	0.804	0.646
Frequency of going to church, temple, etc.	0.825	0.681
Services to family (excluding household members)		
Frequency of cooking or bringing meals	0.571	0.326
Frequency of cleaning	0.455	0.207
Frequency of shopping	0.686	0.466
Frequency of going for a walk, show or coffee with an older or disabled parent	0.446	0.199
Frequency of emotional support	0.593	0.351
Services to friends or acquaintances		
Frequency of cooking or bringing meals	0.421	0.178
Frequency of shopping	0.444	0.197
Frequency of emotional support	0.597	0.480
Frequency of going for a walk, show or coffee with an older or disabled person	0.693	0.356
Sociability with friends or acquaintances		
Frequency of hosting friends or acquaintances	0.724	0.524
Frequency of going to friends or acquaintances' place	0.801	0.641
Frequency of calling friends or acquaintances	0.705	0.497
Sociability with family		
Frequency of hosting friends or acquaintances	0.756	0.572
Frequency of going to friends or acquaintances' place	0.804	0.646
Frequency of calling friends or acquaintances	0.700	0.490
Sport		
Frequency of practicing gymnastics or physical activity	0.458	0.210
Frequency of practicing sport (except gymnastics and walk)	0.547	0.299
Professional activity		
Paid professional activity	0.865	0.749
Casual income from professional activity	0.593	0.351
Regular income from professional activity	0.441	0.194

Continuation of table 2 on the next page.

Continuation of table 2.

	Standardized Coefficients	Communalities
Manual activity		
Frequency of gardening	0.479	0.229
Frequency of manual activity (woodwork, repairs, mechanicals, etc.)	0.518	0.269
Charitable activity		
Frequency of volunteer activity	0.579	0.335
Member of a charity association	0.477	0.228
Member of religious association	0.721	0.519
Cultural activities and excursions		
Frequency of going to theaters, cinemas, concerts,	0.707	0.500
Frequency of going to lessons, conferences	0.495	0.245
Frequency of 1–2 days excursions by train, car or bus	0.532	0.283
Frequency of 3–4 days excursions for vacations or at parents or friends' places	0.542	0.293
Activities with grandchildren		
Frequency of taking care of grandchildren	0.870	0.757
Frequency of going for a walk, restaurant or spectacle with grandchildren	0.918	0.843
Number of observations (Used)	832	
Number of observations (Total)	991	
CFI	0.952	
RMSEA	0.036	
SRMR	0.048	

Source: VLV survey (see Ludwig et al. 2014).

to improving the measurement model. This means that there is little variability among individuals practising these two types of activities.

Table 3 provides information on the degree of association among latent dimensions. In other words, it reports on whether practising one type of activity is related (positively or negatively) with other type(s) of activities. Association means that practices are not independent or one-dimensional but make sense when acting together.

Activities in the family environment (services to family, sociability with family excluding household members, activities with grandchildren) are mutually correlated. Sociability with family is also associated with services to friends and sociability with friends. The latter is related to services to friends, cultural activities, and excursions. Religious activities, excursions, and cultural activities are associated with charitable

Table 3 Correlations among latent dimensions of activities

	Religious activities	Services to family	Services to friends or acquaintances	Sociability with friends or acquaintances	Sociability with family	Sport	Professional activity	Manual activity	Charitable activity	Cultural activities and excursions	Activities with grandchildren
Religious activities											
Services to family	0.089***										
Services to friends or acquaintances	0.190***	0.358***									
Sociability with friends or acquaintances	0.127***	0.158***	0.399***								
Sociability with family	0.141***	0.346***	0.090***	0.335***							
Sport	-0.021	0.152***	0.316***	0.272***	-0.078*						
Professional activity	-0.108***	0.058*	0.022	0.004	-0.027						
Manual activity	-0.151***	0.285***	0.148**	0.176***	0.062						
Charitable activity	0.492***	0.144***	0.281***	0.268***	0.455***						
Cultural activities and excursions	-0.022	0.184***	0.382***	0.453***	0.215***						
Activities with grandchildren	0.039*	0.395***	0.064*	0.135***	0.161***						

P-value * ≤ 0.05 ; ** ≤ 0.01 ; *** ≤ 0.001 . Source: VLV survey (see Ludwig et al. 2014).

activities. Practising sport is correlated with services to friends and manual activity, and strongly associated with excursions and cultural activities. It is also interesting to note that some types of activities are not associated with any other types. This is the case for professional activity, which stands apart from other types.

These results do not provide information on the demographic and socioeconomic characteristics related to configurations of activity. To complete the analyses, Table 4 shows the results of the structural equation model that comprises the explanatory factors. It presents the impact of one explanatory factor on each dimension when controlling for other explanatory factors.

Women differ significantly from men in all types of activities except sport. They are strongly and positively associated with services to family, religious activities, excursions, and cultural activities. The strongest impacts of being a woman are on services and sociability with friends and acquaintances (positive association) and manual activities (negative association). Age does not play a major role in explaining the different levels of practices except that at the younger age levels, the oldest groups tend to have a little more religious activity and provide fewer services to the family. Between 65 and 79 years old, the only type of activity strongly associated with age is professional activity: age has a strong negative impact on paid activity. Regarding this dimension, satisfaction with the professional trajectory and the demanding nature of work have almost no impact on paid activity. As we were constrained by the sample design, it is worth noting that these results apply only to younger age groups among older people.

Civil status mainly acts on activities related to the family environment: those who are married are more likely to perform sociable activities with the family than divorcees and single persons, to perform more services to the family than single persons, and to have more activities with grandchildren than widowers. Being married is also decisive for doing manual activities, compared to single persons and widowers. The more educated a person is, the less probable it is that he or she will have religious activities. Above all, cultural activities and excursions are strongly explained by the level of education: people with a low level of education are a lot less associated with these kinds of activities. The same applies for receiving social benefits: this has a negative impact on having cultural activities and doing excursions. Having depressive symptoms reduces the practice of activities like excursions, sport, and culture, without any differences in the number of symptoms. We found the same effect for being in (very) bad health although this effect is not significant for sport. Otherwise, self-reported health does not have any significant impact on other types of activities.¹¹

11 The relevance of self-rated health can be discussed in the context of migration. Studies show however that self-rated health is an independent predictor of mortality whatever the national context (Idler and Benyamini 1997) and that the use of self-rated health to measure the state of health in different ethnic groups is valid (Chandola and Jenkinson 2010).

Table 4 Results of structural analysis on dimensions of activities and explanatory factors (standardized coefficients)

	Religious activities	Services to family	Services to friends or acquaintances	Sociability with friends or acquaintances	Sociability with family	Sport	Professional activity	Manual activities	Charitable activities	Cultural activities and excursions	Activities with grand children
Sex (ref. Men)											
Women	0.198***	0.119**	0.349***	0.223***	0.214***	0.021	-0.081+	-0.401***	0.077+	0.146**	0.091*
Age (ref. 65–69)											
70–74	0.011	-0.045	0.032	0.004	0.008	0.014	-0.114*	0.012	0.041	-0.023	0.047
75–79	0.106**	-0.117*	-0.043	-0.024	0.044	-0.093	-0.216***	-0.058	0.032	-0.062	-0.023
Civil status (ref. Married)											
Single	0.019	-0.145***	0.009	0.004	-0.201***	-0.026	0.049	-0.150*	0.112*	-0.003	-0.203***
Divorced	-0.043	-0.068	-0.045	-0.017	-0.111**	-0.005	0.068	-0.068	-0.062	0.050	-0.046
Widow	0.017	-0.055	-0.002	-0.041	-0.067+	-0.076	-0.047	-0.169*	-0.021	-0.072	-0.145***
Origin (ref. Swiss-born)											
Italy	0.233***	-0.047	0.015	0.071	0.126+	-0.225*	-0.108	-0.072	0.051	-0.115	0.068
Spain	0.018	-0.073	-0.096+	-0.038	0.010	-0.201*	-0.092+	-0.165	-0.120*	-0.126*	0.015
Portugal	-0.008	-0.264***	-0.197**	-0.134*	0.033	-0.232*	-0.139*	-0.309**	-0.117+	-0.235**	-0.133*
Other	-0.019	-0.099*	-0.034	-0.064+	-0.069+	0.001	0.000	-0.059	-0.122**	-0.054	-0.135***
Education (ref. Primary)											
Secondary	-0.126+	-0.150	-0.052	-0.020	-0.059	0.186	-0.06	0.023	0.066	0.263*	-0.053
Tertiary	-0.142*	-0.126	-0.053	0.055	0.023	0.143	0.120	-0.053	0.161	0.406***	0.095
Social benefits (ref. No)											
Yes	0.023	-0.016	0.089+	0.037	-0.029	-0.081	-0.064	-0.105	-0.046	-0.137**	-0.040

Continuation of table 4 on the next page.

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	Religious activities	Services to family	Services to friends or acquaintances	Sociability with friends or acquaintances	Sociability with family	Sport	Professional activity	Manual activities	Charitable activities	Cultural activities and excursions	Activities with grand children
Wang scale (ref. No depressive symptoms)											
3 to 4 (out of 13) depressive symptoms	0.011	-0.022	-0.105*	-0.029	-0.008	-0.198**	-0.021	0.011	0.007	-0.171**	-0.024
More than 4 (out of 13) depressive	-0.06	0.009	-0.057	-0.091	-0.059	-0.156+	-0.07	-0.048	-0.040	-0.139+	-0.068
Self-assessed state of health (ref. [Very] good)											
Satisfactory	-0.027	-0.054	-0.124+	-0.111+	-0.038	-0.070	0.011	-0.071	-0.090	-0.164*	-0.015
(Very) bad	-0.036	-0.105*	-0.09+	-0.047	0.052	-0.125	-0.045	0.015	-0.090*	-0.094+	-0.025
Demanding nature of last occupation (ref.: no)											
Yes							-0.019				
Satisfaction of professional trajectory (ref.: Yes)											
No							0.053+				
Number of observations (Used)	802										
Number of observations (Total)	991										
CFI	0.949										
RMSEA	0.949										
SRMR	0.04										

P-value; + ≤ 0.1 * ≤ 0.05 ; ** ≤ 0.01 ; *** ≤ 0.001 . Source: VLV survey (see Ludwig et al. 2014).

Lastly, results show that types of activities are strongly related with origin, and that there are differences in practices among ageing migrants. Individuals from Italy, Spain, and Portugal tend to do less sport (all in the same proportion) than the Swiss, whereas “other immigrants” do not diverge from the Swiss. “Other immigrants” do not significantly differ from the Swiss except for activities related to family, especially with grandchildren, and charitable activities. “Other immigrants” and individuals from Spain and Portugal (all in the same proportion) practise less charitable activity, whereas individuals from Italy do not significantly differ from the Swiss. Looking at immigrants from Southern Europe more closely, Italians have the most similarities with the Swiss, except that they have more religious activities and sociability with the family. Individuals from Spain have a lower probability of continuing a professional activity after retirement and of having cultural activities and excursions. This is even more the case for individuals from Portugal. In addition to those mentioned, natives of Portugal differ strongly and negatively from the Swiss on almost every type of activity: services to the family, services to friends or acquaintances, sociability with friends or acquaintances, manual activities, and activities with the grandchildren.

5 Discussion and conclusion

The factor analysis identified the latent dimensions that explain the practice of activities. Closer analysis shows that older people’s types of practices are not isolated from one another but that some are – to a more or less high degree – associated: having one type of activity may also be the reason or the pretext for practising others, or their consequence. For example, providing services, including activities of care or emotional support, corresponds to time spent in sociability with others. In that sense, taking care of or going out with the grandchildren plays a major role for older people in their sociability with the family, which becomes not only about getting in contact with the family but also providing services to them. Excursions, cultural, and charitable activities also constitute meeting space, with peers as much as or more than with the family: they may be related to sociability with friends or acquaintances. The relationships between sports, excursions, cultural, volunteer, and manual activities reflect a multiple participation in leisure and recreational activities. The religious dimension is a crucial component in understanding the involvement of older people in charitable activities. Finally, continuing professional activity after retirement may reflect the high involvement of some individuals in the former professional trajectories, for them retirement does not entail complete withdrawal from the labour market. The fact that this dimension is not correlated with other latent activities reveals that individuals who continue professional activity do not dedicate their time to specific non-professional activities.

These analyses have shown a variety of practices of older people which may link to a multidimensional approach to active ageing, with activities orientated towards family, friends, sport, voluntarism, and others, while continuity of professional activity – which corresponds to the productivist approach to active ageing – is not related, even negatively, to any other activities. Retirement appears to be a time dedicated to recreational and leisure activities, but also to services to others, whether the family, friends, or communities. These activities create and/or perpetuate social ties and reflect the diversity of roles assumed by older people: workers, volunteers, consumers, companions, etc. If this conclusion is consistent with the above-mentioned literature in terms of the diversity of practices and sociability involved in these activities, it also raises the question of access to these types of activities. To put it simply, does every older person play one or several of these roles?

Concerning this issue, our results are again consistent with the literature: older people's practices are related to socioeconomic and demographic determinants, and this leads to inequalities in access to activities. This is particularly true in terms of origin, and this is an innovative contribution to the field of active ageing in Switzerland. Ageing migrants tend to distinguish themselves from the stereotypic representation of "active seniors" conveyed by the rhetoric of active ageing. Nevertheless, the differences among them show the importance of a life-course perspective in the field of ageing and migration. Living conditions of older migrants result from their trajectories of residence, work, family, and health, which are strongly influenced by the process of migration and its socio-economic and political determinants (Torres 2008; Attias-Donfut 2014). Similarly, the living conditions of ageing migrants in Switzerland are the product of entanglement between migration policies and employment (which have played a key role in their career paths), and other social policies that affect their economic condition at the time of retirement. All these policies are strongly determined by socio-political contexts in the countries of origin and in Switzerland.

Beyond origin, controlling for other demographic and socioeconomic factors shows that the migration process is a key factor in explaining differentiated participation in activities. As a reminder, the group "other immigrants" was mainly made up of individuals from Northern Europe, Germany, and France. These migrants do not have the same social background as natives from Italy, Spain, and Portugal, who come from a less advantageous socioeconomic background and have generally been recruited to work in demanding jobs. Further researches are needed to better understand these differences like running separate models only for older migrants and/or for the different nationality categories. The interpretation regarding some of the other covariates might have been very different and revealed more insights into the active ageing process of elderly migrants. Nevertheless, we can hypothesize that migrants from Northern Europe have had better living conditions and might better match the active ageing expectations. Furthermore, our results also show differences

among immigrants from Southern Europe. Individuals from Italy come from a less homogeneous background, since Northern Italy has been economically advantaged compared to Southern Italy. At the other extreme, individuals from Portugal have the lowest socioeconomic status of immigrants living in Switzerland (Fibbi et al. 2010). We also hypothesize that practices of Italian older migrants, with less difference with the general population, may be attributed to a longer immigration period. This hypothesis should nevertheless be taken with caution regarding the theory of segmented assimilation (Portes 1995) and further research is needed to discuss it. Thus, origin is not a determinant *per se* but needs to be associated with other factors related to migration, such as duration of settlement in Switzerland, living conditions in the country of origin, reasons for migrating, professional and family trajectory in Switzerland or access to integration factors (types of employment, language courses, opportunities for social participation in the host country, etc.).

Apart from the origin, other factors also play a major role in explaining access to active ageing.¹² First, differences between men and women need to be interpreted according to a gender perspective. While retirement is a social space strongly related to former trajectories, in particular profession and family, gender determines the ageing experience (Estes 2001), and this explains the significant impact of this dimension on most of the analysed activities. Generations included in the analysis are highly affected by the sexual division of labour and domestic sphere during their active life. Men tended to dedicate most of their time to the professional sphere and women were generally in charge of care activities while being increasingly included in the labour market. Paradoxically, there is only a slight significant difference between men and women regarding the pursuit of professional activity after legal retirement age.¹³ Retirement does not however equal redistribution of gendered roles, but on the contrary, there is a differentiated investment into activity and sociability spheres according to a social construction of gender differences. Second, age does not seem to play a major role, when controlling for state of health, in explaining the variability of activities for individuals aged 65 to 79. This result needs to be interpreted with caution, because ideally the test should not have been limited to those aged 79 and under. When much older people are included, the notion of active ageing becomes very different, as has been shown by Clarke and Warren (2007) for those aged between 60 and 96, and emphasised by Boudiny (2013) in arguing the need to study active ageing with very old people.

A further finding is that not being married is a factor in isolation from family but not from friends and acquaintances. Finally, education has a strong structural effect on older people's activities. It appears likely that education may be the beginning of an accumulation process with a strong impact throughout the life course,

12 We recommend current research conducted by M. Baeriswyl for more information on gender roles and social participation at retirement (for example, Baeriswyl 2013).

13 Le Feuvre et al. (2014) for Switzerland and Foster and Walker (2013) point to the gender issues for active ageing policies.

especially in terms of its impact on economic resources and socio-professional status, and thus on resources for accessing activities at retirement. This is particularly true as regards continuing professional activity, which is more likely to concern more highly educated individuals. This point echoes recent research showing the differentiated impact of education on life expectancy and retirement age (Wanner 2014). Considering the massive impact of level of education on later life, this research supports the idea of introduction of a retirement age depending on the level of education as also discussed by other scholars (see for example Caradec 2009). At the same time it raises questions concerning the productivist approach to active ageing, which aims to extend the retirement age irrespective of the level of education.

As a reminder, health is at the core of the multidimensional approach to active ageing. As VLV is a transversal survey, it is not possible to measure the causal direction of the association between health and activity. Nevertheless, the literature shows that older people in worse health are less likely to participate in social activities, which in turn causes a faster decline in their health (Sirven and Debrand 2013). Regarding the VLV results, we may suppose that individuals in bad health who are already excluded from recreational and leisure activities are more likely to experience deterioration in their health sooner. Another vector of inequalities in activity is economic resources (Lancee and Van de Werfhorst 2012). In Switzerland, receiving social benefits at retirement is a sign of poverty and social exclusion (Pilgram and Seifert 2009). As shown by our results, this is one of the strongest determinants, in addition to education and health, of being excluded from excursions and cultural activities.

In conclusion, professional, family, and health trajectories – influenced by the migratory process for older migrants – call into question some contemporary norms surrounding ageing. Our results show that the holistic approach of active ageing seems to be closer than the productivist approach to reflecting the multiple configurations of activities of older people. They also demonstrate that ageing migrants are at risk of being isolated from models of active ageing, as these are currently advocated by international organisations and appropriated at national levels. This raises the issue of the ambivalence of a notion such as active ageing. The difficulty of operationalizing this notion demonstrates once again the spongy, ambiguous, even contradictory aspects of active ageing. The question then is how the actors (in a broad sense) in retirement and ageing policies may take up, interpret, and develop active ageing for public action in this field.

Should they use active ageing as a tool to highlight the lack of resources of some populations, and to drive public action to address them, while meeting the expectations and demands of certain groups of older people for active participation in society? Or, on the contrary, should they set up active ageing as a model to be achieved, and thereby incur the risk inherent in the normative aspect of such an injunction when it is addressed to individuals who have not been able during

their life course to accumulate the necessary resources needed to access this model? Even if more research is needed, the first option seems to be the case, or at least the goal, of public action centred not on the individual but on the context, such as the application of active ageing by the World Health Organisation into the “Age Friendly Cities and Communities” (WHO 2007). Basel and Geneva are part of this program, which aims at improving the urban environment for older people but does not however specifically address the issue of older migrants. Furthermore, this program, (and at the same time our paper, which is constrained by statistical considerations) is denying an important reality of ageing in Switzerland (and abroad), that is the difference between ageing in cities and in the countryside, as a case early illustrated by Lalive d’Epinay (1991).

Regarding the second option, our results demonstrate the inherent risk of active ageing marginalising people in situations of vulnerability. Our work aligns us with the critics of Ranzijn (2010, 721–722):

[T]here is some evidence at least that the narrow focus on physical health and activity and productivity does not reflect the model of ageing which fits with the experiences of older people themselves. (...) It [active ageing] presents a narrow image of ageing, one which does not accord with the experiences and priorities of many older people themselves, and it unintentionally alienates large groups of marginalized older people and reinforces social exclusion.

As a matter of fact, using the heterogeneity of the group of older migrants to empirically test active ageing clearly shows the ambivalence of active ageing: it may match the aspirations of some older people but it runs the risk of marginalizing others, and the way of tackling this ambivalence highly depends on individuals’ life course.

In this respect, our quantitative approach has some limitations. Despite highlighting socioeconomic inequalities in access to activities, our research has not investigated the meanings that these populations give to ageing. As Repetti (2013) has done for Swiss retirees, it would be interesting to conduct qualitative interviews and analyse the discourse of older migrants on their own approach to ageing and the meaning they give to it. However, based on our results, we can conclude that current active ageing approaches, based on a truncated representation of older people’s living conditions, run the risk of being reduced to a restrictive and normative purpose, which may be resistant to empirical measures and may serve only to disseminate a representation of active, controlled and successful ageing.

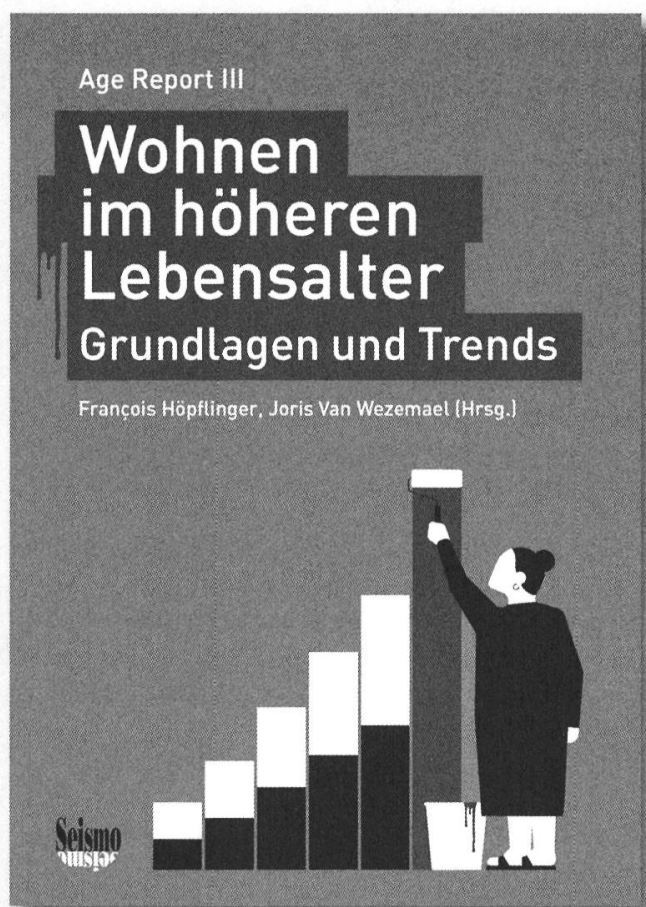
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