

# SOCIO-DEMOGRAPHIC RESEARCH

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## ACTIVE AGEING IN THE LIFE PRACTICES OF THE VOLOGDA OBLAST POPULATION



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*The importance of methodological support for active ageing policy actualizes the research on improving the methodology of behavioral factors assessment and the identification of individual strategies. The purpose of the study is to examine the commitment of the population to active ageing, in particular the significance of its individual components (health, employment, social bonds, leisure, continuing education and self-development), attitudes to ageing and their motives, implementation barriers, as well as the prevalence of particular practices of active ageing. The information base is the data of the sociological survey “Active ageing and its drivers”, conducted in 2021 among the adult population of the Vologda Oblast. The project team developed an approach to assessing the ratio of internal and external drivers of active ageing, measured using the index methodology. We have established that the most significant component of active ageing for the population is health. Lifespan expectations show a significant gap between desired and expected life expectancy (8 years). The main stimuli for a long and active life are family-oriented factors, and the most significant barriers to longevity are health and the experience of losing loved ones. Every fifth respondent does not take any measures to maintain a long and active life. At the same time, the most common practices of active ageing were actions related to maintaining social bonds. The index of internal drivers of active ageing indicates that among the population orientation towards long life, motivation and practices of active ageing prevail over attitudes toward relatively short life expectancy, lack of motivation and refusal of any action in maintaining health, social, labor and creative activity. The main contradiction lies in the fact that the relatively more pronounced motivation and attitudes toward active ageing among residents of the oblast rarely find embodiment in concrete practices.*

*Active ageing, attitudes to longevity, motives, actions, index methodology, sociological survey, population of the Vologda Oblast.*

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### Introduction

The concept of active ageing in scientific discourse originated in the second half of the 20th century as a result of a revision of views on population aging. The discussion of its negative consequences (increasing burden on the working population, public finances and the economy) has been replaced by examination of the possibilities of more active use of the elderly people’s potential. One of the most important milestones in the development of the concept was the Second World Assembly on Ageing, held in 2002. It adopted the Madrid International Plan of Action on Ageing, designed to direct the global community to improve the environment for older people, improve their health, material security and their active involvement in the life of society. In the same year, the first UN Economic Commission for Europe Ministerial Conference on Ageing was held in Berlin. Its participants developed the Regional Strategy for the Implementation of the Madrid International Plan on Ageing. The conference was further continued in Leon in 2007 and in Vienna in 2012 (Korolenko, 2016).

The concept considers active ageing as the process of optimizing opportunities for ensuring health, participation in society and protecting a person in order to improve the quality of their life during ageing (Active ageing ..., 2002). At the same time, it is extremely important not only to form the necessary external conditions on the part of the state and society, but also individual’s personal responsibility for active ageing. That is, much attention is paid to stimulating the population’s motivation for active ageing and the formation of internal attitudes towards it.

In addition, the concept of “healthy aging” introduced by WHO is increasingly being used

from the standpoint of protecting and promoting population’s health. The concept of a health system for healthy ageing is based on measures to optimize the trajectories of functional ability and individual vitality throughout the life cycle of an elderly person (combination of individual human vital abilities with environmental characteristics, interaction with them) (World report..., 2015). Thus, healthy ageing is a universal process available to all elderly people, including people with functional impairments.

However, the existing concepts of active ageing mainly focus attention on the later stages of the human life cycle. In our opinion, the concept of active ageing should be extended to all stages of life.

### Methodological aspects of the study

Integral indices are currently the main tool for policy assessment within the framework of active ageing concept. Thus, since 2012, the specialists of the United Nations Economic Commission for Europe (Zaidi A., Gasior K., Hofmarcher M.M.) have developed and calculated the Active Ageing Index (AAI) for the EU countries. It measures how much the contribution of older generations to economic and social life has been realized and how much external conditions contribute to this (Population of Russia 2018..., 2020). AAI includes 22 partial indicators collected in blocks that characterize the individual components of active ageing: employment of older people in the labor market, their participation in society, independent, healthy and safe life, creation of a favorable life space (environment). The first three components directly characterize active ageing, the last one characterizes the potential for improving the situation in this area

(Zaidi et al., 2013; Sidorenko, Zaidi, 2013; Zaidi, Howse, 2017). Another global indicator is the integral index of the quality of life of the elderly (Global AgeWatch Index), introduced by the international non-governmental organization HelpAge International in 2013, was designed to assess the level of socio-economic well-being of the elderly population and how the states respond to global ageing issues (Vidyasova, Grigor'eva, 2016). It is calculated for most countries of the world on the basis of 13 indicators collected in four sub-indices: income (material well-being), health status, education and employment, favorable conditions for the elderly<sup>1</sup>. There are both objective (statistical) and subjective (estimated) indicators among the private variables included in both indices.

At the national level, they also use integral indices that characterize the well-being of the elderly population and the effectiveness of the active ageing policy. However, few states, mostly developed ones, have such experience. For example, in Australia, the Senior Sentiment Index is used, which is calculated on the basis of 11 subjective indicators<sup>2</sup>, as well as The Herald/Age – Lateral Economics Index of Australia's Wellbeing, which is formed from 13 objective and three subjective indicators (Lancy, Gruen, 2013). In Canada and the UK, they use national well-being indices, which are separately considered for older citizens. The first one, Canadian Index of Wellbeing, includes 57 objective and 7 subjective indicators<sup>3</sup>, the second one, National Wellbeing Measures, includes 22 and 19 indicators, respectively (Self et al., 2012).

The most universal of the existing ones is the Active Ageing Index (AAI). In 2015, the UNECE Working Group on Ageing recommended that its indicators be used to monitor the implementation of the third cycle of the Madrid International Plan of Action on Ageing and to assess the progress of countries in implementing policies to support

active ageing (Barsukov, Kalachikova, 2021). Unfortunately, due to the lack of necessary statistical information, the calculation of AAI for Russia has been significantly difficult for a long time. For the first time, an attempt to calculate it for Russia according to the UNECE methodology was made by a group of Russian researchers (A.A. Ermolina, M.A. Varlamova, O.V. Sinyavskaya). The index was calculated by drawing on the missing information from the All-Russian Population Census (2010), the third wave of the sample survey "Parents and Children, Men and Women in the Family and Society" (2011), "Comprehensive Observation of the Living Conditions of the Population" of the Federal State Statistics Service (2011), the fifth and sixth waves of the European Social Survey (ESS) (2010 and 2012), the Russian monitoring of the economic situation and health of the population of the National Research University Higher School of Economics (2011), data from the international database Human Mortality Database (2010), data from the Institute for Health Metrics and Evaluation (2010) (Varlamova et al., 2017). In the future, a similar methodology for calculating the index was approved by the order of Rosstat dated October 31, 2019 No. 634 (Barsukov, Kalachikova, 2021). Researchers E.A. Frolova, V.A. Malanina and others quantified active ageing in the Siberian Federal District and its constituent entities by calculating AAI using macro-region data, in particular on the quality of life of Russian elderly people from the European Social Survey (2016) and Comprehensive Observation of Living Conditions of the Population (2016) (Frolova et al., 2018; Frolova et al., 2019; Frolova and Malanina, 2021).

A team of authors (I.A. Pavlova, I.V. Gumenikov, E.A. Monastyryny and others) developed the Russian well-being index for the older generation consisting of four groups of indicators: "economy" (income and employment), "society" (social inclusion, social space

<sup>1</sup> HelpAge International (2013). Global AgeWatch Index 2013: Insight report, summary and methodology. URL: <http://www.helpage.org/global-agewatch/reports/global-agewatch-index-2013-insight-reports-summary-and-methodology>

<sup>2</sup> 2nd Seniors Sentiment Index (2014). National Seniors Australia. URL: <https://www.nationalseniors.com.au/sites/default/files/140213-NationalSeniorsAustralia-Challenger-SeniorsSentimentIndex2.pdf>

<sup>3</sup> Canadian Index of Wellbeing. How Are Canadians Really Doing? (2012). The 2012 CIW Report. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo. URL: <https://uwaterloo.ca/canadianindex-wellbeing>

and environment), “health” and “regional space” (quality of life, infrastructure and state support). Each group includes 5–6 indicators. The sources of information for calculating the index were Rosstat data (statistical, sample observation), as well as the results of a comprehensive observation of the living conditions of the population (Pavlova, 2016; Pavlova et al., 2017).

Despite the widespread use of index methods for assessing active ageing and the well-being of the elderly, the influence of factors of various nature on this phenomenon, especially internal behavioral determinants: attitudes, motives, and actions of an individual in relation to maintaining a long and active life, remains insufficiently studied. Thus, in 2016, a research team with the participation of the author of the article, using a series of in-depth interviews with long-livers, confirmed the predominance of the contribution of behavioral factors over biological (genetic) or geographical ones to an increase in the duration of active life (Kalachikova et al., 2016).

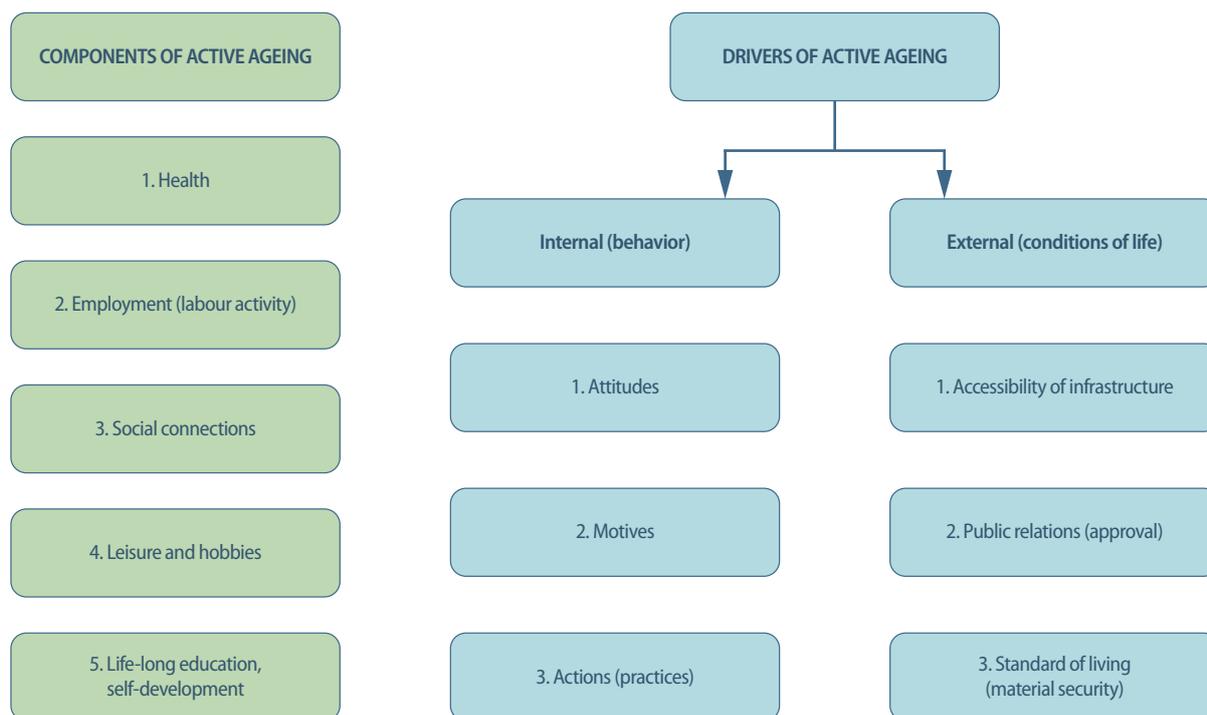
The authors of the project understand active ageing as a social phenomenon including the dissemination of values and behavioral practices focused on maintaining health and well-being throughout life, social ties, developing and maintaining labor, creative and intellectual activity, ensuring self-realization and satisfaction with life among the population, on the one hand, and the effective use of the human potential of all age groups of the population, on the other. In the context of demographic ageing, the social well-being and human potential of the older generation are of particular importance. Among the key components of active longevity are health, employment (labor activity), social connections, leisure and hobbies, continuous education and self-development (*Fig. 1*). Within the framework of the proposed approach, active ageing drivers are divided into internal, related to human behavior (attitudes, motives and actions), and external, reflecting conditions of life (accessibility of infrastructure, public approval, standard of living). At the same time, taking into account the ratio of internal

and external drivers is of great importance for understanding the role played by the variety of manifestations of the interaction between behavioral strategies and the environment in the commitment to active ageing.

The need for methodological support of the state policy of active ageing actualizes research to improve the methodology in terms of taking into account behavioral drivers that contribute to or hinder active ageing, as well as identifying individual population strategies in relation to it, which, in turn, will allow developing management mechanisms for regulating active ageing. That is why the article will focus on the internal, behavioral drivers of active ageing.

The aim of the research is to study the population’s commitment to active ageing, in particular the significance of its individual components (health, employment, social connections, leisure, lifelong education and self-development), mindsets to ageing and their motives, barriers to their implementation, as well as the prevalence of specific active ageing practices. The information base was the data of a sociological survey of the adult population of the Vologda Oblast “Active ageing and its drivers”, conducted by the Vologda Research Center of the Russian Academy of Sciences in 2021. The empirical data was collected by means of the method of distributing surveys of the population in the cities of Vologda, Cherepovets and eight municipal districts of the region. The sample size was 1500 respondents.

It should be especially noted that the survey covered the entire population, and not just the group of the elderly, which is most often the object of sociological research in this area. The need to spread the idea of active ageing to all age groups in addition to the elderly was recognized within the framework of the modern concept of active ageing. Active ageing implies understanding of a life perspective that takes into account the important influence of experience gained in the early stages of life on the nature of human aging in the future (Golubeva, 2015). According to WHO experts, “yesterday’s child is today’s adult and tomorrow’s elderly (grandmother or grandfather). The quality of life in old age



**Fig. 1. Scheme of components of active ageing and its drivers**  
 Source: project team's compilation.

depends on the risks and opportunities that a person has experienced throughout their life, as well as on how future generations will provide mutual assistance and the necessary support” (Kalache, Gatti, 2003). Thus, without stimulating attitudes towards active ageing in the entire population (starting from childhood), it is impossible to achieve significant results in following its practices at an older age.

As part of a sociological survey, the following parameters were studied: the significance of individual components of active ageing, population attitudes regarding life expectancy (assessment of desired and expected life expectancy), ageing motives (advantages associated with the desired life expectancy), barriers to ageing, and behavioral practices of active ageing (its individual strategies). The list of questions in the questionnaire, which made it possible to obtain the respondents' opinions on these characteristics, is presented in *Table. 1*. Some of the listed aspects (attitudes towards life expectancy, motives, actions) make up the spectrum of internal drivers of active ageing.

***Index methodology of internal drivers of active ageing***

As part of the study, the authors of the project developed an index methodology for the internal drivers of active ageing. The final index is derived from three sub-indices: attitudes, motives and actions. The calculation of sub-indices was carried out in accordance with the formula generally accepted in applied sociology for calculating analytical (generalized) indices with a five-term gradation scale of a feature<sup>4</sup>. The five-term scale allows us to take into account the degree of variability of the feature (whether it be the value of life expectancy, the significance of motives, or the frequency of actions).

The calculation of the attitudes index was based on respondents' answers to the question “What do you think, if you evaluate everything: your health, living conditions and lifestyle, approximately how old will you be able to live?”. The obtained numerical data on life expectancy were divided into five equal segments along the age line: 1) 59 years old and younger; 2) 60–69 years old; 3) 70–79 years old; 4) 80–89 years old;

<sup>4</sup> Kulakov A.P. (2005). Measurement in sociology: textbook. Novosibirsk: NGASU. P. 73.

**Table 1. Indicators of active ageing and its internal drivers**

Indicators		Questionnaire question
Components of active ageing (AA) and their rank: - Health - Employment (labour activity) - Social connections - Leisure and hobbies - Life-long education, self-development		Rank the following aspects of life in order of importance for you, using a scale from 1 - the most significant to 5 - the least significant (number the selected aspects of life according to their importance to you personally) 1. Doing favorite hobbies 2. Working as long as possible 3. Maintaining good health throughout life 4. Engaging in self-development, education 5. Keeping in touch with the usual circle of people (relatives, friends, colleagues, acquaintances)
Attitudes to active ageing	Desired life expectancy	If you had a choice, up to what age would you like to live under the most favorable conditions? (write the number of years)
	Expected life expectancy	What do you think, if you evaluate everything: your health, living conditions and lifestyle, approximately how old will you be able to live? (write the number of years)
Active ageing motives		Why would you like to live for so many years? (evaluate the significance of each of the listed circumstances on a 5-point scale: 1 - not significant at all, 5 - very important) 1. I want to enjoy life as long as possible 2. I don't want to lose my savings, I want to use them fully 3. I want to take advantage of the rights and benefits due to age (benefits and other preferences) 4. Keep working at favourite job 5. Helping my children, grandchildren 6. Communicating with grandchildren, great-grandchildren 7. It is interesting to see how the world will change in the future 8. I'm afraid to die 9. I want to see how successful my children will be in the future 10. I don't want to part with my family and friends 11. I want to have time to realize the business of my life
Barriers to the implementation of active ageing mindsets		What can prevent you from living as many years as you want? (rate the extent to which the listed circumstances can interfere, on a scale from 1 - does not interfere at all; 5 - definitely interferes) 1. State of health 2. Unsatisfactory financial situation 3. Lifestyle 4. Adverse environmental conditions 5. Bad heredity 6. Poor medical care 7. Loss of source of income in old age 8. Being busy, no time for health care 9. Loss of interest in life 10. Living alone in old age 11. Experiences from the loss of loved ones 12. Accident, traffic accident, etc. 13. Nothing can interfere
Active ageing practices		What are you currently doing to live a long and active life? (rate the frequency on a scale from 1 - never do it; 5 - always do it) 1. Keeping optimal physical activity 2. Eating healthy food 3. Visiting doctors for preventive purposes 4. Trying to avoid stress 5. Giving up bad habits 6. Improving professional skills 7. Receiving additional education 8. Keeping intellectual activity 9. Doing what I love, hobby 10. Maintaining good relationships with family members 11. Regularly communicating with friends, acquaintances 12. Visiting cultural institutions (theaters, cinemas, libraries) 13. Doing nothing

Source: project team's compilation

5) 90 years old and older The index was calculated using the following formula:

$$I_{att} = \frac{n_1 + 0,5n_2 - 0,5n_4 - n_5}{n_1 + n_2 + n_3 + n_4 + n_5}, \quad (1)$$

where:

- $n_1$  – the number of respondents who fell into the “oldest” group (90 years old and older);
- $n_2$  – in the group of 80–89 years old;
- $n_3$  – in the group of 70–79 years old;
- $n_4$  – in the group of 60–69 years old;
- $n_5$  – in the “youngest” group (59 years old and younger).

The index of motives is based on respondents’ answers to the question “Why would you like to live for so many years?”. It was calculated as follows:

$$I_{motiv} = \frac{n_1 + 0,5n_2 - 0,5n_4 - n_5}{n_1 + n_2 + n_3 + n_4 + n_5}, \quad (2)$$

where:

- $n_1$  – the number of respondents who marked 5 points (the driver is very important);
- $n_5$  – 1 point (the driver is not significant at all).

The action index was calculated based on the answers to the question “What are you currently doing in order to live a long and active life?”:

$$I_{act} = \frac{n_1 + 0,5n_2 - 0,5n_4 - n_5}{n_1 + n_2 + n_3 + n_4 + n_5}, \quad (3)$$

where:

- $n_1$  – the number of respondents who marked 5 points (I always do this);
- $n_5$  – 1 point (I never do this).

The composite index of internal drivers of active ageing was calculated as the arithmetic mean of all three sub-indices, based on the assumption of an equivalent contribution of attitudes, motives and actions to the determination of active ageing:

$$I_{int.dr.} = \frac{I_{att} + I_{motiv} + I_{act}}{3} \quad (4)$$

The maximum value of all sub-indices and the composite index is 1, while the mini-

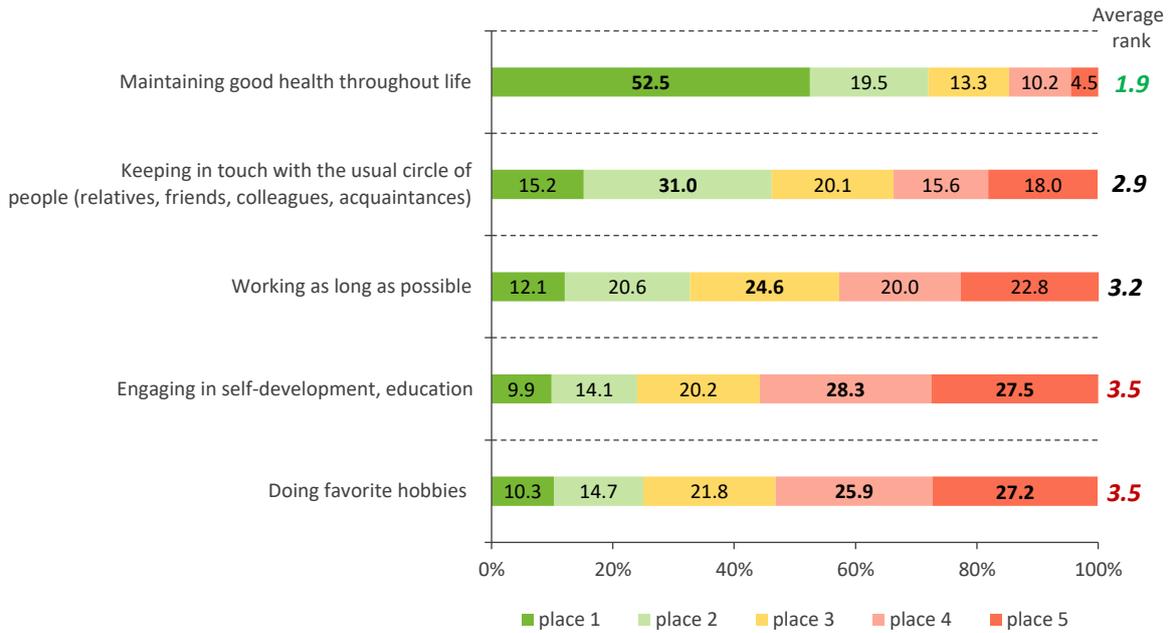
mum is -1. A positive indices value indicates the predominance of the most pronounced (positive) responses over the least pronounced (negative) ones, while a negative value indicates the opposite. The index value equal to 0 demonstrates the equality of such answers.

## Main results

### Components of active ageing

In the questionnaire, the respondents were asked to rate, in terms of importance, the place of certain aspects of life that reflect the components of active ageing: health, employment, social connections, leisure and lifelong education, and self-development. According to the data obtained during the survey, more than half of the respondents put the preservation of good health throughout life in the first place in terms of importance (53%, average rank – 1.9; Fig. 2). Almost every third person ranked second position the maintenance of communication with the usual circle of people (31%, average rank – 2.9). Every fourth respondent put the opportunity to work as long as possible in third place (25%, average rank – 3.2). The fourth and fifth places were most often assigned to self-development, education (28% each, respectively, average rank – 3.5), as well as hobbies (26 and 27%, respectively, average rank – 3.5).

When considering the significance of various aspects of active ageing, gender and age differences are found in population estimates. For example, compared to men, women rate the importance of maintaining health (average rank – 1.9 vs. 2.0) and hobbies (3.4 vs. 3.5; Table 2) slightly higher. It is quite natural that among the listed aspects, the highest maintenance of health throughout life is rated by older people aged 70 years old and older (average rank – 1.6), while young people aged 18–22 estimate the significance of this parameter lower (average rank – 2.5). At the same time, representatives of the oldest age group are characterized by a lower assessment of the role of communication with relatives, friends and colleagues (average rank – 3.1), as well as self-development and education (average rank – 3.9). These components of active ageing are ranked highest



**Fig. 2. Components of active ageing in respondents' assessments (average rank), % of the number of respondents**

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

**Table 2. Components of active ageing broken down by respondents' sex and age, average rank**

AA component	Sex		Age						
	men	women	18-22	23-29	30-39	40-49	50-59	60-69	70+
Maintaining good health throughout life	2.0	1.9	2.5	2.0	2.1	2.0	1.9	1.8	1.6
Keeping in touch with the usual circle of people (relatives, friends, colleagues, acquaintances)	2.9	2.9	2.9	2.7	2.8	3.0	2.9	2.9	3.1
Working as long as possible	3.2	3.2	3.2	3.3	3.1	3.1	3.3	3.3	3.1
Engaging in self-development, education	3.5	3.5	3.4	3.3	3.5	3.4	3.4	3.6	3.9
Doing favorite hobbies	3.5	3.4	3.0	3.6	3.5	3.5	3.4	3.4	3.3

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

by young respondents aged 23–29 (the average rank is 2.7 and 3.3, respectively). It is quite understandable that young people aged 18–22 estimate the opportunity to engage in hobbies much higher than others: this aspect takes the 3rd place on average, displacing labor activity and self-development, education to lower positions.

**Active ageing attitudes, their motives and barriers to implementation**

Life expectancy attitudes are important for maintaining active ageing and are recognized as its key determinants (Active aging..., 2002). When answering the question about the desired life expectancy, only 0.4% indicated the age of up to 60, 4% are in the range of 60-69, 17% are

from 70 to 79 years old, a third of respondents (33%) – 80-89 years old and almost half of the respondents (46%) expressed a desire to live 90 years or more (Fig. 3). Thus, the average value of the desired life expectancy for the population of the region was 86 years. However, when answering the question about how old they will be able to live, taking into account the state of health, living conditions and lifestyle, the respondents gave less optimistic estimates. Thus, 2% of respondents believe that they will live less than 60 years, 11% – from 60 to 69 years (almost 3 times more than in the case of the desired life expectancy), one in three (33%) – from 70 to 79 years, 32 % – from 80

to 89 years, while real active ageing attitudes turned out to be significantly lower – 23% of respondents plan to live up to 90 years or more (two times less than in the case of the desired life expectancy). Accordingly, the average value of life expectancy turned out to be 8 years lower than desired, and amounted to 78 years.

Regarding the desired life expectancy, men turned out to be somewhat more ambitious than women (86 years versus 85), while life expectancy for women is higher than for men, although slightly (79 years versus 78; Table 3). It is noteworthy that the highest mindsets for the desired life expectancy are noted among respondents from the youngest and oldest age

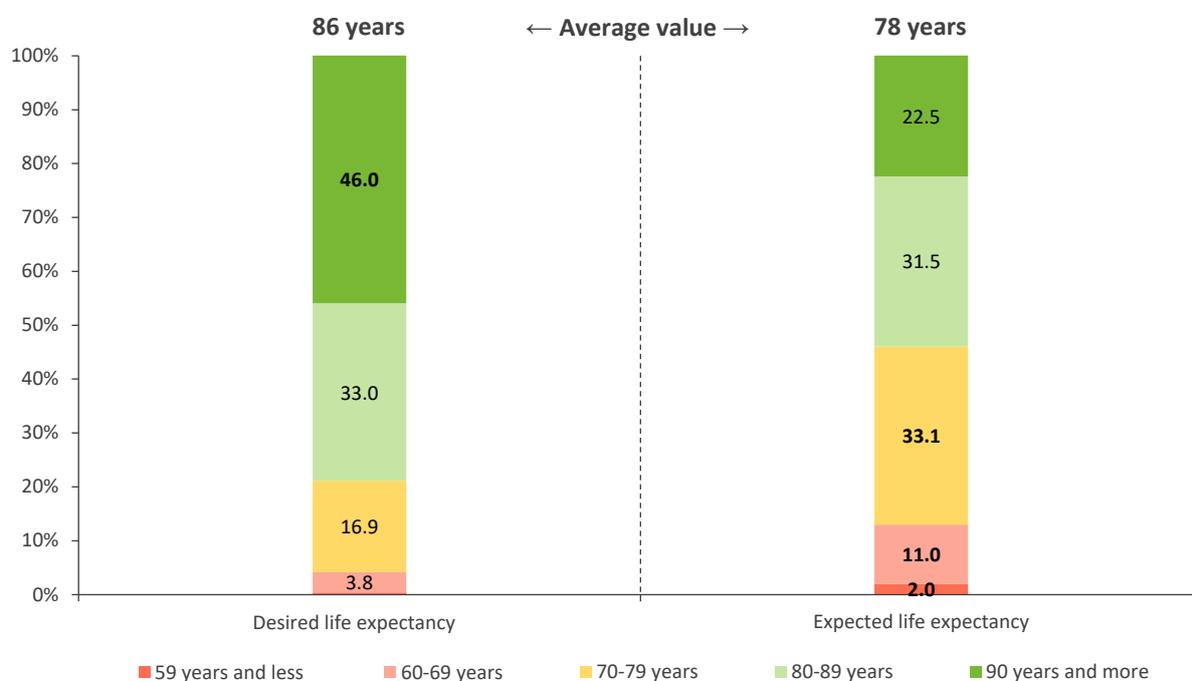


Figure 3. Desired and expected life expectancy as estimated by respondents, % of the number of respondents

Source: data from sociological survey of the population of the Vologda Oblast “Active ageing and its drivers”.

Table 3. Desired and expected life expectancy broken down by respondents’ sex and age (average value), years

Active ageing attitudes	Sex		Age						
	men	women	18-22	23-29	30-39	40-49	50-59	60-69	70+
Desired life expectancy (DLE)	86	85	88	83	85	86	85	86	88
Expected life expectancy (ELE)	78	79	79	77	76	78	79	81	85
<b>Gap between DLE and ELE</b>	<b>8</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>3</b>

Source: data from sociological survey of the population of the Vologda Oblast “Active ageing and its drivers”.

groups (both marked 88 years old), while the lowest ones are among people aged 23–29 years (83 years). The lowest value of life expectancy is typical for respondents aged 30–39 (76 years). The highest real attitudes towards active ageing are observed in the older age group of 70 years old and over (85 years old). The maximum gap in the value of the desired and expected life expectancy is typical for men (8 years), young people aged 18–22 years (9 years), and people aged 30–39 years (9 years), while its smallest value is characteristic of women (6 years) and respondents aged 70 and older (3 years).

The main motives for active ageing attitudes are the reluctance to part with relatives and friends (4.4 points out of 5) and the desire to communicate with grandchildren/great-grandchildren (4.4 points; *Fig. 4*). Respondents also highly appreciate the importance of such drivers as the desire to see how successful their children will be in the future; help children, grandchildren; enjoy life as long as possible (4.3 points each). The motives of unwillingness to lose financial savings (3.2 points) and continuation of labor activity (3.1 points) have the least influence on active ageing attitudes.

For women, the most significant motives are related to the family and communication with family members, including the younger

generations: unwillingness to part with relatives and friends (4.5 points), communication with grandchildren and great-grandchildren (4.5 points), desire to see their children's success (4.5 points), desire to help children/grandchildren (4.4 points; *Table 4*). Women are also more likely to explain active ageing attitudes as a desire to enjoy life (4.4 points). Men marked a bit more significance of such motives as the desire to have time to realize the business of life (3.5 points), take advantage of the retirement age (3.3 points), unwillingness to lose savings (3.2 points) and continue working (3.2 points).

Young people aged 18–22 consider the desire to enjoy life (4.5 points), realize the business of life (4.1 points), take advantage of the prescribed benefits and preferences (3.6 points), continue labor activity (3.6 points), and unwillingness to lose savings (3.6 points) as more significant motives, compared to other age groups. For respondents aged 40 and older, family motives become more important: unwillingness to part with relatives and friends, desire to communicate with grandchildren and great-grandchildren, help children and grandchildren, and see their successes.

According to the survey, 12% of the region's residents believe that nothing is able stop them from living as many years as they want. The



**Figure 4. Active ageing motives in respondents' assessments, average value**  
 Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

**Table 4. Active ageing motives broken down by respondents' sex and age, average value**

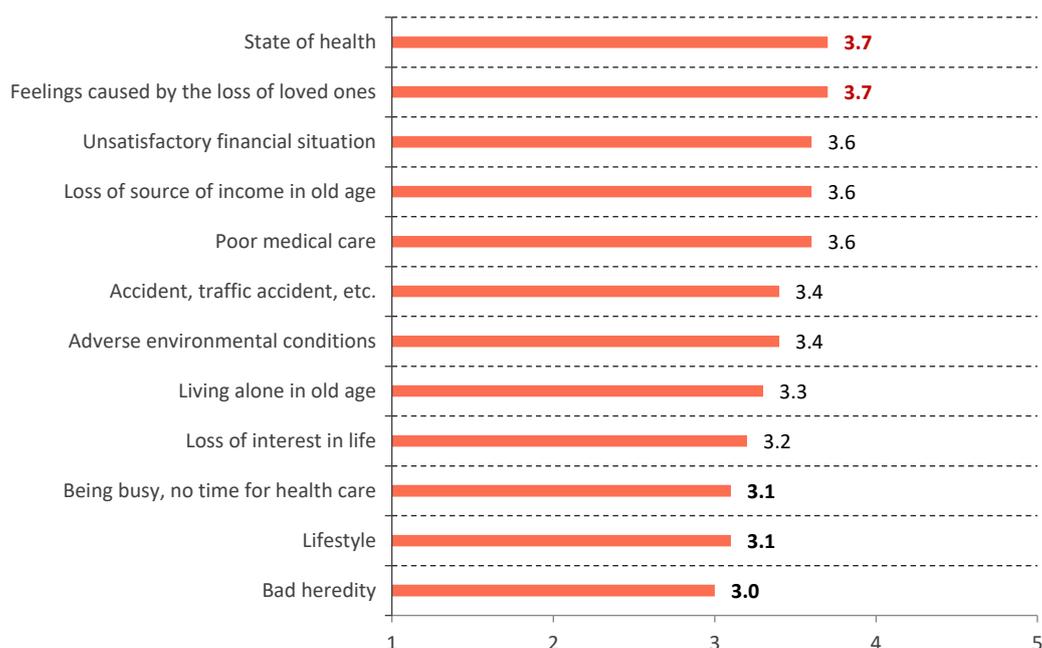
Motives	Sex		Age						
	men	women	18–22	23–29	30–39	40–49	50–59	60–69	70+
I don't want to part with my family and friends	4.2	<b>4.5</b>	4.3	4.2	4.3	<b>4.5</b>	4.3	<b>4.5</b>	<b>4.5</b>
Communicate with grandchildren, great-grandchildren	4.3	<b>4.5</b>	4.0	4.4	4.4	<b>4.5</b>	4.4	<b>4.5</b>	4.4
I want to see how successful my children will be in the future	4.2	<b>4.5</b>	4.3	4.3	<b>4.4</b>	<b>4.4</b>	4.3	<b>4.4</b>	4.2
Helping my children, grandchildren	4.2	<b>4.4</b>	4.1	4.3	4.3	<b>4.4</b>	4.3	4.3	4.3
I want to enjoy life as long as possible	4.3	<b>4.4</b>	<b>4.5</b>	4.3	4.3	4.4	4.3	4.2	4.2
It is interesting to see how the world will change in the future	4.2	4.2	<b>4.3</b>	4.2	4.2	<b>4.3</b>	4.1	4.1	4.1
I'm afraid to die	3.5	<b>3.6</b>	<b>3.8</b>	3.6	3.4	<b>3.8</b>	3.4	3.5	3.1
I want to have time to realize the business of my life	<b>3.5</b>	3.4	<b>4.1</b>	3.7	3.6	3.6	3.3	3.1	3.0
I want to take advantage of the rights and benefits due to age (benefits and other preferences)	<b>3.3</b>	3.2	<b>3.6</b>	3.2	3.2	3.3	3.2	3.3	3.2
I don't want to lose my savings, I want to use them fully	<b>3.3</b>	3.2	<b>3.6</b>	3.4	3.2	3.3	3.2	3.2	2.9
Keep working at favourite job	<b>3.2</b>	3.1	<b>3.6</b>	3.2	3.1	3.4	3.2	2.8	2.8

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

respondents note the state of their own health (3.7 points) and feelings caused by the loss of loved ones (3.7 points; *Fig. 5*) as the most significant barriers to the implementation of active ageing mindsets. In addition, according to the respondents, such obstacles to a long life as an unsatisfactory financial situation, loss of a source of income in old age, and unsatisfactory medical care (3.6 points each) are tangible. In turn, heredity (3.0 points), lifestyle (3.1 points) and lack of time to take care of health due to being very busy (3.1 points) were named least often as barriers.

It is noteworthy that women, compared to men, somewhat higher estimate the negative impact of such obstacles as feelings caused by the loss of loved ones (3.8 points versus 3.6) and loneliness in old age (3.4 points versus 3.3) on active ageing, while men are more likely to see

the loss of their source of income (3.6 points versus 3.5) and their lifestyle (3.3 versus 2.9; *Table 5*) as a barrier. Among the representatives of the older age group (70 and over), there were the most number of those who believe that nothing will prevent them from living as long as they want (29%). This is quite natural given their age. However, for those representatives of this age group who believe that they will not be able to live the desired number of years, the most significant barriers are the state of health (4.1 points) and feelings caused by the loss of loved ones (3.8 points). Young people under 30 often see the loss of a source of income in old age (3.7 points) and the lack of time to take care of their health due to high employment (3.3 points) as barriers to active ageing. Young people aged 23–29 also more often noted their lifestyle as



**Fig.5. Barriers to the implementation of active ageing mindsets in the respondents' assessments, average value**

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

**Table 5. Barriers to the implementation of active ageing mindsets broken down by respondents' sex and age, average value**

Barriers	Sex		Age						
	men	women	18–22	23–29	30–39	40–49	50–59	60–69	70+
State of health	3.7	3.7	3.5	3.7	3.6	3.6	3.9	3.8	<b>4.1</b>
Feelings caused by the loss of loved ones	3.6	<b>3.8</b>	3.5	3.6	3.7	3.7	3.7	<b>3.8</b>	<b>3.8</b>
Unsatisfactory financial situation	3.6	3.6	3.4	3.5	<b>3.7</b>	3.6	3.5	3.6	3.6
Loss of source of income in old age	<b>3.6</b>	3.5	<b>3.7</b>	<b>3.7</b>	3.6	3.6	3.4	3.5	3.5
Poor medical care	3.6	3.6	3.6	3.5	3.6	3.5	<b>3.7</b>	3.6	3.3
Accident, traffic accident, etc.	3.4	3.4	3.3	<b>3.5</b>	<b>3.5</b>	3.4	<b>3.5</b>	3.3	3.1
Adverse environmental conditions	3.4	3.4	3.3	3.4	<b>3.6</b>	3.4	3.5	3.3	3.0
Living alone in old age	3.3	<b>3.4</b>	3.1	3.3	3.3	<b>3.4</b>	<b>3.4</b>	<b>3.4</b>	3.3
Loss of interest in life	3.2	3.2	3.3	3.3	3.3	3.3	<b>3.4</b>	3.1	3.1
Being busy, no time for health care	3.1	3.1	<b>3.3</b>	<b>3.3</b>	<b>3.3</b>	3.2	3.2	2.7	2.6
Lifestyle	<b>3.3</b>	2.9	3.1	<b>3.4</b>	3.2	3.2	3.1	2.9	2.5
Bad heredity	3.0	3.0	2.8	3.1	3.0	3.0	3.2	3.0	2.7
<b>Nothing can interfere, % of the number of respondents</b>	<b>12.2</b>	<b>11.8</b>	<b>7.2</b>	<b>9.3</b>	<b>13.2</b>	<b>14.4</b>	<b>10.4</b>	<b>8.9</b>	<b>29.0</b>

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

an obstacle (3.4 points), while respondents aged 30–39 noted an unsatisfactory financial situation (3.7 points) and unfavorable environmental conditions (3.6 points). The negative impact of living alone in old age on life expectancy was more often indicated by respondents aged 40–69.

### *Active ageing practices*

According to the study, 18% of the surveyed residents of the Vologda Oblast do not take any action to maintain a long and active life. At the same time, the most common practices are maintaining good relations with family members

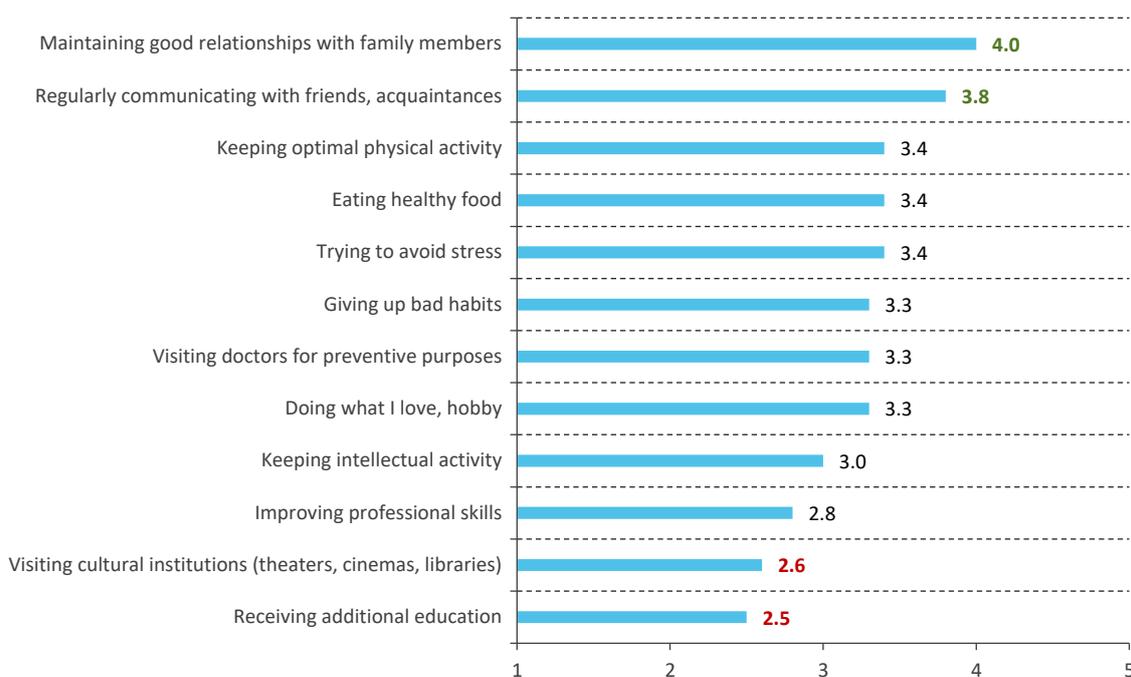
(4.0 points) and regular communication with friends and acquaintances (3.8 points; *Fig. 6*). Such measures as maintaining optimal physical activity (3.4 points), following proper nutrition (3.4 points), preventing stress conditions (3.4 points), giving up bad habits (3.3 points), preventive visiting doctors (3.3 points) and doing what you love (3.3 points) are somewhat less common. The least popular practices maintaining long and active life are visiting cultural institutions (2.6 points) and receiving additional education (2.5 points).

Most often, men (21%) and respondents aged 70 and older (32%; *Table 6*) do not take any action for active ageing. Almost all of the listed practices are more common among women compared to men, especially maintaining good relations with family members (4.1 points versus 3.8), giving up bad habits (3.5 points versus 3.0), visiting doctors with preventive purposes (3.5 points vs. 3.1), proper nutrition (3.5 points vs. 3.2), stress prevention (3.5 points vs. 3.2) and hobbies (3.4 points vs. 3.1).

Representatives of the older age group more often than others, in order to live an active and long life, maintain good relationships with loved ones (4.1 points), give up bad habits (3.6 points) and seek medical help for prevention

(3.5 points). Young people aged 18–22 communicate more often with friends and acquaintances (4.1 points), keep optimal physical (4.1 points) and intellectual activity (3.5 points), improve their professional qualifications (3.2 points), receive additional education (3.1 points) and visits cultural institutions (2.9 points). Young people aged 23–29 are more likely to adhere to proper nutrition (3.6 points). Respondents aged 60–69 are more likely to prevent stress (3.5 points) and preventive visits to doctors (3.5 points).

According to the calculations, the index of active ageing internal drivers was 0.23, which indicates the predominance among the population of high attitudes towards life expectancy, motivation and practices of active longevity over low attitudes towards life expectancy, lack of motivation and refusal to take any action in this regard (*Fig. 7*). Among the components, the sub-index of motives (0.44) acquired the highest value, while the subindex of actions (-0,07) acquired the lowest value. The attitudes sub-index value was 0.31. This fact suggests that the region’s population has more pronounced motivation and attitudes towards active ageing, however, they are rarely expressed in specific practices of a long and active life.



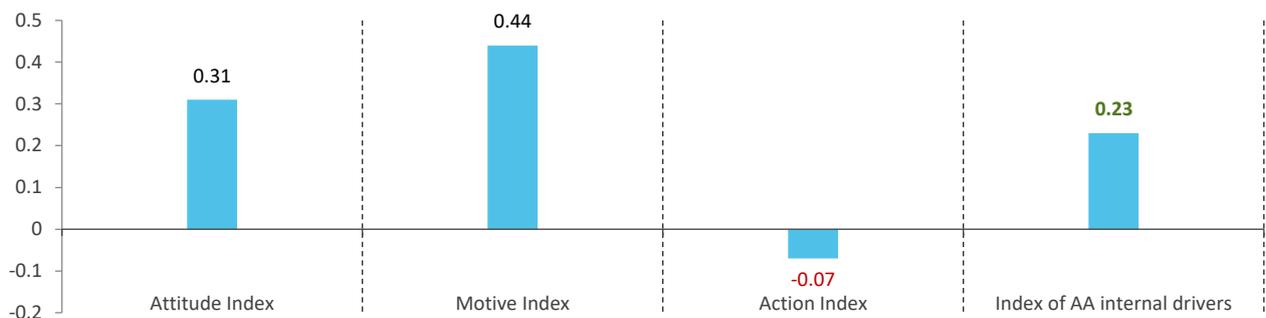
**Fig. 6. Active ageing practices in respondents’ assessments, average value**

Source: data from sociological survey of the population of the Vologda Oblast “Active ageing and its drivers”.

**Table 6. Practices of active ageing broken down by respondents' sex and age, average value**

AA Practice	Sex		Age						
	men	women	18–22	23–29	30–39	40–49	50–59	60–69	70+
Maintaining good relationships with family members	3.8	<b>4.1</b>	3.9	4.0	4.0	4.0	3.9	4.0	<b>4.1</b>
Regularly communicating with friends, acquaintances	3.7	<b>3.9</b>	<b>4.1</b>	4.0	3.9	3.8	3.8	3.8	3.8
Keeping optimal physical activity	3.4	3.4	<b>4.1</b>	3.7	3.7	3.4	3.3	3.1	3.1
Eating healthy food	3.2	<b>3.5</b>	3.4	<b>3.6</b>	3.4	3.3	3.2	3.4	3.3
Trying to avoid stress	3.2	<b>3.5</b>	3.4	3.4	3.3	3.4	3.3	<b>3.5</b>	3.4
Giving up bad habits	3.0	<b>3.5</b>	3.4	3.1	3.2	3.2	3.3	3.4	<b>3.6</b>
Visiting doctors for preventive purposes	3.1	<b>3.5</b>	3.0	3.2	3.3	3.2	3.4	<b>3.5</b>	<b>3.5</b>
Doing what I love, hobby	3.1	<b>3.4</b>	3.3	3.2	3.3	3.3	3.3	3.3	3.1
Keeping intellectual activity	2.9	<b>3.1</b>	<b>3.5</b>	3.3	3.2	3.2	3.0	2.7	2.8
Improving professional skills	2.8	2.8	<b>3.2</b>	3.1	3.0	3.1	2.7	2.3	2.6
Visiting cultural institutions (theaters, cinemas, libraries)	2.4	<b>2.8</b>	<b>2.9</b>	2.6	2.8	2.7	2.5	2.5	2.5
Receiving additional education	2.5	2.5	<b>3.1</b>	2.7	2.7	2.7	2.4	2.1	2.4
<b>Doing nothing, % of respondents</b>	<b>20.7</b>	<b>16.2</b>	<b>17.4</b>	<b>20.5</b>	<b>21.8</b>	<b>15.5</b>	<b>13.6</b>	<b>17.3</b>	<b>31.9</b>

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

**Fig. 7. Index of internal drivers of active ageing and its sub-indices**

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

An interesting picture is shown by the values of the index of internal drivers of active ageing and its sub-indices in terms of sex and age of the population. Thus, the index of internal drivers of active ageing itself, as well as all three of its components, turned out to be higher for women than for men (Table 7). The differences in the value of the action index are especially

pronounced – 0.00 for women versus 0.14 for men, which indicates a more passive position of the latter in terms of active and long life practices. The maximum value of the composite index of internal drivers of active ageing is observed among the youngest age group – 18–22 years old and the oldest one (0.33). At the same time, the sub-indexes of motives and

**Table 7. Index of internal drivers of active ageing and its sub-indices broken down by respondents's sex and age**

Index	Sex		Age						
	men	women	18–22 года	23–29 лет	30–39 лет	40–49 лет	50–59 лет	60–69 лет	70+ лет
Attitude Index	<b>0,28</b>	<b>0,34</b>	0,33	0,24	<b>0,22</b>	0,27	0,32	0,41	<b>0,61</b>
Motive Index	<b>0,42</b>	<b>0,46</b>	<b>0,51</b>	0,48	0,43	0,51	0,42	0,42	<b>0,35</b>
Action Index	<b>-0,14</b>	<b>0,00</b>	<b>0,03</b>	-0,07	-0,06	-0,02	-0,06	<b>-0,10</b>	<b>-0,23</b>
<b>Index of AA internal drivers</b>	<b>0,19</b>	<b>0,27</b>	<b>0,29</b>	0,22	<b>0,20</b>	0,25	0,23	0,24	0,24

Source: data from sociological survey of the population of the Vologda Oblast "Active ageing and its drivers".

actions (0.51 and 0.03, respectively) reached the highest value among young people aged 18–22, while the sub-index of attitudes (0.61) was the highest in the older age group. Thus, the main internal incentives for active ageing for young people aged 18–22 are a pronounced motivation for a long life and involvement in the practice of maintaining an active life, while for people aged 70 years and older, the main “engine” of active ageing is the mindset to a long life, which is largely due to the age factor and, to a greater extent, the actual possibility of surviving to the age of a centenarian (90 and older), rather than specific practices. This is also confirmed by the fact that for older people (70 and older), the lowest values among all age groups were acquired by the indices of motives (0.35) and actions (-0.23). The age category of 30–39 years old is characterized by the lowest value of the index of attitudes (0.22) and, as a result, the final index of internal drivers of active ageing (0.20).

### Conclusion

Thus, we have conducted a sociological research, which made it possible to establish that the population of the Vologda Oblast most often see the preservation of health as the most significant component of active ageing. Maintaining communication with the usual circle of people took second place, the opportunity to work as long as possible – the third. Respondents consider self-development, education and hobbies as the least important for maintaining an active and long life. Life expectancy attitudes demonstrate a significant gap between its desired and expected value

(8 years), which indicates the presence of serious external and internal barriers to active ageing. The main incentives for a long and active life for the region's population are family-oriented drivers, while the least influence on attitudes towards long life is exerted by the unwillingness to lose financial savings and the desire to continue working. The most significant barriers to the implementation of active ageing goals are the state of health and feelings caused by the loss of relatives and friends, and the least significant, according to the Vologda Oblast's residents, were heredity, lifestyle and lack of time to take care of health due to heavy employment. 18% of respondents do not take any measures to maintain a long and active life, while the most common practices of active ageing are those associated with maintaining social ties. In turn, people visit cultural institutions and receive additional education least of all for the purpose of a long and active life, which may be partly due to the insufficient accessibility of cultural institutions and additional education for the population of the region. There is a pronounced discrepancy between the assessments of the significance of the components of active ageing and actions, which are actually practiced to maintain it. Therefore, for example, if the preservation of health takes the first place in importance among the components of active ageing by the region's inhabitants, then in real life, measures to strengthen its condition are not taken in the first place and less often compared to actions to maintain social ties.

High attitudes towards life expectancy, motivation and actions to maintain a long

and active life prevail over low attitudes, lack of motivation and refusal to take any measures regarding active longevity among the population. However, the more pronounced motivation and attitudes towards active longevity among the inhabitants of the region are rarely embodied in specific practices.

The analysis of the data obtained during the survey revealed noticeable gender and age differences in attitudes, motives and actions in relation to active ageing. Compared to men, women estimate the role of health and hobbies in maintaining a long and active life as more important; they have higher attitudes towards real life expectancy, while their active ageing motives are more often associated with family and communication with its members, the desire to enjoy life, while barriers are more often associated with the feelings caused by the loss of loved ones and the fear of loneliness in old age. Women in general are more often involved in active ageing practices. Men are characterized by great ambitions in terms of their desired life expectancy, but they are more skeptical about its planned life expectancy; the motives associated with the implementation of the business of their life, work, the benefits of retirement age and the fear of losing savings are more significant for them. Men tend to see the loss of their source of income and their own lifestyle as a barrier; they more often ignore any practices of active ageing. Among the male population, compared to the female one, all behavioral components of active ageing are less pronounced, especially attitudes and actions.

Considering age differences, we may conclude that as the age of the population increases, the importance of health for active ageing becomes higher, but the role of communication and self-development decreases. The most optimistic attitudes regarding the desired life expectancy are characteristic for two age groups: young people aged 18–22 and older people aged 70 and over. However, with regard to life expectancy, high attitudes remain only among the older age group. Young people are

more often guided by the desire to enjoy life, continue to work, engage in the business of their life, take advantage of the required benefits and preferences, unwillingness to lose savings; for people over 40 the importance of family motives increases significantly. In addition, if for young people the barriers are more often the loss of a source of income in old age, lack of time to take care of health and lifestyle, and for middle-aged people these are the fear of living alone in old age, poor financial situation and unfavorable environmental conditions, then for older people these are the state of health and feeling caused by the loss of loved ones. The youngest categories of the population are more often involved in the practices of self-development and education, advanced training, communication, and physical activity, while at older ages the proportion of those who do nothing for a long and active life increases noticeably. The main internal incentives for active ageing among young people aged 18–22 are a pronounced motivation for a long life and involvement in active life maintenance practices, while for people aged 70 and older, the main “engine” of active ageing is a long life orientation (which is largely due to the age factor and to a greater extent the actual possibility of surviving to the age of longevity), rather than specific actions in this direction.

The methodology developed by the team of authors, based on the data of the sociological survey, makes it possible to study the individual strategies of the population in relation to active ageing, and, as a result, to develop relevant management mechanisms for the implementation of social policy taking them into account. In addition, the index methodology can form the basis of a monitoring study of active ageing of the population, which becomes an important tool for tracking the effects of the implementation of active ageing policy measures in the country, the state action strategy in the interests of the elderly, the Demography national project (including the Older Generation Federal Project).

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**Короленко А.В.**

## АКТИВНОЕ ДОЛГОЛЕТИЕ В ЖИЗНЕННЫХ ПРАКТИКАХ НАСЕЛЕНИЯ ВОЛОГОДСКОЙ ОБЛАСТИ

*Необходимость методологического сопровождения политики активного долголетия актуализирует проведение исследований по совершенствованию методологии оценки поведенческих факторов и выделению индивидуальных стратегий. Цель исследования – изучение приверженности населения активному долголетию, в частности значимости его отдельных компонентов (здоровья, занятости, социальных связей, досуга, непрерывного образования и саморазвития), установок на долголетие и их мотивов, барьеров их реализации, а также распространенности конкретных практик активного долголетия. Информационной базой выступили данные социологического опроса взрослого населения Вологодской области «Активное долголетие и его факторы», проведенного в 2021 году. Авторским коллективом проекта разработан подход к оценке соотношения внутренних и внешних факторов активного долголетия, измеренных с помощью индексной методик. Установлено, что наиболее значимым для населения компонентом активного долголетия является здоровье. Установки на продолжительность жизни демонстрируют существенный разрыв между ее желаемой и ожидаемой величиной (8 лет). Главными стимулами долгой и активной жизни выступают семейно-ориентированные факторы, самыми значимыми барьерами на пути долголетия служат состояние здоровья и переживания от потери родных и близких. Каждый пятый опрошенный не предпринимает никаких мер в целях поддержания долгой и активной жизни. В то же время самыми распространенными практиками активного долголетия оказались действия, связанные с поддержанием социальных связей. Индекс внутренних факторов активного долголетия свидетельствует, что среди населения ориентированность на продолжительную жизнь, мотивация и практики активного долголетия преобладают над установками на относительно короткую продолжительность жизни, отсутствием мотивации и отказом от каких-либо действий в поддержании здоровья, социальной, трудовой, творческой активности. Основное противоречие заключается в том, что относительно более выраженные мотивация и установки на активное долголетие у жителей региона чаще не находят воплощение в конкретных практиках.*

*Активное долголетие, установки на долголетие, мотивы, действия, индексная методика, социологический опрос, население Вологодской области.*

### **ИНФОРМАЦИЯ ОБ АВТОРЕ**

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