Fear and Insecurity among Older People: Determinants and Potentials Consequences Evidence from the WHO SAGE Survey

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Summary

Research from high income countries has demonstrated that fear of crime is strongly associated with a range of undesirable outcomes. We examined the social patterning of fear of crime, their determinants and potential consequences in a nationally representative samples of older people aged 50+ by analysing WHO-SAGE data particularly for India, China and South Africa. We found large national variations in reported fear of crime among the older population, as well as reported household experiences of violent crime indicating a link between perceived and actual risk of crime in this first comparative study of fear of crime among older people in LMICs.

Background

Research from high income countries has demonstrated that fear of crime is strongly associated with a range of undesirable outcomes including low quality of life, poor mental health, limited mobility outside the home, disturbed psychological well-being, and poor physiological and behavioural consequences for health. However, very little research has been conducted to verify these effects across low and middle income countries (LMICs). The World Health Organisation's Study on Global Ageing and Adult Health (SAGE) survey provides an opportunity to do this for a nationally representative samples of people aged 50 and over in six countries namely Republic of China, Ghana, India, Mexico, Russian Federation and South Africa. A strength of the SAGE survey is that it has a very large number of items on health, physical function, mobility and quality of life. Where other studies have often found strong associations between fear of crime and adverse outcomes, most have been unable to separate cause from effect. For example, poor mental health may both exacerbate fear of crime and be a consequence of it. As well as identifying simple associations, this paper uses a range of techniques to identify the direction of causality.

Objectives

Fear of crime has significant impact on elderly health and wellbeing and some studies show that feeling safe in the local neighbourhood is a key determinant of quality of life, less social participation, lower quality of life and depression among older people in the UK. Other studies showed that fear of crime among older people is largely associated with older ages (sometimes, but not always), female sex, social isolation and poverty. This paper examines the social patterning of fear of crime among older person aged 50+ and relating this to debates and controversies in the wider literature. For example, there is a considerable debate about whether fear of crime is higher for people in later life. It has been hypothesised that, rather than age itself, this effect may be primarily related to frailty. Unlike most crime surveys, WHO SAGE data include a frailty index which permits this effect to be assessed. Secondly, the paper examines the potential consequences of fear of crime on mobility outside the home, quality of life and self-reported health. The paper explores variations in these national experiences, paying particular attention to the experience of India, China and South Africa in a comparative perspective.

Methodology

The newly available data from the 2007-2010 Wave 1 WHO's Study of Global Ageing and Adult Health (SAGE) survey, which includes detailed information on health behaviours, use of health services and health outcomes, as well as a varied set of socio-economic items for a nationally representative household population aged 50+ in six countries: the People's Republic of China, Ghana, India, Mexico, the Russian Federation and South Africa has been used for this study. Across these six countries, the total SAGE study population comprises 35,125 people aged 50 or older. SAGE sampling methods are based on the design developed for the 2003 World Health Survey where a probability sampling design was employed using multi-stage, stratified, cluster random samples. The survey instrument was conducted using an interviewer-administered questionnaire in the native language of the respondent using local, commonly understood terms. For further details refer to the SAGE Wave 1 survey manual and questionnaires (available at http://www.who.int/healthinfo/systems/sage/en/index1.html).

We analysed the experiences of three SAGE countries: India (n=7150), China (n=13301) and South Africa (n=3840); the countries with a wide range of geographic and socio-economic variability. The following three WHO-SAGE items related to fear of crime were chosen to address different forms of potential crime and fear, including domestic abuse among the elderly: In general, how safe from crime and violence do you feel when you are alone at home? ; How safe do you feel when walking down your street alone after dark?; and in the last 12 months, have you or anyone in your household been the victim of a violent crime?. We constructed a frailty index (consisting of 40 different items related to current health, mobility and emotional status) and a social cohesion index (consisting of 12 items related to involvement in community activities) as a possible determinant of fear and insecurity in our study. The SAGE question on old age mobility for exploring the association between fear of crime and mobility was: Would you like to go out more often or are you satisfied with how much you get out of the house?. Descriptive analysis was done using chi square tests. The multivariate analysis took account of the cluster sampling design, and supplied weighting factors were used to correct for the unequal probability of selection resulting from the sampling design. All analyses were conducted using STATA version 10.

Results

A less percentage of older person aged 50+ in China (2% men and 4% women) reported that they felt unsafe/slightly safe at home followed by India (7% men and 13% women) and highest in South Africa (47% men and 50% women). An almost similar pattern is observable for street fear as well. However, regarding actual experience of crime, less than one in 10 reported that a household member had been a victim of violent crime in last year in these three SAGE countries. A significant rural /urban differential was noticed in fear and reported crime among elderly. We found higher rates of fear in rural India unlike studies in other countries and also marginally higher rates of experience of violence. However, we find no obvious age effect and wealth effect for people aged 50+ when we compared the fear and reported crime in all the three countries. Multivariate logistic regression analysis showed that sex, frailty index, and household experience of violent crime is significantly associated with home as well as street fear among older persons in these countries. Regarding fear of crime and mobility, in India, fear of crime significantly ($p<0.0001$) limits the mobility of at least 455 cases (4% of the sample). We also found significant results for China and South Africa;

which might be due to large sample size (China) or due to high prevalence of street fear (South Africa).

We found significant ($p<0.0001$) inverse association between self rated quality of life, self rated health, satisfaction with personal relationship and worriness with both home and street fear in the bivariate analysis. However in the multivariate analysis we found high frailty and feeling unsafe/slightly safe at home to be the largest predictor of self rated (dissatisfied/very dissatisfied) quality of life and self rated (bad/very bad) health among elderly in these countries.

Conclusions

This paper provides the first comparative study of fear of crime among older people in LMICs. It finds large national variations in reported fear of crime both at home and on the street, as well as in reported household experiences of violent crime. The strong association between household experiences of violent crime and older peoples' fear indicate a link between perceived and actual risk of crime. In other words, fear of crime is not purely a subjective construct. Very high rates of both home and street fear in South Africa found in our study are in line with other surveys. We also found consistent clear effect for sex. The close association between frailty and fear (rather than chronological age) suggests that future surveys of fear of crime should include items related to frailty.

The strong associations between fear and poor health, mobility and quality of life are consistent with the findings of studies in high income countries. At first sight, they lend support to the view that fear of crime is harmful to health and wellbeing. Further analysis seeking to establish patterns of causality, is less conclusive. For example, by factoring in frailty most of the harmful associations disappear in India and South Africa, but not for China. A key limitation of the study is the phrasing and selection of items on fear in the WHO SAGE questionnaire. There is some evidence from other studies that these questions may be less applicable to older people than those at younger ages and may be less applicable in some national settings than others. A fundamental limitation of SAGE and this analysis is that it does not include an item related to fear of domestic abuse by other family members –there is a growing body of evidence from other studies that this is a prevalent problem.

Keywords: fear; crime; home fear; street fear; determinants; consequences; WHO-SAGE; India; China; South Africa