



The Motivation and Related Factors of Male Elderly People's Social Participation in Taiwan

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Article Details

Article Type: Research Article

Received date: 13th March, 2025

Accepted date: 08th April, 2025

Published date: 10th April, 2025

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Citation: Lin, L. J., Chiang, Y. H., & Chenc, T. C., (2025). The Motivation and Related Factors of Male Elderly People's Social Participation in Taiwan. *J Soci Work Welf Policy*, 3(1): 140. doi: <https://doi.org/10.33790/jswwp1100140>.

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Abstract

This study explores the motivations for social participation among elderly men in Taiwan and the related influencing factors. Social participation plays a crucial role in maintaining the physical, social, and psychological health of older adults. Motivation is defined as the internal and external driving forces that encourage individuals to engage in activities, and it is a key determinant of participation. Social participation refers to various activities that contribute to healthy aging, such as community activities and volunteer work. Therefore, this study aims to conduct qualitative research through semi-structured interviews with eight elderly men to understand their motivations for social participation and to discuss their concerns about the erosion of male authority and the need to maintain their dignity, which can enhance their motivation to engage in society. The research findings indicate that personal interests, health benefits, and social relationships are the primary motivations. The results emphasize the importance of targeted policies and programs in increasing the participation of elderly men.

Keywords: Social Participation; Older Men; Community, Elderly, Activitie

Introduction

Aging populations worldwide face challenges related to social isolation and reduced engagement in meaningful activities, which can negatively impact their well-being. Research highlights the significance of social participation in promoting health and longevity among older adults. While studies have examined elderly social participation broadly, less attention has been given to the specific motivations of older men in Taiwan. Understanding these motivational factors is essential for developing effective interventions that encourage active engagement. This study explores the factors influencing elderly Taiwanese men's social participation and aims to provide insights for improving policies and programs supporting healthy aging.

Literature review

In 2020, the global population aged 65 years or older was estimated to be 727 million individuals. This figure is anticipated to more than double by 2050, surpassing 1.5 billion individuals. Consequently, the proportion of older adults in the worldwide population is set to rise from 9.3 percent in 2020 to 16.0 percent in 2050. By mid-century, approximately one in every six individuals globally will be 65 years or older [1]. Factors such as improved living standards and advancements in healthcare technology have contributed to the rapid growth of the elderly population [2].

The World Health Organization (WHO) [3] defines active aging as the promotion of physical, social, and psychological well-being by engaging in society according to one's needs, preferences, and abilities. Social participation (SP) plays a crucial role in enabling older adults to access essential resources through various means: (1) receiving emotional support from community members, (2) getting practical assistance to tackle daily challenges and perform routine activities, and (3) staying informed about societal changes and advancements to adapt to evolving social landscapes [4]. SP is expected to mitigate social isolation, a significant risk factor for both morbidity and mortality [5].

The process of aging often coincides with the emergence of physical disabilities, illnesses, mental health issues, and cognitive decline, leading to reduced social and active participation [6]. When examining how elderly men perceive successful aging, several key themes emerge, including health, productivity, independence, spirituality, acceptance, social connections, and life experience [7].

The social standing individuals maintain as they age, along with their sense of self-worth in social contexts and their ability to achieve personal goals, are crucial for successful aging. Satisfaction with social support plays a vital role in overall quality of life [8]. Social participation (SP) is recognized as a fundamental element of 'active aging' by the World Health Organization [3]. Informal social networks formed through participation can provide older individuals

with increased social support [9]. Engaging in social groups can help older adults maintain a sense of purpose, contributing to their perceived usefulness [10]. Health status and a supportive environment are key factors influencing older adults' social participation, while integration within their communities is essential for healthy aging [11, 12].

Among the elderly population, factors such as male gender, lower educational attainment, and lower income have been linked to experiences of social isolation [13, 14]. While there exist various forms of masculinity, hegemonic masculinity represents the patriarchal and dominant ideal characterized by traits such as independence, competitiveness, assertiveness, emotional detachment, and physical prowess [15]. This stereotypical masculinity often discourages emotional expression and vulnerability typically associated with femininity, promoting the rejection of social closeness.

Furthermore, several factors, including poor health, inconvenience, and increased reliance on others, may threaten the preservation of male identity in older men [16]. The adherence to traditional gender roles may deter older men from participating in community programs perceived as female-oriented, potentially exacerbating feelings of loneliness and social isolation. Consequently, strategies that enable older men to maintain their perceived important masculine characteristics may prove more appealing and effective in mitigating social isolation.

While social networks and increased social interaction are often associated with feminine traits, independence, self-reliance, and individual pursuits are commonly linked to masculine ideals [17]. Social participation is crucial in preventing social isolation, with one approach being the facilitation of activities aligned with masculine identities [18]. Studies have shown that excessive television viewing

is associated with limited social engagement, reduced interaction with neighbors, and heightened levels of loneliness among older adults [19]. This study aims to explore the motivations and barriers influencing social participation among elderly men.

Materials and methods

This research applied an interpretive descriptive approach using recording methods [20], individual interviews, and participant observations using interviews. From these, themes were distilled from older men's experiences that might inform the development of targeted social participation.

Participants

A convenience sample of eight community-dwelling older men was recruited for this study. These men have participated in the activities of the Community Care Centre for the Elderly and indicated their willingness to be contacted for further research. Inclusion criteria were broad: participants had to self-identify as men aged 65 or older; be able to communicate in Chinese or Taiwanese; live in the community; and be mobile within and outside their homes. Ethical considerations were upheld throughout the study, with all participants providing informed consent by signing a consent form prior to engaging in interviews, ensuring their full understanding of the study's purpose, procedures, and potential risks. We ensured participants' informed consent and safeguarded their rights.

The eight participants, aged 71–92, were functionally capable of completing daily activities. Within this small sample, personal experiences and social participation situations were diverse (Table 1). Each participant was given a code to protect their privacy that will be used throughout this research.

Code	Age	Highest level of education	Occupation (before retirement)	Health status	Marital status	Living situation	Years of community participation (years)
A	92	Illiteracy	Farming	Sub-health	Married	Extended family	3
B	77	Elementary	Farming	health	Married	Extended family	4
C	76	Junior high school	service industry	Sub-health	divorce	Alone; Independent living	4
D	87	Illiteracy	Farming	Sub-health	Married	Live with wife	2
E	71	Illiteracy	Farming	health	Widowed	Extended family	4
F	82	Illiteracy	Farming	Sub-health	Married	Extended family	2
G	87	Elementary	Farming	Sub-health	Widowed	Extended family	2
H	79	Illiteracy	Farming	Sub-health	Married	Alone; Independent living	3

Table 1. Sample Demographics

Data collection

Data were gathered through semi-structured face-to-face interviews (as a form of participant observation). The use of multiple data collection methods provided in-depth and contextual data that reflected participants' complex experiences. The open-ended nature of the semi-structured interviews encouraged depth and vitality by collecting rich data; through face-to-face interviews, researchers gained additional insight through participant observation; In addition, recording methods allowed researchers to gain insights into

participants' perceptions of their social participation. Verbal and written consent was obtained prior to data collection. Verbatim manuscripts of interviews were compiled by the researcher.

The researcher also accompanied the participants to participate in the activities of the community care centre to observe the participants' reactions and feelings. Each semi-structured interview took between 30 and 60 minutes. The interview questions are as follows. What is your current health status? Why did you start participating in the activities of the community care centre? Which community activities

will you choose to participate in? What is your family's attitude towards community participation? What are the issues that may cause reluctance to participate in the community? During the interview, recording and verbatim transcription was conducted. Interviews were conducted in December 2020 and February 2021.

Data Analysis

The data analysis was based on the following interviews. The study's primary purpose was to generate knowledge that can be applied to practice. Therefore, data analysis focused on the research questions, taking into account participants' descriptions of their community involvement and explanations about how men's experiences helped develop targeted community activities. An interpretation framework was developed to guide preliminary analysis for each participant.

Results and discussion

This study explored the motivations and barriers influencing the social participation of elderly men in Taiwan. Although Taiwan's elderly social participation policies—such as community meal services—aim to enhance community engagement, male elders continue to face distinctive challenges that shape their involvement.

One key motivational factor is the desire for social connection and a sense of belonging. Many elderly men are left alone at home during the day while family members are at work or school. Community meal programs address this need by providing a setting where older adults can dine and socialize, thereby alleviating loneliness. Additionally, some men are motivated to participate because their spouses are involved in community activities, indicating the important influence of family and social ties.

A second motivator is the pursuit of personal achievement and purpose. Many male elders reported that taking on roles such as lecturers, volunteers, or group leaders allowed them to share their expertise, which reinforced their self-worth and social value. Being invited to participate—particularly by respected figures in local Community Development Associations—further enhanced their sense of recognition and respect, increasing their willingness to engage.

Health maintenance and psychological well-being also play a significant role in motivating social participation. Chronic illnesses and medication management issues drive many elderly men to seek supportive environments that encourage physical activity and emotional connection. Community care centers offer spaces where socialization and friendships can promote both mental and physical health, acting as a preventive measure against the negative effects of aging and isolation.

However, despite these motivations, cultural norms and gender expectations may act as psychological barriers. Since many community activities are tailored to women's interests—such as dancing, crafts, or painting—male participants often feel out of place. This discomfort is rooted in concerns about preserving traditional masculinity and avoiding perceptions of weakness or dependence. As a result, some men may choose to sit at the back of events or engage only passively (e.g., reading newspapers), rather than actively integrating into group activities.

Although a variety of community programs are available, male participation remains significantly lower than female participation. According to the Executive Yuan (2024), the male participation rate in community care centers is only 24.68%, highlighting a persistent gender gap. Even when elderly men are present at events, they often avoid drawing attention to themselves or taking on prominent roles. This suggests that, while motivating factors such as connection, respect, health, and purpose are evident, structural and cultural barriers continue to hinder broader engagement.

In this context, the concept of male dignity emerges as a critical lens through which participation behavior can be understood. For elderly Taiwanese men, dignity is often tied to maintaining authority,

autonomy, and social respect traditionally associated with masculinity. For instance, some may avoid female-dominated activities to preserve their sense of identity and avoid “losing face.” Others are more receptive to roles that emphasize knowledge-sharing, leadership, or practical contributions—areas where they can reaffirm their masculine identity. Clarifying this concept helps explain the gendered nature of participation and provides valuable insights for designing more inclusive, affirming programs.

Furthermore, while Taiwan has introduced several policies to foster elderly social participation—such as community meal services and community care points—challenges in implementation persist. Issues such as the adequacy of community resources, availability of professional staff and volunteers, and the long-term sustainability of programs are particularly pressing in rural or underpopulated regions. Financial limitations related to transportation subsidies, venue costs, and materials further restrict the frequency and diversity of activities. These resource constraints may discourage male elders, who often seek structured and purposeful engagement, from participating consistently.

These findings highlight that social participation among elderly men is influenced not only by external opportunities but also by internal motivations and deeply rooted cultural perceptions. To promote meaningful participation, community programs must adopt gender-sensitive approaches, create male-friendly roles and spaces, and leverage peer-based or leadership-driven invitations that align with male elders' values and identity.

Conclusion

Elderly men know that participating in community activities will bring many benefits, especially concerning physical health, but it is obvious that few of them participate, mainly because of concerns about dignity. It is traditional for men to have high social status and authority at home. Therefore, once they enter old age and retire, their role changes from giver to receiver, causing them to lose their most important sense of dignity. Therefore, in order to increase the rate of community participation, it should be stressed that, first of all, for the male elderly to participate in the community, the main purpose is altruism, not self-interest. By altruism, self-interest is incidental. If self-interest is first, people will think that it is too selfish, and it will damage the authority of men.

Second, community activities can also be designed according to the needs of male seniors so that the types of activities can be diversified and optional. Understanding the activities that male elderly people are interested in by consulting interest groups can inform the development of activities.

Finally, community meals can encourage male elderly people to leave the house because the meal programs allow them to interact with other people in the community while ensuring they receive nutritious food.

The emphasis on male seniors' self-esteem comes from traditional concepts. The inferiority complex and powerlessness experienced after retirement makes male seniors less willing to participate in the community. Therefore, to improve their motivation to participate in social activities, they must maintain their self-esteem and dignity while participating in community activities.

Disclosure statement

No potential conflict of interest was reported by the authors.

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