SOCIAL EXCLUSION AMONG OLDER WOMEN IN RURAL CANADA

EXPERIENCES OF SOCIAL EXCLUSION AMONG OLDER WOMEN
IN A RURAL CANADIAN CONTEXT

By SHERRY NESBITT, BScN

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AUTHOR: Sherry Nesbitt, BScN

SUPERVISOR: Dr. Christy Gombay

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LAY ABSTRACT

This study examines how older (senior) women, living in rural communities in Durham Region, Ontario experience social exclusion, and aims to help inform global health policies for older adults. Social exclusion is a way of understanding how processes interact to impact on someone's ability to participate fully in their life

Six themes were identified and add to the global evidence on social exclusion. This Canadian study shows the unique ways in which female gender and the rural context influence on social exclusion experiences. Global health policy implications include: health is a key category of exclusion and addressing health equity is important, adopt a gender-specific approach that considers what happens over a lifetime that contributes to women's exclusion, foster a sense of belonging and peer connection, use unconventional channels of engagement, and implement social support schemes and health programming which considers non-traditional families or single status as norm for family composition.

ABSTRACT

Background: There is a burgeoning population of older adults globally and there is
an increasing urgency in the policy literature to understand the health issues facing
this population. A social exclusion lens provides an opportunity to understand
health inequity and disadvantage among vulnerable populations. There is limited
research examining how social exclusion plays out for older women, particularly in
the rural context. This study examines the social exclusion experiences of Canadian,
rural, older women and highlights policy implications for global health practitioners.
Methods: Guided by the principles of interpretive description, this qualitative study
included eight participants who identified as women, 65 years or older, spoke
English, and who lived alone in private households in rural communities of Durham
Region, Ontario. Concurrent data collection and analysis was conducted using an
inductive approach. One-to-one, semi-structured interviews were completed.
Findings: Six themes illuminate the exclusion experiences of rural, older women and
they include: "Expectations of ageing in rural communities"; "Navigating the
tensions of belonging within the social fabric"; "Singlehood isolation"; "Driving
independence"; "Health infrastructure and changing personal health"; "Affording
ageing".
Implications & Contributions: The study adds a Canadian, rural perspective to the
global conceptual literature on social exclusion. It illuminates the unique ways in
which female gender and rural context influence social exclusion experiences.

Implications for global health policy include: recognizing health as a key category of exclusion and the need to address health equity, adopt a gender-specific and life-course approach to address social exclusion, foster a sense of belonging and peer connection, utilize unconventional channels for engagement, implement social support schemes and health programming which considers non-traditional families or single status as norm for family composition, and support affordable access to health-promoting programs and services.

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CHAPTER 01: INTRODUCTION

This study explores the experiences of social exclusion from the perspective of Canadian older women (seniors) living in rural areas of Durham Region, Ontario, Canada. Older age social exclusion research is limited and has emanated from a predominantly European perspective with a relatively gender-neutral focus. This study will add to the current conceptual knowledge of older age social exclusion as well as expand this understanding by focusing on a specific gender and within a Canadian context. This present study highlights information that comes from the experiences of rural dwelling older women and may inform future health policies aimed at addressing the needs of a growing older adult population.

Global and public health recognizes the individual contributors to health such as genetic predisposition and health behaviours, but also identifies community or social level contributors such as social policy, health services, income distribution, among others and their impact on individual and population health. Public health practice aims to reduce health inequities and ensure equitable access to facilitators of health to achieve full potential within a given society (Canadian Public Health Association, 2017). Social exclusion is a construct that can highlight disadvantage and health inequities among vulnerable populations and thus help policy makers to develop policies to address them (Popay et al., 2008). It reveals the processes that impact on the wellbeing of a vulnerable population and on individual capacity to engage fully in all aspects of life and is therefore seen as being of interest to global health policy makers and practitioners.

To date, much of the conceptual development of social exclusion has focused on younger adults (Scharf & Keating, 2012). Looking at social exclusion in older adulthood has been a far more recent development with literature only appearing in the 2000s and predominantly in the United Kingdom and Europe (Van Regenmortel et al., 2016). The current understanding of social exclusion is captured in a definition proposed by researchers and asserts older adult social exclusion as:

> *Impacting on the well-being of older people and the equity and cohesion of ageing societies, old-age exclusion is a multidimensional, dynamic construct that varies in form and degree across the older adult life course. It involves the interchange between multi-level process and outcomes leading to diminished access to the activities, resources and relationships, and rights and choices available to the majority of people across the interconnected domains of: neighbourhood and community; services, amenities and mobility; material and financial resources; social relations; cultural aspects; and civic participation.* (Walsh, Scharf & Keating, 2016).

In Europe, a social exclusion lens has reached recent prominence as a framework with which to examine marginalization and the complex issues impacting older adult health (Mathieson et al., 2008). Older adult vulnerability to social exclusion is due to a number of risk factors including, but not limited to: advancing age, feminization, living alone, living rural, change in social resources, among others (Kembhavi, 2012; National Seniors Council, 2014; Ogg, 2005; Popay et

al., 2008; The World Bank, 2013). Although these are recognized in literature as risk factors for exclusion, present day understanding of older adult social exclusion, particularly when considering female-specific or rural contexts, is still in its infancy. Among older Canadians who live alone, they experience low income at a national rate of 28.5% according to Statistics Canada (2014) and are at an increased risk of social isolation (Keefe, Andrew, Fancey & Hall, 2006). Furthermore, among seniors, four out of five living at home have at least one chronic health condition (Kembhavi, 2012), which can influence their risk for exclusion.

In addition to advancing age, female-gender has been identified as a risk factor for social exclusion and the associated potential higher health risk and lower health status (Raphael, 2016), and yet research on older women specifically is still lacking. Within this study, gender is considered in terms of "intersectionality" which goes far beyond simple classification of sex assignment. Rather, intersectionality examines risk for marginalization and disadvantage through considering the linkages between female gender and other risk categories such as disability, age or race, among others (Lindsey, 2016). Therefore, gender is "understood in the context of power relations embedded in social identities" (Shields, 2008 pp. 1). In the World Health Organization's (WHO) brief examining social exclusion and health, it highlights gender as a determinant of poverty, and discusses the dynamic relationship between gender inequality with other forms of inequality (2010). As an example, it points to the part time and lower paid working arrangements for women as well as child rearing as impacting on their financial security, career advancement

and overall health (WHO, 2010). Despite older age and female-gender being isolated as risk factors for social exclusion, there is still limited empirical information on how this is experienced by older women from their own perspectives.

Ageing in rural contexts has also received limited attention in older adult social exclusion research. In addition to ageing and gender, geography matters in terms of vulnerability and health (Romanow, 2002; Walsh & Ward 2013). Ageing within the context of rural has received some attention in literature, usually reflecting the health challenges faced by rural dwellers. In fact, geography has been found to be a determinant of health (Romanow, 2002). The Canadian Romanow report identified the poorer health status and lack of health care access of rural Canadians as compared to those living in urban areas (2002, pp. 159). Rural dwelling individuals have lower life expectancy, higher disability rates, higher rates for accidents and higher incidences of violence (Romanow, 2002; Canadian Institute of Health Information, 2006). Further, rural areas often lack services and infrastructure for an ageing population, have small populations and communities spread out over larger landscapes which may represent increased costs to the residents for travel and care (Moffatt & Glasgow, 2009; Romanow, 2002). Moreover, it has been noted globally in literature that rural regions are experiencing a great deal of change which has potential to influence the wellbeing of its remaining older adult population (Singh L., Singh P. & Arokiasamy, 2016). For example, the notable out-migration of the younger age groups to urban centres, presumably due to the need for employment opportunities (Moffatt & Glasgow, 2009; Keating, 2008; Singh

et al., 2016), may foreseeably add strain to the social infrastructure of rural communities and impact on the social exclusion of older adult rural residents.

Although reasonably comprehensive, present day understanding of old age social exclusion is still in its' relative infancy. There is a lack of a gender-specific approach to the conceptual development of older adult social exclusion. Furthermore, there is a lack of information from a uniquely rural Canadian perspective which may prove different from European and urban contexts.

The question may arise as to why the research community should consider older adult social exclusion and why now? One justification comes from the exponential population boom of older adults. In addition to the ageing of the large "baby boomer" population group, older adults are living longer lives globally than ever before (WHO. 2018). Globally, the population of older adults over 60 years old is expected to double and those 80 and older are expected to triple by 2050 (United Nations [UN], 2017). That equates to 2.1 billion older adults globally; thus, warranting increased attention to the health and social issues impacting on this large population.

One may also argue that an additional reason to address older age social exclusion arises from a moral imperative based on human rights and social justice; that global health practitioners and policy makers ought to consider older age social exclusion to ensure equal access to the necessary conditions to ensure health and wellbeing of all citizens, regardless of age. Due in part to the global demographic shift, there is presently a wide array of health and social policies emerging for older

adults globally. Yet a 2015 report by the World Health Organization notes a lag in the progress of health policies to address challenges faced by the ageing population, and the missed opportunities in linking the issues of an ageing population with the Sustainable Development Goals (WHO, 2015).

The Madrid International Plan of Action on Ageing (2002) which was the benchmark global call for stakeholders and government to re-examine the ways in which older adults are considered in health and social policy and World Health Organization's active ageing framework (2002) set the stage for the current trend to create policies supportive of the burgeoning older demographic with themes of healthy active ageing, protection of human rights and inclusion (UN, 2002; WHO, 2015). Although not the language of social exclusion, the Madrid Plan emphasizes the full integration of older adults into everyday life and the importance of policies, programs and actions that ensure equitable distribution and access to health and social services and the utilization of a gender specific lens (UN, 2002). Presently, an 'ageing in place paradigm' has emerged in Canadian policy contexts, such as the province of Ontario's "Action Plan for Seniors" (Government of Ontario, 2017). Within this paradigm, individuals are encouraged to live in their own homes and communities as they age and with the supports and services necessary to stay there as they continue to age (Government of Canada, 2016). However, such policies fall short when they fail to consider the full breadth of social exclusion that are faced by more marginalized members of a population.

Despite great progress in development of definition and conceptual understanding of older adult social exclusion, there are various gaps. The rural context is lacking, and research has only begun to examine the influence of rurality on older adult exclusion. Secondly, a gender-specific approach is needed to understand the unique experiences of older women, whose risk for, and experience of social exclusion may be different from that of their male counterparts. Literature certainly points to the vulnerability of older women and rural dwelling is seen to further marginalize this population group, however they have not had their voices heard independently in the existing social exclusion research.

Thirdly, very little of the social exclusion research to date has approached older adults themselves from a qualitative perspective. The subjective experiences of social exclusion are said to be critical in extending conceptual understanding and informing policy (Chamerlayne et al. as cited in Walsh, O'Shea & Scharf, 2012; Levitas et al., 2007). Finally, a Canadian perspective is lacking in social exclusion research and therefore it is unknown if it will differ from other contexts that presently exist in the global research. The timeliness of this present study to examine social exclusion among rural older women is of particular importance in light of the burgeoning demographic of older persons and the vast array of ageing-related policy formulation occurring on the provincial, national and global stage. When considering the identified risk factors for older adult social exclusion, the lack of a female, and rural Canadian perspective in research becomes even more urgent to better inform such policies and programs designed for older adults, whom are not

a homogenous group and require tailored, well informed health and social policies to address complex issues.

The aim of this present study is to address the research gap on rural social exclusion for older women in Canadian rural communities, to add a qualitative perspective, and to identify how the findings can serve to influence policies aimed at addressing the health and wellbeing of this growing demographic.

To establish the fore-structure of this study, an examination of the literature is undertaken in chapter two in order to appreciate the current state of social exclusion knowledge. The synthesis of the literature first traces the conceptual and definitional development of older adult social exclusion, explores social exclusion and gender, and finally examines what is known about older adult social exclusion in rural contexts. Chapter three will be a detailed discussion of the study design, followed by chapter four which shares the findings of the study. Thereafter, chapter five will provide a comprehensive discussion of the findings and within the context of existing literature. Finally, in last chapter, conclusions will be drawn and possible implications for health and social policy will be shared.

CHAPTER 02: LITERATURE REVIEW

The purpose of this chapter is to first highlight the conceptual evolution of older adult social exclusion that has led to current empirical understanding of the concept; secondly to highlight the relevance of female gender to social exclusion; thirdly to explore rural social exclusion, thereby revealing the present research gaps in the literature that this study intends to address.

A literature review was conducted to understand the current empirical evidence on social exclusion in later life. The search strategy included searching relevant health, science and social sciences electronic databases including (Ageline, CINAHL, Global Health, MEDLINE, Nursing & Allied Health Collection, Psychology and Behavioral Sciences Collection, PsycINFO, Cochrane Database of Systematic Reviews, CINAHL Plus & SocINDEX). Search terms that were searched utilizing Boolean operators included elder*, old*, older adult, age*, geriatric*, senior*, social exclusion, social exclusion theory. Articles selected included those that were full text, written in English and focused on conceptual aspects of older adult social exclusion. Articles looking at social exclusion in other age groups were not included. Results of the search revealed 1276 results and after applying the selection criteria, and removing duplicates, 27 articles remained. As well, a targeted search of grey literature repositories (Social Science Research Network, Public Health Agency of Canada Canadian Best Practices Portal, Health Evidence, and Campbell Collaboration) was completed with search terms and Boolean operators including: exclusion, social exclusion and ag* or elder* or older adult or senior*. Of the 31

results found in the grey literature databases, one contained the relevant key terms related to the search. Hand searching of citations in the literature was also conducted.

Conceptually a great deal of work has been done to evolve contemporary understanding of social exclusion. The term was thought to have originated in France in the 1970s and was used to broaden the understanding beyond the discourse of poverty that was prominent at the time (Burchardt, Le Grand & Piachaud, 1999; Townsend, 1979; Van Regenmortel et al., 2016;), and to emphasize the role of social policy in preventing exclusion (Mathieson et al., 2008); chiefly in the area of unemployment (Van Regenmortel et al., 2016). Townsend (1979) challenged the thinking of the time, and proposed that older persons were living in poverty as a result of a lack of resources and social structures to support them to fulfil the needs and requirements of daily life that any citizen in that same society would anticipate being able to meet. These themes were part of this shift away from an income deprivation focus towards a social exclusion lens. In the 1980s and 1990s, social exclusion concepts appeared in the United Kingdom and across Europe where it progressed beyond discussions of economic deprivation to include exclusion from broader aspects of society (Burchardt et al., 1999) and focusing on drivers of inequality (Mathieson et al., 2008). The Social Exclusion Unit in United Kingdom defined it as follows: *"Social exclusion is a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such*

as unemployment, poor skills, low incomes, poor housing, high crime environments,

bad health and family breakdown" (as cited in Mathieson et al., 2008).

Contemporary understandings of social exclusion are attributed to Room

(1992, 1995) who described the social exclusion characteristics as

multidimensional, dynamic and relational (Mathieson et al., 2008; Walsh & Ward,

2013). Room (1999) saw social exclusion as a process of detachment from the

community and organizations with a reduction of participation, integration and

power. The cumulative impacts of the economic, cultural, spatial and political

dimensions of social exclusion were identified by Littlewood and Herkommer in

their 1999 study (as cited in Aronson & Neysmith, 2001, p.152).

In more recent literature, multiple authors highlighted the multidimensionality

and interacting features of social exclusion and include discussions of its dynamic

nature. (Buffel, Phillipson & Scharf, 2013; Grenier, & Guberman, 2009; Levitas et al.,

2007; Scharf, Phillipson, Kingston & Smith, 2001; Walsh, O'Shea & Scharf, 2012).

Since the year 2000, social exclusion concepts have evolved from being viewed

as a continuum from exclusion to inclusion (O'Shea, Walsh & Scharf, 2012) to that of

a more dynamic and interacting model whereby dimensions of social exclusion can

be both process and outcome (Grenier & Guberman, 2009; Guberman & Lavoie,

2004; Van Regenmortel et al., 2016). This is highlighted in a definition put forward

by Levitas et al. (2007):

Social exclusion represents a complex and multi-dimensional phenomenon. It

involves the lack, or denial of resources, rights, goods and services, and the

> *inability to participate in the normal relationships and activities, available across economic, social, cultural or political arenas to the majority of people in a society.*

This approach to social exclusion was adopted in 2008 by the World Health Organization's Social Exclusion Knowledge Network (Popay et al., 2008).

As social exclusion continued to develop conceptually, it also began to be examined in light of the older adult population. Research examining older adult social exclusion found that social exclusion can take place in various levels and includes macro forces and micro, individual circumstances (Van Regenmortel et al., 2016; Walsh et al., 2016). A recent and prominent definition of social exclusion for older adults that captures the aforementioned attributes has emerged. It was derived from Levitas et al. (2007) and refined by Walsh et al. (2016) after their extensive scoping review:

> *Impacting on the well-being of older people and the equity and cohesion of ageing societies, old-age exclusion is a multidimensional, dynamic construct that varies in form and degree across the older adult life course. It involves the interchange between multi-level process and outcomes leading to diminished access to the activities, resources and relationships, and rights and choices available to the majority of people across the interconnected domains of: neighbourhood and community; services, amenities and mobility; material and financial resources; social relations; cultural aspects; and civic participation.*

This definition encapsulates the conceptual development to date and has been selected to serve as the working definition towards understanding social exclusion within this present study.

Social exclusion has been identified in the literature as a determinant of health for older adults (Keefe et al., 2006) and as a social justice issue warranting attention on a global scale (Yanicki, Kushner, Reutter, 2015). Ageing represents a multitude of life transitions which can impact on one's own personal resources and social exclusion such as the loss of partner or friends, transition to retirement, acquiring disability or illness, increased use of health care resources, or loss of transportation. However, macro level forces such as policy and social systems can also impact on social exclusion for older adults (WHO, 2010). For example, in a study conducting a multiple country comparison of social exclusion, findings indicated that those countries with strong social protection have lower rates of social exclusion (Ogg, 2005). Older adults are among those who are vulnerable to poverty, ill health and social exclusion (WHO, 2010).

Disadvantaged urban neighbourhoods are seen as exclusionary to older adults. In an exploratory secondary analysis study drawing from urban locations Belgium and England, authors identified neighbourhood exclusion as significant for older adults (Buffel et al., 2013). This study highlighted how neighbourhood changes, such as "population turnover and changing economic and social structures" serve to impact on their exclusion (Buffel et al., 2013 pp.103). However, this study also highlights the strategies of control, such as coordinating community safety

efforts, that were used by older adults in an attempt to mitigate the exclusionary processes (Buffel et al., 2013). Scharf et al. (2001) identified three distinct areas of social exclusion in urban England including institutional disengagement, spatial segregation and participation exclusion. Central to their findings was the loss of access to life opportunities for older adults that would otherwise connect them to the mainstream of society (Scharf et al., 2001).

Developed from England's longitudinal study on ageing, authors from a study aiming to measure social exclusion identified a seven-component social exclusion framework which includes exclusion from: social relationships, cultural activities, civic activities and access to information, local amenities, decent housing and public transport, financial products, and from common consumer goods (Kneale, 2012). This study found that older adults most at risk for social exclusion are those who are at increased likelihood to be associated with material disadvantage or poverty (Kneale, 2012).

In a systematic review of social exclusion, Van Regenmortel et al. (2016) isolated common domains of social exclusion and identified them in terms of frequency in the literature. These included social exclusion in the areas of: participation in civic activities, basic services or information, social relations, income or financial resources, material resources, neighbourhood and housing. Interestingly, this same study highlighted ageism as a social exclusion dimension that occurs specifically for older adults (Van Regenmortel et al., 2016).

In a recent scoping review on social exclusion, six domains of social exclusion where identified including exclusion in: civic participation, services amenities and mobility, material and financial resources, social relations, cultural aspects, and neighbourhood and community (Walsh et al., 2016). This comprehensive social exclusion framework has built on previous studies on older adult social exclusion and will be used to inform this present study.

Predominantly, studies advancing conceptual development of older adult social exclusion have been based in European perspectives and have tended to focus on older adults as a group. Few studies have isolated female gender specifically in their approach to understanding older adult social exclusion.

Social exclusion and female gender

Historically health research was dominated by male perspectives on many subjects and then generalized to whole populations. As a result of this misguided approach, women have been left behind in terms of a fulsome understanding of their unique and specific health and related risk and health promoting factors, despite present day measures to rectify this problem (Lindsey, 2016). A comprehensive systematic review identified age and gender as individual determinants for social exclusion in old age among others such as household composition, marital status and education (Van Regenmortel et al., 2016); yet few studies have chosen to isolate older females in order to understand their specific experiences of social exclusion.

A report provided by the International Longevity Centre in the UK took a different viewpoint and stated that female gender is not in fact a risk factor for social

exclusion among the elderly (Barnes et al., 2006). Rather the report asserted that it is due to their longevity over men, greater likelihood to live to more advanced ages, to live alone and without their own transportation that puts them at risk for social exclusion (Barnes et al., 2006).

Women tend to live longer than men in both developed and developing countries, but have higher rates of morbidity (Kembhavi, 2012; Mikkonen & Raphael, 2010; Milan & Vezina, 2011; WHO, 2007b). It also has been found in Canada that disability is more prevalent among women than men, particular among those aged 90 and older (Burlock, 2017). Furthermore, the ageing population and the decreased fertility rate globally has implications for women who, for the most part, as a part of the gendered norms of caregiving are caring for older relatives as well. This may serve to restrict labour force participation and, when considering life-course perspective, may have negative health consequences later in life such as risk of poverty, lack of health services, and multiple morbidity (WHO, 2015). As well, more senior women live alone in their own homes (Kembhavi, 2012; Statistics Canada, 2011 & 2017). In Canada, this represents about one-quarter of women 65 years and older (Milan, Bohnert, LeVasseur & Page, 2012) and is a documented risk factor for isolation and exclusion. Many of these characteristics and circumstances have been highlighted in the literature as antecedents and outcomes of social exclusion (Mikkonen & Raphael, 2010; Walsh & Ward, 2013) and yet little Canadian social exclusion research exists particularly with a focus on women, who are undoubtedly vulnerable and face multiplicity of risk related to gender and ageing.

Social exclusion and older women

Across the breadth of the conceptual social exclusion literature, there is only a smattering of literature to date that has touched on female gender within the context of broader older adult social exclusion studies. In an extensive systematic review aimed at identifying social exclusion literature within the context of life course and environmental perspectives, the authors noted that few studies examined gender as a determinant of social exclusion and provided recommendation for this in future research (Van Regenmortel et al., 2016). A secondary analysis of a mixed methods study examined areas of social exclusion in Slovenia and the ways in which elderly people coped (Hrast, Hlebec & Kavcic, 2012). The authors emphasized the increased vulnerability of women to social exclusion, particularly among those who have lost their partner, live alone, and are of advanced age (Hrast et al., 2012). Within the qualitative arm of this study, the sample contained predominantly women from both rural and urban settings, however the authors did not analyse the data to examine their findings in light of gender nor within rural or urban differences.   A prospective data analysis of an ageing survey conducted in Japan explored social exclusion's impact on mortality and found gender differences for risk of premature mortality with women being at increased risk when combining poverty with isolation (Saito, Kondo, Kondo, Ojima & Hirai, 2012).

A study done in Europe examined the European Social Survey to make comparisons between countries utilizing 11 indicators of social exclusion among all

adults and older adults 60 years and over. This study found that older women have higher rates of social exclusion than men, are disadvantaged across all studied countries and report social exclusion (Ogg, 2005). Because this study analyzed survey data that utilized numeric rating scales, qualitative aspects of what those experiences of social exclusion are like for older adults is unknown. In contrast to Ogg's (2005) research, a study in England which examined social exclusion in deprived urban communities found that gender was not significant across areas of exclusion except for civic activities; in which women were more likely than men to be excluded (Scharf, Phillipson & Smith, 2005a). The study authors, who utilized questionnaire-based techniques, provide an explanation for why they think "traditional" gendered disadvantage did not emerge in their study, citing the fact that their study population was selected from within a "deprived", low socioeconomic status group which tend to be vulnerable to disadvantage regardless of gender (Scharf, Phillipson & Smith, 2005b).

Rural social exclusion

The changing economic and social landscapes of rural places in Canada and globally makes the need to understand rural social exclusion that much more prominent; yet few studies have examined this phenomenon among rural dwelling older adults (Moffatt & Glasgow, 2009; O'Shea et al., 2012). The importance of neighbourhood, community context and place has emerged as significant for old age social exclusion (Scharf et al., 2005a, 2005b; Scharf et al., 2005b; Walsh & Ward, 2013; O'Shea et al., 2012) but has been predominantly examined in urban contexts

(Scharf et al., 2005a, 2005b). Studies in the UK and Ireland and Australia have begun to examine this subject area in rural populations. The "brave face" of rural dwellers has been noted in some studies to describe the hidden nature of social exclusion in rural context (Scharf & Bartlam, 2008; Walsh et al., 2012). Rural is framed as a place of dynamic social and economic structures (O'Shea et al., 2012; Scharf & Bartlam 2008;) and rural dwellers are seen as at an increased risk of social exclusion (Walsh, n.d.).

In a focus group study with stakeholders in ten rural communities, O'Shea et al. (2012) identified four thematic areas of exclusion emerging for Irish rural communities which included place, economic circumstances, social provision and social connectedness. Similarly, four domains of rural exclusion were identified from 21 interviews conducted in England and included exclusion from material resources, social relations, services, and community (Scharf & Bartlam, 2008). Through these four areas of social exclusion, this study provided a European perspective on the often-hidden disadvantage faced by rural older adults and its' opportunity to impact on wellbeing (Scharf & Bartlam, Keating, 2008). A scoping review was also conducted using a framework for inclusion and exclusion examining rural newcomers and participation (Patten, O'Meara & Dickson-Swift, 2015). The study highlighted tensions of being a newcomer in a rural community amongst members with long historical roots and norms which could serve as exclusionary. Furthermore, the authors found a resistance to change within organizations and groups in these communities, with a strong adherence to historical ways of doing

things (Patten et al., 2015). This study does provide some insight into admittance into rural communities from a participation standpoint, but does not conceptualize the broader picture of rural social exclusion. In a large, two-stage scoping review, Walsh et al. (2016) proposed a conceptual framework for older age exclusion. Within this framework rural was placed under the exclusion domain of "neighbourhood and community". The authors noted that the rural studies found within their scoping study concentrated on four main areas: service retrenchment, lack of social services and community deprivation and transport, rather than focusing on conceptual development per se (Walsh et al., 2016). These studies highlight the beginnings of exploration of rural social exclusion that are taking place in Ireland and Australia.

A study using a poverty lens to understand exclusion undertook a literature review of American and European research and conducted an analysis of both a large household survey and interviews conducted in rural Great Britain. The authors found that rural places are under increasing pressure both from the advanced ages of the population but also the associated increased demand on health, social and public services (Milbourne & Doheny, 2012). It also found that poverty is prominent among older rural dwellers, most notably among those of more advanced ages, women, and those living in areas of increased remoteness (Milbourne & Doheny, 2012).

Moffat & Glasgow (2009) in their article utilized a variety of existing United Kingdom and United States literature to examine rural adults with the lens of social

exclusion. Consistent with previous literature, they found that women in remote rural areas are at particular risk of social exclusion due to the increasing economic disadvantage they face (Gilbert, Philip, Shucksmith, 2006; Moffat & Glasgow, 2009) and that rural dwellers because of small and sparse settlements as well as the lack of services available, have increased risk of social exclusion (Moffat & Glasgow, 2009). This article brings together ideas around possible explanations for why rural exclusion may be unique for older adults as opposed to conceptualizations built out of urban based research.

Summary

In summary, this literature review has explored the conceptual and definitional evolution of older adult social exclusion to date. This review has explored older age exclusion as well as what is known about gender and rurality in the context of social exclusion. Through this exploration, it becomes evident that further investigation is needed to understand how social exclusion plays out in Canadian rural contexts. The lack of Canadian perspective is important to note which may be different from European contexts and experiences. Furthermore, it is evident that gender has not played a prominent role in the conceptual development of older adult social exclusion research to date other than to note its' place as risk factor for exclusion. Moreover, the older adult social exclusion evidence that does exist lacks in qualitative approaches and is too much in its' infancy to have clear conceptual development of a gendered lens on social exclusion.

CHAPTER 03: METHODS

A qualitative approach was selected to explore the phenomenon of social exclusion among rural older women and is utilized to answer the central research question, "how do older women living in rural Canadian communities describe and explain their experiences of social exclusion?". An interpretive descriptive design was applied, and its appropriateness is due to its central purpose which is to generate knowledge that will assist in the understanding of healthcare challenges and implications for practice (Thorne, Kirham & O'Flynn-Magee, 2004; Thorne, 2008). Moreover, the principles of interpretive description provide a flexible way in which to explore, analyze and understand the phenomenon of interest from the unique experiences of those who are most situated to provide meaningful insight (Thorne 2008). Approval to conduct this study was granted by Hamilton Integrated Research Ethics Board.

Defining rural

There are many definitions of rural with no clear agreement on what constitutes a rural community (UN, 2017b; du Plessis, Beshiri & Bollman, 2002). Statistics Canada offers at least six definitions which can be used by researchers depending on the need and focus of the project (Appendix A) (du Plessis, Beshiri, Bollman & Clemenson, 2002). Distinctions between urban and rural have often been characterized by urban access to services and a higher standard of living than what is found in rural areas which tend to be characterized by agricultural, sparse landscapes and limited access to services. However, in high income countries, such a

distinction may not be as apparent, making international rural comparisons more difficult (UN, 2017b).

Statistics Canada proposes its' "rural and small town" definition as a "benchmark" geographic definition: "This is the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. outside of the commuting zone of centres with population of 10,000 or more)". The United Nations (2017b) suggests selecting size of locality, (with locality referring to a population or settlement group and size referring to population size), as the most appropriate unit of classification for both national use and international comparisons. The Organisation for Economic Development (OECD) definition which was developed for use for national and international comparisons of rural is: Census Consolidated Subdivisions with population density less than 150 inhabitants per square kilometre. Most recently, Statistics Canada (2017) in its' 2016 census looked at population density and distinguished "rural" as any area outside of population centres, formally known as urban centres. A population centre has a population of at least a 1000 with density of 400 or more per square kilometres. Statistics Canada also suggests not only choosing a rural definition that is congruent with the focus of the study, but to also consider choosing more than one definition and to consider degrees of rurality (du Plessis et al., 2001).

For this present study a combination is used to define rural that encapsulates both geographic and social elements. Statistics Canada's rural and small-town definition will be used as a basis in defining rural and chosen areas will conform to

the OECD threshold for population density less than 150 inhabitants per square kilometre. These two definitions in combination serve to guide the researcher in setting selection from which the study sample was drawn. It is also noted that there are questions about whether or not the characterization of "rural" is a geographic distinction or a social one that encapsulates "a community of interest, a culture and way of life" (du Plessis et al., 2002). Therefore, in addition to the selection of rural location settings as mentioned above, participants were also asked in an initial demographic questionnaire to identify if they perceived their household be in a rural, urban or mixed community as their self-perception of community-type may impact on their experiences within said community. By capturing this social aspect, it further adds to the richness of the understanding of rural within this study. Although participant responses to this question did not exclude them from participation in the study, it became a part of interview discussions and analytic considerations.

Sampling and recruitment

A purposeful sample of study participants was sought who experienced the phenomenon of interest (Creswell, 2010). Purposeful sampling is typically used in qualitative research and usually is focused on the phenomenon such as events or experiences (Sandelowski, 1995). Snowball sampling technique was also utilized through a 'word of mouth' process to find participants who may also provide rich information regarding the *phenomenon* of interest (Creswell, 2010).

Inclusion criteria involve both practical considerations whereas others are based on some of the key risk factors for social exclusion (Walsh & Ward, 2013) and included the following: able to communicate in English, self-identify as female, aged 65 or older, a resident of a rural location as per study definition of rural, living in a private household, and living alone. Although there may be some philosophical discussion about what defines someone as "senior" or "older adult", age 65 was chosen for practical purposes and is based on the age at which Canadian governmental institutions regard someone to have entered into "senior".

The recruitment methods that were utilized included posters advertisements within various establishments in the community including religious institutions, seniors' gathering centres, and local community health centres (Appendix B). The chosen locations were aimed at engaging more isolated seniors that may still attend in their religious circles or family health centres as a single point of contact. The principal investigator's contact information, including phone number and email were provided so that potential participants could self-select to participate. Potential participants were screened by the primary researcher to ensure inclusion criteria were met and to schedule an interview at a location of the participants' choice.

Data collection & analysis

Prior to data collection, informed consent was obtained which included permission to audio record the interviews (Appendix C). Digital recording was used in order that the investigator could attend with thoughtful, attentive listening and

observation to the interaction (Laverty, 2003). Each study participant was asked to complete a short demographic questionnaire prior to commencement of the interview (Appendix D). One-to-one interviews were then conducted with older adults at a location of their own choosing, to answer the central research question "How do older women living in rural Canadian communities describe and explain their experiences of social exclusion?". The principles of interpretive description as described by Thorne (2008) were considered throughout the research process with the goal of ensuring high quality, credible research. The principal investigator [SN] who conducted the interviews was introduced to participants as a global health graduate student. The principal investigator has extensive experience as a public health nurse, working with vulnerable populations including older adults which has provided her the opportunity to develop strong communication and engagement skills. As an "instrument" of the research process this allows for building a trusting rapport with the participants and thus enhancing the depth and quality of each interview (Thorne, 2008 p. 69).

A semi-structured interview guide was used with each interview which included key questions with prompts (Table 1). Open-ended questions were used in order to elicit responses that participants felt best exemplified their experiences. Some of the included prompts were informed by the old-age social exclusion framework by Walsh et al. (2016). This framework for older age exclusion identifies six "domains" of exclusion including: neighbourhood and community; services, amenities and mobility; social relations; material and financial resources; cultural

aspects; and civic participation (Walsh et al., 2016). The one-to-one interviews took between 45 minutes to 90 minutes to complete and data were collected between July and December 2017. Interview data were collected and then transcribed verbatim while removing identifying information. Data management software, Nvivo 11, was used to manage data during analysis.

TABLE 1: INTERVIEW GUIDE AND SAMPLE PROBES

PRIMARY QUESTIONS	SAMPLE PROBING QUESTIONS

1. CAN YOU TELL ME ABOUT WHAT IT IS LIKE TO BE AN OLDER PERSON LIVING IN A RURAL COMMUNITY?
2. WHEN YOU THINK ABOUT BEING AN OLDER PERSON, OR GROWING OLDER IN A RURAL COMMUNITY, WHAT DO YOU MOST VALUE, WHAT IS IMPORTANT TO YOU?
3. WHAT DO YOU FIND CHALLENGING ABOUT LIVING IN A RURAL COMMUNITY AS AN OLDER PERSON/ GROWING OLDER?
4. WHAT OR WHO SUPPORTS YOU AS AN OLDER PERSON IN A RURAL COMMUNITY?
	1. CAN YOU GIVE ME AN EXAMPLE OF THAT?
	2. DO YOU REMEMBER A SPECIFIC TIME THAT THIS HAPPENED?
	3. I HEARD YOU DESCRIBING _____<INSERT PHRASE/DESCRIPTOR>; TELL ME MORE ABOUT THAT.
	4. WHAT MAKES IT EASIER? WHAT MAKES IT HARDER?
	5. I AM UNSURE WHAT YOU MEAN BY _____<INSERT PHRASE/DESCRIPTOR>. CAN YOU TELL ME MORE ABOUT THAT?
	6. CAN YOU TELL ME MORE ABOUT _____<INSERT PHRASE/DESCRIPTOR>?
	7. I AM INTERESTED TO KNOW ABOUT YOUR EXPERIENCES WITH _____
	   o SERVICES, TRANSPORTATION
	   o INCOME, FINANCES
	   o SOCIAL RELATIONSHIPS AND OPPORTUNITIES
	   o AGE DISCRIMINATION
	   o SAFETY, COMMUNITY LIFE
	   o CIVIC OPPORTUNITIES, VOLUNTEERING, POLITICAL PARTICIPATION.

Concurrent interview data collection and analysis was conducted, informing subsequent interviews and ongoing analysis (Thorne et al., 2004). The principal investigator documented field notes which included observations, context of

interviews, and identification of any key themes from the interview and were used
to support analysis. The evolving themes and concepts were reviewed with
participants as a member checking strategy and provided the participants the
opportunity to further clarify or confirm the understandings. Thorne (2008)
suggests this should be done with caution as to not provide investigator false
confidence in what is understood and so this is therefore used as an initial check but
does not fully inform the analysis.

Repeated immersion in the data occurred throughout the inductive process
allowing for deeper exploration of the evolving themes (Thorne, 2008). Throughout
analysis, analytic memos were also created, allowing for testing of ideas,
conceptualizations and potential themes, supporting the formation of the audit trail
of the interpretive process employed for this study (Creswell, 2010; Thorne, 2008).
A reflective journal was also maintained throughout the research process to capture
progression in thinking by the principal investigator as well as any personal insights
or queries or preconceptions (Thorne, 2008). A flexible coding scheme was
developed and evolved with ongoing analysis as the researcher continued to engage
in the data and in further interviews. Data were explored in ongoing analysis to
explore deeper meaning and connections within and between the evolving concepts.
Once at the level of abstraction (Elo, 2008) and themes were developed, a deductive
approach was later applied whereby themes from the interview data were examined
within the social exclusion framework proposed by Walsh et al. (2016) to

understand conceptual similarity and differences that emerge from the rural context

of this present study.

CHAPTER 04: FINDINGS

Study setting & sample

The research setting selected for this study lies east of the major urban centre of Toronto, Ontario and is found within the Regional Municipality of Durham. Boasting a population of more than 645,000 citizens, Durham's perimeters extend to almost one thousand square miles and is a mix of urban dwellers, concentrated along the lake and major highway corridors as well as rural residents located to the north in predominantly agricultural communities (Statistics Canada, 2016b; Durham Immigration Portal, n.d.).

This location was selected due to its' extensive rural communities as well as its similarity to Ontario in terms of older adult population. Much like many areas of Ontario, Canada and the globe, Durham is experiencing exponential growth of people in their senior years. In Durham, 14.4% of the total population is over 65 years and 1.8% is over 85 years old, which is similar to the provincial distribution (Statistics Canada, 2016b). Brock Township was selected as the rural setting of focus which conforms to this study's chosen rural definitions (Appendix E). Agriculture is the largest employer here and it is promoted as a centre for eco-tourism, hunting, fishing and cottage-going. With a total population of 11,642 and density of 27.5, it's three largest communities consist of Beaverton, population 3500, Cannington population 2000 and Sunderland, population 1200 (Statistics Canada, 2016a; Township of Brock, 2012) and encompasses several hamlets including

Gambridge, Port Bolster, Manilla, Sony and Wilfred. Brock Township's senior

population comprises 21% of the total population (Statistics Canada, 2016a).

TABLE 2:   DEMOGRAPHICS SUMMARY OF PARTICIPANTS

AGE:	☐ 60-69 (n = 4) ☐ 70-79 (n = 4)
CULTURAL BACKGROUND/ETHNICITY* (e.g. Scottish, Aboriginal, Jamaican)	☐ Canadian (n = 3) ☐ European (n = 3) ☐ European-Canadian (n = 2)
GENDER	☐ All identified as female
EMPLOYMENT STATUS	☐ Retired (n = 7) ☐ Working (n = 1)
LIVING ARRANGEMENTS	☐ All live alone
PLACE WHERE YOU LIVE *self identified residence as either urban or rural	☐ Rural (n = 7) ☐ Urban (n = 1)
LENGTH OF TIME IN PRESENT RURAL COMMUNITY	☐ 10-50 YEARS
ACCOMODATION TYPE	☐ Apartment (n = 3) ☐ House (n = 5)

*Ethnic origin based on Statistics Canada definition: "refers to ethnic or cultural origins of ancestors"
http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm

Of the 12 potential participants for this research, the study sample contained a population of (n = 8) participants who fit the study criteria. All participants lived alone and were living in their own household at the time of the interview. The length of time living in their respective communities ranged from two to forty-five years. Participants ages ranged between 65 to 69 (n = 4) and 70 to 79 (n = 4) years old and identified their ethnic or cultural background as one or a combination of French, Scottish, English, British, and Canadian (Table 2).

Findings

The following section reveals the findings from the data analysis and are organized into six themes. The first theme is about the met and unmet expectations of growing older in a rural setting and is the undercurrent of the experiences of social exclusion for the participants in rural context. Following the first context-setting theme, the remaining five themes of social exclusion are explored.

Theme 1: Expectations of Ageing in Rural Communities: An Abstract Portrait

Participants in this study described rural places as being friendly, safe, and personable; a place where people smile and talk to you wherever one goes and yet affords serenity and privacy when it is desired. They felt they shared a common value with other rural dwellers of being *"tuned into nature…whether seasons or the animals"*. They noted the natural beauty of rural communities and associated rural living with a sense of freedom, spirituality, and peace. The expectations were such

that rural communities represented a place where a person would be known and valued due to the small, close-knit reputation of rural dwelling.

> *...and appreciated, it's just it's that sense of self when you go shopping or you go into town and you walk down the street and somebody: "Hi how are you?" You know and I never get out of the grocery store under an hour because you're talking to somebody. Whereas in the city, you could do the same thing and you'd be, you'd be a person in the crowd and I'd be very alone at the Sky Dome. I mean that's-that's a strange thing to say, but you could be in the middle of [it]and nobody cares, nobody cares.*

For some women, the idyllic and picturesque description was how they indeed experienced rural life. For others, they experienced rural communities as places of confinement from the lives they wanted to lead, which ran contrary to their original expectations of growing older in a rural setting. Among all participants, their rural life experiences revealed opportunities of inclusion and exclusion and are presented in the following five interacting thematic categories of social exclusion.

Theme 2: Navigating the Tensions of Belonging within the Social Fabric

The interviews brought to light the experiences older women had navigating the tensions of belonging within the social fabric of their rural community and how this influenced their inclusion or exclusion within social networks. Participants described the long-standing community histories, values and traditions that influence their experiences navigating social networks and developing their sense of

belonging. Some participants experienced acceptance into social networks such as in church and volunteering and depicted a very full, busy happy life; a place where everybody knows everyone else and you can rely on one another.

> *"It's kind of like that line from Cheers, where everybody knows your name, so I get that kind of sense of community".*

However, participants described varied experiences regarding social networks within rural communities and it was a dichotomous one related to the tensions between inclusion and exclusion. Older women experienced this as being an "insider" or "outsider" within the social fabric including within: i) community history; ii) religious norms; iii) uniformity of family values, culture and social interests.

i) Community history and the importance of marking time

Participants highlighted the embedded community history which includes families who have lived in the community for generations and are a part of the *"old family tradition".* For participants, time in place mattered in determining who was a local or had insider status versus a transplant or an outsider. Participants described that despite varying years that they had lived in these rural communities, they were still not accepted as a local as compared to those families which were represented in the community for generations. Of the participants who identified themselves as an outsider, their time in a rural community ranged from ten to almost fifty years and yet they described themselves as still being considered a *"stranger"* or an outsider within their community. This phenomenon even extended to concepts of land

ownership, whereby properties were referred to by community members as the

traditional land owner's farm rather than by the name of the current owner.

> *"Oh, because the people who've grown up there have been part of the old family*
>
> *tradition, they give you nicknames if you're someone new…and your property is*
>
> *always referred to as the property belonging to the previous owner"*

ii) Religious norms - the gateway to social networks

Older women also experienced exclusion from spiritual opportunities due to

community religious norms. For participants who viewed themselves as outsiders,

embedding themselves into the rural social fabric proved difficult and it was a

"*closed house*" to some. Rural communities were described by some participants as

having long-standing religions which predominated the areas and provided a

gateway to inclusion in social activities and networks. For those participants who

held the same religious beliefs and accessed their local churches, this led to inclusion

in other volunteer opportunities, social networks, and activities. They highly valued

participation in church and the associated social opportunities and support.

> *"It's comfort. you know when you go into that church and you sit down…. and*
>
> *there's always something going on there… I think if I had a problem. I think I*
>
> *could I could call a number of people, you know, you just feel like we're sort of,*
>
> *part of the family."*

For these participants, the church community was an important source of

support, brought a sense of belonging, and was an entrance into further inclusion in

other areas. However, among those participants who did not share this spiritual

affiliation or desire to participate, they experienced exclusion due to a lack of conformity to the traditional religious norms of the community and found themselves not only outside of the church community, but also excluded from the associated social network it held.

> *"And because I don't attend their churches…that's not an avenue for me to participate in either…"*

iii)Uniformity of family values, culture and social interests

Participants noted that rural communities held traditional values which included nuclear, often farming families, with women who generally were responsible for child rearing and families that did not travel far outside of their own geographic area. For some participants who are single and do not all share the traditional familial and maternal roles, they found it difficult to attain a sense of belonging and inclusion in social networks.

> *"I find it very limiting. There's not enough opportunity, not enough opportunity to mingle with people who have more varied background…"*

This was further complicated by a lack of "multiculturalism" and a lack of diversity in interest groups and activity types in rural communities. Although some older women did find companionship with other individuals who are single or who shared common activity interests.

> *"one of my hobbies is crafty, well several of my hobbies are crafty things, sewing and knitting and well, the old lady things but that's a good way to get them to*

> *meet people...if you have shared interest in something, you have different age*
>
> *groups taking part."*

Others found it difficult to find activities that matched their interests and found it

isolating as they were unable to establish peer groups with common backgrounds or

life experiences.

> *"Because I chose not to get involved. There are not a lot of things that are of*
>
> *interest to me here."*

Theme 3: Singlehood Isolation

A prominent over-arching theme across the interviews was singlehood

isolation by virtue of being a single older woman. This was evident even with

participants who had a sense of belonging to a social network. All participants

discussed the impact that their singlehood status had on their social engagement

with the various networks in their rural communities. They shared that singleness

meant that they had to be more proactive than their partnered counterparts to seek

out opportunities to engage socially. Some participants were able to do this by

finding companionship in peer groups with other individuals who were also single

or who aligned by religious attendance or special interests such as volunteering,

exercise or crafting.

Participants shared their experiences of being excluded from social activities

and networks due to their single status because they were considered the "*odd one*

out", a "*third wheel*" or a "*threat*" to the stability of the other couples.

> *"And because I'm single, you don't tend to have a, establish a group of friends*
>
> *that are married…and you don't tend to get invited to things I find, as a single*
>
> *older person".*

Furthermore, participants noted that within the context of smaller rural

communities, this type of exclusion was seen to be amplified:

> *"…because they haven't had enough experience to realize that a woman can be*
>
> *happy on their own or satisfied with their own life without having a husband".*

Participants shared how their life stage further made their singleness more difficult

in the face of not having other social networks such as they might have as younger,

working adults.

> *"If I was younger, I may still be working right, and get that social interaction*
>
> *whether I wanted it or not. And so, I think that's one thing as a senior living*
>
> *alone have to have - I have to have people, you know… so that's why I get out*
>
> *and try and do, even if it is just exercise…not only is it an exercise class, it's a*
>
> *social interaction."*

In addition to this overt exclusion, whereby single older women may not be invited

or are unwelcomed in social circles predominated by couples, participants also

describe their self-isolation, feeling like they did not belong at a gathering due to not

being "*a couple*" or not having "*someone to go with*" and would therefore not attend.

> *It's different when you're by yourself…not that you can't get out and meet*
>
> *people, you can…it's just different…because you don't want to go and be the*

third wheel. There are a lot of things I wouldn't participate in because I don't

have someone to go with."

One participant did not identify that she experienced this singlehood isolation,

however she did reflect on stories of how this has happened to other single women

in rural communities.

Theme 4: Transportation is Driving Independence

Transportation was identified by participants as a factor for exclusion and held

dual significance for them both for practical purposes but also as a driver of their

own independence. Participants identified their need for transportation in practical

terms in order to achieve activities of daily living such as shopping or getting to

health services and accessing social activities. They shared that rural communities

lack the transportation infrastructure to support older adults who do not have

access to their own automobile.

"And thank heavens I have a car. That would be a terrible thing. If I ever had to

lose my car that would be, <pause> well, I'd be really stuck."

Participants shared their experiences of interacting with rural public transportation

and described a system that was insufficient to fulfil their needs to access locations

that support daily living such as shopping, recreation, churches, and services. For

those participants who utilized the public transit system, they identified that both

the locations and the timing of the system was unsuitable to meet their needs;

whether due to extra-long commute times and or a lack of routes to certain desirable

destinations. Moreover, participants who had access to automobiles shared how they feared the loss of a vehicle as it would increase their reliance on friends and family for rides, an option that they were not wanting to utilize as they felt it would be a burden to others.

> *"...you can't really be dependent on other people all the time because that gets very tired very quickly"*

Overarching the participants' descriptions of the benefits and challenges of transportation is the notion of transportation as being a driver of participants' independence. Beyond giving access for practical needs of daily living, participants described access to transportation as giving them "freedom" and an "escape" to other destinations, activities and social networks that support their mental health.

> *"...the car really contributes to my mental health".*

Conversely, the lack of public transportation and/or the potential loss of their automobile threatened participants' independence and sense of freedom, their health and wellbeing, and for some individuals, even their ability to continue living in their rural community.

> *I find it's like being at the cottage all the time...the downside of course is that to do anything, you really have to travel. And as soon as one can't travel, you can't live in this, you can't live in this environment. You have to move to where there is either family or public transportation or something a little closer within walking distance...the time will come if you can't drive, you can't stay.*

Theme 5: Health Infrastructure and Changing Personal Health: Threats to Rural Living

Health infrastructure and personal health emerged as a theme for exclusion in rural communities for the participants. Sometimes this was due to the provision of, or a lack of various types of health services and service providers. Other times, it was participants' own personal health that proved exclusionary.

Some participants experienced inclusion in health promotion services provided within community settings that were free of charge. Such health promoting services were highlighted by several participants as supporting their health and inclusion, not only through the provision of a variety of classes focusing on physical health, meditation, and others, but also through the social networking it provided due to the group nature of the programming.

> *I think that's one thing that I as a senior living alone have… I have to have, is people you know… So that's why I get out and try and do, even if it's exercise, it's with a group of people that I know. So not only is it an exercise class, it's a social interaction and I think that's very important for seniors, to, to keep their minds as active as their bodies.*

An additional benefit identified by participants that these free health promotion groups held was a sense of safety and support for one another. Older women who took part felt inclusion to a support network and could assist each other with practical needs such as offering transportation. It gave them a sense of safety that other members in the group check up on them if they were not to show up. Notably,

not all participants participated or benefitted from these groups and felt excluded,

whether feeling like they did not belong or did not share the same interests.

Despite the existence of some free health promotion programming, participants

experience exclusion from primary health services, within rural communities that

had limited options for services and practitioners. Participants expressed challenges

with accessing primary healthcare practitioners, including finding a doctor who will

accept seniors as a patient. Particularly, one participant noted that as a senior

woman, if she were to present as having "*major health issues*" in an interview, that

she may not be accepted as a patient.

Participants described that rural communities are unable to support the

breadth of health services and infrastructure needed for an ageing population.

> *I hear people moving, I always say to them, 'why are you moving? Why are you*
>
> *moving from here?' 'We're moving to be closer to our children for support and*
>
> *we're moving closer to medical.' Those are…those seem to be the two reasons*
>
> *seniors move out of this area, and I can see why.*

Services such as lab, hospital, diagnostics, specialists, and even spiritual services are

located in larger centres, thus requiring participants from surrounding rural

communities to travel outside of their hometown to access them.

The personal health of older women threatens to exclude them from their rural

way of life. For participants, they expressed a certain amount of self-reliance as

necessary to remain in the rural communities.

> *"Really in order to live on your own in a very rural setting unless you've got a*
>
> *relative right next door popping in every day you better be pretty confident*
>
> *about your strength and your balance and other things."*

Participants noted how their physical and mental health was tied to their ability to

"*get out*" and to be with other people or participate in activities meaningful to them

such as engagement in the arts, culture, crafts, volunteerism, and so on. Alterations

in health status for these participants equated to experiencing exclusion from

participation in activities and friendships that they enjoy and that support their

mental health and wellbeing.

> *"You can even try your damndest, but there are days when I just feel…keep*
>
> *thinking system pressure or maybe just sad you know, and so you have to give*
>
> *yourself a kick and get out. And unfortunately, I think that's a problem with a*
>
> *lot of seniors that don't have a kind of network built up…"*

The need to get out to support mental health was further complicated by the lack of

infrastructure in rural communities which made the need to travel to larger urban

centres necessary in order to have better variety in shopping, cultural activities, and

other outlets supportive of mental health.

> *"That would be more doctors and dentists and other shopping so that freedom to*
>
> *get, without a car-without a car that freedom is gone. So that's the one thing I*
>
> *find is- I find that the rural thing is that you really need a car."*

Older women revealed how present or future threats to their physical health

changes would exclude them from engaging with their social networks, threaten

their ability to drive or to even navigate their own homes or to achieve activities of daily living such as shopping for groceries.

"The day that I can't lift my bundle buggy and it's pretty heavy with groceries; the day I can't lift that…that's the day I have to move".

Moreover, singlehood status exacerbates physical health challenges as there is not a partner to provide various kinds of support that perhaps otherwise would elongate participants' ability to remain in their rural community It increases participants' self-reliance and for some, reliance on favours from friends or neighbours.

…a lot of rural places are set up for healthy seniors, especially if you're single. If you have a caregiver living with you, great. But because it's, you know, single women living alone, you have to be smart enough to know that, as soon as you start becoming a drag on your friends and neighbours, it's time to move.

Rural weather interacted with threats to personal health for participants and formed part of their exclusion experiences. In winter conditions, participants found they were fearful of falling on snow or ice or were unable to even leave their homes to access the things they needed because of the walking conditions.

"… and to get anywhere I say it's a 45 minute it's a 35 to 40-minute drive, right? And if the roads are terrible and it's not a great day and snow is going to happen every day, you're kind of stuck!"

Participants described the lack of community infrastructure to deal with the winter weather conditions. Often participants rely on favours from neighbours,

family or friends to help to remove snow or ice in order for them to get out of their homes. Additionally, in the winter season, many of the activities that so many have linked to their mental health and wellbeing are closed. Participants described the winters as impacting on mental health as well and further increasing a sense of isolation.

> *And if you get that cabin fever mentality like 'I have to get out!' ...so, it's like okay I can at least make it out to the grocery store, at least do something... and you just have to give your head a shake and go. You remember when you worked and the day was terrible. And you said boy I wish I was retired. Now here you are, be careful what you wish for because now you are retired and you can just sit there and read a book. But after a while there's that 'I got to get out of here, I got to get out of here!' To do really nothing, but just to get out.*

Theme 6: Affording Ageing

Participants experienced exclusion in finances and impacted on the pursuits they needed or wanted to do as they sought to afford ageing. Participants described how finances are a concern with ageing in rural communities, calling it a "*math exercise*" whereby one does not know their personal longevity, and therefore the difficulties of knowing what the financial burdens will be in the future. Furthermore, participants experience financial implications affiliated with ageing and health challenges, and experienced additional financial burden while trying to afford health supports and services.

"That's one thing of getting older, you don't realize until you're getting older,

the things that you're going to have to pay for like dentists, glasses, hearing

aids; it adds up."

Further complicating the ageing process, participants share how the loss of a

partner, or electing to remain single had financial implications for them as they aged.

For these older women, they experience financial hardship as they are unable to rely

on "*double pensions*" or had to start "*all over again*" financially when a partner was

lost.

Participants experience additional health-related financial burdens due to the

need to travel outside of their own community to access health services in larger

population centres. This represents increased cost and strain on finances for

participants. Conversely, a few participants experience inclusion in the free health

promoting services in their community, noting they valued the services to enable

them to "*stay active*" and doubted the ability to engage in such programming were it

not given for free.

Furthermore, participants described a currency unique in rural communities

to make up for the lack of community infrastructure, whereby contributions are

made within social networks as a "*favour bank*". In this way, participants are able to

exchange support to achieve outcomes such as transportation or winter clean up in

order to engage in their community or to access goods and services from larger

population centres.

You have to have a support system in place. Maybe people in urban centres would say that as well, but they may have more information about who's doing the snowplowing or who's there to help you. Certainly, you have to have someone in place that you can count on because, especially as a female ageing, you don't have the stamina, the strength to do a number of things you would have before. You can count on these people, because I don't have a family I am dependent on... you have to establish those relationships you know, like my neighbours...so there's maybe a little more give and take and a little bit more reciprocity.

This favour bank is based on the principles of reciprocity, with an expectation of both deposits and withdrawals in order for the bank to work. This unique rural currency serves as a valuable and essential component for rural living for ageing participants and was accessible to those who were tied to a social network within the community.

"So the efforts that you put forward are valued by the community whereas in a bigger situation you're lost. You're lost in the crowd."

Participants describe the financial strain that they experience and therefore needing to seek out ways to manage their money so that it will last them into their later years. Therefore, for some, the need to access subsidized housing was described along with extended wait times to access subsidized housing. Further to afford ageing, some had to take housing options that are outside of their community of choice or of origin.

"House moving is the most traumatic thing as you get older, I think, imaginable."
Additionally, for some participants, they had to work far beyond traditional retirement ages to try to afford daily life.

Resulting from financial burden, participants are excluded from other life opportunities and make other concessions in their standards of living in order to try to mitigate financial strain such as taking advantage of second-hand goods, giving up on automotive ownership, and not engaging in lifestyle promoting activities such as travel or personal development pursuits.

CHAPTER 05: DISCUSSION

In this present study, the social exclusion experiences of older women living in rural communities within Durham Region, Ontario, Canada were explored. Categories of social exclusion have been identified for rural dwelling older women that are of interest to global and public health policy makers and practitioners. This study adds a Canadian perspective to the global discourse on social exclusion and provides a gender-specific examination of rural social exclusion. It reveals the experiences of social exclusion against the backdrop of older women's expectations of and values of rural living as they age. In combination, it brings together a rich understanding of social exclusion experiences of rural dwelling older women. In the following section, the contextualizing theme is given, the findings are then explored within the larger body of social exclusion research, and the unique contributions of this study are revealed.

From the findings of this study, six themes are revealed. The theme of *expectations of ageing in rural communities: An abstract portrait*, is an important one to understand prior to engaging in a discussion about the remaining five social exclusion themes as it helps to set the context. Therefore, in order to understand the forthcoming discussion, it is important to first situate the findings within the context of the expectations and values that older women have for rural living and ageing. The experiences of older women reveal contrasts of met and unmet expectations of ageing while living in rural communities. Many attributes and expectations were described about what older women valued about and anticipated rural ageing would

be like for them. This included notions of ageing in a picturesque landscape,

experiencing a sense of peacefulness, spirituality and freedom, and living within a

cohesive, close-knit small community.

Contrary to the idyllic portraits that are painted of rural living, older women

in this study experience rural ageing in a variety of ways. This creates a much more

complex and abstract version of the rural portrayal, where experiences of exclusion

and inclusion co-exist and impact on participant's preconceived views of rural life,

as well as in their current reality. For some women, they valued the idyllic portrait of

rural life and enjoyed living rural, however, their social exclusion experiences

threatened this way of life that was so highly valued. For others, their anticipated

notion of an idyllic rural life in their later years was in sharp contrast to their lived

experience and instead they found their communities to be isolating or confining,

further amplifying their social exclusion experiences. Although not framed in the

context of expectations of rural living, a study of older adult social exclusion in rural

Ireland similarly found a common appreciation of the natural aesthetics of the rural

environment and a desire to remain living rural due to the peace and quiet that such

places afford (Walsh et al., 2010). Further, this same study noted that those who

were 'native' to the community experienced strong emotional attachments to rural

based on personal meaning, peace, and a connection to birthplace; whereas for those

who had moved in from more urban areas, they identified rural as isolating and

lacking in infrastructure, despite their appreciation of the natural environment

(Walsh et al., 2010). This present study's notion of expectations of rural dwelling

and the actual experiences of social exclusion within rural communities provides the context for which the remaining five themes of social exclusion are embedded and understood.

For older women living in rural communities, this study reveals five thematic areas of social exclusion which are: 1) Navigating the tensions of belonging within the social fabric, 2) Singlehood isolation, 3) Transportation is driving independence, 4) Health infrastructure and changing personal health: threats to rural living, 5) Affording ageing. This study's findings also support the selected social exclusion definition which characterizes exclusion as a highly dynamic interplay between exclusion domains and one where categories of exclusion may serve as process or outcome or both (Walsh et al., 2016). The following highlights the interplay between the identified social exclusion themes from this study that emerged from the experiences of the participants.

Making concessions to afford ageing: the gendered experience of rural older women

Financial resources were found to be an important category of social exclusion in this study. The theme of *affording ageing* was clear in the narratives of older women. Older women described the importance of getting out for goods, cultural activities and health promoting activities that were in larger urban centres, and linked accessing these things with their personal happiness, wellbeing and mental health. However, they faced exclusion from the lives they want to lead due to

unexpected costs associated with changing health status and ageing in rural communities.

Participants needed to find ways to travel outside of their communities in order to obtain health services that were not available locally. Furthermore, the lack of goods, services and cultural experiences that older women needed to fulfil their daily needs and mental health needs were not available in their own community and therefore transit was a necessity. Both of these represent increased costs for rural women, a finding that is supported in previous literature as well (Moffatt & Glasgow, 2009; Romanow, 2002). A WHO (2015) study looking at low and mid -income countries found older people endure and are pushed further into poverty due to the need to pay for health services and were found to forgo health care support altogether to mitigate financial strain. Similarly, previous literature found that Irish older adults experienced social exclusion in finances and having money was necessary for daily life including social connections, health, and accessing transportation and services (Walsh et al., 2012).

Not knowing their own longevity, older women in this present study describe the math game they play, and the concessions they have to make in order to afford ageing. They did this by making concessions in their daily life including not accessing lifestyle and mental health-promoting activities. Authors of a mixed-methods study found that older adults try to "cope" with financial exclusion through spending behavioural changes including cutting out lifestyle activities, clothes or even food or heat (Hrast et al., 2012). Even more concerning was that this was

normalized for older people in their study and they felt that forgoing those life

necessities was just a part of what they had to do (Hrast et al., 2012).

For some participants in this current study, they also accessed subsidized

housing options to try to mitigate their financial situations and plan for their future

ageing. Likewise, previous literature has found that older adults prioritize some

financial costs, or necessities such as paying household costs over other types of

spending; impacting on standard of living and wellbeing (Keating, 2008; Milbourne

& Doheny, 2012; Scharf, Phillipson & Smith, 2002; Walsh et al., 2012).

When considering the theme of affording ageing, one cannot help but to also

consider the gendered experience of women prior to entering into older adulthood,

and the impact on their financial wellbeing. Historically, women have tended not to

be encouraged to achieve financial independence (Lindsey, 2016); a phenomenon

that is observed to varying degrees in all countries (Keleher & Franklin, 2007). The

literature has highlighted the social norms applied to woman with expectations to

conform to the traditional roles of housewife, mother and caregiver (Keleher &

Franklin, 2007; Lindsey, 2016). Such roles represent a vast number of hours of

work for which women are not financially compensated (Lindsey, 2016), nor are

they building financial independence or contributing to safety nets for later years

such as pensions or retirement savings plans (WHO, 2007b).

Globally, women are found to be lower wage earners as compared to men and

have less overall participation in the labour force, undoubtedly at least partially

related to the social norms of childrearing and caregiving (Lindsey, 2016; WHO,

2007b). Therefore, this impacts on financial stability in older years, and life opportunities that may be afforded to older women. Evidence has found that poverty is a prominent feature for older people who live in rural communities, including in high income countries (Milbourne & Doheney, 2012; Romanow, 2002). Likewise, rural dwellers in Canada have lower income and education attainment (CIHI, 2006) and therefore having a secondary impact on the economic instability of those women in rural communities.

Transportation is a practical resource and a driver of feelings of independence

Further complicating the financial picture for older women was the lack of sufficient transportation options in rural communities. The theme of *driving independence* has a twofold meaning and holds both practical and symbolic significance for participants in this study; driving for practical achievement but also serving as a driver of their own sense of independence.

An automobile served as a necessity for older women to access goods, services, healthcare and cultural activities that were not available in rural communities and were at distant larger population centres. The lack of goods and services in rural communities is well documented in the international literature on social exclusion (Moffatt & Glasgow, 2009; Romanow, 2002; Walsh et al., 2016). Milbourne and Doheny (2012) similarly describe in their critical review of social exclusion research in the UK and USA about the long journeys completed by rural dwellers in order to access the necessities of daily life. Older women in the present

study certainly noted and were aware of the lack of goods and services in their

communities. However, their narrative focused on transportation as exclusionary

and having an impact on their daily life and mental health. For some older women

who could not afford or did not have a vehicle, the transportation systems are

lacking in desirable destinations and do not have convenient timing in order that

older women felt comfortable to regularly utilize it. Other women relied on family or

friends or had their own vehicles.

Recognizing the need to travel a distance to fulfil daily practical and social

needs for rural dwellers is relevant when considering the increased financial burden

it represents for rural dwellers. In this way, we see how the concessions that are

being made to "afford ageing" intersects with the looming costs of either affording a

vehicle or accessing a system that is not equipped to meet the needs of rural

dwellers to access the goods, services and activities they require. When we also

consider this in light of income inequality for women, the dynamic nature of

exclusion in areas of financial resources and transportation is realized.

Transportation in this sense can add further strain to an already constrained

financial situation for older women and can exclude them from accessing the

services, goods and social activities they need and desire.

Intersection of transportation and health in exclusion experiences

Within this present study, transportation is more than just a question of

affordability or issues of access, although these certainly are part of the social

exclusion experience. Rather, it also is representative of independence, and strongly

supportive of participants' mental health. For participants in this study, their ability to utilize automobiles was strongly tied to the knowledge that it was a vehicle to inclusion in social opportunity such as group attendance or cultural activities, but also to fulfilling the practical needs of daily living which older women asserted supported their mental wellness. Authors of a phenomenological study looking at wellbeing in rural England also found that access or perceived access to transportation options to take older adults to where they "needed" or "desired" gave them a sense of personal control as well as the option to go out, whether or not they took that option (Todres & Galvin, 2012). This notion of perceived access ties transportation back to the present finding of a sense of independence as well as a practical resource to access goods, services and social opportunity.

Conversely, in the current study, the loss or lack of transportation options represents exclusion from social and practical aspects of daily life, a loss of independence and having a negative impact on mental wellness. This finding is similar to previous research which found insufficient transportation infrastructure was a significant factor for social connectedness and exclusion for rural dwelling older adults (Winterton et al., 2015). Also, like the present study, Walsh et al. (2012) found that transportation was strongly tied to a sense of independence for rural older adults.

Both the practical and the symbolic nature of access to transportation is inevitably tied to participants' self-perception of their health and wellbeing; perhaps a sign of their own ability to self-care, and undoubtedly to their self-ascribed ability

to remain living in their rural community. Certainly, participants vocalized the inadequate public transportation system which was unable to meet their needs either due to undesirable destinations or timing issues. However, the clear message was surrounding independence and health and how losing their own transportation served to exclude members from the life opportunities within and beyond their community.

Personal health and health services as exclusionary processes and outcomes

Adding to this study's chosen definition and framework is the concept of health which featured prominently in the findings. This study brings to the fore the concept of health as both an exclusionary process as well as an outcome of exclusion in other areas. Health within older-age social literature has received some attention but has been viewed in inconsistent ways including considerations of it as an independent category or domain of exclusion, as a driver of exclusion, or as an independent variable or risk factor for exclusion (Miranti, 2015; Scharf, 2005; Van Regenmortel, 2016). For this present study, health exclusion as both process and outcome is pervasive throughout the narratives of older rural women and was experienced through personal health and health services.

For older women in this study, personal health status is viewed as a resource to inclusion in other areas. Maintenance of health status or alterations in health served to threaten older women's experiences of inclusion or exclusion. As an example, when considering those women experiencing inclusion in social networks via church attendance, participation provided opportunity for inclusion in social

networks. Further, the support within those social networks was also therefore accessible, whether it be practical support such as rides or social support such as checking up on one another. Additionally, personal health influenced older women's ability to contribute to, or withdraw from, the "favour banks' found within their rural communities. This is an interesting finding in light of some of the preconceived stereotypes of rural communities as close-knit and built on mutual support for one another. Changes in older women's health, such as losing their capacity to drive meant that they may need to make increasing withdrawals from the favour bank, with less ability to reciprocate with deposits. Over time, the ability to withdraw from the bank would be lost as the account would eventually run empty. This study reveals that this rural currency is accessed when one is firstly included in a social network and secondly, are able to contribute back to it.   In previous literature looking at older adult social exclusion, reciprocity was indeed a feature in rural places. A systematic review of the social needs of older people identified the high value of reciprocity and its connection to meaningful contribution for individuals and communities (Bruggencate, Luijkx & Sturm, 2018). Likewise, reciprocity was found to be an essential feature of rural communities in rural Ireland; driven by a dependency on each other and served as a source of practical and emotional support (Walsh et al., 2012). A culture of caring for family or neighbours was cited as a method to avoid dependency or relocation out of a rural community (Scharf & Bartlam, 2008). Although the connection of reciprocity with support and caring in these studies are an evident feature of rural communities, they did not identify

health status, inclusion in social networks, nor the ability to measurably contribute as factors for accessing the support or favour bank, as was found in the present study.

Furthermore, personal health intersects with older women's ability to utilize transportation to get to health promoting activities. If health declines, they may be unable to perform driving duties or utilize public transportation systems. As women age, and personal health changes, the rising costs can overwhelm the financial resources available to them (WHO, 2007b). For some older women in this study, they experienced inclusion through the provision of free health promoting programming such as exercise classes or other types of group-based programs. This helped to reduce financial barriers to participation but also facilitated opportunities to increase social contacts; acknowledging however, that not all study participants felt included. European studies of social exclusion have found that poor health may contribute directly to poverty and exclusion, in particular within places in which there are health expenditures required (WHO, 2010). In both developing and developed countries, income inequalities for women has a negative impact on their wellbeing and health behaviours (WHO, 2007b). These free services alleviated cost related factors that would otherwise preclude some from participating. Additionally, threats to personal health also exclude older women from accessing their rural community as a whole and is mediated by weather, such as snow and ice, and intersects with the lack of community infrastructure to deal with it. In much of the preexisting social exclusion literature, weather does not feature as an exclusionary

domain, and instead the focus is on older adults' feelings of personal safety navigating their community, but relates more specifically to crime, fear of strangers and poorly maintained urban spaces, rather than weather (Scharf et al., 2005a; Buffel et al., 2013). Consistent with the current study, recent mixed-methods research specifically looking at urban social isolation and loneliness in later life found that poor weather conditions negatively interacted with personal mobility challenges and feelings of isolation (Finlay & Kobayashi, 2018). Additionally, a social exclusion study out of rural Ireland also found that inclement weather impacted on the personal health and safety of older adults and additionally noted the bearing that weather has on mobility in daily routines and feelings of remoteness (Walsh et al., 2012).

Older women in the present study experienced exclusion from health services for a number of reasons including the lack of health services within the rural area, as well as the difficulty in getting primary healthcare providers who may be resistant to taking on older patients with complex health needs. These findings are consistent with rural studies in Ireland which also found that health and social services were inadequate in rural and remote communities (O'Shea et al., 2012). This poses a unique problem for rural dwellers where they face increased reliance on transportation to travel long distances to reach health services that are concentrated in larger urban centres. There is also a financial burden associated with the need to travel to access services outside of the community or to pay for health care needs not covered under any public or private insurance schemes

(Moffatt & Glasgow, 2009; Romanow, 2002), further depleting the resource of older adults to afford other health and lifestyle promoting activities. A report from World Health Organization (2007b) highlights the barriers older women face to accessing primary health care which includes transportation, low literacy and a lack of financial resources; noting that gender and age interact with socioeconomic status across the lifespan to impact on older adulthood experiences. Likewise, similar findings are found in central European literature for older adults (Hrast et al., 2012). For women in this present study, they identified that their need to access health services and alterations in health as they age threatened to remove them from their rural communities altogether; a significant issue when considering the values of rural living held by the women in this study.

Singlehood isolation impacts on exclusion in social networks and impacts on health

A significant finding is also the theme of *singlehood isolation* experienced within social networks and the community as a whole. For some of the older women in this study, they had strong social connections and valued their community networks. However, the theme of singlehood isolation was still present to varying degrees, both among these women who felt that they had strong social ties within their church, volunteering or social networks and among those who did not. For some, their singlehood isolation was resultant from self-isolation, feeling they did not belong in certain social groups and gatherings which were dominated by couples. Similarly, a previous study in rural Ireland revealed isolation as a personal

choice, reinforced by gender roles and norms (O'Shea et al., 2012). Besides self-isolation, other women in the present study experienced a process of exclusion from various peer groups and the broader community because of their singlehood status.

Certainly, isolation is identified in previous literature as a contributing element of social exclusion although not consistently defined (Berchardt et al., 1999; Van Regenmortel et al., 2016). Within the social exclusion literature, isolation is often framed within the concepts of non-participation in social activities and usually associated with feelings of loneliness and a diminished number of contacts (Nicholson, 2008; Ogg, 2005; Scharf & Bartlam, 2008; Scharf, Phillipson, Smith 2005a; Scharf & Smith 2004; Van Regenmortel et al., 2016).   In this present study however, loneliness did not emerge as a prominent theme. Additionally, among some of the older women who identified singlehood isolation, there were those who were highly engaged in social activity participation. However, the experiences identified by older women within this study were clear that the nature of isolation was specific to their singlehood status and impacted on their exclusion experiences. This specific type of isolation for older women is not known in the older adult social exclusion conceptual literature to date. A study of younger adults in urban areas of Europe did find that being coupled facilitates inclusion in social activities and bolsters one's connections such as to in-laws or spouse's friends (Dykstra & de Jong Gierveld, 2004). The characteristics of singlehood isolation found in the present study was a process of exclusion from social opportunity by virtue of older women's singlehood status whereby older women were not included in social activities,

opportunities, or events which were predominated by couples or in circumstances where the single woman was perceived to pose a risk to an existing romantic partnership.

It is important to regard the impact that singlehood isolation may have on other domains of social exclusion. To further illuminate the discussion already had on finances, one must consider the impact of being not only an ageing female, but single as well, has on the income stability of older rural women. A Japanese study exploring social exclusion's impact on mortality found that women are at increased risk of mortality when combining poverty with isolation (Saito, 2012). Moreover, a study examining older adult social exclusion in ten European countries within the context of welfare regimes, found that couples experienced less financial insecurity than did single participants whether they were widowed or divorced (Ogg, 2005). Although Canada is a higher income country on the global stage, there remains income disparities among different population groups and in rural versus urban (Government of Canada, 2012). Women in rural areas are found to have lower rates of participation in the labour force and differences in income (Government of Canada, 2012). There may be a double jeopardy for single woman, who face not only lower income due to lack of second income or no pension over the life-course, but also the wage disparity which still persists globally for women versus their male counterparts (United Nations, 2018). Furthermore, when considering both finances and health changes, single older women may find themselves needing to have heavier reliance on the favour bank currency in their rural community due to a lack

of partner to support their transportation or other practical needs if they are unable

to access it on their own.   Likewise, for those who are or may face alterations in

health status, their singleness may create a greater use of withdrawals from the

favour bank over contributions as there are no partners available to offset their

needs for such withdrawals. To some extent, this has been touched on in the

literature whereby it is found that being linked in to social networks bolsters health

and wellbeing and helps to contribute to ones' access to resources and support

contained within the network (Crow, 2004).

Belonging is the mediator of exclusion in social networks and the favour

bank

Within this study, singlehood isolation was also further impacted by

community belonging. For older women who were *navigating the tensions of*

belonging, the history and values of the rural community, including traditional

conceptions of family as well as community historical and religious norm, served to

mediate belonging. This study's findings are congruent with earlier research on

social exclusion which identified belonging as having a mitigating influence on the

exclusion experiences for older adults (Walsh et al., 2016).

Some research has found that increased time in place creates a greater sense

of belonging (Young, Russell, Powers, 2004), however older women in the present

study noted that regardless of the amount of time they lived in their rural

community, they were considered an outsider and therefore their self-perception

and sense of belonging was that of an outsider as well.   Previous literature has

found that belonging is an attribute of social isolation involving individual feelings of involvement and goes beyond simply having people around oneself (Nicholson, 2008). This finding is consistent with the present study. Despite the existence of active social networks within the rural communities, some women were still excluded from them due to a number of interacting features such as the aforementioned single status, values and historical traditions of the members and community.

For the participants in this study, who viewed themselves as outsiders, whether due to their single status, differences in values, religion, or family structure, that belonging had a determining influence on exclusion. Among those who found their way to being an insider, such as through inclusion in shared religious values, they gained a sense of belonging into other community networks such as volunteering or social activities. The concept of belonging is supported in previous rural social exclusion literature conducted in Ireland which found that a feeling of belonging in a rural community was tied to older adults' opportunity for connections and participation in the social network (Walsh et al., 2012).

The interactions with health are clear in literature when considering belonging in light of exclusion in social networks. For those in the present study who were not able to achieve belonging, they found themselves excluded from social opportunities and resources. Literature has emphasized the significance that belonging in community and its social networks has in supporting the health of older adults, particularly within resource-strained communities (Kitchen, Williams &

Chowhan, 2012; Singh et al., 2016). Certainly, within this current study, rural communities were found to be lacking in goods and services to support daily needs of older women; increasing their reliance on social networks to support their needs. For those who had access to social networks in rural communities, they were able to utilize the favour bank to support their practical needs such as getting a ride to the doctor or to access groceries. However, this bank is unavailable to those who felt they did not belong within the various community networks.

The current study's finding of belonging as mediating factor to inclusion in social networks also brings to the fore consideration of mental health impacts as well. Literature from India examining rural social networks and depression found inclusion in a social network of friends served as a protective factor against depression for rural dwelling older adults (Singh et al., 2016). For older women in this present study, the impact of exclusion from social networks and not having a sense of belonging had a profound impact on their feelings of ageing in rural communities. For some, who identified themselves as outsiders, their home became a place of confinement and they sought ways to escape this confinement and sought out opportunities to access other communities and networks that gave them more social and cultural opportunities then their present rural community.

CHAPTER 06: CONCLUSION

With the exception of Africa, it is estimated that by 2050, all regions globally will have one quarter of their population 60 years and above (UN, 2017c). Thus, global health policy practitioners increasingly will need to understand the needs of this diverse population group and have an opportunity to ensure policies and strategies are tailored to this large and growing demographic. This study's findings provide a rich, qualitative, and gender-specific look into rural older women's experiences of social exclusion from an Ontario, Canadian perspective. This study adds to the existing conceptual literature and reveals five key areas of social exclusion for rural dwelling older women. It also illuminates the values and desires older women have for their rural ageing experiences, providing a motivating context for policy makers to ensure this idyllic portrayal is realized.

Congruent with the defining features of social exclusion as per the study's chosen definition, this study's findings demonstrate rural social exclusion as both process and outcome and multidimensional in nature and impacting on "access to the activities, resources and relationships, and rights and choices available to the majority of people" (Walsh, Scharf, Keating, 2016). When considering policies aimed at addressing the needs of a globally growing older adult population, this study provides new insights into understanding social exclusion experiences of rural dwelling older Canadian women. Older women value their rural communities and want to achieve their anticipated vision of peace, freedom and belonging in an idyllic rural setting. They feel tied to nature and to the privacy afforded by beautiful rural

landscapes. However, not all women experienced rural life as they had hoped, and although they feel tied to their perceptions of rural living, as they age, their experiences of social exclusion threaten this ideal.

The experiences of older women in this study uniquely reveal the relevance of health as a distinctive domain or category within conceptualizations of social exclusion. Health within this study is found to be pervasive, interacting and influencing through every other category of exclusion discussed. This study illuminates how personal health dynamically intersects with other areas of exclusion, deepening understanding of the dynamic nature of exclusion. Older women within this study revealed how alterations or risks to their health could be the process by which they were excluded in other areas such as transportation, getting out in the winter, accessing social networks or even excluding them from their own rural homes. However, they also were clear on how exclusion from these other areas in turn impacted on their mental health and wellbeing and threatened their ability to remain living in rural communities, whereby highlighting the interacting features of health exclusion. Furthermore, older women experienced exclusion from health services that were lacking in their rural communities. Finding creative solutions and alternative care delivery models, for example through the use of mobile health technologies, may hold promise for increasing access to health services for older women as they age. Moreover, global health policies must be framed within a life-course approach to health which includes consideration of those factors which pertain to health and can create cumulative disadvantage across the

lifespan, and include factors such as gender, education, employment for equal pay, and contribution to political and social systems. (UN, 2018).

Similar to previous empirical literature, transportation is seen as a practical resource to access the goods and service which are lacking within rural communities. Access to transportation is also symbolic and is experienced as a driver of older women's own sense of independence and ability to care for themselves in rural communities and thus tied to their health and wellbeing. Transportation also supports older women's mental health by giving them access to lifestyle promoting activities that they love and enjoy such as art, theatre, friendships, or fine dining, to name a few. Engaging older women within their own rural communities to see what their specific transportation needs are may help to reorient services to be more accessible and responsive to them. Global health policies that recognize the symbolic nature of transportation access as representing rural women's ability to get out, and is tied to their sense of self-care and independence, holds promise to be supportive of their mental health and wellbeing, regardless of the actual form of transportation.

Fostering a sense of belonging is of significance when considering public health approaches to addressing participation and increasing integration into social networks. Therefore, for global health and social policy practitioners working within the contexts of rural communities to support inclusion of older women, consideration needs to be given towards fostering a sense of belonging within various social community contexts. It is belonging that gives entrée to insiders and

outsiders to be accepted into social networks and to achieve access to the social

supports and favour banks contained within them. Consideration also can be given

towards informal social meeting places such as churches which are revealed in this

study as highly valued by many older women. These types of informal social

network communities may provide promise for engagement of older women who

may not be found in other ways and therefore, places like churches may be

considered as stakeholders and partners in planning for fostering belonging and

inclusion among older women in rural communities.

Furthermore, singlehood isolation is revealed in this study as a unique form

of isolation within social networks. Shifting marital patterns and norms in present

day context is of consideration for global health and social policy makers where

more singlehood status may be increasingly prevalent, particularly among ageing

women whose longevity continues to exceed that of men, income differences

continue to exist, and where implications to health and exclusion become

increasingly interconnected and pronounced. Further, programming meant to

facilitate participation and inclusion in activities will need to provide consideration

to encompass those who otherwise may be excluded due to alternate partnering

situations such as singleness.

The United Nations Sustainable Development Goals recognized the need to

address gender equality for sustainable global development. This study supports

that notion when considering disadvantage across the life-course as evidenced in

the discussion on financial exclusion of older women living alone in rural

communities. This study has revealed financial wellbeing of older women is tied to their life-course and gendered experiences. With ageing, there are higher demands on financial resources such as increasing health needs. Also, living rural represents increased costs due to the lack of goods and services within the community, and the need to travel outside to access them. Women make concessions to afford ageing, giving up on lifestyle and health promoting activities. Continuing to work on poverty reduction as meeting the sustainable development goals of gender equity (Mikkonen & Raphael, 2010; United Nations, 2018), and ensuring equal pay, access to life opportunities such as education, and equitable retirement payments are a must for the health and wellbeing of women as they age.

Study strengths, limitations and recommendations

Various strategies were utilized in data collection and analysis to enhance trustworthiness, credibility and dependability within this study. Triangulation was achieved through the collection of observational data through the use of field notes by the researcher (Patton, 1999). Additionally, member checking strategies were utilized to check if interpretations were consistent with members experiences (Creswell, 2013; Thorne, 2008). Reflective journaling was conducted to manage researcher presuppositions and potential for bias throughout the research process (Creswell, 2013). Analytic memo writing formed a part of the audit trail to track major decisions, "aha" moments, and turning points in the analysis (Thorne, 2008).

An additional strength of this study, is the novel approach utilized by the principle investigator to bring together a comprehensive rural definition. The use of

rural definition which included Canadian and internationally comparable data is of significant value to rural health researchers as is the incorporation of the perceptions of participants themselves into the analysis. Defining rural is complex as is finding ground for comparisons both within countries and internationally. It is recommended that future studies give consideration towards utilizing such definitions when defining rural in order to continue to strengthen understanding of rural.

A strength in this study is through the use of purposeful sampling, the opportunity to capture the rich experiences of those best suited to share the phenomenon, achieving concentrated and fulsome data at a fairly small sample size. Because of the use of snowball techniques to recruit more participants however, it may be that these are women who are already linked through a social network of some form. Therefore, women who may be more isolated, and would not be captured through a word of mouth recommendation to participate, may be missed by this study. It is acknowledged that those who are most isolated in their homes could be among the most difficult to identify and access for research purposes.

Certainly, one acknowledges the philosophical discussions that could be had about what constitutes an older adult or senior. However, this research used the conventional Canadian governmental descriptor of 65 or older to represent seniors, not because it is in line with personal beliefs of the author, or consistent in literature, but rather for practicality reasons in order to make decisions about when one is said to have entered into "senior" years. Therefore, a limitation within this

study is those who are below the age of 65, but who have entered into older adult life transitions such as retirement may have their perspectives missed. Moreover, the study sample had participants predominantly from ages 65-79 years old. There is some evidence that older adults are working into later years, far beyond the traditional age of retirement, and therefore may delay some of the experiences of exclusion that non-working seniors may have. Additionally, later years seniors may have different experiences when considering increasing chronic health conditions into later life or loss of friends and family which could impact on their inclusion in rural communities. With an exponential growth of older adults and centenarians globally, increasing attention to social exclusion in older senior years emerges as of significant interest. It is therefore recommended that future research should be directed to examining older age exclusion of rural women who are 80 and older to understand any variations in experience. Additionally, research looking at older age social exclusion would benefit from utilizing a life-course approach in order to ascertain those early factors which impact on older women's social exclusion experiences in later years.

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APPENDIX A

Alternative Definitions of Rural

Definition	Main criteria, thresholds and building blocks
Census "rural areas"	**Population size**: Population living *outside* places of 1,000 people or more; *OR* **Population density:** Population living *outside* places with densities of 400 or more people per square kilometre. **Building blocks:** EAs
"Rural and small town" (RST)	**Labour market context**: Population living *outside* the commuting zone of larger urban centres (of 10,000 or more). **Population size/density**: Urban areas with populations less than 10,000 are included in RST together with rural areas if they are outside the main commuting zones of larger urban centres
Metropolitan area and census agglomeration Influenced Zones (MIZ)	**Labour market context:** MIZ disaggregates the RST population into four sub-groups based on the size of commuting flows to *any* larger urban centre (of 10,000 or more) **Building blocks**: CSDs (for RST and MIZ)
OECD "rural communities"	**Population density**: Population in communities with densities less than 150 people per square kilometre. **Building blocks**: CCSs
OECD "predominantly rural regions"	**Settlement context**: Population in regions where more than 50 percent of the people live in an OECD "rural community." **Building blocks**: CDs
"Non-metropolitan regions" (Ehrensaft's "Beale codes")	**Settlement context**: Population living outside of regions with major urban settlements of 50,000 or more people. Non-metropolitan regions are subdivided into three groups based on settlement type, and a fourth based on location in the North. The groups based on settlement type are further divided into "metropolitan adjacent" and "not adjacent" categories. **Population size**: Non-metropolitan regions include urban settlements with populations of less than 50,000 people and areas with no urban settlements (where "urban settlements" are defined as places with a population of 2,500 or more). **Building blocks**: CDs
"Rural" postal codes	**Rural route delivery area**: Areas serviced by rural route mail delivery from a post office or postal station. "0" in the second position of a postal code denotes a "rural" postal code (also referred to as a "rural" forward sortation area (rural FSA)). **Building blocks**: Canada Post geography.

Source: du Plessis V., Beshiri R., Bollman R.D. & Clemenson H. (2002). *Definitions of "rural".* Agriculture and Rural Working Paper Series Working Paper No.61. Statistics Canada Agriculture Division.

APPENDIX B

Are you a woman, 65 years or older and live alone in a rural community?

Participate in a research study looking at experiences of aging in rural communities.

Contact Sherry Nesbitt
Masters student researcher

905-213-5400
nesbitts@mcmaster.ca

This project has been approved by Hamilton Integrated Research Ethics Board

McMaster University

APPENDIX C

McMaster University

Inspiring Innovation and Discovery

LETTER OF INFORMATION / CONSENT

Study Title: An examination of social exclusion of older women in rural Canadian context

Investigators:

Local Principal Investigator:	**Student Investigator:**
Dr. Christy Gombay	Sherry Nesbitt
Faculty of Health Sciences,	Faculty of Health Sciences,
Global Health	Global Health
McMaster University	McMaster University
Hamilton, ON, Canada	Hamilton, ON, Canada
(905) 525-9140 ext. 22281	**(905) 213-5400**
E-mail: gombayc@mcmaster.ca	E-mail: nesbitts@mcmaster.ca

Purpose of the Study

I am doing this thesis research in partial completion of my Masters in Global Health. You are invited to take part in this study which is looking at aging in rural communities and experiences of social exclusion. Social exclusion is a way of looking at what things limit your ability to take part in all areas of your life that you want to. I am trying to discover how older women experience aging in a rural community. I hope to hear your personal insights into your daily life in rural living.

What will happen during the study?

If you decide to participate in this study the following is what you can expect:
- We will have a one-to-one interview together.
- I will also ask you for some demographic or background information like your age and living arrangements.
- You will be asked to participate in an interview with me that may take up to one hour, depending on the depth of our talk. You can stop the interview at any time though. You can choose where we do the interview so that you are comfortable.
- You will be asked to talk about your life as an older woman, living in a rural community.
- With your permission, our talk will be audio recorded so that I can refer to this recording to ensure accurate information about your experience. I will be taking notes during our interview which include things I hear and/or observe.
- I will analyse the interviews and will look for common themes and for differences in your experiences from others.
- I will then take the information learned from the interviews to write the thesis in the partial completion of my Masters program.
- The information gathered from the interviews may also be used for the writing of journal articles, reports, advocacy briefs, conference proceedings, and/or other publications.

Are there any risks to doing this study?

It is not likely that there will be any harm, risk or discomfort from you participating in this study. However, since your community may be small, and I am using a word-of-mouth recruitment, there is a risk of identification on the basis of references you make. Please keep this in mind in deciding what to tell me. I also do not need to know how or from whom you have learned of my study. I will make every effort to protect your confidentiality and privacy. Below, I will discuss steps I am taking to protect your privacy.

Are there any benefits to doing this study?

A possible benefit that your participation brings to this study is it will add to the current global understanding on social exclusion among older adults in rural communities. I hope what is learned from this study will help us to better understand the complex processes that impact older women's lives as they age in rural communities. You will not receive any direct benefits from your participation.

Confidentiality

You are participating in this study confidentially. You do not need to answer any questions that you do not want to answer, or that make you feel uncomfortable. You can stop to take a break when you need to or stop participating all together. Your interview responses may be used in the final research study, but I will not use your name or any information that would allow you to be identified. Your information will not be shared beyond the research team. Demographic data that is collected is stored in a separate, password protected file from the interview transcripts.

The information you provide me will be kept on my computer and/or in a locked file cabinet in my home office and will be protected by a password. Once the study is complete, an archive of the data, without identifying information, will be kept on a password protected data file.

> **b) Legally Required Disclosure**
> *Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information such as if there is a risk or disclosure of harm to yourself or to others.*

What if I change my mind about being in the study?

It is your choice to be a part of this study or not. If you decide to take part, you can change your mind and stop (withdraw) at any time. You can choose to not answer any question, to stop temporarily if you are uncomfortable or to stop participation completely. There are no consequences if you decide to withdraw. You have the option to withdraw your data that has already been collected up until the point that it has been merged with other participant interviews.

How do I find out what was learned in this study?

A summary of the results will be posted in McMaster University's Open Access Portal, "Macsphere". If you would like to receive the summary personally, please let me know how you would like me to send it to you.

Questions about the Study

If you have questions or need more information about the study, please contact me at:
Sherry Nesbitt
Email: nesbitts@mcmaster.ca
Phone: (905) 213-5400

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

CONSENT

I have read the information presented in the information letter about a study being conducted by Sherry Nesbitt of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a signed copy of this form. I agree to participate in the study.

_____   _____   _____
Name of Participant (Printed)   Signature   Date

Consent form explained in person by:

_____   _____   _____
Name and Role (Printed)   Signature   Date

APPENDIX D

Demographics Questionnaire

*In order to maintain your privacy, please **do not** include any names on this form.*

AGE:	☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90-99 ☐ 100+ ☐ Prefer not to answer
CULTURAL BACKGROUND/ETHNICITY* (e.g. Scottish, Aboriginal, Jamaican)	☐ _____ *(**fill in blank**)* ☐ Prefer not to answer
GENDER	☐ Male ☐ Female ☐ Transgendered ☐ Prefer not to answer
EMPLOYMENT STATUS	☐ Working ☐ Retired ☐ Unemployed ☐ Prefer not to answer
LIVING ARRANGEMENTS	☐ Live alone ☐ Live with partner/family ☐ Live with friends ☐ Prefer not to answer
PLACE WHERE YOU LIVE	☐ Rural ☐ Urban ☐ Mixed ☐ Prefer not to answer
ACCOMODATION TYPE	☐ Private household ☐ Apartment ☐ Long term care ☐ Prefer not to answer

*Ethnic origin based on Statistics Canada definition: "refers to ethnic or cultural origins of ancestors"
http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm

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APPENDIX E