

## AGEING IN NORWEGIAN RURAL AND URBAN COMMUNITIES

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**Abstract:** This paper, based on data from two recent national surveys of the residents of municipalities in Norway, compares rural and urban elderly people's degree of satisfaction with locally available services and their reported involvement with others in the community. It focuses in particular on their living conditions and indicators of well-being, including their access to home care and medical services and their degree of participation and trust in local social networks. Two findings stand out. First, contrary to common expectations, rural residents are at least as satisfied with their home care and medical services as their urban counterparts are. This parity reflects Norway's policy of subsidizing social welfare services in sparsely populated areas. Second, in keeping with common expectations, they report more frequent social contacts with their neighbours and greater participation in voluntary work than urban residents do.

**Keywords:** ageing, rural-urban differences, living conditions, quality of life, social participation, social networks, volunteer work, Norway

**Abstract:** I denne artikkelen sammenlignes eldres levekår og livskvalitet i bygd og by. Den undersøker hvor tilfredse de eldre er med tilgang til ulike tjenester og deres sosiale deltakelse i lokalsamfunnet. Artikkelen bygger på data fra to nasjonale undersøkelser av innbyggerne i norske kommuner. Den fokuserer på eldres levekår og ulike velferdsindikatorer; tilgang til ulike ressurser og tjenester i lokalsamfunnet, sosiale nettverk, tilhørighet og tillit, og deltakelse i lokalsamfunnet. To funn skiller seg ut. For det første er eldre i rurale kommuner mest fornøyd med kommunale helse- og omsorgstjenester sammenlignet med eldre i urbane kommuner. For det andre rapporterer eldre i rurale kommuner at de har hyppigere og tettere kontakt med sine naboer og at de i større grad deltar i frivillig arbeid enn eldre som bor i urbane kommuner.

**Nøkkelord:** aldring, rurale-urbane forskjeller, levekår, livskvalitet, sosiale nettverk, frivillig arbeid, Norge

## 1. Introduction

This paper examines rural-urban differences in living conditions and quality of life among elderly people. With increasing age, the combination of retirement from working life, contracting social networks, growing physical frailty, and decreased mobility makes people's place of residence and local community more important. Do rural communities provide better or worse conditions for older people than urban communities?

Most societies in the western world are ageing, and the proportion of older people in the population is higher and growing more rapidly in rural than in urban areas. Caring for the elderly, too, is expected to present greater economic and social challenges in rural areas (UN 2009, Eurostat 2014). In Norway, the rising proportion of older people in rural areas is related to the out-migration of younger people for education and better employment opportunities (Sørli 2010). The Norwegian welfare state provides citizens with basic welfare services regardless of where they live (Aasbrenn and Sørli 2016), but policy makers and the public are seriously concerned that the infrastructure and public services available in rural areas may be unable to meet the increasing need for elderly care. This study is a comparative investigation of how older people in rural and urban communities evaluate their residential environments and specific features of their living conditions that are related to well-being.

Scholarly interest in the significance of place to ageing has been growing recently (Lowe and Speakman 2006, Keating 2008, Milbourne 2012, Bygdell 2014). Previous research suggests that a strong attachment to place of residence has a positive impact on quality of life, and that this relationship is particularly strong among the elderly (Slagsvold and Solem 2006). The importance of the local neighbourhood to older people is partly explained by length of residence. Older people

are more likely to have lived in the same community for most of their lives than younger generations (Phillipson et al. 2001), and length of residence is an important factor in community attachment (Kasarda and Janowitz 1974). Older retired people tend to spend more time in their local neighbourhood than younger and employed people do (Means and Evans 2012:1302).

Several international studies have shown that limited access to various services, long distances and lack of public transportation, isolation and poverty particularly affect the elderly in rural areas (Shucksmith and Chapman 1998, Scharf, Walsh and O'Shea 2016). More supportive communities, however, might compensate for structural disadvantages such as longer distances and poorer access to services in rural areas, and rural residents might perceive these disadvantages as less important than those living in urban areas do (Gilbert, Colley and Roberts 2016). Other studies have emphasized the positive aspects of ageing in rural communities, including strong social networks, social integration, and a healthy and safe environment (Winterton and Warburton 2012).

Quality of life in old age has many dimensions. It is shaped by social relationships, help and support, access to services, neighbourhood, social capital, and activities, as well as individual health and functional abilities (Gabriel and Bowling 2004). In this article, we focus on relevant aspects of local communities, such as access to services, social capital and participation, and we analyse older people's subjective evaluation of living conditions in their localities.

## 2. Social participation and inclusion

Keating and Phillips (2008) point out that a number of factors such as infrastructure, the availability of services, and local opportunities for participation may contribute to perceptions of whether a locality is a good place to spend old age. They warn against treating 'older' people as a homogeneous group, however, and stress that it is human interaction with the physical and social environment that determines quality of life.

The concepts of social inclusion and exclusion are often used in studies of local communities' importance for older people's living conditions, belonging, and well-being. Social inclusion implies that residents have the opportunity to maintain networks that are important to them, such as friendship, family ties, and informal social contacts in everyday life, and that they have access to essential services (Cass, Shove and Urry 2005). Many rural communities are characterized by a limited range of services, long distances, and lack of public transport, so residents are increasingly dependent on private cars. Obstacles to mobility particularly affect the oldest seniors who no longer drive or lack access to a car. At the same time, contact and cooperation with others in rural communities can be a vital source of mutual assistance (Aasbrenn and Sørli 2016, Normann 2009). Neighbours and friends arrange to drive together or do errands for each other (Bygdell 2014).

Participation and involvement in local activities is an important prerequisite for developing tight-knit communities with a high degree of mutual support and trust, which Putnam (2000) calls social capital. Social capital can be described as the glue in well-integrated societies. In smaller communities, older people have social identities based on their previous professions, participation in various organizations, and family and friendship connections. They have personal interactions with more people, which can make it easier to become involved in community activities (Winterton and Warburton 2012). A recent British study shows that seniors who participate in volunteering have better physical and mental health and are more satisfied with life in general than those who do not (Tabassum, Mohan and Smith 2016).

We structure our analysis around the Finnish sociologist Allardt's (1976) classification of basic human needs and values into three categories of welfare, 'having, loving and being'. We have adapted Allardt's typology so it fits the dimensions of older people's lives. Allardt relates 'having' to the need for tangible and impersonal resources. We analyze indicators related to older people's degree of satisfaction with their access to resources and facilities within the municipality where they reside. Allardt relates 'loving' to the need for love, companionship, and solidarity. We link this to older people's experiences of attachment and belonging, social relationships, confidence and trust in the community. The category 'being' refers to the need for self-actualization. Older people

who are not in the labour force and have no regular caring responsibilities for close family members must find new venues for self-actualization. We tie this dimension to participation in activities and connectedness in the local community. For instance, doing volunteer work may become a source of self-realization.

In this article, we are interested in whether there are significant differences between urban and rural communities that bear directly upon how satisfied elderly people are with the places they live. Using the three categories of 'having' (access to various resources), 'loving' (attachment, social relations, and security) and 'being' (participation), we examine how older people experience and evaluate different qualities in their local communities. Further, we analyzed whether there are any differences among the elderly living in rural and urban municipalities regarding their subjective quality of life and satisfaction with life.

### 3. Methodology

The article is based on data from two national surveys focusing on local communities. The surveys were conducted by the Centre for Rural Research<sup>3</sup> in 2013 and 2016 to gather information about living conditions, local identity, local communities, social relationships, values, and attitudes among rural and urban residents (Storstad 2012, Farstad 2016). In each year, a postal questionnaire was sent to a random but stratified national sample of 7,000 respondents 18 years and above. The two samples were drawn from the Norwegian Central Population Register. To ensure a relatively equal distribution between people who live in sparsely populated rural areas and people who live in urban areas, questionnaires were sent to 3,500 inhabitants in rural municipalities and 3,500 in urban municipalities.

The classification of rural and urban municipalities is based on three variables: centrality, population density, and economic structure. Rural municipalities have more than a 45 minute drive to an urban centre, more than 50 percent of the residents live in sparsely populated areas, or more than six percent of the workforce is employed in primary industries (Storstad 2012). These criteria are designed to exclude suburban areas and small towns in the countryside. Municipalities that do not meet any of these criteria are defined as urban. In Norway, 64 percent of municipalities are classified as rural, and 19 percent of the population live in rural municipalities. The 275 rural municipalities have an average of 3,599 inhabitants, though their population varies from 200 (Utsira) to 33,597 (Ringsaker<sup>4</sup>). The 157 urban municipalities have an average of 27,610 inhabitants, and their population varies from 524 (Kvitsøy<sup>5</sup>) to 658,390 (Oslo) (Statistics Norway 2016). Figure 1 shows a map with the localization of rural and urban municipalities in Norway according to our criteria.

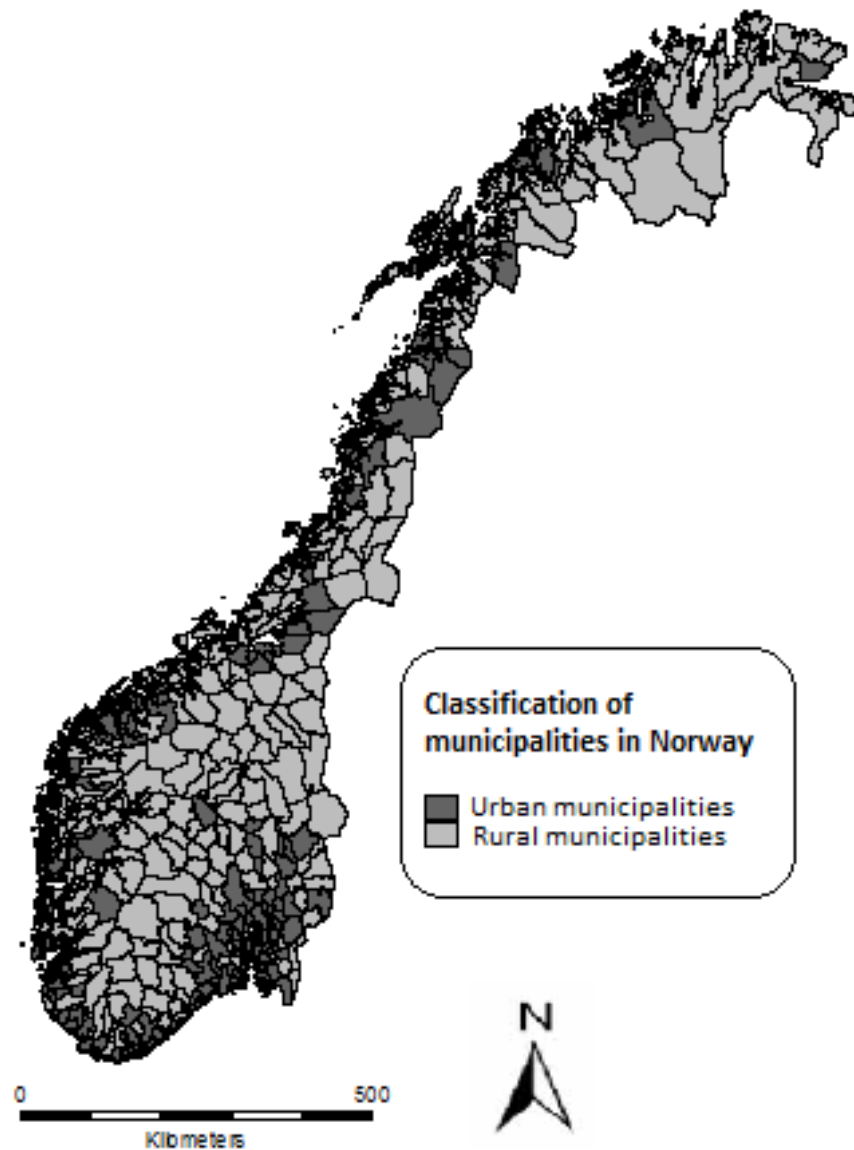
The overall response rate in 2013 was 29.0 percent, in 2016 30.2 percent, and the overall response rate for both surveys were 29.6 percent. Among those aged 65 and above, we have only cross sample data from 2016, and the response rate for those 65 or older in 2016 was 39.6 percent. Of the surveys' 2,034 respondents in 2013 and 2,117 respondents in 2016, 1205 were aged 65 years and older. We removed the 91 employed respondents from the analysis, as we wanted to study elderly people who are no longer in the labour force and thus are in a new phase of life. Just over half of the respondents (56 percent) live in rural municipalities, and the other 44 percent live in urban municipalities. The sample is stratified disproportionally in order to obtain samples of equal size from urban and rural municipalities, which facilitates detailed comparison between the two groups.

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<sup>3</sup> Centre for Rural Research changed name to Ruralis – Institute for Rural and Regional Research, in November 2017.

<sup>4</sup> Ringsaker is geographically extensive, having incorporated several other municipalities, and has many farms amidst forests and mountains. The proportion of its residents who are employed in primary industries (farming and lumbering) is why it qualifies as rural.

<sup>5</sup> Kvitsøy is a set of islands, and does not qualify as rural as the travel time to an urban centre (Stavanger) is a 35 minute ferry drive, and the population is concentrated in villages by the sea.



*Fig 1. The classification of urban and rural municipalities based on travel distance to an urban centre, share of the population living in densely populated areas, and the share of the workforce employed in primary industries.*

Table 1 shows a breakdown of the sample with respect to age, gender, and level of education. There are only minor differences in the age and gender distributions of respondents between the rural and urban municipalities. The majority of respondents are within what Laslett (1991) called the ‘third age’, that is, younger and relatively vigorous seniors aged 65 to 79. In general, fragility and need for assistance increase from 80 years of age (Daatland and Veenestra 2012). In our sample, 18 percent are older than 80 years (the oldest respondent is 98). The average age of respondents is 72.6 years. We assume that there are major differences between the youngest and the oldest elderly persons in terms of capabilities and opportunities to act and apply the resources available in the community. Therefore, we divided the sample into three age groups.

Tab 1. Sociodemographic characteristics of the sample by rural-urban residence and of Norwegians aged 65+ (percentages).

	Rural	Urban	Total	Norway (Statistics Norway 2013)
<i>Age:</i>				
65–69 years	32	32	32	33
70–79 years	50	50	50	40
80+ years	18	18	18	28
Sum	100	100	100	100
(n=)	(622)	(492)	(1114)	(790,614)
<i>Gender:</i>				
Women	48	50	49	55
Men	52	50	51	45
Sum	100	100	100	100
(n=)	(622)	(492)	(1114)	(790,614)
<i>Level of education*:</i>				
Primary school	34	24	30	30
High school	40	35	38	42
University/college	20	33	26	17
No information	6	8	7	11
Sum	100	100	100	100
(n=)	(622)	(492)	(1114)	(790,614)

(\*)  $p$  (rural - urban) < 0.05

Our study does not include seniors living in institutions, such as assisted living, nursing homes, and other forms of congregate housing. The local community study did not survey Norwegians in institutions because their conditions depend more on the institution than on the surrounding community. This choice is probably one of the causes of the underrepresentation of people aged 80 and above in our sample. In addition, as with most surveys, there is reason to believe that our sample consists of the healthiest elderly, who are able to fill out a fairly extensive questionnaire. It is therefore not surprising that people above 80 years are underrepresented, while younger seniors are somewhat overrepresented. This skewed age distribution is not a problem for comparative purposes, as the underrepresentation of the oldest is about equal in the rural and the urban samples.

Compared with the national population (Statistics Norway 2013), men are slightly overrepresented in our material, but this overrepresentation is equal in the rural and the urban samples. People with higher education are somewhat overrepresented in our material, which is in line with other studies showing that they are more likely to answer questionnaires than those with less education (Kleven et al. 2013). Nationally, the level of education is higher among the seniors living in urban areas than those in rural areas. Similarly, our material has a greater proportion of elderly people with higher education in urban than in rural municipalities, so we assume this disparity reflects real differences and is not a result of selection bias. Since the proportion with higher education is an important difference between urban and rural communities, however, we did not analyse the effects of individuals' educational levels when we compare living conditions in urban and rural areas. A more detailed analysis of the material shows that marital status, self-reported health, and subjective satisfaction with the household's financial resources and standard of living are equally distributed among the elderly in rural and urban municipalities. The analysis is presented by tables comparing the percentage distributions for various variables among residents of rural municipalities with those in urban municipalities, and by age. The tests of statistical significance are based on logistic regression models with rurality and three age groups as independent variables, and tests of statistical significance are based on likelihood-ratio test where we measure the overall effects of rurality and age in relation to each dependent variable. Variables where the difference between urban and rural areas is so large

that there is a less than five percent chance that it is random ( $p < 0.05$ ) are marked with an asterisk (\*), and cases with an overall statistical significant effect of age ( $p < 0.05$ ) are marked with a hash (#). In addition, we estimated models with interaction between age and rurality, and models that measure differences between 2013 and 2016, but few of these models showed significant effects and we did not include these effects in the final analysis.

## 4. Results

### ***Satisfaction with services in the municipality of residence***

Respondents were asked how satisfied they were with various services and activities in their municipality. We have chosen to look at their evaluations of a range of factors such as local support, available services, social activities, and entertainment and meeting places. Furthermore, we have included a question about how satisfied respondents are with public transport services in their municipality, as traveling a long way to access services can be a challenge for the elderly. Table 2 compares respondents' evaluation of the availability of various services in rural and urban municipalities.

Tab 2. Satisfaction with services and activities available in the municipality (percentage who are satisfied).

Area	Rural				Urban			
	65–69	70–79	80+	Total	65–69	70–79	80+	Total
Domestic /home care services * #	63	68	77	68	51	49	62	52
Care and nursing home services *	62	68	69	66	44	47	54	47
Primary care services	84	83	87	84	84	90	88	88
Public transport within the municipality *	10	12	19	12	35	33	36	34
Public transport in and out of the municipality *	20	21	24	21	41	39	42	40
Meeting places	38	44	43	42	39	47	47	44
Street life and activities *	34	41	47	39	46	49	41	47
Shopping opportunities *	68	63	66	65	81	72	82	77
Cafes, restaurants *	32	37	48	37	54	53	55	54
Cultural facilities *	48	45	50	47	55	60	55	57

(\*)  $p$  (rural-urban) < 0.05      (#)  $p$  (age groups) < 0.05

The first three variables are based on questions of how satisfied the respondents are with the municipal services within health and care. A five-step scale originally measured these variables from very satisfied (1) to very dissatisfied (5). Table 2 shows the proportion answering 1 or 2 on this scale. Older people living in rural areas are more satisfied with domestic and home care services provided for the elderly than those living in urban areas. Domestic services means assistance with housework, while home care services refers to medical treatment and personal care such as assistance with bathing, dressing, etc. provided by someone who comes to the home. In both types of municipalities, those 80 and above are more satisfied with domestic and home care services than those younger than 80. Moreover, two-thirds of the elderly living in rural municipalities report that they are satisfied with care and nursing home services provided locally, while this proportion is significantly lower among the elderly living in urban municipalities. There are no differences when it comes to primary care services, i.e., physicians in the locality who do check-ups, preventive care, and diagnosis and treatment of common ailments.

The last seven variables in Table 2 are responses to the question of how satisfied the respondents are with various conditions in their municipality. A seven-step scale from 1) dissatisfied to 7) very satisfied were used, and we measured the proportion ticked off for answer options 6 or 7. Not surprisingly, seniors in urban areas are much more satisfied with the provision of public transport than those in rural areas.

We find no differences between rural and urban residents in their satisfaction with local meeting places. Older people in urban areas, however, are more satisfied with street life and activities.

The rural elderly are less satisfied with local shopping, cafes and restaurants, and cultural opportunities than their urban counterparts.

In summary, the data present a mixed picture in terms of the material resources and structural frameworks of life in urban and rural municipalities. Both rural and urban communities have some advantages and some disadvantages, but they do not fall into a uniform pattern whereby seniors in urban areas have what those in rural areas lack or vice versa. It is equally noteworthy that, contrary to some predictions, the rural elderly are not more dissatisfied with the home care, personal care, and nursing and medical services available in their municipalities than their urban counterparts are.

### **Social cohesion, social networks, and trust in rural and urban communities**

Belonging is a central human need. Allardt (1976) has conceptualized the dimension 'loving' as including the need for love, companionship and solidarity. In our context, we link this dimension to elderly residents' sense of social belonging, social connectedness, and safety in the community.

Tab 3. Percentage of people who responded positively to specific questions and statements about belonging.

Area	Rural				Urban			
	65–69	70–79	80+	Total	65–69	70–79	80+	Total
<i>Social belonging:</i>								
I have a strong sense of belonging to the local community *	73	74	76	74	66	66	61	65
I have a strong sense of community with fellow citizens * #	61	65	64	64	41	48	64	48
Much of my life is organized around the local community * #	60	65	79	65	48	46	63	50
Those who live here care [about each other] in a positive way *	64	67	74	67	51	50	62	52
Raised in the community where living *	55	55	51	54	35	38	40	38
<b>Social relations in the local community:</b>								
Talking with the neighbours *	90	92	96	92	89	79	78	82
Going on unannounced visits to neighbours *	17	16	19	17	8	7	6	7
Performing services for neighbours *	32	29	40	32	16	17	23	18
I have many friends in the community *	44	50	50	48	43	40	32	40
I can count on getting help from friends in the local community *	73	76	81	76	72	71	55	69
There is too much backbiting/gossip about others in the community * #	22	14	7	16	13	11	8	11
I often feel lonely	6	8	13	8	7	8	10	8
<b>Sense of safety in the community:</b>								
Always lock the front door in the daytime * #	15	12	26	16	54	44	47	48
Always lock the front door in the evening *	41	40	49	42	72	70	78	72
Anxious about being assaulted or robbed *	3	7	13	6	11	11	12	11

(\*)  $p$  (rural-urban) < 0.05 (#)  $p$  (age groups) < 0.05

### **Social belonging**

Table 3 shows that the elderly in general have a close link to the place they live, but there are significant differences between those living in rural and urban areas. The first variable on social belonging is based on a question on sense of belonging to the local community, measured by a five-step scale from 1) no belonging to 5) very strong belonging. While three out of four older rural residents say they feel a strong (4) or very strong (5) sense of belonging to their local community, just two out of three older urban residents report similar opinions. The other variables



measuring social belonging show the proportion who partly or totally agree in the statements listed in the table. Many more of the elderly living in rural municipalities report having a strong sense of community than do those living in urban municipalities. Nearly two third of older rural people say that much of their lives are organized around the local community, compared to just half of older urban people. There are also significant differences between the age groups in the latter two variables, indicating that a strong sense of community is most common among the eldest. Seniors who live in rural municipalities are more likely to agree with the statement that their fellow citizens care about each other in a positive way than those in urban areas. All these findings indicate that the elderly in rural areas regard their local community as more closely knit than do their urban counterparts.

The fact that people living in rural areas express a stronger connection to their community than those living in urban areas may be associated with a greater proportion having grown up in the place where they live in old age. More than half of the elderly living in rural areas grew up in the same area, while only around one third of those living in urban areas did. A more detailed analysis of the material (not shown in the table) showed a correlation between having spent their childhood in the locality and the sense of belonging to the community, and this correlation was particularly strong among rural dwellers.

### ***Social relations in the community***

Another indicator of inclusion in the local community is residents' relations with neighbours and friends. Previous studies have shown that good and lasting relations with friends and neighbours are crucial for older people's quality of life (Scharf 2001, Bowling 2005), and that the neighbourhood can be a particularly important source of social contact for the elderly (Lima and Slagsvold 2009). Perceptions of who is regarded as a neighbour might vary between urban and rural areas. In the questionnaire, the term was not defined, so respondents applied their own sense of who they regarded as neighbours and who they did not.

Table 3 shows seniors' reported interactions with neighbours. The first three variables show the share answering 'many' or 'most of them' regarding talking with, visiting or performing services for their neighbours. Regardless of where they live, most talk with their neighbours when they meet. We cannot tell whether this implies exchanging greetings and pleasantries or more extensive conversations. One measure of how closely connected neighbours are may be whether they are accustomed to paying visits without calling first or making a plan in advance. Unannounced visits are far more prevalent in rural than in urban areas. This difference corresponds with findings of another Norwegian survey, which shows that people living in rural areas and small towns have greater visiting contact with their neighbours than people living in urban areas do (Wilhelmsen 2009), and that visits among neighbours is least common in cities with over 100,000 inhabitants (Normann 2009). Furthermore, our survey data shows that a greater proportion of elderly people in rural areas perform services for their neighbours. Performing and receiving informal services in the locality is an indicator of mutual relations. We conclude that older rural residents have more and closer contact with their neighbours than their urban counterparts.

Friendship and neighbourliness tend to overlap more in rural communities than in urban areas. Perhaps older rural residents are more likely to have known each other longer, have intersecting circles of friends, share local information, and have a common story from a long time back. A larger proportion of the elderly living in rural areas report that they have many friends in the local community than those living in urban areas. A hallmark of close friendships is receiving informal help and support when a problem arises. A larger proportion of those living in rural areas count on getting help from friends in the community, which suggests that local friendship networks are stronger in rural than in urban municipalities. The negative side of the image of a close knit community is that everybody knows everyone else's business, and that gossip and backbiting are especially prevalent and inescapable in rural areas (Haugen and Villa 2006). Table 3 shows that older people in rural areas are somewhat more likely than older people in urban areas to agree with the statement that 'there is too much backbiting/gossip about others in this locality'.

An interesting observation is that the younger perceive this as a major problem than the oldest in both urban and rural areas.

The survey asked whether people agreed in the following statement: 'I often feel lonely'. A common definition of loneliness is the subjective experience of being socially isolated, reflecting a dissatisfaction with the frequency and closeness of their social contacts (Thorsen and Clausen 2009). The fact that older people in rural communities report having more contact with their neighbours and closer local networks might be taken to imply that loneliness is less common among the elderly in rural than urban communities, but this was not the case in our data. Table 3 shows that there are no significant differences in the prevalence of loneliness among the elderly in rural and urban areas; less than ten percent of those in either type of area totally or partly agreed with the statement that they often feel lonely. Rather, loneliness tends to increase with age. Another Norwegian study also finds only small differences in levels of loneliness that are related to place of residence and concludes that the size of the municipality did not matter (Thorsen and Clausen 2009: 75). In contrast to these Norwegian studies, a study from the United Kingdom found that reported rates of loneliness in later life vary with place, and rates are higher in urban areas than for the general population (Victor and Scharf 2005).

### **Sense of safety**

Living in a pleasant home and a neighbourhood that feels safe is an important aspect of people's quality of life (Gabriel and Bowling 2004). The popular idea that rural villages are characterized by close-knit and intimate social relations is reflected in and echoes traditional sociological perspectives (Harris 2001). The experience of the village as a safe place can be linked to stability and transparency, the sense that in small communities 'everybody knows everybody'. A sense of safety and trust is an important indicator of dense social networks. Not locking the front door is one sign of this confidence that there are no strangers in the locality who are to be feared, and that if something dangerous happens the neighbours will be aware of it and intervene. As table 3 shows, only 16 percent of the elderly living in rural areas report that they always lock the front door when they are home during the day, and less than half of them always lock the front door at night. In urban areas, it is more common to keep the front door locked at all times. It is reasonable to assume that locking the front door is an expression of a fear of intruders, not of distrust in anonymous neighbours. It is interesting to note that it is the youngest age groups in rural areas who do not lock the front door during daytime, while we see the opposite in urban areas. There is also a significant difference between older people in rural and urban areas concerning their fear of being assaulted or robbed. Fears of assault and robbery are more prevalent in urban than in rural areas, and crime statistics tend to confirm that urban-rural difference (Stene and Lid 2009).

### **Activities and community involvement**

Allardt's (1976) category 'being' refers to the need for self-realization. We have chosen to look at participation in various community activities as a source of self-fulfillment. We are also interested in whether the elderly feel that involvement in voluntary work is expected by others in the locality, which in Norway is called community spirit (*dugnadsånd*)<sup>6</sup>.

Table 4 shows that more than half of the elderly in rural areas report that community spirit is widespread in their locality, while only one third of the elderly in urban areas do. Older rural residents are more likely to describe themselves as local enthusiasts, and a larger proportion say they are actively engaged in their community. A much larger proportion of the elderly living in rural than urban areas report participating in volunteer work. In both rural and urban municipalities, a larger proportion among the eldest agree that there is a community spirit where they live, compared with younger. However, the eldest age group have been less involved in voluntary work than younger age groups.

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<sup>6</sup> The word *dugnadsånd* is difficult to translate, but is used to describe people's willingness to participate in carrying out unpaid tasks for others in the community.

Tab 4. Participation and engagement in the local community (percentages of positive responses to specific questions).

Area	Rural				Urban			
	65–69	70–79	80+	Total	65–69	70–79	80+	Total
There is a widespread community spirit ( <i>dugnadsånd</i> ) here * #	53	48	59	52	31	30	44	33
Would you call yourself a local enthusiast? * #	31	38	26	34	22	27	22	24
I am engaged and active in my local community *	31	37	32	34	22	28	26	26
Participated in voluntary work last year * #	49	48	26	45	32	29	24	30

(\*)  $p$  (rural-urban) < 0.05 (#)  $p$  (age groups) < 0.05

### Satisfaction with place of residence

In our analysis, we have used living conditions concept to get a more or less ‘objective’ measure of whether the elderly have differential access to resources depending on their rural or urban location. Research on living conditions has traditionally avoided using the social psychological concept ‘quality of life’ because it is difficult to relate the subjective quality of life to more objective welfare indicators, and statistical relationships between objective measures of living conditions and subjective indicators of well-being and quality of life are often quite weak (Blekesaune and Hagen 1996). Within research on welfare, however, it has recently become more common to include both living conditions and quality of life perspectives (Barstad 2014).

We examine quality of life through subjective indicators of well-being. We look at how well the elderly say they are thriving in the place they live (table 5) and examine whether urban-rural differences in such factors as local services, social networks, and community involvement result in differences in their satisfaction with their municipality and their overall satisfaction with life.

Tab 5. Elderly people’s perceptions of the municipality where they reside, their well-being, and their satisfaction with life (variables with high percentages).

Area	Rural				Urban			
	65–69	70–79	80+	Total	65–69	70–79	80+	Total
Satisfied with the municipality as a place of residence for the elderly *	59	65	60	62	48	55	60	54
I thrive in the place where I live *	73	73	77	74	80	80	85	80
Satisfaction with life in general	91	88	82	88	89	89	87	89

(\*)  $p$  (rural-urban) < 0.05 (#)  $p$  (age groups) < 0.05

A higher proportion of elderly rural residents are satisfied with their municipality as a place to live than their urban counterparts. Table 5 shows the proportion that have answered that they are satisfied (6) or very satisfied (7) on a seven-step scale ranging from 1 (dissatisfied) to 7 (very satisfied) on the first two variables. Their positive view may well be related to their greater satisfaction with the health and care services available in their municipalities. It may also arise from older rural residents’ closer relations with their neighbours and local friends and stronger sense of belonging to the local community. On the other hand, older people in urban areas are more likely to say that they are thriving in the place they live. This difference may be related to urban dwellers’ easier access to a diversified array of cultural institutions, shops and restaurants. On the last variable, which measures the proportion answering 1 or 2 on a range from 1 (very satisfied) to 5 (very dissatisfied), we find no statistically significant differences in older rural and urban residents’ satisfaction with life in general. There are neither any differences between age groups. The difference between older rural and urban dwellers is strongest in relation to their satisfaction with the municipality as a place of residence.

## 5. Conclusion and discussion

In order to investigate whether rural and urban communities represent different frames and conditions for older people's living conditions and quality of life, we analyzed data from two national surveys in terms of three dimensions of welfare in the locality: access to and supply of services; social belonging, social networks, and trust; and participation and civic engagement. To the extent that those differed along rural-urban lines, we considered whether these divergences are reflected in subjective indicators of quality of life among older people in urban and rural areas.

The analysis showed that the elderly living in rural areas are more satisfied with municipal services in health and care than those in urban areas. This finding is consistent with other studies showing that residents of smaller municipalities are more satisfied with these services than those living in larger municipalities (Jakobsen 2012, Difi 2015). Monkerud and Sørensen (2010) explain this phenomenon as a result of the relatively high levels of municipal revenue in small municipalities in Norway. The Norwegian welfare state largely ensures citizens access to welfare services regardless of where they live (Aasbrenn and Sørli 2016). An alternative explanation may be that older people in small communities have greater proximity to and knowledge of health and care services in their locality and are more familiar with those who work in nursing homes or home care services (Såheim and Fjermeros 1997). Concerning opportunities to shop, eat out, and enjoy cultural institutions, however, older people in rural areas are less satisfied than those living in cities. The elderly share the consumer society's desires for freedom of choice, and seniors in rural areas want—but do not have—similar opportunities to partake in these activities as seniors in urban areas. But older people's well-being is also related to individual preferences and opportunities, which complicate the connection between local services and quality of life.

Elderly people living in rural areas have a stronger sense of belonging to their community than those living in urban areas, and they have closer relations with their neighbours. It is more common for neighbours to make unannounced visits and to do favours for each other. While the majority of seniors have friends in the local community, those living in rural areas tend to have many friends nearby and rely on receiving help from them if necessary. The rural elderly are more attached locally and have more social capital in their neighbourhood than their urban counterparts. By having considerable knowledge of each other's interests, resources, and life histories and being connected in multiple ways simultaneously, older people in rural areas can readily mobilize support and cooperation. In the literature on social networks, these are described as multiplex relations, which are stronger, easier to mobilize, and have a longer duration than uniplex relationships that involve only one point of connection (Doreian 1981).

In summary, older people living in rural areas express a stronger sense of connection to their communities than do those in cities, and our analysis shows that mutual aid and cooperation are reportedly more prevalent in rural than in urban communities. In rural areas, close relations and mutual support among neighbours might compensate for the long distances from some types of services and facilities. This finding implies that older rural residents utilize their locally bounded social capital to a larger degree than older urban residents.

The elderly in rural areas are more engaged in their local community than older people in urban areas. They are more likely to look at themselves as local enthusiasts and to be involved in voluntary work. People in rural areas probably hold higher expectations that the elderly should participate in voluntary activities. The opportunities for self-realization through joining and serving as a resource in the community is important for most seniors, but collective expectations of active participation can also be perceived as a burden. As Litwin and Schiovitz-Ezra (2006) argue, it is not the activities in themselves, but the social ties that come with civic engagement that matter in terms of supporting well-being in later life.

The analysis has shown that there are differences between elderly in rural and urban communities with regard to their satisfaction with local services, the density of their social networks, and their degree of active participation in the local community. An interesting finding in this study is that most elderly people who live independently rather than in institutions report that they are thriving and are satisfied with life. The fact that older people's sense of well-being and satisfaction does not differ along urban-rural lines suggests either that most elderly people live in the kind of

community that corresponds with their own preferences, or that they have adjusted their preferences to their actual situation (Festinger 1957). Rural and urban communities have different characteristics, and it is likely that older people have adapted their choice of residence to what different communities have to offer. We have not examined whether older people have moved after retirement (within or between municipalities, from urban to rural or from rural to urban areas), but life-cycle relocation is an interesting question for further study. In Norway, many rural municipalities build sheltered accommodations and new apartments designed with older residents in mind in the administrative centre close to many services in order to facilitate older people's opportunities to remain independent as long as possible. These measures allow local residents to plan for old age. Although the elderly in rural areas seem to be more included in their communities, it is not possible from this study to determine that the quality of life for the elderly varies significantly with where they live. In order to provide a more detailed picture of old people's living conditions and quality of life in urban and rural communities, it is necessary to conduct further qualitative studies.

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