

LIVING URBAN OR RURAL IN LATE ADULTHOOD

WHAT IS IMPORTANT AND WHAT IS THE DIFFERENCE?

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CONCLUSIONS

- Physical: No urban/rural differences
- Emotional: Rural persons report less neuroticism.
- Social: Rural persons report more satisfaction with social contacts
- Mortality: 3-way interaction between sex, location, and education

Social capital provided by close social networks may offset impact of lower education and remoteness in rural areas.

INTRODUCTION

Urban or rural living is an important area to focus on because in the future more people will move to rural areas when they retire from work [1]. Some studies find the adults living in rural areas risk having worse health outcomes [2, 3]. In contrast, others find that adults living in rural areas have better health outcomes [4] and more happiness [5]. Rural elderly people live daily with and also seek more active social relations with family and friends who help with their daily specific functions, compared with those who live in urban areas. For this reason, social relations have a fundamental role to play in the daily life of rural elderly, both quantitative and qualitative [6]. This can be described as **social capital**, which is enriched in rural areas with more socialization, like voluntary work, a good life, and face-to-face contacts [7]. It is important to take a life course perspective in research around the rural-urban distinction, but very few studies take this starting point [1].

Goal: Use longitudinal data to examine the social and health outcomes of adults living urban vs. rural.

METHODS

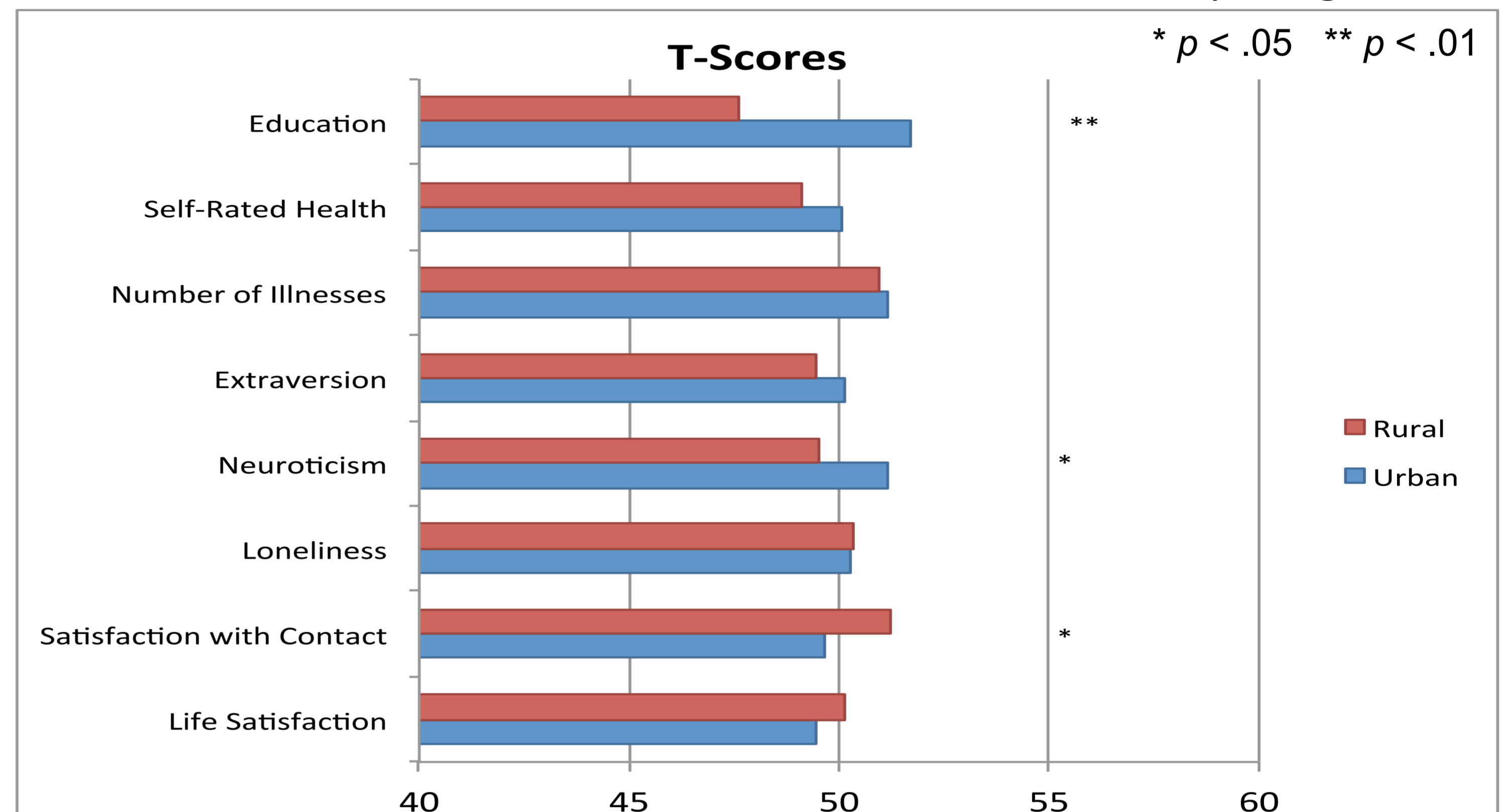
Participants: As part of the Swedish Adoption/Twin Study of Aging (SATSA), twins *age 50 and older* were asked in 1984 where they lived: large city (20.1%), town (34.7%), smaller community (22.2%), countryside (23.0%). Sample was divided into Large City and Other.

Variable	Urban (Large City)	Rural (Other)
N	263	1045
% Female	55.4%	59.4%
Age Range	50-92	50-91
Mean Age (SD)	65.5 (9.1)	67.0 (8.5)**

Measures: Participants completed personality surveys (Extraversion, Neuroticism, Life Satisfaction), reported their illnesses and self-rated health, education (1=compulsory only, 4=college or more), and indicated their level of loneliness (1=almost never, 4=nearly always). Satisfaction with Contact was created by combining 9 ratings of contact with family, friends, and neighbors in various capacities as “too little, just right, or too much.”

RESULTS

FIGURE 1: Comparing Means



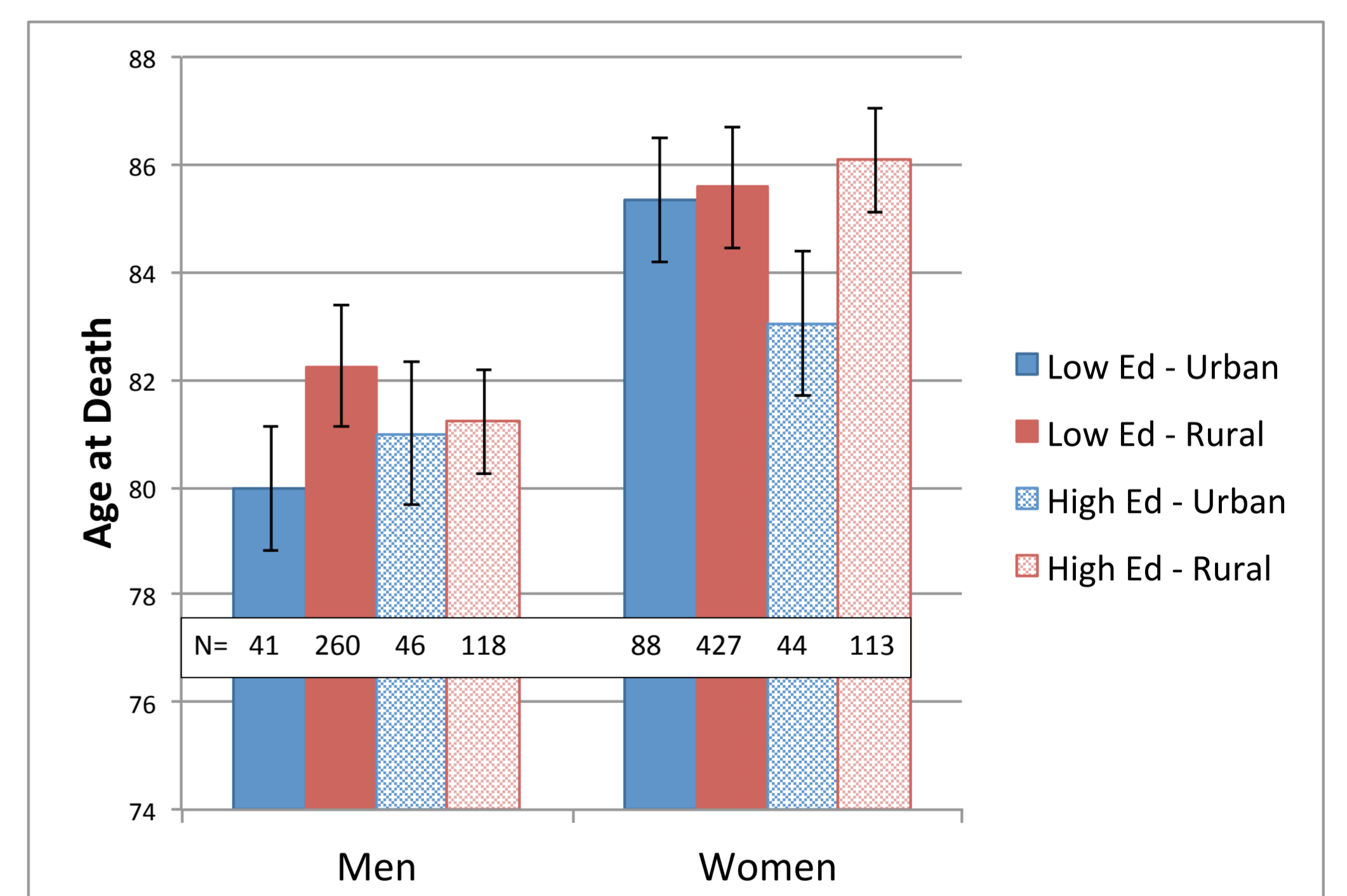
Predicting Life Satisfaction: When the variables (including age and sex) were entered as predictors in a linear regression, 29% of the variance in life satisfaction was explained by Education, Neuroticism, Extraversion, Self-Rated Health, and Location: *living more rural was associated with higher life satisfaction.*

Age at Death: Education was divided into compulsory only (71%) and more than compulsory (29%). By 2018, 90% of the sample was deceased. Three-way ANOVA of age at death found significant main effects for Location (rural live longer) and Sex (women live longer), and a significant 3-way interaction $F(1,1129) = 3.85, p < .05$

FIGURE 2

Men: difference for less educated - rural live longer

Women: difference for more educated - rural live longer



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