

Pioneers in Aging: Voices of Women Age 85 and Older Aging in Place in Rural Communities

A Dissertation

Submitted to the Faculty of Education

In Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy in Educational Studies

University of Prince Edward Island

Olive Bryanton

Charlottetown, PE

December 30, 2018

© 2018 Olive Bryanton

Abstract

This study, “Pioneers in Aging”, advances our understanding of the realities of older women aging in place through an exploration of the real lives of women age 85 and older who reside in rural communities. Critical social theory, enhanced with a feminist gerontological perspective, guided this qualitative study and addressed the following four questions: 1) What are the lived realities of women age 85 and older living in rural communities? 2) How do social structures and government policies influence these women’s daily lives? 3) How do women 85 and older educate themselves about aging and living in rural communities? and 4) How do women 85 and older share their knowledge and mentor others? Using face-to-face, in-depth, semi-structured interviews, and Photovoice, a participatory research and critical thinking method that invite participants to share their knowledge, I drew upon the real-life experiences of 10 women in the Canadian province of Prince Edward Island. The participants discussed and interpreted their photographs individually and in groups, and shared their perspectives with each other, the public, and policy makers, through a knowledge-sharing open house. Using an inductive approach, assisted with NVivo Pro 11 software, themes were identified and coded. A feminist gerontological framework helped to reveal the participants’ daily life realities in light of the current social structures and government programs available to support them to age in place. Findings here illustrate what influences older women as they age in place and the contributions those women may continue to make as they age, even into their nineties. Close analysis of the data indicates that the key influences, which may enable or challenge daily life for aging in place, are a set of interacting forces that include: the women’s own agency; their social involvement; their informal support networks; their access to affordable housing and

transportation; and financial security. Findings also reveal that not all older women fit the stereotypical view of frail, vulnerable, and dependent victims who are a burden on society. Instead, analysis here revealed how they are, and can be, active contributors, both within and beyond their immediate communities. The results of this study increase the visibility of women living in the upper limits of longevity, the old-old pioneers in aging, and advance our knowledge about older women. They compel us to recognize that the population of older women is not homogeneous, and to design systems that will meet expressed needs. Participants in this study asked for supports that would enable them to continue to contribute to their communities and maintain agency, rather than assume their dependence. These findings ask us to look carefully at the interacting forces that influence older women's options for aging in place, to honour the contributions that old-old women make to their communities and families, and to recognize their individuality.

Keywords: older women, rural, aging in place, old-old women, older women learning, Photovoice, critical social theory, critical feminist gerontological theory, pioneers in aging

Preface

This dissertation is original, unpublished, independent work by the author, Olive Bryanton. The research study titled Pioneers in Aging: Voices of Women Age 85 and Older Aging in Place in Rural Communities received approval from the Research Ethics Board of the University of Prince Edward Island on October 3, 2016, File No 6006839. No portion of this dissertation has been previously published.

Table of Contents

Abstract	ii
Preface.....	iv
List of Tables	viii
List of Figures	ix
Acknowledgements	x
Chapter One--Pioneers in Aging: Voices of Women Age 85 and Older Aging in Place in Rural Communities	13
Study Significance	13
Why Women Age 85 and Older Living in Rural Communities?.....	14
Why Aging in Place?	15
My Story	17
Chapter Two--Literature Review	21
Changing Roles	21
Attitudes Toward Older Adults.....	22
Gender Differences in Old Age	23
Agency, Coping, and Resilience in Older Women	25
Transformative Learning and Emancipatory Education	28
Empowerment of Older Women.....	31
Critical Feminist Gerontology	33
Technology and Older Adults.....	36
Aging in Place	37
Supports for Aging in Place.....	38
Barriers to Aging in Place.....	39
Innovations to Support Aging in Place	39
Advantages and Challenges for Aging in Place.....	41
Knowledge Gaps	44
Study Purpose and Research Questions	45
Chapter Three--Theoretical Perspectives.....	46
Values, Beliefs, and Assumptions	46
Critical Social Theory	48
Critical Feminist Theory on Older Women	50
Critical Feminist Gerontology	53
Chapter Four--Methodology	57
Ontological, Epistemological, and Philosophical Tenets	58
Research Design.....	59
Ethics Approval	59
Sampling Method and Recruitment	60
Research Setting.....	65
Data Collection	66
Interviews.....	67
Photovoice: Intermingling Pictures and Words	68
Researcher's Reflective Journal.....	75
Confidentiality and Anonymity	78
Validity, Rigor, and Reliability.....	78
Chapter Five--Data Analysis Strategy	80

Data Analysis	80
Thematic Analysis	81
Analysis Stage 1 - Familiarization	82
Analysis Stage 2 - Coding	82
Analysis Stages 3-5 - Searching, Naming, and Refining Themes	84
NVivo Pro 11	84
Analysis Stage 6 - Writing Up	85
Chapter Six--Ten Participant Profiles	86
Chapter Seven--Findings	101
Question 1. What are the lived realities of women age 85 and older living in rural communities?	103
Question 2. How Do Social Structures and Government Policies Influence These Women?	159
Question 3. How Do Women 85 And Older Educate Themselves About Aging and Living in Rural Communities?	165
Question 4. How Do Women 85 and Older Share Their Knowledge and Mentor Others?	170
Unexpected Findings	175
Study Limitations	176
Chapter Eight--Discussion	177
Chapter Nine--Research Reflections	198
Contributions to Knowledge	201
Recommendations for Research and Action	202
Conclusions	206
References	208
Appendices	231
Appendix A – Recruitment Poster	231
Appendix B – Recruitment Handout	232
Appendix C – Telephone Call from Participants	233
Appendix D – Introduction Letter	234
Appendix E – Letter of Informed Consent	237
Appendix F – First In-Depth Semi-Structured Individual Interview Guide	238
Appendix G – Photovoice Guide	241
Appendix H – Participant’s Photo Log	244
Appendix I – Second Individual Interview Guide	245
Appendix J – First Group Meeting Training Guide	246
Appendix K – Second Group Meeting	247
Appendix L – Photovoice Participant Consent Form	248
Appendix M – Photograph Consent for Participant Before Taking Someone’s Picture	249
Appendix N – Public Display of Photo Consent Form	250
Appendix O – Thank you to Participants	251
Appendix P – Request for Summary of Study Results	252
Appendix Q – Dissertation Budget	253
Appendix R – My Workplan	254
Appendix S – Data Collection Method	256
Appendix T – Minister Tina Mundy Social Media Messages	259

Appendix U – Code Book.....	261
-----------------------------	-----

List of Tables

Table 1. My Journey to PhD Studies	20
Table 2. Who made contact, how participants learned about the study, reasons for attrition	62
Table 3. Ten Participant Profiles	65
Table 4. Method of Data Collection, Process and Timelines	66
Table 5. Questions, Categories and Sub-Categories.....	101

List of Figures

Figure 1. Solitary Activity—Sewing baby quilts.....	104
Figure 2. Solitary Activities—Painting and music	105
Figure 3. Solitary Activity—Enjoying her woodstove	106
Figure 4. Solitary Activity—Researching.....	107
Figure 5. Family Activities—Includes pet.....	111
Figure 6. Activities with Friends—Playing cards.....	113
Figure 7. Activities with Friends—Having lunch while getting hair styled.....	116
Figure 8. Community Activities—Organization meeting.....	118
Figure 9. Community Activities—Women's Institute group	119
Figure 10. Mobility—Aid	123
Figure 11. Mobility—Independence.....	125
Figure 12. Mobility—Support	127
Figure 13. Mobility—Aided by snow clearance.....	130
Figure 14. Unpaid Physical Support—Includes help from grandson	132
Figure 15. Unpaid Physical Support—Family is close by	133
Figure 16. Unpaid Physical Support—Visiting son installed handrails	134
Figure 17. Neighbour Support—Includes newspaper delivery to her door	136
Figure 18. Health—Aid for circulation.....	150
Figure 19. Minister Tina Mundy with study participant.....	259
Figure 21. Minister Tina Mundy with study participant.....	259
Figure 20. Minister Tina Mundy Facebook posting—November 24, 2017	259
Figure 22. Minister Tina Mundy—Facebook profile posting.....	260

Acknowledgements

Many people deserve recognition for their tremendous assistance and support during the completion of my PhD.

First, I would like to express my appreciation to the 10 women from rural PEI, ‘pioneers in aging’, who gave so generously of their time and knowledge over a period of seven months.

To “Team Olive”, thank you for your ongoing support, encouragement, and your belief in my ability to complete this journey. Having such a committed team, that understood and appreciated what I was going though, was so important to me. I recommend the team approach for all graduate students. Thank you to Official Supervisor Lyndsay Moffatt, Co-Supervisors Elizabeth (Liz) Townsend and Lori Weeks, and members: Jessie Lees, William (Bill) Montelpare.

The financial support provided through the University of Prince Edward Island’s Department of Development and Alumni Engagement and SPOR (Strategy for Patient-Oriented Research) through William (Bill) Montelpare enhanced the experience.

Like dessert, saving the best for last, I want to thank my family--Debra, David and D.J., Vicki and Stephen, Kathy, and Michael and Romy--for their support during the last five years. In particular, I want to thank Debra, Vicki and Kathy for seeing me through the final stages; they know the process.

Dedication

I dedicate this dissertation to the Pioneers in Aging, who are forging new ways for those of us coming behind and teaching younger generations the value of older women in our families, our communities and our societies.

I also dedicate this dissertation to my three daughters--Debra, Vicki and Kathy. They have been my inspiration and strength throughout this remarkable journey.

Definitions

Community-dwelling – In this study, community-dwelling means older adults living in a home or apartment, and not living in long term care facilities such as nursing homes, assisted living or other supportive facilities (adapted from Stubbs, Brefka & Denkinger, 2015).

Older Women – The young-old (ages 65–74), the middle-old (ages 75–84), and the old-old (over age 85) is a categorization that seems more reasonable when trying to understand the needs of those 65 and older (Légaré, Décarie, Deslandes & Carrière; 2015; Little, 2014). For this study, I have chosen women 85 and older; for simplicity, I will refer to them as older women throughout this document.

Pioneers in Aging – For this study, Pioneers in Aging refers to women age 85 and older, those who have lived beyond the typical age expectancy for women in Canada.

Rural Community – In the Canadian Census, rural refers to individuals living in the countryside outside centres of 1,000 or more (Statistics Canada, 2011 Census of Population, 2011). For this study, rural means a rural community farther than 1 kilometre from essential amenities such as grocery stores, pharmacies, banks, and health service providers.

Chapter One--Pioneers in Aging: Voices of Women Age 85 and Older Aging in Place in Rural Communities

The oldest old women are an interesting gerontological population because they form the boundary of longevity. They are the ultimate aging population, extending life to its chronological limit, and they hold the secret of what normal aging is at the extreme of old age. (Bould and Longino, 2001, p. 210)

For women age 85 and older living in rural communities, there are many realities. The purpose of this study was to increase our knowledge about these realities by listening to the voices of women age 85 and older who are living in rural communities in Prince Edward Island (PEI), Canada. The study explored the lives of women age 85 and older as pioneers in aging who have lived through the struggles and joys of life and survived into advanced old age. In addition to keeping a reflective journal, I gathered photographs and stories of the lived realities of these women as they made explicit and implicit choices about the things they want and need to do to fulfill their vision of aging in place at this stage of their life.

Study Significance

We know a considerable amount about the realities of younger women and some older women, but there is a gap in that we know very little about the realities and living circumstances of women age 85 and older, especially those who live in rural communities. This study is highly significant because there is a dearth of information about the realities of older women, particularly those who are living in their own homes (i.e. not in care facilities) in rural communities. We do not know how these women cope with challenges including: accessing

health care; continuing social interaction, meeting their daily needs; and obtaining information to make informed decisions about the changes they are experiencing as they age. We know very little about how these women educate themselves to make informed decisions about their own changing situation and their ability to accommodate both their wants and needs, nor do we know what opportunities there are for society to learn about aging from these women.

This study will increase our knowledge about the lived realities of women who are living beyond the life expectancy for women in Canada, and particularly for rural women in their own homes. As well, these pioneers in aging, living in rural communities, can teach us about the experiences of growing older, while possibly dealing with a lack of amenities, services, and supports needed to effectively age in place.

Another consequence of this study is that as an older adult, I am learning about aging with my peers. I believe, as a qualitative researcher, I bring personal beliefs and values with me and that we create knowledge through the interaction between the researcher and the researched. As an older adult researcher, close to the age of the study participants, I believe that I had a greater understanding of the issues they experienced, that they felt comfortable in discussing their wants and needs, and they were more open to sharing their insights and experience with me.

This study responds to a gap in critical educational, gerontological, and feminist research literature related to these lived realities, and the knowledge sharing and learning associated with rural older women.

Why Women Age 85 and Older Living in Rural Communities?

Canada is experiencing a rapid growth in population aging (Statistics Canada, 2017). In the Atlantic Provinces, population aging is more advanced than in any other part of Canada, with

a greater 65-and-over population, in each of the four Atlantic Provinces, than in any other province or territory of Canada (Statistics Canada, 2014).

Between 2011 and 2016, the number of people aged 85 and older grew by 19.4%, nearly four times the rate for the overall Canadian population, which grew by 5.0% during this period. In 2016, people aged 85 and older represented 2.2% of the Canadian population.

Women age 85 and older are one of the fastest growing segments of the aging population and these numbers are expected to triple when baby boomers begin entering this age group in 2031 (Statistics Canada, 2012). According to the 2016 Canadian Census, 2.2% of PEI's population was 85 years of age or over (same as the national average). There were 2,060 women in PEI 85 years or over, accounting for 67% of that age bracket (compared to the national average of 65%).

In addition, PEI was the only Canadian province with more than 50% of its population, of any age, living in rural settings (Statistics Canada, 2014).

Why Aging in Place?

Aging in place as a concept seems simple enough. Our homes are more than “a roof over our head”; they are filled with memories and emotions. But many factors need to be understood to make aging in place a reality. According to the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors (Thinking About Your Future? Plan Now to Age in Place, 2015), aging in place means having access to services and the health and social supports needed to live safely and independently in your home or your community for as long as you wish or are able.

Among the age group 85 and over, 36.6% of women lived alone in 2011 compared to 21.8% of men. Among those in their nineties, 31.1% of women lived alone. Among centenarians, about one-third (31.2%) were women who lived in private households, but the statistics do not indicate whether they were living alone (Statistics Canada, Census of Population, 2011).

Given this reality, the question is do older women living in rural PEI have access to the services they need to safely and comfortably age in place? I have chosen to study women age 85 and older as they age in place in rural communities for three key reasons:

- 1) To understand the realities of life for these women;
- 2) To learn how they manage everyday activities such as grocery shopping, banking, keeping medical appointments, and participating in family and social activities; and
- 3) To learn about their strengths, competencies and contributions.

As a critical theorist, I wanted to explore the realities these women experience in light of the policies and services currently available to support the popular concept of aging in place. I wanted to learn: How is the concept of aging in place supported by governments? Are supports in place to respond to the needs of the older women? What protections are in place to prevent possible abuse or excessive poverty? What plans are in place to revitalize rural communities and intergenerational activities?

I wanted to understand how decision makers and service providers view women age 85 and older. Are they seen as frail and dependent victims who are a burden for the system, or as Bould and Longino (2001) suggest, pioneers of aging who, like all pioneers, need society to develop policies to ease difficulties?

My Story

I think I have always been a social activist. I have spent most of my adult life advocating improving life for others, including students and especially older adults. I believe in the promotion of agency, human rights, transformative education, and social justice for everyone. But, clearly, I have a passion for social justice for older adults. Moreover, my passion for learning has always been at the forefront of my advocacy. This thesis is written from my first-person standpoint to express my expertise and identity as a researcher. This thesis is such a wonderful opportunity to go beyond advocacy for older adults, and to conduct research with participants who are older adults, near my own age, who want to know how we can best age in place in rural Canada.

It seems that as long as I can remember, I have been learning about living in old age. As a young girl, I lived with my grandparents and was always interacting with my great grandparents and other older relatives.

Throughout my life, I have been actively involved in creating opportunities for learning and sharing knowledge. My own higher education began when I was 33 years of age while my five children were still young; three were in various grades in school and two had not yet started. I enrolled in a hospital-based practical nurse program in PEI. Upon graduation, I worked shift work hours in the hospital obstetrical department. But as a parent of five children, shift work was not conducive to family life. My ability to continue my work and be an effective parent was made possible when one of the doctors in the department invited me to work for him in a clinic with regular, daytime working hours and weekends free. In a sense, I was always learning how to achieve a work-life balance, even when I was establishing a career at an age older than societal expectations.

At age 44, my passion for knowledge rose again and without concern for age, I applied to the University of Prince Edward Island (UPEI) Bachelor of Arts program. By this time, my children were in university or high school and becoming more independent, and this enabled me to focus on my own studies. I was discovering how an older mother can still pursue her own dreams of learning.

During my undergraduate studies, I became an activist for non-typical students and helped form the Mature and Part-time University Students (MAPUS) organization, which still exists on campus. I also served on the Canadian Organization for Part-time University Students (COPUS) as Vice-President for one year and as President for two years. Here I was learning to be an advocate with the objective of bringing attention to the challenges of older adults as students.

Following graduation with my bachelor's degree, my focus returned to advocacy, especially for older adults, and I was actively involved in creating the "Voice for Island Seniors", a newspaper supplement that is still published and distributed monthly through the provincial daily newspaper (the Guardian). Seniors themselves formed the editorial committee, gathered all the material and designed the layout of the newspaper, while the Guardian staff covered publication and distribution.

I was also actively involved in creating the Seniors Active Living Centre, currently located in the Bell Aliant Building on the UPEI campus. This Centre provides opportunities for older adults to socialize, learn, and share their knowledge and skills. The Centre continues to maintain a membership of approximately 300 and is active five days a week, and occasionally on evenings and weekends.

I was also actively involved in the establishment of the Seniors College, an educational opportunity for the 50 plus population. I was a founding chair of the steering committee for the establishment of this organization and served two years as its first President. Seniors College continues to grow stronger and now offers over 120 courses, over a three-semester period, in locations across the province. Primarily, it is older adults themselves that offer and facilitate the courses. I did present and facilitate a course on the fallacies and realities of aging for three successive years but had to stop in 2013 to focus on my PhD studies. I have been involved in numerous other learning opportunities for older adults including program development for falls prevention, prevention of older adult abuse and planning for driving cessation.

In 2000, UPEI awarded me an honorary doctorate for my work with, and advocacy for, non-traditional students and older adults.

In 2002, without concern or self-bias about being 66 years old, I returned to studies at UPEI and obtained my Master of Education (MEd) in 2009; my study was about older women's experiences of driving cessation.

In 2013, I began pursuing a lifelong dream of obtaining my PhD to further develop my research skills to strengthen my advocacy. As an aging woman myself, living in a rural community, I am interested in knowing about the realities of older women who are living in rural communities. This is part of my plan to keep actively aging in place.

As a doctoral student in the Faculty of Education at UPEI, I continue to be a researcher and advocate in the community. I am enjoying the challenges of being a PhD student, but I also feel a sense of urgency to complete my work and move forward so I can put my new knowledge into practice.

My main struggle as an older woman going back to studies was primarily my own ageist thinking. When I was accepted into the PhD program, I worried that I was taking a space a younger student should have, but if I was having difficulties with any of the courses, my fellow students, the professors and my supervisory committee reassured me that I was on a journey the same as all other PhD students.

Because I had been an activist working with older adults, I believed focusing on older women, drawing upon critical social theory, and using participatory qualitative methodology to learn about their living reality, would contribute to providing answers to my research questions.

Table 1. My Journey to PhD Studies

Time of Life	Events	Advocacy for Older Adults
Childhood	Living with grandparents and surrounded by great grandparents and great aunts and uncles	Appreciation & love for older adults
33 years	With 5 children growing up, enrolled in the LNA practical nurse program in PEI	Beginning pursuit of higher education, worked first in general hospital then with a doctor in a clinic
44 years	UPEI Bachelors	Instrumental in the establishment of a Mature and Part-time Students Association on campus
57 years	First Seniors Active Living Centre on PEI	The establishment of the Seniors Active Living Centre to provide a place for older adults to learn, volunteer, create programs and have fun
61 years	First Seniors College in PEI	There was a gap in learning opportunities for older adults and the establishment of the college filled that gap
73 years	Masters Education Leadership in Learning UPEI	
Age 79	Began PhD Studies UPEI	

Chapter Two--Literature Review

The aged are among the true pioneers of our time, and pioneer life is notoriously brutal. Many myths still exist which portray old people as essentially incompetent, decrepit, and desexualized humans...in an attempt to combat ageism there was a tendency to sentimentalize and idealize old age...we have reached the point where reacting to these myths need not color the interpretation of research findings. Both the potentials as well as the burdens of growing old deserve recognition. (Silverman, 1987, quoting David Plath, p. 2.)

Although 65 years is the age of eligibility for Canada's universal Old Age Security pension, Little (2014) points out that there can be tremendous differences between people age 65 years and those age 90 years and over. Thus, dividing the population of those 65 and older into life-stage subgroups: the young-old (ages 65–74), the middle-old (ages 75–84), and the old-old (over age 85) seems more reasonable when trying to understand the needs of those 85 and older (Légaré, Décarie, Deslandes, & Carrière, 2015; Little, 2014). It is the realities of the old-old women that this study explores. This literature review is focused on: social roles; attitudes toward older adults; gender differences in old age; agency, power and resilience; technology and older adults; and aging in place.

Changing Roles

As adults move toward older age, health, activities and social roles tend to change. They often experience declines in health, the loss of social network contacts (Cornwell, Laumann, & Schumm, 2008), marital loss through widowhood (Little, 2014), and difficulties in completing their instrumental activities of daily living (IADLs), such as shopping for groceries, paying bills, and self-management of medications (Pierini & Volker, 2009). They experience loss of functional capacities with 32% considering their impairment to be slight, 15% report having

moderate impairments, 5% report severe impairments, and 5% report total impairment (Kim, Richardson, Park, & Park, 2013). They are at risk for being unable to continue living at home because of reduced physiologic reserve and increased susceptibility to illness and disability (Hincks, 2004). Graneheim and Lundman (2010) found that most very old people live with losses, and the experiences of loneliness can be devastating or enriching, depending on life circumstances and outlook on life and death. Wright-St. Clair, Kerse and Smythe (2011) explored the concept of being aged and found that the ordinary ways of having a routine and a familiar purposefulness conceal being aged. As life goes on, having an everyday routine and having a purpose mattered. Others have found that subjective health serves as one of the most important determinants for psychological well-being in later life (Cho, Martin, Margrett, MacDonald, & Poon, 2011).

Attitudes Toward Older Adults

Attitudes toward older adults and their needs are varied. A study on victims of intimate partner violence found that social workers were more likely to define the case as abusive if the victim was a young woman, in contrast to the case of an elderly woman – despite the fact that all elements of the case vignette were identical, except for age (Yechezkel & Ayalon, 2013). Many older people and nurses, according to Devkota, Schofield, and Shrestha (2013), believe pain to be a normal part of aging and old-old adults are unlikely to respond to treatment. In addition to descriptions such as ‘she is just so frail’, it is not uncommon to hear older women, eligible for and/or receiving services, be described by service providers as doing work for the ‘little old lady’ – a statement that combines the limitations of her body with her marginal ‘frail’ status and a sense of social pity. The concept of ‘frailty’ is a medical category for placement and treatment decisions. It thus establishes a powerful social construct that extends into social descriptions and

expectations of older women – especially those receiving care (Grenier & Hanley, 2007). As described by these authors:

Older women's marginal position in relation to the current mixed economy of care and the rationing of health and social services challenges older women to find a balance between rejecting, 'using' and/or submitting to the label of 'frailty'... In exercising resistance, older women walk a fine line between maintaining their sense of self and losing eligibility for services. (p. 224)

This is a situation that could be generated because, as implied by West (2015), we overvalue youth and appearance, and see old people, anyone age 65 and older, as non-productive, dependent, over-using economic resources, passive, and debilitated.

In reality, many older people, even in their 80s, are engaged as the new workforce in fast food establishments, restaurants, retail stores, etc., just to make ends meet or to find something meaningful to do. But, West found that in spite of negative attitudes toward older adults, it is people in their 60s, 70s, 80s, and 90s who report increased feelings of well-being and life satisfaction compared to their earlier years (West, 2015). In studies to learn about the experiences of the oldest old men and women, Nosraty, Jylha, Raittila, and Lumme-Sandt (2014) found that the views of the oldest old were diverse and complex with good health being important, but more in the sense of being pain-free than of being disease-free.

Gender Differences in Old Age

The gender balance ratio of men to women skews toward women as people age. According to the 2016 Canadian Census, 2.2% of PEI's population was 85 years of age or over, the same as the national average. On PEI, there were 2,060 women 85 years or over, accounting for 67% of that age bracket, compared to the national average of 65% (Statistics Canada, 2017,

Population by broad age groups and sex, 2016 counts for both sexes, Canada, provinces and territories, 2016 Census). Over 50% of the older adult population lived in a rural area in PEI (Statistics Canada, 2011).

Researchers note that older women compared to older men are more likely to live longer, have higher levels of frailty, be widowed, have a lower income, have less education, and/or be subordinate because they have less power (Silver, 2003; Strömquist, 2015; Weir, 2014; World Health Organization (WHO), 1999). Other researchers argue that older women are twice as likely to be poor, and are more likely to be depressed, live alone, and have less control and support from spouses (Kim, Richardson, Park & Park, 2013). On the other hand, Légaré et al. (2015) found that older women demonstrated more support from friends and children than older men.

Russell (2007) explored gender differences in the lived experience of aging and found that both women and men ascribed meanings to the home as a ‘woman’s place’, that women have been more involved in the domestic and emotional work of ‘making a home’, and that such work has been central to their identity as women. Russell (2007) found three key differences between men and women: women were more reluctant to move than men; more women were involved in seniors’ groups; and women were more often ‘social organizers’ in learning and social relationships.

Others looked at re-partnering and found gender difference in that women grieve, and men replace (Davidson, 2002). In expectations and motivations for a new relationship for women, Davidson also found women sought companionship outside the home, while men sought companionship inside the home. Her findings do not support the widely-held interpretation of the gender disparity in remarriage rates in terms of a lack of available potential mates for older

widows. Rather, a key intervening variable was choice; “the older widows in this study did not desire a new relationship” (Davidson, 2002, p. 58).

When looking at gender discrimination, the WHO (1999) noted that women’s income from pensions and social security is still lower than that of older men, primarily because women more often than men interrupt their careers to take care of children and other family members. In addition, women are more likely to become widowed, and although the majority of women cope with adjustments related to widowhood, it remains one of the leading factors associated with poverty, loneliness, and isolation.

Agency, Coping, and Resilience in Older Women

According to Crockett (2002), human agency in the life course emerges in the process of striving toward and realizing one's goals, and falls under the rubric of self-regulation, which is the capacity to regulate one's emotions, attention, and behavior in order to achieve. Crockett also identified coping as another process for human agency that reflects a person's response to environmental stressors, including perceived challenges and threats. The concept of resilience, as found by Browne-Yung, Walker, and Luszcz (2017), features learned coping skills that have potential practical implications for maintaining quality of life among the general older population. Wray (2004) found participants used different strategies to pursue active lives and remain in control as they grow older. They also demonstrated an ability to adjust to changes and new conditions consistent with what Borglin, Edberg, and Hallberg (2005) deemed a preserved self-image, self-esteem, and meaning in existence that stood out as the core of quality of life.

Viewing older women as vulnerable and dependent does not fully present the reality of women age 85 and older aging in place. Jacka (2014) argues that, while attention to the well-

being of older women is important, there needs to be a shift in focus from the policy discourse of vulnerability and dependency to their agency and the importance of their contributions to society. The vulnerable group discourse that emphasises vulnerability and neediness of a group as a strategy for gaining resources, Jacka argues, is politically dangerous. Equating aging and vulnerability, according to Bozzaro, Boldt and Schweda (2018), is problematic for several reasons:

First, because it stems from and consolidates negative stereotypes of ageing; second, because vulnerability is often understood only in terms of failing to attain or retain autonomous agency; third, because aging is not a constant state but a process that can develop in a variety of different ways depending on an individual's resources as well as on societal, political, financial, and cultural framework conditions. Therefore, we suggest that old age alone should not be considered a general marker of vulnerability. Rather, it should encourage special attention in order to determine whether an older person is more susceptible to experiencing manifestations of vulnerability for some specific reasons, which could include her physical or cognitive constitution, or perhaps her social situation. (p. 238)

These same authors further contend that a closer consideration of aging in terms of a manifestation of inherent human vulnerability can actually help to broaden the perspective on aging. Age alone as the marker for vulnerability, dismisses the presupposition that there is an autonomous agent confronted with the vulnerability of others who then assumes the moral responsibility to protect them. In other words, a 'welfare' way of thinking, rather than leading to an equal distribution of resources, can lead to paternalistic welfare benefits that are likely to lead to a loss of self-esteem and an increase in passivity, and reinforce the perception that recipients are a costly burden (Bozzar et al., 2018).

The different strategies used by women to deal with constraints and powerlessness need to be recognized. As argued by Wray (2004), conceptualizing agency as creative and generative, and autonomy as relational, allows for empowerment and recognition of value. When older women experience stressful life events, Boneham and Sixsmith (2006) found that some older women made use of existing support networks and reciprocal relations with neighbours and family. Boneham and Sixsmith also found that these women's roles in their families are emotionally strong and relatively autonomous, and that even the frailer women, who could not engage fully in community events, contributed through informal helping.

Walker and Hiller (2007) found that there was a clear distinction between the mutually supportive bonding relationships that women had with immediate neighbours, family, and friends, and the underlying trust and reciprocity associated with these relationships were central to their day-to-day lives. The women did not see themselves as passive recipients of support or social networks, instead describing themselves as actively giving back by providing support for family, friends, and/or neighbours. Jacka (2014) argues that the capability approach to well-being and the use of stories about individuals will shift attention from economic growth to human dignity and agency. As suggested by Boneham and Sixsmith (2006), ignoring the voices of older women in relation to health and excluding them from community participation runs the risk of misunderstanding their role in social and community contexts, thereby hindering the development of healthy community living. Recognizing the capabilities and resilience of older women emancipates and empowers them and helps remove the stigma of being seen as a burden to society.

Transformative Learning and Emancipatory Education

The transformative paradigm provides a philosophical framework that explicitly addresses issues of power and justice and builds on a rich base of scholarly literature from qualitative research (Denzin & Lincoln, 2005; Mertens, 2015), and narrative, feminist research (Hutnik, Smith, & Koch, 2012; Simmonds, Roux, & ter Avest, 2015). Cranton (2013) noted that the concept of emancipatory learning suggested in critical social theory recognizes the potential of human learners to move from understanding their social situation to determining the knowledge distortions that may be present and to change the social systems. Mezirow (1990) suggested that perceptions mediated through reflection on one's own premises lead to transformative learning or emancipatory education. He suggests we trade off perception and cognition for relief from the anxiety generated when the experience does not comfortably fit within these meaning structures.

When people are homogenized as a function of age, we ignore the enormous diversity that is to be found among elderly persons. The truth is that there are elderly women who have enjoyed vital and professional experiences that are both different and enriching, experiences that offer a noteworthy range of models for women of all ages. Equating persons with vulnerability and dependence, merely based on their being old, is suggestive of an unwillingness to acknowledge the fact that radically different life trajectories signify radical differences in the process of aging. Calasanti (2004) notes that policies targeted to old people serve to differentiate their experiences from those of younger people in ways that can, in certain situations, promote ageism.

Though many researchers have contributed to critical social theory, Paulo Freire's work related to dialogue, praxis, and education was most influential in the positioning of this study and his work inspired my use of the method of Photovoice as a data collection process.

Freire's (2011) framework seemed useful to examine the limits and supports that influence the concept of aging in place for rural community women age 85 and older. His work with marginalized people, using the problem-posing concept of education, is proactive and designed to allow individuals themselves to identify and generate solutions to the inequalities they experience. Findsen (2007) explored the relevance of Freirean philosophy and pedagogy to a specific sub-field of adult education: older adults' learning (educational gerontology). Findsen argued that many of Freire's concepts and principles have direct applicability to the work of adult educators working alongside older adults, or for older adult learners who take on their own leadership for social purposes. Findsen (2007) suggests that while functional literacy may have its place in more conservative arenas of adult education, it is always subservient in Freirean terms to the development of a critical consciousness of one's place and potential in the world.

A central concept that is pivotal to Freire's (2011) agenda of developing people's ontological awareness of themselves and their potentiality is the praxis defined as reflection and action upon the world in order to transform it. Findsen (2007) noted that we are fundamentally social beings and it is through critical engagement with others that new possibilities for living become evident. In problem-posing education, people develop their power to perceive critically the way they exist in the world in which they find themselves; they come to see the world not as a static reality, but as a reality in progress, in transformation (Freire, 2011). The majority of older adults have diminished prospects for effecting change to improve the quality of their lives, but Freire (2011) advocates that people are capable of being the subjects of their own learning, of

knowing their world, and acting upon it. As Findsen (2007) suggests, learning is not something done to learners but is a process and result of what learners do for themselves. This requires older adults to assume more active construction of their own knowledge and to collectively decide what needs changing in their physical, social, and political environments to improve the quality of their lives.

In their book *Lifelong Learning in Later Life: A Handbook on Older Adult Learning*, Findsen & Formosa (2011) advocated that:

Although age-segregated learning has its benefits for older learners and should be encouraged, the emphasis of moral rationales on the distinctive situation of older persons functions to ghettoise older people from other learners and wider society as a whole. Moral rationales serve to depict older persons as 'different' and 'other', when good practice in lifelong learning focuses on intergenerational equity. Older learners will be better served by policies on equal opportunities than by the sort of deficiency model reflected by political economy of ageing and structured dependency rationales. (p 92)

The fundamentals of Freire's (2011) approach are the development of critical consciousness of one's place and potential in the world, to move people from a consciousness in which people feel controlled by outside forces and unable to defend themselves, to a critical one where collective social action against oppressors could improve their quality of life. Freire's assumption that all persons are conscious beings capable of reflecting and acting upon the world around them, echoes my own thinking regarding the women age 85 and older living in a rural dwelling.

Adult education that aims to be emancipatory, guided by educators such as Freire, Mezirow, Findsen, and Formosa, is based on understanding how the psyche and society interact at the levels of both understanding the world and taking action to change it.

Empowerment of Older Women

Power and empowerment have been reconceptualised by feminists as processes more than things, with a focus more on power as energy, potential, self-definition, and competence rather than domination, coercion, and competition (Morell, 2003). When feminists explore power relations, they point to systemic differences between women and men while recognizing that other power relations come into play (Calasanti, Slevin, & King, 2006). Older women's resistance to frailty revealed how they experienced the contradictions between powerful social relations, an imposed identity, lived experiences, and sense of self (Grenier & Hanley, 2007). As argued by Wray (2004), collective agency, which focuses on the experience of interdependency, can be applied to the lives of older women who often provide care as well as receive it.

As it relates to the ability to define oneself rather than accepting definitions provided by dominant others, Morell (2003) noted that for individuals who are members of marginalized groups, self-definition in itself can be an act of true resistance and power. Morell also posits that feminists understand that empowerment results when the experiences of those who have been marginalized are valued and affirmed and they have the opportunity to tell their own stories. The women in their 90s in Morell's study did not consider themselves old, so she referred to them as long-lived women.

Formosa (2005) advanced that the empowerment of older women is still an unknown and underutilized terrain. He focused on the 'empowering' potential inherent in the interface between feminist gerontology and critical educational gerontology. He suggested five principles for the founding of a truly feminist educational experience in later life: 1) Acknowledging older women as an oppressed population due to the double standard of aging; 2) Focusing on women's lifelong cumulative disadvantages; 3) Emphasizing 'politics of difference'; 4) Embracing a feminist

praxis in both older adult education and research activities; and 5) Embodying a drive towards the empowerment of older women in a distinct but collective effort.

In their book, *Lifelong Learning in Later Life*, Findsen and Formosa (2011) use the following working definition of an older adult as:

People, whatever their chronological age, who are post-work and post-family, in the sense that they are less or no longer involved in an occupational career or with the major responsibilities for raising a family. (p. 11)

And they go on to say:

There is no “one size fits all” in older adult learning and activities must be sensitive to the different psychological traits and unequal volumes of social, economic, and cultural capital that typify the older cohorts. Another central concept in older adult learning is ‘generation’ as young-old and old-old persons will harbour, due to different life histories, different perceptions of and expectations from the learning experience. (p.19)

Some feminists have focused on discovering the strengths, competencies, and contributions of older women. Zimmermann and Grebe (2014) considered the phenomenon “... of ‘senior coolness’ to point to a form of resistance used by old people to reject stereotypical views of age and aging (‘othering’)” (p. 27). This strength consists of an ability to compensate for burdens and losses by deliberately choosing certain activities and optimizing ways for making the most of their ability. In her study on changing the architecture of aging, Gale (2014) suggested that if we recognize aging as a gift by accepting every age on our personal voyage through life, including old age, it becomes societally acceptable. She acknowledges that recognizing aging as a gift will require a social reconsideration of what it means to age and a move from an age-differentiated society to an age-integrated society.

As David Suzuki noted, “Being an elder is the most important time of your life because as an elder you are no longer playing games, you are beyond running after fame, money or power and that frees you up to stroll through your life and pass on life lessons to young people.” (Canadian Broadcasting Corporation, 2016)

Critical Feminist Gerontology

In order to apply critical feminist gerontological research, Freixas, Luque, and Regina (2012) suggest it is necessary for researchers to make a distinction between aging and old age in terms of experience and subjective living. They note that being 60 is not the same as being 90, nor are the circumstances of people at these two ages the same and suggest we need to understand the women’s day-to-day experiences and the complexity of their lives to appreciate their needs.

Alex, Hammarström, Gustafson, Norberg, and Lundman (2006) advanced that if we are to gain a better understanding of what it is like to be an old woman, it is important to analyze the four forms of constructing femininities among the oldest old women:

- 1) “Being connected” was a femininity described as experiences of being privileged and having positive feelings of being old (p. 859);
- 2) “Being an actor” was developed from the subcategories of not giving up, strength/resistance, struggling, making own choices, and creating daily order (p. 860);
- 3) “Living in the shadow of others” was developed from the subcategories of deprivation, caring for parents, dominating husbands, producing children, and not losing face (p. 861); and
- 4) “Being alienated” was developed from the subcategories of loneliness, dissociation, losses, changed perception of time, sexuality, obligation, and doubt. (p. 862)

Although old age generally brings with it the likelihood of discrimination on the basis of age, Chambers (2004) suggests that older women are likely to suffer the double jeopardy of ageism and sexism, as well as ableism if they have disabling conditions, and racism (and classism) if they are not white, middle class women. Chambers (2004) also noted that for some older women, both age and gender are clearly assets upon which they draw in later life. Including the multiple narratives of these women enables them to engage with similar others or make the most of experiences that are presented to them.

Today's older women did not always have access to the same educational opportunities as men which may lead to diminished choices in later life and limited economic capacity to buffer the financial costs associated with older age (Statistics Canada, Women in Canada, 2011). Older women live longer than men, but they are more likely to experience disability, make greater use of hospital services and be institutionalized during their later years (Rochon, et al., 2011; Statistics Canada, Women in Canada, 2011). Widowhood and solo living is an expectation for older women, particularly as they enter very old age. Older women are more likely to live alone, with less access to financial resources than men (Statistics Canada, Women in Canada, 2011). In raising awareness of older women's structural disadvantage, feminist gerontologists have highlighted a number of areas of concern.

Society abounds with images that shape what it means to be an older woman. Grenier and Hanley (2007) suggest that the most relevant is the 'little old lady', that is to say a woman small in stature, fragile, weak combined with the accompanying assumptions of being mild mannered, polite, passive, and powerless. These authors argue that social constructs, such as ideas or images of the 'little old lady' influence the ways that institutions, social policies and organizational practices shape the gendered experiences of older women.

Lysack and Seipke (2002) found that “...the women judge their own well-being in relative terms and in comparison with other older women they know. Central to these findings was the use of the “feminine sphere”, or traditionally female tasks, as the backdrop against which the women constructed and communicated images of competent occupational selves.” (pp. 132-3)

With older Canadian women, Dionigi, Horton, and Bellamy (2011) found that the more active the women, the more their definitions reflected key concepts in the biomedical model. The less active women tended to provide alternative understandings of aging that focussed less on the body and more on the potential that later life holds. This suggested that through leisure, socializing, and a positive attitude toward life, some older women resisted dominant negative discourses of aging and found immense enjoyment and satisfaction in later life. Bernard, Phillips, Machin, and Davies (2005) focused on the way in which women experience the process of aging, with the intention to make more visible the ordinary lives of ordinary women.

Bould and Longino (2001) focused on the oldest old women, with a view to dispel some of the widespread beliefs that women are relegated to nursing homes because they have no spouse. They suggest we need to learn from the women, how they cope with the thinning of their social support networks and discover the rich data on effective survival strategies they can provide. The broader gerontological view has often defined the oldest old women as victims, that is victims of a system that leaves them with a high risk of disabilities with neither a husband nor an adequate income (Bould & Longino, 2001) or that positions them in society as vulnerable and marginalized (Tischler, 2009).

On the other hand, Bernard, Phillips, Machin, and Davies (2005) noted positive aspects and opportunities associated with the aging process such as: no longer having to juggle with bits

of life; being more self-confident; being more willing and able to forgive themselves and be more accepting; and being able to decide things for oneself rather than being subject to the rules and regulations of the systems and institutions. This positive thinking demonstrates self-determination and increases visibility of older women.

Technology and Older Adults

In her study, Loe (2010) argued that old women actively and creatively use a wide range of technologies to achieve specific ends, and that nonagenarian women, who are between 90 and 99 years of age, can be, and are, technogenarians: women in their nineties who actively and creatively use everyday technology. She suggests they identify, adjust, use and reject old and new technologies for their own everyday mobility, communication, nourishment, and physiological health in their active use of everyday technologies to create meaningful lives and maintain health.

Berner, Rennemark, Jorgreus, and Berglund (2013) investigated older people in Sweden who started to use the internet over a period of 6 years and found that internet adoption by the older adults was becoming more prominent, with males starting to use the internet more often than females. Those between the ages of 60 and 80 years started to use the internet more often than those aged 81–96 years. They found that age was a strong factor, with the oldest old not as likely to start using the internet. The expanding power of computers and the recent growth of information technologies, such as smartphones, have made it possible for large numbers of people to have direct access to an increasingly wide array of information sources and services. Given that older people represent an increasingly large proportion of the population, and will benefit from being active users of technology, issues surrounding aging and information

technology are of critical importance. Ma, Chan, and Chen (2016) found that the use of smartphones among older adults was higher among those who were younger, had higher education, were not widowed, and had higher economic status. These researchers also noted that proper training, before use of an unfamiliar technology, is needed and might be especially important when considering older users. Berner, et al. (2013) found internet usage is strongly linked to age and education and that there is a decline in usage as the age group rose but suggested that the older adult digital divide is coming to an end.

Aging in Place

Aging in place is an ideological construct used particularly in governmental planning and dialogue on ideals on aging. The concept of remaining in one's home, now described as aging in place, has many definitions including to remain at home in familiar intergenerational neighborhoods while maintaining independence, activities and social lives (Statler, 2013). For older adults themselves, aging in place was seen as an advantage in terms of a sense of attachment or connection, practical benefits of security and familiarity, and as being related to people's sense of identity through independence and autonomy (Wiles, Leibing, Guberman, Reeves & Allen, 2011). McDonald (2008) suggested that aging in place of choice is the ability of individuals to choose to live in their own communities for as long as possible, and to have access to home and community services that will support this ability.

The concept of aging in place has become a focus and goal by policy makers and researchers in their efforts to create or facilitate the perceived preference of older adults to remain in their homes and communities as long as possible. According to Wiles, Leibing, Guberman, Reeves, and Allen (2011), older people want choices about where and how they age

in place, which was seen as an advantage in terms of a sense of attachment or connection and feelings of security and familiarity in relation to both homes and communities. These authors further noted that aging in place related to a sense of identity, both through independence and autonomy and through caring relationships and roles in the places people live.

Nosraty, Jylha, Raittila and Lumme-Sandt (2014) found that the oldest old wished to continue living independently, preferably in their own homes, and to have a quick and easy death rather than being institutionalized. Hincks (2004) found that being at home was extremely important to the oldest old, along with a strong reciprocal social support network, transportation, and the availability of immediate help during a crisis.

Supports for Aging in Place

The two most powerful predictors of aging in place, as a positive concept, are home ownership and expectations of remaining in one's current home (McDonald, 2008). It has also been suggested that the longer older persons have lived in their home, the more likely they are to know their neighbourhood, community resources and neighbours (Keating, 2008).

Although many changes have evolved in aging in place policies, there remains the question of how are older adults, specifically women aged 85 and older, limited or supported by these policies and programs? Coupled with a shift in priorities and resources toward deinstitutionalization, this has resulted in explicit policies and programs that reflect a shift from nursing homes as the most likely alternative for older adults to the goal of aging in their own place (McDonald, 2008).

Barriers to Aging in Place

There are many reasons that aging in place makes a lot of sense. For some, home can be full of positive memories, although we recognize that others have negative memories or may sustain ongoing abuse (Wiles et al., 2011). Yet when home offers positive support, staying in one's home also preserves connections to family, friends and social groups, all of which are essential for older adults to remain engaged and productive members of their communities.

Some authors suggest that older adults are in constant postponements about whether to age in place as found by Löfqvist et al. (2013) who argue that older people gradually accept their decrease in capacity and increase in dependence and tend to go back and forth between whether to move to a residential home or not, resulting in very old people more likely to relocate for reactive reasons such as decreased health or major changes in life in contrast to proactive behavior. Other authors found that many barriers remain for older adults seeking alternatives to institutional care, including limited funding for programs that provide home modifications, service delivery issues, consumer awareness and training issues, and poor communication among government agencies that address health, housing, and services for older adults (Vasunilashorn, Steinman, Liebig, & Pynoos, 2012).

Innovations to Support Aging in Place

To respond to interest in aging in place, researchers and planners have found shared innovative approaches to reduce institutional care while supporting home or community-based care and other services including: advances in information and communications technology; assistive devices; medical diagnostics; and interventions that offer ways of more efficiently providing long-term care as part of aging in place (Song & Chen, 2015). Others (Singlelenberg, Stolarz, and McCall, 2014) advocate that affordable, accessible and suitable housing options can

allow older adults to age in place, and remain in their community their entire lives, and suggested the concept of Integrated Service Areas which focuses on residential areas of towns or municipalities where all generations lived together. An example of an Integrated Service Area in Germany is a senior housing building that includes both independent living and assisted living floors, a first-floor cafe that is open to the community, as well as meeting and activity rooms that are open to all citizens of the town, and intergenerational programs so that residents of the building can interact with others in the community (Singlelenberg, Stolarz, and McCall, 2014).

Song and Chen (2015) provided an example of an aging in place innovation of the Japanese government involving a mandatory, public, long-term care insurance system which has ushered in increased use of aging in place at a reduced cost to households. This Japanese system provides services and recipients with choices in their services and providers. Family caregivers benefit most from direct help with their tasks and quality of care is assured by relying on trained, licensed, and supervised caregivers. Services covered by this system in Japan include:

- i) Services in the home, including a home helper (housekeeping and personal care), medical professionals, bathing, remodelling to accommodate an elderly family member, and assistive devices;
- ii) Services outside the home, including day care, day care with rehabilitation, and short-stay respite care; and
- iii) Institutional services, including nursing homes, homes with more medical services, and chronic care hospitals. (p. 3)

Although aging in place options have improved over time and innovative ideas from other countries could improve an older person's ability to age in place, there continue to be gaps in information related to how to support positive aging in place for older women, especially those living in rural communities.

Advantages and Challenges for Aging in Place

Some authors found that participants who experienced home as meaningful and useful were more independent in daily activities and perceived a greater sense of well-being, and health and life satisfaction (Dahlin-Ivanoff, Haak, Fange, & Iwarsson, 2007). Chappell, Havens, Hollander, Miller, and McWilliam (2004) posit that while aging in place is significant to the health, autonomy and dignity of individual older adults, it is also advantageous to society as a whole because the support of older adults with home and community services is effective and cost-effective when compared to expensive institutional long-term care. Although care in the home is considered as most desirable, it is not always possible or in some situations, cost effective. Wiles, et. al. (2011) found that the advantages of aging in place were a sense of attachment or connection and feelings of security and familiarity in relation to both homes and communities and that older people want choices about where and how they age in place. Walker and Hiller (2007) found that place potentially influences the health of older women living alone, including mutually supportive bonding relationships that women had with immediate neighbours, family and friends. They also found that these relationships were reciprocal in that women did not see themselves as passive recipients of support or social networks, instead describing themselves as actively ‘giving back’ by providing support for family and/or friends and neighbours.

As McDonald (2008) noted, the challenge is not so much to ensure that older adults age in place, but to realize the supports that will maximize the quality of later life while aging at home will have major policy implications for housing and communities, and will create a need for housing adaptations, innovative housing options, and for planning and zoning changes.

Scharf and Bartlam (2008), in their study about older adult exclusion in rural communities, found three key features that emphasise older people's exclusion: 1) the dispersed and often hidden nature of disadvantage in rural locations (e.g. limited material resources, poor quality social relationships, lack of access to services, and changes within rural communities) and that these disadvantages impacted a range of socioeconomic backgrounds - those with good and poor health and those living alone or sharing households with others; 2) bringing the voices of excluded people in rural communities to the forefront (e.g. those with the tendency to downplay and internalize their experiences of disadvantage); and 3) the physical isolation of some rural communities (e.g. impacted by lack of transportation, walking paths, street lighting).

Hinck (2004) sheds light on living patterns of oldest-old, rural-dwelling people and confirmed that remaining at home is a strong value of even the oldest-old people. Hincks cautions that "...although they might be managing day to day, their ability to continue safely at home might be tenuous and could easily be upset by illness or injury" (p. 789).

In many rural communities, transportation options are generally limited to personal vehicles, and this raises questions of how rural residents are to get around if personal transportation is not available. In rural communities, dependence on personal vehicles often leads to increased transportation disadvantage, described as "the inability to travel when and where one needs without difficulty" (Marr, 2015, p. 101).

Dobbs & Strain (2008) focused on the role mobility plays in helping rural adults stay connected within their community and found that there are vulnerable rural older people with unmet needs and suggested those at most risk are older females, single or widowed, of lower socioeconomic status and/or in poor health. Marr (2015) noted that everyone needs mobility in some form in order to access their basic needs and in a rural context, where distances are long

and people and services spread out, this means that transportation is essential. He noted that older adults over the age of 80 are most likely to be transportation disadvantaged and do not seek help due to feelings of pride and independence.

Other researchers explored the needs and issues of rural women in Canada regarding drug-related information and prescription and non-prescription pharmaceuticals and found the elderly were particularly vulnerable due to higher morbidity and mortality in a higher proportion of seniors in rural compared with urban settings (Leipert, Matsui, Wagner, and Rieder, 2008). In a study on rural issues, Koff (1992) noted that factors critical to enabling older persons to retain their residence in a rural community are the availability of home health, homemaker, personal care, and transportation services either furnished as part of a housing program or available from the community. He suggested it appears that the difficulties of aging in place, in rural communities, stem from government policies that reflect little or no interest in enabling older persons to age in place in their residence of choice and if older persons want or require a continuity of services, they must relocate to a larger community.

Jacka (2014) highlighted the gaps between the vulnerable group discourse and the realities of older women's lives and argued that even as a short-term strategy, emphasising vulnerability for gaining resources is politically dangerous. She suggests that rather than leading to a more equal distribution of the resources needed for well-being, such a strategy risks inviting individualised, paternalistic welfare benefits that are likely to lead to a loss of self-esteem and an increase of passivity in recipients. Drawing on the capability approach, the discourse provided a different conceptualization of agency and older women.

Wray (2003) argued that gerontological approaches have often made ethnic and cultural experiences of later life invisible and have led to an overstatement of the effects of structural

disadvantage and a neglect of the diverse individual and collective strategies women use to maintain agency and control in later life. As noted by Keating (2008), understanding rural aging requires thinking about people's relationship with the social and community settings in which they grow older; rural places are both idyllic and difficult as older rural adults are both resilient and fragile.

Knowledge Gaps

A reasonable amount is known about older people. There is diversity in how older adults experience aging with or without a sense of purpose. As noted by Irving, Davis, and Collier (2017), purpose may act as a buffer against risk factors for poor health outcomes. Exposure to negative attitudes about aging becomes self-relevant (Marquet et al., 2018). We know a reasonable amount about the impact of how older adults are treated in relation to fall-related injuries (Hoffman & Rodriguez, 2015). We know that older adults are creative in changing their everyday practices and patterns to enable the completion of desired activities and that being able to remain at home is important to most (Hincks 2004; Wray 2004).

We also know that the more negative aspects are that, on average, older women experience more health problems, have lower income, have less education, are subordinate to men, and, for the most part, are rendered invisible (Strömquist, 2015; Weir, 2014).

There are gaps in knowledge when we consider the oldest of older women, especially those who are living in rural communities. For example, we do not know the everyday realities of the older women living in rural communities; how social structures or government programs and services influence their decision to remain in their location or move elsewhere; how these women obtain information or otherwise learn what they need to know; nor how the experiences of these women can benefit others.

Study Purpose and Research Questions

The purpose of this study was: to learn about the lived realities of older women (pioneers in aging) living in rural communities; to raise critical questions about social structures and government policies/programs, including educational strategies that influence these women's ability to age in place; to learn from the "women survivors" who are pioneers with secrets of what normal aging is at the extreme of old age, (Bould & Longino, 2001, p. 211); and to explore how older women share knowledge and mentor others.

The study accomplished this by listening to the women as they talked about, documented, critiqued, and changed their life conditions through interviews, dialogue and reflection on photographs they took of their everyday lives, specifically, through photographs depicting possible supports or limitations that influenced their ability to remain living in their location of choice. Qualitative methodology, coupled with critical social theory and a critical feminist gerontological framework, supported consciousness raising and empowerment for me as a researcher, and hopefully for the women who would choose to participate in my study.

This study adds to the knowledge in gerontological, feminist and educational research literature about older women aging in place in rural communities and the potential for society to learn from their experiences.

I guided my study by asking the following questions:

1. What are the lived realities of women age 85 and older living in rural communities?
2. How do social structures and government policies influence these women?
3. How do women 85 and older educate themselves about aging and living in rural communities? and,
4. How do women 85 and older share their knowledge and mentor others?

Chapter Three--Theoretical Perspectives

This section reviews the theoretical and methodological perspectives employed in this study for exploring the realities of women age 85 and older who are living in rural communities. The theoretical focus integrates values, beliefs, and assumptions drawn from critical social theory, transformative learning and emancipatory education, critical feminist theory and critical feminist gerontology plus my life-learned ontological assumptions. The theorist views of Paulo Freire most closely reflected and challenged my views, which contributed to my development of a critique of what helps and limits how older women learn and transform their thinking and their realities. Thus, the theoretical perspectives that I drew upon to learn about and understand the realities of older women living in rural communities were critical social theory informed by a critical gerontological feminist perspective.

Values, Beliefs, and Assumptions

Based on my own ontological assumptions that: there are multiple realities for older women; these realities are based on their own circumstances and experiences; and researchers should try to get as close as possible to the participants being studied, I positioned myself in the field knowing that my research was value laden and biases were present. As noted by Bennett, Bergin, and Wells (2016), epistemologically critical social theory is transactional and subjective where the investigator and the investigated are assumed to be interactively linked with the values of the investigator, inevitably influencing the enquiry. Hence, I used the first person, knowing that I am both raising awareness through my critique, and trying to examine my own values and assumptions.

Consequently, I explored various paradigms to find what would be the best fit for my study. But before one can know what theoretical position to select, it is important to investigate the prevailing approaches and their underlying philosophical assumptions. According to various researchers (Craswell, 2014; Guba & Lincoln, 2005; Kumar, 2014; Mertens, 2015; Merriam & Tisdell, 2016; van den Hoonaard, 2015), there are primarily three approaches or modes of inquiry: a) qualitative; b) quantitative; and c) mixed or multi methods each with their own set of basic philosophic assumptions. As proposed by van den Hoonaard (2015), a researcher's choice between engaging in quantitative research, qualitative research, mixed methods, or multi-methods often comes down to that researcher's theoretical perspective and, by extension, the types of knowledge to generate information that he or she wants to find. For instance, if the study is correlational and explanatory and aims to find out the answer to an inquiry through numerical evidence, then you should make use of a quantitative approach.

The type of knowledge I sought was rich dialogue and images portraying what helps and limits how older women live, thus I used a qualitative approach in my research. My focus was on the lived, human reality and the context for living. The individual's own understanding and meaning of their situations was central to consciousness-raising and empowerment. Thus, I needed an approach for exploring the understanding individuals or groups ascribe to a social or human problem that would more likely lend itself to my research questions and my concern with people empowering themselves, or creating empowering situations, to transcend constraints placed on them by class, power, and ageism. Constraints including, for example, as Aberdeen & Bye (2011) note "...government focus on the construction of ageing as a problem... [and] demographic shifts and changing ratios of older people viewed by the government as an excessive economic burden" (p. 9).

I then turned to critical social sciences, transformative research, and critical theory that focus on issues of social justice, emancipation and empowerment. These theories go a step further to explore why injustice is happening and how changes occur. To understand the realities of older women, I drew upon a feminist gerontological framework.

Critical Social Theory

Critical social theory is a philosophy that has its roots in several traditions and, as currently practiced, encompasses a variety of approaches. Early influences include Marx's analysis of socioeconomic conditions and class structures, Habermas' notion of emancipatory knowledge, and Freire's transformative and emancipatory education to specifically help people understand and challenge power relations. Adult education that aims to be emancipatory, guided by educators such as Freire, Mezirow, Findsen, and Formosa, based on understanding how the psyche and society interact at the levels of both understanding the world and taking action to change is essential.

Critical social theory offers an historical framework which proposes that what is seen as real has been shaped by social, political, cultural, economic, gender, and ethnic values (Bennett, Bergin & Wells, 2016).

Critical social theory is a form of action research that not only seeks to understand how participants make meaning, or interpret a particular phenomenon in their lives, it usually seeks to engage participants at some level in the processes of change (Bennett, Bergin & Wells, 2016; Merriam & Tisdell, 2016), and is concerned with empowering human beings to transcend the constraints placed on them by race, class, and gender, and to explain a social order in such a way

that the analysis is a catalyst, which leads to the transformation of the prevailing social order (Fay, 1987).

Critical theoretical approaches tend to rely on dialogic methods, which help us to understand how people learn to perceive and challenge their situation. Reflective dialogue allows the researcher and the participants to question the natural state and is guided by an interest in emancipating people and groups from irrationality, unsustainability, and injustice (Merriam & Tisdell, 2016). Some critical theorists attribute critical reflection the task of unmasking the tacit hegemonic assumptions that infuse our context of life, in order to interrupt the reproduction of systems of class, race, and gender oppression (Giroux & McLaren, 1989).

Critical inquiry stands in stark contrast to interpretive research that seeks merely to understand the status quo while critical inquiry seeks to research the challenges, understand conflict and oppression, and bring about change (Crotty, 1998). The key elements of this theory are the emphasis on power relations and the understanding of society as historical—subject to change, struggle, contradiction, instability, social movement and radical transformation (Brookfield, 2015; Little, 2014).

The oppression that characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural, necessary, or inevitable (Kincheloe, McLaren, and Steinberg, 2011), as when older women accept marginalization or dominance by family, and others, as inevitable. As discussed by Brookfield (2015), the issue of repressive tolerance results in a situation where false consciousness becomes general consciousness and the apparent acceptance of all viewpoints serve only to reinforce an unfair status quo. He suggests that repressive tolerance ensures the continuation of the system by allowing just enough challenge to the system to convince people that they live in a truly open society, and the

defenders of the status quo can point to the existence of dissenting voices as evidence of the open society.

Critical Feminist Theory on Older Women

Garner (1999) suggests:

...we systematically denigrated old women, kept them out of the mainstream of productive life, judged them primarily in terms of failing capacities and functions, and found them pitiful...have impoverished, disrespected, and disregarded old women, and then dismissed them as inconsequential and uninteresting. We have made old women invisible so that we do not have to confront our patriarchal myths about what makes life valuable or dying painful. (p. 3)

I would consider myself a liberal feminist (Campbell & Wasco, 2000) because I want to change that situation by working within the current social structure to integrate older women into mainstream society and to make it more responsive to individual women's rights.

Campbell & Wasco (2000) advocate that the overarching goal of feminist research is to identify the ways in which multiple forms of oppression impact women's lives and empower women to tell their stories by providing a respectful and egalitarian research environment. They suggest that "the overarching goal of feminist research is to capture women's lived experiences in a respectful manner that legitimates women's voices as sources of knowledge" (p. 783).

Morgan et al. (2010) posit that feminist theory focuses on women's experiences as a source of knowledge and connects everyday life events with an analysis of the social structure. Feminist theory fundamentally recognizes that knowledge is socially constructed; and oppression and privilege are created and maintained, through societal institutions. Women, and in particular

older women, provide a unique perspective due to their position as an oppressed group within the dominant culture.

As argued by Garner (1999), not only is there a responsibility for feminist gerontologists to advocate for old women, but there is a responsibility to facilitate advocacy efforts by older women themselves. Garner suggests that advocacy from a feminist gerontological perspective includes pressuring organizations or governments to respond to the needs of older women and working to eliminate stereotypes, change societal attitudes, and broaden the range of roles available to aging women.

Feminist scholars, according to Calasanti, Slevin, and King (2006), have given little attention neither to old women nor to aging, and posit that this position suggests discrimination and exclusion based on age. They argue that "...women are the welfare state of the persons in their milieu, and this role persists in our culture" (p. 48). They posit that women's studies only included aging in a long "etcetera" that hides the true dimensions of old age and note that attention to old age and age relations could transform feminist scholarship. Agger (2013) suggests that feminist theory has contributed a great deal to the development of critical social theory and contends that these contributions have attempted to correct male theorist blind spots with respect to gender.

Mertens (2015) identified principles of feminist inquiry that illustrate the contribution of feminist scholars and includes:

- the importance of focusing on gender inequalities that lead to social injustice, knowing that inequality is systemic, structural and imbedded in the major institutions such as schools, religion, media, government and this affects who has power; and,

- the necessity of recognizing knowledge filters through the knower, and that the characteristics of the knower will influence the creation of knowledge, thus prompting critical self-reflection.

Muhlbauer, Chrisler, and Denmark (2015) asked whether this is the first generation of powerful older women who have battered the absurd stereotypical portrait and cultural codes of the devalued lifestyles of old age. If it is, what is driving this phenomenon? More importantly, is this change relevant and accessible to most women in this age group? Morgan et al. (2010) suggest that feminist theory fundamentally recognizes that knowledge is socially constructed, that oppression and privilege are created and maintained through societal institutions, and that women provide a unique perspective due to their position as an oppressed group within the dominant culture.

A feminist perspective enables a focus on older women's experiences as a source of knowledge and connects everyday life events with an analysis of social structure. Using a critical feminist framework allows us to look specifically at the experiences of older women and examine how male dominance and female powerlessness manifest themselves in specific aspects of society. This framework helps us look at literature in a different light and applies a focus on the women in the story, their role, and how they are portrayed. Holstien (2015) in her book *Women in Later Life* calls on both scholars and activists to join in the reform work necessary to extinguish the marginalization of older women in our society. She asserts that old women can assume the responsibility for their own future but cannot do it alone. She advocates that:

We join with women of all ages who want/need to be free from restricting images, images that often cause them to judge themselves negatively. We need to join with other generations in shattering the root cause of gender inequality... Thus, our advocacy is for those of us who are already old but also for our daughters, granddaughters, sisters and others who must continue the work we have started. It also means that our younger sisters

need to see themselves as us. As we were once young, so they, too, will be old even though they now believe that “I will never be like that,” however they define “that.” (p. 261)

As noted by Little (2014), adopting a critical feminist perspective focuses on the older women’s rights and eliminates a discourse where women are silent and made passive through their invisibility.

Critical Feminist Gerontology

Hooymann, Browne, Ray and Richardson (2002) identify and discuss the central tenets of a feminist gerontological perspective, focusing on the lives of aging women in terms of research and policy issues regarding caregiving, work, and retirement. As feminist gerontologists, they call for “...more inclusive, creative, and responsive approaches to older women’s issues that are change-oriented and less focused on describing the status quo” (p. 22).

Garner (1999) advocates that aging is not awful, nor are whatever physical problems that may accompany aging. She argues that what is awful is how society treats old women and their problems. She proposes that we have “systematically denigrated old women, kept them out of the mainstream of productive life, judged them primarily in terms of failing capacities and functions, and found them pitiful” (p. 3). Although critical gerontology includes the contributions of feminism, some scholars are quick to point out that aging has not been central to feminist theory (Neysmith & Reitsma-Street, 2009).

Feminist gerontologists can point to several accomplishments and inroads into mainstream work including a greater emphasis on intersections of relationships, inequality and privilege. Women in general are included as subjects more often than in the past, and gender

appears far more frequently in research and as a factor in analyses (Calasanti, 2004). Feminist gerontology views gender as a relational construct that provides women and men with advantages and disadvantages throughout the life course (Calasanti, Slevin, & King, 2006).

Hooyman et al. (2002) note that feminists pursue a holistic view of people's lives: emphasizing strengths, oppression, differences, and abilities; analyzing old age in a more inclusive manner; advocating social change to reduce inequities; and analyzing aging from women's life experiences which force us to account for the complexities that surround aging. They also note that critical feminist gerontologists consider themselves as change agents and advocate following interconnected elements to be critical to social reform from a feminist gerontological framework.

Gerontologists theorize gender relations as forces that shape both social organizations and identities that emerge as men and women interact with one another. This focus, according to Calasanti (2004), is on the relational character of gender and power, and on eradicating sources of inequality which make "research on aging feminists" rather than simply "research on women". She further argues that feminist gerontology urges us to consider how gender is embedded in social relationships at all levels, from individual interactions to structural or institutional processes. Gender relations shape how people conceive and implement government and other public policies, such as care-related policies that often assume that a family member, that is a woman, will be available and willing to provide care (Calasanti, 2004). This also impacts on aging in place which generally depends on unpaid care and expects that a great deal of unpaid care and support will be provided by women.

Feminists pursue a holistic view of people's lives, oppression, differences, and abilities, analyzing old age in a more inclusive manner and advocating social change to reduce inequities

(Calasanti, 2004; Calasanti, Slevin, & King, 2006; Foster 2015). Feminist gerontologists recognize the connections in women's lives as caregivers, the interaction between the needs of female caregivers and care receivers, and the dynamics of interdependence and dependence (Kenny, King, & Hall, 2014). Clearly, women's lifelong role as caregivers influences their other roles as employees, neighbors, and friends across the life course (Hooyman, Browne, Ray, & Richardson, 2002). Feminist gerontological research attempts to document the experiences of elderly women and to promote new interpretations of female aging (Weil, 2015). Researchers have noted that, historically, academic feminism has paid scant attention to old age, with most studies centered on middle age and the process of aging (Calasanti et al, 2006).

Freixas, Luque & Reina (2012) argue that in order to perform critical, feminist gerontological research, it is necessary for researchers to engage in certain personal processes that will bring them to question their own implicit, cultural beliefs. Only through an individual revision of ageist stereotypes will it be possible to carry out high-quality research that empowers those of interest to the researcher.

Other researchers explored working class adults participating in higher education through the lens of critical educational gerontology and suggested that critical geragogy may inform and shape more responsive widening participation practices that aim to support under-represented groups. This is particularly evident for older working-class students whose formative educational experiences were predominantly characterised by severely limited choice and opportunity (McAllister, 2010).

To understand the complex and diverse experiences of older women, Chambers (2004) argues the case for the application of critical social gerontological theory, an approach she notes, is both person-centred and is anti-oppressive. Ray (1996) argued the need for a critical

gerontology informed by feminist perspective, which evokes critical consciousness on the part of the researcher and participants. She advocates the need for a more critical feminist gerontology, a gerontology which questions, challenges, contests, and resists the status quo, and critical feminist perspectives which not only demand fuller representation of women, and women's issues in research, theory, and practice, but also seek methodologies and interpretive strategies that extend current thinking about how knowledge is made and disseminated.

One's belief, in a particular philosophical underpinning, shapes opinions about the appropriateness of the methods for finding answers to research questions. As a lifetime advocate for older adults, I believe that older people, and particularly older women, are rendered invisible by society by ignoring that they exist or assuming that they are dependents in society, resulting in their basic needs not being met. A theory that incorporates empowerment, transformational learning, and emancipatory methods will enrich my perception as well as the study participants' understanding about their options in everyday life, and increase their sense of agency, purpose, and direction for the future as they age.

Supported by the literature review above, it was my assumption that a qualitative methodology drawing on critical social theory, with a critical feminist gerontological perspective emphasizing empowerment, transformational learning, and emancipatory methods, was the type of research to support a response to the questions of this study and unpack the realities experienced by these women.

Chapter Four--Methodology

The purpose of this study was to learn about and understand the lived realities of women age 85 and older living in rural communities, specifically what supports and limits their ability to age in place in the province of PEI. A search of current literature revealed very little information related to the lived realities of older women and an even greater lack of information when the focus was on women age 85 and older who live in rural communities. Having found a gap in knowledge in the literature about older women, I designed this study to explore four questions:

1. What are the lived realities of women age 85 and older living in rural communities?
2. How do social structures and government policies influence these women's daily lives?
3. How do women 85 and older educate themselves about aging and living in rural communities? and,
4. How do women 85 and older share their knowledge and mentor others?

As a critical theorist with a critical feminist gerontological focus, my study approach relied on dialogic methods, combining observation and interviewing to foster conversation and reflection. A reflective style of dialogue and document review allowed me, as the researcher, and the participants to explore and question the status quo, and to learn together while engaging in the research process.

I used a qualitative, participatory approach to explore the realities and societal conditions older women, living rural communities face as they aged in place because this approach enabled the exploration of values, meanings, beliefs, thoughts, experiences, feelings, and circumstances (Creswell, 2014; Merriam & Tisdale, 2016; Patton, 2015; van den Hoonaard, 2015).

Photovoice (Baker & Wang, 2006; Blair & Minkler, 2009; Garner & Faucher, 2014; Novek, Morris-Oswald & Menec, 2012; Rush, Murphy, & Kozak, 2012; Wang & Burris, 1997)

was chosen as the main tool to investigate the realities of older women who are aging in rural communities, and to bring their voices forward. A participatory research approach (Demiris, Oliver, Dickey, Skubic & Rantz, 2008; Doyle & Timonen, 2010) emphasized collaboration with the participants who contributed their stories and analytic insights individually with the researcher and in group meetings with each other.

Others have found that participatory research can remove the researcher from an authoritarian role. Muhammad et al. (2014) found that matching researcher identity with that of the interviewee minimized social distance, mistrust, and barriers, a kind of triangulation of data collection by varying identity with position to increase the validity of the knowledge accessed. In other words, a peer-to-peer researcher increases the possibility of trust and the feeling that the researcher would better understand situations, as was the case in this study where I am an older adult researching with older women.

The remainder of this chapter outlines my study's ontological, epistemological and philosophical tenets. I then outline my research design, ethical approval, research setting, sampling and selection procedure, participants, data collection and analytic process.

Ontological, Epistemological, and Philosophical Tenets

As a long-time advocate for older adults and an older learner myself, I am constantly involved with older individuals and deliberations on aging. From an ontological perspective, my view of the nature of existence or reality is that there are multiple realities and multiple ways of accessing these realities from different individual or population perspectives and experiences. From an epistemological standpoint, I believe that meaning is constructed by individuals themselves and is derived from their own understanding of the world that shapes their beliefs and

values. I also believe that to understand an individual's point of view one must meet with them in their own environment and learn together. My philosophical assumptions are concerned with people empowering themselves to transcend constraints placed on them by their complex interactions in social struggles. I concur with Cranton (2013) that human learners have the potential to move from understanding the meaning and determining the knowledge distortions that may be present, to changing the social system.

Research Design

I employed a participatory research approach and adopted a qualitative methodology to explore, integrate and analyse the realities of 10 women, age 85 and older, living in rural communities in PEI. The qualitative methodology integrated theoretical orientations and a variety of data collection types as suggested by Patton (2015). The design included three methods of data collection to add deeper and more complex answers to the research questions and to create a clearer picture of the realities of these women. The three data collection methods were: 1) semi-structured face-to-face interviews; 2) Photovoice; and 3) my own reflective journal.

Ethics Approval

On October 3, 2016, the Research Ethics Board (REB) of the University of Prince Edward Island approved my submission for research¹ involving human participants, and prospective participants provided informed consent in writing before data collection began. The consent form contained information about the proposed study, confidentiality, and the ability to withdraw at any time or refuse to answer specific questions without consequences. The

¹ University of Prince Edward Island. Research Ethics Board approval number: 6006839

participants understood they were volunteering and could refuse to answer any questions or remove themselves and their information at any time without consequences.

All information was in plain language. Each participant used the opportunity to ask questions and competency was assumed if the participant stated that she understood the information and asked appropriate questions for clarification. The participants were considered competent when they understood the process and could ask questions before giving consent, or when sufficient information was provided to allow for reasoned decision-making. The consent was voluntary and not coerced.

Sampling Method and Recruitment

Following approval of this research by the REB of the University of Prince Edward Island, the recruitment process began. The recruitment of participants for this study required that they self-select. Self-selection involved two steps for the researcher: 1) publicizing my need for participants and 2) checking the eligibility of each participant, to either invite or reject them. To inform participants about my need, a variety of approaches were used: a poster to display on bulletin boards (see Appendix A – Recruitment Poster), a poster to distribute to groups or organizations that involved older adults (see Appendix B – Recruitment Handout), and interviews with TV, radio and the daily newspaper. The invitations to participate included an information letter about the study and what it involved. This information letter given to each participant was reviewed point-by-point to ensure the participant understood all aspects, including their role in the research.

To define a sample universe, inclusion and exclusion criteria were developed. The inclusion criteria were women who:

- Were 85 years of age or older at the time of data collection;
- Lived in a rural community of PEI - defined as a community located more than 1 kilometre, from a grocery store, doctor, pharmacy, or bank;
- Lived alone or with someone in situations that did not limit their opportunities to participate in activities of their own choice;
- Demonstrated the self-assessed physical dexterity and mobility to use a digital camera;
- Demonstrated the self-assessed cognitive ability to review and describe the purpose and meaning of the photographs;
- Expressed interest and willingness to participate in group meetings;
- Were interested, willing and had resources to arrange their own transportation to participate in group meetings; and,
- Were interested, willing and had resources to arrange transportation to participate in a public showing of the photographs and take part in activities that may involve press and publicity.

The inclusion criteria identified attributes that participants must possess to qualify for the study, while the exclusion criteria stipulated attributes that disqualify a participant from the study. As the researcher, I did not use any formal assessment of dexterity, mobility or cognition, but instead, I relied on the women's self-assessment. I did reserve the right to choose not to include a volunteer if I observed, during the introductory visit, what I believed were limitations. There being no observable limitations all potential volunteers were included.

The following is *Table 2* describes who made the initial contact, the number of possible participants, how they learned about the study, the number that did not participate or did not continue in the study and their reasons for non-participation.

Table 2. Who made contact, how participants learned about the study, reasons for attrition

Questions	Number
Who made initial contact?	
Family	6
Friend	2
Participant	13
How participants learned about the study?	
Media	17
Meeting	1
Poster	1
Reason for attrition?	
Seasonality	1
Pressured by family but not interested	1
Long term commitment	2
Health	2

In total, there were 21 inquiries about the study; 16 individuals met the criteria and agreed to begin the study. There was an attrition of six: two at the initial meeting when they learned about the expectation of them (one because of her ongoing health concerns and the other one because of a new health issue); two following the semi-structured interview (one because she was 96 years of age and decided she did not want to participate because she would need to commit to several out-of-the-home meetings which was not of interest to her; and one because she was not really interested in the long term commitment of at least 7 months for data collection and meetings; one contacted me after the face-to-face interview to say, while she had been encouraged by a family member to participate, she wanted to withdraw because she really had no interest; and one withdrew because of seasonality, she was 95 years of age and just did not want to be obligated to go out into the cold and windy weather.

Sixteen women age 85 and older personally contacted me, the researcher, and expressed an interest in the study. During the initial phone conversation, I provided an overview of the study and expectations of a participant and if the potential participant was interested, I set up an appointment to meet face-to-face at a location of their choice. Fourteen agreed to meet with me. At the first face-to-face meeting, I provided details about the study by using a detailed introductory letter (Appendix D – Introduction Letter) which described the study and the commitment of participants, should they decide to be involved in the study. The introductory letter reminded potential participants that their participation was voluntary and that they were free to withdraw at any time without consequences. Included was contact information for my co-supervisors, the Research Ethics Board of the University of Prince Edward Island, and myself, as the researcher.

To complete step two, as each potential participant contacted me, I confirmed their age and where they lived to ensure they met the basic inclusion criteria to be invited to become part of the study (see Appendix C – Telephone Call from Participants).

The majority of participants contacted me because they saw or heard the request through the media. One participant had been informed by a friend and some called because a family member felt they should be involved. I received calls from family members wanting me to call their mother, but I had to inform them that their mother needed to self-identify and call me. In some cases, the mother did call, but most often did not.

The study goal was to obtain six to ten participants with the anticipation that ten would be the reality. In the end, this study had a total of ten participants, age eighty-five to ninety-two. The sample size of ten was large enough to offer data on a variety of experiences and ideas, yet also allowed enough time for each person to contribute in a meaningful way. As suggested by Kumar

(2014), groups of this size are small enough so members are able to share and take part in discussions, and nurture a sense of belonging and group commitment. Kumar (2014) also posits that a relatively small number of participants who genuinely represent the study population can provide, with a sufficiently high degree of probability, a true reflection of the population under study. Wang (1999) recommends 7-10 participants for a Photovoice project; however, Blackman and Fairey (2014) suggest researchers consider the sensitivity of the issues under review and the intensity of the project's objectives when determining group size. As such, groups of five or six may be appropriate when working with members of vulnerable populations around psychologically or socially sensitive issues (Blackman & Fairey, 2014). As noted by Patton (2015), information-rich cases yield insights and in-depth understanding rather than empirical generalizations and illuminates the questions under study.

The decision for the number of participants to recruit for the study was based on the perceived ability to recruit women who were living the realities of the study purpose, the numbers supported by research to be sufficient for this qualitative study, and the researchers time and resource constraints.

Ten self-identified, Anglo-Saxon participants met the inclusion criteria and were interested in joining my study (see *Table 3 - Ten Participant Profiles* and Chapter Six).

Table 3. Ten Participant Profiles

Age	Marital Status	# of Children	Education	Residence	County
90	Widow	7	Grade 10	Bungalow	Queens
86	Widow	1	University	Bungalow	Prince
86	Married	10	University	Bungalow	Queens
91	Widow	10	Grade 9	Apartment	Kings
86	Divorced	6	College	Apartment	Prince
86	Widow	7	University	Small Home	Prince
85	Widow	4	College	Two-Story Home	Prince
85	Widow	2	University	1 1/2 Story House	Queens
85	Married	7	University	1 1/2 Story Home	Queens
91	Widow	10	Grade 8	Apartment	Kings

Note: The participants who responded to this study were all white Anglo-Saxons living in middle class circumstances. There were participants from each of PEI's three counties.

Research Setting

The ten individual research interviews took place in the participants' homes, in a variety of rural communities across the three counties of PEI. The group meetings were held at the University of Prince Edward Island (Charlottetown, Queens County).

The early data collection occurred during the winter (November 2016 to May 2017) which presented challenges for both the researcher and the participants with individual appointments and group meetings sometimes having to be rescheduled due to weather conditions. The final group meeting, a knowledge sharing open house, was held on July 29, 2017 at the University of Prince Edward Island.

Data Collection

The aim of this study was to seek answers using data collection methods that corresponded with my ontological assumptions that there are multiple realities for older women, and these realities are based on their own circumstances and experiences. These assumptions corresponded with my epistemological understanding that the investigator and investigated are assumed to be interactively linked with the values of the investigator inevitably influencing the enquiry.

As outlined above, the three main methods designed for data collection for study included: face-to-face semi-structured interviews; Photovoice; and my researcher reflective journal (See *Table 4 - Method of Data Collection, Process and Timelines*; see Appendix R – My Workplan; see Appendix S – Data Collection Method).

Table 4. Method of Data Collection, Process and Timelines

Collection Method	Process	Timeline
Initial Meetings	Introduction and consent	October 2016
Semi-structured Questionnaire	Individual face-to-face interviews	November 2016
Photovoice Process	1 st group meeting, camera training and camera	February 2017
	Participants taking photographs	March 2017
	Individual meetings to view and discuss each participant's selected photographs	March/April 2017
	2 nd group meeting sharing photographs, stories, categorizing, and prioritizing	May 2017
	Knowledge Sharing Open House	July 2017
Research journaling	Notes on data collection, my reflections	2016 - 2017

Interviews

Face-to-face, in-depth, semi-structured interviews to learn about the lives and experiences of the women began on November 1, 2016 and were completed on November 21, 2016. All interviews took place in the women's own home as requested. This provided me with insight into the participants' living experiences and recognized the value of their participation and the importance of their knowledge. By coming to their home to gather data, I was hosted by the participant to create a relationship aiming for equality and mutual respect, thus eliminating the professional researcher/non-professional participant reaction. The semi-structured questionnaire ensured that research questions were covered and did provide opportunity for participants to focus on their own reality. Individual interviews lasted between 45 to 90 minutes depending on the participant responses.

At each initial face-to-face meeting, if the potential participant was interested in participating they were provided with an information letter (see Appendix D – Introduction Letter) that I reviewed in detail with them, and if they were still interested, they were asked to sign a consent form (see Appendix E – Letter of Informed Consent). For those who signed the consent form, an appointment was made to conduct a semi-structured interview. Before the semi-structured interview, one potential participant contacted me to ask to be removed because she had developed a new health issue. Before each semi-structured interview (see Appendix F – First In-Depth Semi-Structured Individual Interview Guide) began, participants were asked if they agreed to have the session audio recorded, and all agreed.

At the completion of each semi-structured interview, I introduced the Photovoice method, and an appointment was made for the first session of Photovoice, which was a group meeting held at the University of Prince Edward Island.

All data collected were audio recorded, with permission of the participants, and safely stored in a locked cabinet. I protected my data by making back-up copies each day and putting one master copy away for safe-keeping. Each day as I worked on analysis and writing, I saved dated copies of my work. In the event that something happened (e.g. data storage device corruption), I always had a recent copy to fall back on.

Photovoice: Intermingling Pictures and Words

Photovoice is gaining popularity as a participatory research method (Catalani & Minkler, 2010) and has been used to explore a wide variety of topics with diverse populations including: homeless women (Bukowski & Buetow, 2011); immigrant women (Sutherland & Cheng, 2009); community health workers as agents of change (Mayfield-Johnston, Rachal & Butler, 2014), women telling about their health (Wang, 1999); women showing their areas of empowerment (Duffy, 2011); and children (Morojele & Muthukrishna, 2013). Some studies have described the use of Photovoice with older adults (Baker & Wang, 2006; Blair & Minkler, 2009; Garner & Faucher, 2014; Novek, Morris-Oswald, & Menec, 2012; Rush, Murphy, & Kozak, 2012). Given the growing interest in the Photovoice methodology and its potential for research in the field of aging, Novek, Morris-Oswald, and Menec (2012) illustrated some of the strengths and highlighted some issues that researchers may need to consider as they use the method with older adults.

According to Wang & Redwood-Jones (2001), the employment of the Photovoice method normally includes:

- (a) A group of participants take photographs to depict their experience with the phenomenon under study;

- (b) Contextualizing the photos by eliciting information from participants about what they have represented in the photographs;
- (c) The use of a group process to allow collective reflection and dialogue related to the issue under study; and
- (d) Sharing the findings with an audience beyond the group.

The Photovoice method for data collection empowers people by inviting them to develop their own voice to visually identify, name and illuminate a phenomenon they are experiencing. As such, Photovoice is an empowerment strategy that enables participants to construct new ways of thinking about their lives and entrusts them with cameras to photograph their daily lives (Morgan et al., 2010). The method further facilitates critical reflection and dialogue among participants. This critical component of Photovoice creates connections within the community studied, empowers individuals to assess their individual and collective needs, and teaches them to articulate their problems and solutions to appropriate institutions and policymakers (Wang & Burris, 1997).

Photovoice reflects Paulo Freire's method of problem-posing that starts with issues that people see as central to their lives and creates common understandings through photographs and dialogue. By using Photovoice as the method of inquiry, the Freirean process of discussion and action enables the objective to give voice to the voiceless.

Individual attention in the initial interviews for this study focused on the experiences of the women by providing a non-threatening way to invite them to tell their story in a participatory process. Individuals may be viewed as underserved individuals, who could then identify, represent, and enhance their lives and communities through photography (Wang, 1999; Andonian & MacRae, 2011; Rush, Murphy, & Kozak, 2012; Simmonds et al., 2015). This process assumes that marginalized community members and their ideas are important and can be

influential (Catalani & Minkler, 2010). The use of Photovoice is intended to facilitate change and suggest that it aligns well with the social justice framework, which emphasizes the facilitation of just conditions for individual and community well-being (Sanon, Evans-Agnew, & Boutain, 2014). Photovoice is a qualitative method of investigation that allows one to incorporate empowerment, collaboration and emancipation by integrating Freire's (2005) theory of conscientization and dialogue, and his liberating education concept, where learning is done through examining and understanding situations from the prospective of the individual's own worldview.

As noted above, Photovoice is a participatory research method that involves individuals taking photographic images to document and reflect on issues significant to them such as what supports or limits their ability to age in place. Photovoice was first pioneered in community-based, participatory research with marginalized populations in 1997 by Caroline Wang and Mary Ann Burris. Novek, Morris-Oswald, and Menec (2012) noted that the Photovoice method provides an innovative approach to community-based gerontological research but cautions there are a number of challenges to be overcome when working with older adults. These challenges include: recruitment; photography training; retrieval of consent forms; and issues around time and distance. These challenges were considered when conducting the Photovoice method of data collection in this study.

Photovoice provides an effective and vivid way for people to show firsthand their perceived strengths and needs. Photovoice also promotes critical dialogue and knowledge through images and stories of everyday life to bring about change. Through this process, participants are viewed as the source and creators of knowledge (i.e., the knowers) of their experiences and become co-researchers who act and speak on their own behalf (Morgan et al.,

2010). Photovoice recognizes the value of participant's expertise and is a mechanism for decision-makers to see and understand the realities of those they rarely hear from. Wang & Burris (1997) identified that there are 3 main goals of Photovoice:

- (1) to enable people to record and reflect their community's strengths and concerns;
- (2) to promote critical dialogue and knowledge about important issues individually and through small group discussions; and
- (3) to inform policymakers.

Evans-Agnew and Rosemberg (2016) questioned photovoice research by asking whose voice? In my study, the knowledge sharing open house advances the voice of the older women by having the open house focus being on them and their photographs. Each woman was with her four photographs and explained to each of the open house visitors the purpose of their photograph and how it supported or limited their ability to age in place.

The following Figure 1 illustrates the Photovoice Steps and Process for Data Collection used in my study.

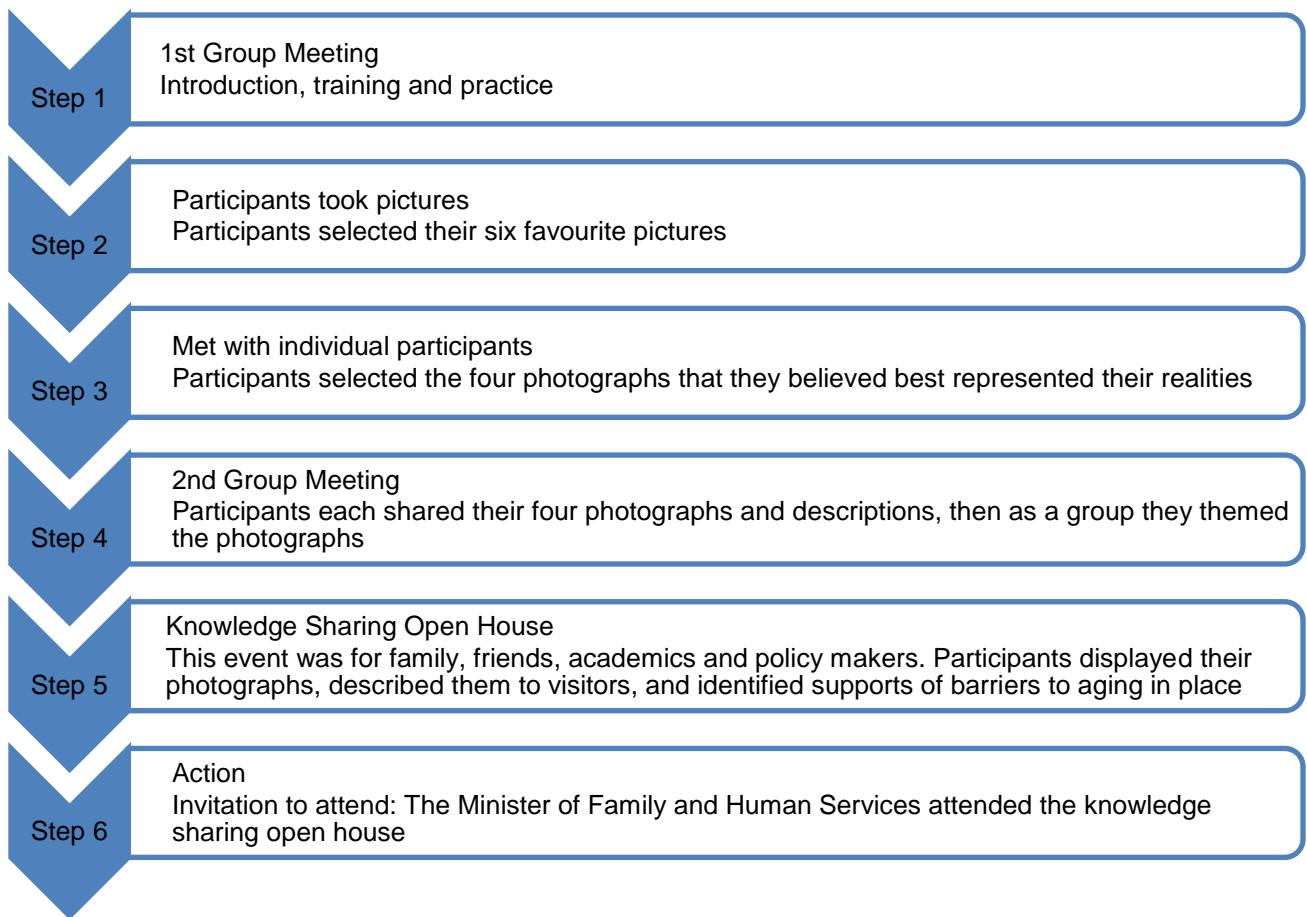


Figure 1- Photovoice Steps and Process for Data Collection

The initial Photovoice stage was a face-to-face group meeting to introduce and train participants (see Appendix G – Photovoice Guide) in the use of a digital cameras, review Photovoice ethics, and practice taking pictures (see Appendix J – First Group Meeting Training Guide).

Thanks to a donation from the University of Prince Edward Island's Department of Development and Alumni Engagement, I was able to provide each participant with a digital camera for the training, practice and photography session (see Appendix Q – Dissertation

Budget). All participants were fully engaged in all aspects of the meeting. For some, there was familiarity with a digital camera, for others they had used other types of cameras but not digital, and one had never used a camera. The participants were quick learners and because the cameras were all identical and user friendly, they became accomplished very quickly. To practice taking pictures, the participant's instructions were to take pictures that included:

- 1) Something you use every day;
- 2) Something that could help you stay healthy;
- 3) Something you use when eating dinner;
- 4) Something that helps you to age in place; and
- 5) Something in the room that is interesting.

When everyone understood and felt comfortable with the cameras, written instructions were provided which explained their role in the study (see Appendix H – Participant's Photo Log and Appendix M – Photograph Consent for Participant Before Taking Someone's Picture).

Participants had two weeks to take pictures of what supported or limited their ability to age in place. They could take as many pictures as they wished, but before the researcher came to meet with them individually, they needed to select the six photographs they liked the most.

Seven of the then remaining eleven participants attended the meeting. Four were unable to attend the first group meeting: two due to lack of transportation and two due to weather conditions. Following the meeting all those absent were contacted to arrange a meeting time to provide the same training and picture taking practice. Following the attrition of one participant, the ten remaining participants all completed their volunteer commitment to the study.

The second stage of Photovoice was individualized, face-to-face meetings (see Appendix I – Second Individual Interview Guide) to discuss and contextualize the photographs using

SHOWED (What do we See here? What is really Happening here? How does this relate to Our lives? Why does this situation, concern or strength Exist? What can we Do about it?”) (Wang, 1999; Palibroda, et al., 2009; Annang, et al., 2016). Each participant was to select their six favourite photographs which were printed onsite using a portable printer. With photographs in hand as well as displayed on my computer, the participants selected four from the six that most represented their reality. The participants were then asked to contextualize and label each photograph (Evans-Agnew & Rosemberg, 2015) and bring them to the second group meeting.

The third stage of Photovoice was the face-to-face, group meeting to codify photographs (see Appendix K – Second Group Meeting) using VOICE (Voicing Our Individualized and Collective Experiences) (Palibroda, et al., 2009). VOICE reminded the group to think not just about their own life condition, but also about shared life experiences, events, and conditions. Each participant presented and explained their four photographs. The group then assembled the photographs into topics or themes. Participants signed consent forms to allow the use of their photographs (see Appendix L – Photovoice Participant Consent Form and Appendix N – Public Display of Photo Consent Form). According to Palibroda, et al., (2009) this is when the participants begin to see the link between personal and common experience.

This study diverged slightly from the traditional Photovoice process (Wang & Burris, 1997; Annang, et al., 2016), which involved group meetings only. I added two face-to-face individual meetings and other individual meetings when necessary to accommodate the realities experienced by the participants.

The knowledge sharing open house was a success with family, friends, academics, politicians and the general public attending. The participants individually displayed their framed photographs, described their own photographs, and responded to questions visitors had. One of

the open house visitors was the provincial Minister Responsible for Seniors who spent time with each participant discussing their photographs (see Appendix T – Minister Tina Mundy Social Media Message).

Following the knowledge sharing open house, all participants were thanked for their involvement in the study (see Appendix O – Thank you to Participants). Participants were also offered the opportunity to receive a summary of the study results upon request (see Appendix P – Request for Summary of Study Results).

Researcher's Reflective Journal

Reflective journals are a way of making one's own history, values and assumptions open to scrutiny and visible to readers (Ortlipp, 2008). Their purpose is to make experiences, opinions, thoughts, and feelings visible, and they are an acknowledged part of the research process. A benefit of my own reflective journal was that, as a person close to the age of the participants, I had insights to understand the photographs and help the women express themselves, being careful not to dominate discussions with my own interpretations of the photos. Also, I have found it helpful to have the journal to reflect on possible potentials and limitations of my own near future. As in this thesis, a reflective journal, reflexivity and first-person inquiry has been used to explore issues of power and positionality and to make the role and assumptions of researchers more explicit and integral to their analysis (Bourke, 2014; Ortlipp, 2008). While the iterative process of examining the belief, testing it, and exploring alternatives to the belief can result in transformative learning, journaling also provides an opportunity to move past an intuitive adoption of patterns of thinking, assumptions, or unquestioned beliefs, and encourages progress from assimilative learning to transformative learning (Hubbs & Brand, 2005).

Increasingly, qualitative journal writing, particularly that which is situated within critical and feminist research paradigms, is presented in ways that make it clear how the researcher's own experiences, values, and positions of privilege have influenced their research interests (Ortlipp, 2008). As noted by Northern Illinois University, Faculty Development and Instructional Design Center (n.d.), the key to reflective journals is to see progression over a period of time and to gain a sense of achievement. While it is common practice in qualitative research to keep a reflective journal, Ortlipp (2008) notes there is relatively little literature on the use of reflective journals in the research process, and limited guidance for novice researchers as to the purposes of keeping and analysis of a reflective journal from a methodological perspective.

Reflective journaling is not just writing events of your day, it is the recording of your behavior and feelings around specific events and reflecting on how it fits into your research questions. It is also a professional development tool to move from superficial reflection to critical or analytical reflection (Hubbs & Brand, 2005). Journal writing is a process that:

- a) encourages independent learning;
- b) provides a focusing point, an opportunity to gather thoughts and to see the whole system of the gathered information;
- c) enhances learning skills because it forces the learner to cope with piles of information or material;
- d) encourages reflection which is associated with deep approaches to learning. In deep learning, the intention of the learner is to develop a personal understanding of the material and to relate it to what is known; and
- e) encourages metacognition and develops metacognitive skills which are generally divided into two types: self-assessment (the ability to assess one's own cognition) and self-management (the ability to manage one's further cognitive development) (Liuoliene, & Metiuniene, 2009).

In reflective writing, Moon (2001) suggested there are four levels of reflective writing:

Level 1 – Descriptive writing which contains little reflection. May tell a story but generally from one point of view.;

Level 2 – Descriptive writing with some reflection that signals points for reflection while not actually showing much reflection.;

Level 3 – Reflective writing (1) is focused, with particular aspects accentuated for reflective comment. Shows some analysis, some self-questioning. ; and

Level 4 – Reflective writing (2) with clear evidence of standing back from the event, shows deep reflection. Self-questioning, but the views and motives of others are also taken into account.

Moon, (2001) also submitted that there is a fundamental difference in success in learning between adopting a ‘deep’ approach and a ‘surface’ approach to a learning task. A deep approach is where the intention of the learner is to understand the meaning of the material, and integrate it into existing ideas, and understandings, reconsidering and altering understandings if necessary.

Reflective journaling, at Levels 3 and 4, helped me to identify the theoretical lenses most appropriate for my research, for example, should I use both critical feminist and critical gerontological lenses to better understand the realities of women age 85 and older? Critical reflection also helped me work through the implications of the chosen framework. In other words, reflective journaling supported my own learning and benefited professional development.

Reflective journal analysis involved using a critical social theory approach enhanced with a critical feminist gerontological approach to try to understand the power structures I experienced as a researcher, as well as the questions I needed to ask about what I was learning (the how, where, and with what research processes), and the strategies I saw being used by the

participants to make changes. I also described the role of the researcher to ensure clarity of participation.

Confidentiality and Anonymity

Discussion about limits of confidentiality and anonymity ensured participants signed the consent with the full knowledge that anonymity will be difficult because of the group sessions which involve not just peer participants but family and friends, government officials and media coverage. Group sessions establish ground rules for the group - for example, a rule that information discussed within the group is confidential.

Validity, Rigor, and Reliability

Validity is a strength of qualitative research because truth is expressed in what people say, do, and in this case, photograph. Accuracy was validated through triangulation which was realized through the multi-method approach and rich description of the findings. As noted by Merriam and Tisdell (2016), “the methods do not ensure rigor, a research design does not ensure rigor, and analytical techniques and procedures do not endure rigor. Rigor resides in, depends on, and is manifest in rigorous thinking about everything, including methods and analysis” (p. 260).

To standardize data collection and enhance consistency and rigour, all interviews were conducted and transcribed by me, the researcher. I followed the same sequence of questions for all data collection events. However, per standard procedure in qualitative inquiry, I probed inductively throughout the data collection process. All data collection events were audio recorded with permission and transcribed verbatim by the researcher.

Critical social theory provides a useful framework for the complex issues such as those related to women age 85 and older who are committed to aging in place, because it points the researcher to the interactions or relationships between persons and systems and emphasizes the role of contextual factors in shaping human behaviour and social phenomena (Kincheloe & McLaren, 2005). Central to critical social theory is analysis of the socio-structural context of the problem, requiring a method that facilitates expressions of participants' experience (Chapman, Barker & Lawrence, 2015). In this study, critical social theory is enhanced by using a critical feminist gerontological approach (Hooyman et al., 2002). As posited by Morgan et al. (2010), feminist theory focuses on women's experiences as a source of knowledge and connects everyday life events with an analysis of social structure. A feminist methodology addresses these issues by taking into account the specific life experiences of older adults that culminate in a difficult old age and by focusing on the role of the observer and the observed, understanding that researchers have identities and standpoints too, even when unknown to them (Ray, 1996). Other characteristics of feminist research generated from the life experiences of those studied is interpretative, interactive, critical, and change-focused, and identifies strengths and contributions (Ray, 1996). In this way, the inaccuracies and silences about aging women may be corrected (O'Connor and Gibson, 2003). Critical feminist gerontology forces us to look at the complexities that surround aging and advocates for social change to reduce inequalities (Calasanti, 2004; Calasanti, Slevin & King, 2006).

Chapter Five--Data Analysis Strategy

Patton (2015) advances that analysis involves reducing the volume of raw, qualitative information, sifting trivial to the significant, identifying significant patterns, and constructing a framework for communicating the essence of what the data reveal, and that no formula exists for that transformation, only guidance. As described above, I used three methods of data collection: semi-structured face-to-face interviews, Photovoice, and reflective journaling.

As noted in presenting the theoretical foundations for this study (Chapter 3), the purpose of critical theory is to confront injustice in society and the aim is to understand the relationship between social structure and the human being. The data analysis strategy was to report findings on each of the four research questions repeated here for the analysis:

- (1) What are the lived realities of women age 85 and older living in rural communities?
- (2) How do social structures and government policies influence these women's daily lives?
- (3) How do women 85 and older educate themselves about aging and living in rural communities? and
- (4) How do women 85 and older share their knowledge and mentor others?

Data Analysis

Interview analysis began as soon as data collection started, and once I left the field, the interview and notes were transferred from the recording device to a computer file as soon as possible. This forced me to make sense of my material and provide a back-up as suggested by van den Hoonaard (2015). Paton (2015) argued that transcribing is part of data management and preparation, thus, doing my own interview transcriptions provided an opportunity to be immersed in the data, and a chance to get a feel of the cumulative data as a whole. I reviewed all transcriptions for accuracy, protected my data with back-up copies each day, and stored a master

copy away for safekeeping. Each day as I worked on analysis and writing I saved two dated copies so should something happen, I would always have a recent copy to fall back on. Once the interview and field notes were transcribed, I checked for accuracy. As suggested by van den Hoonaard (2015), I read the transcriptions at least three times, writing memos focusing on different aspects with each reading. First, I read the transcript with attention to the story that the participant was telling and tried to understand what was going on. Then, as an older researcher, who resonated or diverged from the data, I needed to be critically reflective as I read myself into the story and thought about what the participant said and did in the interview. Finally, I read through and focused on how the person spoke about herself. This reading shed light on how the participant saw or presented herself in the social world.

Other researchers have stated that a theme emerging across all the methods could enhance the credibility of findings (Creswell, 2003; Denzin and Lincoln, 2011; Patton, 2015). The data were read and reread line by line to identify segments of data that answered the research questions. As advised by Creswell (2014), qualitative researchers build their patterns, categories, and themes from the bottom up. By following this inductive process of working back and forth between the themes and the database, a comprehensive set of themes and categories was established.

Thematic Analysis

I used a thematic analysis process, which according to Clark and Braun (2013), is a basic analytic method suited to a wide range of research interests and theoretical perspective. Braun and Clarke (2006) identified six phases of thematic analysis, which I followed in my analysis and were: 1) Familiarisation with the data; 2) Coding; 3) Searching for themes; 4) Reviewing themes;

5) Defining and naming themes; and 6) Writing up. As described in Chapter 4, the study data included 10 semi-structured interviews, the photograph descriptions, the impact paragraphs by each participant, and my reflective journal notes. To help organize the data for analysis, all transcriptions were downloaded into the NVivo Pro 11 software.

Analysis Stage 1 - Familiarization

As with all qualitative research, this process required repeated reading and reflecting on all data. I began the process as soon as each interview was completed and throughout the various stages of the Photovoice process. After transcribing, I listened to the audiotapes again to verify accuracy. I reread the transcriptions and made notes of analytic observations. I found myself returning to the transcriptions many times throughout the analytic process to clarify and generate ideas through study.

Analysis Stage 2 - Coding

Gibbs (2009) argued that coding is a way of indexing or categorizing the text in order to establish a structure of thematic ideas in relation to it. The type of code used to identify the major findings in the study depends on the research objectives and is used as headings in the findings section (Creswell, 2014).

As suggested by Clarke and Braun (2013), coding is essential for systematic and deep engagement, and for developing a rich and complex account beyond the obvious meanings in the data. They noted that failure to construct codes is problematic because themes are developed from codes, rather than directly from the data. As observed by Flick (2007), the main result of open coding is the production of a list of codes, grouped into categories, with the definitions and

observations generated at the time of creating the codes and categories. Themes were analyzed within each interview and analyzed across the different methods used for data collection.

The process of developing a code book began with me reading and coding three transcripts. Then I met with one of my co-supervisors to discuss coding and it was agreed that a decision to reduce the huge number of codes would be advantageous. This resulted in developing codes based on each of the four research questions. At the initial level of coding, it is reasonable to assert that agreement between researchers should be a key characteristic of the research (Campbell, Quincy, Osserman & Pedersen, 2013). Moreover, given the very descriptive nature of the research task, it is both desirable to avoid ‘subjective bias’ and to use or develop coding frames that everyone in the team can utilise (Thompson, McCaughan, Cullum, Sheldon & Raynor, 2004)

Using codes based on the four research questions, one of my two co-supervisors and I began by coding the first interview separately and then coming together to compare results. At the first meeting, it was discovered that there were a number of differences between the two readers and that codes were missing for some aspects of the interview. The code book was revised, and my co-supervisor and I separately re-coded the initial interview and one more interview, and came together again. This time we found that most of the coding was in agreement but that there were still some areas where it was difficult to make decisions, so more revisions were made to the code book.

My co-supervisor and I coded two more transcripts separately. This time, after the coding, the co-supervisor sent her results to me and I compared the coding and identified areas of concern. A telephone call was set up to discuss and agree on each code. The decision was made to continue this process, but to come together face-to-face to review, discuss and agree on each

coded document until all documents were completed. To ensure rigour, all ten interviews were coded separately and reviewed together, this process was valuable not only to ensure rigour but also to help me, the researcher, to understand and appreciate how this process results in greater clarity and insight into the data. As suggested by Gibbs (2009), we coded with definitions, organized hierarchically, and included notes as appropriate. This process of coding was helped by organizing the codes in the software program, NVivo Pro 11.

Analysis Stages 3-5 - Searching, Naming, and Refining Themes

As the researcher, I conducted the interviews, transcribed audio-recordings verbatim, checked for accuracy and with the collaboration of one of my co-supervisors; we sorted the data into themes or categories, using an inductive approach. The coding began with the participants identifying themes during the Photovoice process.

NVivo Pro 11

The data management software program (NVivo Pro 11) that I used was designed to help organize, analyze, and find insights in unstructured, qualitative data. As cited by Oliveira et al. (2014), Bardin (2011) advocated the use of qualitative data-analysis-software-supported thematic content analysis for: a) speeding up the process; b) enhancing the rigor; c) providing flexible data analysis from different perspectives; d) facilitating the exchange and reproduction of data; and e) allowing the researcher to reflect in greater depth by reducing the operational activities. At the exploration stage of thematic analysis, in relation to the qualitative data analysis software, it was important to check how the codes were placed in the software. Another important concern was how changes are made in the codes and their relationships in the qualitative data analysis software during the coding process, given that coding is a dynamic process during which new

codes and categories may arise. These features work well for various size projects and with single to multiple person teams (Oliveira, Bitencourt, Zanardo dos Santos, & Teixeira, 2014).

In the last stage of NVIVO Pro 11, known as treatment and interpretation, the content was coded, considering the rules defined in the exploration stage, and inferences that can be drawn from it. In the data treatment and interpretation stage it was important to check the way in which the qualitative data analysis software displayed the text associated with each of the codes and categories, as well as the tables and figures generated by the software that summarized the coding. Moreover, when testing the reliability of the coding it was useful to be able to compare the coding carried out by another researcher (a co-supervisor) at different times.

Analysis Stage 6 - Writing Up

Writing up the analysis has been organized in Chapters 6-9.

Chapter Six--Ten Participant Profiles

The following ten participant profiles are insights related to the daily life realities of the individual women. Each profile is identified with a pseudonym and was constructed from information gathered through interviews, Photovoice, and my own reflections as I became familiar with each woman.

Arlene Zimmer

In the summer, you might find this apparently or observably self-sufficient 90-year-old senior cutting her grass with her ride-on lawn mower. In the winter, you could catch her sitting in her comfortable chair beside her beloved wood stove in the living room reading a book. For her, “happiness is a warm wood stove”, a caption she used for one of the pictures she submitted for the study. She noted:

I have oil heating but, I prefer wood heat, it is so warm. Sometimes the power is off in wind and snow storms, and I always have the stove. I can heat soup or make tea anytime. I can't live without my stove.

The above two activities are interspersed with the importance of her having the daily newspaper to read while having breakfast (an activity she laughs about, as if she considers it being a bit deviant). To get her newspaper she has to get dressed and walk out to the road to get it out of her mailbox, regardless of the weather. She prides herself in doing the two crossword puzzles in the newspaper every day without using her crossword dictionary, but she admits she will resort to the dictionary, if necessary, to finish them off. She does not bother with television any more in the morning because her favourite show, Canada AM, has been removed. She declares that her activities depend on the day, if it's sunny she might go for a walk and if it is raining, she may just read or do some household chores.

Although Arlene says, “I’m not into very much”, her weekly activities of going to church, getting groceries, having her hair done, taking her sister-in-law for a drive, or monthly activities of going to ceilidhs and doing her banking do keep her active. She does her own banking. While she has never banked by phone, she did not rule out the possibility in the future.

Although she no longer drives at night or in the winter, Arlene manages to accomplish the things she wants and needs to do because she is not afraid to ask family and friends for help and quickly accepts help when it is offered. She no longer drives in the city because the traffic is getting to be too much, but she notes that she can still manage the traffic roundabouts to get to the Prince Edward Home to visit her son who is a resident there. When she has appointments in the city, she knows another son, who she calls her right-hand man, will always be available to take her.

Until her late 80’s Arlene travelled to visit family and to holiday in places like Hawaii and Ireland but today she prefers to stay at home and have family and friends visit her. She still sees the world vicariously through her family and tells a great story about one of her sons, who is a mountain climber, and his adventures of climbing Mount Everest.

Her family is her pride and joy and she shared some of the ways she passes on her own history, one being she has been keeping a daily diary for fifty-six years. Another is related to a Christmas present she received; it was a mason jar full of questions, a glue stick and a blank notebook. Arlene has a large extended family and they do have occasional reunions. She noted that at the last reunion she was the oldest and she held a tiny baby in her arms who was the youngest.

Arlene has been widowed for 30 years; her husband died very suddenly while she was away visiting family. Because no one in her family was interested in farming, she sold the farm and built a bungalow in a very rural part of Queens County. She raised seven children (one is deceased). Of the six living, one lives in British Columbia, two live in Alberta, and three of her children (two sons and one daughter) live in PEI within 30 kilometres of her house. One son is in long-term care (due to a stroke), her daughter helps, but she relies mainly on the other son for ongoing support. Arlene's most recent adventure was celebrating her 90th birthday by taking a hot air balloon ride.

Betty Yale

This computer-loving historian is always deeply involved in projects whether it is working on the family tree, researching ancestors for reunion skits, or developing a proposal for a project for her seniors' group. Her most recent research involved service men who trained at a local airbase during WWII. Betty's days and some evenings are busy with events and meetings and although she no longer enjoys driving at night, someone usually picks her up for evening events. As a lifelong learner, she is always doing something interesting. Currently, this 86-year-old has taken up Swedish Embroidery (weaving) and says it keeps her mind occupied while watching TV and states it prevents her from thinking about goodies in the fridge.

This well-organized woman depends on her computer for information and is not impressed with the lack of adequate rural internet service. She notes that this lack of adequate internet service negatively affects her productivity, but she notes it also affects the farming and tourism industries in rural PEI.

This retired teacher is always open to new experiences and her latest was having her DNA done, which she says has been exciting and a real learning experience. Betty lives in her lovely bungalow in rural Prince County and is the mother of one son who lives with his wife and children within 20 kilometres of her home.

She maintains her home with practical help from her son and his family and is actively involved with her neighbours. Betty sees friendly and supportive neighbours as essential for rural living and reciprocates by supporting others in her neighbourhood and being an active community member. She is also very active outside of her own community and is a creative force for obtaining projects for her seniors' group, which is located in a distant community, and creating a yearly speaker schedule for a local museum, among other initiatives.

Betty is very proactive and always plans for the future, so has her decisions, to address what she needs and wants to do, already made. She has kept a diary since 1985 and has completed family histories for both sides of her family. Her hands are never idle, and she always has some kind of handwork on the go and most of the items she creates she gives to others.

Charlotte Xavier

Charlotte has always been what is popularly called a *mover and shaker*, first as a teacher and then as an advocate for older adults. She is still involved in a number of organizations that are part of her daily routine as she responds to phone calls, works on formulating resolutions for the Catholic Women's League, or prepares notices for an upcoming community seniors' dinner.

In spite of needing a hip replacement, this 86-year-old woman is a caregiver for her husband, who is in a wheelchair, and is constantly driving herself to meetings or other events she

needs to attend. Charlotte says getting in and out of the car is her biggest problem but suggests that you could not manage living in a rural area if you did not drive your own car.

When she and her husband retired, they decided to also retire from farming. They sold their farm and built themselves an accessible home near the highway, a decision she is grateful they made because she is now a caregiver of someone in a wheelchair, and life is much easier when everything is accessible. She is constantly dealing with restrictions or inconveniences when they go out, observing that you cannot patronize restaurants or other public places that do not have family or wheelchair accessible washrooms because her spouse needs help when using them.

Because of macular degeneration, Charlotte cannot drive at night, but she says family are great to help. She has 10 children and the majority of them live in the province. They and their children provide as-needed, ongoing support. It is the son living in their old farm home, her next-door neighbour, who provides property maintenance, shovels snow, helps with the gardening and is the closest in case of an emergency. One of her grandsons always helps with the grocery shopping and with some yard work.

Although she has an older and a younger sister still alive, she is the family historian, and everyone comes to her for family information. As a life-long learner, she is always participating in seminars and workshops to keep herself informed and to share her own knowledge with others.

During her involvement in this study, Charlotte underwent a successful hip surgery, and is now able to continue her active life, pain free. Her only concern for the future is how she might manage if she is the survivor of the couple. Throughout most of her working years

Charlotte worked part time because she was the main at-home caregiver for their 10 children. As a part-time worker she was not entitled to the benefits that full-time workers are privileged to receive. As a result, her retirement pension is less than \$30 per month. Because she maintained the child caregiving responsibility her husband worked full time and was able to contribute to a pension. Thus, it is his pension (which they both contributed to because she maintained the caregiving role) that they rely on in retirement and if he should die first, the pension would be reduced, and she would face an income reduction which could make it impossible for her to meet living expenses. As she explained, the only reduction in expenses would be less food but the rest of the costs to maintain a home remain the same.

Edith Valley

Edith is a woman of surprises. At age ninety-one, she decided to move from an apartment in town to a three-bedroom house in a rural area. She said, “I have a car and I can take myself to the hairdresser and doctor appointments, my groceries and banking. She remarked, “one thing about this house, I can come into the garage with the remote and I can unload the groceries and come right into the house with them. I don’t have to have a key or anything”. For her, having a house with three bedrooms means that when family come to visit, they can stay with her.

Edith has traveled and lived in several provinces and has children in Ontario and Alberta but has chosen to live in PEI near her only daughter. Although she says she depends on her daughter for many things, Edith is a very independent person and makes her own decisions. Edith belongs to Women’s Institute and attends Ceilidhs and live theatre with her daughter, but her favourite activity is family gatherings. Although her daughter is the only family living on PEI, she is in contact with other family members on a regular basis. She did stay in touch

electronically, but poor internet service frustrated her so much she gave up the service and stopped using her computer.

Last summer she spent three weeks with her niece, who lives in her old family home in the Gaspe. While there she had the opportunity to meet with nieces, nephews and cousins and said it was the highlight of her year. She loves to visit and often goes into town to meet with friends, and sometimes on the way back, she drops into her daughter's place to have tea but needs to be home before dark because her eyes give her some problems for night driving. She observed that she cannot knit or sew anymore but says she can clean closets and organize drawers and that keeps her busy.

Edith knows what busy is as she raised ten children, practically alone. Her husband was in the military and, after serving, he went to various places trying to find work, leaving her alone with the children for months at a time. As the main caregiver for her children, she often had to take in other people's washing or do house cleaning to make money to buy food. After her children were self-sufficient on their own, she divorced their father and began a new life. She wrote a book about her life, so her children would understand why she did what she did.

For Edith her car is her freedom. She said, "When I finally got a car, I thought this is heaven. When I get bored or something, I just get in the car and go wherever I want." This freedom has been her joy in later life and at age 92 she continues enjoying every moment.

Freda Usher

Freda sees the complete picture and likes to organize her activities systematically when she needs to go to town. For example, she said, "you don't go to Summerside for one thing, you do different errands ... this is where the handicap card comes in handy. It makes a significant

difference into what I can accomplish in one trip, without being totally exhausted". This artistic woman shares her talents in a variety of ways she taught painting at Seniors College, plays the piano in church, and mounts her own art shows at local art galleries.

Freda lives in a small, 6-unit, senior apartment building and is the only female, an unusual situation because it is usually the opposite with more females than males in geared-to-income accommodations. She said:

I live with five other people and I would not have thought that any one of them would have the same frame of reference that I do but we get along well. The guys are decent, they're gentlemen, and there's one I am friendlier with than the others.

She observed that she is the only one in the building with a reliable car, so provides transportation for the others, when necessary, which they pay for. She occasionally uses her building's common room to paint larger canvases and joins other residents when special activities are held there. As a group they share a community garden and if their share of the garden produces more than they can use, the excess is placed in the common room for others.

Freda has six children but only one lives in this province and she noted that she has now graduated from being a babysitter to acting as a chauffeur for her two granddaughters. Her out-of-province children visit at least yearly more often if necessary. Over the years she has contributed to her grandchildren's education and recently one of her granddaughters took her on a cruise to Alaska to thank her. She enjoys her family and is in contact, by telephone, with out-of-province family weekly or more often. She sees her local daughter and granddaughters on an almost daily routine.

She loves swimming and spending time at the beach but says she cannot get to the end of the dock anymore and now her focus is on her other loves: playing the piano; painting; reading;

watching movies; and watching television. Some of Freda's last painting class participants decided to continue meeting on a weekly basis, so every Saturday morning she drives to Summerside to paint with them. Freda did not grow up on PEI and learned through a life writing class, that her childhood was very different than the women raised on a farm on the Island. She said, "I had a comfortable childhood, we had a lovely home, my dad was a doctor and he made good money; there was money for piano lessons and there was money to go to art school and we went on holidays". When asked if she had any concerns for the future Freda said, "you know we are all going to be helpless at some stage, but heck it's a nice day, why worry about that today?"

Geraldine Taber

Geraldine said that she lives her life according to 'whatever strikes her'. She used to make plans when living on the farm, but now that she is living alone, she doesn't tend to make plans. She has osteoporosis, and has broken many bones, but does not let it worry her. As she said, "well, I don't worry really -- like when I broke my neck, I didn't think too much of it."

Geraldine is very independent and worries a lot about bothering other people. When she came home from the hospital after breaking her neck by falling down the basement steps, she used home care for a short while, but she said, "there was too much help when you're an independent person." She does not want to bother her children when she wants or needs to do things; instead, she lets them do chores for her at their convenience. She declares that she always feels better when she does her own banking, but states that at times, she needs to give her bank card and PIN number to one of the children to do her banking. When asked about wants and needs, she said:

I don't worry about things like that, I really don't. I suppose when you get a certain age that you wish you could do lots of things, but you know you can't so why dwell on them? I used to like to go down to the shore, which isn't far from here, and just sit and watch the water, but I haven't been able to do that for years, so there's no sense in even thinking about it because I can't do it. I mean, I could do it if I had somebody to take me, but you don't want to bother people just for that.

Geraldine did not travel because her husband was a farmer and was content to stay at home. She did mention that when he stopped farming and had time to travel, he was content to stay at home as was his father before him. She noted that his father lived with them for 25 years and would sit in his chair in the corner and be as content as he could be. Although Geraldine has been a widow since 2003, she just recently moved into a comfortable little cottage on her daughter's property. The cottage was bought specifically for her and she loves being close to family. She had seven children, but one son was killed in a car accident. Currently two sons and two daughters live on PEI, and one son and one daughter live in New Brunswick (N.B.). Her daughter from N.B. came to visit the day I was interviewing her.

Her current activities include church and Ladies Aid meetings and attending an occasional Liberal meeting. But because she has limited transportation options, her favourite activities are having people come to her house for meetings and card games.

Geraldine is not sure she has any knowledge to share except maybe in everyday talk she says, "we're discussing this that and the other thing and not that we come to any conclusions".

Harriet Samuel

This 92-year-old widow notes that life has been satisfactory and when describing her life said, "We were just poor people and we wanted to get married. We had known each other for

five years and we got a little piece of land from his mother but not enough to make a living". She continued, "they talked all afternoon about immigrating to Canada and eventually we did but they forgot to tell us how cold it was". Harriet and her husband came to live in this province as a young couple married for one week only. They both came from farms and came because there was no land in their own country. They were successful farmers and raised a family of ten children, nine have careers in this province and one is in Halifax.

Harriet has the best of all worlds; she lives in what was the garage of her own home that they converted into a suite specifically for her. Her daughter and family now own and live in the main house. Her family have arranged for a woman to come in the mornings to make her bed and help her get organized for the day and a different woman comes in afternoons to take her for drives, do her hair or just visit. All nine of her children that live close by and take turns bringing her dinner. Her day is complete when one of her children brings her dinner and visits for about an hour.

Harriet loves to sew and making baby quilts is her passion. She gives the quilts to new born babies in her community. She also enjoys scrapbooking, and created one depicting the history of her local senior's group, which she gave it to the group. Harriet wrote a book about her life as a teen during the war in her home country and a copy can be found in the Veteran Affairs library. Harriet's advice is, "keep busy with hands, heart and mind."

Ida Rees

Other than family, Ida has two other joys in life, her animals. She calls them her friends because they are always there. Her dog, in particular, is so welcoming when she gets home. Her computer is her other joy because it keeps her in touch with family and friends. Her sons and

their families visit often because they live close by and one son owns the family business, which is located in her home, so she sees him, daily. Her daughters both live out of province, so she does not see them as often. In the summer she, her two boys and their families go to the beach for the summer. They each have a trailer and Ida said, “It is like a compound, we park the three trailers in a semi-circle”.

Ida drives herself to her appointments and does her own banking. She only sees her doctor every two to three years and does her banking monthly. She goes to church, and has her hair done weekly and always shops for her own groceries. She does not like driving in the winter, so sometimes, her daughter-in-law or son will take her to appointments. She used to do a lot of handiwork, like crocheting afghans and knitting sweaters, now she spends more time on her computer. She said, “I am not a visitor or a telephone person, but oh how I love to Skype. It’s just like they are sitting here in a chair.”

She stated that she has a lot of people that she should be visiting but said, “I don’t visit. That’s just the way I am. I’m not anti-social, I just like to be home”. She has had her out-of-province granddaughters spend their summer with her and enjoys having friends visit. Her advice is to try to have an open mind and deal with the younger generation without being too critical. Because she says, “everything changes. Life for them is not the way it was for us, they have to fly on their own”.

Joan Quail

Joan is a retired teacher and has always been actively involved with a variety of community organizations. Her large responsibility this winter is chairing the Christmas Hamper Program for the Lions Club. She said that its a big job but usually there are volunteers to help.

This winter she is housesitting for her brother who went south for the winter. This activity created a change of scenery and provided a break from routine, but also created more driving because she still participated in her ongoing group responsibilities.

Since retirement she was a caregiver for her husband but seven months ago became a widow. She is currently dealing with her husband's papers and historical materials and said that there is a lot of history pieces such as books, pictures, stories and reports that she is putting under the Dewey System. She said, "They will be ready to be archived in the Stanley Bridge Centre which they are developing in the former church."

Joan is happy that she and her husband met with a lawyer and an accountant to make sure their money was secure. No matter who passed first, everything was in both names so there were no problems when she was the one left behind.

Joan's favourite social activity is quilting, and she sometimes has a group of quilters come and have a day of quilting, finishing the day with "a lunch and gab". Her husband always helped roll the frames to stretch the quilt as they quilted. Her husband also helped with the cooking, so she could continue teaching. She said, "We had two or three hired men, so I would have had to quit teaching without him taking on some of the chores."

Joan has one daughter and one son, who both live on PEI, and six grandchildren. Her favourite activities are having family picnics or gatherings where, she said, "We had a great time discussing the older generations and taking pictures". It was always an older aunt that made sure their yearly reunions happened. Her aunt had a summer birthday and that was always the time to get everyone together. She noted that there is longevity in her family. Her aunt died the previous

year at age ninety-nine and during the previous week, the last of her mother's relatives died at the age of one hundred and three. Her advice:

Stay involved. Just because one goes, there is no reason to put your feet up. I don't think the other person would want you to stay at home and cry foul; why am I still living, and you're gone? It's hard but it's doable.

Kathleen Page

Kathleen had a stroke a couple of years ago and needs to do her exercises first thing every morning. She said that she had taken exercises just after her stroke and recently they "began to wear off", so she had to start new exercises. She does most of her own housework, but her granddaughter does the vacuuming. She does have a woman come in every two weeks to clean Kathleen does the cooking herself but must make sure she takes a rest in the afternoon. After her rest, she might bake or do some housework or some gardening. She also likes to knit, crochet and sew.

She is very involved in her community and attends Women's Institute, United Church Women's group, and the Stanley Bridge Centre. Her other activities include ceilidhs, raising money to move the church and benefits. She not only attends these events, but also bakes for the benefits and fundraisers; she also provides food for the pancake breakfasts. She enjoys going to social events but avoids driving at night, and someone usually picks her up when meetings occur in the evening. Kathleen still drives herself to most activities, for banking and some grocery shopping, but she finds shopping very tiring. Her family takes her to other appointments.

She and her husband gave up farming a couple of years ago, but her husband still goes to the woods every day in the winter to cut their wood for the next year's heating season. She does not like to bother her family too much because they all work. Although one of her daughters is

not currently working and does take her to appointments, she does not want to bother her too much. Kathleen has seven children with six living in the province and a daughter in Dartmouth, who has a cottage in PEI.

Kathleen taught before she married and enjoyed getting involved with organizations related to young people. She said, “I taught Girl Guides before I was married, and it was the greatest experience I ever had. They learned, and I learned”. She said she has had a full life.

Chapter Seven--Findings

Study participants portrayed a variety of circumstances and considerations that illustrated their versions of aging in place as older women in ten different rural communities across PEI (see *Table 3 - Ten Participant Profiles*). These women exemplified variations in age, marital status, and number of children, education, and housing. Although half of the participants had university education, only one completed her degree. Of the ten participants, two lived in West Prince, two in Southern Kings, two from East Prince and four from Queens County (three west of Charlottetown and one east of Charlottetown). Their Anglo-Saxon cultural backgrounds and generally middle-class socio-economic status made them a cohesive group of participants.

Discovery of the seven main findings of this study emerged in the codes developed using NVivo Pro 11 to answer the four research questions. (See Appendix U – Code Book). The majority of data responded to the first question related to daily realities. Briefer responses were given for Question 2, the use of programs and services. The fewest findings were in brief responses to Questions 3 and 4 about obtaining knowledge and sharing knowledge. *Table 5 - Questions, Categories and Sub-Categories* below defines how each question relates to categories, and how each category relates to sub-categories.

Table 5. Questions, Categories and Sub-Categories

Question	Categories	Sub-Categories
1. What are the lived realities of women age 85 and older living in rural communities?	1.1 Social Involvement 1.2 Mobility	1.1.1 Solitary Activities 1.1.2 Activities with Family 1.1.3 Activities with Friends or Neighbours 1.1.4 Activities in the Community 1.1.5 Previous Activities 1.2.1 Facilitators 1.2.2 Barriers

	1.3 Unpaid Physical Support	1.3.1 Family 1.3.2 Friends and Neighbours 1.3.3 Support Provided
	1.4 Finances	1.4.1 Financial Resources and Challenges 1.4.2 Managing Finances
	1.5 Agency or Power	1.5.1 Taking Charge Using Own Agency or Power 1.5.2 Challenges or Justification for Not Using Own Agency or Power
	1.6 Health	1.6.1 Physical Health 1.6.2 Mental Health
	1.7 Unpaid Mental Support	1.7.1 Family, Friends, or Neighbours 1.7.2 Support Provided to Others
	1.8 Early Life Experiences	1.8.1 Demonstrated Power and Agency 1.8.2 Lack of Control Over Own Life
2. How do social structures and government policies influence these women?	2.1 Use of Programs and Services	2.1.1 Government or Private Programs and Services 2.1.2 Barriers to Programs and Services 2.1.3 Suggestions by the Women for Improvement
3. How do women 85 and older educate themselves about aging and living in rural communities?	3.1 Education/Learning	3.1.1 Formal 3.1.2 Informal 3.1.3 Learning Challenges
4. How do women 85 and older share their knowledge and mentor others?	4.1 Sharing Knowledge	4.1.1 Family 4.1.2 Community 4.1.3 Advice to Women

Question 1. What are the lived realities of women age 85 and older living in rural communities?

Note: Findings relating to this first question are reported under eight categories and each category has sub-categories of data.

1.1 Social involvement.

Findings about the realities the women experienced in social involvement activities presented under the following sub-categories: (1.1.1) Solitary activities; (1.1.2) Activities with Family; (1.1.3) Activities with Friends or Neighbours; (1.1.4) Activities in the Community and (1.1.5) Previous Activities.

1.1.1 Solitary activities.

Solitary activities are the activities in which the women participated, on their own, during their daily routine. For within the home they talked and showed photographs about creative/artistic pursuits, educational/cognitive undertakings, and physical/productive doings. For within the community, the solitary activities encompassed appointments/banking/shopping tasks.

Overall, when the women spoke about solitary activities, they described their routine daily household activities of baking, cooking, cleaning, laundry, and grocery shopping. They also referred to nutrition and making sure they maintained a balanced and interesting diet. Besides the routine daily household activities in which most of the women were involved, what they identified as “keeping busy” in various ways included needlework such as knitting, crocheting, and quilting. Some spoke about activities such as scrapbooking, keeping daily diaries, and several talked about doing the daily crossword, crypto-quote and/or sudoku to keep their mind active. For many, the love of reading was evident, as was keeping up with local and world news and watching their favourite television shows.

Betty said, “I stay up usually until midnight. I crochet or do something like that – never watch TV without doing something. I cannot watch TV and sit there because I’ll be thinking of what’s in the fridge. I like to keep my hands busy.” Or as Charlotte noted, “Usually, I am working on some project or other; right now I am doing a quilt.”

Harriet said, “I can still sew with the sewing machine and I enjoy that very much. A little while ago twins were born in the neighbourhood, and I gave them each a little blanket. They



Figure 1. Solitary Activity—Sewing baby quilts

were so happy with it.” Harriet illustrated her activity in one of her photographs, she said, “Sewing with a machine is my hobby. I am making a baby quilt. I am looking for a patch to get the colours that go together. This picture shows I can stay at home and be happy and shows people that a 90-year-old can be productive during the long winter.” She does scrapbooking, and said, “I have two scrapbooks from the seniors group but, they’re no good to me now, so I gave them to Norah here in the history museum.”

Freda talked about how she divides her chores to get her through the day and was very

clear that housework was not one of her favourite tasks. She also talked about watching the news at noontime because she always fell asleep before it came on in the evening. For her, solitary activities were artistic. She said, "I love playing the piano and I love to paint I'm very prone to play the piano rather than vacuum or do the dishes or any of those odious things you know." She provided a visual to stress the importance of these two solitary activities that she enjoys the most. Around the piano and on the wall, you could see many of her paintings.

Within her description of the photograph she was recognizing some of the limitations she faced when she said, "These are two activities I can still enjoy. I can play continually for more than 20 minutes, and then my hand-eye coordination slows down. I can paint for three quarters of an hour or so and then my eyes start to go wonky and sometimes my hand or arm get tired."



Figure 2. Solitary Activities—Painting and music

Diversity in leisure was evident with all of the women in the study as they described their favourite solitary leisure activities. The women noted that activities included reading, writing, listening to radio, and watching television. Edith talked about afternoon and evening activities.

She said, "Well, I watch television in the afternoon one soap, *The Young and The Restless*, which I followed for the last 20 years and then I have my supper usually about 5:30 and then I watch television and I read."

Two women talked about keeping a daily diary as one of their ongoing solitary activities. Betty said, "I keep a diary every day. Either before or after doing the Sudoku, I write in my diary. I've kept a diary since '85 and they are all stored in the basement."

Arlene said, "I have kept a diary since my son was a baby. He is 56 now.... I'll show you – this is 1990 – 1991 and 1992 and this here one is 2006, 2007, 2008 and 2009. Yeah, so there are lots of times you look up when did somebody die ... yeah, my oldest daughter wants them when I die." Arlene also talked about her favourite solitary activity and provided a photograph to help describe her pleasure.

She said, "I love my stove. This is my favourite chair by my wood stove. I have oil heating but, I prefer wood heat, it is so warm. Sometimes the power is off in windstorms and



Figure 3. Solitary Activity—Enjoying her woodstove

snowstorms. I always have the stove. I can heat soup or make tea anytime. I can't live without my stove. I have my standing light beside my chair – that's where I do my reading.”

Although six of the ten women had a computer and internet connection, only three were constantly using their computer to surf the net for information or to keep up with family and friends through email or Skype. Ida said, “I check my email either before or immediately after breakfast. I use my computer a lot. I love it, it gives me a chance to interact with people.”.

Betty, on the other hand, uses her computer for a variety of tasks and said:

I like to do my banking on-line. A lot of my bills come off my account without me going to pay them which is great.... It's very, very important for me to have a computer working. You know right now I can't get online ...we need better service in the country for internet for general information. And I like researching, I love it and that's another reason why I want my computer working.

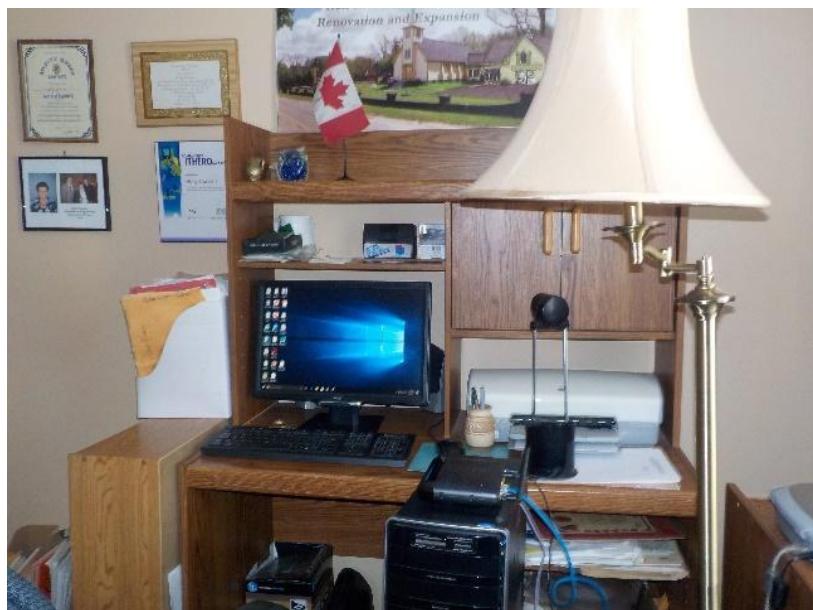


Figure 4. Solitary Activity—Researching

She validated her frustration by saying, “They were here two weeks ago and I haven’t seen them since. They put a box in there for a signal and it hasn’t improved one darn bit, so that’s it.... I don’t think I’m going to vote again till I get a decent internet service.”

Betty has both a laptop and a desktop computer and spends a lot of time in her computer room. She said, “I can’t imagine living without one. One can never say I am bored if you are using your computer. My greatest passion is researching family on the computer and keeping in touch with relatives in many countries.” She also noted that as we age our writing is not as steady as in the past, so a story that has to be presented is great typed on the computer. She remarked that many seniors use computers for games such as Solitaire and Brainteasers to keep memory skills and stated that in her local senior’s club has twenty-four members and only four of them do not have an email address.

Ninety-two-year-old, Edith became so frustrated with her internet service that she gave up. She said, “I was cut off and it really fouled up my internet and I lost my email and I lost everything ... so they put me back on, but I had no internet until about two weeks ago so I kind of lost interest in the whole thing.”

With the exception of one woman, the daily household routine was a solitary activity and included cleaning, organizing closets and drawers, baking, cooking, laundry, and preparing meals. As Charlotte described her day, she also provided insight into how she also accommodates her hip problem. She said:

After I get the dishes outta the way ... this morning it was laundry first. And then when I get that outta the way, usually it’s a pan of biscuits every second day or so and cookies.... Because of this sore hip that I have now, I don’t carry on as much as I usually do, so I worked on the quilt this morning for a while and then I made the biscuits.

As an exception, one woman has caregivers who come in daily to help her organize for the day. Harriet said, “The girl comes, the morning girl I call her. I used to make my own bed, but I can’t do that anymore, so she does it. Then she sets up my sewing machine and I start sewing.”

Some women enjoyed outside activities such as gardening or mowing the lawn, like 90-year-old Arlene who still cuts her own lawn with a ride on lawn mower. She said, “Oh I still do [cut the lawn]. I love doing that.” For other women, an outside activity was going for walks and because this study occurred during the winter, it was clear that outside walking opportunities were limited. This was a concern for Edith who needed to stimulate the blood flow in her legs to reduce muscle cramping, so for when she was unable to get out to walk, she compensated by purchasing a circulation booster. She said, “I use it every day or so to improve my circulation. It keeps my legs from cramping at night. It keeps me able to continue living alone and managing my health problems without medication.”

These findings revealed that for these women solitary activities were enjoyable and represented continued productivity, creativity, and determination. Their life continued to have purpose and they looked forward to each day.

A major portion of life purpose for these women was their family and activities related to family.

1.1.2 Activities with family.

For all of the women, family was a very important part of their lives. Some had larger families, meaning eight to ten children, and one had just one child. All of the women had at least

one child living within a twenty-kilometre distance, and the family closeness was constantly evident. Family activities also included frequent support, which varied according to needs.

All of the women had constant contact with their family, some on a daily basis and others on a weekly basis. For some, the daily contact was by telephone. As Edith said, "My daughter lives just one kilometre down from me and I talk to her at least twice a day, usually in the evening you know before going to bed." For Freda, most of her family lived out of province and she said, "In the evening I'll phone my kids. I have a fairly big family and most of them live in Southern Ontario, so I'll phone them, or I'll write letters. Yeah, I still write letters 'cause I like to write and a letter is so nice to get in the mail."

For others, daily family contact was related to work place location, housing proximity or caregiving. One woman saw her son daily because he took over the family business, and the office was located in her house. For another woman, her home was located in her daughter's yard and another she had her own suite in her daughter's home. For the latter woman, family members took turns bringing her a daily meal. As described by Harriet, "Everyday someone brings me supper. I don't have to make my own supper and they stay for an hour and talk with me."

For Ida, her family included her pets and this picture shows her little companion. She provided the following description with her photograph of her pet.

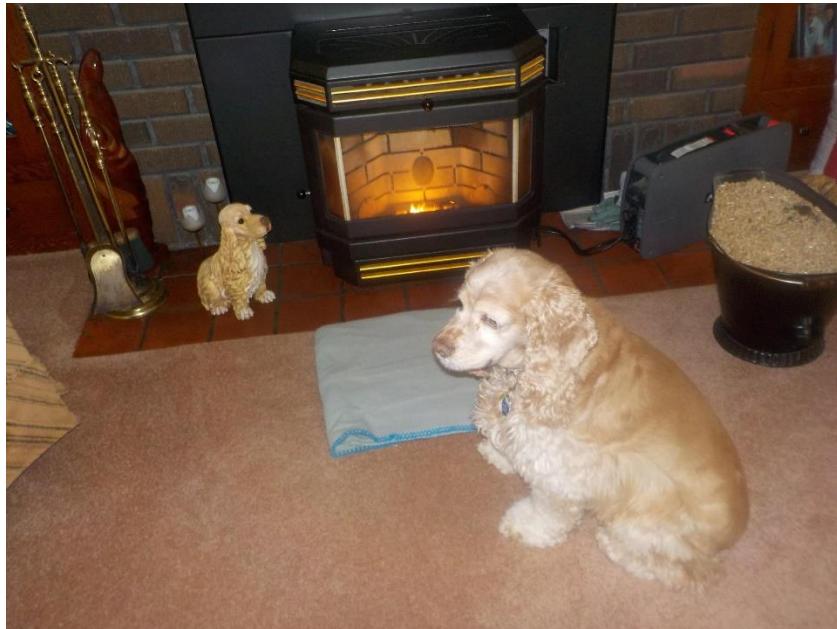


Figure 5. Family Activities–Includes pet

“This photograph is supportive because with her presence, I never come home to an empty house. She is faithful, loyal, entertaining – what more could one ask,” She noted, that “it’s been said that the best therapist has fur and four legs.”

Other activities the women enjoyed with family included: visits on Sunday; going to political dinners; going out for meals; going to ceilidhs; being taken with friends to town for dinner; going out with family for birthday dinners; going to theatre events; larger family gatherings; and special occasions. For most women, it was family get-togethers they enjoyed the most. As Arlene said her favourite family event “...is a get together, a meal together, laugh about old times, and teasing one another.” Betty blended the past, present and future when talking about family occasions she said:

Oh yes, they come on Sunday. It used to be I did a lot more cooking but I’m getting past

that now. My grandson, he's working out West and the last time he was home, I know he likes ham and so I had dinner for him. I had ham and scalloped potatoes, and his favourite dessert, chocolate pudding, gooey chocolate pudding he wanted. And Brittany my granddaughter, she likes pumpkin pie, so I had to make her a pumpkin pie for dessert. But the times for that are getting fewer and fewer.

It was evident that family activities were very important for these women. The family activities described by the women indicated they still had an important role within the family and that their own independence and the family interdependency supported the women as they adapted to changes in their life situations.

Although family is a very important segment of the lives of these women, another important aspect of their life is connection with friends and neighbours which is the focus of the next section.

1.1.3 Activities with friends or neighbours.

Not surprising, some in this age group have a smaller circle of friends than they did previously in their lives. As Harriet noted, when asked if she still had lots of friends and neighbours, she said, "...no, everybody is dead." Geraldine, when asked about activities with friends and neighbours, said, "Well, if they'd just come to visit that's all I ask for. It is good to have somebody to talk to." When asked how often they do come she said:

...not very often and I don't think you realize until you get old yourself, because I used to have a friend up the road and I used to go and see her and she'd say why don't you come oftener, and I thought well I do come quite often, but now I realize ... when you're home day and night you know ... church group people come to see you when you're in the hospital but one visit and if you're there for six weeks, which I always was, you wouldn't see them that often but you didn't expect to see them.

Having said that, Geraldine also talked about her social activities, which she said included, "...the church and the Ladies Aid and that's about it. Oh, once in a while I go to a Liberal function, not that I'm in politics, but my family would see that I get there". She did comment that the Ladies Aid meeting was at her house.

She also revealed that playing cards was her favourite social activity because they can all come here and sit around the table and have the greatest evening that ever was. Geraldine provided a photograph to show her favourite activity. She said "Just to show how friends can have an evening of fun with seniors in this picture we are playing cards. They keep me in touch with the good and bad times people in my community are experiencing. I have no way of going to them, so they come to me. It is wonderful gift that they have given me and I will always cherish it".



Figure 6. Activities with Friends—Playing cards

Geraldine talked about having friends visiting for the weekend; Joan noted that a group of quilter friends would come in to “give me a boost” followed by “lunch and a gab”. Freda said, “Saturday mornings I have to go down to Summerside and paint with artist friends and we are just a congenial bunch”.

For Betty, friends and neighbours meant the same people. She talked about them:

...always dashing in and out or always popping in and out.... They are a comfort in a different way than your family; I mean you confide in your family very much closer than you would with your neighbours. But still at the same time, the neighbours provide the constant companionship they’re here all the time when your kids are out working and things like that. Your neighbours mean an awful lot, well they’re home every day, Georgie is home every day, Audrey is home every day and so is Barb, so the ones I’d be calling are home all the time. That counts too.

Kathleen talked about getting together sometimes and that “they (friends and family) got a time up for them for their 60th wedding anniversary and that they saw people that didn’t see for ages”.

The importance of friends was evident and personal mobility influenced the type of contact the women were able to have with friends. Contact with friends and neighbours also depended on the community residents as noted by Betty:

It’s the constant companionship with the neighbours who don’t work every day and that’s dropping in all the time. It’s a comfortable feeling for sure. That’s what makes you feel safe because when I go away, they watch my house and when they’re away I pick up their mail and if I saw strangers, I would call the son who lives farther away and tell him there is somebody around their house.

Connectedness to community was a different experience for Ida. When asked about neighbours she said, “I’m kind of sitting here in an oasis; there’s nobody around. That place

across the road is gone. She was living there but then went to a nursing home, then it was rented and then it burned down so the house is not even there. The other house down there I don't even know the lady, so I'm sitting here in an oasis."

Having detached or limited social relations with neighbours is not unusual, especially in communities that have a turnover in the neighbourhood. Many times, new neighbours are working age and busy during the day. The differing schedules between the older adults and the working adults means less likelihood of running into each other. Thus, opportunities for interaction are infrequent. Personality type also dictates the desire to be involved with neighbours. As Ida said, "I'm not a visitor. I have lots of people I should be visiting but I don't visit ... that's just me, that's the way I am. I'm not anti-social, I just like to be home.", a situation that is satisfactory to her.

Joan's hairdresser was also a friend and she (Joan) was having her hair done over lunch time so she not only had her hair cut and styled she also was given lunch as well. She provided a picture which she titled "My Favourite Day of the Week" to describe a visit to her hairdresser. She said:

In February, she (hairdresser) gave me my present perm, and because it was close to noon hour, she brought me a bowl of soup and biscuits for lunch. Tell me, where would you get another hairdresser who would bring you lunch while you waited for your hair to set? This activity has been a lifeline for me when one is feeling down or there has been a sadness in the community. Valerie (hairdresser) was always there to discuss the misfortunes and a person would come home feeling much better.



Figure 7. Activities with Friends–Having lunch while getting hair styled

Having friends/neighbours who they interacted with regularly, and who lived close by, was very important for some of these women. For others, spending time alone in their own home was their choice and their socializing choices were outside of their immediate neighbourhood.

For some of these women, their communities were a positive source of support which appeared to result in the women giving back through involvement in community activities both within and outside of their immediate neighbourhoods. For the women who indicated less contact with friends than they would like, they did have a lot of family contact.

For two of the women, having met a fellow study participant that lived in their area increased their circle of friends. As Geraldine said about Freda “We sit and have a cup a tea and a cookie and talk and talk and talk – she’s been a blessing to me and I have only known her three

weeks". When Freda talked about Geraldine she said, "The other woman in my vicinity and I have become much better acquainted because of this project. She's the only women, living nearby, that's my age".

1.1.4 Activities in the community.

In spite of the current perceptions society holds about older adults, the most active social involvement of this group of 85 to 92-year-old women was their community activities. Their involvement was intense, meaningful and beneficial. Community activities concentrated more on their active involvement in community improvement or supporting activities such as benefits concerts, and special events. Community improvement activities included fixing up the hall which Kathleen noted "...took a lot of work inside and out...", and, moving the local church back from the road which she described by saying "It's on government property too close to the road. We raised enough money to move it and once we have it moved we can go ahead with our plans, which is to turn it into a community centre. We've got over half enough money now".

Most of the women talked about attending church services, but Freda noted that she not only attends church, she also plays the piano for one of the churches. She said, "I played the piano for the local Presbyterian church for years. Really, I'm Anglican, but I don't think God cares. Anyhow, they pay me and that's good".

Joan pointed out that this year she is chairing the Christmas hamper program for the Lion's Club. She noted that last year she was on the committee but wasn't chairing it and is hoping it goes smoothly this year, saying, "It's a big job and I'm not thinking I am very competent in doing it".

Other women were busy with various committees and as Charlotte said:

While preparing breakfast each morning I get several phone calls. I chair the resolutions and legislation committee and we are preparing a resolution for safety for bicycles on this road. It is one of five routes that the department of tourism has given for bicyclists and it's not safe.

She noted that her photograph expresses the need to belong to organizations, which gives a sense of belonging and working for a worthy cause. It relates to support because it promotes socialization and a sense of self-worth in contributing toward better quality of life.



Figure 8. Community Activities—Organization meeting

Although very busy with family, groups and social organizations, Charlotte noted that at their age, wakes and funerals are becoming their social life, and that she always makes sandwiches or sweets for the receptions that are always held for the family after the funeral.

For Betty, it was about keeping busy with community groups and the ones she is actively involved with currently include a senior's group, church, Women's Institute, a local museum and a variety of workshops; for some she is a participant and others she organises.

She said:

I do a lot of research for the MacNaught Centre and I have a project on nearly all the time ... presently I am doing the Company C research for the soldiers, you know that trained in Summerside for the First World War.

Her community work has been recognized. She pointed to a picture on the wall and said, "That is an award I won for being founder of the Senior Surfer Computer Club".

Kathleen talked about her Women's Institute being a very small group but that they were



Figure 9. Community Activities—Women's Institute group

busy all the time. She provided a picture of her group and described some of their recent activities, saying, "Our group supports the hospitals, people in need, scholarships, school lunch programs, meals on wheels, and other worthwhile causes. We visit the sick and shut-ins with treats and cards. We help the Lions at Christmas. It is also a social when we meet at ceilidhs, concerts, suppers, etc. We believe by education, we can become better citizens."

The involvement of these women in community activities enhances not only the communities, but also the women themselves. As expected, the type and amount of participation in the community related to ability and personal interest. For at least four of the women, their community involvement went beyond their immediate neighbourhood and their ability to do so was dependent on their access to transportation. Although these women appeared to lead very busy lives, they did talk about previous activities and how much they miss doing them.

1.1.5 Previous activities.

This group of women has been, and continue to be, very active and involved in a variety of organizations, groups and activities. In recent times, some of these activities have been dropped for various reasons. As Charlotte said, “Since my husband is in a wheelchair, I’m not as free and the meetings were always at night, I just found I couldn’t attend them anymore. So, this last year I haven’t been as active you know in organizations and groups, not that I wouldn’t want to or wouldn’t enjoy it or that sort of thing”. Arlene said, “I belonged to the senior’s club … but everybody got sick or couldn’t come so we dismantled it… the same with the Women’s Institute too. Everybody was working”. For some of the women they can no longer drive after dark thus evening meetings are out unless someone offers to drive them.

Other activities that have been reduced or given up included physical activities such as skating, swimming or exercises. Joan described her situation by saying, “Well I had my knee operated on and I gave up skating. I loved skating, but I never got back to it. I used to go to exercises and then I had my pacemaker in and that kind of put my activities down to lower thoughts”. Freda talked about having to phase out some of her activities. She said, “I used to love to skate. I would go up to the arena here and they’d have skates for seniors on Sunday

afternoons ... but then my balance began to go so I'm kind of nervous skating. I did skate a little more, but I got more and more nervous.

Kathleen noted that she used to work out (meaning do outside work). "I don't now, only the garden. I like to do the garden when I can. I do all the chores in the house except for the Electrolux. I find it hard, it makes my back ache."

Other women talked about having to reduce certain leisure activities. For example, Edith said, "I'd read maybe three books a week, but I can't now. I don't really have any hobbies any more; I used to knit and sew but I find it strains my eye sight, so I don't do it anymore". For Arlene, it was a reduction in travel. As Arlene said:

I used to go a lot but now they come and see me. I used to go out to Calgary and Toronto a lot. They'd send me my ticket and I'd go but I don't any more. I don't like travelling.

For Harriet, a previous activity was writing. Her husband was not happy because she was not in the same room as he was, so she solved the problem. She said:

I was writing upstairs and my husband didn't like it if I sat there writing and he was alone downstairs ... so I went to a sale (auction sale) and saw a nice little thing that would fit in my room and I thought that is just the seat for my husband ... I bought it and put it there and from that time he sat with me and he read his paper or whatever and we were happier, but we were not happy the other way – so easy fix.

There were a variety of reason why the women ended some of their previous involvement. Charlotte becoming a caregiver for her spouse limited her ability to be out of the home, so she had to decrease her activities. For other women it their own health, such as vision issues or the need for surgery, that impacted upon their ability to continue with activities.

These women's capabilities to adjust and transform to accommodate individual situations and abilities were demonstrated in this study. The women clearly revealed that although they are in the top age brackets, their quality of life continues because they remain socially active, some more so than others, but their resilience is evident as they continue to be actively involved with family and friends and, regardless of ability, continue contributing to their communities. Even when they needed to stop favourite activities because of health issues, they were flexible and moved on to things they still could do.

Of course, their ability to be active and involved depended on their ability to get around both inside and outside their home, a topic that is covered in the mobility section which follows.

1.2 Mobility.

In this study, mobility is defined as the ability to move oneself by walking, by using assistive devices, or by using various forms of transportation to get around both inside and outside the home. Due to their fundamental to continued independence, this study explored access to essential services, social activities, and mobility issues related to the women's ability to continue aging in place, including issues related to seasonality such as snow removal. Mobility in all forms is a major concern when living in rural communities. Services are limited, and the women need transportation if they are to access services. This study occurred during the winter, a season that creates greater difficulties for those who continue to drive but provides a truer picture of the realities these women experience. Within this section, mobility incorporates both personal mobility within the home and transportation outside the home. Both facilitators and barriers to aging in place focused on mobility both inside and outside the home.

1.2.1 Facilitators.

The women talked about the importance of mobility both within the home and for continued community involvement. Geraldine discussed the importance of having a walker and said:

Sam is the name of my walker. Sam is not costly; he needs no gas nor insurance. Sam is easy to move and prevents me from falling. If I should get tired, I can sit on the seat, rest and enjoy the great outdoors. Sam provides me with safety, freedom, exercise and independence.

Kathleen also talked about her walker and described her walker as a mobile chair with a seat and basket, and adjusted for her height, which makes it easy for walking.



Figure 10. Mobility-Aid

She remarked that the walker enables her to go to meetings, get groceries, and go to church. She noted, “If I didn’t have the walker and cane, I could do very little ... I would be housebound... they keep me more active and give me my independence.”

For Charlotte, mobility inside the home and the value of planning for possible mobility issues were important. She described some issues she encountered as a caregiver for her spouse

who uses a wheelchair. She maintains that supports such as safety bars, wide doors, handles instead of knobs, and ground level entrance to the home are basic components for mobility for herself and her spouse and maintained they be considered, when building a home. Freda affirmed the importance of safety bars and said, “I’m grateful for railings at stairs; it means I can walk to things. I was afraid of losing my balance and coming down is worse than going up.”

For other women, having back-up transportation was important for when appointments were in locations where they preferred not to drive, or when specific treatments required transportation assistance. Betty provided an example of requiring transportation assistance. She usually took herself to appointments but said, “If I have an appointment where they are going to put me on a new medication or something like that, they’ll tell me, and I’ll get my son to pick me up and drop me off”.

Eight of the women drove their own car to hair appointments, medical appointments, banking and grocery shopping and made choices when they may need assistance. An example was provided by Arlene when she was discussing how often she gets groceries, saying:

I probably get groceries very two weeks or if I run out, I go up to Bobby Clow’s store. It is not too far away. They got everything there and they pump my gas for me. I don’t pump my gas (laughs), I never pump my gas and I am not going to start now so the girls (clerks in the store) will say ‘well I’ll go’ and the other one says – ‘no I want to go, I need some fresh air’. Between the two of them they go and pump my gas.

Ida considered herself very lucky. When talking about her appointments she said, “I only see my doctor every two or three years – I’m lucky. And for my hair appointment, I take my own car”.

The women who still have a means of transportation go to visit friends, or as Edith noted she meets people at a restaurant for tea every time she goes to town. Edith is 91 years old and when talking about appointments, getting groceries, banking etc., described the convenience in her home, which she appreciated especially in winter. She said:

I have a car and I can take myself to the hairdresser and doctor appointments and my groceries and banking. One thing I like about this house is I can come into the garage with the remote and I can unload the groceries and I can come right into the house with them. I don't have to have a key to open the door or anything, so it's great.

She noted that her daughter, who lives close to her, supports her with specific transportation needs and said, "I don't drive into town. I don't know Charlottetown at all, I'm lost when I get in there. So, if I need anything in town my daughter will take me.

Freda talked about her car being her independence and illustrated her experience by providing a picture of her with her car and describing the safety features she needs for her mobility.



Figure 11. Mobility-Independence

She stated:

You can see the handicap card in the windscreen. I am wearing dark glasses and carrying my cane, the cane to provide balance, and I wear dark glasses because the bright light hurts my eyes.

Although eight of the women continue to drive their own car, none of them were totally independent and needed backup support for appointments in the city, driving in winter weather, night time events and appointments for specific treatments. For some, even though they do not feel comfortable driving, they have no choice. As suggested by Charlotte, the car is “a necessary means of transportation when living in a rural community with no public transportation”.

Having their driveway cleared and steps shovelled are major concerns for them, and this makes the person who clears the snow one of the most important people in their lives during the winter season. Of the ten women, five had family members close by to help them and five had to hire someone remove the snow. Charlotte also talked about the value of having family to clean the driveway and steps. She said, “Our Patrick shovels the driveway after a snowstorm allowing us access to the highway and shows the need of family support to perform duties we are incapable of doing. Our son also clears the walkway and blows the snow from the driveway”.

Edith needs to hire someone to clear her driveway and steps.

She said:

Paul [her hired person] shovels my steps and driveway. He is my escape from home if I need to go out and if I need help, Paul is always ready to help and is a very pleasant and willing worker and leaves my steps clean and safe. This allows me to stay in my own home. Paul is also a handy man for other jobs I am not able to do.



Figure 12. Mobility-Support

1.2.2 Barriers.

Barriers for some of the women included: restricted driving at night, not driving in the winter, no longer driving in the city and depending on others if they must go there for appointments. For Kathleen, she noted that her walker is a barrier on windy days as the wind takes it and it is heavy to put into the car.

For some of the women, mobility within the home was also challenging. Charlotte discussed the mobility barriers related to older country homes and said, “I don’t think there was ever any country home built that didn’t have steps at the back door and steps at the front door.” She advocated that older homes weren’t built for older people to stay in for their lifetime and suggested that this is one of the reasons that seniors move out of their older homes.

For two of the women that could not drive themselves to where they needed and wanted to go, mobility was an issue. Their ability to bank, or shop, or go to appointments was curtailed by the availability of someone to provide transportation. As described by Geraldine, when talking about paying bills and banking, she said:

I always feel better when I do that myself. I try to get there once a month to pay my telephone bill and my electric bill. Other than that, I just let one of my family take the debit card and my PIN number and do it.

For her, shopping for her own clothing was no longer something she was able to do. She said, “I buy a lot at the thrift store at the jumble here at the church … I mean, I don’t buy them, my daughter goes up and she knows my size and she keeps me clothed”.

For Harriet, although her family hired two different women to provide in home support and out of home transportation, they themselves take care of medical appointments and special occasions. During this study, Harriet missed the knowledge sharing open house because her family forgot, and she did not call them because she did not want to bother them. Although the family was very apologetic, this shows that in spite of families’ best intentions, unless the older adult takes responsibility as well, important occasions can be missed.

Although eight of the ten women still owned a car and continue to drive, six identified barriers they face such as: no longer able to drive at night; not liking winter driving; and not wishing to drive in the city. Arlene no longer drives in the city but has alternatives. She goes to a rural grocery store, her hairdresser lives in a rural community, and her church is in a rural community.

Edith also talked about another barrier older women face and clarified her issue by describing a visit with her son who lives in another province she said:

I was in Hamilton last year and I wanted to rent a car, but my son said, 'Oh no, we'll take you any place you want to go'. Well you know, when I wanted to go, they were busy; they were working, or they were doing something... I didn't have the freedom to come and go as I wished. I wanted to go and visit some old friends and of course, they didn't know these friends and so they weren't interested in going. So, I finally started taking taxis and that was kind of costly and then they (my family) got kind of upset with me because they heard that I had taken a taxi -- why didn't I call them [laugh] – okay, you know that's how children are.

Other mobility concerns were related to barriers Charlotte experienced as a caregiver for a person in a wheelchair. She said:

Oh, sometimes it is difficult getting into some buildings, even the medical clinic. You can get in the outside door by pushing the button, but then when you get in the door for the doctor's office, you can't get in unless someone comes to let you in. And the wash rooms - it's the same thing. You can't use the washrooms unless you can open the door, and it isn't until you have someone with a wheelchair that you realize how restricted they are.... Even going to a restaurant, you have to pick out the restaurants that have washrooms that are family washrooms, otherwise it's just men and women and my husband can't manage alone so... You know you can't go to a restaurant unless there's a family washroom...those are the things that you never notice until you need it.

Mobility issues affected the women in a variety of ways. Some had backup support, while others tried to find solution through raising awareness.

Seasonality is an important mobility issue for these women living on PEI, because it impacts on their ability to age in place.

Joan had a different experience and needed to hire a variety of people to clear the snow around her house. She said, “I have an excellent man to clean out my driveway, however, that does not include shovelling out the verandah to the main door, which I cannot shovel, so I have to have someone else to clean that area.” She stated that she also has to clear around her house, so that the oil delivery person can get to the tank. This meant she had to hire three different



Figure 13. Mobility–Aided by snow clearance

people: one to regularly clear her driveway; a different person to clear around her house when she needed oil or to make sure vents were clear; and still another person to clear her walkway and steps. She provided a picture to show the snow packed up against her house and to show why she needed to have it cleared out. She said, “I would like to share this photograph so that other homeowners may realize that if the tank or the outlet heater was blocked with snow, then they could be subjected to carbon monoxide poisoning.”

Mobility in all its forms has a major impact on the lives of older women and their ability to age in the location of their choice. Although the women in this study experienced a variety of

mobility issues, they managed to find solutions to most of them. They encountered a number of mobility barriers, some they were able to overcome but others remain a challenge. For the majority of the women who had their own transportation, no longer being able to drive at night was an issue that influenced their ability to attend meetings unless someone picked them up. That someone was often a family member, or a friend as will be described in the next segment.

1.3 Unpaid physical support.

Unpaid physical support explores who provides the physical support the women want or need family, friends or neighbours. Unpaid physical support was the physical support provided to the women as/or if they needed help with various tasks such as: help with grocery shopping; vacuuming; yard work such as grass cutting or flower bed maintenance; ongoing maintenance of equipment such as lawn mower, furnace or pellet stove; putting wood in the basement; fixing broken garden fences, or gathering up twigs and branches after a wind storm. It is important to recognize that unpaid physical support was also provided by the women to their family, friends and neighbours.

1.3.1 Family.

Unpaid physical support was usually provided by family members, but friends and neighbours also provided support for the women in this study. In addition, it was identified that unpaid physical support was also provided by the women to their family, friends and neighbours. In this section these three areas were covered starting with family support provided to the women, then support provided by friends and neighbours, and finally the support the women provide to others.

For all of the women, family support was evident, and the support ranged from help with internet issues, to providing specific transportation needs and nursing care following hospitalization. Family support seemed to be provided according to need and the following examples demonstrate that the support needs varied.

One woman was less mobile while waiting for hip surgery and the support she needed was help getting her weekly groceries. She talked about her grandson coming to her home following church every Sunday and going with her after lunch to get groceries. She illustrated his support with the following picture and description:

My Grandson carrying groceries from the car to the kitchen. I am sharing the photograph



Figure 14. Unpaid Physical Support–Includes help from grandson

to show the necessity of family support in performing activities of which I am unable. Presently, I use a cane and my spouse is in a wheelchair. Without our grandson's assistance, we would not be able to enjoy a healthy diet by purchasing, delivering and storing in the cupboards. Rural areas do not have access to grocery stores. We need assistance in providing the necessities of life, especially in the wintertime.

Harriet described a number of ways that her family supported her and said “Every day someone brings me supper, so I don’t have to make my own supper and then they stay for an hour and talk with me.... And on Sunday they come home after mass and there’s wall to wall people.

They all come here and have coffee and have cookies.” Harriet further described and showed another type of support her family provides. She said:

This was the house that my husband and I built in 1982 with two garages but when my husband died September 2011 it was too big for me alone. From the garages they (meaning her family) built a home for me. So great close by children and my beloved church. This picture shows there are possibilities to stay close to home if you don’t like going to a nursing home. For me I am still in my own home with my sewing stuff and memorabilia.



Figure 15. Unpaid Physical Support–Family is close by

Another form of support was described by Kathleen who had suffered a stroke. She said, “Well when I had my stroke, my daughter is a nurse and she used to come out every second day and help me bath and that, so I didn’t need home care.”

Edith also described and illustrated another kind of help her family provides. She spoke of her son being home visiting and said, “He just finished installing hand rails on my basement stairs”. The photograph was taken while a son was visiting from out of province and shows that family do not always have to be near-by to provide support.



Figure 16. Unpaid Physical Support—Visiting son installed handrails

Edith noted:

This makes me feel much safer while going to the basement to do my laundry. This support is an opportunity for me to remain in my own home. I want to share this photograph to show how wonderful family are, my son calls me twice a week to ask me how I am doing. If I didn’t have this kind of help, I would be in a retirement home.

It was clear that the women would have difficulties remaining in their location of choice if they did not have family members to provide support. The variety of supports provided by family members demonstrate the diversity of needs these women had as they aged in place. Most of this support also illustrated ways that families can provide support while also enjoying a social visit.

1.3.2 Friends and neighbours.

For some of the women, friends and neighbours support was valuable because family members did not live in the same neighbourhood and there were times they may need immediate help, or family support was not available when required. For seven of the women, friends and neighbours were an important support group, and the amount of support provided by friends and neighbours varied according to community and the women themselves. Most of the support provided was sharing and kindness between neighbours, such as keeping an eye on each others' homes or dealing with the mail when someone was away. Other times it was bringing something they had baked, making sure their neighbour could get out of their house after a snow storm, picking them up to go to evening meetings, or just dropping in for a chat. The importance of friends and neighbours was aptly described by Betty who said:

They're a comfort in a different way than your family. I mean, you confide in your family very much closer than you would with your neighbours. But still, at the same time, the neighbours provide the constant companionship. They're here all the time when your kids are out working and things like that.

Arlene on the other hand, talked about all of her neighbours working and everybody being busy, including those who are no longer in the work force. When describing one of her non-working neighbours she said, "If I needed her to get to an appointment, she'd have to get her

book to see whatever day. She is busy.” She also talked about another neighbour who is retired but who babysits her grandchildren, but said, “she would take me if I want to go anywhere”.

For some women, friends and neighbours support is essential when living in rural communities because their family members do not live close by. For these women, the importance of immediate help in case of emergency is comforting, especially if family do not live in their community. Neighbours are an important part of their support system.

As suggested by Betty:

They’re always there when you need them and if you call them, they’d be right there. This is a photo of my neighbour in front of my garage door. Note the door hanger over the top of the door on which is hanging a macramé bag. My neighbour is holding the Journal and mail and placing it in the macramé bag. I am pleased to share this photo to show that we seniors depend on the many acts of kindness our neighbours do for us. Each morning he delivers my mail and places it in the macramé bag.



Figure 17. Neighbour Support—Includes newspaper delivery to her door

This means I don't have to get dressed and walk across the icy driveway to get my mail and fall. I compare myself with another senior neighbour who had to give up her daily paper because she couldn't walk to the mailbox for her paper. My second-hand papers are passed on to my neighbour, who is unable to walk for her paper, whereas I can deliver them to her in my car.

Freda lives in small senior apartment complex and is the only female in the building. She said, "I live with five other people and I wouldn't have thought that any of them would have the same frame of reference that I do, but we get along well. The guys are decent and they're gentlemen." She also talked about sharing food and other resources and described an activity she and her neighbours did this year she said:

We got together and hired somebody to plow up our vegetable garden for us so we had a building vegetable garden, and there was a lot of competition but that was good. We all planted what we wanted but if somebody had too many beans or too many tomatoes, we'd just pass them around or put them in the common room, and that's your signal to help yourself.

For those women in the study whose family members did not live in the same community as them, neighbours were important for some immediate help, in case of an emergency, thus were an important aspect of their support system. For some, reciprocity happens with each looking out for the other. Showing that support is not only a one-way street, and for many of the women the opportunity to help others, is important as we see in the next section.

1.3.3 Support provided.

Being needed or having a purpose was important for the women in this study because the opportunity to help others increased self-worth and indicated that they are still valued by their families and by members in their community. Nine of the ten women indicated they helped others in a variety of ways. For some of the women, it was helping family members including:

caring for grandchildren during the summer; taking grandchildren to appointments; picking grandchildren up after school; cooking special meals for grandchildren; taking grandchildren out for a meal; and buying registered education savings plans to support grandchildren's higher education. Some women also talked about helping their children by giving them money to purchase things they needed; making lunch for a son on a daily basis; keeping house for a daughter when she wanted to go to another country to visit a family member; renting a cottage during the summer for family when they come to visit; and helping in the office when regular staff were absent.

Some women discussed taking friends to lunch or to entertainment events in or outside of the community, taking friends to appointments, and giving away creations. As Ida noted, she gave away over 50 knitted sweaters and a number of coffee cup cozies to family and friends saying, "I try to use up the yarn I have because I know when I kick the bucket my son will be aghast at the yarn lying around." Harriet, whose health reduces her ability to manage her own activities of daily living, is able to continue with her love for sewing and to contribute. She said, "A little while ago twins were born in the neighbourhood and I give them each a little blanket. They were so happy with it."

For other women, it was watching each others' homes when the other is away on holidays, sharing house keys, and being the person to be called in case of emergency. This reciprocity type of support is favoured by the women because they contribute as well. As Betty explained:

Every once in awhile, I'll call my neighbours and say -- now do you have my password; you haven't forgotten it, it's been so long. I also tell my neighbours where my key is in case something happens. Even when I'm home, they know where the key is, and they can get in. Like my family, they all have keys to my house and I have keys to their house too.

Freda described how older adults help each other. She said:

I've got THE reliable car in this building, so they treat me right. Now and again, they'll want a ride and they pay me for that if they need a ride somewhere, and I do mending for them and we swap food. I'm finding living here, that the way people who you know have a tight budget, let's say manage by sharing ... yeah, we help each other out, why not.

Providing support for others not only helps the other person but provides the older women with self-worth, and personal and community connection. One woman is a caregiver and attends to the care receiver's needs before beginning the rest of the daily routine. As Charlotte said, "My husband is in a wheelchair, so I have to help him get dressed and that type of thing in the morning and then we have our breakfast." As a caregiver she is constantly helping and deferring or reorganizing her own activities to accommodate the needs of another.

The support provided *by* family, friends and neighbours, and support provided *to* family, friends and neighbours, had a strong impact on the women and provided the interdependence they needed to continue aging in place.

Also, having the financial resources to maintain the lifestyle they have chosen, and to continue the activities they enjoy, was important to the women and is discussed in the next section.

1.4 Finances.

Finances were discussed from two standpoints: 1) financial resources and challenges which referred to having the financial resources they needed to continue the lifestyle they have chosen and 2) managing finances which focused on their ability to manage their own finances. This section is based on the women's own perception about their funds and their ability to manage their own resources.

1.4.1 Financial resources and challenges.

In this section, the women were asked if they felt they had the resources needed to continue living their chosen lifestyle. They were also asked if they experienced any challenges, such as being unable to do their own banking when they wished.

Nine of the ten women responded to the question regarding financial resources to continue the lifestyle they have chosen. Five were very confident that their future financial resources would be adequate. Betty answered with a quick “yes” but as a teacher, she provided her explanation of the impact of having your own pension saying:

Life perhaps would be very different if you didn’t have a steady income like a pension plan. I think that’s what makes your life so comfortable in both your mind and your body. I think it’s very comforting to know that you have a pension to rely on.

The financial resources the women had varied, but their perception of how much they needed was based on their own assumption of what was enough. As Freda contended, she was confident that her financial future was secure and provided details about her financial resources. She said, “I manage on my old age security, old age supplement, a bit of CPP and just a little bit of NRIS, but I manage just fine on it … [so] for the foreseeable future, yes”.

Four of the women were not as confident, but still had a positive attitude. Harriet said, “Never have enough, we never have enough, but yeah, I’ll be okay.” Another participant, Ida, stated that things were getting a bit tighter for her because she was not taking anything out of the business and was hoping she would be able to do so in the future. If that did not work out, she said, “I’d have to make a move if that were the case, and that would entail my son moving from here, but I don’t know if that would happen because the property would be his when I go; it’s now 50/50.”

Charlotte, who still had a spouse, was a bit hesitant when asked if she had the financial resources needed to continue the lifestyle they have chosen. She was not sure and said:

I do, as long as my husband is living. Twenty-seven dollars and my old age pension -- that's my income ... His pension is adequate of course. Then if he dies I only get 60% so I don't know whether I could manage ... I know that has happened to a lot of my friends here; women whose husbands have died and they [the husbands] were the breadwinners and they were the ones who had the pension and when they died their [women's] income was cut back, and they just couldn't maintain the house and pay all the expenses. They had the same living expenses except for food and they just couldn't do it.

Joan, recently widowed, when asked if she felt she had the financial resources she needed to continue her lifestyle, said, "I guess so, if they don't reduce our teacher's pension ... [but] I miss my husband's cheque, you know". When asked the same question Kathleen said, "Yes, I think so, but we [she and her husband] have to be careful."

Although one woman did not respond to the question, she did say that she'd love to have a computer but they are expensive. In general, the women felt reasonably confident that they had enough resources to maintain the lifestyle they had chosen, but a couple of women were cautious about their future.

Freda did have a challenge with automatic direct payments. She said:

I had a bad experience with Bell Mobility. I said I didn't want it [because] it wasn't working, and they said you signed a contract. I don't remember signing a contract, anyway whenever it went to analog, or whatever it is, I said you changed it not me and if I had a contract please send it to me because I don't seem to have one, well it never came. What does that tell you? But they continued to harass me, and said I owed them three hundred and some dollars for breaking the contract. And they had direct [automatic withdrawal] at that time, so I had to change my bank account.... that meant I had to notify my Canada Pension, you know everybody, all had to be changed. It was a bloody

pain. I'll never do that again. I write a cheque, I pay as I go, 'cause that way you know where it's going.

Few other financial challenges were identified by the women, but one noted that her challenges were related to early life activities or work opportunities. She reasoned, "I never taught full time. I taught point six [of a position] most of the time which did not provide the opportunity for a pension." She further noted:

At that time, the wife or mother stayed home and looked after the family and they weren't the wage-earners, and some may have gone back when the kids were old enough to manage on their own.... that's one tough thing for women who live longer than their men.

Although the majority of these women felt their financial situation was okay, some still had concerns and were being cautious, but optimistic, and seemed prepared to be careful in their spending if they needed to do so.

1.4.2 Managing finances.

Eight of the women managed their own finances. Of the other two, one was only able to manage her own finances when she was able to get to the bank but felt confident in that she got her monthly bank statement and always reviewed it. The other woman had her finances managed by her family and was happy with that arrangement. When Arlene was asked how often she did her banking, she said, "I do it every month. I keep caught up. I don't want to get behind on those bills -- between phone bills, electric bills and Visa. I don't use Visa unless I really have to."

Betty does most of her banking online. She said:

I love it because you're hardly ever late in your payments. And if you have to go to the bank, you'll get to the bank and you have forgot your passbook or something, so I like to do my banking on line. A lot of my bills come off my account without me going to pay

them, which is great.... I don't deposit [online], I go to the bank to deposit.

Two of the women have considered online banking, but Kathleen stated, "I haven't got into it yet, but guess I should." Ida said she does not do banking online because "It makes me nervous - I guess I shouldn't be, but I have to be taught how to do that anyway." Freda said, "Banking is not an issue because it's not far away – not far to drive – 'cause it's in our community and they know me." She also remarked, "I'm pretty self-sufficient actually, if I say so myself. I'm pretty smart with money and I don't let myself go into debt, and I always have had a cushion at the Credit Union."

The women in this study, for the most part, appeared satisfied with their financial situation. Some did raise some concerns, but did not, at that moment, have difficulties. Most of the women did their own banking and all of them had always looked after their own finances. Joan also suggested, "Learn the banking system, don't rely on the other person."

1.5 Agency or power.

In this section, agency or power refers to the ability of the women to make decisions about their own life, and to do what they want and need to do on their own schedule. In other words: having the capacity to act independently and to make their own free choices; or appoint others to act on their behalf; seeking help when needed; or accepting help when offered; or having taken steps to ensure wants and needs are addressed. Challenges or justification for not using their own agency or power are also explored, because some of the women also displayed some reluctance when it came to decision making and relied on others to help or make decisions for them.

1.5.1 Taking charge using own agency or power.

The women demonstrated power or agency by making their own free choices or appointing others to act on their behalf, for example: doing their own banking; making sure their wants and needs were considered; using an alert system when living alone; and independently making decisions about their own life - such as planning ahead. Edith provided a great example of independent thinking, planning ahead, and making her own choices. She said:

Actually, there is a retirement home in Ontario and I promised my daughter in Ontario, that if I ever had to go into a retirement home that I would go back. But it's not really a practical thing because she lives too far away from this nursing or retirement home.... There are retirement homes here in Montague that I could go into.... I have a prepaid funeral and all the expenses done, but that's in Ontario. I will just be cremated here, and they will take my ashes to Ontario; I want to be with my husband.

Ida was also very decisive about her plans and has appointed someone to act on her behalf and has her son as her power of attorney. She has had this in place for years. She stated, "I did that to make sure there would be no confrontation when I go because you never know what could take place or happen when people pass away."

Betty had also made plans and said:

I signed my -- you know when you may have to go to the hospital and you don't know who you are or anything [health care directive]. Well, I've signed that form and that is in the doctor's hands, and it's in the hospital to remove life support.

Her son knows when she can't drive that she will be living somewhere else, because she said, "That's the thing. If I can't drive, I won't stay here. I'll have to go where there's a taxi service." She will not be able to go to the nearest town because they do not have transportation, so she would be going to Summerside.

Freda was very pragmatic about thinking ahead and said:

I learned from my Mother. She said if a move is pending as you age, make it [the move] before you have to; and that, I thought, was good advice. That's what I did here, and I miss being at the cottage but I'm better here where I am talking to people.

Betty described herself as always being organized throughout her life and described both proactive and decisive decisions. She has an emergency alert system, which she wears everywhere she goes. Betty further illustrated her take-charge attitude when she said:

I travel back and forth to Ottawa a lot because my aunt is still living there, and I stay in her nursing home. Usually my room is across the hall from her and we eat breakfast together, gossip all day, and go to lunch and dinner at night.... I go by wheel chair now wherever I go. You don't have to worry or be frustrated when you're travelling.

Betty was also very decisive about what she would do if she could no longer stay in her own home. She figured her next step would be a nursing home but declared it would need to be in a very active nursing home where they had lots of programs. She was not interested in "sitting in a corner".

Charlotte was very decisive about her wants and role in society, and expressed her position when she said, "We seniors, over age 85 years, are not necessarily an added expense to the medical system or social services, but actually promote healthy living styles which leads to a strengthened self-esteem and self-worth." She was hopeful that the information gained from this research project would enable others to cope with aging in place and improve quality of life for all seniors.

When asked about how she ensured her wants and needs were addressed, Freda indicated that she would take care of them. She felt she knew how to handle money and noted examples. She said, "I sold the cottage. I put the money into the Credit Union. And then you know, taking

their advice, because I didn't want anything risky, and that's why I bought a car." She is hopeful that the car will last until she dies. She said, "But I'm not sure --maybe 'till I can't drive anymore (laughs). Oh, please let me die first."

Betty talked about being proactive by having an emergency system and described how she feels about her phone. She described her phone as being a great comfort, even more comfort than an emergency necklace or your computer, because it is in instant voice. She talked about her emergency system, which she said she hardly ever uses. It has a fire alarm and an emergency necklace. She said she knows it works because "one day I had something in my arm and I squeezed it [the emergency necklace] (laughter). I had all the neighbours running – first thing that [pointed to the emergency system machine] started talking to me."

Many of the women made their own choices or ensured their wishes would be addressed if they were unable to make their own decisions. But not all women displayed power or agency, a topic explored in the next section which describes some of the challenges the women encountered.

1.5.2 Challenges or justification for not using agency or power

Eight of the ten women articulated challenges or justifications as to why they may let others make decisions for them. Some of the women did not make decisions about their current or future needs. Some chose not to make decisions, which was their way of being stoic or resigned to their fate. The following women demonstrated these traits.

When asked about getting to her favourite social activity, Kathleen said:

Well I don't know; we don't go out too much anymore. I don't like night driving and I try to avoid it when I can.... I hate bothering family too much. They all work. Well one is not working now, and she takes us to appointments--and I don't want to bother them too

much.

She also displayed a passive attitude when asked if she had concerns about growing older. She said, "I have concerns all right about not being able to do anything for myself and things like that. I don't worry about it or anything - what comes, comes."

Geraldine also revealed a passive attitude when asked about how she ensured that her wants and needs were addressed. She indicated that she does not worry about things like that, and said, "I suppose when you get a certain age that you wish you could do lots of things, but you know you can't, so why dwell on them." When asked about family support, she said, "of course they take me places". When asked about yard work and cutting the grass she said, "I don't do it – they just come, and do it and I don't think of it as support they are giving me."

Geraldine demonstrated a stoic attitude when asked if the home care service she used were enough. She said, "there is very definitely too much when you are an independent person." She likes the social part of them coming to visit, and noted, "They sometimes sit down and talk, but are not allowed to have a cup of tea, or anything like that though." She said, "I'm too independent. They wanted to know if I wanted them to make me a sandwich for lunch, and I was capable of doing that on my own, so why bother them."

Some women anticipate that others will take care of things and appeared to not want to consider future negative possibilities. When asked about future plans around mobility, Arlene said, "Everything seems to be a go so far. I don't know, I think we're always gonna be here anyway. I don't plan on anything like that, but I often wonder sometimes, what would I do if I couldn't drive."

Freda had a similar attitude when asked what she would do if she had to stop driving. She said, "Well, I'd have to, wouldn't I? I'll jump that hurdle when I get there." She indicated she would probably cobble something together. She then spoke about others in her apartment complex and noted:

There are four guys there without a car, and they manage one way or another.... usually friends or family will give them a ride into town and they could get immediate needs at the corner store. Yeah, I think people would step up ... why worry about that today, there's nothing you can do about it anyhow.

Although most of the women demonstrated agency in decision-making, there appeared to be a reluctance on the part of some to make decisions or plan ahead for possible driving cessation, and the possibility of having to move from their location of choice.

It appeared that their perception of their own mental and physical health impacted their perceived ability to control life events, or they felt that planning would not make a significant difference in their ability to control life transitions.

1.6 Health.

This section looks at the physical or mental health issues the women mentioned that were impacting on their daily lives or their ability to do the things they wanted or needed to do. For those with health concerns, there was mostly a solution in the future and none of them allowed their health problem to totally disrupt their ability to remain in their location of choice.

1.6.1 Physical health.

This section explores current health conditions that the women had or were experiencing and spoke about; or pending surgeries or other conditions they anticipated in the near future.

Eight of the ten women identified current physical health issues. Charlotte noted that she was waiting for a hip surgery and said, “I couldn’t manage to get the groceries in, and that type of thing, right now, but I could when I get this dang hip replaced.” She went on to clarify that she was still able to do some things and said, “...though I’m sort of disabled with this left hip, I can drive the car”, but did note that she has driving limitations by saying, “I don’t drive after night because of macular degeneration.”

Harriett had a different experience and described an incident that placed her in a long-term care facility. She said:

Yeah, I fell out of bed and had 14 stitches and I got yellow and blue and black on my whole face. I had the Lifeline [emergency response system]. I had it under my pillow, but I forgot, and I was bleeding something terrible and I had to get help ... yeah, and then I had to go to Perrins [a long-term care facility].

Her story had a positive ending because her family worked together to build a suite for her in the garage of her previous home, and she said, “...they made sure I had to come home because I was so sick. I came and I’m still here (laughs).”

Kathleen talked about a stroke two years previous that affected her hips and legs but not her speech. She does think it affected her memory and noted that rehabilitation exercises were her first activity in the morning. She said, “I do my exercises. I have to because I had a stroke a couple of years ago, and I took exercises afterwards and then they seem to be wearing off or something, and I am taking more.” Otherwise, she can get around with the help of her walker when necessary, but she notes that vacuuming is a barrier because she gets a sore back when she uses the machine.

Edith talked about having vision and voice difficulties. She said, "My eyes are not as strong as they were, but I can read for a half an hour or more without it becoming more difficult." Her voice is getting low and when she is trying to make herself heard, or if she spends too much time on the phone, she has problems with her voice.

She also had circulation issues, so to enhance her circulation she bought herself a circulation booster. She said:

I use it every day or so to improve my circulation. It keeps my legs from cramping at night. It keeps me able to continue living alone; and managing my health problems without medication. This picture provides the opportunity to let others know that if you keep your circulation it prevents cramps in your feet and legs.



Figure 18. Health-Aid for circulation

Ida stated that her hearing is not as good as it used to be. She said, "I'm not wearing hearing aids, but everyone tells me I should be because my hearing is not as good as it should be." Freda spoke about being quite sick the previous May, with the flu. Arlene was very healthy but declared that she was scared of Alzheimer's because her mother had it. Joan discussed

having her knee operated on and having to give up skating. She also stated that she used to go to exercises and now has a pacemaker and said, "...that kind of put my activities down to lower thoughts." Geraldine stated, "I move very slowly because I have a lot of broken bones. I also have osteoporosis which came from a thyroid problem I had from the time I was 15 or 16, I guess." She described some of her health issues by saying, "I had a broken knee, broken pelvis bone which never healed, a broken neck that's not completely healed either, but it is very stable and then I broke my hip and my wrist and that's a year ago."

Although most of the women dealt with one or more physical health problems, they continued with their everyday activities and have adjusted to the limitations they experience. Also important for some of the women was mental health support discussed in the next section.

1.6.2 Mental health.

The women primarily discussed their concerns for the future that affected their mental health. For Charlotte it was:

If I have to go to a nursing home, that's my biggest concern ... we just hope that as long as we have our health, we can manage it here -- but if we have to move, we have to move, there's no question about it... it wouldn't be easy that's for sure.

Helen, who just became a widow just a few months earlier, said, "It makes a difference, it certainly does. You have to paddle your own canoe now."

Ida talked about her early life and said:

Once in a while, I'll get in the mood. I will have these memories of my dad and I try not to think of those times ... I think of the times that I felt so much love for that man, just little things that he would do and those are the things I try to think about, you know. I know he left my Mom for another woman in the end and broke everybody's heart, but I don't know.

She also talked about her mother and said:

When I work in the garden there is something about the aroma of the tomato plants that reminds me so much of my mother. I'm just filled with memories of my mother being right there; I don't know why, but there is something about tomatoes and my mother.

Although some of the women expressed some mental health difficulties, they continued to do the things they needed and wanted to do to continue living in their location of choice and provide support to others in their circle, which is discussed in the next section.

1.7 Unpaid Mental Support

In this section, the focus is on who the women discussed worries or concerns with, and who they contacted in an emergency. The choices were family, friends, or neighbours. This section also asked about mental support these women provided to others.

1.7.1 Family.

When asked who they talked with or shared concerns with, the response was primarily family members. However, for some of the women, sharing their personal concerns was very difficult and they had a tendency to keep their worries to themselves.

When discussing sharing their worries or concerns, family was the number one contact for four of the women. But Kathleen revealed she did not feel comfortable sharing personal information and said, "I don't share anything with them unless they catch on and ask about it." Joan also noted that she is not good at sharing and talked about not sharing concerns with others because she does not like to burden people. Audrey shared with a family member, but felt she was placing too much on her daughter's shoulders. Audrey felt her daughter had her own worries and she should not be adding to her stress.

Two women advised that they did not worry. Joan became a widow a few months before she became involved in the study and seemed not to have given these questions much thought. When asked about who she shared worries or concerns with she said, “I don’t know, I never thought about it - guess I’ve just been working on my own.”

Ida stated that she does a lot of heavy thinking at the night, and said, “...that’s not good either. I could talk to my sister, too, but I’ve never. Some things you just don’t feel you want to discuss with anybody, you know.”

When asked who they would call if they had an emergency, the breakdown again was, primarily family, followed by friends and neighbours, and 911. Five said family which included: two said their daughter; one said son and daughter-in-law; one said her son’s wife; and one said her son. One woman said daughter or neighbour and two said neighbours. Two asked, “do you mean besides 911?” When told yes, one said she would call family who were close by and the other said her son or daughter who lived close.

The reluctance to share worries or concerns was a difficulty for some of the women. The absence of trust in professionals, such as their doctors or clergy was also mentioned, which is a concern because professionals may be the only source of mental health support and may be the only option.

1.7.2 Mental support provided to others.

The women talked about their family members having health and other issues but did not acknowledge how they are providers of mental health support. Yet, one woman talked about providing mental support to her sister, and to a relative in the United States. For her sister it was via daily e-mails, and for the other relative, it was daily Skype calls (computer software allowing

voice and video calls). Another woman had a son in long term care whom she visited on a regular basis. Although she did not say so, this could be considered as mental support.

Of interest, although none of the women talked about providing support for mental health, they did provide support via technology and one by actual personal visits. The importance of mental health for older women living in rural communities is not often discussed and I am not sure that the women recognized this area of health, or if mental health is a hidden, or unspoken, health issues for these women.

1.8 Early Life Experiences

The early life experience of these women provided insight into the realities of life they experienced as children and young women. There were a variety of early life experiences that provided insight into the realities of life for women at that time. Their own early family life, their educational experiences, raising their children, and their everyday life as adults, revealed their power, or the lack of control over life choices. Although the women all lived and grew up during the same time, their early life experiences varied according to where they lived, their socioeconomic situation, and future visions. This section demonstrates the diversity of experiences and how most of them adhered to societal expectations.

The following two descriptions depict this diversity. Joan described a childhood which provided insight into the realities of life for some women at that time in PEI. Her mother died at age thirty-eight, leaving three children (Joan - age six, a brother age seven, and a sickly brother age four). Her widowed grandmother moved into their home to care for them and another grandson Chester, whose father had been killed in an accident while sawing wood. She said:

Chester's mother had a teaching degree but schools at that time were very scarce and very poor pay ... so she [Chester's mother] decided that she was going to go and be a

nurse and she couldn't look after him, so, grandmother had the whole responsibility. She brought us up; she did well.

She also observed that her father had a hired man to help with the farm, but the grandmother had no help to raise four young children and maintain a farm home.

In contrast, Freda, born and raised in a different province, discovered that her early life was very different from her contemporaries in PEI. She participated in a life writing class, during which women shared their stories of growing up in rural PEI. Freda noted:

I thought I didn't have that kind of a childhood. I had a comfortable childhood. We had a lovely home and my dad was a doctor and he made good money.... there was money for piano lessons, horse back riding and art college, and we went on holidays.... Dad always had a good car and we had a modest little cottage.... We'd come home for lunch and my Mother would be playing the piano and the maid would serve us lunch. But when the war came, that was the end of maids. My Mother had electricity. You wouldn't catch her without electricity even at the cottage.

Except for two of the women, life experiences were related to the farm and the women were involved in their communities at an early age. Some had a difficult time in early life with the loss of a parent and, in one situation, a participant was moved to live with her grandmother, so her father could work.

The sub-themes of women having power/agency, or not, in this stage of their early life is explored in the next section.

1.8.1 Power and agency.

Here I looked for evidence that the women demonstrated control over their own life, such activities as continuing their career after marriage, dealing with own perceived mistakes, and making their own decisions.

Although life circumstances varied for the women, six of the ten did have some post secondary education, primarily related to teachers training, but none actually obtained their degree. Joan described her experience by saying:

I have Prince of Wales teachers training and then I studied for my B.A. I took courses pertaining to the teaching field and I guess I refused to take a course on calculus and they wouldn't give me my degree.... anyway, it didn't make a bit of difference to me; I had the courses and I got the highest pay going.

Ida, not in the teaching stream, received her credentials from a post secondary education institution. She said, "I graduated from Prince of Wales and that was pre-med, then I took a lab course and was a registered lab technician."

Betty was a forward thinker and described her first investment. She said:

I remember one time saying to my husband, 'I'm going to see a financial manager', and he said, 'what are you going to do that for, you have no money', and I said ... 'I think I'll be gone years ahead of you and there's no woman going to get my hard-earned money.' ... I remember my first investment. I did not have a clue what he [the investment advisor] was talking about and that investment did really well. It was a thousand dollars that I invested with him.

She observed that her husband had invested some money with somebody else and lost it all.

These women demonstrated that they retained some control over their lives and still stayed within the social norms expected at time. Other women adhered more closely to societal expectations and, as we will see in the next section, gave up some of their visions for the future.

1.8.2 Lack of control over own life.

In this section, the focus is on areas such as putting careers on hold, making decisions to accommodate others, and/or societal pressures impacting on decisions.

Eight of the women talked about their early life and discussed their educational attainment, which painted a picture of realities for these women as they moved forward in life. Two of the women provided additional insight which illustrated contrasts in opportunities available for the women.

Geraldine had grown up on a farm in West Prince and went to Prince of Wales College and summer school to become a teacher. She described her experience as a young woman going away to school (in Charlottetown) and said:

I was very green, I think. Well I was only 15 and I think I was only in Summerside a couple of times and never was to Charlottetown.... I wasn't a bit lonely, I was having so much excitement, and meeting new people and studying.

In spite of getting her teaching credentials, she did not teach very long before meeting her husband and she said, "that was it for teaching".

Arlene, on the other hand, grew up on a farm that was much closer to the city, but her experience was quite different. She said:

I finished Grade 10, but then years ago there was such a crowd [large family], there was no word of going to college or nowhere. You just went around and done house work for people and picked potatoes and planted potatoes.... of course, we didn't have the money either.

Charlotte described her choices in her working career and their impact on her pension now that she is older. She shared that although she was able to organize her working life the way she wanted, the result was a lack of adequate pension when she retired. Her decisions enabled them to live the lifestyle they had chosen, but it was not until her later years that she realized the full impact of her choices.

Harriet grew up in different country. She used a slate in school; there were only twenty to thirty books in the school library; and she described her teacher for grades seven, eight and nine as unskilled. She said, "Then came the war. Then, we couldn't go to school, so we fell through the cracks." She also told about being a bride of one week, when she and her new husband immigrated to PEI because there was not enough land in her own country for them to become farmers and make a living. She said:

At that time, we were just poor people and we wanted to get married. We had known each other for five years and we got a little piece of land from his mother. My oldest brother said 'you don't have a living, that's too small.'

They then started talking immigration, Harriet said, "Even the Bishop had meetings and they started pushing the young farmers who wanted to farm."

There were examples of women not having control over or choices in their own lives. Kathleen talked about getting married and moving into her husband's family home. She said, "He's lived in this house, well all his family lived in this house, about six generations, so that's why I have the stove over there and everything - like you can't have anything handy."

Geraldine talked about not having travelled much because her husband was a farmer and milking cows, and couldn't really leave but she said:

When he got that he could have travelled, he was very content to stay at home ... his father lived with us for 25 years and he was the same. He would sit in his chair in the corner as content as ever he can be ... neither one of them liked to travel but they both loved to have people come here.

Some women appeared to think only about others and dismissed their own feelings. When I interviewed one woman, her daughter from out of province arrived at the same time as I did, so was there during the interview and occasionally mentioned some events. When the

participant was talking about her children, her daughter mentioned that her brother had been killed in a car accident and that her mother had a week-old daughter at the time. The mother, Geraldine, responded, “that was very sad. It was just before Christmas, December 23rd. It was terrible for my husband.” There was no mention of how difficult it must have been for her.

The examples of early life experiences of the women demonstrated the diversity of life circumstances and provided some insight into how the women accepted or developed their own solutions to the situation in which they found themselves. At times, they exhibited power and agency, but other times deferred to the wishes of the husband or other family members.

Question 2. How Do Social Structures and Government Policies Influence These Women?

In response to aging of the population, governments, although slow to adapt to this reality, have and are putting programs and services in place, notably federal and provincial strategies and action plans for seniors’ health and wellness, eg. Department of Health and Wellness, Province of Prince Edward Island’s *Promoting wellness, preserving health - a provincial action plan for seniors, near seniors, and caregivers living on Prince Edward Island.*

Congruent with a critical social science approach, the findings illuminate some of the key variances between the programs and services available and the real needs of the women in the study. This study focuses on aging in place and sees the ability to age in place as having the health, social supports and civic services such as transportation, housing options and more that an older person needs to live safely and independently in their home or community for as long as they wish and are able. The findings report what the 10 women highlighted in interviews and their Photovoice presentations. I interviewed rural women aging in place to learn from them if

the necessary programs and services are available to support their life choice and, if they are available, have they used them or were they denied the service or program for any reason.

2.1 Use of programs and services.

One reason older women are able to continue living where they wish to live is having access to the programs and services they need. In this section the focus is on public and private programs and services the women used, or not, to support themselves as they age in place. The programs included paid and professional programs offered by government, and for-profit and not-for-profit sectors. All ten women responded to this section; some had used programs, and some did not consciously use or seek programs.

2.1.1 Government or private programs and services.

This section relates to programs and services used by the women including those paid for by the women themselves, those provided or sponsored by government, including those offering security, communications, home renovations or repairs, home support, and health. Although all of the women had used the services of a doctor, they were not questioned about this particular service. The services most frequently used by the women were their hair dresser, followed by the driveway and step clearing. (Note: the study occurred during the winter.) The women had to pay to have their hair done, but only four women were responsible for paying for snow clearing service. Six of the women did not need to hire a snow clearing service because, for five of them, a family member provided the service; and for one, snow clearing was part of her housing service. Three women hired home cleaning service and one, whose husband was a veteran, had a cleaning service provided by Veterans Affairs. Other supportive services used by the women included: emergency service programs; home care by one woman after getting home from hospital; one woman received emotional support from her clergy following the death of a spouse;

one woman uses meals on wheels twice a week; and one woman had two private caregivers paid for by herself or her family.

Freda had a different situation living in a geared-to-income housing for seniors and was happy with her home and the services provided. She said, “You know, that’s [rent] 25% of my income and includes hot water, heat and the laundry.” Her rent also included parking and yard work, plus the cleaning of the hallway, laundry room and the common room.

One of the government programs used by the women was the provincial government Home Renovation Program (<https://www.princeedwardisland.ca/en/information/family-and-human-services/seniors-home-repair-program>). This program assisted homeowners to help with the cost of major structural renovations with a maximum of \$6,000 for eligible renovations. Combined income must be \$35,000 or less and property value \$145,000 or less. Only two women used this program and others stated they did not need to use it. Arlene used the program twice, once for a new door and windows, and once to have her roof shingled. She said she needed a new furnace and “I just phoned my son out in Calgary and he sent me the money for the furnace”. She did not want to go back to the government program a third time.

Betty participated in an energy savings program, but later she had to redo her bathroom and move her washer and dryer up to the main floor and she said, “I couldn’t claim it because I already had done renovations to my house.”

Geraldine used geared-to-income housing and home care and was very happy with the service. She stated, “I pay \$425 a month and that includes the hot water and the heat and the laundry, so that’s a pretty good deal.” She goes on to say:

And they do the yard work and we have parking and if you want something … our clothes line got wrecked in the storms a couple of years ago and they brought us a

Cadillac of clothes lines.... and I asked one day,...do any of the buildings have a picnic table and they said yes – and I said, can we have one and now we have a brand new picnic table - really good, and if I need a light bulb changed, the man that comes to clean - and he's tall, and sometimes he'll come in and change the light bulb for me.

2.1.2 Barriers to programs and services.

As experienced by the women, there were some barriers to services. There were limitations on who is eligible and the number of times a service could be used. The women appeared to accept these limitations. As Betty articulated:

When I did my bathroom and my new washer and dryer, I couldn't claim it because I already had done renovations to my house. But I mean that was alright, I guess it depends on your income too doesn't it? Maybe that's another reason why I couldn't get it. I'm not saying I am rich.

For some of the participants, they put up their own barriers by not see themselves as needing a government service or program. When asked about using programs and services Kathleen said, “Well, when I had my stroke, my daughter is a nurse and she used to come out every second day and help me bath and that. I didn't need home care really.”

When asked if there were any services she needed and could not get, Betty described her inability to have reliable internet service.

Charlotte described the difficulties she had getting her wheelchair-bound husband into public places and remarked that she could not even get the wheelchair into some funeral parlors. She said, “I don't think there was ever any country home that was ever built that they didn't have steps at the back door and steps at the front door.”

Three of the women stated that they have never used a government program or service, two because they did not need it, and one because her daughter provided the care when she got home after a stroke.

2.1.3 Suggestions (by the women) for improvement.

From the findings, it appeared that several improvements were suggested that would support the needs of women age 85 and older living in rural PEI. The major issue of transportation was raised by all participants. Some were still driving but were beginning to have concerns because they could not drive at night; most were nervous about or were not driving in the winter; and the majority were having concerns about driving into cities because of the increased traffic.

Betty talked about having to move if she could no longer drive because she said, “If I got my wits about me, I’ll have to have transportation. ‘Cause I’m like I gotta go everyday, (laughter) I gotta go everyday, I gotta go every day”. Charlotte expressed her concerns about transportation and said, “I don’t think people can live in rural PEI if they don’t have their own transportation. There’s no public transportation.” She noted that transportation was such an issue and explained it by saying, “We had a lady here last year. She moved to Saint John House in Stratford because she didn’t think she could afford another car and she just couldn’t manage here without one.” Edith talked about the joys of having her own transportation. She observed that when she lived in a large city in another province, she did not need a car, but in this province, she needed a car. When she finally got a car, she thought she was in heaven and it was such a freedom. She emphasized her joy by saying, “when I get bored or something I can just get in the car and go wherever I want”.

Edith also raised an issue related to having to depend on others for transportation. She described a situation when visiting a family member. She wanted to rent a car and was told ‘no’ that the family would take her where ever she wanted to go. The reality was that every time she wanted to go somewhere, they were busy working or were doing something else and she said she did not have the freedom to come and go as she wished. When asked what she would do if she could no longer drive, she replied “Well I don’t want to cross that bridge yet, but I know it’s coming I’m sure. I haven’t really made any plans about what I’m going to do. I am going to stay here as long as I can drive anyway”.

Freda discussed services women age 85 and older provide for others and described helping her daughter by driving grandchildren to events or picking them up when needed a drive, as well as driving friends and neighbours who do not have transportation. When asked about what she would do if she had to give up driving, she initially said, “Well, I would have to wouldn’t I? I’ll jump that hurdle when I get there.”

Another mobility issue discussed by the participants was related to activities outside the home and the ability to do the things they want and need to do. As a caregiver of a person in a wheelchair, Charlotte had major concerns about mobility and described some of the barriers she dealt with on a daily basis when trying to access services. She said:

It is difficult getting into some buildings – even the medical clinic – you can get in the outside door by pushing the button but then when you get in the door for the doctor’s office you can’t get it unless someone comes to let you in.

She continued by saying:

...the washrooms, it’s the same thing, you can’t use the washrooms unless you can open the door and it isn’t until you have someone with a wheelchair that you realize how restricted they are and even going to a restaurant you have to pick out the restaurants that

have washrooms that are family washrooms. Otherwise, it's just men and women and my husband can't manage alone so you can't go to a restaurant unless there's a family washroom – those are the things that you never notice until you need it.

She observed that even the funeral home was not accessible. She said, "...they think it's accessible and I can't get the wheelchair in, like usually you turn backwards and it's easier to pull it in, but I can't, and it isn't that big a lift... I mean that's a funeral home."

Another area of concern is the lack of adequate internet service in rural communities. Betty relies on her computer and internet access every day; she does research, banking, and is always searching for some kind of information. She noted that government and the company that was supposed to provide internet in the country are blaming each other for the lack of adequate service. She pointed out that, "...two weeks ago they put a new box in for a signal and it hasn't improved one darn bit – so that's it – I said I don't think I'm going to vote again till I get a decent internet service." Edith even gave up her internet service because it was so inconsistent, and others have simply said, "I can't be bothered anymore it's too frustrating."

Question 3. How Do Women 85 And Older Educate Themselves About Aging and Living in Rural Communities?

3.1 Where and how do these women learn about aging?

For this study, the focus was on where and how the older women obtained information they wanted or needed to age well, to adapt to changes, and/or to age in place. Nine of the ten women responded to this question and identified a range of learning methods and sources: asking a professional; reading; other women sharing their learnings; family; and actively seeking information. Their sources for information were primarily informal and, although the data demonstrated that the women were interested in learning, most did not appear to be aware of

formal learning opportunities. To answer this question, the women were asked where they obtained their information and the responses were woven into formal and informal learning options. And finally, the women were asked what challenges they encountered in their learning process.

3.1.1 Formal.

For this study, formal learning was seen as courses offered by education facilities or programs (e.g. Holland College, University of Prince Edward Island, Seniors College or Government Departments such as Education, Health and Wellness or the Seniors Secretariat).

Only two of the women participated in formal learning opportunities. Freda suggested that we learn from health professionals and participating in learning events such as Seniors College and workshops. She believes there are lots of courses slanted toward seniors and suggested, “Just go and learn about it … if you look around … there’s lots of courses that are interesting or that you’d find useful.” She expanded her thoughts and said:

Well, Seniors College, I really enjoyed that and got a lot out of that – the social aspects, and interesting subjects, and the instructors are experts in their field. We did environment issues, writing life stories, conversational French, and drama – really good stuff – really fun stuff.... One of the courses I took at Seniors College was a course on law, slanted towards what seniors would need - wills, downsizing, elder abuse, things like that. There’s lots if you look around, lots of courses that are interesting, or that you’d find useful.

Charlotte spoke about the variety of workshops and health related sessions available in her area or in the city and said, “I think it’s really important that you keep yourself knowledgeable of what’s available to alleviate suffering … and to remain knowledgeable of what’s going on, in regards to seniors and what you can access”.

The lack of participation in formal learning opportunities seemed to be related to the lack of lifelong learning courses related to growing older, or adapting to changes related to aging, or to the women's attitude toward their need for information, or their perceived ability to learn. The majority of learning opportunities mentioned by the women were informal and offered by community organizations.

3.1.2 Informal.

In general, for seven of the women, the concept of actively seeking formal or informal learning opportunities did not appear to be a priority. As noted by several of the women, their main sources for learning were the media, reading, and conversations with others about shared experiences. Edith suggested that family could intercede on their behalf. Betty, on the other hand, focused more on informal learning opportunities and was very active in her community and with community groups. She stated:

Our senior's group is very, very active; that is where we hear more about seniors than any other place.... I got a sheet that came to the seniors and it's loaded with information about where to go and different organizations.... I think Women's Institute have lots of information if you want to get it and you can get their information on line now too.

Geraldine described her viewpoint on life and learning and said:

We know we're all getting older and the end is going to come someday, but we really don't discuss it I don't think - just in everyday conversation that something might come up and I might give my view on it and I might not.

Arlene suggested that we can learn from each other, which was a sentiment of several of the women. Learning about growing older does not appear to be a priority or something the women feel they need to learn about. As Arlene stated when asked if she ever discussed aging with anyone, "no, it just happens".

Information needed to adapt to change or improve the ability to age in place did not appear to be a priority, and demand for learning opportunities was not spoken about. The majority of learning was informal and related to health. Some women attended workshops or participated in longer term sessions. Three of the women actively sought learning opportunities and two mentioned learning from health professionals. Several spoke about learning because of being a participant in this study.

Three of the women referred to this study as a learning opportunity. Geraldine articulated that, not only did she gain a new way of learning, she also gained a new friend because of her involvement in this study. She explained that one of the other study participants in her area was attending a workshop on death and dying. She said, “then she’s coming and telling me about it, we sit and have a cup a tea and a cookie and talk about it and talk and talk and talk. She’s been a blessing to me and I have only known her three weeks.”

Freda said:

It has been a learning experience for me as I met the other participants and heard about their activities. It was encouraging to learn about their coping skills, dealing with their limitations while living in their homes, as well as the contributions they continue to make to their families and communities.

Betty described her feelings when she said:

This project has been a unique way of learning about ourselves and others as we age past the 85 mark. It was interesting to sit around a table and listen to others speak about their lives, how each new venture in life is dealt with in all our individual circumstances. Some of us have aching joints; some, even at 90, sit on a lawn tractor and are able to mow a lawn while others struggle to move about with the help of a cane or a walker. We learn that we are different individuals in body and mind in every respect. The definition of ‘pioneer’ in my Oxford dictionary is given as one who settles in a new region or one who develops new ideas or techniques in the way of life. We will take the later meaning and

yes, we are people who are forced to develop new ideas and techniques as we age.

An interesting insight about the impact of being a participant in this study was described by 91-year-old Harriet when she presented the impact of being involved in this study. She wrote:

This is the last paper I have to write for this course. It was with great pleasure that I was a part of this. Since I had so little education my eyes were opened to many things I never even heard of. I am so glad I took part.... I know I have learned a lot and taking pictures was fun.... I had never done that before.... I am sure we all learned a lot. I still cannot explain well what supports or creates barriers of aging in place. I did my best to find out what it meant.

Charlotte summed it up very as she said:

This knowledge leads to a strengthened self-esteem and self-worth. Hopefully, the information gained from this research project will enable others to cope with aging in place and improve quality of life for all seniors. We seniors over age 85 years are not necessarily an added expense to the medical system or social services, but actually, promote healthy living styles.

To learn more about the women's experience in learning, they were asked about challenges they encountered as learners.

3.1.3 Learning challenges.

To learn about possible challenges the women encountered they were asked if they ever went to information sessions. Edith said, "no I haven't. I am interested but I don't know why I have never gone. Not sure if I don't need it, but maybe just curiosity or interest sake that I would go."

When Geraldine was asked where she got information to make plans or to make decisions she simply said, "I don't know". She did say her family would take care of things.

Charlotte tried to describe the challenges and said, “you have to take part in those workshops or seminars or the things that are available”. She went on to say:

I mean they keep putting them on and sometimes complain about having low attendance, and you wonder why – ‘cause our population is increasing. I think it’s really important to remain knowledgeable of what’s going on in regards to seniors and what you can access.

For reasons unknown, information needed to adapt to change or improve the ability to age in place did not appear to be a priority and demand for learning opportunities was not raised by participants. The majority of learning was informal and related to health. Some women attended workshops or participated in longer term sessions. Only one attended Seniors College, three actively sought learning opportunities, and two mentioned learning from health professionals. Several spoke about learning because of being a participant in this study.

Question 4. How Do Women 85 and Older Share Their Knowledge and Mentor Others?

For a minority of women in this study, the concept of them sharing knowledge or having knowledge to share seemed like a new idea, but as they thought about it, they discovered they did have valuable information to pass on to others. The sharing of knowledge occurred in a variety of ways including sharing favourite recipes and other information with younger family members. For a couple of the women, it was active involvement in community groups to plan and facilitate learning activities for others.

4.1 Sharing knowledge.

This section is about mentoring others, creating information, sharing knowledge with family, and community information sharing such as, doing presentations and organizing

workshops or special events. Information sharing is broken into three sections: family; community; and advice to younger aging women.

4.1.1 Family.

This section describes the women sharing knowledge with family - including favourite recipes, developing family histories, keeping daily diaries and responding to requests for specific information.

Although all ten women talked about sharing information with family, not all gave examples. Charlotte described herself as the family historian and said that whenever the family want to find out who's related to who they come to her for the information. She also said, "they know my position on everything, but it doesn't necessarily mean that they agree with me or that they are going to follow it. They certainly know ... I speak my mind quite openly."

Ida said:

I don't think about it much to tell you the truth. When you think about it, I don't feel old. I try not to. My granddaughter, in particular, when she'd be home, she would write out recipes - she has a little booklet with recipes in it.

When asked how she shared her knowledge with family members, Betty said, "I'm like my grandfather: I like to tell them but sometimes they don't want to listen.... I have completed family histories on both sides, and I have daily diaries which I have kept since the 1980's." She also shared knowledge by telling kids stories and having clan reunions. She said, "This past year we had costumes and we play acted some of the old ancestors and what they did in their lives and it was so much fun." She went on to say that she compiled the parts for each person and was able to do that because she did the family history.

Arlene talked about her granddaughter giving her a book with questions to answer and her daughter giving her a mason jar full of questions and a blank book. She said, "I had to take them out and stick them on a page and write them about them." She also noted that she has kept a daily diary since her son was born and that he is now fifty-six. Geraldine said, "I don't know whether I have any knowledge to share with anybody else. I guess in everyday talk, when we play cards, we're discussing this that and the other thing, not that we come to any good conclusions."

The concept of sharing knowledge was not something that the women thought about and their immediate response was primarily that they did not have knowledge to share. For some, this study helped them realize they do have knowledge and that that knowledge is worth sharing with others.

4.1.2 Community.

Five of the women were actively involved in their communities and three of them beyond their own community. All shared knowledge with community groups and three were actively involved in other undertakings, such as serving on government advisory committee, solo gallery art exhibitions, proposal writing, and project management.

Of the three women who were involved in activities outside of their own community, Charlotte served as chair of a government advisory committee and still serves as the past chair. She commented that they were frequently asked for input in relation to work being done related to their mandate. She said, "You feel like you're talking in the wind sometime - they don't listen. They ask for your input, but they had the plans all devised before there was any input. It's frustrating." She championed intergenerational involvement and older adults sharing their knowledge through community involvement.

Freda taught art at Seniors College for several years. She played the piano at church and remarked that one of her favourite activities was her Saturday morning get-together with other artists to paint and socialize. She curated and installed a solo art exhibit the previous Spring at a gallery in Charlottetown, and said, “my Saturday morning art group helped me set up and provide refreshments for the opening”.

Betty shared information about her ongoing activities she said:

We just finished Swedish weaving and our next project grant is to learn about newcomers to PEI.... I think it's a really good project. We are going to study six different newcomers to PEI, and will do a story board for each one, and loan the story board to the schools if they want them.

She also suggested that all seniors in her club do other things for other seniors. She said:

Some work on meals on wheels, nearly every one of them is in a church group of some kind, some of them teach crafts, I taught genealogy ... I would say all our seniors have another role to play besides just going to our senior's club – they are all mentors.

Joan talked about sorting her late husband's papers, pictures and reports which she plans to give to the local community archives. She said:

In the past month I've been trying to sort out the pieces that we have here. A lot of them are books and then there are pictures and stories and reports, and they all have to be put under the Dewey system so that they be ready to go to the archives center.... that is taking up a lot of time.

4.1.3 Advice to women.

Seven of the ten women offered advice when asked “what advice would you have for those who are coming up the ladder to be a senior?” The major piece of advice was to stay active physically, mentally, spiritually and socially because as Charlotte observed, “Once you give up and stop doing things, I think you just decline after that.” She suggested, “You have to

keep involved with the community and other people, not just your family, it is important to be involved with other people, too.” Other pieces of advice were to take good care of their health, keep active and interested in everything that’s going on, and to keep busy because, “if you don’t you soon get in a rut”.

Other advice focused on keeping an open mind, preparing for possible future transitions and being concrete in your thinking. Ida advised that we need to have an open mind and deal with the younger generation without being too critical, and said, “life for them is not the way it was for us, and everyone has to learn to fly on their own.”

Joan, a recent widow, provided advice for those who could be in the same situation. She suggested planning ahead and advised: discussing money matters with your lawyer and accountant; learn the banking system, don’t rely on your husband and stay involved; and learn how to cook for one person instead of two. She said:

Just because one goes there is no reason to put your feet up. I don’t think the other person would want you to stay at home and cry foul, why am I still living, and you’re gone? It’s hard but it’s doable.

Some very practical advice was offered by a couple of the women. One advised to not be too independent - if someone wants to help you let them go ahead. The other suggested, “Keep your glasses appointment. You need your glasses to read. And take a cane, if you need a cane. It’s for safety.

Ever the teacher, Betty advised, “Take time to write down just 10 things you did for the first time after you were 85 and you will be surprised at what you were still capable of doing, and your list will be one that required stamina and planning that you did not know you had the ability to do what you did.”

<u>Cognitive Activities:</u>	<u>Physical Activities:</u>
<ul style="list-style-type: none"> • Researched veterans of WWI • Had my DNA done • Contact with relatives I have never met before • Public speaking • Made sure I have beneficiaries to all my assets and revised my Will 	<ul style="list-style-type: none"> • Made a basket • Went on a cruise • Did chair exercises • Took a ride in an ambulance • Interviewed a newcomer

Figure 20 - Betty's List of New Techniques She Did After Age 85

She said, "When I look at my list, I realize it has variety and the saying 'variety is the spice of life' has a true meaning for me and I am sure it will be for you, too."

Unexpected Findings

For me, the most important unexpected findings in this study was that the research method used facilitated the ability for older women, living in rural communities, to make their lived realities visible. Not only were the women able to reveal, to themselves and to others, the important resources that aided them to continue their chosen lifestyle of aging in place, they were able to communicate their realities to policy decision makers. Their realities included: their agency; social involvement; and informal social support. In addition, the women were able to reveal that transportation and financial resources were necessary assets to facilitate their ability to continue being contributing members in their communities and beyond.

To bring closure of the study to one participant who had missed the knowledge sharing open house and having witnessed the friendship that had developed between the two participants from one of the other counties because of their involvement in this study, I obtained permission to bring the other participant from that area to the closure meeting. Their opportunity to meet proved to be a positive event; the two women discovered they had a number of common interests

and a desire for social interaction. As they discussed their own life experiences and their experience of being part of the study, these ladies decided they would like to stay connected. This is possible because the one I brought to the closure meeting has her own vehicle and can drive.

Study Limitations

My study included 10 middle-class women, 85 years of age and older, who self-identified to participate, and whose backgrounds all fit the dominant English-Irish-Scottish cultures of rural PEI. Their experiences and living conditions offer many insights for understanding the issues for women, like them, in aging in place. Yet the findings cannot speak to the lives of women 85 and older who live in poverty or extreme wealth, nor of women who are from populations of varying race, ethnicity, disability or other differences.

Seasonality in data collection was a limitation given that the 6 months of data collection reflects winter life in PEI. There were transportation limitations for full participation by the 10 women, given that some could not attend the two group meetings when transportation was not available and/or weather conditions resulted in unsafe road conditions.

Chapter Eight--Discussion

Because it is a new phenomenon in the history of humanity for a large proportion of a population to enjoy a long period of life in old age, the meaning of that new life stage is not yet defined. The role models for that life stage are the old-age pioneers who are exploring it now. (Silverman quoting Keith, 1987, p. 6)

The goal of this study was to learn about the lived realities for women age 85 and older (pioneers in aging) living in rural communities, and to discover what influenced them and how they learned to age in place. Drawing upon the experiences and realities of ten self-identified women in the Canadian Province of Prince Edward Island, I learned that being 85 and older in a rural community requires a set of interacting forces that may enable or challenge daily life for aging in place, including: their own agency; social involvement; informal support; housing and transportation; and financial security.

Findings from this study increase knowledge about the realities of older women, aging in rural communities, whose profiles are like those of my participants: Anglo-Saxon and generally middle class; widowed; and with variations on the number and closeness of children and grandchildren. The older women in my study are not unique since many other older women are also living these realities of aging in place in various rural communities in PEI and Canada overall. Nevertheless, my study participants are a specific group because they are older women living in that life stage not yet defined by society. They are “pioneers” because they are exploring how to age in place with opportunities, limitations, and resource challenges. There are also advantaged because they are older women with considerable capability and they possess the adeptness and resources to live alone in rural communities with family and/or neighbours who

live close enough to support them. While there are variations and may be limitations, the older women in this study also have access to a universal health care system, senior's drug plan, Canada Pension Plan, Old Age Security Pension and other systemic supports that set Canadian seniors apart from those aging in place in countries without such systemic supports.

The findings from my study revealed that older women, aging in rural PEI, need not be a burden in the right conditions. Instead, the women showed how they are active contributors both within and beyond their immediate communities. What was apparent is that these realities counter the societal interpretation of women age 85 and older being a burden to society, by demonstrating their real-life experiences of being contributors. In this study, the women shared: how they manage every day and what they do for social activities; how they obtained and shared knowledge; the impact of their strengths, competencies, physical limitation, and contributions; and their realities in light of the current social structure and government programs available to support them in aging in place.

Similar to the findings of other researchers (Boneham & Sixsmith, 2006; Jacka, 2014), the lived realities of the women in this study revealed that they are not frail, vulnerable and dependent victims. Instead they portray women who are pioneers living in the upper limits of longevity as productive members of society.

As argued by Bould and Longino (2001), pioneers in aging, like all pioneers, can enlighten societies. For the older women in this study, their pioneering can enlighten societies on the difficulties as well as the joys for rural women living beyond 85 years of age. The findings of the lived realities revealed that these women encountered some difficulties that policy changes could ease or remove. In essence, I found a set of interacting forces that may enable or challenge daily life for aging in place, including: their own agency; social involvement; informal support;

housing and transportation; and financial security. However, we must be aware that a break in any one of the interacting forces that enable aging in place could change the older women's lived reality and create dependency. The Discussion also includes two other sections Education, (learning and sharing knowledge in later life), and Ageism.

Agency.

The women in this study were dynamic, vibrant, and decisive. They were making life happen in old age by having the capacity to act with as much independence as they could in their situations. These pioneer women self-identified to become participants in this study and this act of self-identification alone demonstrated agency, not as a philosophical idea, but in the realities of their everyday lives. These women exercised power and competence to make life events happen in their old age, attributes rarely considered when developing policies related to older women. The findings of this study demonstrated that older women can show how their agency enables them to live on their own terms as they age in place. These older women also reveal that with appropriate resources their ability to age in place increases. It is clear that they know what they want and need, and they actively seek ways to enable solutions. Thus, as suggested by Jacka (2014), there is a need for a shift in focus from the policy discourse of vulnerability and dependency, to discourse recognizing agency, capacity and the importance of older women's contributions to society.

In spite of limitations in programs and services essential to successfully age in place, the women in this study, similar to the findings of Wray (2004), used different strategies to pursue active lives and remain in control, as they grew older. The women illustrated their own agency and capabilities as they described the internal and external resources they used to enable them to age in place and maintain their chosen lifestyle. This included seeking or accepting support when

needed and maintaining social connections. Most sought information for decision-making and made decisions about their future, appointed their power of attorney, and informed family members of their decisions. Half of the women had demonstrated their technological capabilities as they embraced the use of technology including using a cell phone, computer and on-line banking.

In describing their early life experiences, the women illustrated their agency in real life. In spite of having very different early life experiences, they made their own career and other life decisions. Six of the ten women spent their entire pre-retirement, adult life in paid employment. As paid employees, they had their own money and one woman showed agency when she informed her husband that she was going to see a financial manager to secure her hard-earned money. Another woman displayed agency when she described her husband as not being happy with her being in another room, writing a book. Her reaction was purchasing a chair for her writing room, in which her husband happily sat to read his paper. She described this solution as an 'easy fix'.

Agency throughout life did not appear to be consistently strong for some participants. For three participants, marriage seemed to constrain, having an impact on their own agency as their life appeared to be more directed by societal expectations or their husband's decisions. Two gave up their careers when they got married (a societal expectation of the time and a necessity without today's technologies and supports). One appeared to have little or no support from her husband in providing essentials for their children - like housing or food.

The importance of supporting the capacity of older women revealed itself in this study as one woman struggled to maintain agency but was unable to because she lacked adequate transportation to do the things she wanted or needed to do. Nevertheless, these women appeared

to regain expression of their agency in later life when describing their current realities. It was clear they were making their own choices as much as they could in their circumstances.

In later life, some of the older women retained their agency by: making their own decisions about future care; choosing their final resting place after death; protecting their preferences, in spite of resistance, when having her house built; and dealing with frustration with the internet in rural communities. All of the women demonstrated agency as they validated resilience by discussing their capacity to maintain independence and wellbeing. They described adaptive relationships with family, friends and neighbours, and optimistic coping styles through their quest for information and education that provided them a resource upon which to draw, not only in living out their daily lives, but also in facing adverse life events. For the women in this study, agency was not autonomy and independence, instead, as identified by feminist researchers (McHugh, 2012; Wray, 2004), agency was more interdependency with individuals who affected others positively.

During this study, two women in one area missed the first group meeting due to inclement weather. I arranged to meet with them in one of their houses to provide the same training as the group received. Together, they planned and replicated the original meeting by providing lunch. Through this action the women used their agency to demonstrate they still maintained control over some elements of their lives.

For all of the women, their greatest fear was the possibility of having to move from their beloved rural homes. Through their own agency and interdependency with social support networks, they reinforced transportation options. With family support they structured ways to deal with temporary difficult times and have made decisions about future care if required. They continued to contribute to their families and communities and maintain their own self-

management as long as they have the supports as they need and want to allow them to live a meaningful life.

A recent example of policy makers recognizing the capabilities of older women occurred when the Minister of Family Services and Social Development designed a new Seniors Independence Initiative recently announced in this province. The Minister had attended our knowledge sharing open house and learned from the women themselves what would increase their ability to age in place and attributed this opportunity as the catalyst for her new program.

In summary, agency was an important aspect in the lives of these women and should be taken into consideration when developing programs and services that build on capacity.

Social involvement.

Social involvement for the participants in this study represented everyday life. Being actively involved included providing leadership through groups and organizations both within and outside their communities and reflected the reality of most of the participants of this study. They are clearly active members of society who continue working toward the betterment of their families, communities, and society.

This study suggests that the type of rural community in which the women live has an effect on the degree of their involvement in the community. It appeared that the least involved of the women lived in rural communities that had changed due to farming and employment practices, and the loss of amenities such as the local church, school, or store. These changes have resulted in the older women often being the only people at home during the day because members of other households were out working. As one woman described it, she felt like she lived in an oasis because no one was around in her community during the daytime. The women

who are very actively involved, appear to live in, what I would call, interactive communities. By that, I mean communities that have ongoing neighbourly activities such as just dropping in to say hello, bringing baked goods, supporting each other in time of need, or offering rides to events.

Walsh, O’Shea, Scharf and Shucksmith (2014) explored the role of informal practices in addressing older adult exclusion and highlighted the significant role of local organisations and leaders, many of whom were older themselves, in tackling exclusion and improving services and social engagement for older people. In my study, the participants talked about wanting to continue to be socially active by helping others through cultural, social and religious organizations. Without exception, all of the older women have been directly involved in some form of voluntary activity, mostly of a sustained duration. The realities of some included holding long term and leadership roles in various social and cultural organizations both within and outside their communities. Their leadership roles in the local churches, Women’s Institutes, service organizations, and seniors’ groups were regarded as central to both community life and the women’s social networks. For two of the women, involvement in political events was also part of their reality.

As implied by Menec et al. (2015), there are many challenges associated with social involvement as women are growing older in rural communities that are lacking in infrastructure and have fewer social and health services. However, as found in this study, alongside the resource limitations and gaps in rural communities are positive features such as strong community connections and family networks. Three of the women were not as socially involved as the other seven in this study, two because of their own declining health and the lack of reliable transportation. For the third woman it was, as she described, her introverted personality that

influenced her out-of-home activities. She indicated that she was happiest when in her own home enjoying her own company.

Chan and Cao (2015) describe as a bottom-up participatory approach which includes older adults providing leadership in improving their own neighbourhood, shifting policy planning away from a view of older adults as service recipients to a view of older adults as active participants and change makers in optimizing the services and facilities they need as they continue aging in place. As leaders, older women should embrace the motto 'nothing about us, without us' to ensure policy makers know the kind of services they need to comfortably age in place (Bourns, 2010).

Some researchers interpret growing older as being in declining health, having difficulties in completing instrumental activities in daily living, reduced physiologic reserve, and increased susceptibility to illness and disability (Cornwell, Laumann, & Schumm, 2008; Hincks, 2004; Pierini & Volker, 2009). My findings were more in line with Haley and Jones (2013), who identified the extent to which older people are active in rural communities and argued that as well as being an active part of the fabric of rural life, they experience indirect benefits in terms of personal health and social cohesion.

Similar to findings by other researchers (Walsh, O'Shea, Scharf, & Shucksmith, 2014), people's social lives were no longer as rooted in their communities as previously had been the case. For two of the women in this study, their community activities were reduced due to declining health and their social life became more rooted in their home. For one woman, community-related social activities occur in various neighbouring communities, and due to demographic changes, some of her social groups have closed, thus, her social life outside of her home has reduced.

Eight of the women in this study have lived in their communities for most of their adult lives, but their social connections are varied which is not consistent with previous studies that suggest length of time in a neighbourhood relates to feelings of connections (Young, Russell, & Powers, 2004). For one woman in this study, although she had lived all her life in the neighbourhood, she appeared to have strong emotional attachment to her home but little connection to the neighbourhood itself. In this study, feelings of connection appeared to be more related to the attitude of the people that lived in the neighbourhood and the amenities within them, rather than the length of time in the neighbourhood. The more community-active women lived in neighbourhoods where neighbours frequently dropped in for a visit, were supportive in times of need, and offered assistance as needed. Their neighbourhoods had facilities such as churches and community halls, and social groups like church groups, Women's Institutes, service clubs and seniors' groups.

As argued by Freixas, Luque, and Reina (2012), the existence of stereotypes creates a negative and unrealistic understanding of the realities of older women as contributors to society who do not represent a burden when supports are in place. These negative stereotypes influence the way others see older adults, especially women. As Grenier and Hanley (2007) suggest, frailty is a better fit with the feminine gender. These negative stereotypes do not acknowledge the contributions of those women in this study who were not actively involved outside the home, but continued to contribute to their community well-being. They contributed by offering their home as a meeting space, inviting others to come to their home to play cards or celebrate events, and using their talents to make and give to others their creations.

In summary, women in the study are engaged in their communities, which is a benefit to them, and their communities. Despite their ongoing community involvement and support, the

realities of most active women appear to remain obscured by the stereotypical attitudes that portray older women as unproductive, weak, and non-contributors to society. This, I suggest, is because of ongoing ageist societal attitudes that view aging as a social problem, or the public policies that require older adults to exhibit “frailty” in order to receive services.

Informal support.

The women verified the importance of informal support as they described their activities and their range of contact with family members, friends, and neighbours. The women described the numerous supports family members provided, including: snow shovelling; daily delivery of dinner; installing hand rails; vacuuming; transportation to the city or specific appointments; temporary nursing care following an illness; maintaining equipment; grass cutting; bringing out and putting away patio furniture; paying for a new furnace; washing walls and ceilings; and helping with internet issues, to name a few.

For some of the women, declining health and decreasing functional capacity limited their ability to be fully self-sufficient, but self-adaptions in the home environment and support from family improved their ability to continue aging in place. Yet, the ability to seek or accept support from family in particular, appeared to be a problem for a couple of the older women in this study when they noted that they did not want to bother family for help because they are so busy.

The fact that informal support can go both ways was evidenced by the women in this study when they talked about: picking grandchildren up from school; looking after grandchildren during the summer holidays; staying with a son-in-law who needed assistance to enable her daughter to visit her own daughter in another country; helping a son in the office; and paying for grandchildren’s education. These activities provided a sense of being needed, and accepting

their help showed respect for the older women. As an older woman myself, I view reciprocal interactions with family, friends, and neighbours as creating doorways to acceptance of support when wanted or needed and impacts positively on life satisfaction.

Unlike the realities of many older women, all of the women in this study had family members living close by providing support. This type of support is necessary for what Chin and Quine (2012) describe as a core element for aging in place, maintaining a level of independence, having a sense of control, and having opportunities to make decisions. Chang and Basnyat (2017) investigated the functions of family support for older women and found that in China, older women are experiencing a transition between tradition and modernity in this generation, and are adhering to old-world norms for themselves, without requiring their children to take on the corresponding responsibilities. Current transformative changes of smaller families and families moving to distant locations for livelihood, exemplify the changing dynamics of family support in PEI and signify as Chang & Basnyat (2017) suggest, a need to revisit policies that heavily relied on the upward flow of family support in the local context.

Boneham and Sixsmith (2006) argue that informal social supports alleviate the problems of loneliness and isolation. The women in this study verified this as they described their activities and diversity of contact with family, friends, and neighbours. For some women, family connections were on a daily basis and for others on a weekly basis. For some, friend and neighbour connections were daily and on a drop-in basis, and for others on an as-needed basis. As observed by Young, Russell, and Powers (2004), these connections alleviated loneliness, provided emotional support, social support, and contributed to the women's own sense of belonging.

The women also used their informal social networks to exchange information and share knowledge about health concerns and other issues related to their well-being. This is similar to a finding by Lee and Mason (2013), who found there is a relationship between optimism and coping strategies with the more optimistic individuals being more likely to employ problem-focused coping. Two of the participants illustrated such a coping strategy when they became friends because while being participants in this study. They were the same age, shared similar interests, and tapped into this opportunity to share knowledge and develop coping strategies. As described by researchers Walker and Hiller (2007), there was a distinction between the mutually-supportive bonding relationships that women had with immediate neighbours, family, and friends and the underlying trust and reciprocity associated with these relationships that were central to their day-to-day lives.

Neighbours were an important social support for some of the women. As one woman noted, “It’s the constant companionship with neighbours who don’t work everyday, that’s dropping in all the time, it’s a comfortable feeling for sure”. Neighbours kept an eye on each others’ homes when they went away, and in some cases were the main contact in case of an emergency. This support reciprocated by the older women, provided them with a sense of being valuable in the community. As implied by Walsh, O’Shea, Scharf, and Shucksmith (2014), an innate sense of reciprocity is culturally embedded in rural communities and this was also a finding in my study. All of the women took pride in being able to help family and others in a variety of ways. This help included: exchanging excess garden produce with friends; providing transportation to friends; keeping an eye on a neighbour’s house when they were on vacation; or being the first contact person in case of an emergency.

In summary, the findings from my study support my argument that if older women are to continue living in rural communities, policy changes are necessary, to focus on existing capabilities and capacity building. Otherwise, these women could end up in long-term care - the least desired and most costly housing option.

Housing and transportation.

Key concerns of the women in this study included how much longer they would be able to drive and continue living in their location of choice. For the women without access to transportation, essential services for their health and quality of life were at risk. Their ability to continue their activities from their present home would be fundamentally impacted and the women would be forced to move from the homes and lifestyle they prefer, but at a social, mental and physical cost to them.

These concerns have been identified as legitimate and important by researchers (Johnson, 2008; Marr, 2015) who argue that suitable housing and transportation are linked and essential for accessibility to social life and required necessary services. In my masters research (Bryanton, 2009) I found that out-of-home activities, including: visiting family and friends; participating in social and cultural activities; and doing the things they want and need to do, were substantially reduced when driving ceased. Of equal importance is that social involvement alleviates possible loneliness and isolation and reduces the possibility of abuse of older adults.

Some of the participants were having vision problems, which limited their driving to daytime only. Due to increased traffic, some of them were no longer comfortable driving in the city for medical appointments, social activities or to obtain necessities of life - services needed to maintain their medical and social health and to successfully age in place in a rural community.

In this study the issue of potential financial abuse was also identified. One of the study participants had the desire and mental capacity to do her own banking, but lack of transportation options resulted in her having to give others her bankcard and PIN number and placed her in an unprotected position for possible financial abuse.

Of major concern is that, as Marr (2015) posits, transportation limitations begin arising around the ages of 80-85 years, which suggests that the women in this study were already in a housing- transportation-disadvantaged situation. This disadvantage means they could already be living in an at-risk situation of losing their ability to live in their current homes because they might not have access to social activities and the essential services needed for survival, as well as access to educational programs that inform and support knowledgeable decision-making.

The women were aware that without transportation access, they were at risk of social exclusion unless they moved to other housing. They expressed concern that lack of transportation would force them to stay home rather than participate in activities, attend events, visit each other, or have access to essential services such as social programs, pharmacies, banking facilities, post offices, and health services. Although for these women transportation was key to their opportunity to continue aging in their own home, remain socially engaged, and actively contribute to society, none of them had made concrete plans for the possibility of driving cessation. This raises the questions of why the women are not preparing for driving cessation, and what would help raise awareness to change this situation?

As noted by Marr (2015), there continues to be a dearth of research related to the transportation needs of rural residents, and a comprehensive study of rural groups at risk of transportation disadvantage has not been conducted. In PEI, transportation options are generally

limited to personal vehicles, and raises the question of how rural residents are supposed to get around if, for any number of reasons, personal transportation is not available or not possible.

In summary, housing and transportation are critical for aging in rural communities. While the role of the provincial government in relation to rural transportation remains unclear in PEI, the need for this essential social service is very clear. For the women in this study, remaining engaged and interdependent within their communities is paramount, and the thought of having to leave their homes and move into the city, where at least some alternative options are available, should not be their only option. For them, and others in the same situation, such a move could not only be more expensive, but could isolate them from neighbours and friends, not something they want to consider.

Financial resources.

For the women in this study, having the financial resources to continue the lifestyle they had chosen was vital to their options for aging in place. As one participant observed, life would be very different without a steady income like a pension plan.

Women's financial resources depended on their education, marital status, number of children and earlier life choices. For example, three of the women were teachers by profession and all three had the support of their husband. One woman had one child, one had two children and one had 10 children. Although they all organized their lives around their family needs, the one with ten children ended up with a minuscule pension because, as a caregiver, she spent most of her working life as a part-time employee to accommodate the family's needs, and so did not qualify for a full-time pension. Her spouse, on the other hand, was able to work full time and retire with a full pension because of her expected caregiving role as a woman. Unfortunately, if

she survives her husband, the pension will end with his death or be significantly reduced. As researchers, we need to learn from and build upon these life realities.

As seen through this study, the process of aging is not the same for a woman as for a man and the women in this study demonstrated the resulting implications. As described by one woman when asked if she would have the resources she needed to continue the lifestyle she had chosen, she said:

I do as long as my husband is living. It's my husband's pension that is adequate. Of course, if he dies I only get 60 percent. With my twenty-seven-dollar teacher's pension and my Old Age Security, that's my income. I don't know whether I could manage. And I know that has happened to a lot of my friends here - women whose husband was the breadwinner and the ones who had the pension and when they died their income was cut back and they just couldn't maintain the house and pay all the expenses. They had the same living expenses except for food and they just couldn't do it.

This financial disadvantage begins with the women's exclusive orientation to their families during the best earning years of their lives. As noted by Findsen and Formosa (2011), "although 'women's work' may appear to be somewhat disposable and insignificant, it is considered by many older women to be very important, both financially and in terms of their self-identity as workers" (p. 15).

In summary, the realities are that unless women's work, which benefits society as a whole, is recognized as a significant contribution, and compensated adequately, women will continue to be jeopardized financially in their old age.

Education, learning and sharing knowledge in later life.

The concept of actively seeking formal opportunities for learning did not appear to be a priority for the women in this study. Instead it appeared they had learned aging in place through

their own experimentation, and possibly through informal learning by observing and talking with other older people in their family or community. Perhaps, for the women in this study, the reality of formal learning was “against the odds” as described by Findsen and Formosa (2011), who suggest:

The reality for older people entering formal education in later life is that they do so against the odds....no or minimal funding support; institutions structured in terms of timetable for younger full-time youngsters; significant gaps in knowledge/skills, especially with regard to academic literacy; few peers to offer emotional and social support; other ongoing commitments, usually related to family; and areas of study not attuned to their learning needs. (p. 84)

The 10 participants in my study appeared to have confidence in their own capabilities as their realities mirrored the suggestion of Merriam and Kee (2014) that the more active, healthier, and educated older adults are, the less drain they are on family and community resources and services. At the same time, active and healthy elders contribute to community wellbeing through their accumulated life experience, expertise, and service. Alternatively, as Findsen and Formosa (2011) argue, participation in educational pursuits is for older women an individual choice, if supports are there to enable such a choice that allows them to exercise freedom of choice to develop self-confidence and go beyond stereotypical beliefs about their capabilities.

Learning about growing older did not seem to be a priority for a couple of the participants. When one was asked if she ever discussed aging with anyone her reply was “no, it just happens”. Another woman noted that we know we are all getting older and the end is going to come someday, but we really do not discuss it. The majority of learning opportunities mentioned by the women were informal and through community organizations, the media, reading, and conversations with others about shared experiences.

For these women, the concept of self-directed learning, described by Findsen and Formosa (2011) as one which promotes the awareness of new possibilities for adults, and relates quite closely to the critical reflectivity and transformative learning as advocated by Mezirow (1990).

What was surprising was the educational impact of the Photovoice process on the women who participated in that process. They noted that the study was a unique way of learning about themselves and that they learned they were different individuals in body and mind in every aspect. One participant even analyzed the concept of being a pioneer and settled on the definition “being one who develops new ideas and techniques in the way of life” and suggested that they (the women in this study) are the people who are forced to develop new ideas and techniques as they age. Another participant suggested that the knowledge they gained from their own lives led to a strengthened self-esteem and self-worth. Harriet (age 91) truly felt she was in a learning environment when she wrote about her experience of being a participant. Her experience validated the value of Photovoice as an educational tool and the benefits of learning together.

The Photovoice process brings forth many of Freire’s concepts of learning: emancipation; empowerment; and consciousness raising. It evokes the notion of praxis, which is theory based on action (Budig et al., 2018). As noted by Findsen and Formosa (2011), Photovoice is a practice based on dialogue between the researcher and the people researched, and facilitated communication, openness, trust and commitment. Photovoice method also reflects feminist understandings of research accountability; it is collaborative and based on a ‘nothing for us, without us’ approach that fosters empowerment and liberation (Wang et al., 1996).

Sharing knowledge or educating others was almost a foreign concept for the 10 women. Most, at first, believed that they did not have knowledge to share, but as they shared ideas with

each other at group meetings, they realized they did have valuable knowledge to share. They were not explicitly educating others, yet they were implicitly educating others by modelling how they manage to age in place without needing to live in a retirement community or care home.

The Photovoice method of inquiry empowered participant voices and supported the development of critical knowledge that has the opportunity to moderate and transform social injustices for older women. This empowerment, enhanced through education and learning opportunities, can improve self-identity and expose new possibilities. As posited by Krašovec, Golding, Findsen, and Schmidt-Hertha (2017), learning in later life is not so much concerned with the issue of ageing itself, but more about quality of life regardless of age.

Older women do not need to learn that they are old, but they would benefit from education and learning opportunities that enhance their quality of life. This could include approaches that help them realize their own power and agency, and how sharing their knowledge informs others. By their involvement in the Photovoice process, the older women learned that their own life experience was of value and of interest to others. The opportunity to come together to share experiences and learn from each other empowered the women.

Based on the experiences of the women in this study, education and learning occurs in different settings, not necessarily educational institutions. Instead, most learning and training occurred in homes and other community settings, ideal places also for strengthening intergenerational understanding.

The study results suggest there are contradictions between the societal imposed identity and the lived experiences of older women, suggesting a failure to see the truths of older women and their lived realities. As suggested by researchers (Calasanti, Slevin, & King, (2006);

Freixas, Luque, & Reina, 2012), this is a direct result of the intersection of being both a woman and an older adult.

In summary, older women living in rural communities need to find mechanisms to exchange ideas, create shared visions, and provide advice to policy makers and others wishing to support quality of life for an aging population. As Friere would have advocated, there is a need to raise consciousness by developing a critical awareness of one's social reality through group reflection and action. Because rural communities are isolated, there is a need for some form of communication that would enable older women to learn from each other and develop mechanisms that would support them as a group to inform policies makers about their needs. One possible way for women age 85 and older to share information, discuss concerns and develop possible solutions or inform policy makers of their needs, could be through an interactive information exchange site. With today's technology, such a site could be pilot tested and evaluated with women 85 and older to learn from them what would work best and what supports would be required to make such a service available for other women their age. This type of interactive forum would raise consciousness and develop self-advocacy for women of this age, who are lacking quality of life essentials such as alternative transportation options.

Ageism.

Many of us know older women who are competent, politically astute, learning new skills and making an important contribution to families, communities, and societies. Yet, institutionalised ageism continues to shape our thinking about growing older. Currently social institutions and structures are not facilitating older women to unlock their potential in old age. As argued by Carney and Gray (2015), chronological age is used to socially construct old age as a barrier to economic, political, and social participation and that we rarely study the developmental

potential of old age, the adaptability or ingenuity of older people, or the opportunities presented by longevity. The women in this study demonstrated their adaptability and ingenuity and that they are lifelong learners despite current societal beliefs. Ageism and negative stereotypes, which view older women as frail, irrelevant, and in need of help in their social environment, are exhibiting what Carney and Gray would define as a patronizing attitude that neglects or discounts the value of older adults' knowledge and experience, and creates a high risk for older women's exclusion from society.

Carney and Gray (2015) conclude that feminist scholarship, particularly work by feminists in their seventies, eighties, and nineties, has much to offer in terms of re-framing gerontology as an emancipatory process for current and future cohorts of older people. The time has come to confront ageism and oppose how age is used to structure economic, social and political life.

In summary, the women in this study did not see themselves as passive recipients of support, and regardless of their own reality, they were actively providing material and emotional support to family, friends, and neighbours. The older women in my study demonstrated agency, coping, and resilience as they appeared content with their past, were engaged in the present, and had strong social connections, including intergenerational ties.

Overall, the Discussion here has shown interacting forces that support older women to age in place. These forces are also active in determining education, learning and sharing knowledge in later life. Finally, the data from this study show how ageism persists in the realities of older women living in rural PEI. We must be cognizant when designing programs and services, that each individual will have different needs based on their own strengths and agency. One size does not fit all.

Chapter Nine--Research Reflections

None of this is easily accomplished, and I would not like to leave readers with the impression that wanting is enough to change the world. Desire is fundamental, but it is not enough. It is also necessary to know how to want, to learn how to want, which implies learning how to fight politically with tactics adequate to our strategic dreams. Paulo Freire

Having been an advocate for older adults, I had knowledge of gaps, but lacked the tools to develop convincing arguments for policy makers. This was always a frustration and the opportunity for me to further my knowledge and abilities was a life changing opportunity. But the opportunity to work and learn with older women was a true gift. The women demonstrated agency and renewed my belief that older women do have the desire to make a difference and continue learning. I plan to explore and apply similar agency in my own future.

As an older researcher, researching participants only slightly older than myself, I found myself reflecting on my own potential and possible limitations of the near future. As noted in 'My Story' above, I recognized how my own values and experiences were similar to my study participants, and I was continually aware that their voices should be honoured. As an older woman researching older women, I believe I was in a unique position to understand and appreciate the life situations of the participants in my study. Although everyone in the study, including myself, had different experiences and life expectations, all experienced the social structure and institutionalised concepts of being female. This provided more of a peer-to-peer situation that empowered the study participants to be more open and forthright with their responses. I feel the peer-to-peer situation reduced the positionality influence during the research process and placed the participants on a more level playing field. This may have

inspired them to share their realities and expand on how they dealt with their everyday life situations.

One of my greatest struggles as a learner and researcher was to listen and not assume my own assumptions might have more value. As a long term advocate it was difficult to be patient; my goal was always action. There were times when action did happen, and I wanted to follow that route because it was more exciting than the struggle of becoming a researcher and academic. An example was being taken away from my research time when I was appointed as an Executive Advisor to the Seniors Health and Wellness Strategy Advisory Network for the Department of Health and Wellness. While the strategy development work of this committee was of great importance, I needed to refocus my time on my research.

Another struggle was balancing my learning life with my own realities of an active family life, love for travel, social events, community obligations and family crises. I am at an age when I should expect a variety of life transitions, but when you start losing friends and family it does impact on your mental abilities and slows your progress. I think it was most difficult for me when my own children, or their spouses, were dealing with serious health issues. But I disciplined myself to take one day at a time, or in some cases take one hour at a time and keep a positive attitude. I found that as long as I was fully informed on treatments and their progress, with text messages and photo exchanges when family members were out of province for treatment, I could cope. My children recognized my need to be fully informed and to have one or more of them close when a crisis was happening -- that was my greatest gift.

My most difficult time was when writing my dissertation, in particular my discussion chapter. The content and details necessary to produce an academic document required numerous drafts and a patient team working with me. It involved a lot of red ink but was also a learning

process that demanded rigor and hard work. I always kept the ultimate goal in sight and appreciated direction and advice from my supervisory team -- Team Olive. At times I felt I must be the most-dense student on earth but encouragement and being reminded that it is a journey everyone goes through always gave me hope that I was moving in the right direction.

The subject of my research, and interest in my personal quest as an older woman determined to complete a PhD, resulted in a range of requests to speak to organizations, present at conferences, speak to interest groups, and interviews with media about my research and experiences. In many cases, such events were a learning experience and opportunity for me but did result in distractions and delays in progress on my dissertation. The most distracting, and sometimes most difficult, challenge has been dealing with the tremendous amount of work involved in being the focus of a documentary. I agreed to participate because I felt it would be a great way to communicate to society that whatever your age, you can learn. However, I had no idea about the degree of involvement, nor did I realize how much it would impact on my dissertation work, my team, my participants, and my family. Like my study it was a learning process that needed to be completed and demanded attention.

Being a PhD student has opened many doors and introduced new experiences. I would recommend to any woman with a desire to further their education, to take on the challenge. She will never regret it.

Contributions to Knowledge

The method.

Recruitment success identified a significant marker of retention. Participants who made the initial contact, as opposed to those being referred by a family member, were more likely to participate in the study.

One area of new knowledge from this study expanded on our understanding of the benefits of Photovoice to bolster agency in a taken-for-granted or marginalized population, in this case the women age 85 and older who live in rural communities in PEI. The Photovoice method was adaptable to additional research steps including individual meetings with participants to reinforce their role in the study.

Contributions of older women to community.

We also gained new knowledge about the daily life contributions and challenges older women experience as they age in place in small, rural communities. We learned that older women appear to be the keepers of knowledge about family rituals and the glue that cements family ties and encourages inter-generational solidarity.

These older women do possess particular resources that limit their vulnerability, enhance their agency, and reveal them as productive, active persons to a greater extent than is generally thought. The women demonstrated that being persistent and resilient enabled them to exercise agency to live well and contribute as ‘givers’ to rural communities after age 85, rather than becoming ‘takers’ who require expensive care.

Importance of transportation.

We have learned that adequate and affordable transportation is an absolute basic service that is critical to the well-being of older women. Some of the women in this study were beginning to experience some common driving difficulties. For older women who wish to continue aging in place in rural communities that provide support, a sense of belonging and an opportunity to contribute to others, transportation options are essential.

Recommendations for Research and Action

‘Nothing About Us, Without Us’ should be a priority for decision makers developing research, programs, or services that affect older adult lives. This concept is based on the belief that those closest to a problem have important insights that will help shape solutions. To ensure that effective policy or program decisions are made to support an aging population, you need the advice of the experts (the people living the reality - the older adults). That does not mean reaching out to anyone and everyone, rather the focus is on those affected by the research question or the program or service considered. The appropriate participants can offer insights and information that will strengthen the work.

Use of Photovoice.

Ultimately, most researchers or policy makers are looking to improve outcomes at the community level, thus, engaging the people you intend to help is essential to assessing the issues and seeking solutions. This concept incorporates the principles of critical theory, critical feminist theory and the Photovoice method, all of which require active participation and input resulting in social change.

To obtain richer information, in future Photovoice studies with women age 85 and older, I would add other stages, including a group session to discuss pictures not taken and why, and/or add a second round of photographs. Because the group meetings also proved to be an asset to the women themselves, future studies should include transportation to ensure participants do not experience barriers to participation.

Supports for continuing to contribute.

By listening to the voices of the women in this study, and learning about their lived realities, we know they continue to play an active role and contribute to the development of healthy, safe, and vibrant rural community living for all ages. To provide support to this segment of the population to continue their active community involvement, programs, services, and policies need to be responsive, flexible, and geared to their needs.

From what I learned throughout this study, opportunities for older women to learn together and share knowledge is necessary to prepare to inform decision makers. Currently, there is no mechanism for older women to come together to discuss issues and concerns, to draw on the experiences of each other, and to formulate ideas that respond to needs in order to inform policy and decision makers.

Although no one method responds to the needs of all, I would recommend that some form of electronic sharing space, specific for women aged 85 and older, be created to enable them to share issues, concerns, and solutions; and share this information with policy makers - thus fulfilling a standard of 'nothing about us, without us'.

Informal supports could be developed with policies that reward informal caregiving and other ways that families and communities support older women in rural communities.

As pioneers in aging, older women have a lifetime of knowledge to share with others and can contribute that knowledge through informal learning opportunities with each other and with the broader community. Support to these pioneers, through mentoring for example, could help them to better understand that there is value to their lived knowledge and experience, and provide tools to share that knowledge with others. Encouraging community schools or organisations to invite pioneers in aging to speak about their experience could contribute to the education of others about challenges and opportunities associated with aging.

Transportation options.

Transportation options can support or limit older women's ability to continue to age in place in rural communities. Transportation needs may vary depending upon individual circumstances. Because one-size-fits-all solutions do not work for transportation needs in rural communities, determining the needs could be accomplished using a modified Photovoice process. The focus should be on their real needs and could offer possible solutions.

Future research.

Further research is needed related to those whose profile may differ from the profile of the women in this study. The experience of those who are from populations with race, ethnicity, disability, financial situation, or other differences within the 85 and older age group still needs study.

Further research on women age 85 and older is necessary to focus on capacity building and agency, rather than vulnerability and frailty.

Further research is necessary to understand the realities and to explore ways to provide available, acceptable, accessible, adaptable, and affordable forms of transportation for older women aging in place in rural communities.

Peer-to-peer learning for older women is currently a gap in research. Studying this age group could increase the knowledge around how older adults learn from, share their knowledge with, and mentor peers.

Further research is also needed to understand how endemic ageism is internalised by older people themselves and how this affects how older people, particularly women, view themselves and their ongoing role as members of society.

Conclusions

Pioneers in Aging is a qualitative study of women age 85 and older using critical social theory enhanced with a feminist gerontological perspective. Using three inquiry methods, interviews, Photovoice, and my reflective journal, I examined these women's daily lives and societal influences. I found that a set of interacting forces: their own agency; social involvement; informal support; housing and transportation; and financial security in some ways enabled, and in other ways challenged, daily life for aging in place.

A complex picture emerged whereby the women in this study were self-sufficient and played a key role in the maintenance and growth of their communities. They provided support to their family, friends and neighbours, and challenged the status quo by exhibiting their capabilities and advocacy for change in their communities and policies while providing evidence of what they needed to enhance their options and ability to continue the lifestyle they have chosen. The findings of this study are highly significant because they counter the prevalent ageist assumption that women living in the upper limits of longevity are bound to become passive, dependent, and expensive recipients of care from the formal system, and from family, friends, and neighbours.

Of great importance are learnings from this study which showed HOW and WHY they manage to live alone; HOW and WHY they are often on the edge; and, HOW they are making decisions on where and how to age in place. With the loss of any one of the interacting forces, they could lose their chosen life style and would have major decisions to make.

The women see themselves as pioneers because they are blazing new trails for the old-old in PEI, and possibly throughout Canada. Older women do not need to learn that they are old, but

they would benefit from education and learning opportunities that enhance their quality of life, help them realize their own power and agency, and allow them to share their knowledge to inform others.

References

- Aberdeen, L., & Bye, L. A. (2011). Challenges for Australian sociology critical ageing research ageing well? *Journal of Sociology*, 49(1), 3–21. doi:10.1177/1440783311413489.
- Agger, B. (2013). *Critical Social Theories* (3rd edition). New York, US: Oxford University Press Inc.
- Alex, L., Hammarstrom, A., Gustafson, Y., Norberg, A., & Lundman, B. (2006). Constructions of various femininities among the oldest old women. *Health Care for Women International*, 27, 853–872. doi:10.1080/07399330600880467.
- Andonian L. & MacRae A. (2011). Well older adults within an urban context: Strategies to create and maintain social participation. *The British Journal of Occupational Therapy*, 74(1), 2-11. doi:10.4276/030802211X12947686093486
- Annang, L., Wilson, S., Tinago, C., Sanders, L. W., Bevington, T., Carlos, B., & Svendsen, E. (2016). Photovoice: Assessing the long-term impact of a disaster on a community's quality of life. *Qualitative Health Research*, 26(2), 241-251. doi:10.1177/1049732315576495
- Baker, T. A., & Wang, C. C. (2006). Photovoice: Use of a participatory action research method to explore the chronic pain experience in older adults. *Qualitative Health Research*, 16(10), 1405-1413. doi:10.1177/1049732306294118
- Bennett, L., Bergin, M., & Wells, J. S. G. (2016). The potential of critical social theory as an educational framework for people with epilepsy. *Epilepsy & Behavior*, 54, 80-87.
- Bernard, M., Phillips, J. Machin, L., & Davies, V. H. (2005). *Women Ageing Changing Identities, Challenging Myths*. New York, NY: Routledge.

Berner, J. S., Rennemark, M., Jorgreus, C., & Berglund, J. (2013). Factors associated with change in internet usage of Swedish older adults (2004–2010). *Health Informatics Journal, 19*(2), 152-162. doi:10.1177/1460458212462151

Blackman, A., & T. Fairey. (2007). *The Photovoice Manual: A guide to designing and running participatory photography projects*. London: Photovoice.

Blair, T., & Minkler, M. (2009). Participatory action research with older adults: Key principles in practice. *Gerontologist 49*(5), 652-672. doi:10.1093/geront/gnp049

Boneham, M.A., & Sixsmith, J. A. (2006). The voices of older women in a disadvantaged community: Issues of health and social capital. *Social Sciences & Medicine, 62*(2), 269-279. doi:10.1016/j.socscimed.2005.06.003

Borglin, G., Edberg, A.K. & Hallberg, I. R. (2005). The experience of quality of life among older people. *Journal of Aging Studies, 19*, 201-220.

Bould, S., & Longino, C. F. Jr. (2001). Women survivors: The oldest old. In Jean M. Coyle (Ed.), *Handbook on Women and Aging* (pp. 210-222). Westport, CT: Praeger Publishers.

Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report, 19*, 1-9. Retrieved from: <http://www.nova.edu/ssss/QR/QR19/bourke18.pdf>

Bourns, J. C. (2010). *Do Nothing About Me Without Me: An action guide for engaging stakeholders*. Interaction Institute for Social Change. Retrieved from: <http://www.d5coalition.org/wp-content/uploads/2013/07/Do Nothing About Me Without Me.pdf>

- Bozzaro, C., Boldt, J., & Schweda, M. (2018). Are older people a vulnerable group? Philosophical and bioethical perspectives on ageing and vulnerability. *Bioethics*, 32, 233–239. doi:10.1111/bioe.12440
- Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. Retrieved from: <http://eprints.uwe.ac.uk/11735>
- Brookfield, S. D. (2015). Critical reflection as doctoral education. In Heaney & Ramdeholl (Eds), *Reimaging Doctoral Education as Adult Education: New Directions for Adult and Continuing Education*, 147, 15-23. doi:10.1002/ace.20138
- Browne-Yung, K., Walker, R.B., & Luszcz, M. A. (2017). An Examination of Resilience and Coping in the Oldest Old Using Life Narrative Method. *Gerontologist*, 57(2), 282–291. doi:10.1093/geront/gnv137
- Bryanton, O. (2009). *Driving cessation: Older women's experiences* (master's thesis). University of Prince Edward Island.
- Budig, K., Diez, J., Conde, P., Sastre, M., Hernan, M., & Franco, M. (2018). Photovoice and empowerment: evaluating the transformative potential of a participatory action research project. *BioMed Central Public Health*, 18, 1-9. doi.org/10.1186/s12889-018-5335-7
- Bukowski, K., & Buetow, S. (2011). Making the invisible visible: A Photovoice exploration of homeless women's health and lives in central Auckland. *Social Science & Medicine*. 72 (5), 739-746. doi:10.1016/j.socscimed.2010.11.029
- Calasanti, T. M. (2004). New directions in feminist gerontology: An introduction. *Journal of Aging Studies*, 18, 1-8.

Calasanti, T., Slevin, K. F., & King, N. (2006). Ageism and feminism: from “et cetera” to center.

National Women's Studies Association Journal 18(1), 13-30.

Campbell, J.L., Quincy, C., Osserman, J., & Pedersen, O.K. (2013). Coding in-depth semi structured interviews: Problems of unitization and intercoder reliability and agreement.

Sociological Methods & Research, 42(3), 294-320. doi:10.1177/0049124113500475

Campbell, R. & Wasco, S.M. (2000). Feminist approaches to social sciences: Epistemological and methodological tenets. *American Journal of Community Psychology*, 28(6), 773 - 791

Canadian Broadcasting Corporation (Producer). (2016, March 23). David Suzuki, reflects on eco-morality and personal mortality (Audio podcast). Retrieved from:

http://podcast.cbc.ca/mp3/podcasts/current_20160323_69248.mp3

Carney, G. M., & Gray, M. (2015). Unmasking the elderly mystique: Why it is time to make the personal political in aging research. *Journal of Aging Studies* 35,123-134.

Catalani, C., & Minkler, M. (2010). Photovoice: A review of the literature in health and public health. *Health Education and Behavior*, 37(3), 424-451. doi:1090198109342084

Chambers, P. (2004). The case for critical gerontology in social work education and older women. *Social Work Education*, 23, 745-758. doi:10.1080/0261547042000294518a

Chan, A.C., & Cao, T. (2015). Age-friendly neighbourhoods as civic participation: Implementation of an active ageing policy in Hong Kong. *Journal of Social Work Practice*, 29(1), 53–68. doi:10.1080/02650533.2014.993947

Chang, L., & Basnyat, I. (2017). Exploring family support for older Chinese Singaporean women in a Confucian Society. *Health Communication*, 32(5), 603-611, doi:10.1080/10410236.2016.1146568

Chapman C., Barker M., & Lawrence W. (2015). Improving nutritional care: Innovation and good practice. *Journal of Advanced Nursing*, 71(4), 881– 894. doi:10.1111/jan.12571

Chappell, N. L., Havens, B., Hollander, M. J., Miller, J. A., & McWilliam, C. (2004). Comparative costs of home care and residential care. *The Gerontologist*, 44(3), 389-400.

Chin, L., & Quine, S. (2012). Common factors that enhance the quality of life for women living in their own homes or in aged care facilities. *Journal of Women & Aging*, 24, 269–279. doi:10.1080/08952841.2012.650605

Cho, J., Martin, P., Margrett, J., MacDonald, M., & Poon, L. W. (2011). The relationship between physical health and psychological well-being among oldest-old adults. *Journal of Aging Research Article ID 605041*, 1-9. doi:10.4061/2011/605041

Clarke, V., & Braun, V. (2013) Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26 (2), 120-123. Retrieved from: <http://eprints.uwe.ac.uk/21155>

Cornwell, B., Laumann, E. O. & Schumm, L. P., (2008). The social connectedness of older adults: A national profile. *American Sociological Review*, 73(2), 185-203. doi:10.1177/000312240807300201

Cranton, Patricia. (2013). Adult Learning Theory in Nesbit, Brigham, Taber, & Gibb (Eds.) *Building on critical traditions adult education and learning in Canada* (pp. 95-106) Canada: Thompson Educational Publishing.

Creswell, J.W. (2003) *Research Design Qualitative, Quantitative, and Mixed Method Approaches*. Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, Quantitative, and Mix Methods Approaches* (4th Edition). Thousand Oaks, CA: Sage Publications.

Crockett, Lisa J. (2002). Agency in the life course: Concepts and processes. *Faculty Publications, Department of Psychology, 361*. Retrieved from:
<http://digitalcommons.unl.edu/psychfacpub/361>

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage Publications.

Dahlin-Ivanoff, S., Haak, M., Fänge, A., & Iwarsson, S. (2007). The multiple meanings of home as experienced by very old Swedish people. *Scandinavian Journal of Occupational Therapy, 14*, 25-32.

Davidson, K. (2002). Gender differences in new partnership choices and constraints for older widows and widowers. *Ageing International 27*(4), 43-60.

Demiris, G., Oliver, D. P., Dickey, G., Skubic, M., & Rantz, M. (2008). Findings from a participatory evaluation of a smart home application for older adults. *Technology and Health Care, 16*, 111-118.

Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage Handbook of Qualitative Research* (3rd edition). Thousand Oaks, CA: Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage Handbook of Qualitative Research* (4th edition). Thousand Oaks, CA: Sage Publications.

Department of Health and Wellness, Province of Prince Edward Island. (2018). *Promoting wellness, preserving health - a provincial action plan for seniors, near seniors, and caregivers living on Prince Edward Island*. Retrieved from:

https://www.princeedwardisland.ca/sites/default/files/publications/dhw_promoting_wellness_preserving_health_action_plan.pdf

Devkota, R., Schofield, P., & Shrestha, S. (2013). The attitudes of older people and nurses towards chronic pain: A critical literature review. *Indian Journal of Gerontology*, 27(1), 88-121.

Dionigi, R. A., Horton, S., & Bellamy, J. (2011). Meanings of aging among older Canadian women of varying physical activity levels. *Leisure Sciences*, 33, 402–41. doi:10.1080/01490400.2011.606779

Dobbs, B., & Strain, L. (2008). Staying connected issues of mobility of older rural adults. In Norah Keating (Ed.) *Rural Aging: A good place to grow old?* Bristol, UK: The Policy Press.

Doyle, M., & Timonen, V. (2010). Lessons from a community-based participatory research project: Older people's and researchers' reflections. *Research on Aging*, 32(2), 244-263. doi:10.1177/0164027509351477

- Duffy, I. (2011). Step-by-step we are stronger: Women's empowerment through Photovoice. *Journal of Community Health Nursing*, 28, 105–116. doi:10.1080/07370016.2011.564070.
- Evans-Agnew, R. A., & Rosemberg, M. S. (2016). Questioning Photovoice research: Whose voice? *Qualitative Health Research*, 26(8), 1019-1030. doi: 10.1177/1049732315624223
- Fay, B. (1987). *Critical Social Sciences: Liberation and its Limits*. Ithica, NY: Cornell University Press.
- Federal, Provincial, Territorial Ministers Responsible for Seniors. (2015) *Thinking About Your Future? Plan Now to Age in Place*. Retrieved from:
<https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/aging-checklist.html>
- Findsen, B. (2007). Freirean philosophy and pedagogy in the adult education context: The case of older adults' learning. *Studies Philosophy Education*, 26, 545–559. doi:10.1007/s11217-007-9063-1
- Findsen, B., & Formosa, M. (2011). *Lifelong learning in later life: A handbook on older adult learning*. Rotterdam, Netherlands: Sense.
- Flick, U. (2007). *Managing Quality in Qualitative Research*. London, UK: Sage Publications.
- Formosa, M. (2005). Feminism and critical educational gerontology: An agenda for good practice. *Ageing International*, 30(4), 396-411.
- Foster, J. E. (2015). Women of a certain age: "Second wave" feminists reflect back on 50 years of struggle in the United States. *Women's Studies International Forum*, 50, 68–79.

Freire, P. (2005). *Education for Critical Consciousness*. Myra Bergman Ramos (Trans and Ed.). New York, NY: Continuum International Publishing Group. (Original work published 1967).

Freire, P. (2011). *Pedagogy of the Oppressed 30th* (anniversary edition). Myra Bergman Ramos, (Trans.) Donaldo Macedo (Introduction). New York, N Y: Continuum International Publishing Group. (Original work published 1968).

Freixas, A., Luque, B., & Reina, A. (2012). Critical Feminist Gerontology: In the back room of research. *Journal of Women & Aging*, 24, 44–58. doi:10.1080/08952841.2012.638891

Gale, D. (2014). Changing the choice architecture of ageing. *New Bioethics*, 20(2), 124-140. doi:10.1179/2050287714Z.00000000048

Garner, J. D. (1999) Feminism and feminist gerontology. *Journal of Women and Aging* 11(2-3), 3-12. doi:10.1300/J074v11n02_02

Garner, S., & Faucher, M. A. (2014). perceived challenges and supports experienced by the family caregiver of the older adult: A Photovoice study. *Journal of Community Health Nursing*, 31(2), 68-74.

Gibbs, G. (2009). *Analysing Qualitative Data*. (Series: The SAGE Qualitative Research Kit). London, UK: Sage Publications.

Giroux, H. A., & McLaren, P. (Eds.). (1989). *Critical Pedagogy, the State, and the Struggle for Culture*. New York, NY: State University Press of New York.

Graneheim, U. H., & Lundman, B. (2010). Experiences of loneliness among the very old: The Umea° 85+ project. *Aging & Mental Health*, 14(4), 433-438.
doi:10.1080/13607860903586078

Grenier, A., & Hanley, J. (2007). Older women and 'frailty' aged, gendered and embodied resistance. *Current Sociology*, 55(2), 211-228.

Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic, controversies, contradictions, and emerging confluences. In *The Sage Handbook of Qualitative Research* (3rd ed). Denzin, Norman K. (Ed); Lincoln, Yvonna S. (Ed); 2005, pp. 191-215. [Chapter 6]. Thousand Oaks, CA: Sage Publications.

Haley, J., & Jones, L. (2013). Growing older and social sustainability: considering the 'serious leisure' practices of the over 60s in rural communities. *Social & Cultural Geography*, 14(3), 276–299. doi:10.1080/14649365.2012.762985

Hincks, S. (2004). The lived experience of oldest-old rural adults. *Qualitative Health Research*, 14(6), 779-791, doi:10.1177/1049732304265774

Hoffman, G. J., & Rodrigues, H. P. (2015). Examining contextual influences on fall-related injuries among older adults for population health management. *Population Health Management*, 18(6). doi:10.1089/pop.2014.0156

Holstien M. (2015). Women in Later Life: Critical Perspectives on Gender and Age. Lanham, Maryland: Rowman & Littlefield

Hooymann, N., Browne, C. V., Ray, R., & Richardson, V. (2002) *Feminist gerontology and the Life Course, Gerontology & Geriatrics Education*, 22(4), 3-26,
doi:10.1300/J021v22n04_02

Hubbs, D. L., & Brand, C. F. (2005). The paper mirror: Understanding reflective journaling. *Journal of Experimental Education*, 28(1), 60-71.

Hutnik, N., Smith, P., & Koch, T. (2012) What does it feel like to be 100? Socio-emotional aspects of well-being in the stories of 16 Centenarians living in the United Kingdom. *Aging & Mental Health*, 16(7), 811–818. Retrieved from:
<https://doi.org/10.1080/13607863.2012.684663>

Irving, J., Davis, S., & Collier, A. (2017). Aging with purpose: Systematic search and review of literature pertaining to older adults and purpose. *The International Journal of Aging and Human Development*, 85(4), 403–437. doi:10.1177/0091415017702908

Jacka, T. (2014). Left-behind and vulnerable? Conceptualising development and older women's agency in rural China. *Asian Studies Review*, 38(2), 186-204.
doi:10.1080/10357823.2014.891566

Johnson, J.E. (2008). Informal social support networks and the maintenance of voluntary driving Cessation by older rural women. *Journal of Community Health Nursing*, 25, 65–72.
doi:10.1080/07370010802017034

Keating, N. (2008) Revisiting rural ageing. in *Rural Aging a Good Place to Grow Old?* Edited by Norah Keating. Bristol, UK: The Policy Press. doi: 10.1080/03601270902952072

Kenny, P., King, M. T., & Hall, J. (2014). The physical functioning and mental health of informal carers: evidence of care-giving impacts from an Australian population-based cohort. *Health and Social Care in the Community*, 22(6), 646–659. doi: 10.1111/hsc.12136

Kim, J., Richardson, V., Park, B., & Park, M. (2013). A multilevel perspective on gender differences in the relationship between poverty status and depression among older adults in the United States. *Journal of Women & Aging*, 25, 207–226.
doi:10.1080/08952841.2013.795751

Kincheloe, J. L., & McLaren, P. (2005). Rethinking Critical Theory and Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 303-342). Thousand Oaks, CA: Sage Publications Ltd.

Kincheloe, J. L., McLaren, P., & Steinberg, S. R. (2011). Critical pedagogy and qualitative research: Moving to the bricolage. in the *Sage Handbook of Qualitative Research* (4th ed) Edited by Denzin, N. & Lincoln, Y. Thousand Oaks CA: Sage Publishing.

Koff, T. H. (1992). Rural Issues. *Generations*, 16(2).

Krašovec, S. J., Golding, B., Findsen, B., & Schmidt-Hertha, B. (2017). ‘Getting of Wisdom’, Learning in later life. *Australian Journal of Adult Learning*, 57(3), 307-314. Retrieved from: <https://files.eric.ed.gov/fulltext/EJ1164215.pdf>

Kumar, R. (2014). *Research Methodology: a step-by-step guide for beginners*. 4th Edition. London, UK: Sage Publications

Lee, H., & Mason, D. (2013). Optimism and coping strategies among Caucasian, Korean, and African American older women. *Health Care for Women International*, 34, 1084–1096. doi:10.1080/07399332.2013.798327

Légaré, J., Décarie, Y., Deslandes, K., & Carrière, Y. (2015) Canada's oldest old: A population group which is fast growing, poorly apprehended and at risk from lack of appropriate services. *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series/ UnRéseau stratégique de connaissances Changements de population et parcours de vie Document de travail* 3 (1) Article 9 <http://ir.lib.uwo.ca/pclc>

Leipert, B. D., Matsui, D., Wagner, J., & Rieder, M. J. (2008). Rural women and pharmacologic therapy: Needs and issues in rural Canada. *Canadian Journal Rural Medicine*, 13 (4), 171-179.

Little, W. (2014). *Introduction to Sociology – 1st Canadian Edition*. Retrieved from: <https://opentextbc.ca/introductiontosociology/>

Liuoliene, A., & Metiuniene, R. (2009). Students' learning through reflective journaling *Santalka: Filologija Edukologija*, 17(4), 32–37.

Loe, M. (2010). Doing it my way: Old women, technology and wellbeing. *Sociology of Health & Illness*, 32(2), pp. 319–334. doi:10.1111/j.1467-9566.2009.01220.x

Löfqvist, C., Granbom, M., Himmelsbach, I., Iwarsson, S., Oswald, F., & Haak, M. (2013). Voices on relocation and aging in place in very old age – A complex and ambivalent matter. *The Gerontologist*, 53(6), 919-927. doi:10.1093/geront/gnt034

Lysack, C. L., & Seipke, H. L. (2002). Communicating the occupational self: A qualitative study of oldest-old American women. *Scandinavian Journal of Occupational Therapy*, 9, 130–139.

Ma, Q., Chan, A. H. S., & Chen, K. (2016) Personal and other factors affecting acceptance of smartphone technology by older Chinese adults. *Applied Ergonomics*, 54, 62-71. doi:10.1016/j.apergo.2015.11.015

Marquet, M, Boudaayamou, M. Schwartz, C., Locquet, M., Bruyere, O., Croisier, J. L., & Adam, S. (2018). Does negative information about aging influence older adults' physical performance and subjective age? *Archives of Gerontology and Geriatrics*, 78(2018), 181-189. doi: 10.1016/j.archger.2018.06.013.

Marr, E. (2015). Assessing transportation disadvantage in rural Ontario, Canada: A case study of Huron County. *Journal of Rural and Community Development*, 10 (2), 100-120. Retrieved from: <http://journals.brandonu.ca/jrcd/article/view/1171/269>

Mayfield-Johnson, S., Rachal, J. R., & Butler, J. (2014). "When We Learn Better, We Do Better": Describing changes in empowerment through Photovoice among community health advisors in a breast and cervical cancer health promotion program in Mississippi and Alabama. *Adult Education Quarterly*, 64(2), 91-109. doi:10.1177/0741713614521862

McAllister, C. (2010) 'This is the beginning of my life educationally': Older (50+ years) working class adults' participation in higher education in Scotland, through the lens of critical educational gerontology, *International Journal of Lifelong Education*, 29:5, 547-563, DOI: 10.1080/02601370.2010.512802

McDonald, L. (2008). *Mapping Aging in Place In A Changing Neighbourhood*. Institute for Live Course and Aging University of Toronto.

McHugh, M. C. (2012) Aging, agency, and activism: Older women as social change agents. *Women & Therapy*, 35, 3-4, 279-295. doi:10.1080/02703149.2012.684544

Menec, V., Bell, S., Novec, S., Minnigaleeva, G.A., Morales, E., Ouma, T., Parodi, J.E., & Winterton, R. (2015). Making rural and remote communities more age-friendly: Experts' perspectives on issues, challenges, and priorities. *Journal of Aging & Social Policy*, 27, 173–191. doi:10.1080/08959420.2014.995044

Merriam, S. B., & Kee, Y (2014). Promoting community wellbeing: The case for lifelong learning for older adults. *Adult Education Quarterly*, 64(2), 128–144. doi:10.1177/0741713613513633

Merriam, S. B., & Tisdell, E. J. (2016) *Qualitative Research a Guide to Design and Implementation* (4th Edition). San Francisco, CA: Jossey-Bass.

Mertens, D. M. (2015). *Research and Evaluation in Education and Psychology: Integrating Diversity with Quantitative, Qualitative, and Mixed Methods*. (4th ed) Thousand Oaks, CA: Sage Publications.

Mezirow, J. (1990). How critical reflection triggers transformative learning. In J. Mezirow (Ed), *Fostering Critical Reflections in Adulthood* (pp. 1-20). Hoboken, NJ: Jossey Bass, 1-20.

Moon, J. (2001) PDP working paper 4. Reflection in Higher Education learning. *Learning and Teaching Support Network*. Retrieved from: <https://www.cumbria.ac.uk/media/university-of-cumbria->

website/contentassets/public/er/documents/admissions/interviewdocs/Moon2001Reflective
PracticeInterview-1.pdf

Morell, C. M. (2003). Empowerment and long-living women: Return to the rejected body.

Journal of Aging Studies, 17(1), 69-85.

Morgan, M. Y., Vardell, R., Lower, J. K., Kintner-Duffy, V. L., Ibarra, L. C., & Cecil-Dyrkacz,

J. E. (2010). Empowering women through Photovoice: Women of La Carpio, Costa Rica.

Journal of Ethnographic & Qualitative Research, 5, 31-44.

Morojele, P., & Muthukrishna, N. (2013). My Journey to school: Photovoice accounts of rural

children's everyday experiences in Lesotho. *Gender & Behaviour*, 11(2), 5362-5377.

Retrieved from:

https://www.researchgate.net/publication/308874629'_My_Journey_to_School'_Photovoice_Accounts_of_Rural_Children's_Everyday_Experiences_in_Lesotho.

Muhammad, M., Wallerstein, N., Sussman, A. L., Svila, M., Belone, L., & Curan, B. (2014).

Reflections on researcher identity and power: The impact of positionality on community based participatory research (CBPR) processes and outcomes. *Sage Journals*, 41(7-8), 1045-1063. doi:10.1177/0896920513516025

Muhlbauer, V., Chrisler, J. C., & Denmark, F. L. (2015). *Women and Aging: An International, Intersectional Power Perspective*. Heidelberg, Switzerland: Springer International Publishing.

Neysmith, S. M., & Reitsma-Street, M. (2009). The provisioning responsibilities of older women. *Journal of Aging Studies*, 23, 237-244.

Northern Illinois University, Faculty Development and Instructional Design Center (n.d.).

Reflective journals and learning logs. facdev@niu.edu, <http://facdev.niu.edu>

Nosraty, L., Jylha, M., Raittila, T., & Lumme-Sandt, K. (2014). Perceptions by the oldest old of successful aging, Vitality 90 + Study. *Journal of Aging Studies*, 32, 50-58.
doi:10.1016/j.jaging.2015.01.002 0890-4065

Novek, S., Morris-Oswald, T., & Menec, V. (2012). Using Photovoice with older adults: Some methodological strengths and issues. *Ageing & Society*, 32(3), 542-561.

O'Connor, H., & Gibson, N. (2003). A Step-by-Step Guide to Qualitative Data Analysis. *Pimatiziwin: A Journal of Aboriginal and Indigenous Community Health*, 1(1), 63-90.
Retrieved from: https://www.researchgate.net/publication/292432218_A_Step-By-Step_Guide_To_Qualitative_Data_Analysis

Oliveira, M., Bitencourt, C. C., Zanardo dos Santos, A. C. M., & Teixeira, E. K. (2014). Thematic content analysis: is there a difference between the support provided by the MAXQDA® and NVivo® software packages? *Brazilian Journal of Management*, 9(1), 72-82. doi:10.5902/1983465911213

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, 13(4), 695-705. Retrieved from: <http://www.nova.edu/ssss/QR/QR13-4/ortlipp.pdf>

Palibroda, B., Krieg, B., Murdock, L., & Havelock, J. (2009). *A practical guide to Photovoice: Sharing pictures, telling stories and changing communities*. The Prairie Women's Health Centre of Excellence. Retrieved from:
http://www.pwhce.ca/photovoice/pdf/Photovoice_Manual.pdf

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods 4th Edition*. Thousand Oaks, CA: SAGE Publications.

Pierini, D. M., & Volker, D. L. (2009). Living alone in community and over 85 years old: A case study. *Southern Online Journal of Nursing Research*, 9(1), 1-14. Retrieved from: http://www.resourcenter.net/images/snrs/files/sojnr_articles2/Vol09Num01Art11.pdf

Ray, R.E. (1996). A postmodern perspective on feminist gerontology. *The Gerontologist*, 36(5), 674–680. doi:10.1093/geront/36.5.674

Rochon P.A., Bronskill S.E., Gruneir A., Liu B., Johns A., Lo A.T., & Bierman, A.S. (2011) Older Women's Health In: Bierman A.S., editor. *Project for an Ontario Women's Health Evidence-Based Report*: Toronto; 2011. Retrieved from: <http://www.powerstudy.ca/wp-content/uploads/downloads/2012/10/Supplement-OlderWomensHealthReport.pdf>

Rush, L. L., Murphy, M. A., & Kozak, J. F. (2012) A Photovoice study of older adults' conceptualizations of risk. *Journal of Aging Studies*, 26, 448-458.

Russell, C. (2007) What do older women and men want? Gender differences in the lived experience of ageing. *Current Sociology*, 55, 173-192. doi:10.1177/0011392107073300

Sanon, M-A., Evans-Agnew, R. A., & Boutain, D.M. (2014). An exploration of social justice intent in Photovoice research studies: From 2008 to 2013. *Nursing Inquiry*, 21(3), 212-226. doi:10.1111/nin.1206

Scharf, T., & Bartlam, B. (2008). Aging and social exclusion in rural communities. in *Rural Aging A good place to grow old?* Edited by Norah Keating. Bristol, UK: The Policy Press.

Silver, C. B. (2003). Gendered identities in old age: Toward (de)gendering? *Journal of Aging Studies*, 17(4), 379–397.

Silverman, P. (1987). *The Elderly as Modern Pioneers*. (Edited by Peter Silverman). Bloomington, IN: Indiana University Press.

Simmonds, S., Roux, C., & ter Avest, I. (2015). Blurring the boundaries between photovoice and narrative inquiry: A narrative photovoice methodology for gender-based research. *International Journal of Qualitative Methods*, 14(3), 33-49.

Doi:10.1177/160940691501400303

Singlelenberg, J. Stolarz, H., & McCall, M. E. (2014). Integrated service areas: An innovative approach to housing, services and supports for older persons ageing in place. *Journal of Community & Applied Social Psychology*, 24, 69-73.

Song, P., & Chen, Y. (2015). Public policy response, aging in place, and big data platforms: Creating an effective collaborative system to cope with aging of the population. *Bio Science Trends*, 9(1), 1-6.

Statistics Canada. (2011) *Women in Canada: A Gender-based Statistical Report. Women and Health* by Turcotte, Martin – Catalogue no. 89-503-XStatistics Canada. (2011). The Canadian Population in 2011: Age and Sex. Catalogue no. 98-311-X2011001 Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/98-311-x2011001-eng.cfm>

Statistics Canada. (2011). *2011 Census of Population*. Retrieved from:
<http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62c-eng.htm>

Statistics Canada. (2012). *Annual Demographic Estimates: Canada, Provinces and Territories* *Annual Demographic Estimates: Canada, Provinces and Territories* Table 2.1-3 Annual population estimates by age group and sex at July 1, provincial perspective — PEI <http://www.statcan.gc.ca/pub/91-215-x/91-215-x2012000-eng.pdf>

Statistics Canada. (2014). *Population Projections for Canada (2013-2063), Provinces and Territories (2013-2038)*, Catalogue no. 91-520-X (Cansim tables 052-0005 and 052-0006).

Statistics Canada. (2017). *A portrait of population aged 85 and older in 2016 in Canada*. Catalogue no. 98-200-X. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm>

Statistics Canada. (2017). *Population by broad age groups and sex, 2016 counts for both sexes, Canada, provinces and territories, 2016 Census* (table). Ottawa, Ontario. Statistics Canada. Date modified: 2017-05-05. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm> (accessed September 28, 2018.)

Statler, K. (2013). Aging in place: A Saskatchewan perspective. (*Prezi Presentation*) Retrieved from: <https://prezi.com/xmy0sdcov2py/aging in place-a-saskatchewan-perspective/>

Strömquist, N. P. (2015). Women's empowerment and education: Linking knowledge to transformative action. *European Journal of Education*, 50(3), 307-324. doi:10.1111/ejed.12137

Stubbs, B., Brefka, S., & Denkinger, M.D. (2015). What Works to Prevent Falls in Community-Dwelling Older Adults? Umbrella Review of Meta-analyses of Randomized Controlled Trials. *Physical Therapy*, 95(8), 1095–1110. doi: 10.2522/ptj.20140461

Sutherland, C., & Cheng, Y. (2009). Participatory-action research with (im)migrant women in two small Canadian cities: Using Photovoice in Kingston and Peterborough, Ontario.

Journal of Immigrant & Refugee Studies, 7(3), 290-307.

Thompson, C., McCaughan, D., Cullum, N., Sheldon, T.A., & Raynor, P. (2004). Increasing the visibility of coding decisions in team-based qualitative research in nursing. *International Journal of Nursing Studies*, 41(1), 15-20. doi:10.1016/j.ijnurstu.2003.03.001

Tischler, V. (2009). "I'm not coping, I'm surviving": Understanding coping in a marginalised population. *Qualitative Research in Psychology*, 6, 191–202.

doi:10.1080/14780880701826176

van den Hoonaard, D. K. (2015). *Qualitative Research in Action: A Canadian Primer* Oxford, UK: Oxford University Press.

Vasunilashorn, S., Steinman, B. A., Liebig, P. S., & Pynoos, J. (2012) Aging in place: Evolution of a research topic whose time has come. *Journal of Aging Research*, 2012, Article ID 120952. doi:10.1155/2012/120952

Walker, R. B., & Hiller, J. E. (2007). Places and health: A qualitative study to explore how older women living alone perceive the social and physical dimensions of their neighbourhoods. *Social Sciences & Medicine*, 65, 1154-1165.

Walsh, K., O'Shea, E., Scharf, T., & Shucksmith, M. (2014). Exploring the impact of informal practices on social exclusion and age-friendliness for older people in rural communities. *Journal of Community & Applied Social Psychology*, 24, 37–49. doi:10.1002/casp.2176

Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Womens Health, 8*(2), 185-192. doi:10.1089/jwh.1999.8.185

Wang, C. C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior, 24*, 369–387. doi:10.1177/109019819702400309

Wang, C. C., & Redwood-Jones, Y. A. (2001). Photovoice ethics: Perspectives from flint Photovoice. *Health Education & Behaviour, 28*(5), 560–572.

Wang C.C., Yuan, Y.L., & Feng, M. (1996). Photovoice as a tool for participatory evaluation: The community's view of process and impact. *Journal of Contemporary Health, 4*, 47-49.

Weil, J. (2015). Applying Research Methods to a Gerontological Population: Matching Data Collection to Characteristics of Older Persons. *Educational Gerontology, 41*, 723–742, doi:10.1080/03601277.2015.1048172

Weir, A. (2014). Power, gender, and the politics of our selves. *Critical Horizons, 15* (1), 28-39. doi:10.1179/1440991713Z.00000000023

West, E. K. (2015). Being in time: The problem of hope in older adulthood, the last developmental frontier. *Issues in Psychoanalytic Psychology 37*, 25- 42

Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. S. (2011). The meaning of "Ageing in Place" to older people. *The Gerontologist, 52*(3), 357-66. doi:10.1093/geront/gnr098

World Health Organization (WHO). (1999). *Aging: Exploding the myths*. Geneva, Switzerland: WHO. Retrieved from: http://www.who.int/ageing/publications/exploding_myths/en/

Wray, S. (2003). Connecting ethnicity, agency and ageing. *Sociological Research Online*, 8(4)

Retrieved from: <http://www.socresonline.org.uk/8/4/wray.html>

Wray, S. (2004), What constitutes agency and empowerment for women in later life? *The*

Sociological Review, 52, 22–38. doi: 10.1111/j.1467-954X

Wright-St Clair, V. A., Kerse, N.M., & Smythe, E. (2011). Doing everyday occupations both

conceals and reveals the phenomenon of being aged. *Australian Occupational Therapy*

Journal, 58, 88–94. doi: 10.1111/j.1440-1630.2010.00885.

Yechezkel, R., & Ayalon, L. (2013). Social workers' attitudes towards intimate partner abuse in

younger vs. older women. *Journal Family Violence*, 28, 381-391. doi:10.1007/s10896-013-

9506-0

Young, A.F., Russell, A., & Powers, J.R. (2004). The sense of belonging to a neighbourhood:

Can it be measured and is it related to health and well being in older women? *Social*

Science & Medicine, 59, 2627–2637. doi:10.1016/j.socscimed.2004.05.001

Zimmermann, H., & Grebe, H. (2014) Senior coolness: Living well as an attitude in later life.

Journal of Aging Studies, 28, 22-34. doi:10. 1016/j.jaging.2013.11.002

Appendices

Appendix A – Recruitment Poster

VOLUNTEERS NEEDED

FOR A PhD STUDY ABOUT THE REALITIES OF BEING A WOMAN AGE 85 AND OLDER LIVING IN RURAL PEI



I am looking for women age 85 and older who are currently living in rural PEI (by rural I mean at least one km from such services as a grocery store or doctor's office or pharmacy or bank). This study is to fulfill part of the requirements for my Doctor of Philosophy in educational studies degree.

As a participant in this study, you will be asked to:

- * participate in a one-on-one semi-structured interview
- * participate with other women age 85 and older in group sessions – transportation is not provided; however, assistance with transportation costs may be available and refreshments will be provided
- * take photographs of your life realities - in particular, what supports or limits your ability to remain in your own home
- * meet individually with the researcher to talk about your photographs
- * meet as a group with the other women in the study to share stories about the photographs and to identify possible themes
- * participate in a public showing of the photographs (the photographs will be clustered in themes and the photographer will not be identified) - as the author of the photograph you can choose if you want to identify your work. This will be an opportunity for family, friends and others to see the work you have done.

The study will take place over a six-month period and will require approximately 10 hours of your time overall.

If you are interested in participating, please contact the researcher, Olive Bryanton at 902-940-6702 or obryanton@upei.ca for more details.

This study has been approved by the Research Ethics Board of the University of PEI.

Appendix B – Recruitment Handout

VOLUNTEERS NEEDED FOR A PhD STUDY ABOUT THE REALITIES OF BEING A WOMAN AGE 85 AND OLDER LIVING IN RURAL PEI



I am looking for women age 85 and older who are currently living in rural PEI (by rural I mean at least one km from such services as a grocery store or doctor's office or pharmacy or bank).

If interested in participating, please contact the researcher, Olive Bryanton at 902-940-6702 or obryanton@upei.ca .

This study has been approved by the Research Ethics Board of the University of PEI

Appendix C – Telephone Call from Participants

(call based on individual responses to flyer, brochure or media story)

Hello Olive speaking

Yes, I am looking for volunteers to participate in my study about women age 85 and older living in rural PEI. (A brief outline of the study and the expectations of possible participants)

If caller is interested in being part of this study - I would love to meet with you to provide more complete details about what I am doing and what would be expected of you. I can come to your place or another place of your choice. What day and time would be best for you?

Wonderful I will see you at (their home address or their place of choice – date and time) looking forward to seeing you.

If not interested in participating, I will state that it was a pleasure speaking with them and thank them for their time.

Appendix D – Introduction Letter

You have been invited to participate in a research study about the realities of women age 85 and older living in a rural community which is at least one kilometre from services. This study is conducted by Olive Bryanton under the supervision of Dr. Elizabeth Townsend, Faculty of Education at the University of PEI and Dr. Lori Weeks, Faculty of Health Professionals at Dalhousie University. This study is being conducted to fulfill the requirements for my Doctor of Philosophy in Educational Studies.

This study is highly significant because little is known about the lived realities of women age 85 and older who live in rural communities. The purpose of this study is to learn about the lived realities from the women themselves, specifically what supports and limits their ability to age-in-place on PEI. This information will increase knowledge about women aged 85 and older, inform other seniors, general public, policy makers, and program developers about the realities of aging in place on PEI, and provide the information I need to complete my UPEI PhD program in Educational Studies.

As a participant in this study, you will be involved for approximately six months but will only be actively involved for the equivalent of 10 to 12 hours. Your participation in this study will not pose any harm to you. Your involvement will include three individual meetings (1 hour each meeting) with the Principal Investigator (the researcher - Olive Bryanton): the first is to introduce you to the study and if you are interested, you will be asked to sign a consent form. The second meeting you will be asked to participate in an interview about the realities of being a woman age 85 and older living in a rural community on PEI. The third individual meeting you will discuss the 5 photographs that you have chosen as the ones that most represent your reality.

You will also meet three times with your fellow, study participants. For the three group meetings you will need to provide your own transportation. However, transportation costs may be available, and refreshments will be provided.

The first group meeting (2 hours) is to meet each other, to learn about Photovoice, and digital cameras and to practice taking pictures. You will use the camera to take pictures of the people, places or things that represent your living reality of supports or limitations you experience as you age-in-place in your community. The next group meeting (2 hours) will be to share your chosen photographs with other participants and to identify categories or themes as a group. The final group meeting (3 hours) will be to share knowledge with family, friends and others through an exhibition of the photographs. You can choose to identify your own photographs if you wish, but it is not mandatory.

Your participation in this study is entirely voluntary. Up until the end of the third group meeting you may stop your participation at any time, without consequence, and the information you provided will be removed and destroyed. All information collected in the course of this study will remain confidential, and you can not be identified from any of your responses. The audio-recording of your responses will be destroyed after you have had the opportunity to verify that my understanding of your information is correct and that I have represented you correctly. You will only be identified by a number in the final transcript. Only my supervisors, Dr. Elizabeth Townsend, Dr. Lori Weeks, and a research assistant will have access to the data resulting from this study – all respect the importance of confidentiality. All data will be securely retained for a period of seven years after my dissertation is defended, after which time it will be destroyed.

Because part of your involvement includes group sessions and a public event, you should be aware that although every effort is made to maintain your anonymity, it cannot be guaranteed. Your fellow participants and those attending the public event will know you are involved but will not know which photographs belong to you unless you wish them to know.

In return for your participation in this study, you will have my heartfelt thanks and unnamed recognition in the acknowledgement page of my study. Parts of this study may be published in academic journals, but your name will not be associated.

If you have any questions or concerns about this study, you may consult with my supervisors: Dr. Elizabeth Townsend by email at etownsend@upei.ca; or Dr. Lori Weeks at 902-494-7114 or by email at lori.weeks@dal.ca .

This research project has been approved by the Research Ethics Board of the University of PEI and you may contact the UPEI Research Ethics Board at (902) 620-5104 or by email at reb@upei.ca if I have any concerns about the ethical conduct of this study.

I am Olive Bryanton, the Principal Investigator for this study and you may contact me by phone at 902-940-6702 or by email at obryanton@upei.ca at anytime.

Thank you for your interest in this important study. This information letter is for you to keep for your own files.

Sincerely,

Olive Bryanton, Principal Investigator

Appendix E – Letter of Informed Consent

I have read and understand the introduction letter for this study and have been given a copy for my own files.

I have also been provided a contact number of the Principal Investigator and an invitation to ask questions about the study or my participation in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and any data already gathered will be removed.

I know how to contact the study team, if necessary. I understand that I can contact the UPEI Research Ethics Board at (902) 620-5104, or by email at reb@upei.ca if I have any concerns about the ethical conduct of this study.

I give my permission for my individual interviews and group sessions to be audio recorded.

[] yes [] no

I give my permission for my quotes to be used in the study reports, knowledge sharing or journal articles resulting from this study [] yes [] no

I understand that by signing this letter of informed consent I am agreeing to participate in this study.

Name: _____

Date: _____

Appendix F – First In-Depth Semi-Structured Individual Interview Guide

Initial Meeting

I will once again remind the participant about how the study works, that their participation is voluntary and that they don't have to answer any questions they don't want to answer.

1. What are the lived realities of women age 85 and older living in rural communities?

Prompts: What's are your daily life routines and other activities? How do you manage your appointments such as hair dresser, doctor, dentist, lawyer, financial advisor, etc.; how do you get your groceries, do your banking, go shopping for clothing or gifts or other wants or necessities.

Tell me about your social activities: What is your favourite activity? How often do you get there? How do you get there? What else do you like doing? What are your favourite family activities? How often does family visit? How often do you visit family?

Who would you call if you had an emergency? Who do you share your worries or concerns with? What other ways do you have your worries or concerns addressed?

How long have you lived here? What are the main reasons that you have chosen to live or remain here?

How do you ensure your wants, as well as your needs, are addressed?

2. How do social structures and government policies influence these women?

Prompts: Have you ever used a government or private program or service? What service or program was that?

Was there ever a service or program you wanted or needed and it was not available? What was that service? Why do you think this happened? How were you able to solve the problem? What would have helped you the most? What do you still need?

What about help from neighbours or friends? What are your family supports? What types of support do you have from your family (your own children or adopted, fostered children)? Grandchildren? Siblings? Nieces or nephews? Other relatives?

3. How do women 85 and older educate themselves about aging and living in rural communities?

Prompts: How have you or could you learn about options if you are no longer able to stay here? Who will help you with those plans?

Where do you get the education or information you need to plan or make informed decisions about your health? Your living arrangements? Your transportation? Your future wants or needs?

4. How do women 85 and older share their knowledge and mentor others?

Prompts: How do you share knowledge with others about aging or growing older? How do you mentor or advise your children? Grandchildren or others?

Where and how do you talk about aging with others?

Are you aware of ways in which others are learning from you? About aging from 85 years onward while living on your own in rural PEI?

Do you share your knowledge at meetings (e.g. at Women's Institute, Church groups, Senior's groups, Community workshops, Health and social professionals who visit or whom you can call)? How do older women learn from each other?

5. Now I want to ask you a little about yourself:

1. You were you born in what year?
2. What is your educational background?
3. Do you ever worry about having the financial resources you need to continue living the lifestyle you have chosen?
4. Is there anything I should know that I did not ask?

Interview Conclusion

I want to thank you for sharing your knowledge and wisdom, for your patience and for your generosity. We do have a journey we will be sharing together for the next six months and our next meeting will be our first group get together when we will get to meet the other participants in this study, learn all about camera's, practice taking pictures and getting answers to any questions anyone might have. Here is our tentative schedule for the next six months – it has my name and phone number so if you have any questions or concerns please don't hesitate to call me.

Appendix G – Photovoice Guide

Photography provides the medium through which people's visions and voices may surface. The Photovoice method for data collection empowers by providing a voice to identify, name and illuminate what supports or limits one's ability to continue their chosen lifestyles. As such, it is an empowerment strategy that allows participants to construct new ways of thinking about their lives and entrusts them with cameras to photograph their daily lives (Morgan et al., 2010). Women themselves will be identifying the details in the photographs and describing why they took the photograph, what is happening, why it is significant for them and what it is telling about their life as it relates to living in a rural community. It is this process in Photovoice that the women age 85 and older will share their own lived reality and through discussion with their peers will come to recognize potential for transformation within their own lives.

Photographs alone, considered outside the context of women's own voices and stories, would contradict the essence of Photovoice. Therefore, Photovoice participants should be involved in a three-stage process that provides the foundation for analysis: 1) selecting (choosing those photographs that they believe most accurately represent their reality); 2) contextualizing (telling stories about what the photographs mean to them and why they took the photograph); and 3) codifying (identifying those categories or themes, that emerge (Palibroda et al., 2009). The photographs, taken by the participants, and their own words describing and explaining the photographs, are the main data collected in Photovoice.

Photographs teach our audience about who we are; tell our stories and reveal what is important to us. Photographs offer powerful concrete evidence of a reality in a way that words simply cannot capture. The Photovoice process is outlined in the following table:

Photovoice Process

STEPS	EVENT	ACTIVITIES	Time
1	1 st Individual Meeting	<p>Introduce and explain the Photovoice process</p> <p>Review introduction letter and informed consent</p> <p>If interested in being a participant – sign the consent letter</p> <p>.</p>	1 hour
2	2 nd Individual Meeting	Participate in a semi-structured interview	1 hour
3	1 st Group Meeting	Ice Breaker Activity; Review Photovoice process; Introduction to camera; Practice taking photographs; Review and discuss practice pictures; Discuss ethics; Tips about photographs and answer questions	2 hours
4	Taking photographs, provide the stories for final 5 photograph. Also provide a caption for each of the 5 photographs	<p>Taking photographs of everyday activities that support or limit your ability to age-in-place. You can take as many photographs as you wish, but before meeting with the researcher must select, for printing, the 10 photographs that mean the most to you.</p> <p>Following a review of these photographs, you will choose the 5 photographs that most represent your lived realities.</p>	<p>Over a period of 2 weeks</p> <p>(approximately 2 hours)</p>
5	3rd Individual Meeting	Prior to this meeting you will select 10 of your favourite photographs. You will share and discuss your 10 photographs with the researcher and then select the 5 photographs that you believe best represent your situation. You will then contextualize the photographs. In Photovoice, contextualizing happens when you talk about the photographs by discussing what the photographs means to and develop titles for each photograph.	1 hour
6	2 nd Group Meeting	Individuals will share their photographs and	2 hours

stories with the other participants. Then as a group the process of codifying (looking for themes or categories) begins. Codifying takes place in Photovoice through group discussions where participants share photographs and discuss common categories or themes.

7	Public Exhibit	An important part of Photovoice that must be carefully planned is the sharing and exchange of information between the participants, family and friends, and those who traditionally have the power to create public policy. At the Photovoice exhibit, the women who took the photographs will be present and, if willing, can discuss the photographs and accompanying stories and captions. This is a time to use and demonstrate your own voice. Each participant can choose or not to put their names with the photographs.	3 hours
---	----------------	---	---------

Appendix H – Participant’s Photo Log

Photographer: _____

Date Photograph was taken: _____

Photograph Description: _____

Why you want to share this photograph: _____

How does this photograph relate to the supports or limitations you experience as you age in place?

Appendix I – Second Individual Interview Guide

This is the meeting where individuals will discuss the 5 photographs they have chosen as the ones that most represent their reality. The researcher will print these photographs, so the participant can have it in her hand to refer to during the discussion. The discussion will be facilitated by your reflective log (see log sheet above) that each participant will fill out when taking each photograph in particular the ones they believe they might select. For each of these chosen photographs the participant will be asked to tell a story about the photograph by discussing why those photographs are the most significant and through the SHOWED acronym which asks the following questions:

1. What do we see?
2. What is really happening here?
3. How does it relate to our (their) lives?
4. Why does this situation/concern exist?
5. What can we do about it?

The participant will then be asked to develop a title for each photograph. If the participant needs more time to reflect and further develop their story and caption, the researcher will return at a date and time suitable to collect the stories and captions which will be used for the second group meeting.

Probe Questions: I see you have included in the picture - tell me more about that.
Tell me more about why you took this picture. Expand on how this picture relates to supporting or limiting your situation

Appendix J – First Group Meeting Training Guide

1. Introduction Ice Breaker
2. Overview of the Photovoice process and questions and answers
3. Introduction of cameras – overview of the various parts, their purpose and how to use the basic ones – how to check battery level, how to remove, charge and replace – how to find and view photographs, how to download pictures and how to delete the ones not wanted.
4. Photovoice Photographer Ethics
5. Discussion about possible photograph to depict supports or limits
6. Practical exercise: participants will take directed photographs
7. Give participants camera, with written instruction that they have two weeks to take photographs and they can contact the researcher if they wish to go over the process again
8. Please remember that the information shared at our group meetings is confidential. It is important that we do not share information or the names of those involved outside of our meetings

Appendix K – Second Group Meeting

The purpose of this meeting is to select themes or categories, as a group, using the five photographs selected by each participant, who have described and titled each photograph at the third individual meeting.

1. Each participant will introduce and describe their photographs
2. As a group the participants will sort the photographs into categories related to lived experiences – then they will consider how they relate to supporting or limiting their ability to maintain their current lifestyle
3. Limits and supports will be discussed and explored
4. Possible categories or themes will be discussed, and photographs will be organized to represent the category or theme
5. Photovoice Exhibition will be discussed, and tentative plans explored - questions around where to hold the exhibition, how long, date, time and the role participants wish to play
6. Consent form for participants to share their photographs in the knowledge sharing exhibit
7. Please remember that the information shared at our group meetings is confidential. It is important that we do not share information or the names of those involved outside of our meetings

Appendix L – Photovoice Participant Consent Form

As owner of the photographs I have taken, I give my permission for Olive Bryanton, Principal Investigator, to use my photographs in this Photovoice study about women age 85 and older living in a rural community, specifically what supports or limits their ability to remain in their community of choice. I do understand my participation in this study is voluntary and that I may withdraw my participation and/or my photographs from this project at any time, no questions asked.

I authorize the Principal Investigator to use and publish the four photographs (I have selected to contribute to this study) in print, and/or electronically to describe realities of my experiences. As the photographer, I will retain copyright on my photographs so that I may use them as I choose apart from this study.

I have read and understood the above.

Name: _____

Signature: _____

Date: _____

Appendix M – Photograph Consent for Participant Before Taking Someone’s Picture

To be used by the Photovoice Participants if photographing a person or people who could be identified

I am a participant in the Pioneers in Aging study about the experiences of women age 85 and older living in a rural community in PEI, and am taking pictures of people, places or things related to supports or limits I experience as I age in place. I would like to take your picture and possibly include it in my contribution to the study. Your name will never be revealed in any of the discussions, presentations or exhibits. Please understand that your permission in this is voluntary. If you are willing to have your picture taken, please read the following agreement statement.

Agreement Statement

By signing this consent form, I agree to have my picture taken by the photographer. I also understand and agree that unless otherwise notified in writing, the study Principal Investigator, Olive Bryanton, assumes that permission is granted to use my picture(s) for study related discussions, exhibits and presentations.

Your signature: _____ Date: _____

Photographer: _____

If you would like a copy of your picture(s) please print your name and mailing address.

Thank You

Appendix N – Public Display of Photo Consent Form

For Use of Participants Photographs in Public Displays

As owner of the photograph copyright, I provide the following directions for public displays:

[] Yes, I am willing to have my photographs and captions used in public displays about women age 85 and older as pioneers in aging

[] No, I do not want my photographs and captions used in public displays

I also give _____ or refuse _____ permission for my name to be listed as the photographer.

If permission given, I want:

[] my FULL NAME listed as photographer

[] only my FIRST NAME listed as photographer

[] I DO NOT want my name listed at all

COMMENTS:

Name: _____

Signature: _____

Date: _____

Appendix O – Thank you to Participants

It has been a pleasure meeting you and I appreciate your willingness to sharing your knowledge and experience. I have learned a lot from you and would like to give you the camera you used, in appreciation for all the time and dedication you gave to my study.

Thank you

Olive Bryanton

Principal Investigator

Appendix P – Request for Summary of Study Results

If you are interested in receiving a copy of study results summary, please provide your name and mailing address and I will send it to you when it is completed.

Name: _____

Mailing address: _____

Appendix Q – Dissertation Budget

Dissertation Budget

Item	Cost per Item	Total Cost
Cameras	10 cameras @ 150.00	1500.00
Photo Printer	1 photo printer @ 225.00	225.00
Photocopying	500 sheets @ .10	50.00
Printing Costs	Enlarging Photographs 50 x 2.50 ea	125.00
	Photo mats 50 x 1.25 ea	62.50
	Invitations 100 x .50 ea	50.00
Assistant	50 hours @ 10. per hour	500.00
	Data entry 100 hours @ 10. per hour	1000.00
Space Rental	500.00 for room and equip for 1-day exhibit	500.00
	Refreshments for 100 at 5.00 per	500.00
	Space for 2 group meetings 100. per	200.00
	Refreshments for 2 meetings 100. Per	200.00
Travel	Principal Investigator	200.00
	Participants 10 x 25.00 x 2	500.00
Software	NVivo	800.00
TOTAL		6,412.50

[Subsequent to the budget development, the cameras used in the study were donated by the University of Prince Edward Island's Department of Development and Alumni Engagement. Meeting space and refreshments were kindly donated. The University's Faculty of Education provided access to software.]

Appendix R – My Workplan

WORKPLAN September 2016 – May 2018

Research Activities	Year 1 Sept. 2016 – Aug. 2017				Year 2 Sept. 2017 – May 2018			
	Sept Nov	Dec Feb	Mar May	Jun Aug	Sept Nov	Dec Feb	Mar May	
Recruit Participants Develop recruitment plan 1. story in media 2. contact community informants 3. set up individual meetings								
Individual Meetings Study and Purpose Expectations and Timeframe Obtain Consent Face-to-Face Interview Time and Place for 1 st Group Meeting Call to Remind them about the meeting								
Group Meeting 1 *Introduce project and fellow researchers *Practice basic camera functions *Power of photography and protocol *Ethical guidelines *Timelines photograph guidelines and examples of photos that reveal life experiences								
Individuals Taking Photographs of supports or barriers – two weeks								
Meet with individual women a) discuss experiences,								

Research Activities	Year 1 Sept. 2016 – Aug.2017				Year 2 Sept. 2017 – May 2018			
	Sept Nov	Dec Feb	Mar May	Jun Aug	Sept Nov	Dec Feb	Mar May	
challenges b) print photographs (top 10) b) use computer to review all photos select 5 best c) women discuss photo why she took the photo and how it shows her experiences								
Group Meeting 2 Review selected photographs, provide captions and identify themes, prioritize consensus Clarifying, planning and reviewing layout, content and accuracy Begin plans for public showing and lunch								
Recruit Target Audience Identify and Invite policy makers, decision influencers, networkers finalizing public show location, meal, display, who comments, invitees								
Luncheon and Display Set up display, lunch and presentation Report on Process								
Document Collection								
Data Analysis								
Writing Dissertation								
Submit Dissertation								
Graduate								

Appendix S – Data Collection Method

Data collection method – overall process including Photovoice

Step	Description	Data Yes/No	Resources
1	Study Publicity	No	Appendix A Recruitment Poster – B Recruitment Handout
2	Initial contact: participant contacted the researcher by telephone. Eligibility assessed, an overview of the study and expectations explained and if interested an individual meeting was arranged	No	Appendix C – Telephone Call From Potential Participant
3	First Individual meeting with possible participant and informed consent: introduce Photovoice including role, expectations, and timeline for the participants, ethics, review information letter and clarify questions. If participant is still interested, they signed the consent form and an appointment was made to conduct a semi-structured face-to-face interview	No	Appendix D – Introduction Letter Appendix E – Letter of Informed Consent
4	Second Individual meeting Semi-Structured Interview: a semi-structured face-to-face interview include several key questions to help define the areas explored but allow the interviewee to diverge and elaborate on information that is important to them. This is to provide context and a deeper understanding of the reality of being a woman age 85 and older living in rural PEI. With permission from participants, an audio recorder captured all data.	Yes	Appendix F – First In-Depth Semi-Structured Individual Interview Guide
5	First group meeting: to learn about and practice using a camera. Training included an overview of the cameras and instructions on camera usage, ethical considerations, guidelines for	No	Appendix G – Photovoice Guide Appendix H – Participant's Photo Log Appendix Q – Dissertation Budget Appendix J – First Group Meeting Training Guide

Step	Description	Data Yes/No	Resources
	possible photographs, how to review and delete photographs, a practice session to provide hands on experience with the camera, and to learn how to work through any difficulties they may encounter. Participants took the cameras and had three weeks to photograph what supports or limits their ability to age-in-place.		Appendix M – Photograph Consent form
6	Participants Taking Photographs: Participants will have three weeks to take photographs of the supports or limitations they experience as they age-in-place	No	The participants' photographs
7	Second individual meeting to view and discuss the participant's six favourite photographs and select the four photographs they wish to submit to the study: the researcher printed the 6 photographs selected by the participant as the most important photographs. After a reviewing each photograph, the participant chose the four photographs that best represents their realities. They will then contextualize these four photographs by providing a description and title for each one.	Yes	Appendix I – Second Individual Interview Guide
8	Second group meeting is for codifying: This step included individuals presenting and describing their photographs, discussing collective findings, and categorizing the photographs as a group. The acronym VOICE (Voicing Our Individualized and Collective Experiences) used during discussion reminded participants to think, not just about their own life conditions, but also about shared life events and conditions. An important	Yes	Appendix K – Second Group Meeting Appendix L – Photovoice Participant Consent Form Appendix N – Public Display of Photo Consent Form Appendix P Request for Study Results Form

Step	Description	Data	Resources
		Yes/No	
	aspect of Photovoice studies is that learning is not limited to the research team, as participants also learn from one another. This is an important step because it brings more equality to the researcher-participant relationship, because participants initially prioritize the study findings, which brings an extra layer of validity. This session ends with a discussion around the knowledge sharing/Photovoice exhibit, the final step of the Photovoice process.		
9	Knowledge sharing/Photovoice exhibit - provides an opportunity for the women to “showcase” their knowledge and for policy makers and the public to learn first hand from the women themselves. Attendees will include the project participants, their friends and families, general public and decision-making bodies (government departments and elected officials). Knowledge sharing raises awareness.	Yes	

Appendix T – Minister Tina Mundy Social Media Messages



Figure 19. Minister Tina Mundy with study participant

 Tina Mundy added 9 new photos to the album Seniors Independence Program — with Olive Bryanton and 2 others. 24 November 2017 · [View](#)

This past summer I was blessed and inspired to have met 10 wonderful women (8 of whom are shown here) as part of Olive Bryanton's PhD study entitled "Pioneers in Aging: Voices of Rural-Dwelling Women Age 85 and Older" they shared with me their stories of how social structures support and limit their ability to age-in-place. Yesterday, in the House of the People of Prince Edward Island, I was honoured to rise and unveil a new program that will empower Island Seniors who want to remain in their homes and in their communities, like these 10 Pioneers, by providing assistance with services such as light housekeeping, meal preparation, general maintenance, snow removal, and transportation. Phase 1 of the Seniors Independence Program begins January 1, 2018 with full implementation by April 2018. Assistance may be provided to seniors with a net household income of \$22,150 or less for a single or \$31,300 or less for a couple. For more information contact Family and Human Services at 1-877-589-0548 #peifamille



Figure 20. Minister Tina Mundy with study participant

Figure 21. Minister Tina Mundy Facebook posting—November 24, 2017



Figure 22. Minister Tina Mundy–Facebook profile posting

[**Olive Bryanton**](#) is an 80-year-old PhD candidate at UPEI. She is a life long learner and advocate for older seniors. Her stories of 10 women entitled "Pioneers in Aging: Rural-Dwelling Women Age 85 and Older" that were shared with me this past summer help shape the New Seniors Independence Program. This new program will empower Island Seniors who want to remain in their homes and in their communities, like these 10 Pioneers, by providing assistance with services such as light housekeeping, meal preparation, general maintenance, snow removal, and transportation.

Phase 1 of the Seniors Independence Program begins January 1, 2018 with full implementation by April 2018.

Assistance may be provided to seniors with a net household income of \$22,150 or less for a single or \$31,300 or less for a couple.

For more information contact Family and Human Services at 1-877-569-0546
[**#peifamilies**](#)

Facebook Public Messaging Between Researcher Olive Bryanton and Minister Tina Mundy

Olive Bryanton - Thank you to Minister Tina Mundy for listening to the voices of the 10 amazing women in my study. These women are the experts they are living the reality and I am so glad that they were willing to share their expertise with me and that it helped you in your decision making

Reply · 8 · November 25 at 8:14pm

Tina Mundy - You are a strong voice Olive and I have so much respect for the work you do. This is what happens when we work together :). This program will help so many and Island Seniors can thank you for being their voice #StrongerTogether

Appendix U – Code Book

Research Question	Themes	Sub-Themes
#1: What are the Lived Realities of Women Age 85 and Older Living in Rural Communities?	1.1 Social Involvement - includes: Activities, what the women do at home at home and in the community	<p>1.1.1. Solitary Activities: things they do alone</p> <p>1.1.2. Activities with Family: involvement, contact, both positive and negative</p> <p>1.1.3. Activities with Friends or Neighbours: involvement, contact, both positive and negative</p> <p>1.1.4. Activities in the Community: social events, contributions to the community (e.g., Women's Institute, church) volunteering, groups, fundraisers</p> <p>1.1.5. Previous Activities: no longer participate in (e.g. skating)</p>
	1.2 Mobility – physically getting where you want to or need to go within or outside the home	<p>1.2.1. Facilitators: able to drive, having a car, assistive devices</p> <p>1.2.2. Barriers: not able drive or have a car, no public transit, no one to drive you, cost</p>
	1.3 Unpaid Physical Support – who provides help/ support the women need, support provided	<p>1.3.1. Family: both helpful and not helpful, frustrations related to family support</p> <p>1.3.2. Friends and Neighbours: what they do, both pro and con</p> <p>1.3.3. Support Provided: to spouses, children, grandchildren</p>
	1.4 Finances - enough to continue lifestyle – managing resources herself - issues or challenges	<p>1.4.1. Financial Resources and Challenges: available to continue living their chosen lifestyle and challenges unable to bank when wanting to, concerns about future financial resources, having to give card and password to family member</p> <p>1.4.2. Managing Finances: does own banking, able to get to the bank when they want</p>
	1.5 Agency or Power – ability to make decisions, take charge of own life	<p>1.5.1. Taking Charge Using Own Agency or Power: making own choices, making suggestions for improvements, online or telephone banking, checking bank statement, others appointed to act on their behalf, making</p>

Research Question	Themes	Sub-Themes
		<p>sure wants and needs are addressed, using lifeline if living alone</p> <p>1.5.2. Challenges or Justifications for Not Using Own Agency or Power: others make decisions, negative or defeatist attitudes, don't like to bother people, societal and gender inequalities</p>
	<p>1.6 Health – issues with physical or mental health</p>	<p>1.6.1. Physical Health: need surgery, broken bones, vision, hearing, stroke, had surgery, heart condition</p> <p>1.6.2. Mental Health: coping, anxiety no one to talk to, usual people like clergy or doctors not available</p>
	<p>1.7 Unpaid Mental Support - who they talk with about worries or concerns</p>	<p>1.7.1. Family, Friends or Neighbours</p> <p>1.7.2. Support Provided to Others</p>
	1.8 Early Life experiences	<p>1.8.1. Demonstrated Power and Agency</p> <p>1.8.2. Lack of Control Over Own Life</p>
#2: How do Social Structures and Government Policies Influence these Women?	<p>2.1. Use of Programs and Services – programs and services – did or did not need service, tried but not eligible and suggestions for improved programs or services</p>	<p>2.1.1. Use of Government or Private Programs and Services</p> <p>2.1.2. Barriers to Programs or Services</p> <p>2.1.3. Suggestions by the Women for Improvement</p>
#3: How do Women 85 and Older Educate Themselves About Aging and Living in Rural Communities?	<p>3.1 Education/Learning - Where and how do these women learn about aging?</p> <p>Informal – local organizations</p> <p>– does not know</p>	<p>3.1.1 Formal Learning</p> <p>3.1.2. Informal Learning: information sessions offered through local groups – Seniors group, Women's Institute, Church groups, etc.</p> <p>3.1.3. Learning Challenges: offered only on line, no computer, can't afford technology, internet not satisfactory</p>

Research Question	Themes	Sub-Themes
	about it, no way to get to learning opportunities, information available but people do not take advantage	
#4: How do Women 85 and Older Share Their Knowledge and Mentor Others?	4. 1. Sharing Knowledge	<p>4.1.1. With Family: history/family trees - individual diaries, documents to fill out, requests for information</p> <p>4.1.2. In the Community: group opportunities – public presentations, project development, volunteering in museums, etc.</p> <p>4.1.3. Advice for Women</p>