*To be submitted to The Gerontologist*

**Title:** Is ageing well the same for women and for men? Perspectives of older adults in Austria, Sweden and Canada

**Abstract (250 words max):**

Background and Objectives

Definitions of ageing well are important for developing social policies to support older people’s wellbeing. This study examines older adults’ views of ageing well in three different countries. We examined whether gender impacts definitions of ageing well both in terms of women’s and men’s answers, and in terms of the perceived impact of gender on (concepts of) ageing well.

Research design and methods

We conducted a qualitative study with a social determinants of health theoretical framework and used the framework method for data analysis. The study is based on 60 semi-structured video and phone interviews with older adults (age 60 years or more) in Canada, Austria and Sweden (n=20 per site).

Results

We describe the participants’ perspective on ageing well through four themes: ageing well as a multidimensional and participatory process, health and wellbeing, disability, support for ageing well. Overall, participant views on ageing well did not vary by gender. Some participants indicated that definitions of ageing well and the importance of social relationships in later life are shaped by gender. Women are seen as thinking more about ageing and health and as more interested in social relationships and caring.

Discussion and implications

When asked about gender differences, women are seen as finding it easier to age well despite existing research on their disadvantages. Policies for ageing well should take gender more into account. The study’s findings will be important for future research on the intersectionality of ageing and gender.

**Main text (max. 7000 words):**

**Background and objectives**

How ageing well should be defined has been researched for many decades (e.g. Rowe & Kahn 1987) and is more urgent than ever due to demographic change. The definition of ageing well is not only important for the scientific debate about later life but also for social policy. This is for example underlined by the recent launch of the decade of Healthy Ageing by the United Nations (WHO 2021) and the role of older people in social development (United Nations Development Programme YEAR). Over the years, a range of concepts have been developed to define ageing well, such as successful, active or productive ageing (Rowe & Kahn 1987; Foster & Walker 2021; O’Reilly & Caro 1995). These concepts share some similarities but they also diverge, for example in terms of the role of health (Rowe & Kahn 1987; Boudiny 2013), individual decision-making and social inequalities (Rowe & Kahn, 1998; Timonen, 2016).

Earlier concepts did not take the views of older people themselves into account. One such example is the widely used concept of successful ageing by Rowe & Kahn (1997) which is still an important reference point for gerontological research today (Pruchno 2015, Wahl & Tesch-Römer 2017, Timonen 2016, Pocnet et al. 2021). Since the introduction of the concept of successful ageing, research on lay perspectives (meaning the general population) has also expanded (e.g. Cosco et al. 2013, Phelan & Larson 2002), although what we know is still scattered. Studies often develop their own frameworks and focus on one location only, which makes comparisons difficult. Later life is shaped by gender inequality (Chen et al. 2021; Steinmayr et al. 2020; Kendig et al. 2014) with, for example, women living longer and with more health issues (Stephan et al. 2021). However, we don’t know much about how gender might shape lay concepts of ageing well. Knowing more about the impact of gender on lay definitions of ageing well could inform whether women and men need different types of support for ageing well (if they define ageing well differently or find different types of support important) and whether ageing well is perceived as a gendered phenomenon (women and men experience ageing well differently).

Ideas of ageing well differ most drastically regarding the way in which ageing well is linked to health and disability. Rowe and Kahn (1998) defined successful ageing as ageing without health issues and disabilities, others argued against health as a condition for ageing well on the grounds that it excludes so many older people (Boudiny 2013) or exposed the ableism in the concept of successful ageing (Fadem & Minkler 2002). It is the concept of healthy ageing as it is used by the World Health Organisation (2015), which offers a contrasting example to Rowe and Kahn. Here, older people’s wellbeing is central, but this is not conditional upon the absence of disease and disability. While more extrinsic factors such as finances and the environment (Cosco et al. 2013) are taken into account by people themselves when defining ageing well, health certainly also plays an important role. This differs from Rowe and Kahn’s concept, where health takes a central role. Knowledge on how ageing well is defined in relation to health and disability in subjective definitions of ageing well, helps us understand what ageing well is about.

Research on gender inequality in later life demonstrates that women are often but not always disadvantaged compared to men. Chen et al. (2021) constructed an index to compare societal ageing in five domains (wellbeing, productivity and engagement, equity, cohesion, security) in Organization for Economic Cooperation and Development countries and found that women were disfavoured in all domains with gender differences. While women live longer than men, their lives include longer periods with functional limitations and their subjective wellbeing and mental health is worse (Carmel 2019). This is explained through gender differences in personal resources and social roles, health and well-being. In terms of personal resources and social roles, women’s lower education and income as well as their caregiving role impact gender inequality. Regarding health, some gender differences disappear late in life (life expectancy and health behaviours) while others persist (functional disability and depression). In subjective wellbeing, gender differences are seen as connected to those in health. While older men and older women are affected by ageism, older women are additionally affected by sexism. While older people are asked about their definitions of ageing well to compare this to concepts of ageing well that were developed without lay input, their particular views on the impact of gender are hardly researched.

To contribute to the understanding of the impact of gender on lay definitions of ageing well, we conducted a qualitative study interviewing older adults from Austria, Sweden and Canada. All three are countries with similar standards of living (OECD 2019) but different contexts for ageing well. For example, many older people in Austria with care needs are being cared for only by their relatives. In comparison, informal care is combined with a much higher use of professional care services in Sweden. In Canada (example re:care). Our objective was to understand the impact of gender on (concepts of) ageing well. Firstly, we wanted to know how older women and men define ageing well. Secondly, we wanted to know if there was a gender pattern in how ageing well was defined. Thirdly, we wanted to know whether women and men viewed definitions of ageing well (how do women and men define ageing well) and experiences of ageing well (the importance of social relationships in later life) as being shaped by gender. The results of this study will contribute to a better understanding of the impact of gender on lay definitions and inform social policy to develop gender-sensitive support for ageing well.

**Research design and methods**

To examine the perspectives of older women and men on ageing well and gender, we used a qualitative methodology. The study analyses lay perspectives, and with “lay” we mean people who are members of the general public. The research is based on a framework analysis of 60 semi-structured interviews with individuals who are 60 years and older in Austria, Sweden and Canada. Our research focuses on gender in terms of differences between women and men. In each country, 20 people (10 women and 10 men) participated in the study. Our study was planned by a subgroup of qualitative FUTURGEN researcher members (JJ, SK, EA), and in collaboration with the full international FUTURGEN team (<https://futuregen.euro.centre.org/>).

A semi-structured interview guide was developed by the qualitative research leads, and in collaboration with the full FUTURGEN team to reflect factors identified as important to ageing well and gender. After an English version of the interview guide was agreed upon, the questions were then translated. First, the questions were translated into Swedish and German and these translations were approved. Then, there was a process of back-translation into English by an independent person who had not seen the original questions. Both the translated and back-translated versions of the interview guide were discussed with the person who had provided the back-translation and then with JJ, EA and SK to resolve any differences (Chen & Boore 2009). The result was three versions of the interview guide: English, German and Swedish. After the translation of the interview guide was complete, they were piloted each country with two interviews at each site. These pilot interviews were discussed by JJ, EA and SK. This resulted in changing the order of some questions to ensure consistency. Our intent was to obtain the perspective of participants (older adults) to better understand the impact of gender on (concepts of) ageing well. While we anticipated reaching saturation of themes with 10-16 participants (Francis et al.2010), given the range of participants and that there would be cross-cultural applications of the information (comparisons between international sites) (Hagaman et al. 2006), we recruited 20 people at each site for a total of 60 people.

We designed the qualitative study to align with the requirements of Canada’s research ethics guidelines, the Tri-Council Policy Statement-2 (Chapter 10) (1). Ethical approval was obtained from the HSREB ethics committee at Queen‘s University in Canada (Protocol #) and the Swedish Ethical Review Authority (Etikprövningsmyndigheten) in Sweden. Austria does not have a body from which ethical approval for this study could be obtained, since there is no ethics committee covering research by non-university affiliated research organisations. A data-sharing agreement was developed for Canada to share anonymized data with Austria and Sweden.

Older adults were purposefully invited to participate in the study (Creswell & Piano 2011). They were recruited through personal networks, snowball sampling (asking participants to suggest further contacts, Marshall 1996), organisations and advocates for older people. This also included online newsletters and posters in community areas. We recruited women and men who are of a range of ages that are 60 and above. Participants also vary in terms of socioeconomic status, family form, health and/or functional issues (longer-term chronic conditions and health issues). We limited recruitment to participants who could independently provide consent for participation in the study.

Table 1 Sample characteristics

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ​ | **Austria** ​ | **Sweden** ​ | | | | | **Canada** ​ | | |
| **Gender** ​ |
| Female  Male | n=10  n=10 | |  | | n=10  n=10 |  | | n=10  n=10 |  |
| **Age** ​ |  | | ​ | ​​ | | ​​ | | ​ |  |
| 60-69 years old | n=7 | |  |  | |  | |  |  |
| 70-79years old | n=11 | |  |  | |  | |  |  |
| >79 years old | n=2 | |  |  | |  | |  |  |
| **Current civil  status**​ |  | |  | ​​ | |  | | ​ |  |
| Married, partnered | n=14 | |  | | n=14 |  | | N=15 |  |
| Unmarried, widowed, divorced | n=6 | |  | N=6 | |  | | N=5 |  |
| **Highest  educational  degree** ​ | ​ | |  | ​​ | | ​​ | |  |  |
| ​ | ​ | |  | ​ | |  | |  |  |
| Lower than  university | n=11 | |  | n=11 | |  | | n=7​ |  |
| University ​ | n=9 ​ | |  | n=9 ​​ | |  | | n=13 |  |
| **Number of  health  problems** ​ |  | | ​ | ​​ | | ​​ | |  | ​ |
| ​ | ​ | |  |  | |  | |  | ​ |
| **1-4** | n=9 | |  | n=12 ​​ | |  | | n=16​ |  |
| **0** | n=11 ​ | |  | n=8 | |  | | n=4 |  |

Virtual (telephone, videoconference) interviews took place from May-July 2020. Following the informed consent process, interviews were conducted. First, participants were oriented to the study and there was an opportunity for participants to ask any questions. Then, participants were interviewed for 20 to 90 minutes using semi-structured interviews. The interviews conducted with participants were digitally-recorded, de-identified, and transcribed verbatim, and field notes from the researcher were included as part of the gathered data. Following the interview, participants were asked for non-identifying demographic information.

The data analysis process was governed by the data transfer agreements between the international sites (Austria, Sweden) with Queen’s University in Canada. We used tto analyse the data, this method applies to y between theoretical constructs The framework method for analysis was selected as a pragmatic approach that facilitated our team of researchers working across international sites, and with varied backgrounds in the analysis process (Gale et al. 2013). We considered the framework method of analysis to be useful to connect and explore information from international participants. We used qualitative data management software NVivo (JJ, EA) and MAXQDA (SK).

Three researchers (JJ, SK, EA) used the seven-phase process of framework analysis (Gale et al. 2013; Jull et al. 2017) with independent confirmation by a third reviewer (BH): 1) transcription; 2) familiarization with the interview by researchers; 3) generation of initial codes within each transcript; 4) development of a working analytical framework after coding the first few transcripts, and comparison of the labels among the researchers at the different sites (Canada, Austria, Sweden) to agree on the set of codes to use in the subsequent transcripts; 5) application of the analytical framework; 6) inserting data from the remaining transcripts into the framework (further confirmed or adjusted by a second reviewer, BH, to ensure consistency); and 7) interpretation of data so that the characteristics of and differences between the data are identified. We conducted two iterations of the data analysis, the first with the sample of three Canadian interviews, to ensure coding consistency and agreement on the common coding framework. After confirming consistency between the teams for coding with the first three Canadian interviews, each site team developed coded and anonymized data for their interviews in the common framework. The final step (step 7, interpretation of data) was then conducted collectively by the researchers with the pooled and anonymized data from all sites, and with the confirmation of all three qualitative researchers. Anonymized demographic data was collected from the three research sites (Canada, Austria, Sweden), entered into an Excel database, and analyzed descriptively by the researchers. The data analysis results were reflected to the full FUTURGEN team and agreed upon.

**Results**

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We first present how ageing well was described by our participants through four themes: what it includes, which role health and disability play and how it can be supported. Not all participants mentioned each of the different subthemes. The perspective we are describing is a broad perspective which includes all participants and highlights where some of them diverged in their views in pertinent ways. Following this, we present differences between women’s and men’s answers and the perceived impact of gender on ageing well.

Defining ageing well

Theme 1: ageing well as a multidimensional and participatory process

Participants described factors that included independence, the social context (welfare, social contacts) and participation. Independence was described by participants as freedom from work obligations and opportunities for new hobbies in Sweden and Canada, and as a relational experience in Canada only. That is, independence in ageing as the result of interdependence with someone who has an interest in your wellbeing and shares in tasks.

*“She’s there and I’m here for her. And it’s a good thing for me too in that I can help somebody else out” (Canada, male, 92 years)*

*“”…and he knows there’s things I can’t do. I know there’s things that he has struggles to do. So I make sure that, you know, I’ve got, you know, a meal made for us. He’s very supportive of all my endeavours that I’m doing. We’re just there for one another.” (Canada, 81 years, woman)*

The social context was described as comprised of welfare-related areas such as financial security, healthcare, social protection, and social contacts such as family and friends.

*“For me it's not stopping and so to speak just being free, but I think you.. I want to get involved, I want to keep my brain going, I want to keep my body going, I want to keep social contacts, for me it is incredibly important with social contacts and to further develop, that I do not think that now I am fully developed but continue getting better and better at things. And I really like to enjoy life too.”*

female participant from Sweden, 76 years old

“Ageing well means continuing to keep as active as one can in doing the same things you like to do…So keep active, keep having some fun, and also staying connected with my kids and family et cetera” Canada, male, 62 years old #20

Participants also described both participation in general and the opportunity to maintain particular interests such as travelling. AT8, a 70 year old man in Austria describes the more general version of participation through ‘being integrated into life’.

*“For me ageing well means to have a task, to live in relative prosperity, that’s of course always relative, to remain healthy and to be integrated into life.” ​*

male participant from Austria, 70 years

The quotes in this theme highlight the importance of interdependence: participation in society is one example, but also the many aspects of the social context. Even the relational version of independence – which stems from being connected with another person, emphasises interdependence. Another interesting aspect visible in the quotes on the social context from Sweden and Canada is how ageing well is sometimes seen as continuing what an individual has been doing in earlier phases of life, rather than a phase with different activities or aims.

This theme is mentioned by 46 participants. Independence was only described in Sweden and Canada.

Theme 2: health and wellbeing

The second theme focuses on those definitions which include health, personal dispositions and particular social circumstances (giving and receiving help) as elements of ageing well. Health is described as the individual’s health, in five cases as financial health and in 2 (1 in AT; 1 in SE; X in CAN) cases also as the health of close relations (e.g. my mother’s health). Health is sometimes seen as the main element of ageing well on which other elements build as in this quote from Sweden:

*“It means having as little worry as possible, I think. Then you must first hope that you are healthy. Otherwise it’s ... none of the other things matter.”* Male participant from Sweden, 63 years old

Participants also describe mental and physical health as a condition for ageing well:

*“You want to be able to experience things, and to be able to experience things it is required that you have both your head reasonably intact plus that you can move reasonably well to be able to get from A to B so that you can experience things. So, both mobility and a reasonably alert intellect are good if you want to age well.”* – male participant from Sweden, 69 years old

Social circumstances are defined as the opportunity to give and receive help. Personal disposition includes elements such as openness, the acceptance of limitations or thankfulness. This interviewee, a 81 year old woman from Canada, describes how the personal disposition of acceptance is important for ageing well.

*“well, its, I have to say, you sort your life into segments…And the last segment is when you’re really winding down in your older age. So you just have to embrace it and say this is the way it is. I’ve got to enjoy every moment, while I can”*

female participant from Canada, 81 years

The fact that health is not only individual health but also the health of close relations, again highlights interdependence in ageing well in the perspectives of participants. Both participants from Sweden describe versions of ageing well in which health is a precondition for ageing well. Health is mentioned by 43 participants, personal disposition by 30 participants and social circumstances by 14 participants.

In Austria and Sweden, interviewees eithertalked about health as an aspect of ageing well or they talked about the personal disposition. Thus, their perspective on the link between ageing well and health either emphasized the importance of health or the need to adapt to changes in health and abilities. Health and Wellbeing included social circumstances in the sense of being able to give and receive support only in Canada and in Sweden. Financial health was only described by participants in Canada.

Theme 3: Disability as a personal experience

Different from the previous two themes, the third theme does not list different elements that are seen as part of ageing well but describes participants views on the links between disability and ageing well. In fact, none of the participants viewed living with a disability as incompatible with ageing well. We describe participants views on ageing well and living with a disability in more depth here because of the importance of the topic in the debate around concepts of ageing well. Whether someone is able to age well with a disability was described as depending on attitudes, resources, social relations and faith.

Disabilities and their impact on the individual were discussed in various ways. Some people, like the women quoted below, mentioned that opportunities for coping are important in how disabilities will impact ageing well. This can differ vastly between individuals and situations.

*"Some people with disabilities can handle their situation very well, they make the best of the situation, other people handle it a little worse depending on what opportunities they have for coping."* female participant from Sweden, 88 years

“*I have a friend of a friend in a wheelchair who went everywhere, did everything, you know…she just made arrangements and had made sure that she could. She just continued to do things that brought her happiness.*” female participant from Canada, 65 years

Participants describe the experience of living with a disability as a limitation, as being dependent on support from others or as being in danger of isolation. Several participants describe examples of people they know who live with a disability and impress them with the way they cope with the disability. The fact that none of the participants sees a disability as necessarily a hindrance to ageing well underlines that ageing well is compatible with being dependent on others from the participants’ perspectives.

Theme 4: support for ageing well

The fourth theme highlights how society and social policy could improve older people’s wellbeing. It includes four subthemes: personal connections, resources, support for ageing well early in life and ageism. Personal connections refer to personal relations in the sense of connections with companions (human and animals), family and faith. Resources are comprised of elements such as organised leisure activities or affordable housing, medical care, finances, transportation. Another element of support for ageing well is the view that ageing well should be supported throughout life rather than only in later life.

“Well, if they (people) have a good companion, that is an asset. And a supportive family. And their faith, that is important as well. And good medical care…and I guess having, being fortunate enough to have had a good life that you have not had to experience serious financial difficulties or serious health issues.” Male participant from Canada, 92 years

Moreover, the fight against ageism is seen as an element of supporting ageing well. As a 69 year old woman from Austria describes it, older people are faced with ageism in everyday life more than in earlier times:

*„Since, unfortunately, the times are such, older people are not taken into consideration in any way anymore. It is sad to hear: „You have lived long enough, you should actually die already“ and this I find, it’s very appalling. I mean, it’s the situation nowadays in life, anyway around the world, but it is very terrible“*

female participant from Austria, 69 years

A female participant from Canada talks about being taken less seriously by health professionals because of her age:

“So any how, I think there is ageism and I’ve even like I’ve got a good doctor, and my partner goes to a different doctor. But we both said – we wonder if they’re really paying as much attention to us as they would have if we were 50 or 60”. Or if we complain about, you know, an aching joint, are they going to say well that’s to be expected when you’re old”

Female participant from Canada, 81 years

This theme further demonstrates how ageing well is often conceptualized as something that happens through the support received from others. While several elements of this theme mirror elements of ageing well described in the first theme (social context and personal connections, participation and resources) others such as supporting ageing well throughout life or fighting ageism are only mentioned as forms of support. All participants could think of examples of useful support for ageing well.

Gender differences in the definition of ageing well

We found limited gender differences in how ageing well was defined through the four themes. In Sweden there is a slight difference in the theme ageing as a multidimensional and participatory process, as women were more focused on cultivating and maintaining interests, participation, social context and social contacts than men were. Regarding support for ageing well, similar numbers of women and men describe personal connections in Austria, while everybody in Sweden and Canada mentioned this. Resources were described by a minority of the women in Austria and all men. In Sweden, equal numbers of women and men described resources and women focused more on organisations as a resource and a form of social connection.The view that ageing well should be supported throughout life is emphasized by only two men, in Austria and in Sweden. Ageism is again described by women and men in all three countries.

The main differences are in social connection and resources?

Perceived gender differences in the definition of ageing well and the importance of social contacts

We asked participants about perceived gender differences in terms of how ageing well is defined (do you think you would define ageing well differently if you were a woman/man?) and regarding the experience of ageing well (do you think that gender matters regarding the importance of social relationships?).

Gender is viewed as shaping definitions of ageing well by five women and two men in Austria, four women and one man in Canada, and eight women and five men in Sweden. The differences that are perceived by women are that men are seen as more financially successful or interested in finances, and less interested in sustainability and health, less caring and active and thinking less about ageing and social connections or having less social connections. Participants describe men as having a more difficult time in terms of occupying themselves once they are retired. Women are described as doing more housework in retirement and that it is more difficult for men to find something to do. The men say that women would define ageing well differently because they are more sensitive, pushing their bodies less than men, more interested in intergenerational and alternative housing and find social contacts and caring more important. In Canada, one woman perceived women to care more about their appearances, and one man that women faced more health challenges.

We also asked participants about gender differences regarding the importance of social contacts. Six women and six men saw gender as significant for this in Austria and eight women and six men in Sweden. In Canada, four women and four men expressed views about gendered differences towards social contacts. The reasons that were given for this difference was that women were seen as more socially active, social caring, accepting help more easily, creating connections more easily and more willing to attend organised events. Men were again seen as losing social connections through retirement, needing something to socialise around and feeling the need to be independent rather than asking others for support. Violence against women as an issue identified by two participants in Canada regarding the importance of social contacts.

**Discussion and implications**

In this section, we will link the results of the analysis of our interviews to the discussion around ageing well and the research on gender inequalities in later life. The definition of ageing well described by the participants goes beyond the focus on health that we find in the original definition by Rowe and Kahn (1987) which substitutes participation under health (Foster & Walker 2015). Instead, ageing well is multidimensional, includes importantly a social context comprising of different types of social contacts and social support through e.g. healthcare as well as participation in society and independence. Thus, the focus on ageing well as based on decisions by an autonomous individual in the original formulation of ageing well (Rowe & Kahn 1998) is substituted with an understanding of human beings as interdependent and ageing well as depending on connections with others and social relations. Resources and disposition play a role as well. Also in contrast to Rowe & Kahn’s formulation, health is not seen as a condition for ageing well by all and living with a disability is not seen as a hindrance to ageing well. However, the willingness to describe that others are living well with a disability, does not necessarily mean that the subordination of people living with disabilities is avoided (Calasanti & King 2017).

Overall, women and men did not define ageing well or disability in the context of ageing well or support for ageing well differently. However, gender is perceived to impact definitions of ageing well by a group of participants. Thus, overall women and men talk about the same things when they talk about ageing well. Gender differences can be noticed only in the finer details – e.g. in whether particular subthemes are mentioned more or less often. Furthermore, sometimes gender differences are linked to why certain elements are seen as important for ageing well. For example, Kendig et al. (2014) reported on different framings of the elements mentioned. While men? viewed health as a means to perform, women viewed it as a means to enable social connectivity in their study. Similarly, Calasanti and King (2017) discuss how among male and female interviewees between the ages of 42 and 61, men were described as working on their bodies to support ageing well for themselves, while women were expected to aim to look younger to be more attractive for men.

While there were only minor differences in terms of the elements of ageing well in our study, some of the participants perceived similar gender differences across the three countries. In contrast to the literature which emphasises women’s disadvantage in terms of health and resources in later life, participants largely expressed the opinion/belief that women are in a better position regarding ageing well. This advantage that was attributed to women was linked to the importance of care, social connections and health for ageing well. In contrast, men were seen as struggling with the loss of their social roles through retirement much more. Thus, the comparatively better position of women regarding ageing well was not linked to more structural aspects such as resources, but to the emphasis on ageing well as an individual task of being part of networks of care and friendship and actively dealing with health and ageing rather than avoiding these topics.

Future research and policy implications

In terms of social policy, our research suggests that men might benefit from support measures which address their difficulties in terms of being connected to others. Policy interventions could also raise awareness on gender differences in e.g. health or resources needed for ageing well, in which women are disadvantaged compared to men.

Limitations

While we included participants with higher and lower socio-economic status (based on highest educational degree and last job) and those with and without health issues, our sample includes more participants with higher socio-economic status and with better health. Future research could examine the impact of gender on lay definitions with a focus on variations based on socio-economic status.

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**Annex**

? Interview questions