*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:**

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 using a social determinants of health theoretical lens 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) in Canada, Austria and Sweden (n=20 per site).

Results

We found limited gender differences which related to men mentioning resources more often and women emphasizing social connections, which was also mirrored in the perceived gender differences.

Discussion and implications

Although the gender differences are limited, they highlight how ageing well reflects the way in which gender shapes participants’ previous experiences related to the impact of gender on paid and unpaid work and a male breadwinner role. Women’s perceived ease with ageing in comparison to men is contrary to existing research on their health and wellbeing disadvantages. These differences should be taken into account in policies to support ageing well by awareness on gender inequalities linked to ageing well and their perception by older women and men.

**Background and objectives**

Researchers and policy makers have referred to ageing well for many years. Definitions of ageing well have been researched for many decades (e.g. Rowe & Kahn 1987). They delineate what a good life in later life is from various disciplinary perspectives (Ehni et al. 2018). The interest of policy makers in this debate 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 2017). Supporting ageing well is an important policy aim in the context of demographic change, but we know little about gender differences regarding the definition of ageing well and their policy implications. 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). Ageing well does not refer to a specific concept but is a broad term which is used to refer to a good life in later life and describes what these concepts aim to define. The concepts diverge for example regarding the role of health (Rowe & Kahn 1987; Boudiny 2013), individual decision-making and social inequalities (Rowe & Kahn, 1998; Timonen, 2016).

Earlier efforts to conceptualise ageing well neglected the perspectives of older people. One such example is the widely used concept of successful ageing by Rowe & Kahn (1997) which remains the key 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; Badache et al. 2021), although what we know remains limited. Studies often develop their own frameworks and focus on one location only, which makes comparisons across populations 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 but with more health issues (Stephan et al. 2021). However, knowledge of how gender might shape lay concepts of ageing well is minimal. An approach which reflects lay perspectives and gender differences can contribute to understanding whether women and men would benefit from different types of support to age well (if they define ageing well differently or find different types of support important) and whether ageing well is perceived as a gendered phenomenon (i.e. do women and men experience ageing well differently).

Concepts of ageing well differ fundamentally in their weighting of health and disability. Rowe and Kahn (1998) defined successful ageing as ageing without health issues and disabilities while others argued against health as a necessary condition for ageing well on the grounds that it excludes many older adults (Boudiny 2013) and expose the ableism in the concept (Fadem & Minkler 2002). The World Health Organisation’s (2015) construct offers a contrast to Rowe and Kahn. Here, older people’s wellbeing is central, but 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 lay people defining ageing well, health is important too. This again differs from Rowe and Kahn’s health focus. Knowledge on how ageing well is defined in relation to health and disability in lay perspectives on ageing well will help lead to better understanding of what ageing well is about.

Research on gender inequality in later life demonstrates that women are often 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 in all domains with gender differences, women were disadvantaged. While women live longer than men, their lives include longer periods of functional limitations and poorer subjective wellbeing and mental health (Carmel 2019). Carmel argues that underlying this may be 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. According to Carmel (2019), gender differences in functional disability and depression persist into later life. While older men and women have been found to be affected by ageism, older women are additionally affected by sexism (older women are being discriminated against because they are older and additionally because they are women) (Carmel 2019). This would suggest further gender differences. To date, older adults’ views on the impact of gender on ageing well have rarely been examined.

Our study's specific objective was to understand the impact of gender on (concepts of) ageing well. The research for this paper was done as part of FutureGEN, a larger study examining intersections of ageing, health and care (FutureGEN 2022). To examine this across countries, we included 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 greater availability of professional care services in Sweden (Riedel et al. 2016). In Canada, 44% of care receivers living in the community receive only informal care and 44% receive formal and informal care (Zhang & Sun 2020). Our aim was to contribute to the understanding of the impact of gender on lay definitions of ageing. First, we asked how older women and men define ageing well. Second, we wanted to know if there was a gender pattern in how ageing well was defined. Third, we considered 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 shaped by gender. The results of this study will contribute to a better understanding of the impact of gender on lay definitions and can 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 to gather participants’ views on ageing well. The research is based on framework analysis of 60 semi-structured interviews with individuals who are 60 years and older in Austria, Sweden and Canada. 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 (FuturGEN 2022).

Development of the data gathering tools

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 by the full team, the questions were then translated. After the translation of the interview guide was complete, the interviews were piloted in 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. 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 #6025713) 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.

Participant recruitment and data gathering

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. Virtual (telephone, videoconference) interviews took place from January-July 2020. We chose to conduct virtual interviews due to the Covid 19-pandemic. Participants were also asked whether they think they would have answered the questions differently before the pandemic. Some participants mentioned that they had spent more time thinking about care during the pandemic, but that they would not have answered differently. 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.

Data analysis

We used the framework method to analyse the data. This method applies a systematic approach to qualitative content analysis of data to identify similarities and differences, and relationships among factors, in our study about ageing well and gender. 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). For example, the method facilitates working in several languages (sharing summaries rather than verbatim excerpts from interviews). 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 used to look for differences between women’s and men’s answers and to describe the sample in table 1. The data analysis results were discussed and agreed upon by all authors.

Cross-national study design

To ensure consistency across sites, we developed the data gathering tools and the recruitment materials together. The process of translating the interview questions from English to German and Swedish included several steps: 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. The data analysis process was governed by the data transfer agreements between the international sites (Austria, Sweden) with Queen’s University in Canada. Based on this we used the first three Canadian interviews to develop our shared coding framework.

**Results**

We first present the demographic background of our participants and then how ageing well was described by them through four themes: what it includes, which role health and disability play and how it can be supported. Participants were asked to define ageing well, how they viewed the role of health and the role of disability and how ageing well can be supported. Not all participants mentioned each of the subthemes which were summarized under these four themes. The perspective we are describing is a broad perspective which includes all participants and highlights where some of them diverged in their views in relevant ways. Following this, we present differences in women’s and men’s answers and the perceived impact of gender on ageing well.

Study participants

We recruited women and men aged 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) (see table 1). We limited recruitment to participants who could independently provide consent for participation in the study.

|  |
| --- |
| Table 1 Sample characteristics |
|  | Austria | Sweden | Canada |
| Gender |  |  |  |
| Female | 10 | 10 | 10 |
| Male | 10 | 10 | 10 |
| Age |  |  |  |
| 60-69 | 7 | 7 | 10 |
| 70-79 | 11 | 9 | 1 |
| 80+ | 2 | 4 | 9 |
| Current civil status |  |  |  |
| Married/partnered | 14 | 14 | 15 |
| Unmarried/widowed/divorced | 6 | 6 | 5 |
| Highest educational degree |  |  |  |
| Lower than university | 11 | 11 | 7 |
| University | 9 | 9 | 13 |
| Health problems |  |  |  |
| yes | 9 | 12 | 16 |
| no | 11 | 8 | 4 |

Defining ageing well

Theme 1: ageing well as a multidimensional and participatory process

Participants described factors that included independence, the social context (referring to examples of welfare and to social contacts) and participation (e.g. being integrated into society). 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, man, 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, woman, 81 years*

The social context included welfare-related areas such as financial security, healthcare, social protection, and social contacts such as family and friends. It spans from the personal social context to the more public, welfare-related social context.

*“Financial security, good healthcare, enough social contacts, simply to be a bit embedded in all sorts of things”*

Austria, woman, 65 years

*“Health and social security”*

Austria, woman, 68 years

*“The first thing I think of is being healthy, have an acceptable financial situation and good housing”*

Sweden, woman, 68 years

*“Security. The network, that you have a reliable family network that can help you if anything were to happen. And next step is to get help from society when needed”*

Sweden, man, 63 years

“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, man, 62 years

Participants also described both participation in general and the opportunity to maintain particular interests such as travelling. Below, 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.” ​*

Austria, man, 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 through social relations and examples of welfare. 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 factors which include health, personal dispositions (e.g. accepting ageing) and particular social circumstances (giving and receiving help) as elements of ageing well. Health is described as the individual’s own health status and in 2 cases also as the health status of close relations (e.g. my mother being in good health is what I need to age well). 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.”*

Sweden, man, 63 years

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.”*

Sweden, man, 69 years

*“And always, that my mum is doing well for a long time too, since as long as I was in the working process, it wasn’t possible to see her often, since she lives in [another province than me]”*

Austria, woman, 64 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 quoted participants from Sweden describe versions of ageing well in which health is a precondition for ageing well.

Social circumstances refer to the opportunity to give and receive help in this theme. Personal disposition describes 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”*

Canada, woman, 81 years

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.

Theme 3: the relation between disability and ageing well

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."*

Sweden, woman, 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.*”

Canada, woman, 65 years

Participants describe living with a disability as it is perceived by them as a limitation (21 participants), as being dependent on support from others (21 participants) or as dependent on coping (30 participants). 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. When talking about disabilities, one man in Austria referred to a time when he had to use crutches to walk. Other than that, participants referred to other people’s experiences when talking about living with a disability. All but four participants in Austria had people who lived with a disability in their social networks. Six participants talked about their own experiences of living with a disability and most of the others knew someone who lived with a disability in Sweden. In Canada, participants described people that they know who manage with physical disabilities, and despite some participants self-identifying as having health issues that have impacts on their activity levels, none described themselves as having a disability.

Theme 4: support for ageing well

The fourth theme highlights how society and social policy could improve older people’s wellbeing. It comprises of four subthemes mentioned by participants when asked about the kind of support needed for ageing well. On the one hand, this includes subthemes that are also mentioned in the definition of ageing well: personal connections and resources. On the other hand, it includes factors that do not overlap with the definition of ageing well. These are support for ageing well early in life and the fight against 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.”

Canada, man, 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“*

Austria, woman, 69 years

A female participant from Canada talks about the threat of 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”

Canada, woman, 81 years

This theme further demonstrates how ageing well is often conceptualized as something that happens through the support received from others. Some elements from the definition of ageing well, namely personal connections and resources. However, this theme also includes some further suggestions such as supporting ageing well throughout life or fighting ageism. All participants could think of examples of useful support for ageing well.

Regarding support for ageing well, similar numbers of women and men describe personal connections in Austria, while everybody in Sweden and Canada mentioned this. Overall, personal connections were mentioned by 54 participants, resources were mentioned by 52 participants, supporting ageing well throughout life was mentioned by 4 participants, the fight against ageism was described by 6 participants.

Gender differences in the definition of ageing well

We found limited gender differences in the four different themes. Women in Sweden describe cultivating and maintaining interests, participation, and the social context more often than men when defining ageing well. Only a minority of the women and in contrast all men in Austria describe resources (finances and available infrastructure) as important support for ageing well. In Sweden, women discussed organisations as resources and social connections more often than men regarding support for ageing well. The view that ageing well should be supported throughout life is emphasized by one man only in both Sweden and Austria. In Canada, there were general statements about how men do not manage themselves as well in relation to women, and that women have better networks or resilience. Two Canadian participants stated that it was not gender specific, but depended on opportunities for education that impact perspectives and the literacy to negotiate the health and social systems.

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

We asked participants about how they perceive 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. Women are more likely to perceive that men are more financially successful or interested in finances, while they are less interested in sustainability, health, and caring about others. Men are also seen as less active and thinking less about ageing and social connections or having less social connections. Some participants describe men as having a more difficult time in terms of occupying themselves once they are retired. Women are described by some as doing more housework and unpaid care (e.g. looking after grandchildren) in retirement and that it is more difficult for men to find something to do. Men are more likely to perceive that women 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 between women and men 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. The perceived gender differences are more pronounced in Sweden and Austria compared to Canada.

**Discussion and implications**

The definition of ageing well

We aimed to contribute to the literature on lay definitions of ageing well by examining how gender is intertwined with lay definitions. Similar to previous research (e.g. Phelan et al. 2004; Badache et al. 2021), our participants framed ageing well differently than the early definitions of successful ageing by Rowe and Kahn (1987; 1998). The definition of ageing well described by the participants goes beyond the focus on health offered by Rowe and Kahn (1987) which views participation as less important than health (Foster & Walker 2015). Instead, ageing well was seen by the participants as multidimensional, including a social context comprised of different types of social contacts and social support through e.g. healthcare as well as participation in society and independence. In contrast to the focus on ageing well as based on decisions by an autonomous individual in the original formulation of ageing well (Rowe & Kahn 1998), our study reveals an understanding of human beings as interdependent and ageing well as depending on connections with others and social relations. From the participants’ perspectives, resources and disposition play an important role as well. Also, in contrast to Rowe & Kahn’s formulation, health is not described as a condition for ageing well by all and living with a disability is not seen as a hindrance to ageing well.

Gender and lay definitions of ageing well

Research on lay definitions has hardly looked at the impact of gender. Exceptions are how men frame health as a means to perform and women as a means for social connectivity (Kendig et al. 2014) and how staying fit is seen as a means to enjoy themselves by men and as a means to stay attractive for others by women (Calasanti & King 2017). In contrast to Kendig, and Calasanti and King, the gender differences we found were not linked to understandings of health, fitness and disability. We found some gender differences in how ageing well was defined and in how ageing well can be supported from the participants’ perspective. In Austria, men mentioned resources such as finances and available infrastructure more often. In Sweden, women emphasised social connections, participation and organisations also linked to their social dimension. If men define ageing well more around financial security and women emphasise social connections, this could be seen as reflecting differences in women’s and men’s earlier experiences, with men being more often in a breadwinner role, while women take on unpaid and reproductive work. This also mirrors gendered differences in socio-economic status among this age group (Uccheddu et al. 2019). Thus, how participants think about ageing well is shaped by the gendered division of paid and unpaid work. Regarding perceived gender differences, we see a similar pattern. Men are seen as financially successful and interested in finances, women as thinking about ageing and social connections. This could, similar to the difficulties that men are perceived to face around retirement, be linked to gendered biographies in terms of work which then also impact how ageing well is defined and experienced as gendered. The differences in the perception of gender differences between the countries could be linked to the differences in how gender and gender inequality is discussed in the three countries. In all three countries, policy interventions could raise more awareness on how gender inequalities throughout life shape people’s understandings of ageing well.

The advantage that was attributed to women regarding ageing well 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. It is likely that the persistent understanding of ageing well as primarily an individual task (Baldache et al. 2021) rather than also the outcome of a range of social and health inequalities feeds into this perceived advantage of women. More debate and awareness on the subtleties of definitions of ageing well is needed.

What is remarkable, is that women are perceived as having an easier time when it comes to ageing well despite the research discussed previously, which demonstrates women’s disadvantages in terms of health, wellbeing and disability. These disadvantages do not appear in the perception of ageing well in relation to gender. In terms of policies to support ageing well, a first step could be to raise awareness not only on how ageing well is to some extent defined in a gendered way, but also on the disadvantages that women face. A second step is of course to address the disadvantages.

Future research

This study focused on two questions regarding the perceived impact of gender – how is ageing well defined and whether there are gender differences in the importance of social contacts for women and men. Future research could further examine the perceived gender differences, for example exploring the link between patterns of paid and unpaid work and the gendered definition of ageing well further.

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. Through our multi-site study, we were limited in terms of variation of SES of participants, but able to demonstrate trends that are visible across the three countries in a similar sample. Future research could examine the impact of gender on lay definitions with a focus on variations based on socio-economic status. All three countries are high-income countries and among the richest of these. Particularly due to the differences we found in terms of the importance of resources for women and men, it would be worthwhile to also study the research questions in lower income countries. The countries studied are not only high-income, but among the richest of the high-income countries.

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