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Place attachment and participation among older adults living in disadvantaged areas

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Place attachment and participation among older adults living in disadvantaged areas

AFSANEH TAEI

DEPARTMENT OF HEALTH SCIENCES | LUND UNIVERSITY



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Afsaneh Taei



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DOCTORAL DISSERTATION

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Abstract:

Background: Older adults typically prefer aging in place, highlighting the crucial role of their neighborhoods in facilitating participation as they age. In disadvantaged areas, sociodemographic changes such as urbanization, crime, and population turnover can affect their place attachment and participation in community, leading to insecurity and detachment. There is limited knowledge on how these changes can influence older adults' everyday lives.

Aim: To explore the perceptions and experiences among older adults residing in urban and rural disadvantaged areas regarding neighborhood features and their potential impact on place attachment, participation, quality of life, and whether or not they want to move away from the area.

Methods: This thesis employed both quantitative and qualitative approaches. In Study I, cross-sectional multiple linear regression was employed to examine the relationship between person-place fit and quality of life. Study II used a multi-method design, combining survey data with thematic analysis of interviews to explore factors influencing stay-or-move decisions. Study III used photo elicitation and thematic analysis to examine neighborhood perceptions. Study IV used a thematic analysis to explore how residents experience and respond to crime and disturbances in the neighborhood.

Results: Residents reported high quality of life and person-place fit despite challenges. Most residents preferred to stay and cope with the challenges through participation in new habits and activities. They downplayed problems and remain loyal to their areas, driven by place attachment and belonging. This attachment and loyalty facilitated participation at both individual and community levels, revealing a reciprocal relationship between them.

Conclusion: Highlighting the reciprocal relationship between place attachment and the participation of older adults in disadvantaged areas, policies and occupational therapist interventions should prioritize fostering and maintaining these emotional ties. By adopting a holistic approach, occupational therapists can help older adults enhance their place attachment and participation.

Key words: Neighborhood, reputation, aging-in-place, relocation, quality of life, depopulated rural areas, deprived urban neighborhoods, belonging, occupational therapy

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Afsaneh Taei



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Abstract

Background: Older adults typically prefer aging in place, highlighting the crucial role of their neighborhoods in facilitating participation as they age. In disadvantaged areas, sociodemographic changes such as urbanization, crime, and population turnover can affect their place attachment and participation in community, leading to insecurity and detachment. There is limited knowledge on how these changes can influence older adults' everyday lives.

Aim: To explore the perceptions and experiences among older adults residing in urban and rural disadvantaged areas regarding neighborhood features and their potential impact on place attachment, participation, quality of life, and whether or not they want to move away from the area.

Methods: This thesis employed both quantitative and qualitative approaches. In Study I, cross-sectional multiple linear regression was employed to examine the relationship between person-place fit and quality of life. Study II used a multi-method design, combining survey data with thematic analysis of interviews to explore factors influencing stay-or-move decisions. Study III used photo elicitation and thematic analysis to examine neighborhood perceptions. Study IV used a thematic analysis to explore how residents experience and respond to crime and disturbances in the neighborhood.

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Key words: Neighborhood, reputation, aging-in-place, relocation, quality of life, depopulated rural areas, deprived urban neighborhoods, belonging, occupational therapy

List of papers

Paper I

Taei, A., Kottorp, A., Yadav, A., Iwarsson, S., & Granbom, M. (in manuscript). Associations between person-place fit and quality of life among older adults in disadvantaged areas in Sweden.

Paper II

Yadav, A., Taei, A., Jönson, H., Iwarsson, S., & Granbom, M. (submitted). Staying or moving? Residential reasoning among older adults living in rural and urban disadvantaged areas.

Paper III

Taei, A., Jönson, H., Kottorp, A., & Granbom, M. (2024). Doing and belonging: A photo-elicitation study on place attachment of older adults living in depopulated rural areas. *Journal of Occupational Science*, 1–18. <https://doi.org/10.1080/14427591.2024.2365650>

Paper IV

Taei, A., Jönson, H., & Granbom, M. (2023). Crime, disorder, and territorial stigmatization: Older adults living in deprived neighborhoods. *The Gerontologist*, 63(5), 910–919. <https://doi.org/10.1093/geront/gnac159>

Thesis in summary

Study I	Associations between person-place fit and quality of life among older adults in disadvantaged areas in Sweden
Aim	To explore whether and how person-place fit was related to quality of life among older adults living in urban and rural disadvantaged areas in Sweden.
Method	The study targeted individuals aged 65 and older who had resided for at least five years in rural or urban disadvantaged areas in southern Sweden (N=459). Cross-sectional survey data were collected through telephone interviews. Multiple linear regression models were used to analyze relationships between person-place fit, assessed with the Person-Place Fit Measure for Older Adults, and quality of life, using the WHOQOL-BREF questionnaire.
Results	All regression models demonstrated significant impact ($p<.001$) of the independent variable person-place fit on overall and all domains of quality of life (physical health, psychological health, social relationships, environment), and on overall health. The participants reported moderate to high levels of quality of life and person-place fit.
Conclusion	This study suggests that older adults with a positive perception of their neighborhood's suitability for aging in place have higher quality of life. This insight may guide municipality officials and policymakers in developing neighborhood improvement programs for older adults in disadvantaged areas.
Study II	Staying or moving? Residential reasoning among older adults living in rural and urban disadvantaged areas
Aim	To investigate whether older adults living in disadvantaged areas in Sweden were considering moving away from the area, and to explore the underlying residential reasoning. A specific aim was to investigate the relevance of area characteristics compared to other reasons for moving or staying, and whether the willingness to relocate and the residential reasoning differed among older adults from urban and rural disadvantaged areas
Method	Interviews (N=41) and survey data (N=460) from adults aged 65 years and older (231 men; 244 women) living in deprived urban areas and depopulated rural areas in Sweden were used. Data were analyzed with descriptive statistics and with thematic analysis.
Results	The majority had no intention of moving away from the area, and residents in rural areas were generally more prone to stay than those in urban areas. Reasons motivating both staying and moving were related to the area's features and services, attachment and belonging, social relationships, and the home. Considerations such as disagreements between spouses, weighing pros and cons, and potential turning points showed the complexity of the reasoning process.
Conclusion	This study challenges the common belief that area characteristics are the main reasons why older adults move from disadvantaged areas. Older adults in depopulated rural areas prefer to stay, while living in disadvantaged areas can be a potentially vulnerable situation. Crime and social disorder can trigger uncertainty and a desire to move.
Study III	Doing and belonging: A photo-elicitation study on place attachment of older adults living in depopulated rural areas
Aim	To explore how older adults living in depopulated rural areas depicted positive and negative features of their neighborhoods and how belonging was connected to doing and participation.

Method	Data from photo-elicited interviews with seven men and ten women, aged 68 to 88 years, from depopulated rural areas in southern Sweden were analyzed using thematic analysis and Rowles' framework on place attachment.
Results	The participants expressed how belonging was connected to doing by depicting resources in the area, how community was created through interaction, the importance of past actions for present belonging, how they acted on pride and feelings of obligation, as well as how they experienced challenges for doing and belonging.
Conclusion	This study contributes to occupational science by deepening the knowledge on how doing supports belonging and vice versa. The study showed that belonging can serve as a catalyst for older adults to engage in the community, which likely reduces the risk of social exclusion.
Study IV	Crime, disorder, and territorial stigmatization: Older adults living in deprived neighborhoods
Aim	To explore how older adults in deprived neighborhoods in Sweden experience crime and disorder, and how they adapt and respond to these problems and the neighborhood's poor reputation.
Method	Semi-structured interviews were conducted with 22 older adults aged 65 years and older (six male and 16 female) who had lived for five years or more in deprived areas in two cities in Sweden. Data were analyzed using thematic analysis and Hirschman's theory of exit, voice, and loyalty.
Results	Most residents had positive things to say about their homes and neighborhoods, even if criminal acts such as shootings, drug dealing, arson, burglary, and knife attacks were part of everyday life. The residents attempted to manage these events with various strategies. Exit strategies included relocation, detachment, and forms of adaptation. They also used several voice strategies to actively try to solve problems in the area and to engage with the community. Loyalty strategies such as relativizing were used to defend the neighborhood's reputation.
Conclusion	The findings show the importance of moving from generalized notions of older adults as passive victims of their environment and highlight that some older adults are active agents in building communities in deprived neighborhoods. City improvement programs should extend support to older adults who wish to engage.

Abbreviations

ADL	Activities of daily living
EVL	Exit, Voice, and Loyalty
GDPR	The General Data Protection Regulation
ICF	International Classification of Functioning, Disability and Health
MOHO	Model of Human Occupation
PPFM-OA	Person-Place Fit Measurement of Older Adults
SD	Standard deviation
SPAR	Swedish State Personal Address Register
SWEAH	Swedish National Graduate School on Ageing and Health
VIF	Variance Inflation Factor
WHO	World Health Organization
WHOQOL-BREF	World Health Organization Quality of Life Brief Version

My journey and contribution to this thesis

My interest in studying older adults and the influence of environmental factors – as both limitations and facilitators in their everyday lives – began with a lecture presented by Professor Susanne Iwarsson when I was studying to become an occupational therapist in 2012. As a result of my passion for the subject, I attended the research school for two summers with support from Professor Iwarsson while completing my bachelor's education. I presented one of the projects at a conference in Dublin, Ireland, and being in an international academic environment inspired me even more to pursue research.

I subsequently combined clinical work as an occupational therapist with the rehabilitation of stroke patients and studying for a master's degree, which took several years before I was ready to apply for a doctoral position. Pursuing a PhD was a unique experience, full of challenges and the joy of learning from mistakes, as well as overcoming challenges.

During this project, I contributed to the recruitment process for both interviews and survey studies. For the first study, I was involved in recruiting participants, contacting them, conducting telephone interviews, and engaging in data analysis. Data collection for the interview studies involved challenges due to COVID-19. I reached out to different organizations – such as non-profit organizations, municipal home care services, and housing companies – to establish collaborations and facilitate the recruitment process. Under the supervision of my supervisors and co-supervisors, I contributed to the development of the interview guidelines for both the initial and follow-up interviews. I conducted 19 interviews out of a total of 41, including three interviews in Persian. The collected data were used in Studies II, III, and IV. I transcribed the Persian interviews and was actively involved in the data analysis for these studies.

Collaborative work in Study II with another PhD student for the data analysis and writing process was a valuable new experience. Being part of the shared experiences of the older adults I interviewed gave me an insight into how their perceptions of their neighborhoods is important for understanding the dynamic relationships between person and place. These dynamics are important as facilitators or limitations for their participation, maintaining place attachment and wellbeing. I hope that this thesis contributes to a deeper understanding of these relationships.

Introduction

Older adults typically have a strong preference for aging in place, which underscores the central role of their residential settings in facilitating social interactions and participation as they advance in age.¹ The concept of aging in place is defined as the ability to continue living in one's own home and familiar environment for as long as possible, even when facing declining health (Gobbens & van Assen, 2018). In environmental gerontology, not only the home but also the neighborhood and the community are identified as places that play crucial roles in older adults' ability to stay put (Oswald et al., 2011). In occupational therapy, it is well established how the environment, with its social and physical dimensions, influences activity and participation by providing opportunities or restrictions. Research in the field of occupational science, including work by Rudman (2010) and Rudman and Huot (2013), has also emphasized the significance of contexts, such as neighborhoods, in shaping participation in daily activities. These contexts can either facilitate or limit participation, thereby affecting older adults' quality of life through aging. According to the World Health Organization (WHO), quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their personal goals, expectations, standards, and concerns (WHOQOL Group, 1995). Participation in the community has been shown to be related to and foster quality of life, health, and the ability to stay at home among older adults (Levasseur et al., 2021). Since older adults spend more time at home and in their neighborhoods, they are likely also more affected by changes in their surroundings, which are common in disadvantaged areas. Despite this understanding, there has been limited investigation into how neighborhoods specifically impact opportunities for older adults to participate in their community amidst changes and challenges. Understanding how older adults perceive and experience their neighborhoods is crucial for addressing these issues.

Changes occurring within a neighborhood due to processes like urbanization and globalization have been identified as potential threats to individuals' belonging to

¹The category of older adults (also referred to as older persons and older people) is heterogeneous, comprising people of different ages, with different life circumstances. Thus, the category has been problematized and challenged in critical gerontology (Bytheway, 1994; Krekula & Johansson, 2017). There are also various definitions of older adults, and internationally it is common to use lower age limits of 60 or 65 years (National Institutes of Health, 2024; UNHCR, 2024). In this thesis, the concept of older adults refers to individuals aged 65 and over.

the community (Bailey et al., 2012). These shifts, encompassing social and demographic changes, often foster feelings of insecurity and detachment among residents. Factors within the neighborhoods such as a lack of services, a diminishing sense of community, social challenges, crime rates, and the perceived negative reputation of neighborhoods may motivate residents to consider relocating (Buffel et al., 2013; Permentier et al., 2009; Permentier et al., 2011; van der Land & Doff, 2010). Such changes may increase the risk of missing equal opportunities for older adults – who have largely remained under the radar of occupational science – to participate in meaningful occupations (“occupational injustice”). When facing frailty and functional decline due to aging, it is even more important to address occupational injustices to ensure that all residents have equal opportunities to participate in meaningful occupations that meet their needs, regardless of age (Wilcock & Townsend, 2009).

In some areas, changes in the neighborhood can contribute to a poor reputation, which can, in turn, lead to a desire to withdraw or isolate. This poor reputation may then result in stigmatization, where negative perceptions are projected onto both the areas themselves and their residents (Wacquant et al., 2014). Territorial stigmatization – a phenomenon often associated with factors such as poverty, ethnicity, substandard housing, moral judgments, and crime rates – has emerged as a distinct characteristic (Wacquant et al., 2014). According to Wacquant and colleagues (2014), contemporary territorial stigmatization is marked by widespread recognition, both locally and nationally, of the stigmatizing labels affixed to certain areas. Moreover, changes within the neighborhood and various factors may lead to feelings of exclusion and marginalization, which unjustly restrict opportunities for participation in daily activities (Hedberg & Haandrikman, 2014; Skinner & Winterton, 2018; Townsend & Wilcock, 2004). A case of exclusion was elaborated on by van der Land and Doff (2010), in which feeling excluded from shops and local activities that are dominated by “foreigners” led to a decrease in older adults’ social activities in their areas.

Conversely, some research illustrates older adults’ active role in their neighborhoods in order to maintain and improve their community (Fritz & Cutchin, 2017; Hand et al., 2020). This perspective, which highlights the influence of older adults in shaping their neighborhoods, has generally received less emphasis in research compared to the predominant focus on how neighborhoods influence older adults (Hand et al., 2020). When examining the relationship between older adults and neighborhoods in general, factors such as place attachment can play a significant role. Research on place attachment has highlighted that feeling connected to the neighborhood plays a crucial role in fostering participation. This notion is supported by a study by Zhu (2020), which suggests that attachment to the neighborhood is essential for participating in community activities. Feeling attached to the neighborhood is sufficient for being aware of local issues and engaging in

informal activities. Having social connections and resources further motivates residents to make an active contribution to shaping community outcomes.

Place attachment and belonging are nurtured by doing, and are strengthened through connectedness to people and places in general (Khan et al., 2023). However, knowledge about whether this is also true for disadvantaged areas is lacking. Are feelings of belonging among older adults affected in neighborhoods that experience social problems and sociodemographic changes? How do older adults experience the neighborhood's reputation? Do the challenges in these areas become a push factor for withdrawal or a desire to leave, or do they serve as a trigger to evoke feelings of loyalty and participation?

To better understand what it is like to be older and live in disadvantaged areas, more knowledge is needed on the relationship between place attachment/belonging and participation, quality of life, and thoughts about moving or staying in the area. Deepened knowledge about how neighborhood characteristics of different types of disadvantaged areas influence place attachment in later life would be beneficial in a national and international context.

Place attachment and belonging

Various terms are commonly used in different research traditions to describe an individual's emotional bond with place, including rootedness, place dependence, place identity, urban identity, place attachment, sense of place, and sense of community (Hernández et al., 2020). Place attachment refers to positive emotional bonds that individuals have with a specific place. The key aspect of this bond is the inclination to maintain a connection with that place (Wiles et al., 2017). This definition is the one utilized in this thesis.

Generally, research on place attachment focuses on attachment to one's living environment, and consists of two interconnected dimensions: the home, representing private space, and the neighborhood, seen as an expanded area surrounding the home that encompasses social space (Lebrusán & Gómez, 2022). Although the home is a component of the residential area, the focus of this thesis has been on the neighborhood (targeted disadvantaged areas) in order to deepen the understanding of the relationship between place attachment, participation, and neighborhood features.

Another term used in research is "belonging," which refers to the subjective feeling of being an integral member of one's surrounding environment, including family, friends, educational institutions, workplaces, communities, cultural groups, and physical locations (Hagerty et al., 1992). Belonging becomes more obvious when the person considers himself as a part of the place, based on the meanings, signs,

and function of that place (Arani et al., 2021). The concept of belonging is common in research areas such as occupational science and occupational therapy, where it is identified as one of the four dimensions of occupation – doing, being, becoming, and belonging – outlined by Wilcock’s occupational perspective of health (2007). In this field, belonging is described as a feeling of connectedness that an individual experiences, and it is very close to what is defined as place attachment by other research fields. This connectedness may be to other people, specific places, cultures, communities, and different periods or moments in time (Hitch et al., 2014; Wilcock & Hocking, 2015), and is theoretically explained to be closely related to wellbeing. Both the concepts of doing (participation) and belonging (place attachment) and the relationships between them (Hitch et al., 2014) will be in focus in this thesis.

This thesis takes an interdisciplinary perspective on older adults in disadvantaged areas, including occupational therapy, sociology, and gerontology. Thus, the concepts of place attachment and belonging will be used interchangeably, although according to Berg (2020), attachment is perceived as a more comprehensive concept encompassing various facets while belonging denotes a deeply felt and embodied experience.

Place attachment – understanding space and place

The phenomenon of place attachment has been discussed within different theoretical traditions. For instance, research has targeted challenges faced by residents in problematized, deprived neighborhoods with poor reputations and stigmatized environments (Permentier et al., 2007; Manzo, 2014a; van der Land & Doff, 2010). Van der Land and Doff (2010) argued that place attachment can be so strong that relocation is not really an option for many residents, despite their dissatisfaction. Place attachment serves not only as a motivation for aging in place but also as a means by which individuals can accomplish this goal during rapid changes in themselves and their environments (Cristoforetti et al., 2011; Cutchin, 2003). Familiarity with one’s physical surroundings can enhance daily functioning and help reduce challenges associated with aging, enabling greater adaptability and optimization despite declining health (Gitlin, 2003; Lawton, 1985; Peace et al., 2006).

Place attachment encompasses various aspects of the bond between individuals and places, including behaviors, emotions, and cognition. Despite its complexity, scholars generally agree that place attachment involves strong emotional connections and positive affective bonds that develop over time as individuals reside in a particular place. Understanding the concept of place attachment relies on a clear comprehension of the term “place,” which is used differently across various disciplines. Working within the field of environment-behavior and place research, the phenomenologist Seamon (2018) described place as any environmental location where human experiences, meanings, and actions form and come together spatially

and temporally. Malpas (2018), as one of the philosophers of place and space, elaborates on this by characterizing place as an interconnected region where various entities – including individuals, objects, and spaces – can exist, be acknowledged, be identified, and interact with each other. This means that places serve as spatial-temporal domains that bring together and connect various elements such as objects, individuals, experiences, meanings, and events (Seamon, 2020). Places integrate not only these components but also activate interactions and connections among them within the given spatial and temporal context.

Place attachment is considered as an integral aspect of a larger lived experience, where the different dimensions of human and environmental aspects within a place influence and support each other (Malpas, 2018; Seamon, 2018). This relationship is often manifested in individuals' emotional bonds and experiences of a geographic location, such as their home, neighborhood, or community, typically involving a sense of security, familiarity, belongingness, pride, and satisfaction with the place (De Donder et al., 2012; Oswald and Wahl, 2004; Wiles et al., 2012). These emotional bonds have been shaped by a long experience of or participation in a place (Shamai & Illatov, 2005), together with belonging within a community (Giuliani, 2003). However, these bonds will not necessarily remain static, as both the place itself and the associated feelings may change over time. Additionally, individual characteristics also play a crucial role in shaping place attachment.

According to Seamon (2020), two concepts related to place attachment are place interaction (the ability to use and engage with a place) and place identity (the ability to associate and identify with a place). Through interactions with a place, individuals actively engage with it and develop belonging, associating their personal and group identity with its identity. However, if individuals or groups become isolated from the place they identify with, this can undermine their place identity. They may start to mistrust or feel threatened by others in the area and consider relocating to a safer or more accepting environment (Seamon, 2020). Bailey and colleagues (2012) found that attachment to neighborhoods is notably weaker in more disadvantaged areas, primarily due to lower levels of social cohesion. However, despite existing challenges, there is evidence that older adults continue to engage with their neighborhoods (Fritz & Cutchin, 2017; Wanka, 2018). Zhu (2020) suggests that strong social ties and access to resources further encourage residents to actively participate in shaping their community.

Disadvantaged areas

A disadvantaged area is a place where living conditions may be perceived as unfavorable by older adults, as residing in such environments has been found to be related to reduced participation and diminished wellbeing in older age

(Tomaszewski, 2013). This characterization is typically linked to low socio-economic status, and can be referred to using various terms such as “deprived areas,” “socially disadvantaged neighborhoods,” “underserved communities,” and “vulnerable areas.” Although the concept is commonly associated with urban settings, it can also apply to certain rural districts that exhibit similar traits of being economically deprived, depopulated, or abandoned.

Research studying disadvantaged neighborhoods includes a variety of disciplines, including sociology, urban studies, geography, public health, criminology, and psychology, among others (Brenner et al., 2013; Chamberlain & Hipp, 2015; Levy et al., 2020; Mouratidis, 2020; Powell et al., 2020). Studies within these fields investigate different factors influencing everyday life in disadvantaged areas, such as socio-economic challenges, crime and safety issues, access to resources and services, community resilience, and the impact of environmental factors on residents’ wellbeing. Social disadvantage and crime have been particularly studied within the field of criminology. These studies often explore the complex dynamics of neighborhoods and the strategies employed by residents related to the challenges they encounter. Research focusing on disadvantaged areas has paid considerable attention to child outcomes, typically focusing on children’s positive development which is impeded in these neighborhoods due to less secure physical environments, economic deprivation within families, increased crime rates, and limited access to quality healthcare (King et al., 2022; Saitadze, 2022). Additionally, research has explored adolescents’ and youths’ perceptions of their neighborhoods, education, place attachment, and identity within these contexts (Kauppinen, 2007; Visser et al., 2015). However, there has been less focus on understanding older adults’ perceived neighborhood features.

In this thesis, disadvantaged areas are conceptualized as both deprived urban neighborhoods and depopulated rural areas. The selection of both urban and rural areas was guided by common challenges arising from demographic changes and urbanization. Despite the distinctions between urban and rural disadvantaged areas, they share similarities, such as limited access to services and resources and the risk of territorial stigmatization. Identifying deprived urban neighborhoods was straightforward, as these areas were explicitly identified by the police, with explanations of their characteristics and problems. In rural settings, the decision to focus on these areas was prompted by factors such as depopulation, the absence of local services, and social dumping. The decision to prioritize and include depopulated rural areas was also influenced by previous research conducted in rural settings, highlighting the significant impact of the area’s challenges on the quality of life of older populations and their ability to age in place (Scharf & Bartlam, 2006; Wiles et al., 2020).

Similar characteristics of seemingly different areas were also examined in the newly released European Commission report “New Perspectives on Territorial Disparities,” targeting the areas facing disparities with socioeconomic inequalities,

including depopulation, limited access to services, and inadequate connection to physical or digital networks (Proietti et al., 2022). These areas are referred to as “lonely places,” and are defined as “a plurality of places that present a certain vulnerability in terms of local endowment, accessibility, or connectivity. Lonely places can be found in remote and rural areas as well as cities.” In the report, the aim of identifying these “lonely places” is introduced as a step to increase opportunities for local access, enabling residents to achieve greater wellbeing by understanding the issues in these areas and planning to implement appropriate policies (Proietti et al., 2022).

Older adults in disadvantaged areas

Older adults in disadvantaged areas are often overlooked in research. Some studies highlight the negative impact of residing in such neighborhoods on older adults’ wellbeing (Beard et al., 2009; Choi & Matz-Costa, 2018; Julien et al., 2012; Sheppard et al., 2022; Wu et al., 2015), worsened by restricted mobility and limited community participation (Annear et al., 2014; Danielewicz et al., 2017; Rosso et al., 2011). Some research also explores the reasons for residents’ relocation (Hillcoat-Nallétamby & Ogg, 2014; Permentier et al., 2011). Some older residents have reported experiencing a loss of previous community cohesion or safety due to changes in the area when comparing the past and present conditions of their neighborhoods (Dahlberg, 2020; Sim et al., 2012).

Areas with higher levels of deprivation often exhibit lower quality of life, and residents tend to have weaker attachment levels (Bailey et al., 2012) and, for older residents, diminished functional wellbeing. Barnett and colleagues (2018) found that neighborhood characteristics like socioeconomic status and collective efficacy were associated with depression among older adults. As individuals age, the impact of neighborhood-level disadvantage on health outcomes becomes more pronounced (Buckingham et al., 2021). Older adults residing in disadvantaged areas are more likely to experience chronic pain, cognitive decline, and an increased risk of falls (Besser et al., 2017; Fuentes et al., 2007; Lo et al., 2016). Consequently, they often express concerns about safety, security, and limited access to essential services. Feelings of alienation from the neighborhood are also prevalent in these areas. Moreover, the phenomenon of population turnover poses another challenge. As new populations move in, longstanding older residents may feel disconnected from the changing community, perceiving themselves as “isolated survivors of a previous generation” (Victor et al., 2009).

Shifting from urban to rural settings, individuals may have once found personal value and support in their rural environments or neighborhoods. However, due to the typical characteristics of depopulated rural areas – such as declining populations, lack of services, and global restrictions like those experienced during the COVID-19 pandemic – these environments may no longer meet their current social needs

(Jaye et al., 2023). These changes, including population shifts, not only impact residents' quality of life (Scharf & Bartlam, 2006) but also pose challenges for aging in place (Wiles et al., 2020). Scharf and Bartlam (2008) argued that due to differing socio-economic backgrounds and living conditions, older adults may encounter "difficulty forming and maintaining close relationships with recent in-migrants," and this is seen as a threat to the preservation of continuity structures.

Despite these challenges, research by Carver and colleagues (2018) suggests that many older adults in rural areas experience positive aspects like community attachment, participation, and familiarity, which contribute significantly to their place attachment. These factors play a crucial role in fostering a sense of meaning and successful aging during later life stages. According to research, rural residents may develop place attachment more quickly compared to urban or semi-rural residents, often due to the physical characteristics of the environment, such as the presence of green spaces (Turton, 2016). Other factors that can affect the development of place attachment include the length of residence in an area, social connections, and awareness of the area's heritage (Lewicka, 2011; Turton, 2016). Nevertheless, outsiders may struggle to grasp the deep attachment older adults have to these areas. Such individuals may perceive rural living as either detached from modern society or romanticized as an idyllic lifestyle.

There is a knowledge gap regarding how older adults living in disadvantaged areas experience the changes associated with urbanization. Are they passive survivors in the face of adversity and changes, or are they active agents striving to contribute to their communities through participation? What types of strategies do they employ to navigate challenges? Questions are also raised about how occupational therapy might address these challenges, potentially involving advocacy aimed at policy change.

Disadvantaged areas in Sweden

Urban areas – deprived neighborhoods

The Swedish Police Authority (Polisen, 2023) has identified 59 deprived urban neighborhoods. Socially deprived urban neighborhoods in Sweden have many of the characteristics described in the international literature, but the physical standard of housing is not neglected, and municipally owned companies (Allmännyttan) dominate among providers of rented housing. Over half a million Swedes live in these areas, with nearly 74% having a foreign background, which is significantly higher compared to the rest of Sweden. In five of the country's deprived neighborhoods, the proportion of residents with a foreign background is 90% or higher (Järvaveckan Research, 2019; Polisen, 2023). According to the national report, the number of shootings has increased in these types of neighborhoods

during 2022 compared to 2020. Shootings still occur more frequently in these areas compared to the rest of the country (Socialstyrelsen, 2023). The report from SCB (2024b) about the exclusion of residents in Sweden indicated that the risk of insecurity is higher for those who live in low-income areas compared to high-income areas, and more than twice as high for those who live in deprived urban neighborhoods. These neighborhoods exhibit not only socioeconomic challenges but also high population turnover, a dense immigrant population, elevated crime rates, public drug dealing, and the closure of local services (Polisen, 2023). There are typically higher levels of fear among residents and elevated rates of crime compared to other residential areas in Sweden (Brå, 2018).

In Sweden, the perspective of older adults living in disadvantaged areas has been overlooked in policy, media, and research, while studies on deprived urban neighborhoods typically center on the viewpoints of young residents and working-age adults. Consequently, there is a notable lack of understanding regarding the experiences of older adults residing in these areas, and there is virtually no research about how area features may influence their quality of life. The Swedish population, especially older adults, tends to have high levels of trust in government officials, the media, and fellow citizens. There are universal healthcare and social care systems, meaning that everyone has access to these services. However, there are growing disparities in service provision across different regions, due to societal and demographic changes, including globalization and urbanization (Jönson & Szebehely, 2018; Syssner, 2020). These changes may become more pronounced in disadvantaged areas. Within these contexts, older residents often encounter challenges related to safety, security, and the availability of essential services. Moreover, feelings of social isolation from the neighborhood are prevalent among these residents. However, contrasting findings from alternative surveys, such as those referenced by Ivert et al. (2016), indicate that a significant proportion of residents express satisfaction with their neighborhood, and crime rates are gradually declining (Ivert et al., 2016). This raises questions about how these challenges and crimes are currently experienced by older adults.

Rural areas – depopulated areas

In Sweden, several rural municipalities have faced gradual population declines. Municipal capitals, although usually similar in size to other towns, often encounter challenges with many vacant houses and a shortage of smaller dwellings suitable for older adults. In 2023, about 20% of the Swedish population was aged 65 or older, indicating a significant aging demographic (SCB, 2024a). This aging trend is not uniform across the country; the proportion of older adults varies between different municipalities in Sweden. In some municipalities, particularly rural ones, over 30% of the population is aged 65 or older. These rural areas have often experienced a long-term decline in their working-age population, leading to a higher proportion of older residents (Boverket, 2022). In small rural municipalities, most older adults

live in homes that they own rather than rent, and the limited availability of rental housing offers few options for those who wish to move. Beyond housing type, another notable aspect is that it is uncommon for older adults in Sweden to live with their adult children (Abramsson & Hagberg, 2020). Lundholm (2015) demonstrates that family networks tend to be geographically closer in urban areas compared to rural areas. In rural areas, however, networks often include individuals from the same or older generations. Sustaining local social lives and relationships can be challenging for older adults in rural areas due to lower population density and larger distances between residences (Waldenström & Westholm, 2006). Additionally, the thinning out of local social networks and meeting places following demographic changes may weaken the traditional social exchange of services and care among older adults in these areas (Abramsson & Hagberg, 2018). Volunteer work is more common in these areas, with the public sector relying on the voluntary sector to perform some of its functions (Lundgren & Nilsson, 2023). Therefore, social capital plays a significant role in these areas.

Offering public health and social care services in these areas involves significant expenses, which may lead to closures due to a reduced tax base (Swedish National Audit Office, 2014). Furthermore, these areas with poor housing markets find it challenging to provide older adults with appropriate housing options, including amenities like elevators and convenient access to services (Abramsson & Hagberg, 2020; Swedish National Audit Office, 2014). As a result, older adults in these areas frequently live in homes and apartments that have limited accessibility, leading to a risk of feelings of exclusion, decreased attachment to their communities, and reduced levels of participation (Laborda Soriano et al., 2021), as well as a diminished sense of community value.

In Sweden, a temporary population increase occurred in 2014–2015 due to an influx of immigrants in some rural areas. Consequently, social vulnerabilities contributed to migration from urban to rural areas due to housing challenges (Swedish National Audit Office, 2014). In these areas, there has also been a strategy for municipal survival involving the use of refugee reception, or the accommodation of individuals with social problems and debt which has been referred to as “social dumping.” Immigration, on the other hand, has been seen as creating new opportunities for jobs, local services, revitalizing rural areas, and increased tax revenues (Galera et al., 2018; Hedlund et al., 2017; Westholm, 2016). However, many immigrants left these rural areas after a brief period due to better employment opportunities in urban areas (Hansson et al., 2022; Vogiazides & Mondani, 2020), leading to changes in population structure. There has been limited investigation into how older adults perceive their neighborhoods in depopulated rural areas of Sweden, particularly regarding the role of social interaction, participation, and fostering belonging (Abramsson & Hagberg, 2018, 2020; Nilsson, 2013). Overall, these changes highlight the need for research to address the challenges faced by older adults residing in disadvantaged areas.

Participation

Participation in everyday occupations is a fundamental aspect of human growth and life experience. Through participation in various occupations, such as work, hobbies, and social interactions, individuals develop skills and abilities, cultivate connections with others and their communities, and derive a sense of purpose and meaning in life (Law, 2002). Participation in meaningful daily life activities has been closely linked to fostering belonging (i.e., place attachment). Duncan (2004) explained this relationship, stating that “doing valued occupations with and for others fosters a sense of connectedness—belonging, purpose, and meaning that affirms the worth of the individual.” The International Classification of Functioning, Disability and Health (ICF) emphasizes the importance of participation, defining it as “involvement in a life situation” (World Health Organization, 2001). In occupational therapy, participation has emerged as a crucial concept in both clinical practice and research. It is commonly known as involvement or sharing, particularly in an activity (Law, 2002). However, a consensus regarding the concept is also lacking in the field of occupational therapy. Therefore, there are subdimensions of “involvement” and “engagement” for participation that are usually used interchangeably (Adair et al., 2018). Involvement refers to an individual’s overall internal interest and arousal toward a particular activity or its associated outcomes. It reflects the person’s motivation to involve themselves in that activity. Engagement specifically refers to the observable behavior and the experience exhibited by an individual while actively participating in the activity within a specific context or setting (Steinhardt et al., 2022).

Although participation as a phenomenon is defined differently and refers to different nuances of participation, its concepts are often used interchangeably. For instance, the concept used in the Model of Human Occupation (MOHO) is *occupational participation*, which is defined as “engaging in work, play, or activities of daily living that are part of one’s socio-cultural context and that are desired and/or necessary to one’s well-being” (Kielhofner, 2008).

Inconsistent terminology usage related to occupation and participation presents challenges in maintaining an occupation-focused approach in practice and research. Fisher (2014) argues that a lack of clarity in defining participation hinders the effectiveness of evaluations and interventions targeting occupation. Therefore, having a precise and widely accepted definition of participation is essential for enhancing the quality and efficacy of occupational therapy interventions (Fisher, 2014; Larsson-Lund & Nyman, 2017). In this thesis, participation will refer to the engagement of older adults, both individually and collectively, within their neighborhood/community.

Neighborhood and community aspects of participation

The broader societal implications of participation, as outlined in the ICF, may not fully align with the conceptualization in occupational therapy. While occupational therapy models may focus more on the activities of an individual, the ICF extends participation to encompass broader societal domains such as community engagement and human rights. Either way, participation is determined by environmental and cultural factors (Law, 2002; Whiteneck & Dijkers, 2009).

Kielhofner's Model of Human Occupation (MOHO), as outlined by Taylor (2017), explains how the interaction between an individual and their environment affects participation in activities. According to MOHO, an individual's motivation to participate in activities is influenced by volition, habituation, and performance capacity. A person's interests, habits, routines, roles, and occupational identity can influence the choice of occupations and how they participate in them. For example, someone who identifies strongly with their neighborhood may adopt new habits in daily routines, such as picking up trash during daily walks. Additionally, the environment plays a crucial role by providing opportunities, resources, demands, and restrictions that shape the individual's ability to participate in everyday life (Taylor, 2017).

Traditionally, occupational therapy practice and research have concentrated on the participation of individuals, focusing on how the environment influences occupational performance and wellbeing (Wilcock & Hocking, 2015). This approach often overlooks the impact that individuals can have on their environment. Empirical research in this field has paid little attention to the reciprocal relationship whereby individuals also shape and maintain their surroundings. Therefore, there is a need to expand the perspective beyond the individual level of participation and to underscore the reciprocal relationship between individuals and their environment. As such, this thesis specifically aims to clarify how participation manifests itself among older adults in their neighborhood, considering both individual-level and community-level participation and highlighting the factors that influence or motivate participation in the community.

Participation in activities can be influenced by both physical and social environments. Factors such as financial constraints, limited access to transportation, physical disabilities, and a lack of social support can act as barriers that restrict individuals' ability to engage in meaningful activities (Vessby & Kjellberg, 2010). Levasseur and colleagues emphasize the social aspect of participation, including the engagement and interaction individuals have with others within their local communities, their neighborhoods, and broader society. They argue that reciprocal relationships between people and communities are key for participation (Fougeyrollas, 2010; Levasseur et al., 2008). Social connections, support networks, and active engagement are all components of participation (ten Bruggencate et al., 2017). Studies indicate that increased social engagement correlates with improved

health (Abu-Rayya, 2006; Valtorta et al., 2016; Zunzunegui et al., 2003) and quality of life (Levasseur et al., 2008). Even though the social dimension of the environment is considered in how environment influences participation, the reciprocal social dynamics of participation – referring to the relationship between individuals' engagement in activities and their surrounding environment – are underexplored empirically in occupational therapy research. Neighborhood factors can significantly influence these relationships and contribute to occupational injustices.

Older adults in disadvantaged areas: participation and occupational (in)justice

Occupational justice, as a field of research originating from occupational science, entails ensuring equity and fairness for individuals, groups, and communities in terms of access to resources and opportunities to engage in varied, healthy, and meaningful occupations (Nhunzvi et al., 2019). Thus, there is a stronger emphasis on the social dimensions of participation. Based on occupational justice, each person has a unique set of occupational capacities and needs within their surrounding environment, with the right to develop these capacities to promote health and quality of life (Stadnyk et al., 2010) and to have equal opportunities to participate in meaningful occupations to meet their needs (Wilcock & Townsend, 2009). However, some determinants within the social structure of a society can cause occupational injustice, for instance, deprivation in a neighborhood.

The risk of negative influence of neighborhood deprivation on residents' participation in the neighborhood can be examined through the lens of occupational injustice. One form of injustice is occupational marginalization, which refers to the situation whereby a person is excluded from participation in occupations based on rules, norms, and expectations about who has the right to participate in these occupations, how to participate, where, and why (Stadnyk et al., 2010; Townsend & Wilcock, 2004). Marginalization can occur at both individual and group levels, affecting the person's choice, their capability for decision-making, and their control in everyday life (Stadnyk et al., 2010). High rates of crime and social disorder in disadvantaged areas exacerbate occupational limitations and injustice. According to Becker and Boreham (2009), older adults avoid going out at night due to a fear of crime and feeling vulnerable. Fear of crime is one of the most important factors behind social exclusion among the older population in England (Becker & Boreham, 2009). This is aligned with Fritz and Cutchin's study (2017), which focused on African-American women living in disadvantaged areas. In their study, participants' daily routines were altered by eliminating night-time outings, thus restricting their engagement in valued occupations. Losing this opportunity for engagement limits residents from experiencing meaningfulness, leading to occupational alienation. Additionally, the authors argued how failed or inequitable social and economic

policies, as well as structural and inadequate governance, influence individuals' choices of occupation and everyday life (Fritz & Cutchin, 2017).

According to Townsend and Wilcock (2004), occupational alienation is a feeling of disconnectedness, isolation, emptiness, or lack of sense of identity (Townsend & Wilcock, 2004). This kind of occupational injustice can limit the level of participation in surrounding areas, which in turn can lead to a sense of meaninglessness or purposelessness (Stadnyk et al., 2010). Sometimes, injustice is reflected in the form of occupational deprivation, in which a person or a group of people become restricted and socially excluded due to external factors beyond their control (Christiansen & Townsend, 2010). Wilcock and Hocking (2015) explain that "deprivation implies being denied something that is considered essential." To explain the combination of these forms of occupational injustice, Jakobsen (2004) examined the experiences of disabled women, highlighting their struggles with multiple forms of occupational injustice. She found that these women faced occupational deprivation due to unemployment and experienced occupational marginalization, being isolated from society. Furthermore, they suffered from occupational alienation, living lives that lacked meaningful occupations which contributed to their sense of identity and purpose.

These concepts (marginalization, deprivation, and alienation) are valuable for raising awareness about issues related to occupational justice, particularly in the context of disadvantaged areas. To cope with the challenges in these areas, residents sometimes try to adapt by seeking new places and spaces for participation when their necessary needs are not accessible. This can occur, for example, after the community experiences a loss of services and amenities due to vanishing local stores and declining population (Fritz & Cutchin, 2017).

The collaboration of occupational therapists with communities from a broader societal perspective, focusing on principles such as inclusion, would be a vital attempt to avoid inequalities and injustice among older adults (Pattison, 2018).

Aim

The overarching aim of this thesis is to explore the perceptions and experiences among older adults residing in urban and rural disadvantaged areas regarding neighborhood features and their potential impact on place attachment, participation, quality of life, and whether or not they want to move away from the area.

Specific aims were:

To explore whether and how person-place fit was related to quality of life among older adults living in urban and rural disadvantaged areas in Sweden.

To investigate whether older adults living in disadvantaged areas in Sweden were considering moving away from the area, and to explore the underlying residential reasoning. A specific aim was to investigate the relevance of area characteristics compared to other reasons for moving or staying, and whether the willingness to relocate and the residential reasoning differed among older adults from urban and rural disadvantaged areas.

To explore how older adults living in depopulated rural areas depict positive and negative features of their neighborhood and specifically investigate how physical, social, and autobiographical dimensions of belonging were connected to doing and participation.

To explore how older adults who live in deprived neighborhoods in southern Sweden experience crime and disorder in everyday life.

Theoretical framework: Rowles' place attachment

Rowles' attachment framework includes three dimensions: *physical*, *social*, and *autobiographical* insideness, referring to the personal connection individuals have with their living environment (Rowles, 1983a). He argued that these three dimensions work together to constitute place attachment. Insideness, as explained by Rowles (1990), refers to an individual's intimate involvement with a place, grounded in personal history. *Physical* insideness refers to intimate familiarity with the physical configuration of the environment having routinely using the space over

a long time. *Social* insideness, on the other hand, forms and develops through “everyday social interaction and the performance of particular social roles in a neighborhood” (Riley, 2012). This kind of insideness, which is related to belonging and connection with people, is significant in old age. It can be related to older adults’ need for their social long-term relationships to cope with declining physical capabilities and health situation through their life (Riley, 2012; Rowles, 2008). The third dimension of insideness is *autobiographical* insideness, which extends beyond physical and social insideness as it has “a temporal depth of meaning” (Rowles, 1983a). This form of insideness refers to how individuals narrate their connection to a place and construct a sense of identity by recounting the events and experiences that have occurred throughout their lives in various locations within their local environment (Rowles, 1983b). Peace and colleagues (2005) described this insideness as being rooted in time and space, representing a historical legacy of life lived within a specific environment. While this type of insideness is intertwined with memories of life experiences, events, and relationships, it has been identified as the most relevant type of insideness to capture and describe older adults’ place attachment (Burns et al., 2012; Dixon & Durrheim, 2000; Rowles, 1993). Rowles highlighted the notion of autobiographical insideness as a way in which older adults navigate their neighborhood transitions. According to him, memories of past events and one’s life within the community can foster belonging and continuity during periods of change.

Rowles (1978, 1980) argued that place attachment developed in two ways: through long-term residence and through the frequent performance of activities in that location. Long-term residence allows individuals to form deep emotional bonds and familiarity with the place due to accumulated experiences and social connections. Alternatively, regularly engaging in specific activities in a place can also foster a strong attachment, as repeated interactions with the environment help individuals to build emotional connections and understand its spatial characteristic.

Older adults spend more time at home, and their engagement with the physical environment decreases with increasing functional decline and is substituted with indirect experiences (through another person or medium, or through imagination), rather than direct experiences. Concurrently, their direct participation becomes more localized, concentrating on their immediate surroundings (home and neighborhood). As a result of these changes, older adults develop a stronger emotional attachment to familiar environments (Rowles, 1978).

The three senses of insideness which encompass various dimensions related to individuals’ intimate connection with their home and neighborhood environment have been widely explored by researchers in rural geography, gerontology, and occupational therapy. The main focus in this research has been on the significance of space and place identity for older adults (Degnen, 2016; Dixon & Durrheim, 2000; Seamon, 2014). Rowles highlighted the interconnection between aging, place attachment, and personal identity. He argued that place attachment can contribute

to the preservation of a sense of identity as a person ages (Rowles, 1983b). Other researchers, like Rubinstein and Parmelee (1992), have suggested that place attachment helps older adults to preserve a sense of continuity, and represents independence and social competence. According to Rowles, developing “insideness” with a place over time leads to the place becoming an extension of the self (Rowles, 1983a). In line with this, the occupational therapist Cutchin (2003) emphasized the notion of “place integration,” which is about a continuous series of processes that occur in the relationship between an individual and the surrounding environment. This relationship explains how changes in both the individual’s life and the environment can result in the individual either moving to a new location or reshaping the meaning and identity associated with their current place of residence (Cutchin, 2003).

Rowles’ framework of place attachment offers a comprehensive approach for understanding how older adults interact with and adjust to changes in their neighborhoods. Considering autobiographical, social, and physical dimensions of insideness leads to a better understanding of the complex interplay between personal experiences, social connections, and physical environments in shaping individuals’ attachment to place. This holistic perspective underscores the importance of recognizing the nature of neighborhood transitions and the diverse ways in which older adults navigate and respond to change. While using Rowles’ framework as an analytical tool provided a cohesive structure for the results in Study III, I will also apply the framework as an overall theoretical framework for the thesis to describe and analyze the overall findings in order to more clearly show various aspects of place attachment and its dynamic relationship with participation for older adults in disadvantaged areas.

Methods

This thesis is part of a larger project titled *Older Adults Living in Disadvantaged Neighborhoods: A Mixed-Methods Study of Homes, Neighborhood Transitions, and Wellbeing*, which targeted older adults aged 65 and older who have lived for at least five years in certain urban and rural disadvantaged areas in southern Sweden. The project was a mixed-methods study of homes, neighborhood transitions, and wellbeing. It was a four-year project that used qualitative interviews (N=41) with follow-up interviews and quantitative survey data (N=462) to explore how older adults perceive their identity, their participation in community, and their health and wellbeing in disadvantaged urban and rural areas in Sweden (Granbom et al., 2022). Data were collected during 2021–2022.

Overall study design

Different research designs were used to facilitate a comprehensive understanding of the research questions. The data for all studies were collected from the larger project. In the first study, a cross-sectional design was used to analyze survey data to explore the relationship between person-place fit and quality of life. In Study II, a cross-sectional multi-method design (Creswell & Plano Clark, 2011; Kasirye, 2021) was utilized first to descriptively explore survey data on willingness to stay or move and then to carry out a more in-depth exploration of the phenomenon through in-depth interviews using thematic analysis. In Study III, the photo-elicitation method was applied to interviews focusing on photos taken by participants to explore place attachment in rural areas. In Study IV, in-depth interviews were analyzed using thematic analysis to gain a deeper understanding of participants' experiences of everyday life with crime and disorder in urban areas (see Table 1).

Table 1. Overview of design and methods of the four studies

Study	Design	Data collection methods	Analysis method
I	Cross-sectional design	Interviewer-administered survey	Regression analysis
II	Cross-sectional design	Interviewer-administered survey	Descriptive statistics
		Semi-structured interview	Thematic analysis
III	Cross-sectional design	Semi-structured interview	Thematic analysis
		Photo elicitation	
IV	Cross-sectional design	Semi-structured interview	Thematic analysis

Study context – the targeted areas

Data collection was carried out in a total of six deprived urban neighborhoods and two depopulated rural areas in southern Sweden. The selected urban areas are situated in two smaller cities, which are anonymized and referred to in this thesis as Springfield and Franklin, with populations of approximately 151,000 and 47,000, respectively. These areas are considered representative instances illustrating the evolution of multi-dwelling neighborhoods constructed in the 1960s and 1970s into disadvantaged neighborhoods over time, as defined by the Swedish National Police (Polisen, 2023). Police presence has been increased with the aim of reducing crime rates and enhancing safety. Municipal authorities in some areas have made efforts to improve housing standards through demolition and subsequent new construction.

The rural areas were chosen based on factors such as depopulation, the distance to the nearest hospital, and the housing marketing, resulting in the choice of two areas referred to in this thesis as Green Hills and Golden Fields. These municipalities have experienced depopulation over the past two decades, except for a notable exception during 2014–2015 when a significant influx of immigrants changed the population structure and led to a temporary increase. Green Hills, a municipality in southern Sweden, is known as the “green heart” of the region due to its expansive green areas and various types of accommodation. The municipality covers an area of 452 km² and has a population of around 15,000 people, of whom 23% are aged 65 years or older. Four out of five residents live in villages. Golden Fields is also located in southern Sweden, and has a population of around 10,500, with 24% of adults being aged 65 or older. Demographic changes in these areas have led to families and working-age individuals moving away, leaving behind a growing proportion of

older adults and temporary immigrants. Closed shops and services are also characteristic of the study areas (see Table 2).

Table 2. Population of older adults aged 65 and over in the targeted areas and total population by other ethnicities

Areas	Population (N)	Older adults 65+ (N)		Older adults 65+ (%)		Non-Swedish ethnicity (N)	Non-Swedish ethnicity (%)
		Men	Women	Men	Women		
Urban							
Springfield	151,306	13,209	15,772	9	10	42,940	28
Area 1	5,770	421	511	7	9	2,424	42
Area 2	3,654	193	244	5	7	1,973	54
Area 3	6,014	425	545	7	9	3,237	54
Area 4	5,409	378	454	7	8	3,033	56
Area 5	3,127	207	189	7	6	1,799	57
Franklin	47,134	4,580	5,323	10	11	17,741	38
Area 6	2,226	158	222	7	10	1,337	60
Rural							
Green Hills	14,331	1,697	1,645	12	11	3,176	22
Golden Fields	10,433	1,213	1,267	12	12	2,398	23

Source: Statistics Sweden, and municipal and county council databases

Recruitment of participants to the survey

The data collected by a survey for the larger project were used in part in Studies I and II. Recruitment for the larger project was carried out by obtaining contact information for all adults aged 65 and older in the specified urban and rural areas via lists from the Swedish State Personal Address Register (SPAR), employing randomization techniques. Recruitment used lists categorized by urban/rural designation and age (65–79 years and 80+) to ensure equal representation in the sample. Information letters, along with consent forms, were sent to 1,869 residents, and subsequent phone calls were made for follow-up. Upon meeting the inclusion criteria and expressing a willingness to participate, a date for the phone interview was arranged. In all, N=462 people participated in the survey.

In Study I, cases with more than 20% missing data were excluded, resulting in a final sample size of N=459.

In Study II, two participants were excluded due to missing relocation data, resulting in a final sample of N=460.

Recruitment of participants to the interviews

The data collected through interviews for the larger project were used in part in Studies III and IV. The recruitment process for the larger project involved reaching out to participants through community centers serving older adults, libraries, and nonprofit organizations located in the urban areas. However, faced with the challenges posed by the COVID-19 pandemic, the recruitment strategy needed to be modified. Consequently, mail-based methods were included in the recruitment process, which entailed retrieving addresses from SPAR for all adults aged 65 and over in each disadvantaged area. A randomly selected group of 20 residents received information letters about the study, followed by telephone calls. Residents who stated that they had lived in the area for at least five years and expressed a willingness to participate were recruited upon signing and returning an informed consent form. This process was repeated several times, achieving a sample size of N=41, including 21 interviews from urban areas (with one interview involving a couple, counted as N=22) and 20 interviews from rural areas.

In Study III, 17 of the 20 participants from rural areas agreed to take part in the follow-up photo-elicitation interviews and were included in the study. They signed an additional informed consent form regarding the pictures taken within the research.

In Study IV, all participants from the urban areas were included (N=22).

Participant characteristics

The distribution of male and female participants was well-balanced in the quantitative study, with 226 males and 233 females. They were evenly divided into two age groups: 50% were between 65 and 79 years old, and 50% were aged 80 years or older. This division ensured adequate variation among older adults and very old adults, a group often underrepresented in research. The sample is not representative of other disadvantaged or depopulated rural areas in Sweden due to geographical differences between these areas. Both genders were represented in the qualitative studies. On average, participants had resided in their respective areas for a considerable length of time, with a mean of 35 years (SD 21). In the survey, 13% of participants identified with not being born in Sweden, compared to 18% and 27% in qualitative studies III and IV, respectively. For more information, see Table 3.

Table 3. Participant characteristics in the four studies

Characteristics	Study I (N=459)	Study II (N=460)	Study III (N=17)	Study IV (N=22)
Gender N (%)				
Male	226 (49)	227 (49)	7 (41)	6 (27)
Female	233 (51)	233 (51)	10 (59)	16 (73)
Age M (SD)	76 (7)	77 (7)	79 (6)	74 (8)
Place of residence N (%)				
Springfield				12 (55)
Franklin				10 (45)
Golden Fields			6 (35)	
Green Hills			11 (65)	
Urban	240 (52)	240 (52)		
Rural	219 (48)	220 (48)		
Living alone N (%)				
Yes	230 (50)	231 (50)	6 (35)	16 (73)
No	229 (50)	229 (50)	11 (65)	6 (27)
Years as a resident* M (SD)	35 (21)	35 (21)	43 (14)	24 (18)
Type of housing N (%)				
Rented	189 (41)	190 (41)	2 (12)	19 (86)
Owned	270 (59)	270 (59)	15 (88)	3 (17)
Level of education N (%)**				
9 years or less	170 (37)	170 (37)	1 (6)	8 (36)
10 to 12 years	150 (33)	151 (33)	7 (41)	11 (50)
Over 12 years	137 (30)	137 (30)	8 (47)	3 (14)
Born in Sweden N (%)				
Yes	400 (87)	401 (87)	14 (82)	16 (73)
No	59 (13)	59 (13)	3 (18)	6 (27)

* Due to missing data, N varies from 457 to 459 (Study I) and from 458 to 460 (Study II)

**Due to missing data, N=16 (Study III)

Data collection – the survey

The quantitative data utilized were derived from the survey collected for the larger project. The survey incorporated standardized instruments and study-specific questions covering physical, social, and emotional aspects of home and neighborhood, alongside quality of life, participation, and health information, as well as sociodemographic data. The data collection was carried out via telephone interviews conducted by the research team and trained research assistants. A week before the telephone interviews, participants were provided with a copy of the questionnaire to familiarize themselves with the questions in advance. In addition to Swedish, interviews were also conducted in Arabic, Bosnian, Danish, English, and Persian. All questions were presented verbally, and responses were digitally recorded by the data collector using RedCap software (Patridge & Bardyn, 2018).

Survey data for Study I

Data from two instruments – namely the Person-Place Fit Measure for Older Adults (PPFM-OA) and the World Health Organization Quality of Life Brief Version (WHOQOL-BREF) – were utilized for this study, together with participants' demographics/background information (age, gender, type of area, and education) and ADL performance.

Quality of life was assessed using the Swedish version of the WHOQOL-BREF (WHO, 2004). This instrument begins with two separate questions regarding overall quality of life (Q1) and overall health (Q2), followed by 24 items distributed across four domains: physical health (seven items), psychological health (six items), social relationships (three items), and environment (eight items). Each item is rated on a five-point response scale, with higher scores indicating better quality of life. Regarding the reliability and validity of the instrument, a study conducted among older adults living in nursing homes in the Swedish context (Rosén et al., 2020) suggested that the WHOQOL-BREF could serve as a reliable and valid measure of quality of life for this population group.

To measure person-place fit for older adults, the Person-Place Fit Measure for Older Adults (PPFM-OA) (Weil, 2020) was used, originally including 41 items. To be sure that the tool could produce unidimensional measures in a Swedish context, the psychometric properties of the Swedish version underwent an initial evaluation using Rasch model analysis. This process resulted in a reduction to 19 items. These items were distributed across the following domains: community values (four items), identity and place attachment (three items), neighborhood changes and moving (six items), primary or basic needs/necessities (three items), and services and resources (three items) (Granbom et al., 2024), see Table 4.

Table 4: PPFM-OA items (N=19) included in the Swedish version of the instrument

Section	Item
Community value	My community values older people My community advocates for older adults I feel accepted in this community I am heard/listened to in my neighborhood/community
Identity and place attachment	This place means a lot to me I want to live in the place I am currently living until I die The place is part of who I am/my identity
Neighborhood changes and moving	It's too expensive for older adults to live well in my community ^a Living in my community is a challenge ^a People are leaving this neighborhood ^a The neighborhood feeling is gone ^a I feel alone in my neighborhood ^a We need more options for older adults, such as programs, transportation, case management, etc., in my community ^a
Primary or basic needs/necessities	I am in good health There is affordable housing for older adults in my community I feel safe in my community at night
Services and resources	My community has accessibility options (e.g. sidewalks with sloped curbs, ramps, etc.) The environment (such as architecture, natural beauty, climate, or parks) keeps me here I have enough transportation options here

Reversed for statistical analysis

Dependence in activities of daily living (ADL) was self-reported using the ADL Staircase (Åsberg & Sonn, 1989). This tool comprises five personal ADL (P-ADL) items adapted from Katz et al.'s ADL index (1963) (feeding, transfer, using the toilet, dressing, and bathing), along with four instrumental ADL (I-ADL) items (cooking, transportation, shopping, and cleaning). In this study, this instrument was complemented with a self-rating of difficulty (Iwarsson et al., 2009), providing a more comprehensive and informative assessment of ADL performance (Iwarsson et al., 2009). Individual self-reported responses to each item on the ADL Staircase were used to derive a sum score, categorized as independence without difficulty, independence with difficulty, partial dependence, and dependence.

Survey data for Study II

The survey data for this study included questions about relocation from the Person-Place Fit Measure for Older Adults (PPFM-OA), comprising six statements rated on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). These statements were: I have recently considered moving; I would like to move to a place that better suits my needs; I have considered moving to better housing; I am being priced out of where I currently live; I choose to live in my community; and I want to live in the place where I am currently living until I die. The participants answered each item on a Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

Data collection – the interviews

An interview guide was employed in the interviews, which was developed within the larger project, covering various topics including residents' perceptions of the neighborhood's character and reputation, their daily experiences, interactions with neighbors, social engagement, neighborhood changes over time, sense of identity and belonging, housing aspirations, and future vision of their neighborhood. The guide was tested with three participants, leading to minor adjustments, which were then incorporated into the final version. Access to translators in different languages, including English, Arabic, and Persian, made it possible to enroll participants with diverse ethnic backgrounds. Several interviews were conducted in Persian by the first author. The guideline was used during the first interview.

Due to the COVID-19 pandemic, most interviews were conducted remotely using video conferencing or phone calls, occasionally taking place at senior citizen centers or outdoors near participants' homes. All interviews were transcribed verbatim for analysis.

After conducting the first interview, participants were asked to participate in a follow-up interview (photo elicitation). They were asked to take about 30 photos of subjects they deemed important in their community or neighborhood. Participants either used their own smartphones or borrowed a digital camera from us, and were contacted within two weeks. They also had the option of using existing photos if they preferred not to use a digital camera or a smartphone. Some participants received help from relatives or the research team to take photos, which were then submitted via messaging or email. All photos were discussed during these follow-up interviews. On average, the interviews lasted for 49 minutes, ranging from 27 to 87 minutes.

Interview data for Study II

The qualitative part of this study used the data collected from the first interviews in the targeted urban and rural areas (N=41, with some interviewees (N=26) participating in both the in-depth interviews and the survey).

Interview data for Study III

Interviews with the 17 participants from depopulated rural areas who consented to participate in the follow-up interviews were used in the study (photo-elicitation study).

Interview data for Study IV

Data for this study were taken from interviews conducted with participants from deprived urban neighborhoods (N=22). Three interviews were transcribed and coded in Persian. These analysis steps were conducted later, after the first author had initially analyzed several other interviews under supervision. The research team continually discussed the results, and the final outcomes were then translated into English.

Statistical analyses

Study I

To present the mean (SD) for continuous variables and N (%) for categorical variables, descriptive statistics were utilized. All item negatively phrased measures were reversed and recoded. Cases with more than 20% missing data were excluded from the analysis. Calculations were conducted for the sum scores of each domain in the WHOQOL-BREF questionnaire and the PPFM-OA. Before conducting regression analysis, an assessment was carried out to ensure that the data met the underlying assumptions that are necessary for this type of analysis. This involved examining assumptions such as linearity and collinearity. The relationships between the different domains and overall questions within the WHOQOL-BREF were assessed to ensure that the same underlying concept was not being measured. Pearson correlation coefficients were calculated for the 14 possible pairs of these six dependent variables. It was found that nine of these correlations were below 0.5, indicating weak relationships, and none of the correlations exceeded 0.605, meaning no strong correlations were present. This analysis confirmed that the domains and overall questions were sufficiently distinct from one another.

Factors including age, gender, education, place of residency, and ADL function were added to the regression model in order to control for potential confounding.

Multivariable linear regression models were employed, with PPFM-OA as the main independent variable and the WHOQOL-BREF domains and overall questions as the dependent variables. To account for potential confounding factors, variables such as age, gender, education, ADL performance, and place of residency were included in the models.

The Variance Inflation Factor (VIF) was calculated to check for collinearity among the independent variables, including the quality of life domains and the two overall health and quality of life questions. The VIF values ranged from 1.022 to 1.221, indicating no collinearity issues. The interpretation of VIF values followed these guidelines: a) 1 = not correlated, b) between 1 and 5 = moderately correlated, and c) greater than 5 = highly correlated.

Six separate multivariable linear regression models were developed: one for each of the four WHOQOL-BREF domains and two for the overall questions. Each model included the main independent variable (PPFM-OA) and all control variables. Statistical significance was determined using a p-value threshold of less than 0.05. The analyses were conducted using the Statistical Package for the Social Sciences (SPSS) Statistics Version 29.

Study II

To effectively utilize both survey data and in-depth interview data from the project, preparatory analyses were conducted to assess the comparability of the two samples. An evaluation was carried out to determine whether the interview sample (N=26) represented the survey sample (N=434) by comparing key demographic variables such as age (p value=0.436), gender (p value=0.051), and type of area (p value=0.325), as well as responses related to person-place fit among older adults (PPFM-OA), utilizing descriptive statistics (T-tests and Chi-square tests) to present the results from survey data.

Furthermore, the differences between urban and rural residents were examined by recoding PPFM-OA response options into categories of disagree, neither/nor, and agree. These recoded responses were then analyzed descriptively.

Thematic analyses

Study II

For the qualitative analysis of the in-depth interview data, the thematic analysis approach was employed (Braun & Clarke, 2019). The coding process is flexible and dynamic, and aims to give a more comprehensive understanding of the data rather than striving for consensus on interpretations (Braun & Clarke, 2019). After multiple readings of the transcripts, the data were categorized based on recurring topics such as considerations related to staying or moving, public services, social activities, place attachment, finances, and relationships. Through ongoing discussions and comparisons of preliminary codes, two overarching themes emerged, *reasons* and *considerations*, capturing various reasons for staying or moving. These findings were further supported by NVivo 17 software to facilitate the analysis process.

Study III

For this study, two analytical approaches were employed: first, a visual inspection of photos to address “what,” capturing visual nuances, and second, a thematic analysis of text to explore “how,” uncovering underlying themes and patterns. The recordings were transcribed, resulting in 538 pages of text. In all, 208 pictures were taken. These pictures were sorted into categories. The transcribed interviews were analyzed using thematic analysis (Braun & Clarke, 2012), facilitated by the NVivo software program.

The research team initially gained familiarity with the collected data by reading through all interviews and discussing potential codes during analytical meetings. Descriptive categories, based on objects depicted in photos, were identified to understand the photo content and transcribed text. Phrases relevant to the subject were then extracted and coded by the first, second, and fourth authors using NVivo software, with the coding process continuously reviewed during meetings.

Initial codes emerged, including aspects like the physical environment, services, resources, transportation, changes and challenges in the area, social interactions, emotions, and responsibilities. The research team decided to use Rowles’ framework (Rowles, 1983a) on place attachment for a more directed approach. This involved coding the dataset deductively using categories such as physical insideness, social insideness, and autobiographical insideness.

This analysis revealed a main theme of “belonging through doing.” Finally, the main theme of *Belonging through doing* was extracted, with five subthemes: *Using resources in the area*, *Creating community with others through interaction*, *Past*

actions as a basis for present belonging, Acting on pride and feelings of obligation, and Challenges to doing and belonging (see Table 5).

Table 5. The data analysis process for Study III (adapted from Braun & Clarke, 2012)

Phases	Description of phases and the analytical process
1. Familiarization with the data	The research team inductively familiarized themselves with the data during and immediately after the data collection phase, reading through all interviews. Possible codes were discussed during a series of analytical meetings. To become familiar with content of photos and transcribed text, descriptive categories based on the objects depicted in each photo were identified.
2. Generating initial codes	<p>The phrases from the interviews with a bearing on the subject were extracted and coded by the first, second, and fourth authors using NVivo software. The initial codes and the coding process were repeatedly discussed among the authors during analytical meetings. A subsample of interviews was used to identify initial codes.</p> <p>Examples of initial codes were: physical environment, services, resources and transport, changes and challenges in the area, social interactions and relations, emotions, and responsibilities.</p> <p>Interviews were coded in NVivo, and new codes and subcodes were added as part of the inductive process.</p>
3. Searching for themes	The coded dataset was discussed among co-authors during additional analytical meetings. During this process, it became evident that the analysis would benefit from using a theoretical framework, in line with the content in the inductively identified codes.
Adding an analytical tool: Rowles' framework	<p>Further analysis and identification of relevant themes shifted into a deductive mode, using the categories of Rowles' framework on place attachment.</p> <p>The dataset was recoded using Rowles' categories. For example, descriptions of <i>changes</i> in the area over time (initial code) were often phrased as concerning the personal history of the interviewee and were thus relevant to <i>autobiographical insideness</i>, along with nostalgic statements about childhood memories that indicated belonging to the area.</p>
4. Reviewing potential themes	All co-authors discussed and reviewed the developed themes in relation to the tentative themes, coded data, and transcripts.
5. Defining and naming themes	The research team decided on definitions of the themes and subthemes, agreed on which quotations to use to present them, and finalised naming the themes. There was one main theme with five subthemes.

Study IV

This study utilized thematic analysis (Braun & Clarke, 2012), initially employing an inductive approach to explore residents' experiences of crime, disorder, and other neighborhood issues. During collaborative analytical sessions among co-authors, codes were clustered into tentative themes such as criminal acts, safety maintenance, adaptation to daily life, neighborhood reputation, and participants' contributions and strategies. Participants expressed various coping strategies, some of which contrasted with others. To enhance comprehension of these contrasting quotations and complex patterns of strategies, the EVL framework (Hirschman, 1970; Permentier, 2007) was implemented as an analytical tool. All co-authors deliberated

on and reviewed the developed themes deductively in relation to the tentative themes, coded data, and transcripts. The finalized themes included *crime and disorder as a part of everyday life*, *exit, adaptations, and detachment*, *voice strategies*, and *the poor reputation of the neighborhood – distancing and loyalty* – see Table 6. Data analysis was conducted using NVivo software. The quotations in Swedish and Persian were translated into English. The translations were collectively approved by the co-authors, underwent professional language editing, and were subsequently reviewed again by the co-authors.

Table 6. The data analysis process for Study IV (adapted from Braun & Clarke, 2012)

Phases	Description of phases and the analytical process
1. Familiarization with the data	All co-authors conducted interviews and contributed to the analysis. They inductively familiarized themselves with the data during and immediately after the data collection phase. The subject of crime and disorder emerged – related to the residents' everyday lives, attempts to uphold order, and reasoning about the neighborhood's poor reputation – and a decision was made to concentrate on this specific subject.
2. Generating initial codes	<p>The phrases with a bearing on the subject were extracted and coded by the first author using NVIVO software. The initial codes and the coding process were repeatedly discussed among the authors during analytical meetings.</p> <p>Example of quotation and initial codes:</p> <p>"I know they've totally got my back, because when I've gone out there and... When the youngsters are hanging out at the corner of the other building, when I saw... when I go out to talk to them, I know that Kalle and Peggy are out on their balcony and Bill is out on his, watching, and then there are others watching, so they know... Yes, the youngsters know I have backup. We see you and we know who you are! So don't do any of that shit!"</p>
3. Searching for themes	<p>Initial codes: Not afraid to intervene, having back-up, youngsters cause trouble.</p> <p>During analytical meetings among co-authors, codes were grouped into tentative themes such as criminal acts, maintaining safety, adapting everyday life, the neighborhood's poor reputation, and participants' contributions and strategies.</p>
Adding an analytical tool: the EVL framework	<p>The tentative themes revealed contrasts in the data, which were puzzling at first. Participants described unpleasant events and dangerous acts that they had encountered or witnessed. The responses, experiences, and strategies in connection with these events differed dramatically among the participants. Some participants expressed how the events had nothing to do with them, and they appeared surprisingly distanced. Others surprised us by describing how they interfered in drug dealing attempts without giving it a second thought. To better understand these contrasting quotations and complex patterns of strategies, the EVL framework (Hirschman, 1970; Permentier, 2007) was implemented as an analytical tool.</p> <p>Responses, experiences, and strategies in connection with criminal events and disorder were sorted into exit, voice, or loyalty strategies. The research team then compared how loyalty to the neighborhood influenced both exit and voice strategies. Exit strategies were identified as a means by which to continue daily life, and these also appeared as outcomes of people detaching themselves from the neighborhood.</p> <p>As a result, four themes were developed: 1) crime and disorder as a part of everyday life, 2) exit, adaptations, and detachment, 3) voice strategies, and 4) the neighborhood's poor reputation – distancing and loyalty</p>

4. Reviewing potential themes	All co-authors discussed and reviewed the developed themes in relation to the tentative themes, coded data, and transcripts. For example, they discussed in depth how concepts like exit, neglect, and detachment played out in the data, and how loyalty was related to contrasting responses, experiences, and strategies.
5. Defining and naming themes	The research team decided on definitions of the themes, agreed on which quotations to use to present them, and finalized naming the themes. At this stage, the quotations in Swedish and in Persian were translated into English. The translations were agreed upon by the co-authors, underwent professional language editing, and were then reviewed again by the co-authors.

Ethical considerations

All the studies in this thesis underwent ethical review and received approval from the Swedish Ethical Review Authority for the interview studies (Dnr. 2020-03468) and for the survey studies (Dnr. 2021-03588). All the participants in the studies provided their consent in written form before participating in the research. Identifying information such as the names of the participants, cities, or neighborhoods were replaced with pseudonyms to protect the privacy and confidentiality of the participants. An additional consent form was signed by participants who participated in the photo-elicitation study, relating to the use of the photos taken within the study, before the interview. Participants were asked to avoid photographing individuals' faces. All data, including photos, were stored on a secure server, and were deleted from the smart devices to ensure confidentiality in compliance with the General Data Protection Regulation (GDPR).

Results

Associations between person-place fit and quality of life among older adults in disadvantaged areas

The residential environment plays a crucial role in aging in place, and changes in disadvantaged areas can affect older adults’ everyday lives. However, little is known about how older individuals perceive their area’s suitability for aging in place, known as person-place fit, and its impact on their quality of life. Therefore, the first study aimed to explore the relationship between person-place fit and quality of life among older adults in disadvantaged areas. The results from this study showed that participants reported fairly high levels of quality of life and person-place fit despite the area being disadvantaged (see Table 7).

Table 7: Quality of life, person-place fit, and ADL performance (N=459)

Variable	Mean (SD)	min-max
Quality of life¹		
Overall quality of life ²	4.0 (0.9)	1–5
Overall health ²	3.8 (0.9)	1–5
Physical health ³	23.8 (2.7)	16.0–32.0
Psychological health ⁴	21.5 (2.7)	14.0–27.0
Social relationships ⁵	11.8 (1.8)	3.0–15.0
Environment ⁶	32.6 (4.1)	15.0–40.0
Person-place fit⁷	32.8 (3.9)	14.3–41.5
ADL performance⁸	10.5 (3.1)	9.0–26.0

1. Measured with WHOQOL-BREF (WHO, 2004). Higher scores indicate higher quality of life.
2. Range 1–5
3. Sum score (range 1–35)
4. Sum score (range 1–30)
5. Sum score (range 1–15)
6. Sum score (range 1–40)
7. Measured with PPFM-OA (Weil 2020). Rasch measure. Higher measures indicate better person-place fit.
8. Measured with the ADL staircase. Sum score (range 0–27). Higher scores indicate higher independence in ADL.

The regression analyses revealed significant ($p<0.001$) associations between person-place fit together with other independent variables and all domains, as well as overall quality of life and overall health. There were significant associations between ADL performance and the domains physical health and environment, overall quality of life, and overall health ($p<0.001$), as well as psychological health ($p<0.01$), but not with social relationships ($p<0.083$). Two sociodemographic variables contributed significantly to the regression models: type of area (urban/rural) ($p<0.05$), with overall quality of life as the dependent variable, and age, with psychological health and overall health as the dependent variables. The regression model with environment as the dependent variable explained 41.6% of the variation, and the model with overall health explained 34% of the variation (see Table 8).

Table 8: Multivariable linear regression analyses with quality of life as the dependent variable, N=459

Variable	R ²	B (unadjusted per one-unit change)	SE-B (between unadjusted /adjusted per unit change)	β (adjusted per one-unit change)	P-value	Variance inflation factor (VIF)
Overall quality of life						
Overall quality of life	0.252					
Person-place fit		.071	.010	.307	<.001	1.221
ADL performance		-.084	.012	-.291	<.001	1.107
Gender		-.047	.074	-.027	.522	1.038
Age		.001	.006	.006	.890	1.070
Urban-rural		.166	.080	.093	.038	1.207
Education		.009	.008	.050	.226	1.022
Overall health						
Overall health	0.341					
Person-place fit		.069	.010	.283	<.001	1.221
ADL performance		-.138	.012	-.452	<.001	1.107
Gender		-.037	.073	-.020	.615	1.038
Age		.014	.006	.097	.015	1.070
Urban-rural		.069	.008	.037	.379	1.207
Education		.010	.079	.051	.191	1.022
Physical health						
Physical health	0.154					
Person-place fit		.172	.034	.245	<.001	1.215
ADL performance		-.190	.041	-.213	<.001	1.089
Gender		.498	.239	.093	.038	1.040
Age		-.016	.018	-.040	.377	1.060
Urban-rural		.153	.258	.028	.554	1.211
Education		.025	.025	.044	.316	1.022
Psychological health						
Psychological health	0.225					
Person-place fit		.290	.032	.412	<.001	1.215
ADL performance		-.118	.039	-.134	.002	1.104
Gender		.310	.229	.057	.177	1.039
Age		-.035	.017	-.085	.048	1.069

Urban-rural Education	-.149 .027	.247 .024	-.028 .047	.545 .269	1.205 1.022
Social relationships					
Person-place fit	.177	.022	.384	<.001	1.221
ADL performance	-.047	.027	-.079	.083	1.101
Gender	-.233	.156	-.066	.136	1.040
Age	.007	.012	.026	.562	1.067
Urban-rural Education	-.064 .015	.169 .016	-.018 .040	.707 .369	1.212 1.022
Environment					
Person-place fit	.617	.043	.573	<.001	1.217
ADL performance	1	.053	-.144	<.001	1.097
Gender	.307	.306	.037	.317	1.040
Age	-.044	.023	-.069	.064	1.059
Urban-rural Education	.161 .052	.330 .032	.019 .059	.626 .107	1.208 1.022

The statistically significant relationship between person-place fit and quality of life of older adults living in disadvantaged areas underscores the importance of creating environments that are conducive to optimizing aging in place. Despite residing in disadvantaged areas, a notable finding of the study revealed that participants reported relatively high levels of quality of life, challenging the notion that living in such areas naturally leads to a lower quality of life. One possible explanation for this finding is that Swedish residents generally rate their quality of life highly, as Sweden is perceived as a country that offers its population a high quality of life and an equitable society.

Staying or moving? Residential reasoning among older adults living in rural and urban disadvantaged areas

Different factors in disadvantaged areas can influence individuals' decisions to stay or move. However, the decision-making process may vary among older adults based on their life circumstances. This study focused on participants residing in both urban and rural settings, exploring their reasoning and decision-making process regarding relocating or staying.

The survey (N=460) results showed that most of the participants agreed that they had not considered moving (78%), they did not wish to move to a place that suited their needs better (74%) or to better housing (69%), they were not being priced out (83%), they chose to live in their community (94%), and they wanted to live in their current home until they died (79%). In general, residents in rural areas were more prone to stay than urban residents.

The reasoning and decision-making regarding staying or moving varied among participants during the interviews, with some individuals being determined and having already planned to stay or move, while for most, deciding and forming a clear plan involved a more complex process. Based on these variations, two different categories, reasons and considerations, were introduced.

Reasons

- Area features and services
- Attachment and belonging
- Social relationships
- The homes

Considerations

- Weighing the pros and cons
- Disagreements between spouses
- Potential turning points

Reasons

Looking at their reasons – which were more straightforward and more clearly decision-making process, in comparison with their considerations – the participants generally expressed a desire to remain in their respective areas despite any perceived challenges, explaining various reasons for their attachment to their homes and communities. The reasons encompassed *area features and services, attachment and belonging, social relationships, and the characteristics of their homes*.

Areas features and services

Residents in both urban and rural areas considered various factors relating to the area's features when deciding whether to stay or move. They weighed up factors such as access to services, the area's reputation, and positive aspects including access to nature and community resources. Despite challenges like a lack of services, residents highlighted the benefits of living close to nature and engaging in activities like gardening and horse-riding. In rural areas, depopulation was generally not perceived as a disadvantage, while urban residents faced issues such as crime, drug dealing, and deteriorating housing. However, in most cases, these issues were not decisive factors for relocation.

Attachment, belonging and social relationships

Many residents felt deeply rooted and comfortable in their area, often having lived there for a long time. Their attachment and their belonging to an area influenced their decision to stay or consider relocating. Their emotional connection to the area was strong, sometimes tied to personal life stories, and some still resided in their birth home or hometown. However, despite this attachment, feelings of belonging to other places could also prompt individuals to consider moving to another area. For instance, some expressed a desire to return to their childhood home or to be closer to family members or significant places. Conversely, for others, a lack of belonging to the area was the primary reason for considering a move. This lack of connection could lead to a sense of discontinuity between their past and present lives. Additionally, participants' emotional ties with others in their social networks played a significant role in their attachment to a place, providing support and fulfilling social roles and responsibilities, such as caring for older parents or supporting neighbors.

The homes

The suitability and age-friendliness of their homes influenced residents' decisions to stay in their current location. Both rural and urban residents valued homes with features like spacious rooms, accessible bathrooms, and aids such as stair lifts and ramps, which enabled them to remain active despite mobility challenges. Rural residents, often homeowners, needed to invest in adaptations to their homes to maintain their desired lifestyle, such as selling property to finance renovations.

While some negative aspects of homes were acknowledged, they were not significant enough to compel residents to move. Overall, the adaptability and accessibility of homes played a crucial role in residents' decisions to age in place.

Considerations

While the participants could list numerous reasons for either choice, these reasons were sometimes hypothetical and were not always directly linked to an actual decision. Factors often conflicted with each other, and decisions were influenced by various factors such as the current context and the opinions of spouses and family members. To understand this complexity, the term "considerations" was used, which involves exploring the intricate reasoning process behind participants' decisions. This included examining contradictions, negotiations, and challenges faced by participants.

Weighing the pros and cons

In some cases, the considerations involved a balancing act, where multiple factors were weighed against each other. For example, attachment to the neighborhood and the importance of community were considered alongside negative aspects such as a lack of services or experiences of crime. While some reasons for moving might have seemed convincing, they could be countered by reasons for staying, making the decision-making process complex. Factors like health situation, feeling strong enough to move, responsibilities for caring for parents in the same area, and financial considerations were examples of reasons that opposed the desire to move. The decision to move into a residential care facility was also discussed, weighing the benefits of receiving help with daily tasks and avoiding loneliness against concerns about losing autonomy and personal routines.

Disagreements between spouses

Some participants considered their spouses' opinions when discussing their own preferences regarding staying or relocating. In some cases, this led to indecision about relocation. For example, one 79-year-old man who lived in his birth home in a rural area expressed a desire to move due to difficulties managing the house, but his wife was opposed to the idea. In other instances, different housing needs and care needs within couples added complexity to the decision-making process. For example, a woman living in an urban area explained how her husband's care needs had increased some time ago, and they had the option to move together to a residential care facility. In that case, if one partner later passed away, the surviving spouse would be required to move out within six months. These factors left couples struggling with the dilemma of whether to move or stay.

Potential turning points

Turning points refer to moments when decisions could change immediately based on other circumstances, potentially leading to a complete shift in the reasoning process. These turning points were often marked by comments indicating a strong attachment to their current home, community, or area. Although the considerations were expressed with certainty, there was often an underlying reservation or doubt. For example, one of the participants, who considered a move to be too burdensome, said: *“I’m not thinking about moving right at this moment... I’ll see how my body develops; if it gets worse, then maybe I’ll have to move, but I’m not there yet.”* The turning points could be related to the person’s insights into their health situation or their financial status in the near future.

Overall, participants residing in depopulated rural areas exhibited a stronger inclination to remain in their communities compared to participants living in deprived urban areas. However, the decision-making process regarding relocation was found to be complex. This complexity could introduce uncertainty and result in a lack of clear decision-making or postponing planning for such considerations.

Doing and belonging: A photo-elicitation study on place attachment of older adults living in depopulated rural areas

In Study III, the relationship between place attachment/belonging and participation in the community among older adults in depopulated rural areas in southern Sweden was explored. In this study, the older adults took photos of various features in their neighborhoods. These photos depicted a diverse range of perceptions regarding their neighborhoods. The images captured various aspects such as nature, services, churches, tourist attractions, buildings for leisure and sports, and signs of vandalism. While most pictures highlighted positive aspects of the rural area, a few also depicted negative aspects, including instances of vandalism. The discussions about the photos indicated participants’ belonging to their neighborhood through their actions of doing and belonging.

The main extracted topic was identified as *Belonging through doing*, with five subthemes elaborating on this concept: *Using resources in the area*, *Creating community with others through interaction*, *Past actions as a basis for present belonging*, *Acting on pride and feelings of obligation*, and *Challenges for doing and belonging*. The individuals described engaging in various activities such as daily routines, recreational pursuits, and maintaining their home and neighborhood. These activities are not only practical but also reflected the participants’ values, their beliefs, their interests, and sometimes their identities.

Belonging through doing

- Using resources in the area
- Creating community with others through interaction
- Past actions as a basis for present belonging
- Acting on pride and feelings of obligation
- Challenges for doing and belonging

Using resources in the area

The resources participants depicted in photos included facilities and local services such as healthcare centers, grocery stores, restaurants, libraries, golf courses, swimming pools, dentists, hairdressers, bus stops, and nature. All these places were significant in facilitating participants' participation in community activities. Some local services had disappeared from the area, which had a negative impact on the everyday lives of some residents. However, the participants generally found strategies to adapt to the situation by establishing new routines and engaging in new activities, such as driving to the nearest city for shopping or conducting banking online.

Being able to live close to nature was one of the most important features of the area that was greatly appreciated by participants. They expressed this through descriptions and images of various natural elements such as plants, their gardens, forest scenes, and views of the landscape. Sometimes, a deep sense of responsibility and reciprocity toward the natural environment was depicted. For one of the participants, caring for the biodiversity of the forest was similar to nurturing a beloved child.

Besides nature and local services, some places facilitated recreation and leisure activities, such as golf courses, parish halls, and tourist attractions, while others facilitated social interactions. The interactions between neighbors were linked to emotional and practical support, which reinforced coherence and belonging to the community. Bible study meetings at group members' homes with the local priest or meeting and playing boules with neighbors on the village green were some examples of these activities.

Past actions as a basis for present belonging

Belonging was sometimes related to participants' memories of that place. Memories could be connected to their spouse, to the area where they had been raised, or to a family history intertwined with the local history of the area that expressed their family identity. For example, sharing photos of an old stone railway bridge brought back childhood memories of swimming in the river. Although such activities were

no longer part of participants' daily routines, they created emotional bonds to the area which allowed them to maintain a favorable self-image.

Acting on pride and feelings of obligation

Belonging was also expressed in terms of feelings of pride and having a sense of being a member of the community. This sense of pride and loyalty to the area was illustrated by, for example, acknowledging local benefactors, the improvement efforts carried out by municipalities, and their own contributions toward improving the community. The sense of pride and loyalty motivated residents to participate in actions that benefited the community, either individually or collectively with neighbors. A new boules court had been built thanks to such efforts, and following protests, the municipality decided to renovate the local swimming pool instead of closing it. While some aspects of the areas were viewed positively because they encouraged community participation and belonging among residents, there were also changes in the area that negatively affected residents' ability to carry out their everyday life activities.

Challenges for doing and belonging

The changes may have caused residents to feel disconnected or alienated from their surroundings, threatening their belonging to the area. Changes in the area's population could evoke feelings of irritation related to suddenly having new residents in the area. These types of changes were discussed sporadically and were mostly related to safety or a sense of community. Some participants expressed feelings of disappointment due to the loss of local services and irritation following an influx of immigrants to the area. One resident said that it was disturbing that a large group of people who did not speak Swedish and who looked and behaved differently had suddenly moved into the area, and that the property where they lived was poorly maintained. She used to take walks in the surrounding forest with her dog, but now she felt unsafe: *"I think that too many things happen around there, so I don't want to walk there alone."* She then stated that she was in no way a racist, but *"it's a bit too much at once, in such a small community."* Although a few comments brought up these types of irritations, changes, and social problems, they did not result in comments on a need to relocate or withdraw from village life; nor were they seen as reasons contributing to a poor reputation in their areas.

Crime, disorder, and territorial stigmatization: Older adults living in deprived neighborhoods

Deprived urban neighborhoods have been described as places where crime and social unrest are part of the everyday lives of residents. To explore the experiences of older adults living in urban areas, Study IV was conducted. The findings showed that crime and disorder in these areas were part of the residents' daily life, which required adjustments and the development of various strategies. Hirschman's theory of exit, voice, and loyalty strategies was used to analyze the participants' reactions and strategies. The results included four main themes.

Crime and disorder as a part of everyday life

Exit, adaptation, and detachment

Voice strategies

- Having backup
- Building on relationships
- Using clever situational approaches

The poor reputation of the neighborhood – distancing and loyalty

Crime and disorder as part of everyday life

Almost all the participants agreed on the poor reputation of their neighborhoods. They shared experiences of various criminal acts and disturbances in their daily lives, creating an atmosphere of insecurity and tension. The range of incidents encompassed serious crimes such as shootings and knife attacks, along with pervasive issues like drug dealing, burglary, arson, and damage to property. Among these, drug dealing was found to be the most common and distressing problem, causing discomfort and fear among residents. One of the participants explained: "*I see them selling drugs right under my balcony in the middle of the day.*" Drug dealers used wastepaper baskets and bushes to store drugs or as pickups. These drug-related activities led to a frequent police presence becoming a defining characteristic of the area. The absence of a local shopping center followed by arson in one of the neighborhoods led to dissatisfaction among residents and weekend community cohesion, as the center had previously provided a meeting point for social interaction and neighborhood vitality.

Exit, adaptation, and detachment

Residents in the neighborhood responded to crime and disorder in various ways. Some expressed a desire to move away due to issues such as drug dealing and a

constant police presence. For example, one of the participants, who never felt attached to the neighborhood, wanted to move out but was unable to do so due to financial constraints. She felt helpless living in a neighborhood that she perceived as undesirable.

Other residents coped by distancing themselves from the neighborhood's problems or ignoring them altogether. While neglect is defined as involving detachment or withdrawal from community commitments, most participants did not share this pessimistic view; there was an overlap between voice strategies and neglect instead. Furthermore, some participants cited past experiences or their personalities as reasons for not being afraid or for being able to distance themselves from neighborhood problems. One of the participants, for example, attributed her confidence to her past experience working in more violent places. Similarly, one participant, a migrant from Iran, considered the neighborhood problems negligible compared to what she had experienced in her home country.

Overall, these responses demonstrate the diverse ways in which residents navigate the challenges of their neighborhood, ranging from a desire to leave to adapting to the situation by detaching from or ignoring the issues altogether.

Voice strategies

Efforts made by residents to address crime and disorder in their neighborhood could be categorized as voice strategies. Some residents engaged in community activities aimed at improving the community's safety and cleanliness, such as picking up trash during their daily walks or removing stickers believed to be used as signals by drug dealers. They also took larger steps by contacting landlords, local politicians, or municipality representatives to discuss safety issues in parks, the lack of services, or traffic hazards. These initiatives were either private or organized through groups. Different forms of voice strategies were identified, including having backup, building on relationships, and using clever situational approaches. The strategy of having backup involved calling the police or participating in neighborhood watch programs. Residents also confronted drug dealers collectively, creating public exposure while ensuring they had support from their neighbors. Building on relationships relied on residents' knowledge of families in the neighborhood and their ability to step in effectively. Overall, applying voice strategies illustrates residents' active involvement in maintaining the areas and fostering a sense of community in their neighborhood.

The poor reputation of the neighborhood – distancing and loyalty

Residents struggled with the territorial stigmatization attached to their neighborhoods, often characterized as “deprived” by outsiders. Some residents

actively defended their communities against the negative reputation, while others felt frustrated.

While acknowledging the challenges, such as crime and disorder, many residents felt a strong sense of loyalty and belonging to their communities. They highlighted the positive aspects of their neighborhoods, including social networks, cultural diversity, and communal support systems. One of the obvious ways to show loyalty to the area was by generalizing the problem to other areas and emphasizing that the issue was not unique to their neighborhood, employing terms such as *all*, *wherever*, and *everywhere*. In this way, they defended their neighborhood's poor reputation in discussions with outsiders, including the research team. While some residents had positive views of immigrants and actively supported efforts to help newly arrived refugees, others believed that the presence of immigrants had led to problems in the community which had negatively impacted the neighborhood's reputation. One of the participants, for example, said that although it was wrong to judge everyone for some people's failings, more people of Swedish origin were needed in the neighborhood.

Despite these challenges, residents were committed to improving their communities and were determined to overcome problems to create a better future for themselves and their neighbors.

The study reveals that there is a need to shift away from the broad assumption that older adults are passive victims of their environment. Instead, it suggests recognizing that some older adults actively contribute to building communities, even in deprived neighborhoods.

Discussion

I will begin this section with a brief presentation of central findings. After that, I will discuss the older adults' experiences and how they manage their area's reputation, connecting this to their sense of loyalty and participation. Furthermore, I will explain the different aspects of their participation at both individual and community levels. Since place attachment and belonging were identified as driving forces behind the older adults' participation in the community, I will attempt to deepen the knowledge, using Rowles' theoretical framework of place attachment, and highlighting the different aspects of place attachment and their relationship to the older adults' participation in their area and their decision to stay or move. After discussing the central findings, I will position these findings within the context of occupational therapy, offering practical insights and interventions. Finally, I will introduce some implications and describe the need for further research.

The overarching aim of this thesis was to explore the perceptions and experiences among older adults residing in urban and rural disadvantaged areas regarding neighborhood features and their potential impact on place attachment, participation, quality of life, and whether or not they want to move away from the area.

According to the results, the residents rated their quality of life and person-place fit highly despite the challenges faced in disadvantaged areas. Person-place fit was associated with a higher quality of life, meaning that when the residents perceived their neighborhood as suitable for aging in place, they also reported a higher quality of life.

A central finding of this thesis was that the older adults participated in different activities in their communities, driven by place attachment and belonging. This attachment and loyalty facilitated participation at both individual and community levels, revealing a reciprocal relationship between place attachment/belonging, loyalty, and participation.

Furthermore, findings from both the survey and the interviews revealed that most of the older adults in urban and rural areas did not wish to move despite the challenges they faced; instead, they developed strategies to cope with local issues. This result may be seen as a confirmation of – or possibly related to – their highly rated quality of life and person-place fit. While the older adults described different reasons and considerations for their decisions to stay or move, place attachment and belonging were important factors in their choice to stay.

The signs of place attachment were evident through the choice of strategies the older adults applied to managing everyday life and problems in the area. In urban settings, they expressed that crime and disorder significantly impacted their daily lives, affecting their routines, sense of security, and overall satisfaction with their neighborhoods. Despite acknowledging their neighborhood's negative reputation, most of the older adults employed voice strategies or loyalty to address these challenges, although some considered exit strategies (moving) or chose isolation to mitigate risks. By contrast, depopulated rural areas faced challenges that were often related to population changes and limited services, which altered the area's character. While issues like crime and social disorder were occasionally mentioned in these rural areas, the older adults generally emphasized staying active and independent rather than avoiding risks.

The area's reputation, loyalty, and participation

The older adults in the rural areas generally did not agree that their area was disadvantaged due to depopulation. Therefore, they did not believe that their areas had poor reputations because of challenges such as a lack of services or population changes. Experiences related to crime and social problems had increased in recent years, and there were fewer services available than in the past. Additionally, population changes – including the arrival of immigrants – were viewed as both revitalizing and potentially problematic. However, none of these issues were considered by the older adults to have contributed to a poor reputation in their area. On the other hand, the reputation of the deprived urban neighborhoods was well known and acknowledged as stigmatization that affected them and their fellow residents. Regarding the temporal aspects of changes and reputation, it was evident in these areas that the older adults had distinct ideas about how their neighborhoods had developed – how they were in the past, how they are now, and how they would continue to be. These perceptions were central to their strategies for dealing with the neighborhoods' reputation and problems.

Many participants in both urban and rural areas portrayed their communities positively and downplayed problems, often suggesting that such issues exist everywhere. Permentier and colleagues (2007) discussed these actions as signs of loyalty, including speaking positively about the neighborhood, building stronger social connections, and participating in local elections. Babalola (2022) associated local loyalty with a deep sense of belonging, evoking a willingness to participate in community affairs.

The older adults' loyalty and pride stemmed from their place attachment, which was manifested differently depending on the context (rural or urban areas). In rural settings, it motivated participation in beneficial community activities, while in urban

areas, it also prompted defensive reactions against outsiders' views and attitudes toward their neighborhoods. Feeling attached to an area generated pride and loyalty, encouraging the older adults to participate in activities that supported and enhanced their neighborhood, thereby maintaining their attachment and belonging. This cyclical effect has been documented by Anton and Lawrence (2014), who found that individuals who felt attached to their local areas were more inclined to participate in community activities, often joining clubs and organizations to connect with like-minded residents. Hay (1998) suggests that older adults, who naturally spent more time in their communities, developed a heightened awareness of their sense of place, leading to greater participation in community. This increased participation, in turn, reinforced their place attachment, continuing the cycle. This thesis verifies that these dynamics also hold true for older adults living in disadvantaged areas in Sweden. Thus, the older adults' loyalty and attachment to their neighborhood can impact community dynamics, inclusion, and development.

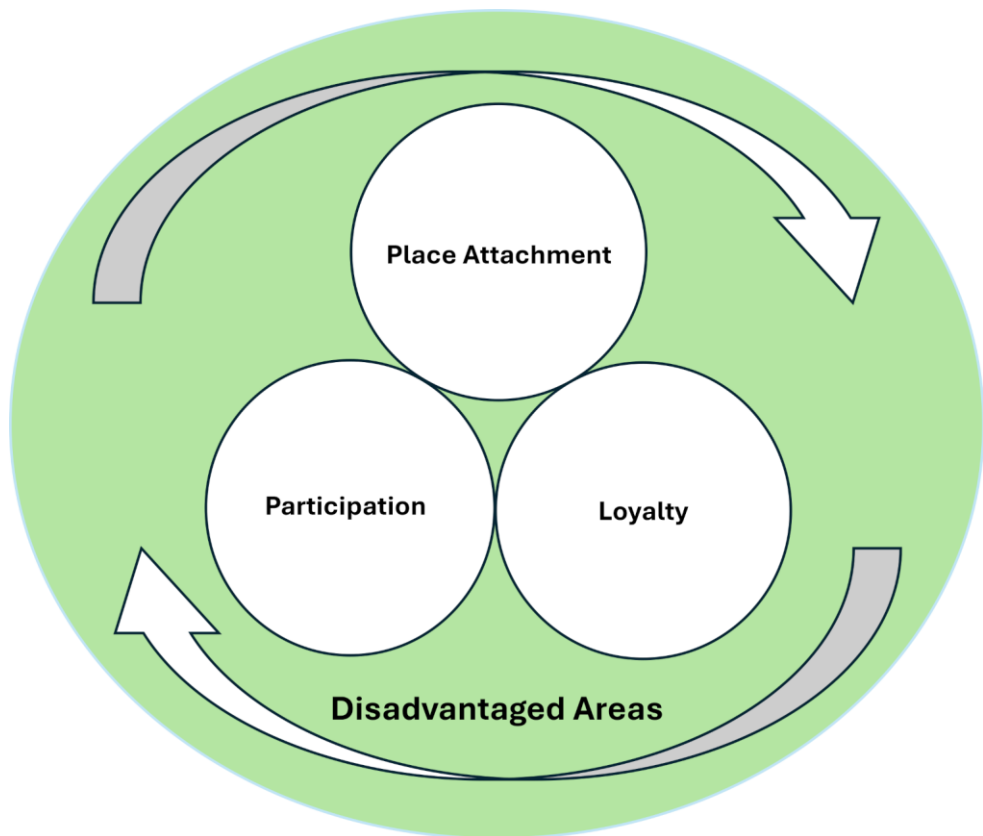


Figure 1. Relationship between place attachment, loyalty, and participation among older adults in disadvantaged areas.

In the depopulated rural areas, the sense of loyalty was reflected in acting as local ambassadors, showcasing attractions and positive characteristics. This was also evident in the choice of objects photographed, often emphasizing the positive aspects of the communities. This suggests that participants who were attached and loyal to their communities may have aimed, deliberately or not, to present a more favorable image of their area to the researchers, whom they considered outsiders (van der Land & Doff, 2010). Although this can be seen as a reaction to questioning the area's reputation by outsiders (interviewers) and serves as a methodological consideration, similar behavior was observed and discussed by Wacquant and colleagues (2014) among residents of stigmatized areas. They noted that individuals often emphasize positive aspects to counter external negative perceptions. Bonaiuto and colleagues (2019) describe this phenomenon as "pride of place," highlighting the positive feelings individuals have toward a location with which they identify. They connect this pride to one's place attachment and place identity, indicating a strong personal connection and belonging to a specific area or locality.

A sense of loyalty and pride can form through common childhood activities that give meaning to the physical environment (Altman & Low, 1992). In this thesis, such activities were reflected in experiences like swimming under the village's railway bridge or going to a cinema. These activities illustrate autobiographical insideness (Rowles, 1993), fostering a sense of pride. Altman and Low (1992) note that these activities are not just an action (doing), but hold important value because they allow children to create meaning and spaces that reflect and express their emerging identities (belonging).

Loyalty to the area was also shown in the participants' choice of language in the interviews – using "we" (insiders) versus "them" (outsiders) – and in how the outsiders did not seem to know about the positive and bright sides of their neighborhoods. Although some of them expressed frustration with the poor reputation of their areas, reluctance in disclosing their addresses, and a desire to move, the majority demonstrated a strong loyalty and attachment to their neighborhoods. This stands in contrast to Bailey and colleagues' (2012) findings, in which they argued that attachment to neighborhoods was notably weaker in more deprived neighborhoods, primarily due to lower levels of social cohesion. Wacquant argued that territorial stigmatization leads to the deterioration of sense of place, resulting in a loss of place in the deprived neighborhoods he studied (2008) and a loss of security and belonging to community (Watt, 2020). According to Wacquant, residents' efforts to build strong community networks and improve their neighborhoods, despite negative stereotypes, are ways of developing strategies to resist and cope with territorial stigmatization (2008), which may not necessarily be directly related to place attachment. This contrast between the findings of this thesis and earlier research highlights the variability in residents' experiences, and suggests that the impact of territorial stigmatization can differ significantly depending on local contexts and individual perceptions. The key point is that areas and

communities continually evolve, but they also preserve historical, physical, and social dimensions as narrative layers from the past. Because of this ongoing change, it is important to consider a temporal perspective when studying residents' perceptions of stigmatization and the poor reputation of neighborhoods (Heino et al., 2024).

The thesis demonstrated that older adults participate in their community, reflecting both individual- and collective-oriented mindsets.

Participation at different levels

The fact that older adults in disadvantaged areas were active and participated in multiple ways in their communities is a central finding of the thesis. They took on roles to enhance community safety and cleanliness, and improved access to services by contacting the municipality, at both individual level and community level. Generally, these results stand in contrast to research indicating that residing in disadvantaged areas can diminish health, wellbeing, and participation, leading to isolation and social exclusion among older populations (Annear et al., 2014; Beard et al., 2009; Buffel et al., 2013; Choi & Matz-Costa, 2018; Dahlberg, 2020; Danielewicz et al., 2017; Rosso et al., 2011; Scharf et al., 2005; Sheppard et al., 2022; Wu et al., 2015), but align with rare but emerging research highlighting how older adults continue to engage with their neighborhoods despite existing challenges (Fritz & Cutchin, 2017; Wanka, 2018).

At the individual level of participation, actions reflected a more self-interested focus and were often tailored to personal needs and concerns, although the outcomes could benefit other residents as well. The older adults addressed issues such as safety, cleanliness, and the lack of local services. They participated in efforts aimed at increasing their sense of safety in the neighborhood, for example by engaging with drug dealers to discourage their activities or contacting the municipality to request improved lighting along their regular walking paths. These actions often served as coping strategies for challenges like the lack of services, developing new habits such as driving to nearby cities for shopping when local services closed.

At the community level, the older adults' participation often exceeded personal self-interest and aimed to benefit others. This type of participation can be perceived with a deep feeling of satisfaction and meaning. Bunting (2004) states that participating in occupations that address other people's needs, such as acts of caring, was described by some as a most rewarding and deeply engaging experience. Among the participants in these studies, actions such as environmental conservation (biological diversity), fundraising, contacting local politicians, requesting the municipality to install more trash cans, or signing petitions for municipal facilities and services demonstrated how their values and meaning went beyond personal

interest. This included services they had no intention of using themselves, but that would be beneficial for other community members or even tourists. The collective-oriented mindset was evident in their attitudes and insights, where pride stemmed not only from features benefiting them individually but also from those benefiting other residents. This aspect is often overlooked when attempting to understand older adults and community, which typically focuses on wellbeing and aging in place. Wahl et al. (2012) propose a perspective that views older adults not only as passive recipients of environmental influences, but also as active participants who respond to and cope with the challenges at home, contributing to overall wellbeing. However, the results of this thesis take a step further, showing that the older adults' participation in community activities sometimes also stems from a desire to leave a positive legacy and ensure the wellbeing of others, and even future generations.

Dynamic relationship between place attachment and participation

The crucial role of older adults' place attachment in facilitating participation, and the fact that participation in the community strengthens these emotional bonds, illustrates the dynamic relationship between place attachment and participation. Residents actively contribute to their neighborhoods through various means, including positive perceptions, emotional connections, and actions such as participating in community events or volunteering, thereby strengthening their attachment to the area. Greif (2009) emphasizes the contribution of emotional connections to neighborhood cohesion and vitality, linking them to factors that mitigate issues like crime and address social challenges. This finding aligns with our results, underscoring the importance of these dynamics when studying aging in place and quality of life, especially in areas facing problems and deprivation.

Thus, policies and interventions aimed at improving quality of life and aging in place should focus on designing residential areas to nurture social connections and participation, based on older adults' perceptions and experiences from their areas. These social and emotional ties can support aging in place, especially in disadvantaged areas. This thesis adds to the literature on place attachment by using the Rowles' framework on insideness which will be useful for supporting participation and aging in place (Rowles, 1983a). This framework emphasizes the complexity of neighborhood changes and the various ways in which older adults adapt and react to these changes.

Social insideness and participation

This aspect of place attachment was evident in both urban and rural settings, where social insideness played an important role in contributing to the older adults' desire to stay and their ability to cope with neighborhood challenges. Their strategies are likely built on established social ties, relationships with others, and being known as friendly individuals within the community. This aspect of attachment supported participation at the community level in the targeted areas, involving group initiatives that ranged from leisure activities, like gathering to play boules, to organized actions, such as forming night watch groups or contacting local authorities about safety issues. While urban social insideness in targeted areas focused more on safety activities with neighbors, this insideness in rural areas emphasized social activities such as walks, book clubs, and community gatherings, all reinforcing a sense of coherence, satisfaction, and community among the older adults in the targeted areas. Rowles (1993) and Smith et al. (2004) support this notion, highlighting the benefits of close relationships and connectedness with both individuals and the environment in specific areas. These connections often lead to practical assistance and support from nearby family and friends, driving the older adults to participate actively in community-based efforts. Moreover, residents with strong social networks are more likely to be very satisfied with their residence compared to those with weak social networks (Kutor et al., 2023).

Based on the findings in this thesis, older adults' reasons motivating both staying and moving were closely linked to social relationships. Research supports this, by suggesting that long-term attachment to neighborhoods – coupled with strong connections to family and neighbors – positively impacts residents' wellbeing and their decision to remain in the area (Bandauko et al., 2022; van der Land & Doff, 2010).

On the contrary, Scharf and Bartlam (2008) argue that due to differing socio-economic backgrounds and living conditions, older adults may face challenges in forming and maintaining close relationships with recent in-migrants, which threatens community continuity. Putnam (2007) also indicates that communities with diverse populations may experience decreased participation in communal activities and lower levels of neighbor trust, leading to reduced social interaction and cohesion. These findings were reflected in the results from this thesis, where interactions with new residents following immigration influxes and the formation of new social relationships posed challenges for the older adults, altering the characteristics of their neighborhoods and sometimes eroding cherished memories. This change can be perceived as a threat to place attachment and social insideness, although some of the older adults viewed these transformations positively as enriching community life. To minimize these issues, several strategies can be implemented. Municipal area improvement programs, inclusive planning and

development, and cultural exchange programs can help foster interaction and understanding between long-term residents and newcomers (Meij et al., 2021).

Physical insideness: Attachment to area

Besides social ties, the older adults in the studies expressed their emotional ties to the physical environment of the areas, such as geographical features, nature, buildings, and infrastructure. In some targeted deprived urban neighborhoods, the older adults were largely positive and appreciated the local artworks or green spaces when they contrasted images of deterioration with these areas' features. These features fostered place attachment. In some cases, place attachment appeared to be influenced by residents' perceptions of municipal actions, particularly changes in physical features within the neighborhoods carried out by municipalities. In one instance, a municipality aimed to improve the area by replacing torn down services, including the local shopping center, with new housing. The lack of a local shopping center limited opportunities for social interaction, which in turn affected the sense of community negatively. This change had a negative impact on the older adults' place attachment, as many felt that the shopping center was the heart of the area, and its removal diminished their connection to the neighborhood. According to Parker (2018), alterations to the physical characteristics of an area, such as those brought about by gentrification, can impact residents' connection and attachment to their surroundings. In some instances, these changes may even result in feelings of alienation and ultimately affect residents' belonging (Tuttle, 2022). Neighborhood improvement programs via gentrification can marginalize older adults, effectively making them invisible despite their ongoing importance in urban neighborhoods. The older adults in the targeted deprived neighborhoods in this thesis expressed concerns about their financial situations, worrying about their ability to stay in their areas after rents increased following renovations. Some believed such efforts exacerbated inequalities, pushing those with lower incomes to leave while wealthier individuals took their place. However, the disadvantaged areas of the current thesis had not undergone such strong gentrification as that described by the international literature. Research on gentrification typically focuses on the new, incoming groups or those who are forced to leave, neglecting the perspectives of those who remain, especially older adults who may have lived in these neighborhoods for much of their lives (Buffel & Phillipson, 2019; Kern, 2022; Lewis, 2017).

Conversely, improvements to the physical environment and safety – such as the implementation of well-lit areas by stakeholders like housing companies and the police – were highly valued by the older adults. This satisfaction with municipal actions, and the perception that the municipality had not abandoned the area, positively influenced their acceptance of daily challenges within the neighborhood

and strengthened their place attachment. This also indicated that place attachment was influenced by actions taken beyond the immediate neighborhood.

In depopulated rural areas, living close to nature was highly valued, with some of the older adults expressing that their attachment to the surrounding green spaces was a key factor in their decision to remain in the area. The physical insideness in nature played a vital role in promoting residents' wellbeing and happiness, contributing to an overall feeling of satisfaction and purpose. Sometimes the dynamics of individual connections to various physical settings were limited to residential areas, but in other cases these also extended to recreational and leisure settings (Manzo, 2003). For instance, certain places – such as golf courses, parish halls, and tourist attractions – served as focal points for leisure activities and recreation, mirroring the residents' attachment to these places. For example, some of the older adults described how engaging in leisure activities, such as playing golf at the local golf course, contributed to their belonging and place identity. The familiarity and physical insideness that they felt toward the physical surroundings can have positive impacts on their health and wellbeing. This is supported by several studies indicating that familiarity with one's surroundings can enhance daily functioning and mitigate challenges associated with aging, promoting greater adaptability and overall wellbeing (Gitlin, 2003; Kontos, 1998; Peace et al., 2006).

Generally, as urban areas evolve and populations age, it is crucial to ensure that development is equitable and inclusive. This involves considering the diverse needs of older adults to ensure they have fair access to resources, services, and opportunities, a concept known as spatial justice. Addressing these concerns is particularly relevant because urban inequalities are growing (Phillipson et al., 2024).

Autobiographical insideness: Historical bonds to the area

The older adults' past actions and memories of participation in specific places were central to their autobiographical insideness. Sometimes, simply living in the neighborhood for many years and adapting to its changes was sufficient to develop an emotional attachment to the place. Shared experiences and memories formed the foundation for emotional bonds to the neighborhoods. Arani and colleagues (2021) argue that this kind of attachment/insideness is related to increasing age, meaning that older individuals tend to have a stronger connection to the memories associated with their areas. In their study, older adults described this attachment as belonging to their birthplace, spending long periods living or working in one place, and having many memories or reminders of them in their home and neighborhood. This attachment also included historical and temporal aspects. This result was aligned with the thesis's findings, with the older adults often using their narrative

autobiographical memories to illustrate both positive and negative (related to changes in the area) emotional bonds they had with their areas. The attachment to a particular place in the neighborhood could be linked to the older adults' interactions with that place during their childhood. Some of them had memories associated with their spouse and the area where they grew up, or a family history intertwined with the history of the area, which reflected their family identity. These special places evoked memories of past actions and participation, which were intimately tied to current positive experiences and emotions, shaping the older adults' perceptions of their environment. According to Rowles (2008), recalling past events and one's life history in the community helps foster belonging and continuity during transitions, making it easier to adapt to changes in the environment. In a study by Ryan Woolrych and colleagues (2020) on developing place attachment among older adults in Brazil, England, and India, it was found that even when the community was not perceived as age-friendly, with issues such as mobility obstacles or poor-quality neighborly relations, the autobiographical insideness still bonded people to the community. In lower-income areas of these countries, a significant factor was the connectedness to home and community, despite the daily challenges residents faced. However, for some older adults in targeted deprived urban neighborhoods, changes had negatively influenced their emotional bonds connected to nostalgic memories of the place. For instance, good memories of the local shopping center, which served as a social meeting place and provided easy access to local services, were lost after several arson incidents led to its replacement with residential houses. These changes resulted in occupational deprivation and frustration, weakening the older adults' belonging. Similar experiences of past memories altered by present changes were reflected in the expressions about feeling uncomfortable with the arrival of new immigrants or losing the village's local stores, which were seen as a change that "killed the village." These types of changes resulted in some older adults feeling disappointed with the negative development of the area, bringing back nostalgic memories of the past.

Place attachment and moving or staying

One reason for staying put in certain areas is the attachment older adults have to a place, which has developed over time through their long-term residency and their memories and experiences during that time. Findings from a recent study focusing on deprived urban areas (Kutor et al., 2023) suggest that certain social factors, such as social networks and the length of time individuals have lived in a particular place, along with their place attachment, play significant roles in determining residents' satisfaction with their living situation and their decision to stay. Although the majority of the older adults in this thesis wanted to stay, they had different reasons and considerations for moving, with part of their reasoning directly connected to

their place attachment. Similar to findings from international studies on disadvantaged areas, factors such as crime, closed-down services, inadequate housing, and lack of support are viewed as negative aspects and reasons why people might consider moving away (Granbom et al., 2020; Hillcoat-Nallétamby & Ogg, 2014; Kutor et al., 2023; Smith et al., 2018). However, despite these negative aspects, the findings of this thesis showed that the decision to stay is often influenced by more complex considerations and negotiations, which ultimately outweigh the reasons for leaving. In some cases, the neighborhood and its reputation were not the central focus. However, attachment to the home was the decisive reason to stay, particularly among the older adults in the urban areas. Features like feeling at home, a beautiful balcony, a nice view, an outdoor terrace, or a garden provided opportunities for relaxation, participation in activities, and socializing with visitors. These features were the reasons behind the older adults' emotional ties to the place, showing the multifaceted nature of place attachment and the complexity of relocation decisions.

Most participants, whether in rural or urban areas, reported feeling deeply rooted and comfortable in their current residences, expressing strong place attachment. Many still lived in their birth homes or hometowns, and their descriptions were often intertwined with personal histories. However, feelings of attachment and belonging to other locations also influenced some of the participants' desires to relocate. They expressed a wish to move back to where they grew up.

On the other hand, it has been argued that older adults are compelled to remain in their current homes despite a misfit between needs and abilities, and between the physical and social environments. They have no choice but to stay in these environments (Wiles et al., 2020). Similar reasoning is applied to relocating from deprived urban neighborhoods, meaning that place attachment is a result of residents' ambivalence (Vale, 1997). Vale explored how residents in disadvantaged neighborhoods experience ambivalence due to their social and economic dependence on the neighborhood, despite the negative impact of neighborhood disorder like drug dealing and gang violence on their quality of life (1997). Thus, the development of place attachment, as discussed by various researchers, is viewed as a result of residents' evaluation of the positive and negative experiences in their neighborhood (Bailey et al., 2012; Manzo, 2014b; Wu, 2012). In this thesis, it was evident that the older adults' evaluation and weighing of the positive and negative experiences in their neighborhood were fundamental in their narratives about their perceptions of their neighborhoods, their attachment to the place, and the reasons why they stay or move. The low rent in these areas was an important factor mentioned in urban areas, and a reason to stay despite problems and challenges for some of them.

The role of occupational therapy to promote participation in disadvantaged areas

Occupational therapy has long been recognized for its role in enhancing quality of life for older adults, particularly through rehabilitation, and in interventions aimed at promoting health and wellbeing (Clark et al., 2012; Reitz et al., 2020; Sheffield et al., 2013). Traditionally, occupational therapy interventions have primarily focused on addressing individuals' functional decline, enabling older adults to perform daily activities more independently and safely. Both occupational therapy and occupational science emphasize the crucial role of context and environment for occupation, participation, and wellbeing in recent literature (Christiansen et al., 2024; Wilcock & Hocking, 2015), and emphasize the importance of environmental interventions to improve fit of person and place and to promote participation (Christiansen et al., 2024). In practice, however, occupational therapy interventions still concentrate more on assisting with personal care tasks and mobility issues, rather than addressing other type of participation like social and leisure activities (Turcotte et al., 2018). One reason mentioned in the study carried out by Turcotte (2015) is that occupational therapists believed that organizational obstacles limited their ability to implement participation interventions in their current practices. Insufficient human and financial resources were also reported as barriers preventing occupational therapists from providing participation interventions (Quick et al., 2010). The appropriate environmental adaptations – such as modifications to the home, the neighborhood, and other settings – are important for creating more accessible and supportive environments, enabling participation in daily activities, and promoting autonomy at home and in the neighborhood (Andersson et al., 2023; Russell et al., 2019; Wellecke et al., 2022). It is also essential to emphasize the importance of occupational therapist interventions in order to maintain and increase belonging/place attachment, increase participation, and minimize the risk of social isolation. For example, Hammell emphasized the lack of attention paid by occupational therapy models to activities that contribute to the wellbeing of others, such as caregiving, volunteer work, or activities that help individuals feel connected to nature or their ancestors. Other types of activities she mentioned as neglected include collaborative activities, where people work together, and activities valued for their social context, which can reinforce social roles and relationships (2014). Some of these neglected activities that value social context and belonging, as mentioned by Hammell (2014), were manifested in this thesis in the form of participation for the benefit of others. This aligns with the concept of participation from both individual and collective mindsets used by older adults in this thesis. They exhibited a collective mindset, suggesting that occupational therapists should become even better at expanding occupational opportunities and promoting participation for and with communities. This approach benefits not only the older adults but also the entire community. Collective participation plays a crucial role in

fostering place attachment and belonging, while also providing opportunities to contribute to both individual and collective wellbeing (Hammell, 2014; Leclair et al., 2019). Thus, it is recommended that occupational therapy should adopt a more holistic approach to promoting not only individual but also collective participation, which in turn improves the wellbeing of older adults, particularly in disadvantaged areas.

Furthermore, promoting participation through occupational therapy interventions reduces the negative effects of social isolation (Andonian & MacRae, 2011; Boldy & Grenade, 2011; Clemson & Laver, 2014; Howat et al., 2004). Understanding the context in which older adults participate enables occupational therapists to effectively address factors and barriers that impact participation (Hyett et al., 2019; Kirsh, 2015; Malfitano & Lopes, 2018).

This is particularly important for those in disadvantaged areas, where changes and social issues may lead to occupational marginalization, alienation, or deprivation. Generally, in this thesis, the majority of the older adults did not report occupational marginalization or alienation, possibly because they were well-established in their communities. Older adults who are less established may therefore face greater risks of occupational injustice, thus necessitating enhanced occupational therapy intervention.

In targeted urban settings, some of the older adults felt trapped due to dissatisfaction with high crime rates, the area's reputation, and social disorder, with limited opportunities to relocate. These conditions impose occupational limitations and injustices, particularly affecting those older adults who are financially constrained and do not have a choice but to withdraw. Another example was when the older adults expressed a lack of opportunity to participate in activities during the hours of darkness, such as attending the theater or concerts, due to safety concerns which reflected occupational alienation and marginalization. Becker and Boreham (2009) observed that older adults in England often avoided going out at night due to a fear of their local area after dark and of crime, a major factor contributing to their social exclusion. This fear not only restricted participation in valued activities but also reshaped their daily routines, reinforcing feelings of occupational alienation (Fritz & Cutchin, 2017). Other factors such as a lack of services were reported by the participants of these studies, which indicated other types of occupational injustice in both urban and rural areas.

By increasing knowledge about the place and context, occupational therapists can more effectively address the factors and barriers that impact participation and occupational injustice (Hyett et al., 2019; Kirsh, 2015; Malfitano & Lopes, 2018). Occupational therapy should expand its scope to include interventions that address environmental and social issues (Granbom, 2014; Turcotte et al., 2015, 2018) to enable people to participate in activities that are important and meaningful, fostering participation and connection with others in daily life (Law, 2002). Although further

studies are needed, the findings of this thesis highlight the important role of place attachment for older adults when coping with situations by creating new habits or participating in community safety and maintenance. These insights can support planning interventions that foster place attachment, thereby enhancing motivation to participate in the community.

Methodological considerations

The data collected for the larger project, which were used in part within this thesis, included preparatory work such as interviewer training, pilot testing of surveys, and careful consideration of cultural and language-related factors. These efforts were aimed at enhancing the reliability and validity of the collected data.

One limitation of the study was the difficulty in enrolling the groups of older adults with non-Swedish ethnicity identified during the recruitment process. One reason could be the COVID-19 pandemic, which likely contributed to hesitation or barriers to participation. The ambition was to conduct community outreach, build trust, and utilize established contacts, but this was not possible due to the pandemic. Another explanation could be the potential lack of trust or familiarity with research processes among these communities. The historically poor experience of participating in research and a lack of links with community networks may sometimes lead to lower participation (Farooqi et al., 2022). Despite this, efforts were made to ensure inclusivity in the recruitment process. For example, the information letter was prepared in different languages, and translators were available for the common languages spoken in these areas. This was done with the aim of including the older adults from various ethnic backgrounds, as a significant portion of the population in these urban areas comes from other countries.

One important point that could influence the older adults' responses is their awareness that the study related to areas associated with issues such as safety, attractiveness, or reputation. This awareness might have stimulated their loyalty and defensive reactions in connection with their neighborhoods and downplayed their decision to discuss more negative ideas about their areas, which may potentially have influenced the data collection.

Another common issue identified across all four studies was potential sampling bias. Some older adults who were isolated or withdrawn may have chosen not to participate. Despite this, several older adults who initially wished or planned to leave their areas, believing their ideas would not be important or contribute to the study, were recruited after a clear explanation of the study's aims through follow-up phone calls. Moreover, the study aimed to recruit current residents to hear their experiences. It is worth noting that, with this study design, individuals who had already moved away from the areas due to various challenges were not included.

Consequently, the targeted urban and rural disadvantaged areas in the studies may not be representative of all similar areas in Sweden. Additionally, geographic bias may affect the generalizability of the findings, as the characteristics of southern Sweden are not fully representative of those in other regions in the country. The ambition from the beginning was not to have a sample that is representative of the whole of Sweden. Instead, the ambition was to have a sample that is representative of the chosen areas. For this reason, factors such as age, gender, and ethnic background were focused on. The chosen sample therefore included a variety of genders and ages, and all four studies also included between 13% and 27% non-Swedish ethnicity (older adults aged 65 and over). This was an attempt to approximate the representation of non-Swedish ethnicities in these areas, which ranged from 22% in rural areas to 60% urban areas (entire population). See Table 2.

Limitations related to COVID-19

The data collection from the survey was conducted via telephone interviews during and directly after the COVID-19 pandemic, despite the initial plan to carry out home interviews. This may have impacted data quality, despite measures like interviewer training. In order to minimize the risk of this, a paper copy of the survey was sent out in advance to help participants familiarize themselves with the questions, but for those who spoke a language other than Swedish this may have affected clarity, even though the interviews were held in the respective language.

Recruitment for the interviews was also impacted by the COVID-19 pandemic. In Springfield, recruitment occurred through local community organizations, while in Franklin this relied on addresses from the SPAR register, followed by mailed information and phone calls. This difference in sampling methods may have influenced the engagement of older adults between the two cities. The diverse recruitment approaches underscore how methodological variations can affect study outcomes, especially in understanding the experiences of socially engaged older adults in different urban settings. However, other differences in neighborhood features, such as proximity to services or opportunities for participation, along with variations in municipal efforts in these areas, could also be significant factors influencing participant engagement. Furthermore, evident disparities in municipal resources and stakeholder policies between these two cities could impact the older adults' levels of participation, adding complexity to our understanding of these dynamics.

In Studies III and IV, challenges arose when planned face-to-face interviews at home had to be replaced with remote interviews due to the COVID-19 pandemic. This shift required both the research team and the participants to adapt to different

technologies, which may have influenced the participants' willingness to participate.

Other considerations

In Study I, a potential limitation was the limited validity and evidence of reliability of the PPFM-OA tool in the Swedish context, despite its structured approach to evaluating how well older adults fit with their living environments. This self-rating questionnaire enables a detailed understanding of factors contributing to aging in place. Although precise methodological development and testing preceded data collection, further testing targeting diverse older adults' living situations is needed. The study, however, contributes additional evidence of the PPFM-OA's validity in assessing the interplay between personal and environmental factors in disadvantaged areas and their relationship with quality of life.

In Study III, using the photo elicitation method could lead to some methodological limitations. The process of taking pictures and sending them via email or mobile phone may have been perceived as complicated, potentially affecting the willingness of prospective participants to volunteer and, consequently, the insights generated. Additionally, support provided by family members when taking pictures might have influenced the participants' choice of subjects and their narratives. On the other hand, using research methods such as photo elicitation provided an opportunity to extend the older adults' participation, since they became an active part of the data collection process. This research method involves participants taking photographs of their surroundings and daily lives, capturing their perspectives in a visual and personal manner (Harper, 2002; Ortega-Alcazar & Dyck, 2012; Radley & Taylor, 2003). For older adults, who may find traditional interviews challenging, photo elicitation is particularly beneficial. It empowers them by making them active participants in the research process, stimulating memories in unique ways (Clark-Ibáñez, 2004).

Conclusion and implications

The findings of this thesis contribute knowledge on the important role of place attachment and belonging for the participation of older adults in disadvantaged urban and rural areas. Using Rowles's framework, place attachment was found to involve not only attaching to the physical environment but also social relationships and autobiographical (historical) connections, fostering belonging through doing. Despite challenges such as service shortages and demographic shifts, the older adults' responses were mostly characterized by active participation and a collective mindset aimed at the welfare of the community, rather than individual benefits. Recognizing this collective-oriented perspective of older adults and supporting this mindset – older adults' participation for the broader community – can lead to more effective interventions and policies. By encouraging older adults' participation in the community, providing opportunities for their involvement in local planning, and acknowledging their contributions, municipalities can enhance their belonging and commitment to their residential areas and overall wellbeing.

Furthermore, the reciprocal relationship between doing (participation in community) and belonging (attachment to the place) underscores the dynamic interplay between individuals and their environment. The sense of pride and responsibility associated with belonging can enhance participation in community-based efforts, thereby reducing the risk of social exclusion.

The implication of these results is that policies and interventions aimed at improving quality of life for older adults should prioritize fostering social connections and participation based on older adults' experiences and perceptions.

Older adults' loyalty and attachment to their neighborhoods can significantly impact community dynamics and development. This knowledge can guide policymakers, community planners, and social service providers when creating strategies that foster stronger, more age-friendly communities in both deprived urban and depopulated rural settings. Specifically, efforts should focus on preserving place attachment, removing obstacles that may threaten it, and facilitating situations that increase participation and social cohesion.

Moreover, interventions aimed at creating more age-friendly communities should focus not only on physical amenities but also on maintaining, preserving, and integrating experiences, memories, and autobiographical insideness with future visions and strategies for the development of areas. While physical improvements

such as accessible infrastructure and housing options are essential, they must integrate social, historical, and cultural aspects related to place attachment. By doing so, communities can create environments that meet the practical needs of older adults while also nurturing their place attachment. This holistic approach recognizes that place attachment significantly influences older adults' satisfaction with their neighborhoods and their decision-making processes regarding whether to remain in their current communities or consider relocating to more favorable environments.

Finally, knowledge about the association between person-place fit and quality of life underscores the importance of recognizing and addressing the multifaceted and highly subjective nature of person-place fit. This understanding can inform policies and practices aimed at improving conditions for aging in place and the wellbeing of older adults.

The need for further research

Regarding the need for future research, more studies are required in order to better understand older adults' perceptions of their neighborhoods, especially in disadvantaged areas with geographical and cultural diversity. While these studies provide valuable insights into the preservation of areas and the role of older adults in supporting and maintaining their neighborhood/community, there is also a need to study the implications of occupational therapy interventions for maintaining place attachment and increasing participation and social inclusion. A possible way to minimize the effect of the interviewer's role as an outsider and to achieve a more equal power distribution between researchers and residents would be to use participatory research. This type of research involves conducting studies together with people rather than on or for them (Blair & Minkler, 2009; Greenhalgh et al., 2019; Lood et al., 2023; Walker, 2007). Through this approach, older adults have the opportunity to participate in the research and contribute to fostering community change. Additionally, conducting longitudinal research would be recommended for capturing older adults' perceptions of their area along with changes in the area, the temporality of its reputation, and the maintenance of place attachment over their lifetime.

Clinical implications

The knowledge from this thesis on the experiences of older adults living in disadvantaged areas is a first step in helping occupational therapists to identify strategies to combat social isolation, increase participation in leisure or community-based activities, and promote social connectedness within these communities. By

adopting a community approach, occupational therapists can help older adults not only to maintain their functional abilities and independence, but also to enhance their belonging, their attachment to their communities, and their participation.

Increased knowledge about potential occupational injustices older adults may face in disadvantaged areas enables occupational therapists to better support and minimize these risks for this group. For instance, occupational therapists can work with local authorities and non-profit organizations to create safer neighborhood environments, advocate for public spaces that encourage participation, and develop neighborhood improvement programs that connect older adults with community resources and social groups. This collaborative effort can involve developing and implementing programs or activities that promote participation in and for the community, contributing to maintaining place attachment and the wellbeing of older adults who may otherwise feel isolated or disconnected. Interventions aimed at increasing participation should consider practical factors as well as personal motivations. This ensures that the interventions meet the personal goals of older adults, fostering meaningful engagement and attachment to their neighborhoods.

Summary of the thesis in Swedish

Tillhörighet och delaktighet bland äldre personer i utsatta områden och avfolkningsbygder

Bakgrund

Generellt föredrar äldre personer att åldras på plats, vilket gör hemmet och grannskapet till en central plats för socialt liv när man blir äldre. Äldre människor tillbringar mer tid hemma och i närområdet än personer som studerar eller arbetar, och har ofta bevittnat förändringar i sitt grannskap som kan upplevas som utmanande och påverka deras välmående. Förändringar i den omgivande boendemiljön på grund av exempelvis urbanisering och globalisering har identifierats som potentiella utmaningar gentemot den individuella upplevelsen av tillhörighet i samhället (Bailey et al., 2012).

Dessa förändringar, som omfattar sociala och demografiska omvandlingar, tenderar ofta att framkalla känslor av osäkerhet och utanförskap bland invånarna. Faktorer i närområdet såsom brist på tjänster, en avtagande känsla av gemenskap och tillhörighet, sociala utmaningar, brottslighet och det negativa rykte som området har kan resultera i överväganden om att flytta. Dessa utmaningar blir särskilt påtagliga i så kallad utsatta områden.

Min avhandling fokuserar på områden i stadsmiljö som enligt polisens klassificering räknas som utsatta samt avfolkningsbygder eftersom de har en del problematik gemensamt. Till exempel befolkningsförändringar till följd av inflyttning av invandrare som kan göra att äldre har svårt att känna igen sig i ett tidigare välbekant område och bristande tillgång till service och stöd.

I landets städer har polisen identifierat och listat 59 utsatta områden. Dessa områden kännetecknas av hög brottslighet, låg socioekonomisk status, hög arbetslöshet och en stor andel invandrare (Polisen, 2023).

Internationella studier om äldre personer bosatta i områden med låg socioekonomisk status visar att olika faktorer i grannskapet, exempelvis områdets promenadvänlighet, tillgång till tjänster som kollektivtrafik och livsmedelsbutiker, brottslighet och upplevd säkerhet påverkar välmåendet och kan relateras till begränsad utomhusrörlighet, möjligheter till deltagande i dagliga sysselsättningar

och hälsoproblem som depression. Det saknas dock kunskap om hur äldre människor i de svenska utsatta områdena upplever sitt grannskap och vardagslivet där.

Samma kunskapsbrist råder även när det gäller avfolkningsbygderna. Dessa områden kännetecknas, förutom av den gradvisa avfolkningen, även av låg tillgång till tjänster och service, en begränsad lokal arbetsmarknad, en trög bostadsmarknad och långa avstånd till närmaste tätort.

Levnadsstandarden varierar också mycket mellan olika landsbygdskommuner i Sverige. En tydlig demografiska förändring i några av dessa kommuner utgör mottagande av flyktingar eller personer med sociala problem och skulder, så kallad social dumpning, som en strategi för kommunal överlevnad. En strategi som syftar till att hantera bygdens befolkningsbrist och öka skatteintäkterna.

Avhandlingens övergripande syftet är att utforska uppfattningar bland äldre människor som bor i avfolkningsbygder och utsatta stadsområden och se hur dessa boendemiljöer påverkar deras upplevelse av delaktighet, livskvalitet och att höra till platsen. Dessutom syftar avhandlingen till att undersöka hur tankegångarna går när det gäller att fatta beslut om att flytta eller bo kvar.

Studie I

Den boendemiljö som äldre personer lever i spelar en avgörande roll för deras möjlighet att åldras på plats, och förändringar i omgivningen kan påverka dessa möjligheter. Men vi vet dock väldigt lite om hur äldre upplever närområdets lämplighet för att åldras i - även känt som Person-Place Fit - och dess inverkan på deras livskvalitet. Därför syftade den första studien till att undersöka sambandet mellan lämplighet för att åldras i närområdet och livskvalitet bland äldre i utsatta områden i Sverige. Studien använder sig av enkätsvar från 459 deltagare som skattade livskvalitet och svarade på frågor där man tittade på miljöfaktorer som matchar personens egenskaper när det gäller att kunna åldras på plats (Person-Place Fit).

Enkäten innehöll aspekter som berör både person och plats, där man bland annat övervägde aspekter som samhällsvärde för individen, identitet och tillhörighet till närområdet. Samt överväganden kring förändringar i området, flytt, grundläggande behov och tillgängliga tjänster och resurser.

Resultaten visar att deltagarna, trots demografiska förändringar och konkreta utmaningar, angav relativt höga nivåer när det gällde så väl livskvalitet som Person-Place Fit. Studien visar också att äldre vuxna som uppfattar sitt grannskaps lämplighet som hög för att åldras i, även har en högre livskvalitet trots att de bor i utsatta områden. Resultaten utgör därmed ett steg mot en övergripande förståelse av

hur bostadsmiljön kan påverka och potentiellt förbättra livskvaliteten i olika typer av utsatta områden.

Studie II

Den andra studien fokuserar på frågan om att bo kvar eller flytta från sitt närområde utifrån de problem som upplevdes där av deltagarna. I studien analyserades intervjuer som genomfördes med deltagare från både utsatta områden i två städer (n=22) och deltagare som bodde i några utvalda avfolkningsbygder (n=20). Intervjuresultaten jämfördes med enkätsvar från samma områden (n=460).

Resultaten från intervjuerna visade att boende i landsbygdsområdena generellt sett var mer benägna att stanna än stadsbor. Enligt enkätsvaren instämde de flesta deltagarna i att de valt att bo i sitt närområde (94 procent), att de inte hade övervägt att flytta trots förändringar och problem i områdena (79 procent) och att de ville bo i sitt nuvarande hem tills de dog (79 procent).

Oavsett om deltagarna bodde i ett utsatt stadsområde eller avfolkningsbygd, reflekterade de över en eller flera anledningar som skulle kunna påverka hur de tänkte kring sin framtida boendesituation och om de skulle flytta från området eller inte. Överlag handlade det inte så mycket om ifall området de bodde i var utsatt; snarare var anledningarna mest relaterade till allmänna bekymmer kring bostad och hälsa. Vissa individer var beslutsamma och hade redan en plan för att stanna kvar eller flytta. Men för de flesta innebar vägen mot att formulera och besluta sig för en tydlig plan en mer komplex process.

Boende i både stads- och landsbygdsområdena vägde in olika faktorer som tillgång till tjänster, områdets rykte och positiva aspekter som närhet till natur och gemensamma resurser när de övervägde att stanna eller flytta. Trots utmaningar som brist på tjänster och hög brottslighet, betonade många sin anknytning till området och sina sociala relationer, vilket ofta påverkade deras beslut att stanna kvar eller fundera på att flytta närmare familj eller betydelsefulla platser.

Bostädernas tillgänglighet var en annan viktig anledning som påverkade invånarnas beslut att stanna kvar i sitt nuvarande område eller inte. Funktioner som rymliga rum, tillgängliga badrum och hjälpmedel som trapphissar och ramper var viktiga för både stads- och landsbygdsboende, och möjliggjorde för dem att vara aktiva.

Även om respondenterna kunde lista många anledningar för båda valen, var dessa skäl ibland hypotetiska, komplexa och inte alltid direkt kopplade till ett klart beslut. Faktorerna var ofta motstridiga och beslut påverkades av skilda aspekter som den aktuella situationen och åsikter från make/maka och familjemedlemmar.

I vissa fall innebar övervägandena en jämförelse av fördelar och nackdelar, där flera faktorer vägdes mot varandra. Till exempel beaktades anknytningen till grannskapet och vikten av gemenskap tillsammans med negativa aspekter som brist på tjänster

eller erfarenheter av brott. Hälssituationer, känslan av att vara stark nog att flytta, ansvar för att ta hand om föräldrar i samma område och ekonomiska överväganden utgjorde exempel på faktorer som kunde motverka viljan att flytta.

I andra fall tog deltagarna hänsyn till sina partners åsikter när de diskuterade sina egna önskemål om att stanna eller flytta. I vissa fall ledde detta till oklara flyttplaner eller uppskjutande av att utforma en tydlig flyttplan.

Ibland resonerade deltagarna om det vändpunkter som kunde påverka beslutet. Vändpunkter utgjordes av situationer då beslut omedelbart kunde ändras baserat på andra omständigheter, vilket potentiellt kunde leda till en fullständig förändring i resonemanget kring flyttplanerna.

Dessa vändpunkter markerades ofta av kommentarer som indikerade en stark anknytning till det nuvarande hemmet, gemenskap eller område. Exempelvis sa Kristina, som ansåg att en flytt var för betungande: *“Jag tänker inte på att flytta just nu ... Jag får se hur kroppen utvecklas; om det blir värre kanske jag måste flytta, men jag är inte där än.”*

Sammanfattningsvis - beslutsprocessen kring flytt visade sig vara komplex, vilket kunde innebära osäkerhet och resultera i brist på tydliga, vägledande beslut eller att planeringen av sådana överväganden skjuts upp.

Studie III

Syftet med denna studie var att undersöka hur äldre personer som bor i avfolkningsbygder beskrev sitt närområdes positiva och negativa aspekter. Samt att mer specifikt titta närmare på hur fysiska, sociala och självbiografiska dimensioner av tillhörighet var kopplade till handlingar och deltagande.

Studien genomfördes i två avfolkningsbygder i södra Sverige. Dessa områden ligger i två kommuner som har upplevt en avfolkning under de senaste två decennierna, med ett anmärkningsvärt undantag under 2014–2015 då en stor inflyttning av immigranter förändrade befolkningsstrukturen och ledde till en total ökning av invånare.

En av kommunerna är känd som regionens “Gröna hjärta” på grund av sina vidsträckta grönområden och skilda typer av boenden. Kommunen har en befolkning på cirka 15 000 personer, varav 23 procent är 65 år eller äldre. Den andra kommunen har en befolkning på cirka 10 500 personer, varav 24 procent av de vuxna är 65 år eller äldre. Demografiska förändringar i dessa områden har lett till att familjer och arbetsföra individer flyttar bort, vilket lämnar kvar en växande andel äldre vuxna och tillfälliga immigranter. Stängda butiker och tjänster är också kännetecknande för dessa bygder.

Sjutton deltagare från de utvalda avfolkningsbygderna samtyckte till att ingå i studien. Deltagarna uppmanades att ta bilder från sitt grannskap för att fånga och uttrycka sina upplevelser av och perspektiv på området. Metoden kallas för Photo-elicitation vilket är en forskningsmetod där deltagarna involveras i att ta fotografier för att aktivt delta i datasamlingen och forskningsprocessen. Bilderna diskuterades sedan under intervjun. Totalt 208 bilder samlades in och analyserades tillsammans med intervjuerna.

Resultatet visade att deltagarna generellt sett inte höll med om att deras område var utsatta på grund av avfolkningen och trodde därför inte heller att området hade ett dåligt rykte till följd av utmaningar som brist på tjänster eller förändringar i befolkningsstrukturen. Upplevelser av brott och sociala problem hade ökat de senaste åren, samtidigt som tillgängliga tjänster minskat. Även om befolkningsförändringar, inklusive invandring, sågs både som stimulerande och potentiellt problematiska, ansåg respondenterna inte att dessa frågor borde påverka områdets rykte på ett negativt sätt.

Deltagarna anpassade sig till bristen på service genom att köra till närmaste stad för inköp eller använda internet för att handla online och utföra banktjänster. Tillgång till bil och möjligheten att köra var avgörande för deras möjlighet att bo kvar. De betonade vikten av att vara aktiva och oberoende snarare än att undvika risker.

I deras berättelser återspeglades deras emotionella band till området genom specifika fysiska platser eller sociala relationer med grannar. De hade även historiska anknytningar som formades av deras minnen och upplevelser. En av deltagarna, en 77-årig kvinna, betonade gemenskapen och de sociala relationerna med grannarna som värdefulla: *“Ja, ja, vi känner varandra väl och pratar med varandra. Om jag inte mår helt bra så frågar de hur jag mår, hur jag har det och hur det går för mig. Alla bryr sig, tycker jag.”*

En dynamisk relation identifierades mellan tillhörighet och delaktighet mellan intervjupersonerna. Tillhörighet uttrycktes som känslor av stolthet och att vara en del av gemenskapen, vilket illustrerades genom att framhäva lokala bidragsgivare, kommunens insatser och deltagarnas egna bidrag till att förbättra lokalsamhället. De kände tillhörighet och lojalitet, vilket motiverade dem att agera för att upprätthålla eller förbättra sitt grannskap. De nämnde insatser som underhåll av området, till exempel att installera fler skräpkorgar utomhus eller extra lyktstolpar längs promenadvägarna eller att försöka förhindra att simhallen stängdes.

I vissa fall fick förändringarna deltagarna att känna sig fränkopplade eller främmande inför sin omgivning och påverkat deras upplevelser av tillhörighet till området. Skiftningar i områdets befolkningsstruktur har även framkallat irritation på grund av plötsligt anlända nya invånare. Diskussioner om sådana skiften var dock få och handlade främst om säkerhet eller en känsla av gemenskap. Vissa deltagare uttryckte besvikelse över förlusten av lokala tjänster och frustration över ökningen

av invandrare i området. Trots att dessa förändringar nämndes, ledde de inte till några diskussioner om att flytta eller dra sig tillbaka från bylivet.

Studie IV

Denna studie undersökte hur äldre personer i utsatta områden i södra Sverige upplever brottslighet och oordning, samt hur de anpassar sig och reagerar på dessa problem och områdets rykte. Städerna har fått andra namn (Springfield och Franklin) för att skydda deltagarnas identitet. De valda stadsområdena ligger i två mindre städer med befolkningar på cirka 151 000 respektive 47 000 invånare. Dessa områden är typiska exempel som illustrerar hur flerfamiljsområden, byggda på 1960- och 1970-talet, har utvecklats till utsatta områden över tid, enligt den svenska Nationella Polisen (Polisen, 2023).

Totalt fem utsatta områden som identifierats i dessa städer inkluderades i studien. Polisen har ökat sin närvaro där för att minska brottsligheten och förbättra säkerheten. Kommunala myndigheter har i vissa områden gjort ansträngningar för att förbättra bostadsstandarden genom exempelvis rivning och efterföljande nybyggnation. Intervjuer genomfördes med 22 deltagare, 65 år och äldre (6 män och 16 kvinnor), som hade bott fem år eller mer i ett av de fem utsatta områdena. Undersökningens data analyserades med hjälp av Hirschmans teori om Exit, Voice and Loyalty (1970).

Teorin är ursprungligen utformad för att förklara hur individer reagerar när de är missnöjda med en produkt eller organisation. Men den har även tillämpats på många andra områden, inklusive bostadsforskning. I den aktuella studien används teorin för att förstå äldre personers reaktioner på händelser i deras närområde.

Teorin innehåller tre komponenter: Exit, Voice och Loyalty. Exit innebär strategier där individen försöker lämna området, exempelvis genom att flytta. Voice omfattar strategier där individen höjer sin röst för att motverka och förändra negativa inslag i grannskapet. Loyalty beskriver människors benägenhet att använda Exit- eller Voice-strategier. Loyalty bromsar benägenheten att använda exit och är vanligtvis kopplad till Voice-strategier där invånare som uttrycker stolthet och omfamnar sitt närområde är mer benägna att agera vid upplevda problem.

Majoriteten av deltagarna uttryckte både positiva tankar om hemmet och grannskapet. Samtidigt som de berättade om förekomsten av kriminella handlingar såsom skottlossningar, knarkhandel, bränder, inbrott och knivattacker som en del av vardagen. Bland dessa var droghandel det vanligaste och mest oroande problemet, vilket orsakade obehag och rädsla bland de boende. De flesta var medvetna om att deras bostadsområde identifierats som socialt utsatta av polisen.

Deltagarna använde olika strategier för att hantera dessa händelser och deltog i handlingar som gynnade deras omgivning. Många deltagare använde Voice-

strategier för att aktivt försöka lösa problemen och engagera sig i lokalsamhället. Bland annat genom att vid behov kontakta hyresvärdar, polisen och kommunpolitiker.

Deras deltagande utifrån Exit-strategier inkluderade att överväga att flytta från området, undvika platser som inte kändes säkra, särskilt på kvällstid, eller distansera sig från problemen. En 71-årig kvinna som ville flytta från sitt område förklarade varför: *“Jag ser dem sälja droger precis under min balkong mitt på dagen.”* Men högre hyror i andra stadsdelar utgjorde ett stort hinder för henne att flytta från området.

En annan typ av strategier för att motverka störningar och brott handlade om uppbackning genom att vara flera, exempelvis genom organiserade nattvandringar. Uppbackning skedde också informellt i förhållande till öppen droghandel. Andra typer av samarbete inkluderade att delta i föreningar såsom hyresgästföreningen för att bidra till närområdets underhåll.

Många agerade också individuellt. Till exempel genom att plocka upp skräp under sin dagliga promenad eller ta bort klistermärken som utgjorde signaler mellan säljare och köpare av droger. Dessa strategier visar hur de använder både kollektiva och individuella metoder för att hantera och förbättra sin boendemiljö.

Lojalitetsstrategier och relativisering användes för att försvara områdets rykte. Invånarna hade två sätt att argumentera: Antingen lyftes de positiva aspekterna av grannskapet fram och intervjupersonerna menade att de som inte bodde där inte heller kände till allt bra som fanns att tillgå. Eller så tonades problemen i området ned.

Även om vissa var missnöjda och övervägde att flytta från grannskapet, försvarade de flesta ändå sitt områdes rykte och var lojala mot det. Deras djupa kunskap om grannskapet och den historiska anknytningen till platsen, tillsammans med etablerade grannrelationer, underlättade förtroendebyggande och stärkte deras engagemang för närområdet.

Alla dessa handlingar ledde till en delaktighet i grannskapet och var relaterad till individens anknytning till platsen. Deltagarnas starka band till närområdet och deras upplevelse av att vara en integrerad del av lokalsamhället motiverade dem till att vara aktiva.

Sammanfattning

Avhandlingens resultat visade att äldre personer inte ville flytta trots problem och förändringar i deras områden. De deltog i olika handlingar, drivna av tillhörighet till plats. Delaktighet i området bidrog i sin tur till tillhörighet. Resultatet visade att vi måste gå bortom generaliserade uppfattningar om äldre vuxna som passiva offer och i stället lyfta fram att det även finns äldre vuxna som aktivt deltar i att bygga

gemenskaper och att upprätthålla och underhålla sina bostadsområden. Att stödja de personer som vill åldras på plats och underlätta deras deltagande i lokala organisationer utgör därmed en potentiellt viktig insats. Detta kan ske genom att möjliggöra för äldre personer att delta i sociala och kollektiva handlingar som bidrar till att förbättra den omgivande bostadsmiljön.

Boendeförbättringsprogram bör fokusera på att identifiera äldre personer som är inaktiva och inte känner sig trygga i sina närområden. Aktiva och socialt engagerade äldre kan spela en viktig roll som kanaler för att nå och stödja dessa individer. Även kommunala arbetsterapeuter kan stödja denna grupp och underlätta delaktighet i sociala, kollektiva och fritidsrelaterade aktiviteter. Därigenom kan risken för isolering minska och välmåendet öka.

När det gäller framtida forskning behövs fler studier för en bättre förståelse av hur äldres uppfattar sina bostadsområden, särskilt i utsatta områden med geografisk och kulturell mångfald. Dessa studier skulle ge värdefull och fördjupad kunskap om hur områden kan bevaras och vilken roll äldre personer spelar i att stödja och underhålla sitt lokalsamhälle. Det finns också ett behov av att närmare undersöka betydelsen av kommunala arbetsterapeutiska interventioner för att upprätthålla anknytningen till närområdet och öka delaktighet och den sociala inkludering.

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Place attachment and participation among older adults living in disadvantaged areas

This thesis focuses on the perceptions and experiences of older adults residing in urban and rural disadvantaged areas in southern Sweden. It includes cross-sectional data collection through interviews and surveys. The central concern is how changes in these areas influence older adults' participation, place attachment, quality of life, and their decisions to move or stay.



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