Introduction

Ireland’s population is ageing: in 2011, approximately 12 per cent of the population were aged 65 and older; however, this is projected to increase to approximately 16 per cent by 2026 (Central Statistics Office, 2008). Ageing in Ireland inevitably turns attention to rural areas, where a significant proportion of older people reside.

Nonetheless, relatively little is known about the ageing rural population, and the unique challenges faced by those growing older in rural parts of Ireland today. This paper is the first in a series which will explore various aspects of ageing in rural Ireland. The paper aims to provide an overview of the characteristics of older people in rural Ireland and to identify the critical issues associated with growing older in rural areas.

Many of the issues associated with rural ageing identified in this paper will be further developed in subsequent papers in the series. A guiding assumption of this and subsequent papers is that ageing is experienced differently across various contexts (Keating and Philips, 2008); and the aim here is to explore the rural context of ageing.

Older people in rural Ireland

According to the Census of Population, there were 4.58 million people resident in Ireland in 2011, of whom 535,393 or 12 per cent were aged 65 years or older. It is difficult to estimate precisely the proportion of older people living in rural areas, as there is no universally agreed definition of rurality; however, according to the definition used in the Census, approximately 38% of the total population live in rural areas: a higher proportion of older people however live in a rural area, with 42% of those aged 65 and older doing so.

This marks a decline over time; 44 per cent of older in 2006, 45 per cent in 2002 and 48 per cent in 1996 resided in a rural area. Within rural areas, older people comprise just over 13 per cent of the population (compared to 10 per cent in urban areas).

The percentage of older people living in rural areas varies across the country; from one in every three older people in county Louth to nine out of ten older people in county Leitrim living in a rural area in 2006.

Figure 1 shows the distribution of older people residing in (census-defined) rural areas for each county. In general, in counties along the border and in the west, a significantly higher proportion of older people live in rural areas than in counties along the east coast.
Figure 1: Proportion of the over-65 population of each county residing in a rural area

Figure 2 presents the age distribution of older urban and rural residents and shows relatively little differences across urban and rural areas.

Figure 2: Age distribution of older urban and rural residents, 2011
There is a more equal distribution of males and females in rural, compared to urban areas: in rural areas 45 per cent of the older population are male, while in urban areas the corresponding proportion is 40 per cent (Figure 3).

Figure 3: Sex distribution of older urban and rural residents, 2011

The majority of older Irish men and women in Ireland are currently married, although a significantly greater proportion of older women are widowed relative to older men.

Table 1: Marital status of males and females aged 65 and older in urban and rural areas in Ireland

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<tr>
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<th>URBAN</th>
<th></th>
<th>RURAL</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
</tr>
<tr>
<td>Number</td>
<td>133,170</td>
<td>174,810</td>
<td>110,144</td>
<td>117,269</td>
</tr>
<tr>
<td>Single (%)</td>
<td>13</td>
<td>15</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Married (%)</td>
<td>68</td>
<td>43</td>
<td>65</td>
<td>46</td>
</tr>
<tr>
<td>Separated/Divorced (%)</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Widowed (%)</td>
<td>14</td>
<td>38</td>
<td>11</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: Census 2011
Table 2 shows the living arrangements of 1,000 older people in rural and urban Ireland from a study examining older people’s health and service usage (McGee et al., 2005). Within rural areas, a smaller proportion of older people live alone compared to urban areas, while a greater proportion live with a spouse only.

Table 2: Living arrangements of older people in urban and rural areas of the Republic of Ireland

<table>
<thead>
<tr>
<th></th>
<th>URBAN (n=551)</th>
<th>RURAL (n=470)</th>
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<tbody>
<tr>
<td>Number</td>
<td>551</td>
<td>470</td>
</tr>
<tr>
<td>Living alone (%)</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>With spouse only (%)</td>
<td>30</td>
<td>34</td>
</tr>
<tr>
<td>Family: 2+ generations (%)</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Other (%)</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: McGee et al. (2005)

Some work has been completed comparing the social, economic and health characteristics of older people in urban and rural Ireland, and these will be discussed in more detail in subsequent working papers. In brief, the available evidence - discussed below - suggests that older people in rural areas are, on average, more deprived than their urban counterparts and suffer slightly higher levels of poor health; they are though not necessarily more isolated (McGee et al., 2005; Fahey et al., 2007).

McGee et al. (2005), for example, found that 10 per cent of older people in urban areas had a degree compared to two per cent in rural areas. Thirty-eight per cent of older people in urban areas were classified as belonging to the high-income group, compared to 21 per cent of older rural residents. Fahey et al. (2007) found differences in housing-related deprivation between rural older people and rural younger people, as well as between rural older people and urban older people: for example, 22 per cent of rural older people lacked central heating, compared to 9 per cent of rural working age people and 9 per cent of urban older people.

Turning to health status, McGee et al. (2005) reported that 67 per cent of older people in urban areas rated their health as good or excellent compared to 62 per cent in rural areas; similar proportions of urban and rural older residents reported experiencing depression. It is likely that part of the differences in socio-economic and health status between urban and rural areas is explained by the older age structure of rural areas, given that the ‘older old’ are generally less affluent and more unhealthy than the ‘younger old’.

The Irish evidence on the social connectedness of older urban and rural people is mixed. For example, while a higher proportion of older urban residents reported never feeling lonely (62 per cent of urban residents compared to 57 per cent of rural residents), a greater proportion of rural residents reported being supported than their urban counterparts (McGee et al., 2005).
Rural Ageing in Ireland: Key Trends and Issues

Issues in rural ageing in Ireland

Rural areas are often portrayed as problem-free, idyllic environments characterised by strong social ties and a slower way of life; however, the reality can be somewhat different. Growing older in rural areas has both advantages and disadvantages, and is neither consistently better nor worse than ageing in urban areas (Wenger, 2001). However, there are a number of distinct challenges linked to ageing in a rural area; the extent to which these adversely impact on an individual depends, in part, on the individual’s own personal characteristics and circumstances.

Rural areas are generally defined with respect to low population density and distance from centres of population (Commins, 2004). This can in turn give rise to a number of secondary characteristics, including low levels of service provision, inadequate public transport, few employment opportunities and social isolation. Some of these issues will be discussed briefly below and will be further developed in subsequent papers.

Low service provision
Sparse populations and the increasing rationalisation of services can result in a lack of locally available services. As services tend to follow populations, many de-populated rural areas are left without important public and social services (O’Shea, 2009). This can be especially problematic for older people who do not have the means or capacity to travel longer distances to access needed services. The decline of basic services may also impact negatively on the capacity of rural people to connect with friends and neighbours. Older people miss the socialisation opportunities associated with accessing local shops, creameries, post offices and other social meeting places. The centralisation of health services can be especially problematic for older people at a time of increasing illness and disability. Fragmented and inadequate home help and domiciliary care services within sparsely populated rural areas may result in accelerated entry for some older people into residential care homes. Heenan (2010) identified difficulties in accessing fundamental services as a key driver in social exclusion among older rural residents; while Scharf and Bartlam (2006) discuss the negative impact on quality of life associated with poor service provision.

Inadequate Public Transport
Adequate public transport is particularly important for older people in terms of ensuring access to services and facilities, and engaging in social activities (O’Shea, 2009), at a time in which deteriorating health, death of a spouse or the high costs associated with driving and maintaining a car (Wenger, 2001) may result in the loss of private transport. Bus services are generally lacking in rural areas,
and even when there is a good bus service, poor health may prevent its usage (Scharff and Bartlam, 2008). Lack of transportation has the potential to affect negatively access to services and people, resulting in unmet needs, reduced quality of life and increased isolation (Dobbs and Strain, 2008). Even when services are within walking distance, access for older people may be difficult: country roads often have no pavements or lighting, while public buildings tend to be older and are more likely to have steps and entrances that are difficult for those with reduced mobility to negotiate (Wenger, 2001).

Social Exclusion

Low population density, coupled with reduced service provision and poor transport links, can result in social exclusion. There is often a perception that older people in rural areas have strong family networks, but this is not always supported by the available evidence (Wenger, 1995). Migration patterns with outward migration of younger people towards resource-rich urban areas can undermine the strength of family ties. Excessively high house prices in some ‘desirable’ rural settings and strict planning laws may prevent younger people returning to the area in which they grew up. The disappearance of opportunities to meet with friends and neighbours in local shops and bars can further exacerbate the social isolation associated of living in sparsely populated areas. The available evidence for Ireland shows a significant number of never married men who may be particularly susceptible to social isolation: lack of a spouse and lack of children, together with men’s frequent reluctance to join groups, at a time when drink driving laws and pub closure offer fewer social outlets, may make them especially vulnerable to social isolation in rural areas. Social isolation can become increasingly problematic as people reach very old age and require assistance (Wenger and Keating, 2008).

Deprivation

Older people in rural areas in Ireland tend to be more deprived than their urban counterparts; however, poverty in rural areas is often characterised by its invisibility (Commins, 2004). Poverty and need amongst older people exist in rural areas (Heenan, 2010); however, given its often widespread dispersion, rather than concentration as in urban areas, it is often not seen and therefore not addressed. For example, within rural areas, a greater proportion of older adults own their own home than in urban areas, probably due to a lack of social and private renting options in rural areas; however, this indicator of affluence fails to take into account the expenses associated with upkeep and maintenance of owner-occupied properties. The poor state of some of that housing has been well documented (Fahey et al., 2007; O’Shea, 2009).

The preceding discussion highlights some of the difficulties associated with growing older in rural areas. However, the extent to which these issues adversely impact on the well-being of an older person depends often on their own personal circumstances. Older people in rural areas are a heterogeneous group differing on a number of characteristics, including whether they have lived in the area all their life, have returned to the area after living elsewhere or moved to the area after retirement. They differ in whether they are ‘young-old’ and are relatively fit and healthy, or ‘older-old’ with declining health and increased frailty. They differ also on whether they are surrounded by family and friends through whom they can access support or live a more isolated existence.

Those in good health, with access to public or private transport and family support are likely to overcome many of the challenges associated with growing older in rural areas. Personal characteristics such as resilience accumulated over the life course and age cohort differences in regard to expectations about quality of life and consumer expenditure in retirement and older age may also impact on subjective perceptions of well-being.

Keating (2008), addressing the question of whether rural areas are a good place to grow old, notes that the answer depends on the person’s place in the life course, on the community in which they live and on the way in which they construct their relationships to people and place.
References


The Irish Centre for Social Gerontology (ICSG) is a multidisciplinary research centre concerned with the social and economic aspects of ageing.

More information about the centre can be found at: www.ICSG.ie

The Rural Ageing Observatory is located in the ICSG and aims to increase awareness and understanding of the complex and interactive economic, social and health behaviours of rural older people.