



# Changes in outdoor mobility when becoming alone in the household in old age



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## ABSTRACT

The aim of this article is to analyze reported changes in outdoor mobility, increased/unchanged/decreased, for a sample of older people (> 62 years) in two regions in Sweden, who have transitioned from a two-person to a single-person household during the two years since the study was conducted. The target group ( $N=162$ ) consists of all people who had transitioned to a single-person household in a random sample of 2033 people. The predominant results reveal that the stressful life event of transitioning into a single-person household in old age means reduced outdoor mobility for certain sub-groups. All modes of transport are used similarly regardless of reported changes in mobility (except for walking). Our results suggest that society must put more effort into offering good walking conditions, since (a) walking seems to be the most important mode of transport for outdoor mobility and (b) walking is valued almost as high as car after becoming alone in the household regardless if the population in our study reported unchanged, decreased or increased mobility. Further, illuminating another result, namely that special transport service<sup>3</sup> (STS) came out as especially important for people with increased activity, society also needs to invest in the provision of STS to keep the most vulnerable group of people mobile when other modes of transport are no longer a reality.

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## 1. Introduction

Mobility is an important aspect in older people's everyday lives. To be able to maintain social relations and take part in everyday activities outside the home, is closely related to quality of life and well-being (e.g. Hjorthol, 2013; Schwanen and Ziegler, 2011; Ziegler and Schwanen, 2011; Mollenkopf et al, 2004; Metz, 2000). Moreover, mobility is about the context that the individual is embedded in, and interacting with, like the community, the household, the family and the larger society. The social, cultural and geographical contexts and the specifics of place, time and people are considered as of utmost importance (Hanson, 2010). To be able to maintain everyday life mobilities among older people, supportive environments are essential (e.g. Ståhl et al., 2008; Sugiyama and Ward Thompson, 2007; Mollenkopf et al., 2004),

as well as the social context (Schwanen and Ziegler, 2011; Ziegler and Schwanen, 2011).

Mobility is then, of course, more than moving from point A to B, which can be seen as the movement alone (Cresswell, 2006). Mobility includes factors such as type, strategies and implications of the movement and is a concept that is loaded with power and meaning (Cresswell, 2010). Mobility is a form of capital – differently available, mobilized and accessed in terms of age, disability, gender, class and ethnicity in urban contexts (Teschfahoney, 1998). A limited mobility can give rise to feelings of social deprivation and exclusion (Urry, 2007), while the opposite can have the meaning of freedom and a power to control the own life.

The World Health Organisation (2010) refers to mobility as the movement through one's environment, like walking, riding a bike, driving a car or taking a bus. Such movements can include both destination-dependent and destination-independent movement (Metz, 2000). With such a perspective, combined with the theoretical idea of social capital focusing on the meaning of the way people use close relationships in everyday life (Pawar, 2006), the ambition of this article is to increase the knowledge and understanding of an older person's situation when becoming alone in the household, in relation to mobility and possibilities for transport.

Transport research in general is often criticized for not considering real bodies moving about and how mobility is actually

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<sup>3</sup> Special transport service (STS) is a mandatory transport for municipalities to provide for people with great difficulties in using public transport. Thus to be eligible for this transport usually a medical permit is needed.

embodied and practiced, but rather developing ways of explaining the fact of the movement per se, i.e. speeds, directions, distributions, continuities etc. (Cresswell, 2010). The criticism of such an approach builds on the fact that transport research has traditionally been dominated by natural and technical sciences. However, during the past decade a more sociological perspective has evolved (Nielsen, 2005). Still, researchers do call for further studies of the everyday mobility of older persons beyond a transport (movement) perspective, with more emphasis on social, emotional and motivational aspects of being mobile (Kaiser, 2009).

During the last decade 'active ageing' has gained large attention (WHO, 2002), which concerns the potential of older persons for more active participation in employment, social life and for an independent living (European Commission, 2013). Well-being is within this discourse closely connected to social, physical and mental potentials in later life and participation in society should be based on the needs, desires and capacities of the older person. Societies have accordingly, a responsibility to provide adequate protection, security and care when assistance is needed (WHO, 2002).

During the lifespan of an individual, different transitions occur. One transition that is very common among older people, is the loss of a spouse or a long-term partner (Arnet Connidis, 2009). Earlier research has emphasized that becoming alone in the household is a life transition point that can influence the everyday mobility in different ways, which demands further research for keeping the older person being a part of society (Mollenkopf, 2004). The loss of a spouse/partner can be a stressful life event often combined with physical deterioration (Miller et al., 2004; Morgan, 1989). However, how an older person deals with such a transition point varies greatly from person to person, and may have an impact on the person's everyday life, where outdoor mobility is one important aspect (Mollenkopf, 2004). As mentioned, when studying mobility and the possibilities of transport for older persons, it is essential to consider mobility as a phenomenon involving not just the individual, but also the context that the individual is embedded in and interacting with (Schwanen and Páez, 2010; Schwanen and Ziegler, 2011).

To achieve a deeper understanding of the older person who had a loss of a partner it is relevant to point out that this changed life situation can be experienced as positive, unchanged and negative from a mobility perspective. According to earlier research about social networks/social support, the older person's capacity to handle new situations in the household depends on various factors (Antonucci et al., 2001; Davidson, 2001). For example, the character of the relationship to the partner can be important for how the person left in the household handles the new situation. In a relationship where a person has had a caring role, feelings of freedom also related to mobility can sometimes arise when becoming alone in the household. Such feelings have shown to often be experienced by women (Davidson, 2001). On the other hand, in a very protective relationship the feelings can be the opposite, and work as restrictions on the mobility of the older person (Fry, 1998).

Becoming alone in the household in older years is often connected with other life changes as well, like moving to a new residence and/or taking over roles and responsibilities that were formerly assumed by the spouse (Antonucci et al., 2001). The loss is also often connected with, for example, losses in health and economy (Miller et al., 2004). Changes in the household compound can also affect resources and restrictions on outdoor activities and modes of transport. For example, previous research has illuminated the problem of access to a car faced by older women when suddenly becoming a single-person household, mainly due to lower share of drivers licence among women. This has been highlighted as a factor contributing to reduced mobility for women (Oberlader et al., 2008; Rosenbloom, 1993; Rosenbloom

and Winsten-Bartlett, 2002). However, at the same time women have shown to often have larger networks with closer relations to family and friends than men do (Davidson, 2001), where help from others may compensate somewhat with regard to the loss of resources for transport.

Descriptive data of everyday lives of older people in combination with life events that shape later life have been highlighted (see for instance Bytheway, 2005; Walker, 2005). There is also earlier research about life events concerning the loss of a spouse/partner in advanced years within the area of social networks and social support (see for instance McLaughlin et al., 2011; Miller et al., 2004; Morgan and March, 1992; Scott et al., 2007; Zettel and Rook, 2004). However, these studies are not specifically concentrated on the changes in the possibilities for outdoor mobility and transport options that may occur when becoming alone in the household in old age. Earlier research with this focus is limited. Therefore, it is important to study available transport options and outdoor mobility possibilities for older people in life events like the transitioning from a two-person household to a single-person household. The aim of this article is to analyse if and how reported changes in mobility after the transition into a single-person household are related to different background factors and/or transport-related factors.

## 2. Method

### 2.1. Study context and district

This paper utilizes data from the Swedish part of the transnational ERA-NET project SENTRIP – Senior Life Transition Points and their Implications for Everyday Mobility – that includes three European countries: Sweden, the Netherlands and Austria (Hof, 2010; Oberlader et al., 2008; Waara and Henriksson, 2010; Waara and Stjernborg, 2010). The project focuses on older people's outdoor mobility with special consideration of two key transition points: the transition from working life to retirement and the transition from being a two-person household to being a single-person household, i.e. when an older person's partner no longer lives at home because of sickness or disability or has passed away or because of a divorce. This study constitutes one facet of this larger project, where the focus lies on the latter transition point, i.e. transitioning into a single-person household. This part of the project was conducted in Sweden only. During the autumn of 2008, a study-specific questionnaire was sent to two counties in Sweden, one in the south of the country and one in the middle of the country. The two counties are similar in structure and both include urban and rural areas. The Regional Ethical Review Board approved the project.

### 2.2. Study sample

Participants for the ERA-NET project in Sweden were randomly selected from official population registers, stratified by age (62–67 years, 68–75 years and > 75 years) and living area (urban/rural). The questionnaire was mailed to a random sample of 5000 people in two counties in Sweden. The response rate on the questionnaire was 41% ( $N=2033$ ). The sample focused on in this paper ( $N=162$ ) was taken from the whole sample ( $N=2033$ ), and consists of all persons in the whole sample who had transitioned from a two-person household to a single-person household during the two years since the study-specific questionnaire reached the participants.

### 2.3. Data collection

For the ERA-NET project a study-specific questionnaire was developed in cooperation between Sweden, Austria and the Netherlands. The core was identical, but every country added country-specific questions. For the study in Sweden the questionnaire consisted of 29 questions; most of these questions were structured with predefined alternatives, but three of them also included an open alternative. The questionnaire consisted of (a) *background variables* (gender, age, place of residence, driving license, access to car in the household, license for STS, frequency of leaving home before and after the transition); (b) *transport-related variables* (their own valuation of the most important mode of transport, the actual use of mode of transport, their own valuations of the possibilities to travel by all modes of transport, overall valuation of travel possibilities, "dependence" (on transport services provided by the society (i.e. public transport and STS) and friend/relatives); and (c) *self-reported health* (self-estimation of "reduced health and/or dependence

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