Gender and transport for older people

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Consultations with poor older people, and HelpAge International research in developing countries, show, time and time again that transport is a major concern for older people. Problems with transport create a real barrier to older women and men to access basic social services and participate in local activities.

In Tanzania the poor quality of rural roads and lack of adequate and affordable transport means that geographical distance becomes more of an obstacle than it need be and discourages more remote community groups from engaging in consultations, training and other activities. Given that 90 per cent of Tanzania's population over 60 lives in rural areas, transport is a real problem for older people. As this population group generally includes more women than men, these problems are inevitably gendered.

In consultations held by HelpAge International with older women and men in over 30 countries in the run up to the Second World Assembly on Ageing (Madrid, April 2002) transport was repeatedly referred to as a principal concern. Transport problems are often related to older people's lack of finances to pay for transport to health centres, markets, pension collection points, meetings and social activities, leading to increased feelings of isolation.

Due to differences in life expectancy, widowhood is common among older women. Women also suffer economic disadvantages in old age due to gender biases in labour markets, pension coverage and income generation opportunities. Problems related to transport are therefore likely to be more acute for older women, especially in countries where cultural norms constrain women's mobility.

Older people in Kenya spoke of the problems they face in reaching health facilities and how this results in their preferred use of herbalists and traditional healers who are cheaper and present in most villages.

'Health facilities are far from where we live and due to our weak bodies (painful legs and joints) we do not have the energy to walk long distances. Sometimes we have to use bicycles and wheelbarrows to ferry the sick to hospital, which makes them even worse. This is because of lack of finances for transport. The local herbalists come in handy at such times.'

Another problem facing older people in public transport – which affects older women in particular – is that they suffer age-related abuse when using public transport. Older people in Zimbabwe spoke of being pushed and shoved by other passengers, which discouraged them from using public transport when they could afford to. They called for the introduction of subsidised transport and older people's seats on public transport. Access roads also need to be built in all areas. Older people implored government to look into the issue of transport, as it formed a strong barrier to their access to a range of services.

Lack of adequate, accessible and affordable transport creates a real barrier to older women and men to access basic social services.

We support our partner organisations in developing countries and countries in transition to raise issues of transport with their local and national government.

An older woman from St Vincent and the Grenadines reported that:

'All public transportation, except school buses, is privately owned. The operators of public transport abuse the elderly. They frown upon picking up older people. Older persons have to wait for hours at bus stops, while the buses go by without stopping. There was an occasion when a conductor deigned to pick up an elderly woman. Upon reaching her destination, he escorted her across the street. When the conductor returned to the bus, the driver was most incensed. He told the conductor he does not want old people in his bus and threatened to fire him the next time he picked up an older person.'

Studies on elder abuse undertaken in Brazil and Argentina (both of which have a policy of free transport for older persons) reflected similar discrimination, with buses deliberately not stopping for older people, knowing they would not make money from them.

Many countries throughout the world have policies for subsidised or free public transport for older people. However, in times of financial constraints, these are often difficult to implement, especially in countries where much of the public transport is run by private firms or individuals. An example from Mali showed that securing price reductions for older persons on public transport was hampered by private transport companies demanding reductions in fuel prices from the government in exchange. However, on the semi-private national railway system, half-price fares have been obtained for older persons. In Hungary, public transport is free for persons over the age of 70 and subsidies exist for petrol costs on private vehicles for disabled persons. However, the Ukraine has recently withdrawn its policy of free transport for older persons.

HelpAge International's repsonse to these problems is to support our partner organisations in developing countries and countries in transition to raise issues of transport with their local and national government. In Jamaica HelpAge International's partner organisations managed to purchase two buses for older and disabled people, and secure concessionary bus passes for senior citizens.

However, given that transport is related to wider issues of access, more is needed to bridge rural and urban divides, especially in the provision and accessibility of services. In a consultation in Mozambique, older women and men asked that mobility constraints be addressed in a variety of ways, including:

- Building outreach elements into service assessment, delivery and monitoring.
- Maximising accessibility in the location of service delivery points, taking account of terrain, the impact of seasonal weather (such as heavy rains), population spread and so on.
- Using 'fast track' queues for the most frail and vulnerable in service delivery points, especially where people are competing for relief supplies.
- Where trucks are used to transport people, consideration must be given to enabling people with restricted mobility to climb into high-sided vehicles.

When transport is interrupted due to natural disasters or conflict older people are often the most marginalised because they are less mobile. In emergency situations older people are often left behind – unwilling or unable to travel, or missed by emergency response provisions as they cannot reach relief points or find it difficult to queue. Research for HelpAge International's publication *Older people in disasters and humanitarian crisis: guidelines for best practice* found that older people face four main mobility problems in emergencies:

- Incapacity, which means that older people who are housebound are left behind or are unable to gain access to essential services.
- Older people are sometimes unable to climb into trucks transporting emergency affected populations, or are slower than others and get left behind.
- Where there are no regular transport facilities, older people cannot reach essential services.
- Some older people are disabled by the loss of mobility aids in emergencies.

One way that HelpAge International works to mitigate the transport problems faced by older people is to bring services to older people and their communities. HelpAge India has developed a programme of mobile medical units to provide primary healthcare services for older people who are not mobile or who do not live near a healthcare centre. The units were used after the Gujarat earthquake in 2001 to provide immediate emergency care in rural communities.

Similarly in northern Iraq, which has suffered two decades of war and disruption, most of the medications that older people need to take regularly for chronic illnesses can only be obtained from hospitals which may be 20 kilometres or more away. The cost of getting there discourages older people from picking up the medicines – and the medicines are not always available, even when people make the journey.

To alleviate the problem, HelpAge International has been collecting medicines for older people as part of a home-visiting programme, while seeking longer-term solutions. Discussions have been held with the Ministry of Health on the possibility of making medicines available from local health centres rather than central hospitals.

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