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Old, yet young:
travel-activity patterns among new pensioners in Sweden

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Abstract

Many countries are facing population aging as a consequence of decreased fertility, lower mortality rates and increased longevity. Successful aging is characterised by good health at high ages with no or very few disabilities, personal contentedness, active participation in society and in meaningful activities. A significant portion of the total number of trips is carried out by the retired people aged 65 or older, and the share of trips carried out by this group is expected to increase. In this article the daily travel and activities of elderly people in Sweden are scrutinised recent retired, young pensioners (65-75 years old) and older pensioners (aged 76-84 years) are compared. Based on a questionnaire directed to 2,544 Swedish persons 65-84 years old and answered by 1503 pensioners, daily mobility and travel are analysed in the context of health, mobility resources and socio-spatial circumstances. Although the retirees are a heterogeneous group in which health, personal mobility resources, preferences, etc. vary between individuals and give different preconditions for daily spatial mobility, chronological age can be relevant as a conceptualisation of age from a policy and decision-making perspective.

Key words: mobility, Sweden, elderly, pensioners, retirees, questionnaire.

1. Introduction

Many countries are facing population aging as a consequence of decreased fertility, lower mortality rates and increased longevity. Hence, the number as well as the share of individuals aged 65 years and older is growing. In the year 2060 the group over age 65 will account for about 30% of the population within the EU, compared to 17% in 2008 (Eurostat 2008). This trend is not unique to Europe; it is a global phenomenon albeit at different stages and with different rates in different places. In general, Europeans' life spans have increased by eight to nine years since 1960, and current life expectancy in the EU is estimated to be 76 years for men and 82 for women. Successful aging is characterised by good health at high ages with no or few disabilities, personal contentedness, active participation in society and in meaningful activities. The added years of life in general seem to be years of health added (Berleen 2003). For a person who retires at 65 years this can mean 10, 20 or more years with the possibility of leading an active life. Indeed, the celebration of a person's 100th birthday is no longer major news.

A change in demographic composition inevitably leads to changes in society at large and the mobility sector in particular. In terms of travel, a significant portion of the total number of trips is carried out by the retirees, in Sweden usually people aged 65 or older, and this share is expected to increase. The daily travel and activity patterns of the elderly are also receiving increased attention in countries that are experiencing population aging (Mollenkopf et al. 2005). An aging population with resources and habits to travel, often by car, raises concerns about environmental impacts, congestion, traffic accidents, etc., but also about urban physical planning and provision of public transport (as argued by e.g. Rosenbloom 2001).

The retirees are often seen as a homogenous group when it comes to out-of-home activity patterns, service provision, needs for transport services, etc., yet health, economic and life situations vary between individuals, which in turns yield large differences in actual travel behaviour. Further, the notion of entering the third and final age when turning 65 is increasingly challenged, as e.g. C. Gillett and P. Higgs (2010) theorise on P. Laslett's idea of a fourth age. The recently retired are progressively more important to examine as they represent a new generation of eld-

erly that grew up when cars became the major transport mode and they were socialised in a car society. Current studies show that new mobility standards and behaviour are associated with new cohorts of retirees, especially among women (Hjorthol et al, 2010). Furthermore, recently retired women have been active on the labour market to a greater extent than previous generations of women and have commuted by car to a greater extent than ever before (Solá 2009).

Hence, in this article the composition of old age is a point of departure, and the daily travel and associated activity patterns of *young pensioners* are compared to those of *older pensioners*. The specific aim of the study is to identify the mobility prerequisites for the *young pensioners* (recently retired), which may increasingly place new demands on society. In doing so, the following set of interrelated issues is addressed: (1) Is the distinction between *young* and *older pensioners* relevant with respect to daily mobility and travel-related activity patterns? (2) Are there different preconditions for new cohorts of elderly compared to old when it comes to daily travel? (3) Does geography matter? Are the retirees in urban areas more mobile as a consequence of shorter distances and a richer supply of amenities?

The analyses are based on a questionnaire distributed to 2,544 Swedish persons aged 65-84 years in March 2008. In addition, data from the national travel survey of 2006 are used.

2. Points of departure

Conventionally, the life span has often been conceived as a split of three distinct phases: before, during and after working life, and the third age was often assumed to be short and connected with poor health and immobility. As a result of generational shifts characterised by increased longevity and improved health conditions a fourth age is now often included in the analysis of life spans. The third age now refers to the healthy, active elderly, a sort of a post-working stage rather than a new phase in life, while the fourth age occurs when an old person becomes ill or loses physical capacities and needs extra care (Andersson 2002; Gilleard, Higgs, 2010). Despite ambitions to regard age as more functional (from social, cognitive and physiological perspectives) than chronological, it has proven difficult not to classify people by age. In order to emphasise the heterogeneity of the group of elderly,

though, the term 'young old' is used in Britain for the group 65 and older, while 'old old' refers to the group from 75-80 years of age and older. In the US 'young old' encompasses those 65-74 years, 'old old' refers to people 75-84 years old, and 'oldest old' comprise people aged 85 and older (Levin et al. 2007). This seems to be a reasonable way to incorporate more heterogeneity into analyses of ageing, mobility and spatially distributed out-of-home activities, not least from a policy and planning point of view.

From a spatial perspective, aging people tend to keep to established travel and out-of-home activity patterns as long as possible (Schwanen et al. 2001). According to the theory of continuity older people are content with letting life go on without any change except to replace lost activities (for example work and work-related travel) with new ones (Herbert, Thomas, 1990; Vilhelmson 1991). This is reflected by the fact that the elderly of today have, in general, a spatially much more active lifestyle as compared to the elderly 20 or 30 years ago (Hjorthol et al. 2010). A change in lifestyle among the elderly is a result of better individual health and personal finances along with increased car ownership (Alsnih, Hensher, 2003; Föbker, Grotz, 2003; Hjorthol et al. 2010). A continuing change in lifestyle is expected to further increase mobility among the elderly and lead to increased car travel (Banister, Bowling, 2004). Those who have retired in recent years, and not least the group that will retire shortly, will have a lower functional age than previous generations as they have better health. Many retirees will probably also remain socially and cognitively active for a long time, and uphold patterns of living where new experiences and impressions are important. In some respects, there are striking similarities between youth and retirees when it comes to free time access, recreation and travel styles (Ronström 1998).

Mobility among the elderly, be it those who have recently retired or those who have been retired for some years, is important for several reasons, and is argued to be closely related to quality of life (Metz 2000). It is a means to access desired places, people and out-of-home activities. Mobility also has psychological advantages, and the importance of travel and the ability to travel are often related to issues of individual welfare or quality of life (Banister, Bowling, 2004; Metz 2005). Mobility and the ability to travel are also linked to participation, relations and access (Gabriel, Bowling, 2004). In addition to the socio-spatial benefits of mobility, there is also the aspect of physical exercise, and mobility per se promotes health (Bowling 1997). Lack of mo-

bility, on the other hand, can contribute to social exclusion as it can severely hamper people's access to social networks, to services, leisure activities, etc. (Titheridge et al. 2009). On the other hand, increased mobility among a growing number of elderly people can contribute to and reinforce traffic-induced problems, e.g. congestion, pollution, traffic hazards and ill health.

Although it is commonly observed that the number of trips decreases with increasing age (Metz 2005), old people of today travel more than those of previous generations (Vilhelmson 1991, Hjorthol et al. 2010). In general, the elderly of today and tomorrow, in Sweden as well as in other industrialised countries, constitute a group with better economic preconditions than their predecessors, with high access to cars, good health and experiences of an active social life that continues or may even escalate when they retire. For many elderly individuals, men in particular, driving has been a large part of their adult lives and is closely identified with their self-perceived roles in the family and in society (Hjorthol et al. 2010). It is also generally assumed that elderly people's travel will increase more than that of other age groups. Equally important to recognise is that in addition to changes in the number of trips, the nature of trips changes with age: health-related trips and attending meetings become more prominent (Newbold et al. 2005). An Australian study revealed that shopping and trips to visit friends and family were the major reasons for travel among the retirees (Fildes et al. 1994).

On average people in Sweden travel 45 km per day and almost half of the instances of travel (number of trips) are for leisure activities and social purposes (Vilhelmson 2007). These recreation trips are also the longest trips. People of 65 years and older make fewer trips than younger people, but as a larger part of their travel is for shopping and leisure, the total transport work is significant. From Swedish national transportation survey data it is evident that the reduction of work-related travel occurring after retirement is partly replaced by increases in travel for free time activities (leisure activities and social purposes), as shown in Figure 1. The observed increased level is in general maintained for about ten years, until people reach about 75 years old, after which more general reductions in mobility occur. This observation promotes further analysis of the mobility based on a classification of retirees into *young pensioners* (aged 65-75) and *older pensioners* (aged 76-84).

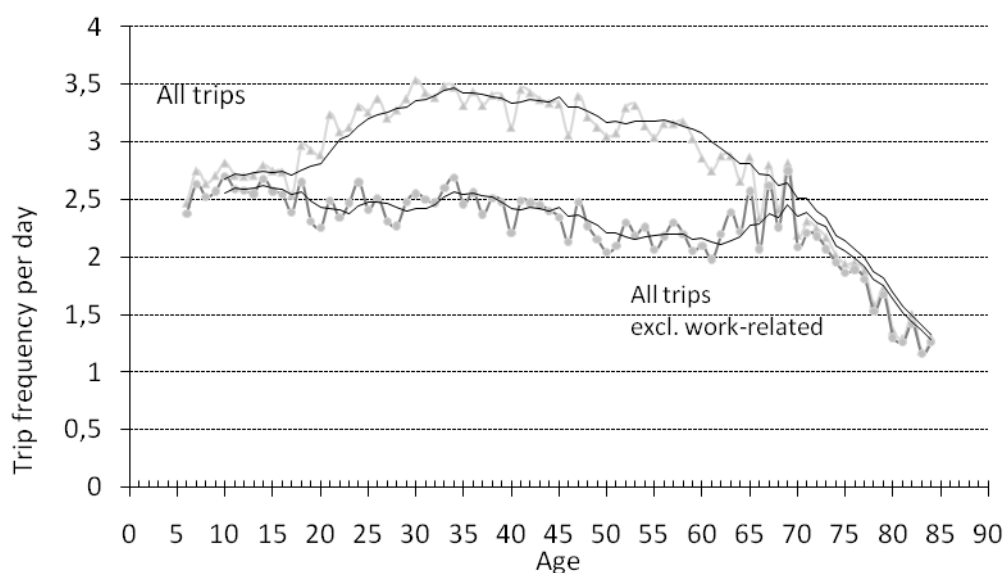


Figure 1. Trips and ageing. Average trip frequency (total and work-related excluded) among the Swedish population 6-84 years old. Moving averages (five years periods) Source: Data from the Swedish National Transportation Survey 2005/06

3. Methodology

The empirical data presented and analysed in this article is based on a questionnaire submitted to a random sample of 2,544 Swedish persons between 65 and 84 years of age (born between 1924 and 1943). The sample was provided by the SPAR, the Swedish postal systems address register. The respondents were asked questions about their family and social network, mobility resources (e.g. driving licence, access to car, public transport, Internet-connection etc.) and mobility restrictions (disability, health problems), self-reported health, distance to various amenities and frequency of different activities. In a final section they were asked to fill out a trip diary for one specified day; type of activity, time when starting the trip to the activity and when arriving at activity, transport mode, if they made the trip by themselves, alternatives to destination, transport mode and time of day. In order to get a picture of trips on different days of the week, the sample was divided into seven sections where every seventh respondent was asked about their trips on a Monday, every seventh about their trips on a Tuesday etc. Further, to ensure that short trips were not omitted (e.g. not reporting walking the dog, or visiting the neighbour across the street) the interviews were made over telephone but according to a structured questionnaire.

The telephone interviews were made in February and March 2008, and before calling the respondents a postcard was sent to them with information about the survey and the specific day for their trip diary (usually the day after they had received the postcard). If the respondent was not reached after five telephone calls, a new postcard was sent out with a new day for their trip diary. If they were still unable to be reached after another three telephone calls, they were recorded as drop-outs.

The final response rate was 61.2%, i.e. 1557 respondents. Of the drop-out of 991 respondents, 438 persons rejected participation, and 332 could not be reached. A small number (60) of the respondents reported that they had not yet formally retired, and these were excluded from further analyses. The respondents are representative of the population of 65-84 years old with respect to gender (more women), residential location (urban vs rural), possession of driver's licence, and special transport permission.

4. Results

4.1. Age and travelling

International studies reveal that the number of trips as well as trip length and out-of-home activity decrease with increased old age (e.g. Collia et al. 2003, Newbold et al. 2005). In this study 77% of the respondents reported at least one daily activity that motivated them to leave their home. The activities were shopping, social activities, e.g. visiting friends or a café, and leisure activities like sports and walks. In general, an activity leads to two trips (back and forth), except for trips such as taking a walk with no specific destination, or walking the dog. Half of the respondents who had undertaken activities on the survey day had carried out four trips or more. This is a higher share than has been shown in the regular Swedish national travel surveys (see Figure 1), most likely a result of the detailed follow-up questions in the survey presented here. When looking at those who did have at least one activity that demanded that they left their home, it is clear that men in general made more trips than women did ($p=0.000$).

Although the results do not show a stable decrease in number of trips, there is a drop in the number of trips after age 75 (see Figure 2) by and large motivating further analysis of two separate age groups of elderly: pensioners aged 65-75, and pen-

sioners aged 76-84. In the following analyses, comparisons between *young pensioners* and *older pensioners* will follow this classification.

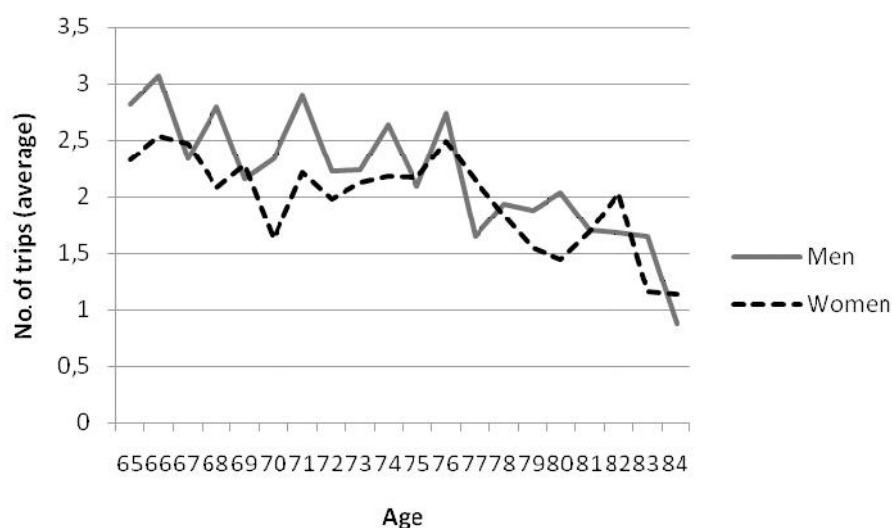


Figure 2. Average number of trips per day and age for men and women in survey

The young pensioners – older pensioners distinction becomes even more relevant when out-of-home activities are taken into account. More than every fifth respondent had not made any trips outside their home on the day they were reporting, and more women than men reported no trips (25% and 19% respectively, $p < 0.010$). To not leave the house all day was more common among older pensioners, where nearly every third respondent reported no out-of-home activity on the examined day (Table 1). Being ill or having no reason to go out on the particular day was major reasons for not leaving home for both the group of young pensioners and the older group. Those who had out-of-home activities often made two trips, measured here as a trip to the activity or destination and then a trip back home.

The elderly are fairly experienced long-distance travellers; over 80% of the young pensioners and 60% of the older pensioners made one or more trips longer than 100 km in the past year. Half of these trips were trips abroad. Young pensioners made on average eight such long-distance trips (60% abroad) and the older group made five trips (40% abroad) in the past year.

Table 1. Distribution of number of trips per age group (%)

Number of trips out-of-home***	Young pensioners (65-75), n=927	Older pensioners (76-84), n=570
0	18.7	31.6
1	12.7	10.9
2	32.1	30.9
3	14.2	10.9
4	10.1	8.9
5	5.3	3.5
6	4.0	1.2
>6	2.8	2.2

*** $p < 0.000$, chi-square

4.2. Social circumstances

Women's higher expected life length is reflected among the survey participants, 55% of the respondents being women. The development of the education system becomes evident when looking at the respondents' education level (see Table 2). It is argued that having resources and habits gained from higher education and employment is positively correlated with mobility and travel (Newbold et al. 2005). The majority of the respondents are low-educated, i.e. have elementary or junior high school as their highest education level, but the number of highly educated is significantly higher among young pensioners. The next generation young pensioners will be even better educated: 75% of today's cohort of the 55-64 years old have at least a secondary school diploma, and 30% have a university degree (SCB 2010).

A little more than half of the respondents live in their own single-family detached houses, which could indicate they are healthy enough to manage taking care of it. However, respondents in apartment houses do not need more help than those residing in detached houses. The need for assistance (domiciliary care rather than institutional assistance) to manage daily chores, e.g. shopping, corresponds with age; the older the respondents are, the greater is the need for assistance. Assistance often comes primarily from one's spouse, but also from adult children. However, less than

every fifth respondent over 75 years state (s)he has help with these tasks from family and friends.

Table 2. Social characteristics of respondents (%)

Characteristics	Young pension- ers (65-75 years), n=927	Older pensioners (76-84 years), n=570	Total n=1497
Gender, female	55.2	54.6	55.0
Civil status, single***	28.2	44.2	34.7
Education, < High school exam	67.5	78.1	71.5

Help to carry out daily chores***	7.2	17.7	11.2

*** $p < 0.000$, chi-square

4.3. Mobility resources

Car is the major transport mode for daily travel in Sweden. Overall, two of every three kilometres are travelled by car. The elderly of today grew up or were young when automobile traffic developed in the 1950's. The young pensioners of today were at that time at the age when they could acquire a driving licence, and many did. Many also have access to a car - be it that they drive themselves or that their spouses do. Almost half of the respondents (44%) state they are the one in the household who always drives the car, another 44% drive occasionally, and the rest (11%) never drive despite having a driving licence and access to a car. Car access and driving licence possession decrease with age, which might indicate that the generations who grew up before the 1950s do not have the same profound relationship with cars as do the young pensioners.

As indicated in Figure 3 and 4, men and women have different resources for mobility: men have higher car access and higher rates of driving licence possession ($p=0.000$). However, these differences are decreasing, and the gap is closing. This

levelling of gender differences is also ongoing in the US, most European countries, Japan and elsewhere (Helmert et al. 2004).

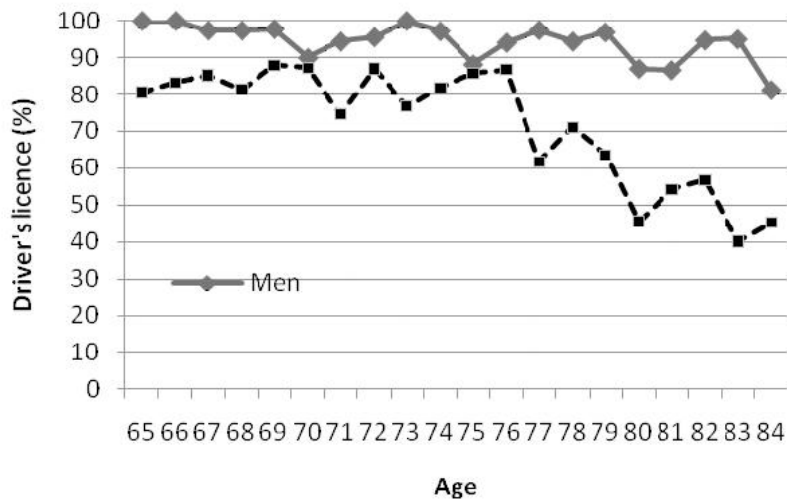


Figure 3. Driver's licence for men and women

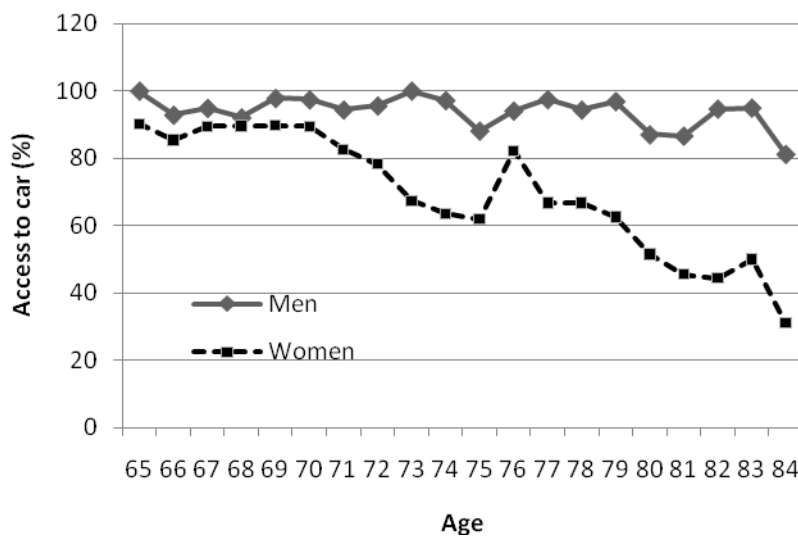


Figure 4. Access to car for men and women

Most respondents (80%) have access to public transport, i.e. can use the bus, tram, or metro for their daily activities. However, a large fraction, i.e. more than half of those who could potentially travel by public transport, never or very seldom use this transport mode. On the other hand, every fifth respondent travels by public transport regularly, i.e. at least once a week. Young pensioners are more frequent public transport users than older pensioners ($p < 0.001$), which can to some degree be

attributed to the fact that public transport systems still require improved accessibility measures.

Not all activities have to be carried out by means of physical mobility. Virtual mobility through the use of information and communication technologies has become a reality for all, although its magnitude and importance are to a great extent a question of age and generation. Young pensioners have significantly higher access to cell phones and Internet than do the older pensioners ($p=0.000$). More than 90% of the young pensioners have cell phones and they use them daily (35%) or at least once a week (30%). Cell phones are less frequent among the group of older pensioners; 70% have one, but frequency of use is low. Internet access is significantly higher among young pensioners; 60% of them have Internet access at home, more than half of whom use it daily, and about a fourth at least once or a few times a week. Internet use is significantly ($p=0.000$) less common among older pensioners; only 28% have Internet at home, but for those with access the usage is of the same extent as for young pensioners. Access to Internet is significantly lower among the elderly in general than among younger people – in the group of 6-64 years, 85% have Internet access, and among the next generation of young pensioners (those who today are 55-64 years old) 75% have Internet access at home (SIKA, 2007). Internet seems to have social importance as contact with family and friends is frequent, and the Internet is also a means for the elderly to find information of various types, though it is not a means for services such as booking medical appointments. The retirees' Internet usage in terms of purpose is similar to that of young people's, except that young people engage in games and entertainment to a higher degree.

4.4. Health and mobility

Health is of course the most important factor when examining mobility, and there indeed is a positive correlation between age and health problems producing disability. The older pensioners stated to a higher degree ($p=0.000$) than the young they had difficulties boarding a bus (92% and 84% respectively), and that they used some sort of walking tool like a cane (27% and 8% respectively). Special transit permits (to use for subsidised taxi services rather than public transport) were more frequent among older pensioners: 13% had limited or full access to special transport

service compared to 3% of the young old. Poor health is a restriction to moving around, although impairments do not necessarily exclude people from travelling. However, respondents who reported difficulties with climbing stairs, boarding buses, taking a brisk five-minute walk or who used a cane, walking frame, wheel chair, etc. made significantly fewer trips than those with no reported ailments ($p=0.000$).

Every fifth respondent reported that their health had deteriorated in the past year, but very few perceived that their health was much worse than before. Overall, 70% of the respondents perceived that their health was good or very good, and young pensioners were more satisfied with their health condition than older pensioners ($p=0.000$). As indicated in Figure 5, the better the self-reported health is, the more trips are made, and this is particularly true for young pensioners. Men, both in the young and old group, stated a better self-reported health than women did ($p=0.000$), and for both age groups men reported fewer difficulties in climbing stairs, boarding buses, walking brisk five-minute walks etc. This is despite the fact that men make more trips than women do.

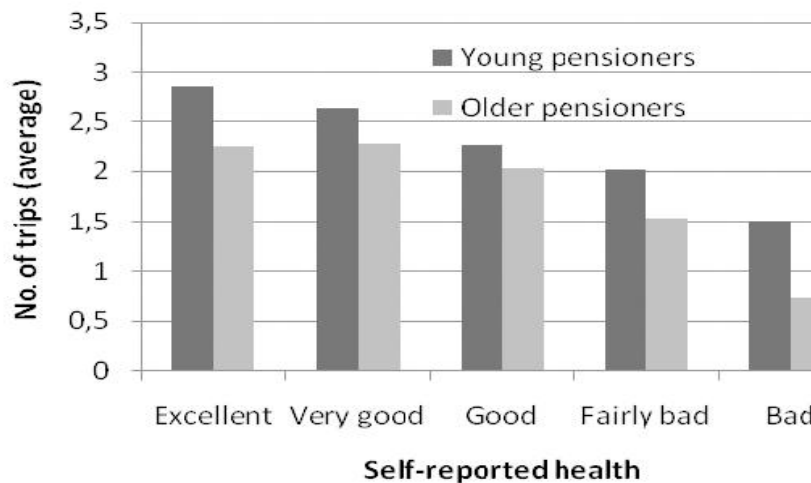


Figure 5. Self-reported health and number of trips for young pensioners and older pensioners

The respondents' fairly good self-reported health is reflected in their attitudes towards travel possibilities. When it comes to carrying out daily out-of-home activities and to 'getting around', the majority are fairly satisfied (43%) or very satisfied (46%). In general, this also holds for older pensioners, although the share of dissatis-

fied is higher than among young pensioners (see Figure 6). For most respondents there had been no change in travel frequency in the past year. Every fourth older pensioner had increased their travel while, interestingly, only 6% of the young pensioners reported increased travel.

There is no difference in satisfaction between men and women, or in changes in travel frequency. A satisfaction with travel opportunities and the question of whether or not one travels more or less is basically an age issue, while travel frequency per se has a gender dimension.



Figure 6. Satisfaction with possibilities for daily mobility

4.5. Why and how the pensioners travel

Shopping and recreation were the most frequent activities that encouraged the pensioners to leave their home; these activities account for about 35% of trips each. Recreation included activities like taking a walk, playing golf, exercising the dog, taking a bike ride, etc. Not surprisingly, partaking in social activities is an important part of the daily travel of the pensioners. Visiting friends amounted to 16% of trips, while going to cultural and sports events was less frequent (5%). There is no significant difference between the two age-groups regarding trip purpose, nor between men and women. There is a low degree of trip-chaining, rather the common pattern is to go shopping and then return home, go to see a friend and return home. Given that the retirees are not limited by working-hours, visiting friends, going shopping, visiting

a sports event, etc. might be regarded as fairly flexible activities in time and/or space. However, only 6% of the respondents reported they could have carried out the activity somewhere else, and another 6% that they could have performed the activity at another time.

The respondents were asked when they had last carried out different activities and, as indicated in Figure 7, several activities can be interpreted as being performed on a daily basis (performed the day before the interview is recognised here a proxy for daily activity). Grocery shopping is a daily activity for a third of the respondents and every fourth respondent takes daily walks. Looking at a weekly basis, 90% had been to their grocery store in the past week, and 60% had visited a shopping mall. However, some respondents had not carried out the activities in the past year or ever, e.g. 20% had not visited a medical centre in the past year, and 3% had never taken a walk during the past year.

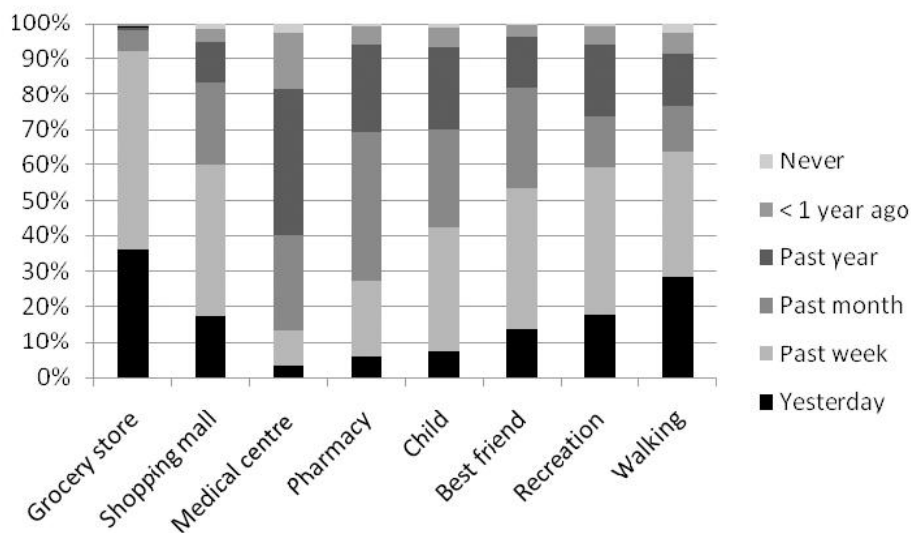


Figure 7. Frequency of activities out-of-home

When respondents were asked about distance to a number of activities or amenities, they reported that the points of destination are spread near and far. Grocery stores, which are visited frequently (cf. Figure 7) are on average 2 km away, and shopping malls or shopping centres, which are also rather frequently visited, are on average located some 13 km away. Adult children live far away. However, some very long distances, especially to adult children who in some cases were living abroad,

makes the mean values somewhat unrepresentative; as indicated in Table 3, half of the respondents had one child within 10 km, the next child within 20 km and so on. The median values show that, for a large group, the best friend was also living quite near. There are only a few significant differences between young and older pensioners.

Table 3. Declared estimated distance to various amenities or activities (km)

Amenity/activity	Total		Young	Older
	Mean	Median	pensioners (65-75 yrs)	pensioners (76-84 yrs)
Closest grocery store *	2.0	1.0	2.2	1.7
Most frequently used grocery store *	2.0	1.0	2.2	1.7
Shopping mall	12.8	5.0	13.7	11.2
Nearest public transport stop***	0.3	0.3	0.3	0.4
Medical centre *	4.0	2.0	4.2	3.5
Pharmacy **	4.0	2.0	4.4	3.5
Adult child 1	382.7	10.0	384.7	379.0
Adult child 2	456.3	20.0	498.9	375.8
Adult child 3	477.4	30.0	527.1	396.8
Friend/relative with whom one spends most time	28.2	2.0	24.5	29.4
Favourite leisure or recreation activity	7.0	2.0	6.9	7.4
Other leisure or recreation activity *	11.5	3.0	13.7	7.4
Out-door area for walks, sports, exercise	2.2	0.3	2.3	2.0

* p < 0.05, ** p < 0.01*** p < 0.000.

Measured in travel time, recreation trips and trips to visit friend were the longest. Recreation trips were often made on foot, and as the purpose was the walking, the trips were long – nearly an hour in average. The shortest travel times were for visits to medical centres, dentists etc. and these trips were primarily made by car – 20 minutes on average.

4.6. Urban and rural pensioners

On a general level, mobility varies geographically for the population as a whole. For obvious reasons, travelling by car is relatively more frequent in rural areas. A dispersed location pattern and low population density implies a lower supply of service amenities as well as longer distances to various destinations. One might expect that the group of pensioners in rural areas, and particularly women with a lower degree of driving licences compared to younger cohorts, are more restricted in mobility. However, no significant differences were found in number of trips between those living in the more distinctly rural areas (the rural forest areas in the north-west) and the elderly living in more populated areas. Further, there are no differences in possession of driving licence and car access. Those living in the larger metropolitan areas of Stockholm, Malmö and Gothenburg travel by public transport more often than old people in other areas, which reflects the existence of developed public transport rather than differences in attitudes. Yet the share of public transport users among the pensioners in large cities is only about 8%, i.e. similar to the level for the population as a whole. On the other hand, long distances and lack of public transport in the rural forest areas explain the higher proportion of car travel in these areas.

Distances to daily service are longer in rural forest areas: the grocery store, the mall, the medical centre and the pharmacy are further away, while distances to social activities and recreation are the same. In general, elderly in urban and rural areas are equally content with their opportunities for daily travel. The only difference is in perceived health, with residents in rural forest areas stating their health is slightly worse than respondents in urban areas.

5. Concluding discussion

This paper draws on the concept of *young pensioners* and explores their daily travel and out-of-home activities. In line with an extended life phase approach, separating between the 'third' and 'fourth' period of old age, two groups of elderly persons are defined and compared: *young pensioners* and *older pensioners*. The main ambition is to identify the mobility characteristics of current groups of recently retired individuals and to discover characteristics of their travel and activity habits that might place new demands on society.

The main findings confirm the relevance of bringing more heterogeneity into the analysis of travel activity change and ageing. In order to enhance this the first round of explorative analysis presented here certainly needs to be improved and more detailed analyses should be made. From a policy and marketing perspective, however, the simple young vs older pensioners conceptualisation based on mere chronological criteria seems plausible and workable. This is further emphasised by the findings indicating that young pensioners perceive themselves as having significantly better health, are more satisfied with their present mobility resources and situation, and make more trips than older pensioners. Obviously the social change related to retirement means that trips to work disappear, yet these trips are to a large extent replaced by other trips that are surprisingly fixed in time and space or at least perceived in this way by many elderly. At the same time, there are only a few significant differences between the recently and mid-term retired as regards the physical distance (or proximity) between the home and the location of various activities, services and friends important to daily life. These findings are also optimistic from a policy perspective, where old age is often perceived as synonymous with disadvantage, handicap, reduced mobility and diminished activity space – and thus a deteriorating quality of life in general. However, this also means that the large and growing share of elderly in the developed world maintain to contribute to the negative ecological impacts of the present transport system. Still, mobility declines with increased old age, as well as the inability to perform all of the tasks of daily life.

6. Summary

Many countries experience a rapid development towards an aging population. The elderly of today are healthier and more economic independent than previous generations, and in general they have also experiences of an active working life and of being mobile. Survey data from Sweden indicate that it is not until about the age of 75 that the number of service and leisure-related trips decline. Daily travel and activities are obviously correlated to health and age. Young pensioners (75-74 years of age) perceive themselves as having significantly better health, are more satisfied with their present mobility resources and situation, and make more trips than older pensioners (75-84). As the number of healthy elderly as well as life expectancy increases, new mobility patterns will emerge. These patterns consist of service-related and leisure trips that are not always as planned and predictable as work-related trips, and are not necessarily congruent with present public transport systems.

7. References

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