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**Understanding The Daily Mobilities of Elderly Population
in Alimosho LGA, Nigeria**

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Abstract

Reports predicts the population of Nigerians aged 60 and above will increase from 8 million in 2013 to over 20 million by 2050. Approximately two-thirds of people who achieve older age are likely to need assistance with their daily activities. This serves as an imperative for undertaking a critical analysis of the mobility patterns of elderly individuals of Alimosho Local Government Area, in order to gain a deeper understanding of the factors influencing their daily mobilities and how these factors relate to the aging process, as well as to ensure equal access to mobility. In essence, recognizing these dynamics is just as crucial as addressing potential issues that may arise when there is insufficient awareness in the present context. From the methodological point of view, this study is based on semi-structured qualitative interviews conducted with 10 elderly people based in Alimosho in August 2023. The results of the interviews revealed that the main concerns of elderly individuals are equitable mobility access, improved and inclusive transport services, and efficient government service delivery. This study concludes by necessitating a shift in the country's policies and structure towards addressing the mobility needs and guaranteeing that the rights of the elderly populations are deliberately offered, respected, conserved, and maintained according to the demographic population change.

Riassunto

Secondo le previsioni la fetta di popolazione nigeriana di 60 anni e oltre aumenterà dagli 8 milioni del 2013 a più di 20 milioni entro il 2050. È stimato che circa due terzi delle persone che raggiungono età avanzate avranno bisogno di assistenza per le loro attività quotidiane. Questo dato motiva un'analisi critica dei modelli di mobilità degli anziani della zona del governo locale di Alimosho, che mira ad ottenere una maggiore comprensione dei fattori che influenzano i loro spostamenti quotidiani e di come questi siano relativi al processo di invecchiamento, al fine di garantire pari accesso alla mobilità. Essenzialmente, riconoscere queste dinamiche è altrettanto cruciale quanto affrontare i potenziali problemi che possono emergere da un'insufficiente consapevolezza del contesto attuale. Dal punto di vista metodologico, questo studio si basa su interviste qualitative semi-strutturate condotte con 10 persone anziane di Alimosho nell'agosto 2023. I risultati delle interviste hanno rivelato che i principali interessi delle persone anziane riguardano l'equo accesso alla mobilità, il miglioramento di servizi di trasporto inclusivi, e un'erogazione efficiente dei servizi pubblici. Lo studio evidenzia in conclusione la necessità di modificare le politiche e la struttura del paese per rispondere alle esigenze di mobilità e garantire che i diritti delle popolazioni anziane siano deliberatamente offerti, rispettati, conservati e mantenuti in funzione del discusso cambiamento demografico.

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Glossary

AIDS - acquired immunodeficiency syndromes.

BRT - Bus Rapid Transit

HIV – Human immunodeficiency Virus

HOV - High Occupancy vehicles

IPA - Interpretative Phenomenological Analysis

KEKE – Tricycle

LGA - Local Government Areas

LOV - Low Occupancy vehicles

NPC – National Population Commission

UNEP - United Nation Environment Programme, Nigeria

WHO - World Health Organization

1. INTRODUCTION

1.1 Background of the Study

The ageing population is rising across the globe with over 962 million people aged 60 and above or to put in another way, 13% of the world population are experiencing a major demographic shift. Nigeria, like many other countries, is experiencing a significant increase in its aging population (WHO, 2021). According to reports and projections (Mbam et al., 2022; National Population Commission (NPC) [Nigeria] and ICF International, 2014.), the population of Nigerians aged 60 and above will increase from 8 million in 2013 to over 20 million by 2050. Approximately two-thirds of people who achieve older age are likely to need care and support from others at some point, to perform daily mobilities, such as eating, moving around or bathing (Liu-Ambrose et al., 2012).

The increase in Nigeria's elderly population has an attention-seeking soon-to-come and if not, an existing problem in their daily mobilities and independence. The limitations and inaccessibility that older people encounter comes from accessibility, inadequate transportations and unaffordability, health and disability caused by ignored governmental policies and programs which should have been revisited to meet the requirements of this group (see more Dokpesi, 2015). The constitution of Nigeria, which was written in 1999 and has been changed several times since then, states that older people, have rights to healthcare (National Health Act, 2014), to social security (National Social protection Policy, .2016), to pension (Pension reform Act, 2014), to education (Universal Basic Education Act, 2004). Undeniably, it is the responsibility of the state to provide adequate social services and an improved quality of life for older persons, which are stipulated under Section 16(2)(d). For this reason, the Nigerian government, need to sort improvements and new strategies towards deliberately making sure everyone enjoys their civic rights.

Accessible mobility in daily living is important for older people to maintain their independence when needed and an improved quality of life. They can take part in social and

recreational activities, get to the services they need, and keep their physical and mental health in good shape so they can move around freely and safely (Mbam et al., 2022). However, as people age, they may experience mobility disability due to age-related changes in their bodies, chronic health conditions, and environmental barriers such as poor street conditions, inadequate transportations etc., (Satariano et al., 2012).

There are aspects of older adult lives that also require attention. Griffiths et al., (2013) study: the temporalities of mobilities, which delved into the significance and importance involved in movement by focusing on the temporal dimensions of speed, duration, and rhythmicity. This implies that since multiple temporalities are already embedded in people's understandings of daily mobility, they should be carefully represented and analyzed in discussions of sustainability and possible mobility transitions (Psarikidou, 2018) as well as reframing the normative discourse of how societies have made sense of moving through space.

However, a more detailed analysis by Cresswell, (2012) states that there will always be points of friction and obduracy in the networked worlds of mobilities where, for a while at least, stillness dominates (Cresswell, 2012). However, concerning older individuals, their aging process brings forth a multitude of coexisting factors and responsibilities. When thinking about the ways mobility are resisted and regulated through accessible movement, there is a greater need to rethink the undesirable frictions and limitations in elderly individuals' daily mobility.

In Nigeria, particularly in the heavily populated city of Lagos, there is a significant concern related to the growing older population. Lagos, with its three senatorial district and 20 Local Government Areas (LGAs) (Kuyinu et al., 2020), is the country largest city, and it's expected to see an 11.3% increase in the older population by 2050 (UNEP - UN Environment Programme. Nigeria, 2017). This is a noteworthy considering that Lagos is the smallest state in Nigeria in terms of land area, yet it's incredibly crowded.

Exploring how the aging process impacts how older individuals exercise their daily mobility around in Lagos State is crucial. This involves understanding the changes in their physical abilities, like walking speed, and considering how age-related factors influences their

transportation choices. It is crucial to examine how the aging process affects that mobility patterns of the elderly in Lagos. The ability of older individuals to move freely within this densely populated space is vital. This analysis is just as important as addressing the problems that can arise due to a lack of awareness in the government and social institutions involved in policymaking, which should prioritize community consideration, inclusion, and participation. The goal is to uncover challenges and opportunities for the elderly population's mobility in Lagos, taking into account health, infrastructure accessibility, and city design. Thereby investigating from the most populated Local Government Area of Lagos State: Alimosho LGA.

The issue of aging and mobility has been widely researched using different approaches and to analyze diverse concerns. For instance, studies have explored the impact of physical activity, assistive devices, and environmental modifications on older adults' mobility and independence (Chen et al., 2014; Mahmood et al., 2012). Other studies have investigated the role of social support networks, community engagement, and policy interventions in promoting healthy aging and mobility (Fernández-Ballesteros et al., 2013; Satariano et al., 2012).

However, there is a dearth of research on the challenges faced by the growing elderly population in their daily mobilities, its effects on quality of life and elderly individual's perceptions towards the demographic projections, as well as their coping mechanism. Its particularly important to understand the barriers that prevent older adults in Nigeria from being able to move around, independently each day when they perceive the need to. In line with Creswell's thought-provoking question, which stimulates our curiosity to seek new insights and understanding, the inquiry: "How do people manage with the enforced comparative stillness?" or to put in another way, "How do people cope with the enforced relative immobility?" (Creswell, 2012. P. 649). This sets the state for an investigation into the difficulties, consequences, and potential prospects regarding the daily mobility of elderly population in Nigeria.

Recent studies have also shown exceptional correlations between care givers and elderly daily mobilities in Nigeria (Abdulraheem, 2005, 2005; Okoye & Asa, 2011; Vincent-Onabajo et al., 2018). With Nigeria's old population expanding, one of the country's developing issues would be care and assistance in the coming years. Because of the stress involved, only a few people are equipped for the duties and tasks needed in caring for the elderly. Caring for the elderly, in particular, has a significant physical and mental toll on the carer (Okoye & Asa, 2011). Okoye and Asa further delineate that many care givers tend to develop health behaviors such as overeating, not exercising, smoking and even neglect taking care of themselves which lead to high mortality rate of both the caregiver and the care receiver. Needless not to forget, caregiving can create positive feelings (see more Okoye & Asa, 2011) but without adequate and proper investigation, research and data collection of perspective from both caregivers and care receivers, who in this case are the elderly, thin lines and thread might be missed which indeed makes a whole opportunity for recommendations and solutions toward this group.

1.2 Purpose of the study

Nigeria is culturally heterogeneous with over 350 ethnic-linguistic groups, with the predominant ones being the Hausa of the North, Yoruba of the Southwest, and the Igbo of the Southeast. Everyone, share a similar cultural background and, thus, perception of care for ageing individuals (Jenkel, 2007). This study is designed to address a number of questions such as what are the key cultural, social, economic, and contextual factor influencing the ability of elderly individuals in Alimosho LGA to maintain their daily mobility? What are the perceptions of elderly population in Alimosho LGA and how they might influence their daily activities? And lastly, which probable inclusive strategies and intervention practices should be modified or enchanted for this group but the ‘central focus’ of this study is to explore the challenges faced in the day-to-day mobilities of elderly population in this study area; Alimosho LGA, Lagos State in Nigeria.

In this research, we intend to be receptive to the issues faced by the elderly, whether they are already aware of the challenges linked to the expected population growth or are yet to be informed about this demographic shift. Our approach to gathering data involves conducting semi-structured interviews to formulate viable solutions. In addition, this research takes a step further, while understanding the complexities and simplicities in the daily mobilities of elderly individuals in Alimosho LGA of Lagos State by investigating the social and spatial factors; beliefs, ideas, concepts, and perceptions that are mobilized by the elderly population within the studied local government area. Additionally, we will explore issues and solutions related to policies affecting the elderly, the accessibility and cost of transportation, and how older individuals experience moving around with physical limitations.

The goal of this investigation is to take a secondary approach and analyze the role of elderly care caregivers. This analysis aims to contribute to our central research focus. By doing so, we aim to emphasize the potential significance, importance, and value of caregivers in the ageing process. Thereby, presenting evidence of the implications of unfavorable policies on mortality of elderly persons and to further gain a deeper understanding on the possibilities and,

make policy recommendation through our findings, for enhancing a more inclusive and supportive democracy and livelihood for the elderly population in Nigeria.

Lastly, we hope to enrich our findings by also exploring the ways and means for elderly people to stay connected to communities and social networks in order to help facilitate independence when necessary and physical activities while reducing social isolation. We will also look out for corresponding connections to elder different mobilities in order to grasp a full understanding of ageing and how it affects their choices of transport and choices of livelihood, healthy living.

1.3 Significance of the study

Population in most countries of the world is ageing. World-wide, the proportion of persons of 60 years and over is growing faster than any other age group and by the year 2050 there will be 2 billion persons 60 years and over, with 80% of them living in developing countries (WHO, 2021). Nigeria boasts a substantial demographic of elderly individuals, positioning it as one of the most populous nations for older adults in Africa, and this population is expected to grow rapidly in the coming years. In Nigeria, persons aged 65 and above account for 3.1% or 5.9 million of the overall population of 191 million, representing a 600,000 rise during the five-year period 2012-2017 (Jenkel, 2007; Mbam et al., 2022; S. O. Okafor & Ugwuibe, 2020). According to the United Nations, the number of older adults (aged 60 and over) in Nigeria is expected to triple by 2050, reaching nearly 60 million people (United Nations, 2019).

Perhaps, gaining a comprehensive understanding of mobility issues among this group is particularly crucial because progressive ageing dis-functionalities are more likely to prevent them from daily mobilities; accessing healthcare, taking part in social activities, and maintaining their independence (S. O. Okafor & Ugwuibe, 2020). The spatial and social effect of mobility on research, practical application, and policies in the field of aging and public health. Walking and driving are the two leading forms of mobility among older adults in neighborhood settings (WHO Director-General's Keynote Remarks at the UN General Assembly Side Event "Decade of Healthy Ageing, 2022.). However, Musselwhite et al., (2015) examined that aside the changes and increase in older people, a more concerning situation will be the changes that occurs in their health and well-being. The significance of this study is further backed by the need in addressing the gaps in the mobility structure of elderly persons. The need to explore the implications of limit in elderly persons abilities to be involved in social activities, such as willingness to work or participate in involuntary responsibilities to care for children and grandchildren alike (Musselwhite et al., 2015). This study adds to the extensive research on aging and mobility, thereby revealing that as people grow older, they still

desire and need to engage with a highly mobile society, travelling longer distances more frequently, which has become a common and expected practice. (Adetunji, 2018; Musselwhite et al., 2015).

Bekibele & Gureje (2010), reports that physical fall incidence are a common health problem amongst the elderly in many communities which are caused but considerable morbidity, nonfunctional areas of mobilities (and aides), and mortality. Bekibele & Gureje (2010) report deepens into connecting global study review and characteristics of falls amongst the elderly people proves that factors related to a greater risk of falls includes being older, being a woman, upper limb disability, loss of spatial orientations, and polypharmacy situations. Together with other factors, to examine the prevalence and factors affecting falls among elderly people, is by understanding their mobility patterns and its implications on their health (Bekibele & Gureje, 2010).

Furthermore, when the responsibility of caring for elderly family members falls on the shoulders of their children and grandchildren, who also have significant obligations, it can lead to the risk of feeling overwhelmed and potentially result in inadequate care for the elderly (Vincent-Onabajo et al., 2018). This study aims to investigate these dynamics further through semi-structured interviews, examining the social and financial support exchange between younger and the older generations. The goal is to gain a deeper understanding of the various economic strengths and constraints faced by older individuals. This approach seeks to identify specific issues rather than addressing aging and limitations in a general manner.

Besides, in anticipatory of the projected growth of elderly persons, social institutions, primary health care, employers, care providers and the public at large, will in their numbers turn to government for help. That being said, the growth in the aging population is an opportunity for individuals in different professions to come together and make positive contributions to healthy societal change. Additionally, it serves as an opportunity for the Nigerian government, to establish vocational trainings to provide more nurses, social workers, and medical doctors to offer the needed services (Tanyi et al., 2018). Expanding on this

argument and addressing a significant cultural issue, there is a notable demographic shift in the traditional caregiving for elderly people because of the socioeconomic hardship, widespread poverty, and the HIV/AIDS epidemic (Okoye & Asa, 2011.; Tanyi et al., 2018).

Finally, elder abuse and neglect serve as a significant rationale towards this research endeavor. On a daily basis, cases of mistreatment and abuse targeting the elderly in Nigeria persists. But due to the prevailing societal perception of it as a taboo renders the reporting of such incidents to the law enforcement agencies even difficult (Jenkel, 2007). For example, Agunbiade (2019) examined the views, perception and positions of older people and community stakeholders like religious leaders on why physical abuse and neglect and preventive measure within community setting in Nigeria. her findings revealed that vulnerability to physical abuse and neglect revolved around value change, materialism, emphasis on spirituality, and success in life (see more Agunbiade, 2019).

1.4 Research Questions

This study asks the following questions:

1. What are the key cultural, social, economic, and contextual factor influencing the ability of elderly individuals in Alimosho LGA to maintain their daily mobility?
2. What are the perceptions of elderly individuals in Alimosho LGA regarding their daily mobilities and how they might influence their daily activities?
3. Which probable inclusive strategies and intervention practices should be modified or enchanted for this group?

The questions mentioned will be addressed through a semi-structured qualitative interview. This approach also incorporates what (Wengraf, 2001) calls the “Anti-Common-Sense Hypothetico-Deductive Model.” In this model, relevant facts are gathered as hypotheses and then examined to determine which facts can be generated or collected from the study participants. Through the application of this research design, we ‘give up control’, so to dive into a deeper exploration of the study participants’ experiences and viewpoints. We want to understand the details and differences by talking to participant, which in this case are elderly people, in a friendly and relaxed way. We’ll use semi-structured interviews to make them feel comfortable, so they can share their thoughts openly and honestly. The semi-structured interview is used to save time and make conversation more efficient while still getting detailed and varied responses from participants. They have the opportunity to elaborate their answers, providing a detailed insight with reasonable time frame.

The data needed for this study would be collect by trained researchers on behalf of the primary researcher. The interviewers would be provided with detailed instructions and training on how to conduct interviews, maintain neutrality, and lastly, to record responses accurately. The outcomes of the study would be accomplished, having considered that the interview transcriptions are accurate and with the application of homogenous criteria for conducting the interviews. The peak criteria of interviewing those who falls under the old age as stipulated by both international bodies (WHO, Accessed 22nd March 2023) and national policies, elderly

persons that falls under the Alimosho Local Government Area (LGA) of Lagos State in Nigeria. We then observe themes and premises that are duly necessary and plausible for the formation of the research central focus, questions, and propositions. We obtain our desired result by getting a better understanding of the realities in the daily mobilities of elderly population globally and contextually.

2. LITERATURE REVIEW

2.1 What Ageing means

The definition of aging has been comprehensively examined, analyzed, and explored by various scholars (Dokpesi, 2015; Fernández-Ballesteros et al., 2013; Ferreira & Kowal, 2013; Hoffman, Jaco, Pye, Katrien - Ageing in Sub-Saharan Africa (2016) - Libgen.Li.Epub, n.d.; Mbam et al., 2022; S. O. Okafor & Ugwuibe, 2020). They agree that, ageing may not be as transparent as it seems, but it is best understood as an ongoing increase in the normality of mortality for an individual with the passage of time or as a progression of internal, physiological states (Wodrich et al., 2023).

Rudd and Millard (1988), categorizes the definition of ageing into two groups: those that view ageing as part of the continuum of development, biomorphis, occurring as an inevitable consequences of the process of growth and maturation and therefore inseparable from them and those viewing ageing as a separate event occurring in the late stages of life concerning only degenerative process and functional decline (Rudd and Millard, 1988. p. 241).

The multidisciplinary study of the biological, psychological and social aspects and processes of aging and the problems of older adults - Golant (2015), examines the notion of aging, by investigating that the ageing process further presumes elderly people to slow down, and even worse, avoid any deviation from earlier practiced ways of living as it comes with its own mobility patterns

“The totality of their ways of living—how and where they have fun, enjoy their friendships, keep stimulated, feel wanted and supported, attend religious services, shop, bank, obtain medical care, volunteer, and pursue new encore careers—becomes far more tightly synchronized with their physical addresses.”

(Golant, 2015. P. 17)

2.1.1 Social Factors of Ageing

An individual financial resources and social standing likely defines the ageing experiences (*Financial Independence for Older Adults - Social Work Today Magazine,*

Accessed 13th July 2023.; Steverink et al., 2001). Ageing as a rich person might be different than ageing as a poor person due to the impact of social factors such as economic resources, access to proper health care, social support networks, and prospects for social participations, on the ageing process. This is due to weights from income, wealth and social class which can influence access to quality health care, living conditions, leisure activities, and overall well-being. They can also affect one's ability to uphold social connections, engage in fulfilling activities, and make decisions about retirement, housing, and long-term care. Cultural norms, and societal expectations - different for both men and women. Various stereotypes, gender roles, and power dynamics intersects with age-related changes and impacts individuals' experiences, opportunities, and challenges as they age.

2.1.2 Spatial Factors of Ageing

Rural and urban areas often have distinctive characteristics in terms of infrastructure, housing, amenities, and transportation. Elderly populations in rural areas are likely faced with problems and challenges linked to social isolations, limited transportation options and healthcare access while urban elderly dwellers are posed with problems of availability of specialized services, social diversity, and age friendly infrastructure (He et al., 2017; Musselwhite et al., 2015; Musselwhite & Haddad, 2010; Odufuwa, 2006; Versey, 2021). These factors in turn affects and influences quality of life (Fakoya et al., 2018; A. E. Smith et al., 2004).

In addition, morphological features in various countries can impact the ageing process and experiences. This can include facets such as access to housing, transportation, the fabricated environment, healthcare, and community resources.

2.1.3 Biological factors of ageing and longevity

The inexorable tolls of aging are evident in almost all living beings (Rando & Chang, 2012). Aging has been further associated as the gradual loss of homeostatic mechanisms that maintain the structure and function of adult tissues- an inevitable phenomenon which has

constructed a major challenge of aging research that has been to distinguish the causes of cell and tissue aging from the myriad of changes that accompany it (Rando & Chang, 2012). Rando & Chang (2012), draws attention to the number of unlimited genetic defects and environmental interventions that may have relation to the normal drivers of aging- stating that lifespan itself can be experimentally manipulated.

In addition, the aging process is the primary risk factor for major human dysfunction (López-Otín et al., 2013). This process may be common to all living things, for the phenomenon of aging and death is universal. While the investigation by Fries (1980), focusing on aging, natural death and the compression of morbidity, argues that the length of the human life is fixed which means that man is mortal and that natural death is likely to happen without the presence of disease; and that the presence of disease that could serve as a declining factor in aging process can be postponed and modified. Harman (1981) present his viewpoint of aging as the progressive accumulation of changes over time, associated with or responsible for the ever-increasing susceptibility to disease and death which accompanies advancing age. If so, both aging and the rate of the aging process are under genetic control to some extent for the manifestations of aging, and life span differs between species and individual members of a species.

Harman (2001) points that the changes associated with aging can be attributed to development, genetic defects, the environment, disease, and an inborn process which he termed “the aging process.” A process López-Otín et al., (2013) defines as the time-dependent functional decline that affects most living organisms and has also attracted curiosity and excited imagination throughout the history of humankind.

2.1.3.1 Biological Anthropology of Ageing processes

The concept of aging, has also, been extensively and scholarly investigated and conducted in diverse disciplinary domain; Biological Age is assumed to reflect ongoing longitudinal change within a person (Belsky et al., 2015); The two leading theories posit that

aging is due to first, pleiotropic genes with beneficial early-life effects but deleterious late-life effects (“antagonistic pleiotropy”) or secondly, mutations with purely deleterious late-life effects (“mutation accumulation”) (Hughes et al., 2002); Generally speaking, anthropology conceives of old age as a product of social classification that is therefore under constant dispute (Calcagno, 2003), while the term ‘ageing’, tends to emphasize the notion of social process, something historically produced and never stable (Barros et al., 2016) - an all-encompassing procedure that began with the genesis of life about 3.5 billion years ago (Harman, 2001). It becomes clear that many elements intimately define and impact the ageing process and the ways in which individual grapple with these factors.

2.2 The Mobilities Approach

“The concept of mobilities encompasses both the large-scale movements of people, objects, capital and information across the world, as well as the more local processes of daily transportation, movement through public space and the travel of material things within everyday life” (Hannam et al., 2006a, p. 1). The mobilities approach attributing the ageing process, therefore, takes into account several key factor from assessing how mobility influences independence; assistive devices; transportations options; cognitive abilities; coordination and balance; and health care etc. mobilities thinks about a variety of things that move including humans, ideas, and objects. It is particularly interested in how these things move in interconnected ways and how one may enable or hinder another Cresswell (2006) underlined the need for a more flexible means to comprehend and differentiate between mobility and movement. Movement is the 'basic fact of movement' from point A to point B. On the other hand, mobility enables an investigation of the politics, metaphysics, and materialities related to a movement from point A to point B (Cresswell, 2006).

Also, a need to embrace different types of mobilities is needed for a full understanding of ageing, transport and health, moving from literal or corporeal through virtual and potential to imaginative mobility, considering aspirations and emotions (Adetunji, 2018; Musselwhite et

al., 2015). The New Mobility Paradigm (Sheller & Urry, 2006) focuses on questions, theories and methodologies, as opposed to a totalizing or reductive description of the contemporary world, puts multiple interacting mobilities at the center of social change, problematizing sedentarism theories focused on bounded places” (as cited by Porter et al., 2017). Musselwhite et al., (2015) emphasized that mobility in later life is more than a means of getting to destinations and includes more affective or emotive associations. They uncovered, that the need to stay mobile and to travel is closely related to the psychological well-being in old age. As people age, they have overtime, created, and attached meanings to their patterns of mobilities, ways of being bred and which create a sense of belonging and inclusion.

Cresswell (2010) articulately delineates that mobilities are performed, experienced through the body, and embedded in social life, as is well illustrated with reference to diverse aspects of elderly people’s mobile lives. Thus, further ensures that conceptualizations of travel and transport are not reduced to a mere matter of getting between origin and destination but are about the journey as both a space and a process in which identities are constructed and reconstructed within a complex nexus of power relations that shape everyday practices, habits, and routines.

Nikolaeva et al. (2019), additionally, present mobility as a sensory responsiveness of what make movements through the phases of the literal world and how each step could literally signify something more than just a walk or movement within space. For Example:

“The movement of the walker down the street or across a beach is being taken as something more than a physical displacement and an exertion of energy.”

(Nikolaeva et al., 2019).

The Mobilities approach, also, further analyzes mobilities and ageing under a single synchronize. By revealing the interconnectedness of individual to move themselves within communities or environments; presenting the concepts of physical activities and mobility

structures and patterns to link together an insight to elderly persons' healthy living and self-regulating lives (Chudyk et al., 2015).

Mobilities are centrally involved in reorganizing patterns; the human body and the home are transformed, as proximity and connectivity are reimagined in new ways and often enhanced by communications devices and likely to be on the move. Safe to say change also transform the nature, scale and temporal dynamics of the family units (Griffiths et al., 2013; Hannam et al., 2006b).

2.3 Ageing and Mobilities

As mobility is a multi-factorial and complex construct, interdisciplinary approaches are mandatory (Werner et al., 2022). Given the growing concern of elderly population in the near future, it is imperative to comprehensively examine the understanding of the general overview of mobility, the interplay of its studies with aging, and its significance to this research.

We have limited knowledge about the specific kinds of places that adults consider important, and we know even less about places that helps older adults with low income move around (Chudyk et al., 2015), its relevance and more so, the mobility structures and patterns which aids or supports elderly persons in terms of socioeconomic factors, cultural differences, accessibility of mobility aids and availability of mobility assistances. But remember that: old age as a product of social classification that is therefore under constant dispute, while the term 'ageing' tends to emphasize the notion of social process, something historically produced and never stable (Barros et al., 2016). Therefore, the aging - mobilities nexus is socially and spatially situated.

2.3.1 Innovation and technology

“Older adults experience a disconnect between their needs and adoption of technologies that have potentials to assist and to support more independent living” (Soar et al.,

2020, p. 404). Assistive Devices, smart home technologies, transportation solutions and other advancement innovations can either support or hinder the independent living and mobility of elderly people. For instance, Tural et al., (2021) investigated older adults' intentions to use and their attitudes towards currently available smart home technologies, ranging from smart lighting, smart door locks, smart fire prevention devices, and smart home systems/automations. Their result revealed technology skepticism, privacy concern and further implications of designers and manufacturers by providing insights on how to utilize gadgets. Tural et al., (2021) study, "confirms the complexities of the digital divide – it is not static, but influenced by individual factors as well as the type of smart technology" (p. 11). Webber et al. (2010) gives a theoretical framework for understanding the relationship between ageing and mobility as the ability to move oneself by walking, by using assistive devices, or by using transportation within community environments that expand from one's home, to the neighborhood, and to regions beyond. Oladinrin et al., (2023) addresses some fundamental challenges related to the ageing of the elderly by uncovering the initiatives to enhance the safe living, well-being, and mobility of elderly population in China by building ageing-friendly living environment with the application of smart home technologies. Assistive automatons are likely, to serve, as a means to prolonged autonomy in old age and support, to influence the burdens of care takers alike (Haltaufderheide et al., 2020). Haltaufderheide et al., (2020) emphasizes on the need "to focus on user driven and not technology driven development of assistive robots to ensure adequate and sustainable orientation process" (Haltaufderheide et al., 2020)

2.3.2 Health Policies and Intervention

Public health initiatives often concentrate on one type of mobility at a time (Satariano et al., 2012). Emphasis on the speedy necessity for governments to make significant effort and deliberation to address the needs be deliberate with facts, that the elderly population requires specific governmental policy actions for care and protections (Tanyi et al., 2018). Satariano et al., (2012) delineates that we should create a more integrated agenda for mobility based on the

living experiences, modes, and patterns of elderly individuals rather than a one-faced approach towards mobility. As people age, they question their daily mobilities as they assume that they cannot execute daily essential activities which elicits an increased level of worry, attention, and apprehension among individual, groups, policy makers, and social institution is very important to be able to foresee and tackle problems associated with the elderly specific mobilities. Health and Intervention dynamics influencing the execution of elderly daily mobilities ranges from the worries of health care access, exercise and rehabilitation programs, policy initiatives, preventive, and older care.

Mobility is an important aspect of healthy aging. Researchers as well as clinicians make use of proper assessment tools to understand the daily routines of elderly which screens for early declinations at a point in time or to examine vicissitudes in an individual's mobility (Freiberger et al., 2020) and due to its subsequent heightened awareness (Abdulraheem, 2005; Bekibele & Gureje, 2010; Tanyi et al., 2018); hence it must be addressed in the manner in which populations issues such as family planning, maternal and infant mortality, HIV.AIDS and literacy etc. are being addressed (Makama 2011 as cited by Dokpesi, 2015. P. 81).

2.3.3 Environmental and Social Implications

Crucial to the recognition of the materialities of mobilities is the recentering of the corporeal body as an affective vehicle through which we sense place and movement, and construct emotional geographies (Hannam et al., 2006b). The new mobility paradigm uncovers, by a growing interest, the ways in which material entities define space, and due to its configurations, it also outlines, to account, for not only the quickening of liquidity within some realms but also the concomitant patterns of concentration that create zones of connectivity, centrality, and empowerment in some cases and of disconnections, social exclusion and inaudibility in other cases (Graham and Marvin 2001 as cited by Sheller & Urry, 2006). This growing interest considers the environmental and social factors of ageing and mobility by delineating the necessity of shedding light on the rationale behind issues of movement - too

little or too much, or of the wrong sort or at the wrong time – all of which are central to many lives (Sheller & Urry, 2006). Elderly mobilities are influenced by social and environmental factors such as social support, community design, transportation options and accessibility, and lastly by societal perceptions and attitudes towards ageing. However, the environmental and social factors influencing older people choices to travelling and “importance of mobility goes beyond accessibility to include the desire for independence, control, maintaining status, inclusion, normalness and travel for its own sake” (Musselwhite & Haddad, 2010, p. 25). In summary. Neighborhood design have the ability to preserve accessibility for the elderly by enabling “a shift from driving to transit and walking, controlling for impenetrable factors” (Cao et al., 2010).

When considering the natural phenomenon in the declination of elderly mortality, the inclusion and co-presence of elderly is no longer mere but a greater chance of community participation. Coughlin (2009) emphasizes that:

*“Land use and related housing patterns provide the contours of daily life. {...}
However, a home that is not supported by accessible seamless mobility can be a prison rather
than a place that supports quality living across the lifespan”.*

(Coughlin 2009. p. 304-305).

2.3.4 Cognitive, Psychological and Physical Health

The relationship between cognitive abilities, mental health and mobility provides insights into how the psychological well-being of elderly impacts their mobility and vice versa. Cognitive determinants include a broad range of factors such as mental status, memory, speed of processing, and executive functioning, whereas psychosocial determinants include factors like self-efficacy, coping behaviors, depression, fear, and relationships with others that affect interest and/or motivation to be mobile. The relative importance of different factors depends on the specific mobility context for an individual (Webber et al., 2010). As the world population ages it will increasingly become important to understand the cognitive and

psychological changes that accompany ageing (Harada et al., 2013). Cognitive and sensory impairment that are age-related have been related to functional performance in elderly individuals (Wood et al., 2005). These normal cognitive changes are necessary to understand because they have been examined to affect elderly day to day functioning and serves as a link to help distinguish ageing with, and without diseases (Harada et al., 2013). “More specifically, research indicates that approximately 29% of people aged 75 and older have either mild or severe cognitive impairment” (George, Landerman, Blazer, & Anthony, 1991 as cited by Krause, 2003, p. 162)

Wecker et al., (2000) argues that irrespective of the ongoing debates as to whether executive functions decline with age, considerable evidence of poorer performance by older adults compared with younger adults on a variety of executive function tasks. This function task assists a wide range of abilities that integrate, organize, and maintain elderly mobilities. The decline in the mobility executive functions of elderly individuals has been identified and linked to physical inactivity and a key risk for functional decline and the start or progression of frailty (Werner et al., 2022). Therefore, affecting physical health and start of unintended frictions. The friction in elderly executive mobility is well discussed from Gubrium (1973) excerpt:

“The state of mind which is characterized by desperation and anxiousness stemming from incompetence in coping with events of everyday life{..}back by daily mobilities that are personally perceived as unpredictable and/or uncontrollable; that which is perceived based on apprehension of personal incompetence’s in coping with daily events; lastly responses to apprehension of incompetence.”

(Gubrium, 1973, p. 112)

That is to say that cognitive processing associated with age-related changes in goals that prioritize emotional satisfaction and meaning, is constant (*National Research Council, 2013*).

2.4 Ageing in Place

An insight into ageing in place aims to foster consciousness to the provision of inclusive means of accessible environments; good and connected transport systems or networks, mobility aids and technology (Bissell & Fuller, 2017; Clarke, 1985; Mbam et al., 2022) up-to-date health and fitness offers and promotions for elderly and population alike (Adedini et al., 2014; Bekibele & Gureje, 2010; Mahmood et al., 2012; Satariano et al., 2012), education and awareness and supportive society and community engagements (He et al., 2017; Olasunbo & Olubode, 2006.) to assist the elderly in the attainment of graceful aging (Dokpesi, 2015) based on their various motivation and intention as to why they age in places of their choice.

2.4.1 Environmental and Physical implications

The physical environment plays a pivotal role in influencing not only the residence choices of elderly people but also their autonomy and overall well-being (Hwang et al., 2011). In the world we live in, elderly people are barely included in environmental decision making so as to know their perceptions of their environment (Frank, 2002). Approximately, 35% of people over the age of 60 and the majority of people over the age of 85 are affected by mobility limitations (Freiberger et al., 2020). Many environmental designers, decision makers, and planners acts on behalf of elderly people without consultancy by developing residential surrounding that they believe would be practical for resident. These limitations, have in turn, been linked, and resulted to an increased risk of falling, hospitalization, deterioration in quality of life, and even death (Freiberger et al., 2020) and above all influences elderly people decisions about where to live and age.

WHO (2002), report that vast majority of elderly people wish to stay in their current homes for as long as possible. But he typical aging trajectory which is associated with reductions in certain cognitive functions, such as processing speed, memory functions, linguistic ability, visuospatial aptitude, and executive functioning (Harada et al., 2013), has the implication for elderly individual to age in place. This is also because, the processing speed

holds a significant domain for mobility, as the information from sensory input needs to be processed before the motor control system can adequately start (see more Freiburger et al., 2020).

2.4.2 Care Implications

It becomes clear that practices of care extend beyond an immediate attention to primary needs. Rather, older people who prepare for their old age by investing in ties with individuals who, they hope, will care for them, or by moving to another place where they think they will be less of a burden to others, and by preparing their deaths and funerals, perform actions that influence the forms and duration of care (Hoffman, Pype, 2016). To some extent, this phenomenon can be due to the fact that the convergence of smaller families and geographical mobility during the latter phases of life has resulted in a decline in the number of offspring accessible to provide caregiving assistance to the elderly (Forsyth & Molinsky, 2021). If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security (WHO, 2002). Elderly daily mobilities especially involve occasioned, intermittent face-to-face conversations and meetings within certain places at certain moments, that seem obligatory for the sustaining of families, friendship, workgroups, businesses and leisure organizations (Hannam et al., 2006b).

2.4.3 Social inclusion and engagement

Gardner (2014), conducted a comprehensive examination on the role of social engagement and identity in community mobility among older adults aging in place- an ethnographic study which explored the ways in which neighborhoods- as physical and social places of aging influence the health and wellbeing of elderly aging in place.

The outcome of his analysis shed more light on how key social factors- social engagement and identity in particular- play a critical role in the community mobility of elderly aging in place (Gardner, 2014). Just as communal living in Africa is now commonly perceived not merely as a significant conduit for business interactions but, above all, as key to the

everyday maintenance of the social networks so essential for protecting and supporting individuals and families in times of stress (Porter, 2016). Bookman, (2008) argues that many “previously held theories and assumptions about the aging process and social capital formation must be reexamined in light of the agency of elders and the new organizational models” (p. 419). These models includes the spatial and social resigning of our communities and a better approach towards the retirement structures, schemes and policies that meets the needs and supports of an aging population (Bookman, 2008).

2.4.4 Symbolic and Emotional Implications

Ageing in place can be considered with reference to the “functional, symbolic, and emotional attachments and meanings of homes, neighborhood, and communities” (Wiles et al., 2012). In light of increased longevity, question, concerning the residential choices and options assumes substantial significance.

Bookman (2008), investigates the innovative models of aging in place. He introduces us to three new models: “campus-affiliated communities, villages and naturally occurring retirements communities” (p. 419). He additionally, articulates the ways through which elders seek to provide both services and meaning connection among mobility facilitators.

2.4.5 Accessibility and Availability

Elderly individuals have demands concerning the different aspects of everyday life, which together composes of the good life and more often than never, mobility, particularly automobility, becomes the glue that fuels and fills these demands (Freudental-Pedersen, 2009). Freiburger et al. (2020) draws on the need to explore the available options to better predict the casual effects of ageing in place at a point in time or track the changes in an individual mobility. Coughlin (2009) termed “Aging in Place or Aging in No place”, comes close to the issues of Aging and transportation structures as he critically explains that:

“For most adults, age 50 and older, their marriages, mortgages, and memories are in the place that they live. very few, perhaps less than 10% will choose to move to another location {...} Even if they do choose to “downsize” or move to another location, the transportation options are not clear.”

(Coughlin 2009. p. 304-305)

Adey (2010), strongly emphasized and in quote that the:

“Disinvestment in public transport systems and a reliance upon an assumption of an almost universal access to the car means that those who didn’t have access to a car would be subjected to immobility and potentially death.”

(Adey, 2010, p. 87)

Adey’s statement emphasizes the serious problems that can arise when we don’t invest in public transportation and rely on the idea that everyone can own a car, especially for people who do not have their own vehicles. It shows why it’s important to create fair transportation rules and build better transportation system so that everyone can move around safely and easily.

2.5 The dynamics of ageing in Sub-Saharan Africa

Similarly, to certain comparable studies (National research Council, 2006; Akinyemi & Isiugo-Abanihe, 2014; Olasunbo & Olubode, 2006 ; Porter, 2016; 2017) significant emphasis is placed upon little to no research that focuses on elderly people demographics or accurate population data in sub-Sahara Africa. This is caused by serious demographic problems; censuses, population momentum, and the interdependence of population and development, all of which are important national topics (Ferreira & Kowal, 2013).

2.5.1 Demographic Change in sub-Saharan Africa

Africa had the highest number of nations that considered growth to be excessive, with nearly three-quarters of countries aging (Population Aging in Sub-Saharan Africa Demography, 2006.) There are 50-53 countries in sub-Saharan Africa - The UN Population

Division includes 50 countries and the U.S. Census Bureau, 51 (Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006, accessed 23rd May, 2023).

Population aging in sub-Saharan Africa is not uniform. The number of people aged 60 and older, and the percentage of the total population they make up differ from one country to another in the region. In a statistical publication from the US. Census Bureau in 2005, Nigeria was ranked 30th in the world in terms of the size of its population aged 60 and above. Followed by six sub-Saharan African countries such as Ethiopia, Ghana, Kenya, Tanzania, Sudan and Congo who recorded above one million people aged 60 and above (Velkoff & Kowal, 2006 as cited by Okafor & Ugwuibe, 2020). This vividly explains that ‘population aging will become perhaps the most important demographic dynamic affecting families and societies throughout the world in the coming decades’ (NRC, 2006. P. 55). Findings have shown that between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion (World Population Ageing: Highlights, 2019).

Report from the United Nation Department of Economic and social affairs emphasizes that the number of older persons in Sub-Saharan African seems to have doubled since 1990:

“In 2015, there were 46 million people aged 60 years or over in sub-Saharan Africa, an increase from 23 million in 1990. In 2050, a projected 161 million older persons will reside in the region.”

(PopulationFacts_2016. P. 1. Accessed July 11, 2023)

The need for this expository research on the aging population cannot be over emphasized as Kinsella and Velkoff, (2001), points out that even though the aging population in Sub-Saharan Africa might not be so pertinent contrast to nations such as Europe, North America and some Asian nations, currently, there is an unavoidable in-play of what social institutions might face in creating an early road maps and methods to implement in policy making based on the projected population structure (Kinsella and Velkoff, 2001).

2.5.2 Cultural Formation of Ageing families

Research on older people in sub-Saharan Africa remains relatively neglected, considering the absolute number of people now experiencing later life. Based on the well-documented experiences of other regions, it is to be expected that this age group will account for a disproportionate share of the region's needs for assistive care and to date, there have been no published reviews of the current state of knowledge about health and social interventions in sub-Saharan Africa for this age group (Lloyd-Sherlock & Amoakoh-Coleman, 2020).

We can set aside concerns about the specific population distribution in sub-Saharan Africa for now. Instead, let's concentrate on the main themes associated with recent demographic changes in the elderly population in this region. Aboderin and Hoffman (2015), introduces methods and critical investigative ideas, that, even with limited data and reports, buttresses on ways to grasps the social construction of ageing families (Aboderin & Hoffman, 2015; Haltaufderheide et al., 2020; He et al., 2017; Jenkel, 2007; Mahmood et al., 2012) and Constellation of Aging families in sub-Saharan Africa – the configuration and arrangements of individuals within a family. This suggest that each member of the family holds a distinctive position and contributes to the whole dynamics and structure of the family units (Alsnih & Hensher, 2003; Dokpesi, 2015; Porter et al., 2013).

To comprehend the analyzes of aging dynamism, we utilize the available potential disconnect between normative and policy discourse on aging related topics and reports in sub-Saharan Africa by “presenting the realities of inter-and intra-generational relations” (Aboderin & Hoffman, 2015, p. 286) and the aging supports available in this region- using indicators of Social and Economic Status and Health Status and Risk Factors- that have also been investigated and analyzed in different empirical studies that will be presented below.

2.5.3 The Role of family in Ageing among sub-Sharan Africans

In sub-Saharan Africa older people make up a relatively small fraction of the total population, and traditionally their main source of support has been the household and family, supplemented in many cases by other informal mechanisms, such as kinship networks and

mutual aid societies (NRC, 2006). In the past, older folks were often seen as valuable sources of knowledge and wisdom. Although African families usually stay together, progress and modernization are linked to changes in society and the economy that can weaken the tradition values and support system for elderly individuals (NRC, 2006. P. 1). Africa has a particular set of family systems which is of special interest in a global perspective - family relations have a small-scale, local intimacy, which is often placed in contrast, positively or negatively, to the 'Big World' and its economics and politics (Therborn, 2006). Strong patriarchal traditions, albeit with relative sexual permissiveness, large-scale polygamy, institutionalized age cohorts, major cultural weight given to fertility and lineage, and pervasive politico-economic, social and cultural patterning through kinship are some of the most salient features of the African family institution" (Therborn, 2006. P. 13).

In sub-Saharan Africa, the primary source of care and support for elderly is traditionally linked to families and elderly co-residing with adult children and their families. However, this intergenerational way of living comes from strong cultural traditions of intergenerational reciprocity, typically in settings of entrenched poverty and infrastructural constraints (Hoffman and Pype, 2016; McKinnon et al., 2013).

Certain combinations of factors that used to be strongholds in the lives of elderly individuals have not become backdrops for their daily routines. These factors include the decline in traditional elderly care and support, the erosion of traditional values due to societal changes and modernization, extreme poverty, the HIV/AIDS epidemic, the lack of a functioning national aging policy, limited safety net service and programs, socioeconomic disparities, and persistent development challenges (Mbam et al., 2022; McKinnon et al., 2013).

For instance, McKinnon et al., (2013) investigated the living arrangement of elderly, by grouping them into three categories: older person living in a household without any individual; older person living with a child who is 17 years old or younger with the absence of an adult aged 18-49 years; and lastly older person living in a household with at least one adult aged 18-49 years. Fueled by the concern that older adults in sub-Saharan Africa are confronting

a dual challenge of diminishing support from their adult children and assuming new responsibilities in caring for orphans and vulnerable children. The conclusion from this study, shows that depressive symptoms are known to be predictive of poor quality of life and increased mortality. McKinnon et al., (2013) further, stresses the importance to address how health and social policies can be put in place to mitigate the potentially detrimental effects of solitary living on the mental health of older persons in sub-Saharan Africa.

2.5.4 Societal Perception towards sub-Saharan Ageing Population

Fluid interdependencies of mobility—physical and virtual—are growing rapidly in sub-Saharan Africa (Porter, 2016) and spatial interaction and geographic mobility are essential to the efficient operation of the city for the elderly. Hoffman and Pype (2016), argues the need to incorporate the body and its meanings into the study of care in Africa in order to enrich the exploration of how care is experienced and could lead to more sensitive representations of care and aging in both social policy and practice (Hoffman and Pype, 2016). In a study conducted by Ezech's et al (2006. P.189), featuring participant from recent focus group interviews in Nairobi, some participants were asked to define who is considered old. They suggested that there are various ways to identify old people.

“By their physical attributes or appearance (e.g., gray hair, wrinkles, obvious frailty), by their life experiences (e.g., their reproductive history), or by the roles that they sometimes play in their community.”

(NRC, 2006. P. 13).

Although population aging is a global phenomenon, the aging process is more advanced in some regions than in others, having started more recently in many countries where the emergence of the process has occurred later, including the decline in fertility, compared to those where it began more than a century ago (World Population Ageing, 2019. P. 2).

However, we must continue to ask: if the requirements of senior citizens in sub-Saharan Africa are not now being met, what will happen when the region's aging population, more than triples? (Adamek et al., 2022). This generated insights and understanding will not

only bridge a significant gap in our knowledge about the fabrics and functioning of contemporary African societies, but it will also serve as a foundation for developing appropriate response to address the structural patterns of traditional family resources and needs when dealing with issues related to aging in sub-Saharan Africa (Aboderin & Hoffman, 2015; Ferreira & Kowal, 2013). It's crucial that we have a comprehensive perspective on mobility that applies to all older adult, regardless of their living situation or functional ability. We should recognize the importance of all forms of movement and understand that various interconnected factors influence mobility. After all, the movement of people and objects, both locally and globally, carry significant meaning (Cresswell, 2006; Webber et al., 2010).

2.6 Sociodemographic Characteristics of Elderly Population in Nigeria.

Nigeria is being as referred to, as the most populous country in Africa covers a land surface area of almost 2000km² and a national growth rate of 3.2 per annum (Akinyemi & Isiugo-Abanihe, 2014). Nigeria is culturally heterogeneous with over 350 ethnic-linguistic groups, with the predominant ones being the Hausa of the North, Yoruba of the Southwest, and the Igbo of the Southeast. All share a similar cultural background and, thus, perception of care for older persons (Jenkel, 2007). Nigeria gained independence in 1960 and was established as a sovereign nation in 1963. As Nigeria marks its 53rd post-independence and 100th post-amalgamation anniversaries (100 years since its various regions were brought together to form a single nation), serious demographic problems emerge. These include censuses, population momentum, and the interdependence of population and development, all of which are important national topics (Akinyemi & Isiugo-Abanihe, 2014).

2.6.1 Population Size

Akinyemi and Isiugo-Abanihe (2014) reviewed the 2006 Nigeria census, stating that approximately 42% of the over 140 million people were under the age of 14, 29% were between the ages of 15 and 19, and 24% were between the ages of 30 and 59, and the proportions are

similar for the estimated 158 million population as well as the projected 176 million in 2015. The elderly population was expected to be 4.8% in 2006 and 5.1% in 2015.

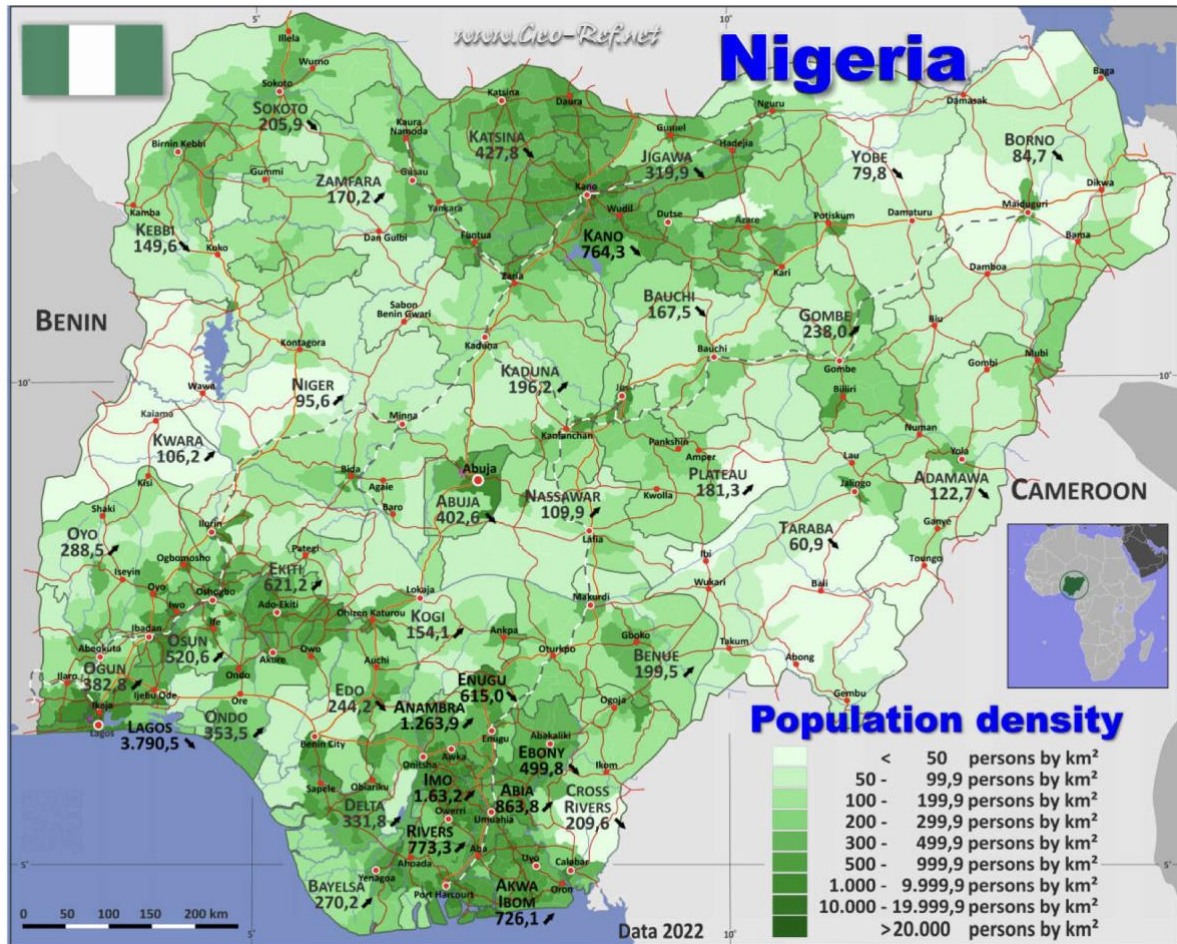


Figure 1. Map of Nigeria showing the population density. (Retrieved from <http://www.geo-ref.net/pdf/nigeria.pdf> on 17th October 2023)

The population's median age was estimated to be 17.9 years (17.3 for males and 18.4 for females). This does not yet account for complications that may arise after the new census is conducted in the year 2023 whilst the UN population Agency, alongside UNFPA had already projected an estimate of 216 million population and further predicting that by 2050 Nigeria could be having a record of 400 million people (C. Okafor, 2023).

In additions, Dokpesi (2017) observed that, even though there is a slight decrease in the percentage of the elderly population from the 1991 census, there is an observable increase in the absolute number of the elderly population. In other words, the absolute figure of the elderly population in 1991 was 4,598,114 that of 2006 were 6,987,047. It must be emphasized that these figures might not be true reflection of the actual size of the elderly population in Nigeria.

2.6.2 Social Support and Network

Nigeria, like other countries in Africa with a similar socioeconomic condition, is not an exception to the poor health of the elderly (Olasunbo & Olubode, 2006). Since Nigeria's independence, the government has had a mostly indifferent approach towards caring for the elderly. In Nigeria, the issues related with the ageing population has received little or no consideration or priority (Ebimgbo et al., 2021). This is supported by the idea that the proportion of the population in Nigeria that is ageing is modest, and that historically, children have always taken care of their elderly parents (Dokpesi, 2015). But due to high and constant migration, there are lesser young people to care for the elderly (Aboderin & Hoffman, 2015).

The world is changing daily and there is an older generation adjusting or playing their part in the circular world with no guarantee of basic needs (Mbam et al., 2022). Elderly people who have worked all their life and now retired from governmental or formal sector are entitled to after-retirement packages and pensions. These legal rights are not being paid regularly or not being paid at all (Ebimgbo et al., 2021). Ebimgbo et al., (2021) stresses the means of livelihood of elderly individual on community, neighbours, friends, religious groups, family, or clans to address their social needs. Needless to say that “as embedded in the age-long tradition, caregiving by informal networks was encouraged if not demanded” (Ebimgbo et al., 2021. p. 2).

2.6.3 Gender and Age group

Nigeria, like other nations in Africa, still requires a data base of information that is tailored to people over 60 (Olasunbo & Olubode, 2006). Although, The Nigeria demographic

structure reflects a growing youthful population with a broad-based population pyramid (Akinyemi & Isiugo-Abanihe, 2014). However, according to the 2006 census, Nigeria's Population was about 140 million this figure is a whole lot more than 200 million in present time but leaning on using indicators to build our themes, the 2006 census comprises of 71,709,859 males and 68,293,683 females with a sex ratio of 105. The sex ratios across the age groups are as follows: at birth: 106; 0-14 years: 105; 15-24 years: 105; 25-54 years: 97; 55-64 years: 85; 65 years and over: 85; having also understood that Age-sex disaggregation is a critical indicator when looking at the themes and context of demographic characteristics for policy and program dialogue (See more Akinyemi & Isiugo-Abanihe, 2014), In a recent publication by the 'Statista Research Department' on December 12th 2022, (Accessed on the 14th July, 2023), "Nigeria's population amounts to about 206 million people. As of 2020, 9.4 million people were aged 60 years and older. Women made up 46 percent of the elderly population, which reached 4.3 million people.

2.6.4 Housing and Living Arrangement

A major challenge in the world and Nigeria in particular is the issues of housing and health care of elderly population (Eneji et al., 2021). Older people constitute the poorest group in Nigerian society (Gesinde et al., 2012). Elderly people in Nigeria suffer a lot of hardship in an increasingly hostile, competitive, and intolerant society (Tanyi et al., 2018). Among other things, the elderly, who make up much of the population and have retired from public life, demand assistance in all aspects of their lives, including health care (S. O. Okafor & Ugwuibe, 2020). Eneji et al., (2021), uncovered, that every elderly person, wishes to have personal homes in which they retire to and not to be cared for by caregivers.

In the 1991 census, it was found that 96% of Nigeria's 4,598,114 elderly individual lived with their families. In these household, there was typically one person who was considered the "head of the household", often the person responsible for making decision and providing for the family. However about 4% of the elderly population lived in different types of households, such as those without the head of the household present. Living in a typical

household doesn't always mean residing with adult children, but instead, it typically means living with other relatives. This situation didn't change much in the 2006 census. In that year, 97% of elderly people were still living in regular family setups, while 3% were living in different kind of households (Dokpesi, 2017).

2.7 Daily Mobilities Challenges for Elderly in Nigeria

The need for detailed data on elderly individuals and their mobility characteristics, cannot be over emphasized (Olawole & Aloba, 2014). The lack of reliable data on the situation and needs of older persons in Nigeria have resulted in low appreciation of ageing and consequently a lack of development of elderly-friendly policies and programs in the country. Adetunji (2018) outlines that it is very pertinent to highlight that mobility demand towards elderly people has generally been growing in the literature but there have been few, if any implemented or executed accommodations towards the requirements of the growing elderly population. Hence, we will explore the underlying factors and complexities of the current issues. By drawing upon previously discussed problems that impacts the system and policies related to the daily mobility of the elderly. As addressed in other literature, we would conduct a thorough analysis to gain a comprehensive understanding of the nature, causes, implications in this section.

2.7.1 Passive Policies, planners, and its executions

The poorest segment of the Nigerian society is the elderly population (Dokpesi, 2017; Fakoya et al., 2018). The Nigerian government's implementation of the Millennium Development Goals (MDGs) shows little or no regard for them. Ironically, "Nigeria, with its massive population and great wealth potentials as the world's eighth largest producer of oil and sixth largest gas resource" (Soludo 2006 as cited by Dokpesi, 2015). Somehow, when examining certain conditions which characterize the ageing population health needs, currently, they have no specific recognition both in the infrastructural and administrative discharge of health services in the public hospitals (Alsnih & Hensher, 2003; Bissell & Fuller, 2017;

Coughlin, 2009; Schröder-Butterfill & Marianti, 2006). A major challenge facing most governments in Africa is the development of policies and training of officials capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population in the midst of all these challenges the state which ought to protect the weak and vulnerable has not yet design any tangible or functional policy on the care and welfare of older persons to make the ageing process relatively comfortable for the elderly in Nigeria (Dokpesi, 2017; Porter, 2016; Porter et al., 2023; Tanyi et al., 2018).

In 1989, the Nigerian government developed the national social development policy which aimed to provide a framework for protecting elderly persons from moral and material neglect and provide public assistance when necessary (Tanyi et al., 2018) - nothing concrete has been established or executed on ground for the elderly population in Nigeria (Dokpesi, 2017).

Nigeria is an emerging economy with numerous issues to address, including poverty, unemployment, insufficient access to clean water, healthcare challenges, mortality of various dimensions, low life expectancy, low income per head, relatively high illiteracy, and poor infrastructure, among others (Dokpesi, 2015). These socioeconomic difficulties afflicting ordinary Nigerians have exacerbated elderly situation over time (Adisa, 2019).

2.7.2 Defaults from exclusionary transportation

The persistent stereotype of inadequate transportation affects people from a young age and continues into their old age. This stereotype creates barriers that limits their ability to travel, sustain transportation options, and maintain a healthy and fulfilling life (Coughlin, 2009; Musselwhite et al., 2015; Olawole & Aloba, 2014; Ryan et al., 2015). One key subject having severe implications on elderly physical mobilities in Nigeria are causal effects and implications from transport availability and affordability, steering from past failures associated with the need to adequately recognize the importance of transportation, mobility, for proper formulation and implementation of a sustainable transport policy and spatial access to services. Combined

with limited knowledge of elderly daily mobilities, patterns and constraints for elderly people in Nigeria (Adetunji, 2018; Porter et al., 2017).

Travel and transport patterns, as well as mobility dis-functionalities, vehicle design, long access and waiting time as well as poor facilities all play a role in the day-to-day mobility of elderly individual (Ipingbemi, 2010). As a result of economic instability and hardship in Nigeria, it even worst for the group without alternatives as available public infrastructures in Nigeria cities is neither accessible nor convenient for the elderly population (Odufuwa, 2006).

Ultimately, the significant increase in the population of the aged, demands for mobility aids and facilitators services that are reliable, available, comfortable, affordable and more flexible to simplify movement in Nigeria(Odufuwa, 2006).

2.7.3 Social isolation and environmental conflict

The implication of the analysis above, reveals that the disorganizations, unreliability, and inconsistencies of the transport policy makers, designers, and planners of age-friendly infrastructure, for elderly people, creates barriers in accessing public spaces, less accessibility to different activities located in both rural and more in urban spaces of Nigeria. In addition to the line of thought, people with poor and or limited social contact are likely to be at risk of social isolation (Balogun et al., 2020). Therefore, restricting their ability to participate fully in society and social activities - loneliness, probability of illnesses, high mortality rate and reduced social networks among the elderly are all plausible outcomes (Adetunji, 2018).

It has been discussed, that the growth of elderly populations retains problems to social structures and institutions that must adapt to the changing age structures (Kinsella and Velkoff, 2001). Mike (2023), with the aim of delineating the social roles of and interactions of being an elderly person in the traditional African society, especially in Nigeria, uncovers that there are coveted status and honourable influences bestowed on elderly individuals by some communities as “they are considered as being next to the ancestors and enjoy social grace as the first choice in all matters” and that younger ones look up to them (p. 286). She further reveals that in Nigeria societies, older persons are seen as feeble and often segregated from

active participation in the social life of society; neglected by families, dependents and caregivers due to advanced age-related implications (Mike, 2023).

Also, In a study carried out by Tanyi et al., (2018), they investigated if the presence cultural practices that could pose barricade to the social policies and provision towards elderly people but result showed that there is no such thing as cultural practices enough to stop the government from taking care of its elderly citizens and enjoying their social rights (Tanyi et al., 2018). Jenkel, (2007) further expressed dissatisfaction and frustration with the outcomes of neglected social policies and rights:

“The inability of government to cope with the regular payment of pensions to the retired workforce, the inadequate social services {...} to cater for the needs of an ageing population, as well as a predominantly rural agrarian population all pose new threats to food security, social security, and national security of Nigeria. Older people’s lives are characterized by growing inadequacies in customary family supports, social exclusion and non-existent social security targeted at them, thus being very vulnerable to poverty and diseases.”

(Jenkel, 2007. P. 1)

Engagement with the environment and social interaction is very advantageous for health and wellbeing of elderly people (Balogun et al., 2020).

2.7.4 Health system dysfunction

Good health enables older people to work to support themselves - which translates, access to livelihood may also enable the provision of funds to pay for health care; access to good health care is likely to bring improved well-being and enable many to work into their 70s (Porter et al., 2013). Older adults in Nigeria are predisposed to inadequate health care due to poor or lack of access to health facilities and the high financial cost of health services (Fakoya et al., 2018). Fakoya et al., (2018), puts simply, “that the determinants of health for elderly persons vary from person to person. some often fall ill, while others maintain good health status

even into advanced old age” (p. 7). Even so, it extends on the need for policy direction to advocate health preventive programs and sustainable health strategies for elderly individuals longevity (Camarano, 2016; Coughlin, 2009; Fakoya et al., 2018). Consequently, not only are sound public policies on healthcare needed but also there is need to address healthcare coverage (Dokpesi, 2017), as well as the need for adequate provision of a more inclusive and better access primary health care through National Health Insurance Scheme (NHIS) (Fakoya et al., 2018).

In addition, elderly individual in Nigeria are faced with a higher level of maternal education which is also associated with greater access to household resources and improved access to healthcare but unfortunately, with the evidential 39% rate of illiteracy among Nigerian adult, health related issues do not get prioritized coupled with the system negligence of the people’s right to be educated in order to help them become aware of age-related issues that possess more problems to the barriers in accessing healthcare services (Adedini et al., 2014).

In regions with scarce resources, many countries might find it challenging to meet the healthcare needs of their elderly populations due to other pressing priorities, unless they improve their healthcare infrastructure and policy delivery (Therborn, 2006).

2.7.5 Abuse, Discrimination and Labels

Elderly abuse, unfortunately, is a serious problem that is not well known although it happens everywhere (Ajomale, 2007). It is as a result of detrimental practices targeted against elderly individuals such as due to “witchcraft, accusation, and superstitions”. Resulting from negative social attitudes towards elderly people and existent social practices which lead to their vulnerabilities (Shankardass, 2020). On a daily basis, case of mistreatment and abuse targeting the elderly in Nigeria persists (Jenkel, 2007). Agunbiade (2019), argued that abuse among elderly persons is of social phenomenon that has its probability of surfacing within families, communities, care facilities and interactions. Due to old age, and due to the physical and mental

dependency that comes with the ageing process, combined with personal activities that requires extra help that cannot be executed without assistance from someone, elderly individuals become prone to physical abuse (Ajomale, 2007).

3. Methodology

3.1 Research Design

We seek to understand the daily-mobilities experiences of elderly individuals within the Alimosho Local Government Area of Lagos State. To investigate this topic, this study adopts a qualitative approach. This study is designed to understand the ageing processes on individuals and how it influences their daily mobilities. We achieve this by employing an approach called ‘Interpretative Phenomenological Analysis’, which is dedicated to exploring how individuals interpret and understand their significant experiences, related to mobility as far as this research is concerned (J. A. Smith et al., 2009).

Previous research, including studies by Animasahun & Chapman (2017), Gardner (2014), He et al. (2017), Lloyd-Sherlock & Amoakoh-Coleman (2020) and Porter et al. (2023), has discussed and revealed the implications of social and health policies on the mobilities of elderly individuals. Additionally, research by Freudendal-Pedersen, (2009), Ipingbemi, (2010), Olawole & Aloba, (2014), and Ryan et al., (2015) has addressed the implications of mobility disability. In light of this existing research, this study aims to investigate the personal experiences, perspectives, and emotions of elderly individuals regarding the aging process and their mobilities.

3.2 Semi Structured Interviews

3.2.1 Definition, use and strengths.

Semi-structured interviews are a qualitative research method commonly used in social sciences, psychology, and other fields to gather in-depth information from participants. This method lies between structured interviews (with fixed, closed-ended questions) and unstructured interviews (with open-ended, conversational questions) (Wengraf, 2001).

Semi-structured interview offers a level of flexibility while maintaining some standardized elements in the process. It allows the interviewers to adapt the questions based on the flow of the conversation and participant response, enabling a deeper understanding of the

topic. It helps reconstruct events the researcher has never experienced (Rubin & Rubin, 2011). Semi-structured interviews help interviewers examine the complexity of the real world by exploring multiple perspective towards an issue.

The method is well-suited for exploring the context and nuance surrounding a particular topic or phenomenon. It serves as a tool of choice for exploring personal and sensitive issues or morally ambiguous choices people have made (Rubin & Rubin, 2011). Semi-structured interview has its strength which includes, rich data; by providing detailed, context rich data, offering a deeper understanding of participant experiences and perceptions. It also offers apt participant engagement; allowing participant to feel more engaged and can share their views and experiences.

3.2.2 Limitations

Its strengths and utility are accompanied by certain limitations such as: sampling challenges. In this case, the selection of participant for semi structured interviews maybe subjects to sampling bias. Researchers may unintentionally select participant who are more accessible, available, or willing to participate, which can affect the representativeness of the sample (Fontana & Frey, 2002).

Additionally, semi-structured interview can be time consuming. Conducting and analyzing semi-structured interviews can be time intensive. It is also subjective as interpretation of the data may vary among researchers, leading to potential subjectivity.

Semi-structured interviews require trained interviewers and resources for transcription and analysis. Especially, in cases of interpretations and bias, whereby inadequate interviewer training and analysis skills may lead to interpretation biases or misinterpretation of participants' responses.

While conducting semi structured interviews, researchers must consider ethical issues such as informed consent, participant confidentiality, and handling sensitive or personal information.

Semi structured interviews are a versatile qualitative research method that can be applied in various context. However, it might not be the appropriate or effective research method when dealing with highly sensitive topics, such as trauma or deeply personal experiences. Participant may find it difficult to discuss these topics in a semi -structured format. In cases of large-scale surveys or qualitative research, lack of expertise, inaccessible or hard-to-reach populations, limited participant availability and if the research objective do not require in-depth, open ended exploration of participant’s experiences and perspectives.

3.2.3 Data Collection Queries for This Study

Having explored the strengths, limits and contraries of a semi structured, this study further employs a pre-informing method of research design. All participants were informed that the information needed for this study required voluntary consent, and they were required to provide a written or recorded acknowledgement of that consent prior to participating in face-to-face semi structured interviews that included audio recording. This study was also designed in accordance with the research ethics outlined in Phillips & Johns, (2012); Tabootwong & Jullamate, (2022).

In order to address the research questions in our study, we created a set of semi structured interview questions (See Table 1).

Table 1. Interview Questions

1. Can you please tell us briefly, your name, age, and a little about yourself. Name? Age? Quick Biography and how long you have lived in this Local Government Area?
2. Try to think about your daily routine. Can you tell me a specific difficult that you encounter as you have to move around.
3. Could you provide an example of a specific challenge that you encounter repeatedly? when trying to move around? E.g., stairs? Uneven ground? Cultural and Social Barriers? Crowded Public Transportation? Lack of Elevators? Unpredictable

Sidewalks? Traffic Congestion? Absence of Signage? Limited Parking Spaces? Inadequate Public Facilities? Weather Conditions? Lack of Assistive Devices? Communication Barriers? Financial Constraints? Medical Conditions? Other? Feel free to refer to this list for your discussion or reference. And can you describe what do you think as you meet or encounter them?

4. What are the transport options available to you? Do you think that they are good options? Do they answer your need to move around?

5. When you need to go somewhere, do you sometimes depend on a friend, family member, neighbor, or someone else to assist you with getting around? If so, how does having these people to support you affect your ability to move around?

6. Do you ever feel 'isolated'? Do you think that this impacts on your ability to move around? How would you describe this situation?

7. Do you think that the people around you – not your friends and family but the community you live in – looks down at you in a specific way because you are not very good in moving around?

8. What is the main important change in your neighborhood that you think it may improve your daily mobility?

9. Are there certain rights that you believe you should have in order to move around freely, but you're unable to exercise those rights? If so, why do you think this is the case?

10. Finally, is there anything else you would like to tell us that could be valuable for our research or align with the goals of our study? Your input would be greatly appreciated.

3.3 Data Collection and Sampling

3.3.1 Data Collection

The data utilized for this research project was gathered by four (4) ‘assistants’ on my behalf. This arrangement was necessitated because I was not in the condition to go back to Nigeria which made me result to relying on 'assistants' that could gather information under my direction. The four (4) Interviewers underwent meticulous preparation and training in order to effectively conduct interviews with elderly individuals. They were equipped with comprehensive guidelines and supplementary materials; Fieldwork for human geography (Phillips & Johns, 2012) and Research Ethics in Africa (Kruger et al., 2014) to enhance their comprehension of the crucial aspects they needed to take into account during the interviews. This preparation aimed to ensure that they could maintain an unbiased and impartial stance throughout the interview process while also accurately documenting the responses provided by the elderly participant.

The training sessions also encompassed instructions for addressing difficulties that could occur when conducting interviews with elderly individuals, including issues related to cognitive abilities, effective communication, and emotional sensitivities. These supplementary components of the training sessions provided the interviewers with the essential competencies to manage diverse situations with compassion and professionalism.

Data for this study was obtained by the instructed people, through in-person, semi structured qualitative interviews. Following their acceptance of our request to take part in our study, participants were questioned at the location of their choice within Alimosho LGA, including the church, their houses, and finally, their place of work. These interviews were conducted by asking a series of 10 open-ended questions to the participants. Due to the constraint of our data collection timeline and the impending submission deadline, this study was limited to interviewing 10 elderly individuals, including both men and women. Our goal

was to collect as comprehensive dataset as possible within these constraints, recognizing that our sample size was restricted by these time considerations.

Table 2. Participant Details

	Occupation	Transport options	Current Relationship Status	Age	Gender	Means of Income
1	A retired Teacher	Personal Car, Bolt, Bus, Okada.	Married	64	Female	Pension Funds
2	A custom clearing and forwarding agent.	Uber, Car Hailing Services	Widowed	75	Male	Business
3	Unemployed /Retired	BRT, Public Transport	Widowed	69	Female	Pension Funds
4	Retired professor	Public transport	Widowed	71	Male	Pension funds
5	Chief/Businessman	Personal car	Married	65	Male	Business/Salary
6	Retired teacher	Public Transportations	Widowed	80	Male	Pension Funds
7	Politician	Personal car	Married	60	Male	Salary
8	Lawyer	Personal car, Public Transport	Married	60	Male	Salary/Business

	<i>Occupation</i>	<i>Transport options</i>	<i>Current Relationship Status</i>	<i>Age</i>	<i>Gender</i>	<i>Means of Income</i>
9	Retired	Public Transport	Married	67	Male	Pension
10	Self-employed	Personal car	Married	61	Male	Salary

3.3.2 Sampling

This study utilizes convenience sampling as its sampling technique, primarily due to the elderly participants involved and the need to take their age into consideration. This method selects participant who have expressed their readiness and willingness to participate in the research. This is achieved by ensuring that prospective participants are informed about the research and have the opportunity to indicate their interest.

The eligible criteria for thus study are, first, an older person, which, in this study, includes all person aged 60 years and above. Second, must be living in the most populated local government area of Lagos state; Alimosho LGA. Third, able to understand and speak fluently in the common languages: English, Yoruba, Igbo, Hausa, Kanuri, Fulfulde, and Tiv. The official language is English, but it is spoken less frequently in rural areas and amongst people with lower education. Lagos being a metropolis city, it has its resident from different part of the country.

3.3.3 Limitation of Data Collection

Our notable limitation was our sample size, which was restricted to 10 elderly individuals. While a larger sample might have provided a more comprehensive dataset, our circumstances required us to work within this constraint.

3.3.4 Strengths of Data Collection

To mitigate this limitation, we made a deliberate effort to ensure the diversity of our participant by including both men and women. Additionally, we carefully designed our semi-structured qualitative interview with a sequence of 10 open-ended questions to extract the most insightful and relevant information from our limited sample.

In order to guarantee the precision and uniqueness of the dataset, a comprehensive method was employed during this study. Initially, the interviewers conducted audio recordings of the interviews, ensuring that every word spoken by the participant was captured verbatim. Subsequently, after the interviews were transcribed by the primary researcher, the secondary interviewers reviewed and verified the accuracy of the transcription, further enhancing the reliability of the collected information.

Additionally, the demographic information, including age, gender, and a succinct biography of the participants, was obtained as part of this research effort. These comprehensive approach to data collection not only underscores the commitment to accuracy but also highlights the importance of maintaining the originality and integrity of the data set.

3.4 Data Analysis Techniques

Upon completion of the data collection phase, the recorded interviews were transcribed verbatim by the author and secondary data collectors. The audio recordings were repeatedly listened to, just as the transcript was re-read to gain a proper understanding of plausible themes for our research objectives and insights into the participants experience.

Information and remarks made by the participant were meticulously gathered and condensed, organizing them into coherent themes and subthemes that holds considerable relevance to our research inquiry. This process served the dual purpose of ensuring precision and uniformity of our analytical framework as indicated by Ma et al. (2023). The transcripts were then anonymized to protect the participants' identities and ensure confidentiality.

With a modest dataset of only 10 interviews, we conducted our analysis in line with the principles of interpretative phenomenological analysis (IPA). As previously acknowledged in the data collection section, our study's scope was constrained by limited sample size. Nonetheless, we remained committed to the essential task of exploring how elderly individuals make meanings of their major life experiences (J. A. Smith et al., 2009)

3.5 Ethical Consideration

The purpose of the study, as well as the planned application and anticipated values of the findings, were explained to the participant. The collecting of data was also done anonymously to protect participant privacy – in addition with a critical desire in making sure to monitor that the impact that research has on others (Phillips & Johns, 2012, p. 111). These principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results communication.

After the participant had given their consent and to cooperate in this study, they were interviewed at their place of choice and conveniences, example which includes houses, shops, churches etc.

In our research, we give full attention to the ethical guidelines outlines by the 'Royal Geographical Society' (RGS) for conducting geographical fieldwork, as mentioned by Phillips & Johns (2012). To ensure compliance, I provided training to the research assistants, emphasizing the importance of being mindful about the potential psychological stress or anxiety, harm, or negative consequences" that could result from the questions they ask the participants. the interview questions" they pose and how they should be asked. Interviewers should prioritize sensitivity to the perceptions of elderly when framing their questions, maintaining an atmosphere where participant feels I control of the interview process to prevent any distress or embarrassment.

3.6 Emerging Themes

The analysis of our data revealed major themes towards understanding the daily mobilities of elderly people residing in the most populated Local Government Area of Lagos State, Nigeria; Alimosho LGA. For each of the superordinate themes, a set of subthemes also emerged (see Table 3).

Table 3. Superordinate and Subordinate themes

Superordinate Themes	Subordinate Themes
Mobility Dilemmas in Transportation	Disorganized public transportation system/networks. Road crossing challenges (Unavailability of Road signs/Pedestrians), Traffic Congestion.
Physical barriers	Bad Roads, Poor infrastructure, Absence of elevators, Electricity-related impediment.
Healthcare Mobility	Geographic healthcare disparity, Access Delay, Inadequate medical practitioners, Financial barriers to healthcare.
Mobility Justice	Lack of healthcare fund, Lack of inclusive Transportation, Exclusion in policy making, Inadequate database, Lack of Government support.

4. INTRODUCTION TO THE CASE STUDY AREA

This research investigates the mobility trends, challenges, and prospects encountered by elderly individuals residing in the Alimosho Local Government Area within Lagos State, Nigeria. Spanning approximately 180,744 square kilometers, Alimosho is a significant part of Lagos, adjoining Ogun State to the west, Agege Ikeja, and Oshodi/Isolo to the North east, Ifako Ijaiye to the north and Amuwo Odofin and Ojo to the south (Oladokun Damilola, 2021) (See Figure 2).



Figure 2. Map of Lagos Metropolitan Area (Adebayo & Omolabi, 2017)

Alimosho has a unique cultural and historical identity, marked by its establishment in 1945 under the western region. The commonly spoken language in the area includes Yoruba and English while Christianity and Islam are commonly practiced religion in the study area. Its secretariat lies between the latitude: 6.55231 N and longitude of 3.26895 E (Alimosho Local Government Secretariat, Accessed 6th November, 2023) (See Figure 3)

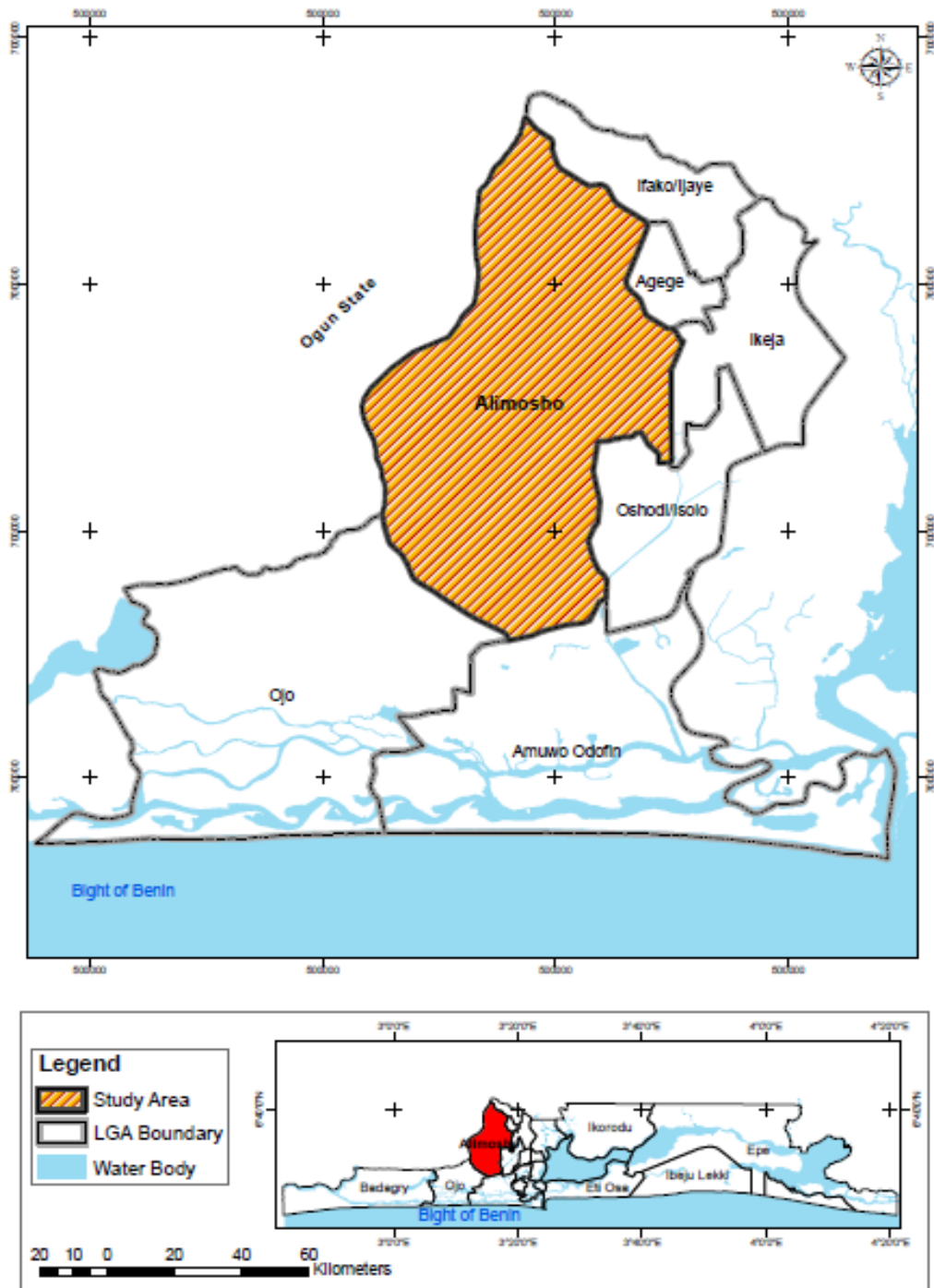


Figure 3. Map Showing the Study Area (Oladokun Damilola, 2021)

The study area is the most populous Local government Area in Lagos State with a population of about 3,082,900 according to population projections as of 2019 (Metro Lagos, Accessed 6th November, 2023). In the 2006 census, the population was officially reported as 1,288,714, although the Lagos State Government that it exceeded 2 million residents at that time (Figure 4).

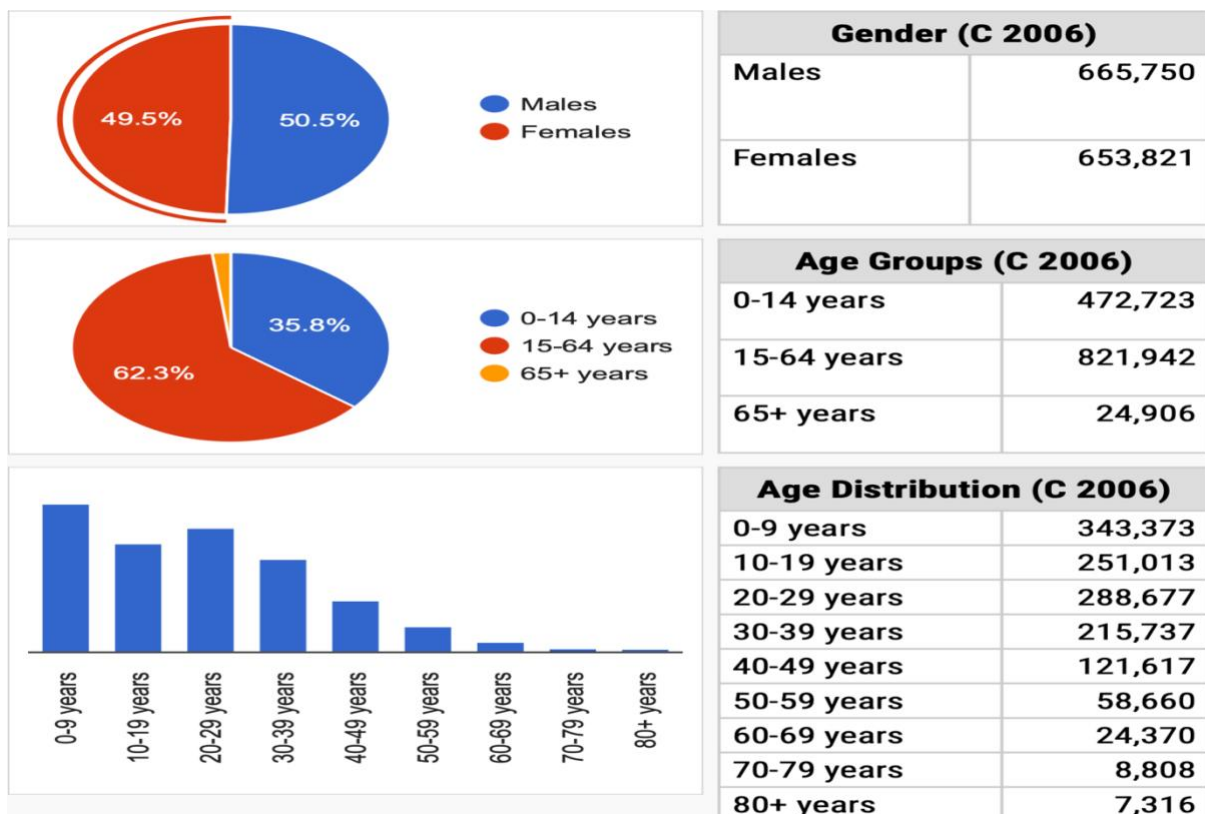


Figure 4. Showing the Demography of Alimosho LGA (Metro Lagos, 2023).

Commerce significantly influences the local economy of the area, as evidenced by the substantial daily influx of buyers and sellers at prominent markets such as Ikotun market, Igando multi-purpose market, and Akesan market (Alimosho LGA, Accessed 6th November, 2023).

In the city of Lagos, approximately 6million daily passenger journeys are documented. Of these journeys, roughly 70% to 77% are taken using bus for public transportation, with the remainder primarily relying on cars. Rails and water transportation collectively make up less than 1% of the total trips, as reported by Alade et al, (2018). Although 30% of Lagos' mobility is on foot or by bicycle, the interaction between pedestrian and motorized vehicles in Lagos is unplanned and dangerous (*Nigeria*, 2017).

The mode of transportation in the study area consists of Low Occupancy Vehicles (LOV) otherwise known as Danfos, Motorcycle taxis otherwise known as Okadas, tricycles (Keke Marwa), cabs, ferries, boats (Makoko), and private vehicles (Cars), High Occupancy Vehicles (HOV) regulated buses- Bus Rapid Transit (BRT) and LAGBUS, High Occupancy Vehicles (HOV) unregulated buses otherwise known as Danfos. Others are articulated vehicles of different uses (car hailing services- UBER, BOLT, etc., fuel containers, container laden trucks and sand tipping trucks among others) (Oshodi, 2016).

Consequently, Lagos State has experienced proliferation such as the growth of slums, deterioration of urban areas and facilities, subsequently, transportation issues affecting all part of the city (Alade et al., 2018). The high population in Alimosho LGA has had a significant impact on the transportation situation in the area. These issues are evident in the form of traffic congestion, limited access and mobility, insufficient road and terminal infrastructure, a struggling public transport system, ineffective traffic management, safety, and security concerns, particularly for the elderly and the general population.

The challenges faced in this area includes problematic driver behavior lack of discipline among public transport operators, unsafe vehicle conditions, uneven road surfaces, inadequate street lighting, a dearth of pedestrian facilities, and ineffective traffic enforcement. These issues collectively contribute to a lack of mobility in the transportation system. Furthermore, the problems of high transportation costs, elevated accident rates, unreliability of the transportation system, forced relocation due to the expansion of transportation infrastructure are of major concerns (Oshodi, 2016).

Within the study area, there is a clear absence of well-organized private companies in the transportation sector. Instead, the local government area's transportation landscape is primarily characterized by individually owned vehicles like minibuses (known as Danfos), motorcycle (referred to as Okada), and tricycles (known as Keke Marwa). Unfortunately, there is no robust local or statewide transportation policy in place that could encourage or support the operation of private transportation companies within Alimosho LGA, despite the significant population and high daily mobility needs.

Within the study area, there is obvious absence of organized private sector driven companies. The LGA transport landscape is largely dominated by self-procured transport equipment such as minibuses (Danfos), motorcycle (Okada), and tricycles (Keke Marwa). There is no vibrant local or statewide transport policy that could stimulate, encourage, or support organized private transport companies to operate and participate in the intra-city market despite the large population and huge daily mobility demands.

Poor driver behavior, public transport operators' indiscipline, unsafe vehicles conditions, uneven road conditions, poor street lighting, lack of pedestrian facilities and poor traffic enforcement all combine to produce a mobility immobility. Expensive transport fares, high accident rates, unreliability of the transport system and forced evictions due to expansion of transport infrastructure constitute the major issues.

5. FINDINGS AND DISCUSSION

This study employed semi-structured qualitative interview, following IPA analysis in order to understand the daily mobilities amongst the elderly population in Alimosho Local Government Area of Lagos State in Nigeria.

5.1 What are the key cultural, social, economic, and contextual factor influencing the ability of elderly individuals in Alimosho LGA to maintain their daily mobility?

In our exploration of the daily mobilities of the ageing population in Alimosho LGA of Lagos State in Nigeria, our data analysis revealed crucial factors that impact the capacity of ageing resident in Alimosho LGA to engage in their everyday activities.

5.1.1 Mobility Dilemmas in Transportation

This study uncovers that transportation challenges for ageing individuals in Alimosho LGA are compounded by cultural expectations, social infrastructures deficiencies, economic constraints, and contextual challenges, all of which impact their daily mobilities. During the dialogue there were mentions of difficulties in transportation, including a lack of reliable public transportation options, increased transportation costs, and congested roads due to population growth. Directly capturing the perspective of elderly residents in Alimosho LGA, their words offer a poignant glimpse into the intricate interplay of factors concerning transportation challenges: “The challenge transportation. Like If you want to go out in the morning now to get transport not easy. In the morning they can call it 200 and, in the evening, No fixed amount 1000” (#7, M, 60). This quote implies that this situation could result in restricted morning mobility for individuals, potentially impacting their ability to engage in activities that require transportation. The fluctuating evening transportation costs may also pose financial challenges, influencing the overall mobility and accessibility of elderly individuals (Ipingbemi, 2010)..

An interviewee remarked that “taking a public transport in Lagos is hell. No respect for the elderly. The BRT is a little bit better than even the real transportation. The issue there is even the train system is not working perfectly well” (#8, M, 60). The text highlights

transportation difficulties, including the state of public transportation and the condition of roads. While this excerpt commends the BRT mode of transportation, it also indicates that alternative modes of transportation also faces operational challenges, contributing to an overall difficulty in accessible mobility.

5.1.1.1 Transport Options and Organization

Efficient transport options and well-organized systems are pivotal in facilitating daily mobility for elderly individuals, enhancing their overall quality of life (Odufuwa, 2006). An individual stated the impact of transportation options and condition on a daily basis: “The only available means of transport is the public transport, which is private-owned vehicles, not government vehicles. And if you don't have somebody like me who resides in Africa depends on these commercial buses, and they can be very rough sometimes, and the roads are always not very smooth.” (#9, M, 67). Nonetheless, the availability and convenience of transportation options, such as BRT buses also impact the mobility of the elderly. Participants expresses dissatisfaction with the organization of transportation in Lagos, suggesting a lack of effective transportation systems as a dominant factor. “The transportation thing is not organized... Shortly after everything going forward, there were no regulations again about movement, transportation” (#4, M, 71).

Likewise, within the discussion of available transportation options such as Okadas, tricycles, and buses, preference for smaller buses over Okadas (known as motorcycle) due to safety concerns, succeeding the abundance of transportation options, especially in good weather conditions helps facilitate elderly mobility; “There is no hindrance in moving around because these days there are different types of transportation system...I would have preferred that this issue of Okada should be canceled. If government can provide these smaller buses...” (#5, M, 65).

5.1.2 Infrastructure and Roads

Concerns regarding the impact of deteriorating road conditions and erosions on mobility were also brought up. One participant conveyed that “Because of you have to be very slow, even while drive, you have to be very slow and, in some area, very slippery that you just be moving your car from left to right...The only thing we need is the road. Okay? Our road is so bad that there is one place that if you don't mind yourself, you fall down either trekking, driving or with Okada that place is not good at all.” (#5, M, 65). Poor road conditions pose risks to people regardless of their mode of transportation. For elderly individuals, this situation could significantly impact their daily mobilities and overall well-being.

Poor road conditions may make it challenging for elderly individuals to walk safely, increase the risk of accidents while driving or riding motorcycles, and potentially limit their ability to access essential services and engage in regular activities. Additional conversation emerged regarding issues with infrastructure, such as poor road conditions, lack of drainage maintenance leading to flooding, and the absence of streetlights, which impact mobility and safety: “And one of the most something in our area is our government did a road for them. But our people in the area, they don't clear the drainage. Flood everywhere. And electricity, like I know is the number one security.” (#7, M, 60)

Furthermore, there is a mention of the necessity for enhanced road infrastructure and street lighting in the community, highlighting contextual factors that influence mobility: “The main thing I want them, and I want them to do is the change of the road because there are some potholes and especially lit, as in light, they are little streetlight around the street, so that causes darkness anytime it's late...So, if they can assist us in filling those, it will be a great assistance for we elders to walk around. So, it's very easy.” (#10, M, 61).

5.1.2.1 Pedestrian Infrastructure

The reference to road constructions unravels problems surrounding pedestrian walkways, suggesting that the presence and state of such, significantly influence the daily

mobility of elderly individuals in Alimosho LGA. A respondent expressed: "It is the new construction of roads, the creation of pavement, the walk side of the roads, because that aids me in moving." "I walk on the sidewalk." (#4, M, 71). This excerpt highlights that the ability to walk comfortably on well-constructed roads with pavements and sidewalks likely enhances individuals' sense of independence, safety, and overall well-being. It also reflects the importance of urban planning in creating age-friendly environments that support the needs of the elderly population.

Navigating road crossings poses a significant challenge in the daily mobility of elderly individuals. One participant highlights the deficiencies in pedestrian amenities, including crosswalks and traffic managements: "For my age, having to cross the road is a challenge because you have to wait. Nobody in Nigeria, pedestrians are not considered." "And some other people will say, *agbalagba* (meaning an elderly person in Yoruba language), so be patient, and so you manage and get around." (#1, F, 64).

5.1.2.2 Crowding and Traffic Congestion

In the face of urban crowding and traffic congestion, the significance of well-constructed roads, pavements, and sidewalks cannot be overstated. An individual expressed: "I was scared of the crowd, not talk of now... You start bothering about the crowd when you don't mind your business... Sometimes the motorbikes are driving one way, want to cross the road, one is coming from nowhere." (#4, M, 71). The quote underscores the interviewee's apprehension about crowds and emphasizes how incorporating mindful walking practices aids in facilitating his daily mobility. Additionally highlighting the disorderly and unpredictable aspects of specific situations, where unconventional traffic patterns and unexpected obstacles create challenges and potential hazards for elderly mobility.

5.1.3 Economic Resources and Challenges

The elevated costs associated with fuel and transportation emerge as substantial economic factors influencing the mobility of elderly individuals in Alimosho LGA.

Simultaneously, the increasing expenses in rent contribute to economic concerns, impacting their overall financial well-being, and affecting decisions related to ageing in place and housing. An interviewee communicated that: “Even if you are riding on your personal car, it is difficult right now to afford the fuel because of the situation in the country...The rent moved from 500,000 to 1.5 million.” (#8, M, 60). Additionally, an interviewee also notes fuel scarcity as a potential hindrance to transportation: "The only difficulty in moving around is when there's fuel scarcity." #5, M, 65.

In a discussion regarding the government’s removal of fuel subsidies highlights that economic and governmental policies directly affect mobility, particularly for older individuals. A contributor shared: “Well, it has affected me in many ways, especially in the way of getting petrol, because most times if I don't have a means of transportation, I will have to call an Uber driver." "So, with this, we advise the government to just try to just reduce the price so that we, the elders, as we the age like this, can just find a way to move around easily.” (#10, M, 61).

5.1.4 Language and Communication Barriers:

Elderly individuals in Alimosho LGA often encounter language and communication barriers, primarily in marketplaces or when attempting to board public transportation. This is as a result of the linguistic diversity within the community. Alimosho LGA, like many regions, have a diverse population speaking different languages or dialect. The issue of trying to board a bus and not being able to communicate properly due to language barrier results in elderly individuals being insulted and dragged with offensive words by the bus drivers and/or conductors; “They will curse and harass you for not boarding the boat on time. Oh, let's go, let's go...I don't speak Yoruba; I just speak a few phrases to pass by.” (#1, F, 64). This highlights, that not being fluent in the local language presents a challenge when communicating and moving around in the community which in turn influence her daily mobility.

5.1.5 Social Factors

The capacity of elderly individuals to independently manage tasks may be shaped by social factors, including their support network, especially family, and at times, community acquaintances (Levasseur et al., 2015): “No, I don't feel isolated because I'm always most times with my weekends, my grandchildren always come to stay with me...I feel in the midst of people, especially my children, and most of my loved ones, friends come to say hello to me.” (#10, M, 61). The individual feels connected and engaged with their social network, emphasizing the importance of such connections for emotional well-being, a critical aspect for elderly individual who may be more vulnerable to feelings of isolation or loneliness. The interviewee depending on family, particularly his grandson, for assistance with mobility, highlights the social and familial aspect of mobility for the elderly.

Elderly individuals often rely on others for assistance in moving around, and the accessibility of such support significantly impacts their mobility: “As for me, I restrict my movement because I'm not mobile. So, if something will force me to go a long distance, I call somebody who may be available.” (#9, M, 67). This signifies a pragmatic approach to preserving independence despite mobility limitations by seeking support from others when necessary. It also underscores the crucial role of social connections and assistance in facilitating daily activities for individuals with restricted mobility. Some elderly individuals occasionally visit friends in the neighborhood, further indicating the importance of social connections within the local community. In the words of a participant: “Unless to visit my friends. Okay, so how often do you visit your friends? Once in a while.” (#6, M, 80).

5.1.5.1 *Dignity and Entitlements*

The interview transcript notes instances of a lack of respect for the elderly in public transportation, shedding light on social barriers and underscoring the significance of societal attitudes towards elderly individuals. In the view of a participant: “Young boys, boys that your son is older than will talk to you anyhow. Go and sit down.” (#8, M, 60).

In the ongoing discussion about dignity and entitlement, there's arose a discussion about the entitlements that elderly individuals ought to have in public places, which touches on cultural and social factors influencing their mobility, as a participant succinctly states: "When it comes to banks, churches, and some social events, we, elders, they give us the respect. They attend to us first." (#10, M, 61). The speaker, by citing examples of places where he feels respected and thereby impacting his mobility, cross-references this experience to emphasize that such respect should be pervasive wherever elderly individuals are involved.

5.1.6 Healthcare Mobilities:

Access to healthcare facilities, particularly for elderly individuals facing health challenges, is discussed as a factor influencing their daily mobility. One of the participants explicitly stated: "And if you want to go to the hospital with this kind of situation and the government hospitals are not nearby, they are nearest, we take you kilometers. They are not easily accessible." (#9, M, 67). This underscores the significance of healthcare accessibility as a factor influencing mobility, particularly concerning health needs and reachability (Dokpesi, 2017). One of the interviewees acknowledges medical issues related to aging, which impacts mobility and the ability to engage in daily activities: "Because I don't pray to fall down in the streets whereby nobody will know my living so that they will not take me to the hospital before my people know of it." (#6, M, 80). According to a contributor: "I can say that God has blessed me with divine health...I'm still strong by the grace of God." (#4, M, 71). The subject's good health at 71 is mentioned, suggesting that health is a factor influencing daily mobility.

The mention of inadequate healthcare facilities can be viewed as a contextual factor influencing mobility, as it directly impacts the health and well-being of elderly residents: "The only thing we ask was they said they want to do what do you call Lagos State Health Fund... We want to do the health funds which they give us the slot...the general hospital Is far away from us here." (#7, M, 60).

5.1.7 Physical Barriers:

The references to physical barriers, such as the necessity to ascend bridges and the absence of elevators, poses challenges for elderly individuals, impacting their daily mobility. “Reaching the third staircase, I need to sit down. No elevator in a certain office.” #8, M, 60. The lack of elevators in offices and architectural spaces was highlighted as a particular difficulty, emphasizing the importance of physical accessibility in sustaining mobility, especially for those with health issues that limits stair climbing.

5.2 What are the perceptions of elderly individuals in Alimosho LGA regarding their daily mobilities and how they might influence their daily activities?

5.2.1 Perception of Mobility

Upon analyzing our data, we found that some elderly individuals are committed to staying active and mobile despite challenges. Some make deliberate efforts to avoid feelings of isolation and actively seek opportunities to move around (Adetunji, 2018), indicating a positive attitude towards mobility. As expressed by an interviewee: “No, I don't feel isolated because I love people. I love to see people. And so, I make efforts. I go through whatever it will take to move around...So, I do move around. Like I said. That's why I said I'm not incapacitated. I move around.” (#1, F, 64).

With the help of a coping mechanism, some elderly Individuals maintains positive attitude towards mobility by practicing mindful walking for goal-oriented movement and execution of daily activities; “Before I go out, when I know the reason of my going out, I move freely towards the goal I want to achieve.” (#3, F, 69).

The elderly perception of mobility is evident in their capacity to independently engage in tasks such as buying food and cooking, underscoring the significance of preserving independence in daily activities. “So, do you cook for yourself? Yes. So, it means that 80% of what you do, you do it yourself? Of course, yes.” (#5, M, 65).

One of our subjects expresses contentment with his mobility and daily life: “Well, I live happily. Okay. I don't have any problem.” (#6, M, 80). In the account of another respondent, he primarily stays within his local area and occasionally visits friends: "I go to him. Okay. Discuss with him...Play one way or the other." (#5, M, 65).

5.2.1.1 Impact on Daily Mobility

Elderly individuals perceive the physical limitations that come with age as a factor influencing mobility; “For somebody who is a bit aged, that becomes another difficulty because you may not have all the strength, like a young man, to leave home healthy... So, you have to think of the most important thing that should take you out of your house.” (#9, M, 67). The elderly individual expresses that due to aging, there is a decreased strength compared to a young person, making it challenging to leave home and engage in activities with the same level of energy and ease. It reflects a conscious decision-making process where they weigh the importance of an activity against the difficulties associated with mobility.

The influence of elderly individuals’ perception of their mobility extends to daily activities, where they often depend on family members for transportation when available. The significance of maintaining independence in mobility becomes particularly crucial when family support is not accessible. Furthermore, mobility plays a pivotal role in determining access to medical care and the places elderly individuals can visit. As put forth by a respondent: “And so, if I'm ill, I don't go to hospital and I don't pray to be ill. God will not let me be ill. So, I go when I'm strong enough to do the things I can move from here...” (#1, F, 64).

In addition, with the presence of family members and friends who regularly communicate with elderly individuals and provide company positively influence elderly perception of mobility. As outlined by an individual: “My wife is always there, my children are grown they call me every day we talk a lot, we could be on the phone for like 2, 3 hours, talking So, I've never felt isolated and beside that I have friends, I have contact, companions, I

have people that can always come around and stay and keep me company all the time when I need them. I don't think... I don't feel isolated.” (#2, M, 75).

5.2.1.1.1 Challenges in Social Engagement

One of the participants expressed frustration about the challenges in finding social opportunities and shared a coping strategy of not dwelling on the limitations in social engagement: “If I want to look for one to socialize, it's not provided it's easy anywhere...I don't put my mind on that.” (#9, M, 67). It is evident that these experiences contribute to a complex interplay between psychological well-being, social engagement, and the perception of mobility in the lives of elderly individuals.

5.2.1.2 Impact of Transportation on Daily Mobility

Concerning mobility, the significance of elderly individuals' perceptions of comfort and convenience cannot be overstated, particularly in their selection of transportation. This further underscore how these perceptions plays a crucial role in shaping their choices in mobility. One participant expressed that: “I like to be using Uber each time I'm going out because of the comfort and considering my age...I prefer using those hailing services because at my age, I wouldn't want to like... jump around from one bus to another.” (#2, M, 75). Corroborating the claim, “Well, I'm used to it...I don't enter the big buses, like all this MOLUWE, Like all this 911, only the minibus, like the LT or DANFO. We have only 14 or 20 passengers.” (#5, M, 65). This interviewee emphasizes their familiarity with crowded public transportation, highlighting a preference for travelling in minibuses over larger bus. he also explicitly state a personal preference for not engaging in conversations while using public transport.

5.2.2 Perception of safety

The perception of safety among elderly individuals is intricately connected to a limitation on mobility, a circumstance that can yield various consequences for their daily lives,

including limited access to social activities, reduced independence, and potential impacts on their overall well-being. As clarified by one interviewee: “the only restriction you have is the security problem. Security issues where you cannot go around freely, mostly at night because of miscreants, because of robbers and even kidnappers. Because as it is now... as a developing society, we have all these vices, in our society this kind of like scare people of movement.” (#2, M, 75). The perceptive allusion to a “developing society” suggests that these security issues might be more prevalent in areas within Alimosho LGA experiencing rapid social and economic changes. Echoing the same sentiment, concerns about safety during riots or protest impacting personal safety when driving are perceived as significant mobility mediators. This further highlights the degree of fear perception, drawing a correlation between the fear associated with societal unrest and the comparatively lower-level concern related to weather conditions; “It's only when there's riots that is what frightens me. But if there is no riots, there is no protest, nothing happens... So even the weather condition doesn't affect me.” (#5, M, 65).

Lastly, in the context of daily mobilities and the perception of safety, individuals may feel vulnerable and worried about the potential consequences of a fall. In the opinion of a participant, he said: “Because I don't pray to fall down in the streets whereby nobody will know my living so that they will not take me to the hospital before my people know of it.” (#5, M, 65). The fear of not being promptly attended to or taken to the hospital implies a lack of confidence in the surrounding environment or a support system that could ensure his well-being in case of an accident. This sentiment may resonate with many older individuals who harbor concerns about their physical safety and the potential hurdles they might encounter in preserving their independence as they age.

5.2.3 Supportive Social Structure

Within the scope of daily mobilities for the ageing population, elderly individuals often feel a strong sense of support and connection from a social structure or community, even if the relationships within that structure may not be classified as traditional friendships

(Balogun et al., 2020). In the witness of a participant: “They never want me to leave. talking about how the committee holds me...They are not really friends, but they are there.” (#4, M, 71). The reference to the committee holding the person further underscores the presence of a supportive network or community. While the connection may not be explicitly labeled as friendships, the individual within this social structure are evidently there for the person, offering a form of support or companionship. Consistent with the earlier assertions, some elderly individuals do not perceive isolation due to supportive support networks and active engagements with the community; “Well, I'm not isolated because when I go to the hospital, they always advise us not to be alone...I have friends around my area; My uncle, their wife, I go to them just to spend time with them.” (#3, F, 69). The mention of going to the hospital implies that it also serves as a supportive environment.

An interviewee addresses the community's perception of aging, highlighting the existence of stereotypes or expectations suggesting that individuals beyond a certain age should not engage in active or productive endeavors. “When you are 55 years old, you're supposed to be at home. You will not be struggling again...the struggle stand up...from 50 years now government will give you money allocation to fund your house.” (#7, M, 60). The Interviewee notes that older individuals are occasionally perceived as burdens within the community.

While not a targeted intervention strategy, the dependence on community support for transportation needs underscores the significance of social networks in improving the mobility of elderly individuals.; “At times I talk to my neighbor, are you going to Lagos Island? If he's going my way, I enter his vehicle because it's economical for me.” (#8, M, 60). This practice reflects a pragmatic and community-oriented approach to transportation, where individuals collaborate to make their journey more cost-effective and socially engaging.

5.3 Which probable inclusive strategies and intervention practices should be modified or enhanced for this group?

5.3.1 Improved and Inclusive Transportation Services

Interviewees propose that the government should consider reducing transportation cost for the elderly as a measure to enhance their daily mobility. According to the narrative of a participant, she said: “If the government could have consideration for the elderly and make special arrangements, say, if there was a special plan our government does not plan for the elderly...If they make such available here that we have free transportation because these elderly, most of us are people like me, I have put in 30 something years of my life for the service of the nation.” (#1, F, 64). The reference to “special arrangements” and a “special plan” implies a recognition that the current transportation system does not sufficiently address the distinctive mobility needs of older individuals. This suggests that modification or enhancement in planning and provision of services could play a crucial role in creating a more inclusive and supportive transportation for this demographic.

Emphasizing the consonance, another participant elucidated the need for transportation regulations, suggesting a potential strategy to enhance transportation for elderly individuals. He that: “Those days there is even...park and ride in Lagos here. Especially when to go to the island, if you are coming from the mainland to the island, drive your car park at the National Theater, park it there...it was like that where you didn't want to park when it is odd number.” (#4, M, 71). He further emphasizes the significance of considering past practices and experiences when evaluating and planning transportation interventions.

Aligned with transport regulations, elderly individuals in Alimosho LGA express a strong preference for safer transportation options. As put forth by a participant: “I would have preferred that this issue of Okada should be canceled. If government can provide these smaller buses...” (#5, M, 65). This suggests that smaller buses are considered safer, and should replace Okadas, and this preference stands out as noteworthy.

5.3.2 Need for Infrastructure Improvement

Elderly residents of Alimosho LGA emphasizes the necessity for improved infrastructure, including better roads and transportation system, to enhance daily mobility. A participant stated that “The road in Lagos are not too that good... so many other facilities that could make life worth living as compared to what they have...we have in other states or developed countries...What we expect, what we are telling governments to do, is to take a leap from what is happening outside of the country...to put more infrastructure that makes life...like movement easier and affordable.” (#2, M, 75). The comparison with other states or developed countries implies that elderly individuals perceive gaps between the infrastructure in Lagos as a whole and what is considered more advanced or developed somewhere, thereby advocating for the government to borrow a leaf, as inspiration towards meeting the stated interventions. In addition, one of the participants stated: “The main thing I want them, and I want them to do is the change of the road because there are some potholes and especially lights, as in light, they are little streetlight around the street, so that causes darkness anytime it's late. Especially the potholes are too much. So, if they can assist us in filling those, it will be a great assistance for we elders to walk around. So, it's very easy” (#10, M,

5.3.2.1 Pedestrian Enhancement

There is a highlighted intervention focused on the construction of pedestrian walkways and road improvement. This initiative could be adapted or expanded as inclusive intervention to ensure effective and efficient daily mobility for the ageing population. In the view of a participant: “It is the new construction of roads, the creation of pavement, the walk side of the roads, because that aids me in moving.” (#4, M, 71). This individual expressed that having well-constructed roads and sidewalks significantly help him in moving around, suggesting that proper infrastructure is crucial for the daily mobility of elderly individuals. This

also suggests that the absence or inadequacy of such infrastructure can be a limiting factor for the mobility of elderly individuals.

5.3.3 Supportive Social Structures

In the context of the ageing process, the presence and support of family may play a pivotal role in contributing positively to the well-being and overall quality of life for elderly individuals. However, the effectiveness of social structures varies widely among different individuals and families. An interviewee mentioned how having six children who take care of him, highlights, the importance of family support for elderly individuals: “So, six sons. And they are all doing fine. Doing well. They are taking care of me.” (#6, M, 80). Regardless of the presence of family members, some elderly individuals may display empathy and consideration for others’ feelings. They happen to be mindful not to cause distress to others even when it could potentially be advantageous for them. “So, you don't like to distress people because of your own advantage...Yes.” (#6, M, 80). In doing so, it underscores the importance of promoting self-sufficiency among elderly individuals within this context.

5.3.3.1 Community Mobility

In addressing the third research question, our findings highlights the importance of community engagement (Balogun et al., 2020). Active participation in local associations suggests the importance of community engagement as an inclusive practice; “That is the way they see me. That is what they are reacting, the way they perceive me because they know that I will always say the things the way I see them...I pray God bless me so I will make an impact to my world.” (#4, M, 71). In addition to engaging in the community, the next crucial step involves community support and inclusion, as articulated by a participant: “The community makes this provision for the elderly and so we're able to move about without hindrance, whether you have people.” (#1, F, 64). Community engagement also encompasses community efforts to contribute to road repairs, representing an inclusive approach to enhancing daily mobilities.

“Those that are newly coming to the streets have been levied to pay certain amount of money to buy sand to level the road so that can be available for people to move around.” (#5, M, 65).

5.3.4 Government Service Delivery

Critique of government actions towards the need for improved public service delivery and governance as a potential inclusive strategy; “People want to acquire wealth...just to show class...Because one day you cannot control the consequences of those things...You don't have to celebrate. You are going there to give service to your people.” (#4, M, 71). The mention of forgoing celebration in favor of providing service to one’s people implies a call for sense of responsibility and dedication, thereby advocating for inclusive strategies and intervention practices that prioritize societal well-being over individual pursuit, particularly when addressing the need of the elderly population (Ebingbo et al., 2021).

Another participant expressed dissatisfaction with the absence of government intervention in road maintenance within their community. The sentiment calls for government attention to enhance the states of the roads; “Government has not been doing well enough in that area...Government has never done anything since I parked into this street...They have never done anything in terms of the road.” (#5, M, 65). This further suggests a potential area for improvement in government service to enhance the well-being of community, especially for older individuals who may be more vulnerable or reliant on well-maintained infrastructure for their daily mobilities.

In the provision of government services, it is crucial to assess efficiency and accessibility. There is a necessity for a proactive approach to addressing the needs of a specific age group through enhanced interaction between the government and individuals. According to a participant’s viewpoint, he said, “Let there be a sort of interaction between the government and one. We should have a database. What's the age group of people? 50 upwards. What are the medical conditions?” (#8, M, 60). The suggested database has the potential to assist the government in customizing its services to the specific needs of elderly individuals, considering

factors such as age and medical conditions which also influences their daily mobility. As another participant amplified: “So the government should come closer to the elderly, to the people, and if their focus is on everybody, the elderly should also be given the proper care. They don't have to travel far and wide to get medical care. This will be a database identifying them.” (#9, M, 67). This quote further underscore the notion that the government should establish closer proximity to the elderly population and ensure they receive proper care. The participant also suggest that if the government’s focus in on the entire population, special attention and care should be extended to the elderly. The creation of a database that specifically identifies elderly individuals would make it easier for them to access medical care without having to travel extensively (Olawole & Aloba, 2014).

5.3.4.1 Economic Strategies

There are also calls for government intervention to delve into the scope of economic strategies targeting elderly individuals. A male participant suggest that “Having a gym, having a government-controlled gym...If Lagos State Government could do such and let the elderly register for free...it's okay. If government could make laws that can guide the rights of the elderly, it's okay. It will make us move freely around. We need government intervention quickly!” (#8, M, 60). Suggesting inclusive strategies for the daily mobilities of elderly individuals, the speaker proposes the establishment of government-controlled gyms, specifically urging the Lagos State Government to provide free registration for the elderly; additionally, he advocate for the creation of laws safeguarding the rights of the elderly to endure their freedom of mobility.

With a participant referencing the purchasing food from specific markets as a means to save money, it suggests that economic strategies like these can be advantageous for elderly individuals with limited financial resources; “Because the market that I usually go out to buy is cheaper than the market they are selling outside.” (#6, M, 80). This quote highlights the economic concerns of the elderly individual and suggests that strategies should concentrate on

making essentials goods more affordable and accessible for them, considering their mobility limitations.

The need for medical insurance, especially for medical conditions common in the elderly, is emphasized as a potential intervention to address financial constraints; “It's quite difficult and expensive here in Nigeria. So, we need to get something like a medical insurance. As long as you live, a man will have such problems. It can be avoidable. It is avoidable.” (#8, M, 60). The reference to “something like a medical insurance” signifies an acknowledgement of the necessity for a financial structure to assist in managing medical costs. This points towards the importance of addressing affordability issues in the healthcare system (Fakoya et al., 2018). Implementing the suggested medical insurance system to address healthcare issues has the potential to improve individuals’ daily mobilities. By offering better access to healthcare services, this initiative could contribute to improved well-being and mobility.

5.3.5 Mobility Justice

The analysis of our interviews also provided insights into mobility justice for the elderly, revealing necessary modifications or enhancements aimed at fostering equitable access for elderly individuals in their daily mobilities. Participants suggested advocacy efforts as a means to raise awareness about the rights and needs of the elderly, aiming to mobilize support for inclusive policies and practices. This approach is seen as a way to restore equity in a society that has generally excluded certain demographics: “Somebody has to create the awareness that's what I believe can be done...That's how bad it is. There is no provision for the elderly. They do it in such a way that only the young ones will be on the road moving actively.” (#9, M, 67). This quote stresses a perceived injustice in the design and provision of mobility resources or facilities. It implies that the current infrastructure or interventions does that suit the elderly population, as they appear to favor and cater to the needs of younger, more active individuals, thus neglecting the specific requirements for the elderly. Moreover, of the participants mentioned: “What I would say is that we the old ones now. We should be given

the right to say, to vote, and to do things to make us feel freely happy. To feel among the society.” (10, M, 61). This quote further emphasizes the overarching theme of social inclusion for the elderly. It implies that addressing the mobility needs for the older individuals extends beyond physical infrastructure. It entails recognizing and respecting their rights, facilitating active participation in society, and fostering a sense of belonging and well-being.

6. CONCLUSION

The research findings uncover that elderly people are becoming increasingly anxious, particularly about the possibility of being more dependent on others as they become older. A deeper understanding of their attitudes and behaviors related to seeking for help, is urgently needed, especially in the absence of legal safeguards and formal support system for the elderly. As it is clear that older people are more concerned about the absence of laws and policies intended to protect their rights and lessen their vulnerability. The study also emphasizes how structural changes, moral deterioration, and a decline in regards for the elderly influences elderly daily mobilities, which can result in a variety of problems, including physical abuse, neglect, and personal perception of isolation to avoid further problems. This study findings also revealed an original viewpoint: elderly individuals in the studied region mostly rely extensively on public transits for their travel needs, therefore revealing an important error in urban planning, where the needs and requirements of the elderly have been largely overlooked in terms of service provision and transit infrastructure.

6.1 Strengths

This study has a number of strengths. With a modest dataset of only 10 interviews, we conducted our analysis in line with the principles of interpretative phenomenological analysis (IPA). As previously acknowledged, in the data collection section, our study's scope was constrained by limited sample size. Nonetheless, we remained committed to the essential task of exploring how elderly individuals make meanings of their major life mobility-experiences.

In addition to the strengths of this study comes the firsthand elderly perspective because this study benefits from a direct interview with an elderly Nigerian providing valuable insights into their daily experiences and challenges. Also, the transcripts provide rich qualitative data allowing for an in depth understanding of the participant's experiences, attitudes, and perception. Likewise, the study offers cultural relevance, thereby focusing on a specific cultural

context (Alimosho, Nigeria), which can offer culturally relevant insights into the factors influencing elderly daily mobilities in that region.

6.2 Limitations

Although, this study contributes to the vast ongoing ageing and mobility related research that aging does not change the engagement people wish to have with a hyper mobile society (Hassem & Laher, 2019), wanting and needing to travel large distance, more frequently (Chudyk et al., 2015) and carry out their daily mobilities but some important limitation contained in this study must be considered. First, because qualitative research is inherently non-generalizable, it cannot be assumed that the results apply to other elderly individuals in this demographic in all settings. Secondly, research from a wider geographical region may help future studies to sample and understand how different factors influences the daily mobilities of elderly individuals.

One significant limitation worth noting is the relatively small sample size used in this study. Additionally, its crucial to acknowledge that the interviews were not conducted firsthand by me, introducing an additional layer of limitation. The information derived from these interviews was passed on to me by assistants who conducted the actual interviews. It's important to recognize that this intermediary step may have inadvertently influenced the outcomes or introduced biases. This highlights the need for caution when interpreting the results, as the indirect nature of the data collection process could impact the overall reliability and validity of the findings.

The study being based on a single participant, while their perspectives is valuable, it may not represent the diversity of experiences among elderly Nigerians. A larger sample size would enhance generalizability with criteria that suits its study. Understanding the impact of limitations on the elderly's engagement in social activities, like their willingness to work on involuntary responsibilities, and their desire for respect in order to live in a more inclusive and privileged community and country, can't be fully grasped by examining just one participant.

In addition to the limitations of this study, it did not reflect an in-depth comparison in gender related perception of aging as a man and a woman as Bekibele & Gureje, (2010) reports, suggests connecting global study review and characteristics of falls amongst the elderly people proves that factors related to a greater risk of falls includes being older, and particularly being a woman with upper limb disability, loss of spatial orientations, and polypharmacy situations. This is due to the constraint of our data collection timeline and the impending submission deadline, this study was limited to interviewing 10 elderly individuals, including both men and women. This made us adjust our goal was to collect as comprehensive dataset as possible within these constraints, that would reveal potential answers to our research questions.

6.3 Recommendations

The key findings drawn from this study serves as a platform for important recommendations. While the recommendations put forth here are comprehensive, they also address the urgent issues brought up by the study participants. It is obvious that elderly individuals need improved and inclusive transportation services, infrastructure improvement, supportive social structure, government service deliveries and economic strategies. A study focusing extensively on examining daily mobilities based on gender would provide insights into the effectiveness of these interventions. By exploring the mobility patterns of different genders, the study aims to uncover the implications of mobility choices.

In anticipatory of the projected growth of elderly persons, social institutions, primary health care, employers, care providers and the public at large, will in their numbers turn to government for help. Moreover, the growth in the aging population is an opportunity for individuals in different professions to come together and make positive contributions to healthy societal change and also a possibility for the Nigerian government alike, to create vocational trainings to provide more nurses, social workers, and medical doctors to offer the needed services (Tanyi et al., 2018).

7. REFERENCES

- Abdulraheem, I. S. (2005). An opinion survey of caregivers concerning caring for the elderly in Ilorin metropolis, Nigeria. *Public Health*, 119(12), 1138–1144. <https://doi.org/10.1016/j.puhe.2005.04.005>
- Aboderin, I., & Hoffman, J. (2015). Families, Intergenerational Bonds, and Aging in Sub-Saharan Africa. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 34(3), 282–289. <https://doi.org/10.1017/S0714980815000239>
- Adebayo, P., & Omolabi, A. (2017). An assessment of the housing policy performance towards public low-income housing provision and management in Lagos, Nigeria. *Environment Development and Sustainability*, 792–809.
- Adedini, S. A., Odimegwu, C., Bamiwuye, O., Fadeyibi, O., & De Wet, N. (2014). Barriers to accessing health care in Nigeria: Implications for child survival. *Global Health Action*, 7, 23499. <https://doi.org/10.3402/gha.v7.23499>
- Adetunji, M. (2018). Travelling preferences of the elderly and their perception of transport services in Lokoja, Kogi State, Nigeria. *Economic and Environmental Studies*, 18(45), 9–29. <https://doi.org/10.25167/ees.2018.45.1>
- Adey, P. (2010). *Mobility*. Routledge.
- Adisa, O. (2019). Why Are some Older Persons Economically Vulnerable and Others Not? The Role of Socio-Demographic Factors and Economic Resources in the Nigerian

- Context. *Ageing International*, 44(2), 202–222. <https://doi.org/10.1007/s12126-019-09348-8>
- Aging in Sub-Saharan Africa: Recommendations for Furthering Research* (p. 11708). (2006). National Academies Press. <https://doi.org/10.17226/11708>
- Agunbiade, O. M. (2019). Explanations around physical abuse, neglect and preventive strategies among older Yoruba people (60+) in urban Ibadan Southwest Nigeria: A qualitative study. *Heliyon*, 5(11), e02888. <https://doi.org/10.1016/j.heliyon.2019.e02888>
- Ajomale, O. (n.d.). *ELDER ABUSE; THE NIGERIAN EXPERIENCE*.
- Akinyemi, A. I., & Isiugo-Abanihe, U. C. (2014). Demographic dynamics and development in Nigeria. *African Population Studies*, 27(2), 239. <https://doi.org/10.11564/27-2-471>
- Alade, W., Olaseni, M., Adeniji, F., Alade, B., Olaseni, J., & Consulting, V. (2018). *Making Lagos a Cool City: A Study of Transport System and Travel Behaviour*.
- Alimosho Local Government Area*. (n.d.). Retrieved 6 November 2023, from <https://www.manpower.com.ng/places/lga/545/alimosho>
- Alimosho Local Government Secretariat, Lagos: Location, Map, About & More*. (n.d.). Retrieved 6 November 2023, from https://www.helpmecovid.com/ng/108207_alimosho-l-g-secretariat

- Alsnih, R., & Hensher, D. A. (2003). The mobility and accessibility expectations of seniors in an aging population. *Transportation Research Part A: Policy and Practice*, 37(10), 903–916. [https://doi.org/10.1016/S0965-8564\(03\)00073-9](https://doi.org/10.1016/S0965-8564(03)00073-9)
- Animasahun, V. J., & Chapman, H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: A narrative review. *African Health Sciences*, 17(2), 575. <https://doi.org/10.4314/ahs.v17i2.35>
- Balogun, M., Adelokun, Eyang, B., & Obue, B. (2020). *ELDERLY ABUSE AND CHALLENGES IN NIGERIA 363 ELDERLY ABUSE AND CHALLENGES IN NIGERIA: THE NEED FOR ADVOCACY AND POLICY DEVELOPMENT*. 3, 2695–2327.
- Barros, M. M. L. D., Peixoto, C. E., & Alves, A. M. (2016). Presentation. *Vibrant: Virtual Brazilian Anthropology*, 13(1), 52–54. <https://doi.org/10.1590/1809-43412016v13n1p052>
- Bekibele, C. O., & Gureje, O. (2010). Fall Incidence in a Population of Elderly Persons in Nigeria. *Gerontology*, 56(3), 278–283. <https://doi.org/10.1159/000236327>
- Belsky, D. W., Caspi, A., Houts, R., Cohen, H. J., Corcoran, D. L., Danese, A., Harrington, H., Israel, S., Levine, M. E., Schaefer, J. D., Sugden, K., Williams, B., Yashin, A. I., Poulton, R., & Moffitt, T. E. (2015). Quantification of biological aging in young adults. *Proceedings of the National Academy of Sciences*, 112(30), E4104–E4110. <https://doi.org/10.1073/pnas.1506264112>

- Bissell, D., & Fuller, G. (2017). Material politics of images: Visualising future transport infrastructures. *Environment and Planning A: Economy and Space*, 49(11), 2477–2496. <https://doi.org/10.1177/0308518X17727538>
- Bookman, A. (2008). Innovative models of aging in place: Transforming our communities for an aging population. *Community, Work & Family*, 11(4), 419–438. <https://doi.org/10.1080/13668800802362334>
- [*Boston Medical and Surgical Journal 1980-jul 17 vol. 303 iss. 3*] Fries, James F. - *Aging, Natural Death, and the Compression of Morbidity (1980)* [10.1056_nejm198007173030304]—*Libgen.li.pdf*. (n.d.).
- Calcagno, J. M. (2003). Keeping Biological Anthropology in Anthropology, and Anthropology in Biology. *American Anthropologist*, 105(1), 6–15. <https://www.jstor.org/stable/3567309>
- Camarano, A. A. (2016). Living longer: Are we getting older or younger for longer? *Vibrant: Virtual Brazilian Anthropology*, 13(1), 155–175. <https://doi.org/10.1590/1809-43412016v13n1p155>
- Cao, X. (Jason), Mokhtarian, P. L., & Handy, S. L. (2010). Neighborhood Design and the Accessibility of the Elderly: An Empirical Analysis in Northern California. *International Journal of Sustainable Transportation*, 4(6), 347–371. <https://doi.org/10.1080/15568310903145212>

- Chen, X., Mao, G., & Leng, S. X. (2014). Frailty syndrome: An overview. *Clinical Interventions in Aging*, 9, 433–441. <https://doi.org/10.2147/CIA.S45300>
- Chudyk, A. M., Winters, M., Moniruzzaman, M., Ashe, M. C., Gould, J. S., & McKay, H. (2015). Destinations matter: The association between where older adults live and their travel behavior. *Journal of Transport & Health*, 2(1), 50–57. <https://doi.org/10.1016/j.jth.2014.09.008>
- Clarke, J. I. (1985). *Population and Development Projects in Africa* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/CBO9780511898402>
- Coughlin, J. F. (2009). Longevity, Lifestyle, and Anticipating the New Demands of Aging on the Transportation System. *Public Works Management & Policy*, 13(4), 301–311. <https://doi.org/10.1177/1087724X09335609>
- Cresswell, T. (2006). *On the Move: Mobility in the Modern Western World*. Taylor & Francis.
- Cresswell, T. (2010). Towards a Politics of Mobility. *Environment and Planning D: Society and Space*, 28(1), 17–31. <https://doi.org/10.1068/d11407>
- Cresswell, T. (2012). Mobilities II: Still. *Progress in Human Geography*, 36(5), 645–653. <https://doi.org/10.1177/0309132511423349>
- Dokpesi, A. O. (2015). The Future of Elderly Care in Nigeria: Borrowing a Leaf from a Foreign Land. *Ageing International*, 40(2), 81–97. <https://doi.org/10.1007/s12126-014-9205-z>

- Dokpesi, A. O. (2017). Senior Citizens Health Insurance Programme (SCHIP): A Policy Framework for Healthy Ageing in Nigeria. *Ageing International*, 42(3), 290–305. <https://doi.org/10.1007/s12126-017-9299-1>
- Ebimgbo, S. O., Chukwu, N. E., & Okoye, U. O. (2021). Gender differences in family support to older adults and implications for social work in south-east Nigeria. *Journal of Aging Studies*, 59, 100979. <https://doi.org/10.1016/j.jaging.2021.100979>
- Eneji, A. P., Enamhe, D., & Itita, E. V. (2021). Problems of the Aged in Nigeria: The Issue of Housing and Health Care in Calabar, Cross River State, Nigeria. *The International Journal of Humanities & Social Studies*, 9(11). <https://doi.org/10.24940/theijhss/2021/v9/i11/HS2111-025>
- Fakoya, O. O., Abioye-Kuteyi, E. A., Bello, I. S., Oyegbade, O. O., Olowookere, S. A., & Ezeoma, I. T. (2018). Determinants of Quality of Life of Elderly Patients Attending a General Practice Clinic in Southwest Nigeria. *International Quarterly of Community Health Education*, 39(1), 3–7. <https://doi.org/10.1177/0272684X18781781>
- Fernández-Ballesteros, R., Robine, J. M., Walker, A., & Kalache, A. (2013). Active Aging: A Global Goal. *Current Gerontology and Geriatrics Research*, 2013, 298012. <https://doi.org/10.1155/2013/298012>
- Ferreira, M., & Kowal, P. (2013). A Minimum Data Set on Ageing and Older Persons in Sub-Saharan Africa: Process and Outcome. *African Population Studies*, 21(1). <https://doi.org/10.11564/21-1-348>

- Financial Independence for Older Adults—Social Work Today Magazine*. (n.d.). Retrieved 13 July 2023, from <https://www.socialworktoday.com/archive/Winter21p18.shtml>
- Fontana, A., & Frey, J. H. (n.d.). *From Structured Questions to Negotiated Text*.
- Forsyth, A., & Molinsky, J. (2021). What Is Aging in Place? Confusions and Contradictions. *Housing Policy Debate*, 31(2), 181–196. <https://doi.org/10.1080/10511482.2020.1793795>
- Frank, J. B. (2002). *The Paradox of Aging in Place in Assisted Living*. Greenwood Publishing Group.
- Freiberger, E., Sieber, C. C., & Kob, R. (2020). Mobility in Older Community-Dwelling Persons: A Narrative Review. *Frontiers in Physiology*, 11, 881. <https://doi.org/10.3389/fphys.2020.00881>
- Freudental-Pedersen, M. (2009). *Mobility in daily life: Between freedom and unfreedom*. Ashgate.
- Gardner, P. (2014). The role of social engagement and identity in community mobility among older adults aging in place. *Disability and Rehabilitation*, 36(15), 1249–1257. <https://doi.org/10.3109/09638288.2013.837970>
- Gesinde, A., Adekeye, O., & Iruonagbe, C. (2012). *Poverty and Old Age: The Nigerian Situation*. <https://www.semanticscholar.org/paper/Poverty-and-Old-Age%3A-The-Nigerian-Situation-Gesinde-Adekeye/a3be3a441c1e6f405b14e57d6410b45ddd3e17b9>

- Griffiths, M., Rogers, A., & Anderson, B. (2013). Migration, Time and Temporalities: Review and Prospect. *2013*.
- Gubrium, J. F. (1973). Apprehensions of Coping Incompetence and Responses to Fear in Old Age. *The International Journal of Aging and Human Development*, *4*(2), 111–125.
<https://doi.org/10.2190/6FA4-9U22-CCCF-HTHU>
- Haltaufderheide, J., Hovemann, J., & Vollmann, J. (2020). *Aging Between Participation and Simulation: Ethical Dimensions of Socially Assistive Technologies in Elderly Care*. Walter de Gruyter GmbH. <http://ebookcentral.proquest.com/lib/unipd-ebooks/detail.action?docID=6209849>
- Hannam, K., Sheller, M., & Urry, J. (2006a). Editorial: Mobilities, Immobilities and Moorings. *Mobilities*, *1*(1), 1–22. <https://doi.org/10.1080/17450100500489189>
- Hannam, K., Sheller, M., & Urry, J. (2006b). Editorial: Mobilities, Immobilities and Moorings. *Mobilities*, *1*(1), 1–22. <https://doi.org/10.1080/17450100500489189>
- Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal Cognitive Aging. *Clinics in Geriatric Medicine*, *29*(4), 737–752. <https://doi.org/10.1016/j.cger.2013.07.002>
- Harman, D. (n.d.). The aging process. *Medical Sciences*.
- Harman, D. (2001). Aging: Overview. *Annals of the New York Academy of Sciences*, *928*(1), 1–21. <https://doi.org/10.1111/j.1749-6632.2001.tb05631.x>
- Hassem, T., & Laher, S. (2019). A systematic review of online depression screening tools for use in the South African context. *The South African Journal of Psychiatry : SAJP : The*

- Journal of the Society of Psychiatrists of South Africa*, 25, 1373.
<https://doi.org/10.4102/sajpsychiatry.v25i0.1373>
- He, Q., Cui, Y., Liang, L., Zhong, Q., Li, J., Li, Y., Lv, X., & Huang, F. (2017). Social participation, willingness and quality of life: A population-based study among older adults in rural areas of China. *Geriatrics & Gerontology International*, 17(10), 1593–1602. <https://doi.org/10.1111/ggi.12939>
- Hoffman, Jaco, Pype, Katrien—*Ageing in Sub-Saharan Africa (2016, Policy Press)*—*Libgen.li.epub.* (n.d.).
- Hughes, K. A., Alipaz, J. A., Drnevich, J. M., & Reynolds, R. M. (2002). A test of evolutionary theories of aging. *Proceedings of the National Academy of Sciences of the United States of America*, 99(22), 14286–14291. <https://doi.org/10.1073/pnas.222326199>
- Hwang, E., Cummings, L., Sixsmith, A., & Sixsmith, J. (2011). Impacts of Home Modifications on Aging-in-Place. *Journal of Housing For the Elderly*, 25(3), 246–257. <https://doi.org/10.1080/02763893.2011.595611>
- Ipingbemi, O. (2010). Travel characteristics and mobility constraints of the elderly in Ibadan, Nigeria. *Journal of Transport Geography*, 18(2), 285–291. <https://doi.org/10.1016/j.jtrangeo.2009.05.011>
- Jenkel, D. (2007). *Country report: Ageing in Nigeria – Current State, Social and Economic Implications.*

- Krause, N. (2003). Religious Meaning and Subjective Well-Being in Late Life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(3), S160–S170. <https://doi.org/10.1093/geronb/58.3.S160>
- Kruger, M., Ndebele, P., & Horn, L. (2014). *Research Ethics in Africa: A Resource for Research Ethics Committees*. Sun Press. <https://books.google.co.za/books?id=Ge72AwAAQBAJ>
- Kuyinu, Y. A., Femi-Adebayo, T. T., Adebayo, B. I., Abdurraheem-Salami, I., & Odusanya, O. O. (2020). Health literacy: Prevalence and determinants in Lagos State, Nigeria. *PLOS ONE*, 15(8), e0237813. <https://doi.org/10.1371/journal.pone.0237813>
- Levasseur, M., Généreux, M., Bruneau, J.-F., Vanasse, A., Chabot, É., Beaulac, C., & Bédard, M.-M. (2015). Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults: Results from a scoping study. *BMC Public Health*, 15(1), 503. <https://doi.org/10.1186/s12889-015-1824-0>
- Liu-Ambrose, T., Nagamatsu, L. S., Voss, M. W., Khan, K. M., & Handy, T. C. (2012). Resistance training and functional plasticity of the aging brain: A 12-month randomized controlled trial. *Neurobiology of Aging*, 33(8), 1690–1698. <https://doi.org/10.1016/j.neurobiolaging.2011.05.010>

- Lloyd-Sherlock, P., & Amoakoh-Coleman, M. (2020). A critical review of intervention and policy effects on the health of older people in sub-Saharan Africa. *Social Science & Medicine*, 250, 112887. <https://doi.org/10.1016/j.socscimed.2020.112887>
- López-Otín, C., Blasco, M. A., Partridge, L., Serrano, M., & Kroemer, G. (2013). The Hallmarks of Aging. *Cell*, 153(6), 1194–1217. <https://doi.org/10.1016/j.cell.2013.05.039>
- Ma, H., Zhao, T., Wan, C., Liu, F., & Christensen, M. (2023). ‘And I thought having a cancer diagnosis was hard’: A descriptive phenomenological study of family caregiver experiences navigating the pre-hospital system during COVID-19. *European Journal of Oncology Nursing*, 62, 102255. <https://doi.org/10.1016/j.ejon.2022.102255>
- Mahmood, A., Chaudhury, H., Michael, Y. L., Campo, M., Hay, K., & Sarte, A. (2012). A photovoice documentation of the role of neighborhood physical and social environments in older adults’ physical activity in two metropolitan areas in North America. *Social Science & Medicine* (1982), 74(8), 1180–1192. <https://doi.org/10.1016/j.socscimed.2011.12.039>
- Mbam, K. C., Halvorsen, C. J., & Okoye, U. O. (2022). Aging in Nigeria: A Growing Population of Older Adults Requires the Implementation of National Aging Policies. *The Gerontologist*, 62(9), 1243–1250. <https://doi.org/10.1093/geront/gnac121>

- McKinnon, B., Harper, S., & Moore, S. (2013). The relationship of living arrangements and depressive symptoms among older adults in sub-Saharan Africa. *BMC Public Health*, 13(1), 682. <https://doi.org/10.1186/1471-2458-13-682>
- Metro Lagos (Nigeria): Local Government Areas—Population Statistics, Charts and Map.* (n.d.). Retrieved 6 November 2023, from <https://www.citypopulation.de/en/nigeria/metrolagos/>
- Mike, D. J. H. (n.d.). *Nurturing a Positively Sensitive and Inclusive Society: A Human Rights Framework for the Protection of Older Persons in Nigeria.*
- Musselwhite, C., & Haddad, H. (2010). Mobility, accessibility and quality of later life. *Quality in Ageing and Older Adults*, 11(1), 25–37. <https://doi.org/10.5042/qiaoa.2010.0153>
- Musselwhite, C., Holland, C., & Walker, I. (2015). The role of transport and mobility in the health of older people. *Journal of Transport & Health*, 2(1), 1–4. <https://doi.org/10.1016/j.jth.2015.02.001>
- National Population Commission (NPC) [Nigeria] and ICF International. 2014.* (n.d.). Retrieved 26 May 2023, from <https://dhsprogram.com/pubs/pdf/fr293/fr293.pdf>
- NATIONAL SOCIAL PROTECTION POLICY.pdf.* (n.d.).
- NGA87623.pdf.* (n.d.).
- NGA104157.pdf.* (n.d.). Retrieved 26 May 2023, from <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104157/126947/F-693610255/NGA104157.pdf>

- Nigeria. (2017, July 24). UNEP - UN Environment Programme. <http://www.unep.org/explore-topics/transport/what-we-do/share-road/nigeria>
- Nigeria: *Old population by gender*. (n.d.). Statista. Retrieved 14 July 2023, from <https://www.statista.com/statistics/1260768/elderly-population-in-nigeria-by-gender/>
- Nikolaeva, A., Adey, P., Cresswell, T., Lee, J. Y., Nóvoa, A., & Temenos, C. (2019). Commoning mobility: Towards a new politics of mobility transitions. *Transactions of the Institute of British Geographers*, 44(2), 346–360. <https://doi.org/10.1111/tran.12287>
- Odufuwa, B. O. (2006). ENHANCING MOBILITY OF THE ELDERLY IN SUB-SAHARAN AFRICA CITIES THROUGH IMPROVED PUBLIC TRANSPORTATION. *IATSS Research*, 30(1), 60–66. [https://doi.org/10.1016/S0386-1112\(14\)60156-4](https://doi.org/10.1016/S0386-1112(14)60156-4)
- Okafor, C. (2023, March 7). 17 years after, Nigeria set to hold green national census. *Premium Times Nigeria*. <https://www.premiumtimesng.com/news/top-news/586651-17-years-after-nigeria-set-to-hold-green-national-census.html>
- Okafor, S. O., & Ugwuibe, C. O. (2020). The Ageing Population and the Challenges of Health Management: A Study of Retirees of Public Institutions in South East Nigeria. *World Journal of Social Science*, 7(1), 31. <https://doi.org/10.5430/wjss.v7n1p31>
- Okoye, U., & Asa, S. (2011). *Caregiving and Stress: Experience of People Taking Care of Elderly Relations in South-eastern Nigeria*.

- Oladinrin, O. T., Mesthrige, J. W., Ojo, L. D., Alencastro, J., & Rana, M. (2023). Smart Home Technologies to Facilitate Ageing-in-Place: Professionals Perception. *Sustainability*, 15(8), 6542. <https://doi.org/10.3390/su15086542>
- Olasunbo, O. I., & Olubode, K. A. (n.d.). Socio-demographic and nutritional assessment of the elderly Yorubas in Nigeria. 2006.
- Olawole, M. O., & Aloba, O. (2014). Mobility characteristics of the elderly and their associated level of satisfaction with transport services in Osogbo, Southwestern Nigeria. *Transport Policy*, 35, 105–116. <https://doi.org/10.1016/j.tranpol.2014.05.018>
- P95-01-1-2.pdf*. (n.d.).
- Phillips, R., & Johns, J. (2012). *Fieldwork for human geography*. SAGE.
- PopFacts_2016-1.pdf*. (n.d.). Retrieved 11 July 2023, from https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2016-1.pdf
- Population Aging in Sub-Saharan Africa Demograph.pdf*. (n.d.). Retrieved 23 May 2023, from <https://www.census.gov/content/dam/Census/library/publications/2007/demo/p95-07-1.pdf>
- Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006*. (n.d.).
- Porter, G. (2016). Mobilities in Rural Africa: New Connections, New Challenges. *Annals of the American Association of Geographers*, 1–8. <https://doi.org/10.1080/00045608.2015.1100056>

- Porter, G., Dungey, C., Murphy, E., Adamu, F., Bitrus Dayil, P., & de Lannoy, A. (2023). Everyday mobility practices and the ethics of care: Young women's reflections on social responsibility in the time of COVID-19 in three African cities. *Mobilities, 18*(1), 21–36. <https://doi.org/10.1080/17450101.2022.2039561>
- Porter, G., Hampshire, K., Abane, A., Munthali, A., Robson, E., & Mashiri, M. (2017). *Young People's Daily Mobilities in Sub-Saharan Africa: Moving Young Lives*. Palgrave Macmillan US. <https://doi.org/10.1057/978-1-137-45431-7>
- Porter, G., Tewodros, A., Bifandimu, F., Gorman, M., Heslop, A., Sibale, E., Awadh, A., & Kiswaga, L. (2013). Transport and mobility constraints in an aging population: Health and livelihood implications in rural Tanzania. *Journal of Transport Geography, 30*, 161–169. <https://doi.org/10.1016/j.jtrangeo.2013.05.001>
- PRA_2014.pdf*. (n.d.). Retrieved 26 May 2023, from https://www.pencom.gov.ng/wp-content/uploads/2018/01/PRA_2014.pdf
- Psarikidou, K. (2018). Towards a 'Meaning'-ful Analysis of the Temporalities of Mobility Practices: Implications for Sustainability. In A. Hui, R. Day, & G. Walker (Eds.), *Demanding Energy: Space, Time and Change* (pp. 99–119). Springer International Publishing. https://doi.org/10.1007/978-3-319-61991-0_5
- Rando, T. A., & Chang, H. Y. (2012). Aging, Rejuvenation, and Epigenetic Reprogramming: Resetting the Aging Clock. *Cell, 148*(1–2), 46–57. <https://doi.org/10.1016/j.cell.2012.01.003>

- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative Interviewing: The Art of Hearing Data*. SAGE.
- Ryan, J., Wretstrand, A., & Schmidt, S. M. (2015). Exploring public transport as an element of older persons' mobility: A Capability Approach perspective. *Journal of Transport Geography*, 48, 105–114. <https://doi.org/10.1016/j.jtrangeo.2015.08.016>
- Satariano, W. A., Guralnik, J. M., Jackson, R. J., Marottoli, R. A., Phelan, E. A., & Prohaska, T. R. (2012). Mobility and Aging: New Directions for Public Health Action. *American Journal of Public Health*, 102(8), 1508–1515. <https://doi.org/10.2105/AJPH.2011.300631>
- Schröder-Butterfill, E., & Marianti, R. (2006). A framework for understanding old-age vulnerabilities. *Ageing and Society*, 26(1), 9–35. <https://doi.org/10.1017/S0144686X05004423>
- Shankardass, M. K. (Ed.). (2020). *International Handbook of Elder Abuse and Mistreatment*. Springer Singapore. <https://doi.org/10.1007/978-981-13-8610-7>
- Sheller, M., & Urry, J. (2006). The New Mobilities Paradigm. *Environment and Planning A: Economy and Space*, 38(2), 207–226. <https://doi.org/10.1068/a37268>
- Smith, A. E., Sim, J., Scharf, T., & Phillipson, C. (2004). Determinants of quality of life amongst older people in deprived neighbourhoods. *Ageing and Society*, 24(5), 793–814. <https://doi.org/10.1017/S0144686X04002569>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.

- Soar, J., Yu, L., & Al-Hakim, L. (2020). Older People's Needs and Opportunities for Assistive Technologies. *The Impact of Digital Technologies on Public Health in Developed and Developing Countries*, 12157, 404–414. https://doi.org/10.1007/978-3-030-51517-1_37
- Stephen Golant—*Aging in the Right Place-Health Professions Press, Inc. (2015).epub.* (n.d.).
- Steverink, N., Westerhof, G. J., Bode, C., & Dittmann-Kohli, F. (2001). The Personal Experience of Aging, Individual Resources, and Subjective Well-Being. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 56(6), P364–P373. <https://doi.org/10.1093/geronb/56.6.P364>
- Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience* (p. 18548). (2013). National Academies Press. <https://doi.org/10.17226/18548>
- Tabootwong, W., & Jullamate, P. (2022). Experiences of nursing students in caring for older adults with mechanical ventilation: A descriptive phenomenological study. *Teaching and Learning in Nursing*, 17(4), 487–493. <https://doi.org/10.1016/j.teln.2022.05.006>
- Tanyi, P. L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy. *Cogent Social Sciences*, 4(1), 1555201. <https://doi.org/10.1080/23311886.2018.1555201>
- Tesi Olaouluwa.pdf.* (n.d.). Retrieved 6 November 2023, from <https://www.uniselinus.education/sites/default/files/2021-07/Tesi%20Olaouluwa.pdf>

Therborn, G. (Ed.). (2006). *African families in a global context* (2. ed). Nordiska Afrikainstitutet.

TRANSPORTATION AND MOBILITY SYSTEM IN LAGOS «Lookman Oshodi. (n.d).

Retrieved 7 November 2023, from

<https://oshlookman.wordpress.com/2016/08/12/transportation-and-mobility-system-in-lagos/>

Tural, E., Lu, D., & Austin Cole, D. (2021). Safely and Actively Aging in Place: Older Adults' Attitudes and Intentions Toward Smart Home Technologies. *Gerontology and Geriatric Medicine*, 7, 23337214211017340.
<https://doi.org/10.1177/23337214211017340>

Versey, H. S. (2021). Perceptions of community among suburban and urban-dwelling adults aging in place. *Journal of Aging Studies*, 59, 100969.
<https://doi.org/10.1016/j.jaging.2021.100969>

Vincent-Onabajo, G., Gayus, P., Masta, M. A., Ali, M. U., Gujba, F. K., Modu, A., & Hassan, S. U. (2018). Caregiving Appraisal by Family Caregivers of Stroke Survivors in Nigeria. *Journal of Caring Sciences*, 7(4), 183–188.
<https://doi.org/10.15171/jcs.2018.028>

Webber, S. C., Porter, M. M., & Menec, V. H. (2010). Mobility in Older Adults: A Comprehensive Framework. *The Gerontologist*, 50(4), 443–450.
<https://doi.org/10.1093/geront/gnq013>

Wecker, N. S., Kramer, J. H., Wisniewski, A., Delis, D. C., & Kaplan, E. (2000). Age effects on executive ability. *Neuropsychology*, *14*(3), 409–414. <https://doi.org/10.1037/0894-4105.14.3.409>

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. SAGE.

Werner, C., Wolf-Belala, N., Nerz, C., Abel, B., Braun, T., Grüneberg, C., Thiel, C., Büchele, G., Muche, R., Hendlmeier, I., Schäufele, M., Dams, J., König, H.-H., Bauer, J. M., Denking, M., & Rapp, K. (2022). A multifactorial interdisciplinary intervention to prevent functional and mobility decline for more participation in (pre-)frail community-dwelling older adults (Prometheus): Study protocol for a multicenter randomized controlled trial. *BMC Geriatrics*, *22*(1), 124. <https://doi.org/10.1186/s12877-022-02783-4>

WHO launches new framework to support countries achieve integrated continuum of long-term care. (n.d.). Retrieved 22 March 2023, from <https://www.who.int/news/item/14-03-2022-who-launches-new-framework-to-support-countries-achieve-integrated-continuum-of-long-term-care>

WHO_2002.pdf. (n.d.). Retrieved 1 June 2023, from https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1&isAllowed=y

- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. S. (2012). The Meaning of 'Aging in Place' to Older People. *The Gerontologist*, 52(3), 357–366. <https://doi.org/10.1093/geront/gnr098>
- Wodrich, A. P. K., Scott, A. W., & Giniger, E. (2023). What do we mean by “aging”? Questions and perspectives revealed by studies in *Drosophila*. *Mechanisms of Ageing and Development*, 213, 111839. <https://doi.org/10.1016/j.mad.2023.111839>
- Wood, K. M., Edwards, J. D., Clay, O. J., Wadley, V. G., Roenker, D. L., & Ball, K. K. (2005). Sensory and Cognitive Factors Influencing Functional Ability in Older Adults. *Gerontology*, 51(2), 131–141. <https://doi.org/10.1159/000082199>
- World Population Ageing 2019: Highlights*. (n.d.).

8. ANNEXES

8.1 Interviews Conducted

[https://drive.google.com/drive/folders/1e-4osPio8Irrne97p2nsQMkOasTTEaBs?usp=share link](https://drive.google.com/drive/folders/1e-4osPio8Irrne97p2nsQMkOasTTEaBs?usp=share_link)

8.2 Invitation Letter for Participants

Study Title

The study is titled "Comprehending the Daily Mobilities of the Elderly Population in Alimosho LGA, Nigeria.

Researcher: Samuel Oluwaseyi Akindunjoye

School: University of Padova, Italy.

Invitation Paragraph

You are cordially invited to participate in a master's research study. But before making your decision, it is vital for you to understand the purpose of this research and its involvement. Kindly take a moment to read the following information carefully, and please do not hesitate to seek further clarification or ask any questions you may have. Your participation is entirely voluntary, and you should only proceed if you wish to do so.

1. Purpose of the Study

This research has a goal to find answers to various questions about how older people in Nigeria move around in their daily lives. We want to understand what influences them, like their culture, society, money, etc. and the places they live. We're focusing specifically on older people in Alimosho, a part of Lagos in Nigeria. We're looking at both simple and complex aspects of their daily travels – things like where they go and how they feel about it.

We're also interested in the rules and ideas that affect how older people move around. We want to know how they see things and what they believe. We're looking at things like policies that are meant to help them, how easy it is for them to find transportation, and if it's affordable for them. We're also considering any difficulties they might have in moving around due to their age.

As we study the challenges older people face when they travel in Nigeria, we're also listening closely to what they have to say. We want to make older people more aware of the changes that might happen in the future. And based on the information we gather from our conversations with them, we hope to suggest practical solutions. We're using a special kind of conversation called semi-structured interviews to learn all this.

2. Why Have You Been Chosen to Participate?

First of all, thank you for being a part of this research study. Your participation is greatly valued as it will provide invaluable insights into mobility concerns faced by elderly individuals. Rest assured that your privacy and confidentiality will be rigorously maintained, and all information collected will solely be used for research purposes. If you have any questions or concerns throughout the study, please feel free to share them, as we are eager to address them. Your contribution to this essential research will undoubtedly make a meaningful impact on the lives of many.

3. Do I have to take part?

You have been selected to take part in this study through a random or specific sampling process, ensuring diverse representation among participants with varied experiences and backgrounds. Your unique perspective and experiences will significantly contribute to the research's overall findings, leading to the development of improved solutions for enhancing mobility and the quality of life for elderly individuals like yourself.

4. What to Expect During Participation

Throughout your participation, spanning from the initiation to the culmination of our sessions, your input will be recorded. Given that our approach involves a partially structured interview style, certain initial questions have been prepared in advance. Your engagement will

primarily entail responding to these questions within the framework of a semi-structured interview.

It's important to recognize the significant role you play in this endeavor. Our aim is to glean insights from your personal experiences and viewpoints, going beyond what traditional textbooks can provide. Your involvement will contribute to our efforts to delve into how older individuals can maintain their connections with communities and social networks, while also fostering independence when appropriate and encouraging physical activities that counteract social isolation.

Furthermore, our exploration will extend to examining the interplay of various facets of elderly mobility. This holistic approach aims to comprehensively grasp the intricacies of the aging process, its effects on transportation choices, and the resulting impacts on lifestyle decisions. Your participation is integral to the success of this endeavor.

During our time together, from the start to the finish of our sessions, we will keep a record of what you share. Think of our conversations as friendly chats with a bit of structure. To begin, I have some questions ready to guide us. Your part is essential because we want to learn from your life experiences and what you think, which goes beyond what's usually found in books.

By joining in, we hope to learn more about how older people like you can stay in touch with friends and the community. We're also interested in how you manage to do things on your own when you want to, and how you keep active while staying connected with others. Plus, we'll explore how different parts of getting around affect your life. This will help us understand more about how people age and how it affects the choices they make about how to get around and how they live. Your thoughts and experiences are really valuable for this!

5. Risks and Disadvantages

Participating in this research is considered safe, and no known risks or disadvantages have been identified. However, if you encounter any discomfort or concerns during the study, please notify us immediately.

6. Benefits of Participation

Your participation in this study may bring individual benefits based on your aspirations, which we will discuss with you. However, please be aware that the study's results will not be published since it fulfills a graduation requirement for the student conducting it. The primary focus is to meet the school's graduation requirements through this research project.

7. Will my participation be kept confidential?

Your participation in the study involves sharing your ideas and perspective through an audio recorder. We assure you that this interview is solely about you, and we tailor the questions in alignment with the study's purpose and your involvement. Your shared details will be strictly confidential and will not be published or shared beyond the study's participants, which include myself and the student's supervisor. It's important to remember that this study contributes to a global discourse, aiming to foster realizations and explore potential solutions, fixes, or further recommendations.

8. What will happen to the result of the study?

I understand your interest in the research study. The goal of this study is to gain a better understanding of mobility concerns among elderly individuals. By conducting this research, we aim to identify the challenges they face and explore potential solutions to improve their mobility and overall well-being. Once the study is complete, we will analyze the data collected carefully. The results will help us draw meaningful conclusions and may be used to create recommendations or interventions that could benefit elderly individuals in their daily lives. We

are committed to sharing the findings of the study with the community and relevant stakeholders. This may include publishing the results in academic journals or presenting them at conferences and community events. Our hope is that the research will contribute to enhancing the quality of life for older adults, addressing mobility concerns, and promoting healthier aging. We truly value your interest and support in this important endeavor."

The result of the study will also be made available to you if you'd love to have a look or curious about the findings at the end of the study. This will be made available through whatever means that you desire. You will also not be identifiable from the result unless you consent to it.

9. What will happen if I want to stop taking part?

You can withdraw at any time for any reason during the course of data collection. Without explanation too. Thus, at any stage of the study until conclusion. Should be after collection of during further analysis. Results up to the period of withdrawal may be used if you are happy this be done. You should never feel obligated to continue participating in the research if they are uncomfortable or if they no longer wish to be part of the study. You can withdraw at any point, and your choice will not affect your relationship with researchers or the care they receive. Your well-being and autonomy are of utmost importance, and the study is conducted following ethical guidelines to ensure the safety and respect of all participants.

10. Who can I contact if I have further questions?

If you have more questions, you can send a message to the phone number using WhatsApp. The person with this number is the main researcher.

WhatsApp Number:

Finally, we are truly grateful for your consideration and eagerly await your response to our research invitation. Your participation holds immense value, and we look forward to the possibility of embarking on this journey of discovery together. Thank you for your time and interest!