LA CIUDAD DEL NO-CUIDADO: caminata y personas mayores en pandemia

THE CITY OF NON-CARE: Walking and Elder People During the Pandemic

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The pandemic forced the elderly to establish strict quarantines. But that measure of care prevented them from performing a daily self-care exercise: the urban walk. Based on this dilemma, the following research confirms how the city becomes hostile to the elderly, turning into an environment of “non-care.”

The elderly population is rapidly increasing: by 2050 it is expected that one in six people in the world will exceed the age of 65 (UN, 2019). This is a diverse group of people who, depending on their life trajectories, have different skills and resources (WHO, 2015). A vulnerable group that tends to suffer from different forms of poverty (UNDESA, 2015) and to be subjected to a series of stigmas (e.g., ageism) that minimize their capacities and relegate them to the margins of society (Warmoth et al., 2015; Bravo-Segal, 2018). They are mostly active people who can become immobile if socio-spatial conditions are not favorable (Lord et al., 2011).

Immobility – particularly the inability to walk – has incalculable costs for older people. Numerous authors suggest that people can access the public domain and exercise citizenship through walking (Demerath & Levinger, 2003; Ingold & Vergunst, 2008; Lorimer, 2011); others add that walking brings health benefits, often being described as a self-care strategy used by older people to age ‘better’ (Lee & Buchner, 2016; Deka & Brown, 2020). Despite all of this, walking is difficult in cities whose spaces barely respond to the needs of the elderly. Various barriers impede access to goods and available services, such as inadequate public transport, public spaces that are poorly designed or in bad condition, which can lead to accidents, instill fear, and cause insecurity, turning everyday life into a challenge (Clarke et al., 2008; Nyman et al., 2013; Ferrer et al., 2015; Herrmann-Lunecke et al., 2021).

A series of agreements and initiatives have sought to make the rights of older people visible and promote actions that could result in kinder cities (ONU, 2003; CEPAL, 2007; OEA, 2015). However, the arrival of the COVID-19 pandemic – that, while this article is being written is still affecting a big part of the world – brought with it unprecedented challenges. Older people were quickly ‘shielded’ (isolation in private property) based on the evidence that they were among the groups most vulnerable to the new virus. Then, there would be generalized lockdowns which would limit mobility, and physical distancing measures that would

FIG. 1
Participantes y barrios estudiados. / Participants and studied neighborhoods.
Fuente / source: elaboración propia / elaborated by the authors.

transform interaction in public space, leaving older people in a delicate situation (UN & ECLAC, 2020). It is a complex position in which 'care' in the short term (confinement and the inability to access public space) can bring significant consequences in the medium and long terms (such as physical, mental, and cognitive impairment).

Chile, and more specifically Santiago, still suffers from profound inequalities and numerous deficiencies that hinder the daily life of the elderly (González, 2004; Gajardo et al., 2012; Fuentes-García et al., 2013; Espinosa et al., 2015; Vecchio et al., 2020). Discussing this case study could contribute to Latin American literature and research on walking and the elderly.

Methods

This article presents the results of a research project in which experts and elderly people were interviewed. Participants were recruited following a mixed scheme of 'snowball' and 'key informants' (Geddes et al., 2018). The 'expert' category consisted of people who work in the public sector in key areas for the elderly population (such as health, urban design, transport, and so on), or who lead local initiatives related to walking and physical activity. Those who accepted were interviewed and then consulted for data of other people who could be willing to collaborate and provide useful points of view. By iterating this procedure, 25 participants were reached.¹

On the other hand, the elderly participants were recruited through key informants. Through telephone calls, residents of four centrally located neighborhoods (within the district of Santiago) with distinctive walking routes and building typologies, were invited to collaborate in the research: Pedro Montt/San Eugenio (houses of 1 to 2 floors), the neighborhood of República (continuous façade housing), Huemul (block housing) and San Isidro/San Borja (high rise housing) [FIG. 1]. Just like with the experts, the participants were asked about neighbors who might be willing to collaborate. With this mixed recruitment method, 38 participants² were reached; 14 of whom participated only in the interviews and 24 who also accepted the invitation to talk in focus groups.³

With the consent of the participants, interviews and focus groups were recorded, anonymized, and transcribed. The transcripts were imported into the qualitative data analysis software atlas.ti (version 8.0) and analyzed with tools that allow the tagging of fragments (coding) while simultaneously visualizing those that have a similar content. The analysis was oriented towards the 'discovery' (Fossey et al., 2002); of patterns and omissions in the responses of the participants, paying particular attention to (i) the ways in which they understand walking; (ii) the elements of public space and the built environment that facilitate or hinder the activity of walking; and (iii) the impacts of the pandemic on the lives of older people and their walking habits. In parallel to analyzing the interviews, maps of the studied neighborhoods were developed, in which all the places named by the elder people during the focus groups (such as destinations, facilitators, obstacles, and so on) were referenced.⁴

The Experts' Vision: Hostile Urban Spaces and Confinement

The interviewed experts tend to agree with the findings of the literature, indicating that walking is an essential activity for older people (Demerath & Levinger, 2003; Ingold & Vergunst, 2008; Lorimer, 2011; Lee & Buchner, 2016; Deka & Brown, 2020). Regarding wellbeing, experts indicated that walking plays a key role in the physical, mental, and emotional health of older people. It is a self-care habit that collaborates towards the prevention and mitigation of chronic ailments, which could help delay cognitive and physical decline that can affect the elderly population. When describing access to public space, participants added that walking promotes participation, empowerment and, in general, the exercise of citizenship. Walking makes older people 'visible' in the face of a society that tends to marginalize them. In terms of social dimensions, the experts indicated that walking allows contact with other people; it is an activity that evokes memories and experiences, and that is fundamental in the affection that older people have for the neighborhoods in which they live or through which they move. Walking was also described as a symbolic practice for the elderly, associated with the ability to solve everyday tasks without the assistance of third parties.

Despite its advantages for older people, experts indicated that walking is complex. In addition to the difficulties caused by possible chronic ailments and the eventual need for technical aids (e.g. walkers), there is the hostility of congested public spaces and the infantilization that elderly people face in some places. In neighborhoods facing processes of change and densification, the loss of familiarity with neighbors sharpens distrust towards the people with whom the public space is shared, increasing the loneliness felt by many older people. Whereas, due to personal experiences, many older people suffer from a deep fear of crime, motorized vehicles, being hit by cyclists and falling. All of these factors also affect the way in which older people perceive their own abilities, something particularly relevant when the spaces they walk through do not have the appropriate architecture or conditions:

I remember when I worked at the J. Aguirre [Hospital] [...] All those sidewalks were destroyed, and I was seeing elderly people with their walking aids, or wheelchairs or going through there with quite some difficulty.

I believe that the Chilean cities are not currently prepared to welcome the elder population, this is the reason [...] elder people who experience difficulties prefer to stay at home rather [...] than using the spaces. (GeroActivismo Foundation)

As figure 2 illustrates, the experts stated that older people have to overcome a series of obstacles in order to walk in Chilean cities. There are houses that have not been adapted to the needs of their inhabitants and whose elements that are difficult to overcome (such as level changes, steps, stairs, and so on); sidewalks that are deteriorated, narrow, or whose usable width is diminished by streetlights, signposting, parked vehicles or commerce and that can cause accidents or create hostile environments. Participants indicated that older people often feel unsafe on narrow sidewalks or in

congested spaces, pressured by the other people who walk at higher speeds. Intersections which are difficult to cross, poorly demarcated, with short pedestrian traffic light cycles or without elements to bridge the height difference between the sidewalk and the road. Unattractive landscapes and spaces lacking in urban furniture and services worsen the experience of elderly people. Illegible signposting can pose a challenge to those who suffer from some form of cognitive impairment. Participants emphasized that Chilean cities do not care for the elderly nor do they facilitate the activities aimed at improving their health and wellbeing. Some went further and, as Gajardo et al. (2012) suggest, indicated that if the daily life of elderly people occurs with relative normality, it is due to the support of communities, and not the accommodations offered in urban space and the built environment.

The COVID-19 pandemic, however, took this support away. From the experts' point of view, the particularity of this crisis lies in the fact that it separated older people from the communities in which they participate and that usually support them in times of emergency. Especially for those of older age, the outbreak of the new coronavirus resulted in isolation and confinement: isolation recommended by the authorities and confinement fed by the fear of contagion, often by loved ones. Thus, the interviewees indicated that a significant number of older people with whom they have had contact went from having independent and self-sufficient lives to depending on others who, seeking to protect them, limited to a minimum the activities that could involve some degree of exposure to the disease. Going out on the street, walking and going to medical centers were some of the activities that, according to the experts' experience, began to be suppressed during a lockdown that gradually brought about inactivity.

As observed by participants who work directly with the elderly population, inactivity brought with it physical deterioration (sarcopenia, for example), reaching prostration in some cases. Although initiatives were developed to stimulate physical activity remotely, digital gaps and limited access to information prevented these efforts from reaching a significant percentage of the elderly:

Has it [the pandemic] affected them? Yes. How much? Aside from physical effects, muscle, sarcopenia [...], not moving freely has much more powerful effects on moods... leading to anxious conditions and other types of disorders. [So] we have this other post pandemic problem that hasn't exploded yet.

[...] They are afraid to go out, they are afraid to go to their health checks, because every morning during the last six months they were told that they were the group that was going to die. And in my opinion, there was nothing to mitigate that, saying: "perfect, yes, they are the group with the highest risk, but at home we can [...] do these other things." (Program "More Self-Reliant Elderly People," Ministry of Health)

Older people were left adrift in this crisis; locked in houses, weakened, and neglected by institutions that give them

FIG. 2 Obstáculos descritos por los expertos / Obstacles described by the experts.
Fuente / source: elaboración propia / elaborated by the authors.

little, if any, support. Some participants argued that the treatment older people have received during the pandemic is a violation that adds to the many they are already subjected to. A 'setback' that, from the point of view of the participants, makes older people even more invisible, creates problems that are complex to resolve and raises questions about the many challenges they will face to be integrated into the post-pandemic society, and return to walking through urban environments that did not fit even the needs they had in the 'old normal'.

The Elderly's Vision: Learning to Walk Between Obstacles

The elderly commonly depicted walking as a self-care strategy. Everything indicated that walking is an activity that, in one way or another, must be present in their daily lives due to the multiple benefits implied in its practice. Thus, walking for them is a recreational and contemplative practice that evokes memories and helps them stay active, order routines, and clear the mind. Walking frequently also helps them mitigate the fear of becoming immobile and dependent; it fills gaps in the daily lives of older people, particularly among those who live alone or are retired, and who, at this 'moment in life' (woman, 65 years old), have time to devote to the activities they enjoy.

Residents of the four neighborhoods studied noted that walking is a purpose in itself, that it does not necessarily

FIG. 3 Barrio República con los atributos mencionados en grupos focales. / *República neighborhood depicted with the attributes mentioned in focus groups.* Fuente / *source:* elaboración propia / *elaborated by the authors.*

depend on reaching a particular destination. It is an activity that is 'programmed' and has 'goals' (like walking a number of kilometers or hours). Likewise, many of them indicated that it is an acquired habit which is cultivated over time, arguing that they are still able to walk because they do it since their youth. For example, after explaining that walking must be prolonged and vigorous to be effective, one participant finished by saying that walking "was like a hobby to me... then it became almost an obligation due to work and then it became something within me" (woman, 70 years old). According to them, having company, pets, and plazas and parks near their homes encourages them to walk. Mild days, as well as the existence of tree-lined streets that offer protection from the sun in the Summer months, make the walk a pleasant experience. On the contrary, the participants pointed out that they are discouraged by crime, the aggressiveness

of some drivers and cyclists, and the poor quality of the spaces through which they walk.

In general terms, older people pointed out that they usually walk through neighborhoods where the difficulties described by experts abound. Figure 3, for example, shows the complex structure of the República neighborhood (bike paths, traffic lights, and vehicular traffic) and the numerous obstacles, unpleasant situations or fear-instilling described during the focus groups.

From their point of view, since the neighborhoods through which they walk were not well maintained, they were gradually damaged by tree roots, vandalism, the carelessness of the residents, or the passage of time. Although there have been renovations within and around the neighborhoods, with new buildings, according to the group, these constructions have resulted in limited improvements (that is, around the new building) without solving the widespread neglect they suffer. These new buildings have also tended to modify the historic landscape, increased the number of vehicles on the streets and the feeling that the spaces available for walking are only those left by cars. One participant indicated that “it seems that [we] forgot that people came first, then vehicles” (woman, 70 years old) and added that in her daily life she deals with traffic lights that give preference to motorists (meaning that turns are allowed on pedestrian cycles), hence she is “cornered” on narrow sidewalks and streets whose widths are dedicated to parking and vehicular circulation.

Faced with these adverse conditions, the interviewed elders indicated that they have had to learn to walk between obstacles, memorizing the damages on the sidewalks to be more attentive when they approach them, creating routes that avoid difficult crossings or unpleasant places, looking for company to be able to go out at times or through spaces that are considered dangerous, and ‘learning to fall’ to reduce the possible threats that an uncontrolled fall could generate. The participants’ accounts, however, suggest that these are a response to a complex dilemma in which they either have to acquire enough skills to handle the hostile spaces that abound in Santiago, or they run the risk of becoming inactive.

Immobility was dramatically exacerbated by the COVID-19 pandemic. The participants locked themselves up “as if in a cave” (woman, 72 years old) and, without practice, activities became more arduous (woman, 68 years old). Many older people did exercise routines inside their homes to stay active and, to some extent, to balance the problems produced by not being able to walk freely. Others added that they have taken advantage of every instance that has been opened to go for a walk. New obstacles were added to those already existing, including the impossibility of maintaining distance in congested places, and the lack of people at some hours of the day; and, as indicated by the experts, new uncertainties. The elderly showed concern about how they will be able to walk and take care of themselves once the pandemic subsides:

And then, well... well, I don't know, I don't know what's going to happen when we get out of this [...] especially

us who are older. [...] I love [walking], but I don't know what might happen after... the pandemic. (Woman, 76 years old).

Final Thoughts

In this uncertain scenario left by the COVID-19 pandemic, it is imperative to move towards a friendlier city, a 'caring city' whose standards and conditions allow older people to walk and thus age better and take care of themselves. In this regard, there are several actions that should be taken from the perspective of planning and urban design. We must improve the standards of sidewalks in public space, and in turn reduce the inequality observed in the quantity and quality of sidewalks between communes. For this, it is crucial to introduce changes in the regulations of street planning in Chile, (Herrmann et al., 2020; Mora & Vecchio 2020). Likewise, traffic light cycles must be modified to facilitate crossings for older people (increasing pedestrian green time) (Centro UC Políticas Públicas, 2018). Finally, we must guarantee compliance with universal accessibility regulations, expanding its scope not only to street intersections but to issues such as the slope of the sidewalks, the continuity of a universal circuit and the elimination of obstacles (González, 2021). We must create a city that takes care of its elderly. **ARQ**

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Notas / Notes

- 1 Seven experts from the urban area (such as MINVU, MTT, SECTRA), six who work in institutions or departments that develop or implement public policy (SENAMA, for example), six who have direct contact with the elderly and six who lead citizen or neighborhood organizations.
- 2 Most participants indicated that before the arrival of the virus in the country they walked regularly.
- 3 The number of participants was defined by empirical saturation (Mason, 2002) which began to appear in interview number eighteen, in the case of experts, and in interview number thirty, in the case of the elderly.
- 4 The study was approved by the Scientific Ethical Evaluation Committee of the Facultad de Arquitectura y Urbanismo of Universidad de Chile.

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