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Introduction

Community mobility refers to an individual's ability to access and utilise public and private transport such as taxis, busses, driving, cycling or walking to move about in and around the community. Access to various modes of community mobility is essential for reaching destinations that are meaningful for occupational engagement. With ageing, mobility transition plays a fundamental role in maintaining community mobility, in addition to referring to the way in which individuals pass through physical spaces and places, such as moving within the home to complete day-to-day tasks or communiting from home to work, mobility transition also refers to the modification of locomotive means over an individual's life to best sut their physical abilities which change with ageing.

Community mobility also contributes to giving an individual a sense of identity and aids in accessing health, and symptoms of depression. Consequently, maintaining community mobility plays a significant role in preserving a good quality of life as one advances into the late stages of adulthood, in a context with goor infrastructure, such as in South Arica, maintaining community mobility as one ages can often be a difficult task. This challenges both the social development and public health systems with the important task of developing effective and efficient strategies to promote health and well-being in a growing and increasingly deverse ageing population.

A situational analysis done for the South African Plan of Action for Older Adults showed that older adults in rural areas especially, experience challenges to access health care services available to them. The main challenge was identified as the lack of appropriate transport and information on the availability of transport services². These findings motivated the researchers to investigate the forms of transport used by older adults in the Worcester area to access their out-of-home occupations. Unique to this study is the inclusion of older adults who present with various sensory impairments.

Methods

This quantitative cross-sectional descriptive study was inspired by a similar, on-going multiinternational study by the international Expert Advisory Panel on Community Health and Transport (I-CHaT)* and approved by the Stellenbosch University Undergraduate Research Etnics and the Research Committee, Convenience sampling was used to mcruit eligible participants from three population groups within Worcester. These three population groups constituted of individuals from Innovation for the Blind (IFB) for visually impaired persons, National Institute for the Deaf (NID) for

Mobility transition of older adult populations in Worcester, South Africa

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