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Age and gender differences in perceptions of traffic risk and safety for older pedestrians in metropolitan Sydney

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Abstract

Older pedestrians are over represented in serious injury and fatality statistics compared to younger age groups and are considered to be at fault in over 72% of pedestrian-motor vehicle crashes. This study sought to investigate the perceptions of risk and safety in the local traffic environment as reported by older people in the course of everyday pedestrian journeys by asking them to complete a kerb-side survey. The majority of the older pedestrians interviewed (475 women: 265 men) considered that they

engaged in safe pedestrian activity and that their own behaviour did not make them vulnerable road users. Perceptions of risk were predominantly associated with external factors such as motorist behaviour and traffic speed. Men tended to be more confident of their own abilities in traffic situations, reported less difficulty crossing roads and paid less attention to route selection than women. Increasing age (65 to 95 years) did not appear to change these perceptions. This is an important consideration for caregivers and medical practitioners when discussing road safety issues with older people, and a critical concern for professionals involved in the planning and implementation of traffic awareness and road safety campaigns for older people.

Introduction

Pedestrians account for 13% of all road deaths in the state of New South Wales, Australia [1]. In 2008, 45% of the pedestrians killed in New South Wales were aged 60 years or more, although people in this age group make up only 19% of the population [1]. This over representation of older people in pedestrian fatalities common to most westernised countries [2] has led to speculation that there is an ‘older pedestrian problem’. While this is of concern, it does not necessarily mean older people are less capable pedestrians than younger people. Given that older people do not survive injuries as well as younger people following an impact of similar force [3], there will always be higher fatality rates for the older age groups for the same number of crashes. Older people also tend to have more complications from injury, so they encounter longer hospitalisation and recuperation times [4].

As in most westernised countries the ageing population in Australia is increasing and older people are expected to be more active and live longer than earlier generations. Older people regularly make walking trips, as a principal form of travel or as part of a journey in association with other types of transport, especially for shopping, entertainment and other personal reasons [5, 6]. It is expected that an increase in the proportion of older people in the community will be associated with a corresponding increase in the number of pedestrian collisions. There are known age-related declines in vision, hearing, mobility and cognition that may affect road safety [7], but there is little empirical data directly linking these declines to increased pedestrian accident risk. Crash data show that older (> 65 years) pedestrian fatalities occur mainly in daylight, on weekdays, close to home, in urban areas and in <60km speed zones [5, 8, 9]. This suggests most collisions happen in the course of normal walking trips in the local area. Several studies have highlighted road crossing as a particularly high-risk situation for older pedestrians [6, 7, 10, 11]. In a previous study of 52 older pedestrian fatalities in Sydney it was found that 81% of the pedestrians were killed while crossing the road [12]. A high proportion of these people were killed while on zebra crossings (12%), at traffic lights (16%) and within 100m of a designated crossing facility (31%). A recent study about older pedestrian views on crossing roads showed that the main areas of concern for older pedestrians are their own confidence, particularly a fear of falls, other road user behaviour and an apparent contradiction in beliefs versus behaviour of older pedestrians themselves [13].

The current study investigates how older pedestrians perceive their own safety in the road environment, with emphasis on road crossing behaviour. Previous studies addressing older pedestrian safety issues have relied on retrospective interviews [6, 14]. We felt it was important to question older people while they were engaged in their

normal pedestrian activities, in order to refer to actual recent and specific road crossings and reduce inaccuracies in retrospective self-reporting. We compared the responses for men and women, and people in four age ranges to determine if perceptions of road safety vary between these groups and if there are older pedestrian issues that warrant targeted attention.

Methods

Older people (60 years and older) were approached to participate in a kerb-side questionnaire about pedestrian safety. The study was briefly explained to them and they were given an information statement with further details. This study was approved by the Human Research Ethics Committee (HREC) of the University of New South Wales (Ethics approval No: 03096). Agreement to be interviewed was considered as consent to participate. The questionnaire was designed specifically for this study to include questions about the current walking route and specific crossing locations.

Questionnaires were conducted from 8.00am to 6.00pm, Monday to Saturday, in each season of the year, and in three different local government areas in Sydney that have been highlighted as having high pedestrian fatality rates; Rockdale, Randwick and Marrickville [15]. The questionnaire took about 10-15 minutes to complete and there was seating available in all interview locations. One interviewer conducted all interviews. The interviews were not conducted in adverse or unusual weather conditions.

The structured questionnaire (available on request to corresponding author) consisted of four parts.

- A) Questions about walking behaviour and perceptions of road safety and risk
- B) Questions about the current walking trip (a one way trip from their point of origin to the interview location), including the most recent road crossing location and a map outlining the walking route taken.
- C) Demographic information about the participant
- D) Interviewer observations about each participant

All recorded data was entered into a database (Filemaker Pro). Respondents were grouped into four age bands (60-64, 65-74, 75-84, 85-96). Age and gender differences were examined using Chi squared tests or Fisher’s exact test for nominal data and ANOVA or t-tests for continuous data. A p-value of less than 0.05 was considered significant.

Results

Sample

The final sample group for analysis included 740 people (475 women: 265 men) aged between 60 and 96 years of age. Table 1 shows the percentages of respondents by age, gender, suburb, day of the week and season of the year. Participants were familiar with the interview area, with 98.6% frequenting the interview location at least once or twice a week, and most had lived in the area for lengthy periods (71% more than 10 years, 25% 1-10 years). Of the people interviewed, 62% reported that they walked for 30 to 60 minutes per trip, 79% walked for more than five hours per week and 87.5% walked at least once a day. From maps drawn showing pedestrian routes we were able to calculate that this sample of older people walked on average 896m a trip (ranging from 50m-6km).

Medical conditions

About half (53.6%) of people interviewed were wearing glasses and there were no differences with age or gender in the way these people responded to any of the questions asked about their experiences in the traffic environment.

While 21.4% of people interviewed had an obvious physical problem many more volunteered information about an existing medical condition. The most frequent medical conditions were arthritis (28.4%) and leg, hip or knee conditions (28.4%), often involving a joint replacement. Bad backs or necks were also common (11.3%). Other medical complaints included Alzheimer's disease, stroke, Parkinson's disease, diabetes and gout. There was an increase in the number of medical problems with age ($p < 0.0001$), with only 8.9% of those aged 60-64 years reporting medical conditions compared to 51.5% of those aged 85-96 years. Compared to those with no health problems, people with medical conditions reported spending less time walking per week ($p < 0.0001$), making fewer individual walking trips in a week ($p < 0.0001$) and that crossing roads were more difficult ($p < 0.0001$).

Perceptions of pedestrian safety

Over 84% of respondents reported feeling safe at zebra crossings or traffic lights. A total of 84% agreed it is not safe to cross the road where there is no designated pedestrian crossing, however in this study 22% of respondents indicated they did not cross the last road at a designated crossing, mainly because there was none or it was more than 100 metres away. A small proportion of these (3.6%) indicated that a designated crossing located 10-100 metres was too far away, and 10.2% chose to cross the road where they did because it was convenient to do so, regardless of where a designated crossing was located.

The majority of these pedestrians (over 60%) reported they did not have difficulty judging the speed of traffic, selecting gaps in the traffic, seeing approaching vehicles, or finding designated crossing locations. When asked about what factors contributed to the safety of a crossing location the presence of traffic lights and good visibility were rated highest. Only 4% rated pedestrian behaviour as a contributing factor to pedestrian safety.

Most of the people interviewed (80%) thought that older pedestrians should be given special attention, even though only 40% thought they were more likely than a younger person to be involved in a crash. A small number of older pedestrians interviewed offered strategies to improve their personal safety such as looking both ways, crossing in groups, making eye contact with drivers and waiting for vehicles to pass before crossing.

Even though, at the time of the survey there were at least three separate safety strategies in place in the local area, 95% of those surveyed were not aware of any. These safety campaigns included banners highlighting the need for pedestrians to cross at traffic lights, advertisements in local newspapers and local council road safety awareness signage.

Perceptions of pedestrian risk

Questions pertaining to non-designated crossing locations and pedestrian refuges elicited varying responses. A total of 84% of people interviewed reported that it was not generally safe to cross the road where there was no designated crossing and when questioned about a recent road crossing at a non-designated crossing location over half thought they had crossed in a safe manner. While 62% of older people generally agreed pedestrian refuges were safe places to cross the road only 30% responded positively when asked about a recent experience crossing the road at a pedestrian refuge. Over 60% of respondents reported turning vehicles and vehicles not stopping as difficulties encountered when crossing roads. Busy streets, turning vehicles and speed of traffic rated highest as factors contributing to risk. Pedestrians also expressed concerns about right of way at traffic controlled intersections. For example, in some intersections vehicles proceeding with a green light are permitted to turn left but must give way to pedestrians, who are also facing a green walk signal, however respondents felt this was not always clear, or obeyed by vehicles. Over half (56%) of respondents did not think "walk signals" allowed enough time for them to cross the road and 85% of respondents thought drivers were too impatient and many older pedestrians reported drivers "honking", verbal abuse or vehicles "creeping forward" while they were crossing the road at designated crossing locations. The risk of falling was highlighted as an area of concern and 6 of 17 pedestrian collisions reported by respondents for the last five years involved falls. These falls

were blamed on poorly maintained or sloping surfaces. All other respondents involved in collisions indicated that the driver was at fault.

Age differences

With increasing age there were significant declines in the time spent walking each week and in the number of individual trips taken each week (Table 2) but no differences in the overall distance travelled on an individual walking trip. The number of roads crossed per trip decreased from an average of 3.1 to for 60-64 year olds to 2.3 for 85-96 year olds but this was not statistically significant ($p = 0.11$).

There was less reliance on driving oneself and more on other forms of public transport with increasing age. When asked about why a particular route was chosen, those in younger age groups showed a preference for routes that were more direct or quicker but there were no differences between the age groups for other factors (Table 2).

When asked about the safety of traffic crossing locations and road user behaviour (Table 3) there were few differences between the age groups. Those in the youngest

Table 1
The number and percentage of older pedestrians interviewed by gender, age, suburb, day of the week and season of the year

	Group	Number	Percentage of sample
Gender	Male	265	35.8
	Female	475	64.2
Age	60-64	116	15.7
	65-74	327	44.2
	75-84	264	35.7
	85-96	33	4.5
Suburb	Rockdale	221	29.9
	Randwick	266	36.0
	Marrickville	252	34.1
Day	Monday	111	15.0
	Tuesday	127	17.1
	Wednesday	126	17.0
	Thursday	140	18.9
	Friday	134	18.1
	Saturday	103	13.9
Season	Spring	172	23.3
	Winter	171	23.1
	Autumn	202	27.3
	Summer	195	26.3

age group (60-64 years) were more confident about crossing at non-designated crossing locations and agreed more often that drivers were considerate compared to those in the older age groups. This age group (60-64 years) was less likely to agree that younger people (than themselves) would be more likely to be involved in a pedestrian collision when compared to the older age groups. There were some age differences in what factors were perceived to be difficult when crossing roads (Table 4). The older age groups expressed more difficulty with judging the speed of traffic, crossing in time at traffic lights, the height of kerbs and finding crossings.

Gender differences

There were no differences in the proportion of men and women who reported physical, medical or visual conditions. Men reported making more walking trips per day than women (Table 2) but there were no significant differences in the hours walked per week or in the length of an individual walking trip. Men crossed more roads (3.05) in the course of an individual walking trip than women (2.7) ($p < 0.05$).

Men reported they drove themselves more often than women, whereas women were driven or used buses more often than men (Table 2). This is likely to be due to a cohort effect relating to driving practices for these generations where a higher percentage of men were licensed drivers compared to women [16]. The gender divide was much smaller for the youngest (<65 years) group. Compared to men, women consistently reported that route selection was important ($p < 0.0005$). When deciding on a walking route women took into account the directness of a route, how attractive it was, the type of road and the location of crossings (Table 2).

When asked about safe traffic crossing locations both men and women agreed equally that traffic lights are safe places to cross the road. There were significant differences ($p < 0.0005$) between men and women in their responses about the safety of other road crossing locations (Table 3). Women felt less safe than men crossing at zebra crossings, pedestrian refuges and at non-designated crossing locations. When asked about driver and pedestrian behaviour, more women than men thought older pedestrians should be given special attention, whereas more men agreed that younger people are more likely to have a crash and that drivers are considerate. Women also reported more difficulty in crossing roads than men ($p < 0.0001$). Factors such as judging the speed of traffic, crossing in time, selecting gaps in the traffic and height of kerbs presented more difficulty for the women interviewed (Table 4). The women also thought vehicle behaviour, such as cars not stopping and turning cars, added to the difficulty of crossing the road more often than men did.

Table 2

Responses of participants about time spent walking and modes of transport other than walking. Percentage of participants who responded with ‘important’ or ‘very important’ when asked about aspects of route selection, shown for age and gender. All values are shown as percentages.

		Age				P value	Gender		
		60-64	65-74	75-84	85-96		Male	Female	P value
Time spent walking	> 5hrs week	84.3	85.1	72.8	55.9	<0.0001	82.3	77.5	0.11
	One or more trips per day	94.8	93.6	79.6	66.7	<0.0001	91.3	85.5	<0.0001
Mode of transport	Drive themselves	52.6	36.4	26.4	14.7	<0.0001	48.3	26.5	<0.0001
	Driven by others	8.7	13.4	15.8	17.6	0.28	6	18.1	<0.0001
	Bus	57	76.9	74.7	73.5	<0.0005	58.8	80.8	<0.0001
	Train	46.5	35.5	27.5	11.7	<0.0001	33.2	33.2	0.98
Route selection	Quick/direct	79.8	75.3	66	64.7	0.01	64.1	76.6	<0.0003
	Attractive	65.7	65.1	60.7	51.5	0.3	48.5	71.1	<0.0001
	Type of road	57.9	53.5	62.2	58.8	0.2	43.7	65.3	<0.0001
	Location of crossings	78.7	81.5	85.5	77.4	0.3	68.8	89.9	<0.0001

p values: Age, chi-squared test; Gender, Fisher’s exact test.

Discussion

This study sought to ask older pedestrians about their walking patterns and to identify factors in the traffic environment that they considered to be important to their safety. We were particularly interested in perceptions of safety involved in crossing roads. Participants were interviewed in the course of a normal walking trip so that accurate data could be collected about the distance walked, the number of road crossings in the course of their journey and where they could refer to a recent road crossing experience. In a previous study of older pedestrian walking trips, delays in reporting of only four days were shown to affect the accuracy of the detail about the trip [17]. The aim of this study was to use a current walking trip to investigate what perceptions are held about road safety in this older age range and whether there are differences with increasing age or between men and women.

We deliberately choose to interview older people while on a walking trip for the reasons listed above, however

this did introduce some important limitations to the study. Firstly, all the people interviewed might be particularly healthy and confident pedestrians, who may not represent those with greatest crash risk, although there was a fairly large range of mobility issues within this sample. Secondly, it is difficult to achieve high participation rates when approaching individuals on the street. The 740 people who participated represented about one in five of the older pedestrians approached. Observations about those that did not participate showed no significant difference in age, gender or physical disability. The most common reasons for not participating were “I don’t speak English” and “I don’t have time”. This highlights a serious problem in data collection for this type of study. Older non-English speaking pedestrians in Australia may be one of the most vulnerable groups of road users, and one that the least is known about. The addition of a written version of this survey targeted specifically to local community groups, with appropriate translations, may improve this situation, but was outside the scope of the current study. Additionally,

Table 3
Percentage of participants who responded with ‘agree’ or ‘strongly agree’ to statements relating to road crossing locations and pedestrian and driver behaviour, shown for age and gender

Theme	Statement	Age				p value	Gender		
		60-64	65-74	75-84	85-96		Male	Female	p value
Crossing locations	You feel safe crossing at traffic lights	91.5	94.2	97	97.1	0.1237	96.2	94.2	0.1446
	It is easier to cross one way streets than two way streets	88.9	95.7	90.6	88	0.021	91.7	92.7	0.7842
	You feel safe crossing at zebra crossings	77.1	85.5	85	76.5	0.093	90.3	79.9	0.0002
	There are enough safe road crossing locations	57.6	69.5	72.3	67.6	0.049	68.5	68.5	0.9719
	You feel safe crossing at pedestrian refuges	65.3	60.7	65.2	58.8	0.0829	70.8	55.9	< 0.0001
	‘walk’ signals are long enough for you to cross	51.7	42.6	41.9	44.1	0.3196	44.9	43.3	0.627
	It is safe to cross where there is no marked crossing	28.8	14.5	12.3	17.6	0.0005	27.3	9.9	< 0.0001
Pedestrian behaviour	Older pedestrians should be given special attention	83.1	84.3	76.4	85.3	0.2699	72.7	84.1	0.0003
	Younger pedestrians are more likely to have a crash	46.1	58.6	65.2	58.8	0.0047	70.8	52.4	< 0.0001
	Older people are careful pedestrians	51.7	51.9	54.8	67.6	0.3454	51.8	54.6	0.4612
	Pedestrians are usually at fault in crashes	39.8	32.3	30.3	35.3	0.2349	31.4	33.7	0.5151
Driver behaviour	Drivers are too impatient	83.9	85.8	84.3	88.2	0.8535	86.9	84.1	0.2441
	Drivers are considerate of pedestrians	43.4	85.5	56.2	61.8	< 0.0001	59.9	53	0.059

p values: Age, chi-squared test; Gender, Fisher’s exact test.

it would be very useful to compare these findings to cohorts of younger pedestrians, or to older pedestrians in suburban or rural areas.

We sought to interview older pedestrians in the course of a normal walking journey in metropolitan areas of Sydney. This is an extensive population and therefore a convenience sample [18, 19] was selected by approaching older subjects in three metropolitan areas that have been reported to have high numbers of pedestrian fatalities. All interviews were conducted at locations near shopping thoroughfares and therefore had sufficiently high older pedestrian numbers to recruit a sample large enough for statistical analysis. Interviews were conducted in daylight hours on Monday

to Saturday as this is when most older pedestrian fatalities occur [5, 8, 9]. Our findings should be interpreted in context as the convenience sampling method used means that the results are not necessarily generalisable to the entire older metropolitan pedestrian population. However there is no reason to expect that the views expressed by the older pedestrians in the areas sampled would necessarily be any different in other similar metropolitan areas. It is not our intention to establish any relationship between subjective assessment and possible future accident risk, but rather to investigate if there are different perceptions expressed by sub-sets within this group of older pedestrians that may be preferentially targeted in road safety campaigns.

Table 4
Percentage of participants who responded with ‘somewhat difficult’ or ‘very difficult’ when asked about factors relating to crossing roads, for age and gender

	Age				p value	Gender		
	60-64	65-74	75-84	85-96		Male	Female	p value
Crossing roads (generally)	50.8	48.0	52.4	50.0	0.7591	39.3	56.1	< 0.0001
Judging the speed of traffic	30.0	47.4	40.1	47.1	0.008	27.3	50.1	< 0.0001
Crossing in time at lights	31.7	38.0	51.7	47.1	0.0004	34.5	46.6	0.0015
Selecting gaps in the traffic	32.5	34.3	30.0	17.6	0.674	27.3	34.2	0.0016
Finding crossings	23.3	11.2	6.4	14.7	< 0.0001	10.9	12.0	0.7212
Cars not stopping	71.7	65.7	61.0	58.8	0.1909	54.7	70.2	< 0.0001
Seeing cars	14.2	13.7	16.1	35.3	0.0116	12.4	17.4	0.074
Two way traffic	38.3	28.3	32.2	38.2	0.1917	25.1	35.4	0.0032
Turning cars	64.2	62.9	61.0	52.9	0.6495	51.7	67.7	< 0.0001
Height of kerbs	20.8	14.6	31.5	50.0	< 0.0001	18.7	25.7	0.0375

p values: Age, chi-squared test; Gender, Fisher's exact test.

In general, this sample of older people considered themselves to engage in safe pedestrian behaviour and felt that designated road crossing locations provide them with a safe place to cross the road. There were clear gender differences but not age differences in the responses by the participants in this study.

There were some obvious inconsistencies in our findings about road safety from the older pedestrian perspective which could have resulted from optimism bias. While the majority of older people believed themselves to engage in safe pedestrian behaviour, just over half did not think older pedestrians in general were safe pedestrians. This is consistent with the findings from Shaw et al 2012, where there was a perception of ‘other’ older people being either more careless or overcautious in their road crossing behaviours. Even though statistics clearly show older people are over-represented in vehicle-pedestrian crashes and are considered to be at fault in 72.2% of these collisions [8], 60% of those interviewed thought a younger person was more likely to have a vehicle-pedestrian collision than an older person and 66% thought the driver would be at fault in any crash. Overwhelmingly, the people interviewed stated that when they crossed at a pedestrian crossing

they did so directly on the crossing, and did not deviate. This is in contrast to earlier studies that show that 6-12% of older pedestrians deviate from a marked crossing and 10-15% cross near but not directly on the crossing [20]. Observations made by the interviewer in our study suggest that, for respondents seen crossing a road, in reality many people also started crossing at an angle and veered off towards the end of their traverse, although this was not reported. Also of interest is the finding that of the people who did not cross the road at a designated pedestrian crossing, a small proportion indicated that a designated crossing located 10-100 metres away was too far to walk. In a previous autopsy study examining older pedestrian deaths, 31% of those killed crossing a road were within 100 metres of a designated pedestrian crossing including 8 (19%) who were within 50 metres [12]. Many of the older people in our study referred to ambiguity about traffic rules and right of way issues, a theme also highlighted in other studies about walking patterns of older pedestrians [13, 21]. Some of these issues could be addressed with better education for both drivers and pedestrians, and where this conflict is high, a separation of pedestrians and vehicle movements could be considered by altering sequencing at signalised crossings. In the current study, no single intersection was identified as presenting more problems than any other.

Additionally, five of the 15 people who were injured as pedestrians in the previous five years suggested this was due to a trip or fall, blamed on uneven surfaces rather than a collision with a vehicle. It should be noted that many older pedestrian crash statistics fail to include older pedestrian injuries resulting from ‘falls on the footpath’ and therefore the high proportion of injuries resulting from ‘crossing roads’ may be largely artificial.

Age differences

There were few differences in the perceptions of risk reported for different age groups. The younger (60-64 years) group tended to report somewhat differently when compared to the older age groups. With increasing age, from 65 to over 85 years, the time spent walking decreased as expected [22] and there was a shift away from driving. Of interest was the fact that the oldest people reported the most difficulty judging the speed of traffic and the least difficulty selecting gaps in the traffic in which to cross. Changes in depth perception, cognition and higher executive processing are all common age related changes in older people and contribute to a poorer ability to judge speed. Oxley et al., 2005 [23] showed that when under time constraints older people (>75 years) make poor choices about safe gap selection in traffic and this increased with the speed of an approaching vehicle. In contradiction to these findings Lobjois and Cavallo, (2007) [24] found that, without time constraints, elderly pedestrians (60-80 years) selected larger time gaps than younger ones, enabling them to compensate for their longer crossing times and that this compensatory behaviour resulted in similar safety margins to that of younger pedestrians. The oldest participants in our study might be cognisant of their difficulty in judging the speed of traffic and therefore may have waited for much greater time gaps in which to cross the road regardless of vehicle speed, having an overall effect of reducing the difficulty of this activity. Walking speed decreases linearly with age from about 1.3m/s at 60 years to 0.73 m/s at 89 years [25] and therefore it could be expected that the oldest participants in our study would have the most difficulty having time to cross the road at traffic lights. Certainly the youngest age group (60-64 years) expressed the least difficulty but there was no clear trend for the older groups. Also of interest were the findings for route selection. The oldest pedestrians were the least concerned about speed/directness or the attractiveness of the route.

Gender differences

Our survey clearly demonstrated that older female pedestrians paid more attention to and were more aware of risk factors in the traffic environment than men. They also reported having more difficulty crossing roads than men. Holland and Hill, 2010 [26] report that with increased age women tend to make more unsafe crossing decisions, to leave small safety margins and to become poorer at

estimating their walking speed. However, women of all ages tend to be more careful in their pedestrian behaviour than men, their perception of risk is higher, their perception of their susceptibility to a crash resulting from an unsafe crossing is higher and they are less likely to intend to cross in unsafe situations when compared to men [27-29]. If these risk factors are recognised by women and addressed while in the road environment it might be supposed that this would result in safer pedestrian behaviour and an overall reduction in involvement in older female pedestrian crashes. A comprehensive review of the literature by Department of Transport, London [30] showed that per-population, older male pedestrians have higher overall casualty and fatality rates than older female pedestrians, supporting this view. However this does not take into account possible differences in exposure such as distance walked or roads crossed. When exposure is included in accident and fatality rates, the rates for men and women differ, with women having higher accident rates for some age groups [9, 14]. Unlike previous studies [22, 31, 32] we found no differences in the total distance walked by the men and women in our study but men did cross more roads than women, thus increasing their exposure.

Conclusions

There were significant gender differences but not age differences in the way the older people in this survey perceived their own safety and risk while walking and crossing roads. Men appear to think they are safer and more in control than they actually are, whereas women appear to recognise the risks, yet still have trouble negotiating traffic environments. It is important to recognise that ‘older pedestrians’ are not a single homogenous group. Men and women in this group have quite differing views on the traffic environment and their own interactions with it. This is an important consideration for caregivers and medical practitioners when discussing road safety issues with older people, and a critical concern for professionals involved in the planning and implementation of traffic awareness and road safety campaigns for older people. We would recommend that road safety campaigns address the apparent discrepancy between what older people perceive about themselves and what actual behaviours are putting them at risk in the traffic environment and, wherever possible, highlight gender differences. Concrete solutions such as more considered placement of crossings in areas frequented by older people, and both driver and pedestrian training about right of way, would also be beneficial.

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