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Aging Experiences among Older People in Conakry/Guinea: Towards an Age-Friendly City and Community

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Abstract

Older people are a demographically significant group, who represent a vulnerable layer within conditions for active and healthy aging that may be lacking in both urban and rural areas. **Objective:** To identify the main barriers and opportunities for the establishment of age-friendly cities and communities in a low-income country. **Methods:** This was a qualitative study that involved focus group discussions with older people, and service providers (health and social services) in the city of Conakry. The older people were purposively selected with the support of older people associations, and men and women were equally represented in the sample. **Results:** The analysis focused on the experience of old age as well as the barriers and opportunities for active healthy aging specific to the sub-Saharan context. The results indicate that a good quality of life for older adults boils down to the acquisition of good health and decent housing. Other concerns frequently reported were food and education problems for their children and security. **Conclusion:** This study contributes to strengthening the understanding of the age-friendly cities and communities' approach in the context of sub-Saharan African countries.

Keywords

Older People, Age-Friendly Cities and Communities, Barriers, Opportunities, Conakry

1. Introduction

The world's population is currently undergoing two demographic changes of historic significance: rapid aging and rapid urbanization [1]. By 2050, the num-

ber of older people is expected to exceed 2 billion [2]. Urban populations are steadily increasing worldwide, and in far greater numbers in less developed parts of the world. During this period, about 80% of older people will live in low- and middle-income countries [1] [3]. As these two major demographic changes continue to affect many parts of the world, urban aging and health are increasingly becoming a priority issue in both developed and developing countries [4]. Sub-Saharan Africa is no exception to this demographic trend regarding older people. For example, Ghana's population aging is expected to outpace high-income countries in Europe and North America over the next decade [5]. In Nigeria, people aged 65 and over (older people) represent 5.9 million of the total population of 191 million (3.1%) in 2017 [6]. The authors report that the main concerns for older people in sub-Saharan Africa were the government's lack of attention to aging issues (63%) and the lack of social services targeting the needs of older people (57%) [7].

In response to an aging population and the increase in non-transmissible diseases, health services are increasingly being reoriented towards health promotion, disease and frailty prevention, co-morbidity management and the provision of long-term care, while reducing unnecessary institutionalization [1].

Beyond the health sector, aspects of the natural and built environment, social services and programs, cultural attitudes, social capital, equity and inclusion, all influence the degree of functioning of older adults.

Faced with this great challenge, it was decided to instead encourage a holistic approach with the concept of "active aging" which is "the process of optimizing the possibilities of health, participation and security in order to improve the quality of life of people as they age" [1]. The physical and social environment, including health and care infrastructure, play a key role in determining the experience of aging. Older people need a number of favourable living conditions to respond to the physical, mental and social changes they undergo as a result of their age.

These conditions may be particularly lacking in urban environments that, in general, are not designed to be residential centres for a population composed primarily of older adults. It is in this context that the "age-friendly city" concept was developed by WHO. An "age-friendly city" is an inclusive and accessible community environment that maximizes opportunities for health, participation and safety to ensure the quality of life and dignity of older adults.

This WHO (age-friendly cities and communities) model focuses on eight key areas of urban life that encompass the determinants of health and well-being: spaces and buildings, transportation, housing, communication and information, civic participation and employment, community support and health services, social respect and inclusion, and social participation. These eight interconnected areas of urban life can help identify barriers to turn them into opportunities for social participation, health and well-being of older people. An age-friendly city, therefore, adapts its structures and services to be accessible and include older

people with varying needs and abilities. The WHO Global Network of Age-Friendly Cities and Communities (AFCC), established in 2010, connects cities and communities that have made a shared commitment to become more age-friendly [8] (**Figure 1**). Beginning with only 12 communities in 2010, this network reached a membership of 1114 cities and communities in 44 countries by 2022 (WHO, n.d.). The Global Network has connected cities and communities worldwide to facilitate the exchange of information, knowledge, practices, and experiences with the goal of improving physical infrastructure (e.g., housing, outdoor spaces, and buildings), social environments (e.g., opportunities for civic and social participation), and service provision (e.g., community and health services, transportation) [9].

To fill the information gap on older people in sub-Saharan countries, a multi-country study (Guinea, Cameroon and Uganda) was initiated in Africa with the support of the WHO (Department of Aging and Quality of Life), following the International Conference on Age-Friendly Cities in Quebec City in 2013.

This is a situational analysis of the establishment of age-friendly cities and communities in Conakry in Guinea. The objective of this research was to contribute to the understanding of the living conditions of older people in urban communities in Africa. This publication focuses on its application in Conakry, the capital and largest city of Guinea.

Thus, this study provides interesting information on Age-Friendly Cities and Communities (AFCC) in a low-income country, since much of the current literature on AFCC is dominated by Western Researchers the findings presented here would contribute to the growing literature from the Global South, as stated above.

Figure 1. Age-friendly city topic areas (Global Age-friendly Cities: A Guide, WHO 2007) [8].

Study Setting

Life expectancy in Guinea has increased in twenty years, from 46 to 56 years. Out of a population of 10 million according to the 2014 General Population Census, 603,706 are 60 years of age or older. This number of "seniors" represents 5.7% of the total resident population. Overall, older men (308,331) are more than older women (295,375). These numbers correspond to a demographic weight of 6.1% for men and 5.4% for women [10].

The development of the country has been marked by massive and haphazard urbanization, combined with a lifestyle typical of a traditional society. Indeed, traditional Guinean society, like most African societies, operates essentially on a gerontocratic basis. Older people enjoy a privileged social status that is recognized for their important role in the extended kinship system. For their own children as well as for those of their brothers and sisters, they represent a solid reference point for appreciation and decision-making. These older people are custodians of ancestral values: wisdom, experience and balance. They are the symbol of justice, social cohesion and are guarantors of the pre-established community order.

In addition, all national legal instruments, namely the constitution, the Civil Code [11], the Labor Code [12] and the Family Code [13] and the National Policy on Social Protection [14] have largely taken into account the rights of individuals to health, social security, housing and decent nutrition. Nowadays, retirement pensions are granted only to workers in the private and mixed sectors affiliated to the National Social Security Fund [15] and those in the public sector governed by the Civil Service Regulations. Military personnel, paramilitaries, veterans and war victims are also entitled to it.

2. Method

2.1. Study Design

The study was inspired by the Age-Friendly Cities project methodology outlined in the Vancouver Protocol [16], with adaptations to consider an important aspect on gender differences and local specificities in the participating cities.

2.2. Type of Study

This study used a qualitative approach using the Focus Group Discussions with older adults, health care providers and service providers.

2.3. Study Sites

The study was conducted in Conakry, capital of Guinea, which served as the implementation site for the baseline study. Conakry is a peninsula of 308 km^2, located in the extreme west of the country on the edge of the Atlantic Ocean. It is subdivided into six communes, each led by an elected Mayor. It is an illustrative example of the demography and accelerated urbanization of developing countries. Indeed, more than half of Guinea's urban population resides in Conakry

with an estimated growth rate of 6% per year. Its population increased from 1,200,000 in 1996 to about 2,500,000 in 2013. Conakry alone accounts for about a quarter of Guinea's total population (11,176,026 inhabitants) and 60% of the country's urban population [10].

It has a high proportion of people aged 60 and over, made up of old sedentary parents or who have come to join their children in the city as well as pensioners. In the community, the older people in Conakry are confronted with a cohabitation of the achievements of traditional society with the constraints of modern life as in African metropolis.

2.4. Data Collection Tools

In total, eight focus group discussions (FGDs) were carried out, six of which were carried out with the elderly (3 with men and 3 with women), one with healthcare providers who provide care for the older people and one with key informants. These key informants are service providers of non-medical services related to the elderly's daily life: urban transport (1), built heritage (1), urban planning (1), older people's association (1), medical association manager (1), journalist (1), and community leader (1). An interview guide was developed and translated into the national languages (Soussou, Poular and Maninka) to organize and facilitate exchanges with the participants.

2.5. Selection of Participants

The older people aged 60 years and more, living in the selected communes were purposively selected with the support of associations of the elderly at the communes and included an equal number of men and women. Healthcare providers were identified with the support of the communal health directorates. As for the service providers, they were selected with the support of the governorate of Conakry, the city halls, and the communal directions of the ministry of social action.

2.6. Training of Data Collectors

A training workshop for data collectors was held for six days. It covered the objectives of the study, the research methodology, data collection technique, ethics and task description for the research team. Training was followed by a pre-testing of data collection tools and their validation. The pre-test took place in 2 other communes that were not selected for this study: Dixinn and Matam. This was done in order to avoid contamination, *i.e.* to prevent participants of future FGDs from being priorly aware of the issues to be discussed during data collection. All FGD discussion guides were pre-tested in order to evaluate, improve and adapt it.

2.7. Ethical Aspects

Detailed information was given to all participants on the study, and their right to

accept or refuse to participate in the study without any inconvenience for them was emphasised. Free and informed consent was sought and obtained from each participant prior to the interview. The choice of the place guaranteeing the privacy of the interviews was made with the respondents. Finally, the confidentiality and security of the data collected were observed by the research team. It is in light of all these prerequisites that the research protocol was validated by the Health Research Ethics Board.

2.8. Data Collection

Data collection was carried out in 3 communes of Conakry (Kaloum, Matoto and Ratoma) after a random draw. It was conducted by six data collectors and two supervisors in October 2014. FGDs with older people were facilitated by interviewers of the same to make contact easier and to ensure the sensitivity of the people surveyed is managed. They were realized in national languages. The data collection with the FGDs of the older people and the key informants took place in private and quiet places. The health care providers' FGD took place in a private room of a health facility. All participants were contacted once. Participants received a snack as a token of appreciation for their time. The FGDs were recorded and transcribed verbatim in the local language (Poular, Malinké and Soussou) for the older people and key informants, then translated into French by the research team. For the healthcare providers, the record of the FGD was directly in French.

2.9. Data Quality Control and Assurance

The authenticity and reliability of the data was guaranteed by the control system during collection with the supervision of the field research team at the end of each working day. Rigorous data management was ensured during data processing and analysis.

2.10. Data Processing and Analysis

As described in the Vancouver Protocol, the data analysis and reporting were done in 4 successive steps: Thematic analysis with similarity and difference.

Step 1: Analysis of the themes for each FGD using the summary sheet of results.

Step 2: Comparison of the key themes identified based on the three male and three female FGDs of older adults to identify gender-specific patterns and implications.

Step 3: Comparison of identified key themes based on the male and female FGDs of older adults to identify key gender differences between men and women in terms of experience and perspectives.

Step 4: Comparison of FGD outcomes of older adults, healthcare providers and service providers.

In addition to the classic steps of the Vancouver Protocol, emphasis was

placed on thematic analysis starting from gender, models and differences to identify specific observations and barriers.

3. Results

Data were collected from 78 participants including 60 people aged 60 years and over, 10 healthcare providers and 8 key informants. Among the older people, those aged 70 to 79 accounted for 48% of the sample, compared with 43% for those aged 60 to 69. The percentage of women varied from 26.6% in the 70 - 79 age group to 60% in the under-70 age group. Almost half of the elderly (45.6%) did not attend school and 2/3 (65%) were widowed (Table 1).

Table 1. Socio-demographic characteristics of older people.

Characteristics	Number of men	%	Number of women	%	Total	%
Age						
60 - 69	8	26.6	18	60.0	26	43.3
70 - 79	21	70.0	8	26.6	29	48.3
80+	1	3.4	4	13.4	05	8.4
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Current occupation						
Retired	16	53.3	5	16.6	21	35.0
Employee	5	16.6	18	60.0	23	38.3
Unemployed	9	30.1	7	23.4	16	26.7
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Health status						
Fair	11	36.7	10	33.4	21	35.0
Average	16	53.3	6	20.0	22	36.6
Good	3	10.0	9	30.0	12	20.0
Excellent	0	0.0	5	16.6	5	8.4
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Limited due to health conditions						
Yes	30	100.0	19	63.3	49	81.6
No	00	0.0	11	36.7	11	18.4
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Highest level of education						
No schooling	12	40.0	16	53.3	28	46.6
Primary	3	10.0	3	10.0	6	10.0
Secondary	12	40.0	9	30.0	21	35.0
University	3	10.0	2	6.7	05	8.4
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**

Continued

Owner of a house						
Own a house	23	76.6	16	53.3	39	65.0
Renting	7	23.3	14	46.7	21	35.0
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Marital status						
With spouse	18	60.0	3	10.0	21	35.0
Widow	12	40.0	27	90.0	39	65.0
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Family life						
Live alone	0	0.0	3	10.0	3	5.0
Live with children and other relatives	30	100.0	27	90.0	57	95.0
Total	**30**	**100.0**	**30**	**100.0**	**60**	**100.0**
Average number of individuals living in the elderly's households	M = 15.7		M = 13.4		M = 14.55	

Healthcare providers interviewed were mainly young people aged 30 - 39, male and had a secondary school level, mainly doctors and social workers. Most service providers were men over the age of 39.

The results of the analysis are structured around the following themes: the experience of old age, the barriers and opportunities for active and healthy aging, the differences in opinions and lived experiences according to gender.

3.1. The Experience of Old Age

This part of our study focused on respondents' appreciation of the quality of life of older people and the place they occupy in the city of Conakry. Therefore, good quality of life for the elderly was strongly emphasised by the participants. For them, a good quality of life means good health, good food and good housing. Participants noted:

"*We older people are concerned about our health today because our bodies are destroyed.*" (Man, 72 years old, Ratoma).

"*The ideal for an elderly person is to have a healthy diet and live in a quiet place away from noise.*" (Man, 40 years old, service provider).

Older women insist on decent housing, a recreational environment and material and financial support structures. One participant said that "*owning a good home provides peace of heart.*"

When asked what has changed over time and what the problem is for the elderly, women blamed the high cost of living and the lack of employment for their children, while men highlight the declining quality of meals and difficulties in commuting.

"*All mothers would like to have children who will take over when they are old. But today this is not the case.*" (Woman, 65 years old, Matoto).

"*Before, we didn't have enough problems with food, because things were not expensive. But also, poverty has taken on a worrying scale, it is difficult to find food.*" (Man, 72 years old, Kaloum).

The issue of medical care was a permanent concern of the participants in the discussion groups:

"*In the hospital, if you don't have the means for care, they don't look at you at all.*" (Man, 68 years old, Ratoma).

"*Now, even a disease that cannot kill you, can do it now because without money you are not treated.*" (Woman, 60 years old, Kaloum).

Older people with disabilities feels more abandoned than others. But the major concern of older people with disabilities is the financial autonomy of their children.

"*The main concern of older people with disabilities is to find assistance to meet the needs of their children so that they do not become beggars like them.*" (Man, 30 years old, caregiver).

Moreover, health care providers pointed to an increased need for social assistance for people with disabilities to meet their needs. They believe that these people with disabilities are physically and mentally fragile and generally marginalized in the society.

As for the place/role of the older people in the city of Conakry, participants believe that an older people is an advisor and an educator who deserves trust of the community members, but also and above all, one who ensures a great responsibility within the community.

"*Being an older person means being a counsellor, having the trust of the community is a big responsibility.*" (Woman, 69 years old, Ratoma).

The older participants mentioned that older women also provide assistance to pregnant women. Based on her personal experience, she gives pregnant women guidance on how to manage their pregnancy, including recommendations on what to include in their diet:

"*Old women are like doctors to pregnant women.*" (Man, 65 years old, Kaloum).

Older men and women believe that older people have more experiences and are also wiser than younger people, arguing that they play a role of references for young people and guarantors of society values.

"*Let me remind you that what an elderly person can see while sleeping, a young person cannot perceive it while standing up.*" (Woman, 76 years old, Kaloum).

"*By the way, the elderly is like a library for the community.*" (Man, 78 years old, Ratoma).

For older people, young people do things at its own what they want and do not respect customs, unlike older people who take into account socio-cultural values and conform to traditions, hence a generational conflict. Clothes are an impressive example of the disparity in culture between younger and older people. One social service provider noted:

"*Young people have a way of dressing that does not conform to our culture and traditions, they are 'play boys'; while older people conform to our values and customs, they are unifiers.*" (Man, 41 years old, service provider).

In sum, the most important wish of older people according to social service providers, women and key informants is to have good health, peace, good morale, and a good end of life.

3.2. Barriers and Opportunities for Active and Healthy Aging

The analysis of the results in this section relates to the eight areas defined by the Vancouver Protocol for Older People: spaces and buildings, transportation, housing, communication and information, civic participation and employment, community support and health services, respect and social inclusion, and social participation.

3.3. Spaces and Buildings

Opportunities for walking, shopping, accessing offices and shops are low for elderly. The city of Conakry is marked by a lack of green spaces, the "little" that exists is not well maintained, and the possibilities of walking spaces are limited. Public buildings are not suitable for the elderly; mainly the stairs of the buildings are narrow not suitable and lack of elevators and sometimes electricity. It is for this reason that older people are often locked down at home. A female caregiver noted:

"*The elderly are considered by some to be beggars if they show up at an office unless they are retired from that service.*" (Woman, 33 years old, caregiver).

3.4. Transport

The analysis of data on the experiences of older people about the use of public transport as well as their personal experiences of driving vehicles in the city of Conakry is marked by the extremely high number of personal vehicles and the insufficiency of public transportation vehicles. Private means of transport are characterized by high cost of transport costs, obsolete vehicles, poor road conditions, traffic jams and overloading of passengers in taxis and mini buses. This situation leads to the increasing use of two- and three-wheeled machines that are not suitable for the elderly. Added to this is the uncivil behaviour of drivers and other traffic actors adopting bad attitudes towards the elderly. In this context, good conduct is very low in this area and barriers are numerous. Participants noted:

"*Before, the older people were respected on buses, but now young people have no respect for the elderly on buses.*" (*Man*, 62 *years old*, *Matoto*).

"*Some people address us out when we're driving, saying, 'Old man, you don't know how to drive*!' " (Man, 78 years old, Ratoma).

3.5. Housing

Uncontrolled urbanization has predominated in the development of the city of

Conakry. Civil servants living in the few housing estates are obliged to leave as soon as they are retired. The precariousness of economic situation has constrained the elderly to live in accommodations with indecent conditions: inaccessibility to water, electricity, lack of sewage disposal and promiscuity in households. Despite living with their families, not many older people appreciate their accommodation conditions positively.

"*I am in a bedroom without an internal toilet for my needs, I am obliged to use the neighbors' toilets.*" (Man, 79 years old, Matoto).

"*In addition to the dilapidated house I live in, sewage flows into the pits that are near the house.*" (Female, 80 years old, Matoto).

"*We are ten people in a house with only one bedroom, a living room and a shower. Some sleep on the floor and others in the armchairs in the living room.*" (Woman, 63 years old, Kaloum).

3.6. Respect and Social Inclusion

The analysis of the results shows that the majority of older people are satisfied with the climate of respect and their social integration during activities in the city of Conakry. An elderly woman said in a focus group discussion:

"*I am included in all ceremonies: weddings, baptisms or deaths. I run everything. It is the same with regard to our mosque.*" (Woman, 68 years old, Ratoma).

3.7. Social Participation

The majority of older people feel that they actively contribute to social life in their community. For this, the level of education of the older people is an asset for social participation, especially in terms of supervision of children. Unfortunately, the proportions of illiterate people are still high at the national level according to the DHS Guinea 2018 [17]. Illiteracy affects women more than men (69% compared to 45%), and this is more prevailing in rural areas (84% versus 24%) compared to urban areas (44% versus 61%). For the city of Conakry, 39% of women have no level of education compared to 23% of men. An older man noted:

"*An older person is like a rear-view mirror in the community, he serves as a social support and reference for young people.*" (Man, 73 years old Kaloum).

3.8. Communication and Information

Older people receive information through radio and television. The media enable older people to break out of their loneliness, or bring them back to life because their views and opinions are taken into account. However, programmes rarely focus on the daily problems of the older people: health, housing; transport, security… They also receive information about social events in their neighbourhoods. Places of worship also act as communication relays. Older adults noted during focus group discussions:

"*With private radio stations, we listen to information and contradictory debates that are important.*" (Man, 68 years old, Ratoma).

"*At the mosque, we receive information especially at dawn and dusk prayer times.*" (Woman, 69 years old, Kaloum).

3.9. Civic Participation and Employment

Most interviewees can play a real leadership role in their communities and sometimes elsewhere, in mobilizing, raising awareness or coaching the implementation of income-generating activities. However, currently their use in paid activities is rare.

"*We participate in voluntary work and not paid work.*" (Woman, 72 Years old, Matoto).

3.10. Community Supports and Health Services

Activities in this area are rare. At the community level, there are branches of associations for the older people and at the communal and governorate's level; it seems that they have the role of dynamic coordinator, but their activities are very limited and almost unknown to many older people. According to some participants, there are NGOs for medical care and awareness-raising such as the Community Association of Councillors of Saint Egidio and the Association of Women for the Elderly and Poor People (AFAD3) that are financially limited. Despite these results in favour of the elderly, the mobilization in Conakry remains weak. It is within this same context that the management of medical care for the older people is situated. A need for medical care was also apparent in the health regulation of the group of older people who took part in the study.

"*To my knowledge, there is no activity in favour of the elderly in the field of health.*" (Man, 41 years old, service provider).

"*Before, it was the Jean-Paul II Hospital that took care of us but that is long time ago, there is nothing now. As soon as you come, you are asked for large amounts. So, there is nothing right now for us the elderly.*" (Man, 71 years old, Ratoma).

3.11. Concerns of Older People outside the Cited Areas of the Vancouver Protocol

Conakry respondents added two major concerns for older men and women who cannot fit into the Vancouver's eight domains. They deal with the nutrition and employment of the children of the elderly, which are of frequent concerns to them. These concerns can be grouped under the heading of "family living environment", which includes satisfying children's nutritional and employment concerns. During discussions, the elders asked for this component to be taken into account for the improvement of their living conditions. It is also in the context of taking care of the needs of the family that the older people have expressed another concern, which is the lack of employment for their children. If these

young people worked, they would have strongly supported the family and thus improved the quality of life of seniors.

3.12. Gender Difference in Older Men's and Women's Perception and Experience

Older adults expressed different views based on gender, both in terms of the experience of old age and in terms of barriers and opportunities in active and healthy aging.

In terms of the experience of old age, gender differences were present in almost all of the issues discussed. Divergent opinions were expressed by both older men and women. The majority of women feel that the entire family health and food burden weighs on women. According to men, they are the ones who make decisions, and they are responsible for the family. Older men feel they have more problems than older women. For the sake of an ideal community, while women insist on living in their own houses, having good food and interesting clothing, men emphasize safety, unity, and hygiene.

In terms of barriers and opportunities in active and healthy aging, some differences were observed based on gender. In the field of transport, women spoke of the respect shown to the elderly by certain drivers and sometimes in buses for seats, while the men reported difficulties in driving because of traffic jams and the anarchic occupation of sidewalks. Men pointed to problems with roofs and internal toilets in the dwellings, while women did not any difficulties in that sense. In terms of respect and social inclusion, it is only men who mentioned a lack of consideration for older people in certain settings. Regarding communication and information, men also find that information on the radio is inconsistent, and the unorthodox clothing of young people on television and certain images are undesirable.

4. Discussion

This study, carried out in the city of Conakry, shows that older people value quality of life in terms of health, food and housing conditions offered to them. Older people act as an advisor, educator and guarantor of society's values. The analysis reveals many more barriers than opportunities for active and healthy aging under the eight areas of the Vancouver Protocol.

4.1. Spaces and Buildings

This study shows that seniors are often confined to their homes in Conakry where there is a glaring lack of green spaces, and where public buildings are not adapted to the elderly, particularly because of the narrowness of the stairs, as well as the lack of elevators and electricity.

A qualitative study examined the relationships between urban green space and healthy aging in two megacities in India. It reports that green spaces are poorly maintained in addition to the lack of safe and age-friendly pedestrian infra-

structure. Poorly maintained urban green space and lack of safe, age-friendly pedestrian infrastructure were identified in this study as barriers to health promotion in later life [18]. For their part, Tanyi PL *et al.* also claimed in a research conducted in Nigeria in 2018 that many community settings are not adapted to the older people [6]. Notwithstanding, a study of age-friendly neighbourhood environment indicators for urban and rural communities in 20 low-, middle- and high-income countries found that access to parks or other recreational facilities was relatively high [19]. Similarly, a 2016 systematic review of qualitative evidence found that it is clear that green views have had positive effects on older adults in terms of pleasure and well-being [20]. Added to this, is the digitisation of the built environment for all generations, which represents a new model to be adopted by cities and communities for the benefit of the elderly. Indeed, working from home or having a face-to-face conversation without having access to the now well-known and ubiquitous platforms that facilitate online meetings concerns older people in more than one aspect [21]. Van Hoof *et al.* also reported after a review of scientific articles that technologies to help older people to age-in-place have been proposed as one solution to overcoming these environmental challenges. Also, the use and deployment of technology in various social contexts is a way of contributing to the national and international discussions and debates surrounding the landscape adapted to the older people [22].

4.2. Transport

The analysis of data on the experience of older people regarding the use of transport in the city of Conakry is littered with many barriers such as insufficient vehicles for public transport, high cost of transport, obsolescence of vehicles, poor road conditions, traffic jams, overloading of passengers in taxis and minibuses and poor attitudes of drivers and passengers towards the older people. These realities are also observed in studies carried out in Holland which report that in neighbourhoods and in traffic, older people can face problems such as theft, threats, violence, vandalism, nuisance from cafes or nightlife establishments and physical and social nuisance [22] [23]. Similarly, constraints related to the interaction between health and urban design factors such as sidewalks, timing of crosswalk lighting, and lack of washrooms or resting areas were also identified in a study in Ontario in Canada [24].

4.3. Housing

Uncontrolled urbanization has predominated in the development of the city of Conakry. Precariousness has led older people to turn to housing with indecent living conditions with insufficient water and electricity, lack of sanitation and sewage disposal facilities, overcrowding and remoteness from public services (school, hospitals, market). In the same line, a study carried out in two municipalities in the western part of Norway revealed that living and housing conditions were important and part of their social life. Several respondents to this

study stated that shared housing was relevant for seniors because it would provide them with varied opportunities and activities in the immediate neighbourhood [25].

4.4. Communication and Information

Older people use radio and television to get information in Conakry. Unfortunately, the broadcasts of these media rarely focus on the daily problems of the older people such as health, housing, transport and security. These results contrast with those of another study carried out on indicators of age-friendly neighbourhood environments in 20 countries, which revealed that, in terms of communication and information, the respondents who took part in this research said they rarely had access to the Internet at home (an average of 41% of respondents in each community), and free public Internet was even rarer, at just 9% [19]. Regarding this communication aspect, the introduction of a participatory video is a new approach piloted in the cities of The Hague and Leiden in the Netherlands to explore the experiences and perceptions of older people about the friendliness of their city or neighbourhood. Thus, the study showed that a community centre using this video can play an important role in providing specific information and practical support to those with less digital skills [26].

4.5. Civic Participation and Employment

Older people play a leadership role in mobilizing, raising awareness or mentoring income-generating activities. In this section, the study in Leiden, Holland showed that a community centre using this aforementioned video can play an important role in providing specific information and practical support to those with less digital skills [26]. Meanwhile, in South Korea, results from a study conducted in 2021 with 15 employed individuals aged over 65, indicated that confidence in the work ability of employed older people and their stimulating attitude to work had led them to active aging in employment. Moreover, they implied that confidence and individual work ability of active older workers, including their health, was the driving force for their participation in economic activity [27].

4.6. Community Supports and Health Services

The older people are formed into associations. These people play a coordinating and dynamic role. However, activities of these associations are very limited and almost unknown to the elderly. A need for medical care has been revealed in the health statute of the elders' group. In Singapore, it has been reported that many older adults have functional declines, including changes in mobility, increased pain, and changes in short-term memory. However, they perceived changes in their physical health as part of the aging process [28]. Another study conducted in Nigeria in 2021 argues that in both rural and urban areas, self-rated good health was significantly associated with a positive attitude towards aging across

all areas [2]. Similarly, another study in Canada showed that improving health care is considered one of the most pressing societal challenges of an aging society [29]. In this regard, Rémillard-Boilard S. *et al.* report that various initiatives have been developed to promote healthy and active aging, as well as sport and physical activity among older people [30]. It is also important to recognise the diversity of health problems experienced by older people, which must be taken into account in "age-friendly" work [31].

4.7. Respect and Social Inclusion

The majority of older people are satisfied with the climate of respect and their social inclusion in the city of Conakry. In a study conducted in Chongqing, China, it was found that for many older adults, smart cities have an important role to play in connecting and helping older adults to maintain meaningful interpersonal relationships. These smart technologies can offer opportunities to improve the social inclusion of older people, supporting daily tasks, enhancing the sense of security and facilitating social participation [32]. Other authors insist for development concerns grounding age-friendly work in policies that challenge social inequality [28].

4.8. Social Participation

The older people of Conakry feel that they actively contribute to social life by supervising children and addressing various tensions within the community. Authors report that a form of coping and managing emotional worries in times of increased psychological stress helped others. This included helping family members, friends, neighbours and community members [28]. The same is true in a region in the south of the Netherlands where participants described themselves as social and hospitable. Respondents to this study mentioned that they liked to go out and were willing to continue their social participation [33]. Also, an age-friendly programme entitled "Ambition for Aging" (AfA) based in the North-West of England has shown that facilitating age-friendly work requires the presence of certain capitals in a neighborhood. The first is social capital and the presence of social networks. This helps to facilitate community organizing and the dissemination of information. The second is human capital such as the skills to set up, organize, and support age-friendly work. The third is physical capital by way of social infrastructure to support the development of social networks and having places in the local community to meet and hold events. Finally, political capital is needed to support the adoption of age-friendly approaches [34].

Thus, the different areas of the Vancouver Protocol show a clear enthusiasm among older people in general and those in cities in sub-Saharan Africa in particular.

4.9. Strengths and Limitations

This study contributed to strengthening the understanding of the age-friendly

cities and communities' approach in the context of sub-Saharan African countries such as the city of Conakry. However, it has been limited to the urban area, whereas there are older people who also live in rural areas.

4.10. Implications for Practice and Research

Results from this study can serve as a basis for a multisectoral approach to effectively improve active and healthy aging of older people in resource-limited countries. These results can also serve as references to extend the understanding of the age-friendly cities and communities' approach in rural areas, especially in sub-Saharan Africa.

5. Conclusion

Based on the Vancouver Protocol on Age-Friendly Cities and Communities, this study identified the barriers faced by older people in the city of Conakry. These barriers are numerous and cover all areas of the protocol. They range from the lack of green spaces to accommodation in indecent conditions, difficulties related to urban mobility, adapted food and insufficient health coverage and access to medicines. This study could serve as a basis for reducing barriers and improving opportunities for active and healthy aging in the city of Conakry.

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Availability of Data and Materials

Data set will be made available upon request.

Authors' Contributions

Study Design: MDB, AOS; Data collection: AOS, TS, MT, SC, AD; Manuscript writing: MDB, AOS, TS, MT, AD, RD, SD; Review and editing: All authors.

Conflicts of Interest

The authors declare that they have no competing interests.

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