Later life has traditionally been thought of as a time of stability, not mobility. However, this is changing, and perhaps nowhere is this more evident than in the growth of tourism among older people. Annual total international tourist arrivals for all ages have grown, virtually uninterrupted, from 25 million in 1950 to 880 million today. This is expected to grow to 1.6 billion by 2020. While relatively few studies have looked at the role (older) age might play in these mobilities, marketers and the tourism industries are becoming aware of the value of the growing segment of older tourists. It has been estimated that, annually, 5.5 million tourists aged 55 and over visit the UK alone. As with consumption in general, tourism and later life seems to fall between the respective stools of gerontology and tourism research. It is often assumed that older people slowly withdraw from (foreign) travel as they age. However, those studies that do exist do not support this. They identify older consumers as the fastest growing group of tourists and observe that there are increasing attempts by travel companies to attract their business. This has led to the creation of numerous market segment typologies that attempt to capture the motivations, diversity and types of tourism older people engage in. This is a fast-growing area and, alongside other developments such as retirement migration, it challenges the traditional models and theories that have been employed to understand ageing and later life. However, research in the field tends to be dominated by large-scale survey research that is not always sensitive to the ways in which older tourists themselves make sense of their travel.

**Mobilities in later life**

It has been argued that the modern ‘social sciences’ are no longer adequate to understand the new mobile realities of a post-international world order characterised by global flows (Appadurai, 1996). Sheller and Urry (2006) have argued for a ‘new mobilities paradigm’ to capture this new mobile reality. They maintain that these, material and immaterial, mobilities transcend the static dichotomies of sociology that have hitherto largely ignored issues of movement. Older people are not excluded from these developments. For social gerontologists this poses a number of challenges. Older people are more mobile, in terms of both their functional health and their travelling. This raises issues of how we capture these new mobilities in our research. This is
made more problematic by the fact that the categories we use to study later life are themselves becoming more fluid, open and contested (Gilleard & Higgs, 2000, 2005).

**Cultural and geographic gerontology**

Relatively few studies have looked at the role that (older) age might play in these mobilities. As with consumption in general, tourism in later life seems to fall into the gaps between the respective research areas. It is possible that until recently researchers on either side thought older people slowly withdrew from (foreign) travel as they age due, for example, to problems in obtaining travel insurance. However, this is changing with the increased attention being given to the role that consumption plays in creating new cultures of ageing (Gilleard & Higgs, 2000).

This echoes the resurgent interest in the spatial relations of later life. This has produced work on retirement migration (Warnes, 2006), residential arrangements (Peace, Wahl, Mollenkopt & Oswald, 2007) and the use of domestic space (Percival, 2002). Initially, however, the focus was very empirical. While this was important for exposing inequalities between older people in different places, the dearth of theory was problematic. More recently there has been greater engagement with the cultural turn and more critical analyses of the impact of geographical perspectives on our theories of ageing (Andrews, Cutchin, McCracken, Phillips & Wiles, 2007; Harper & Laws, 1995). Yet issues around tourism and travel in later life have yet to feature strongly within these.

**Travel and tourism in later life**

Over the past decade or so there has been an increasing awareness of the growing number of older tourists. This is often referred to as the ‘senior’ or ‘grey’ tourist market (Jang, Bai, Hu & Wu, 2009; Le Serre, 2008; Prayag, 2012). As populations age, this is predicted to become the fastest growing and largest potential market for the leisure and hospitality industries (Huang & Tsai, 2003). However, it is not simply demographic growth that makes the senior market attractive but also the changing socio-economic profile and consumption behaviour of older adults (Jones et al., 2008). Traditional images of older age as a period of decline and dependency are steadily being replaced by more positive ones (Gilleard & Higgs, 2000, 2005). Marketers and the media are re-packaging images of older age in line with more active lifestyles (Ekerdt & Clark, 2001; Moschis, 2009). This shift in mind-set has facilitated the emergence of an increasingly discerning and sophisticated consumer more prepared to accumulate travel experiences than ever before (Long, 1998). For many retirees or those approaching retirement, travel has become a key goal in their life after paid work (Jang & Cai, 2002).

**Identifying the older tourist**

However, there is no agreed-on definition of what constitutes this senior market (Littrell, Paige & Song, 2004; Nimrod & Rotem, 2012). Some studies use ‘lifestage’, which usually means those in retirement, to define this market. However, the most common approach appears to be to use chronological age to group people together (Le Serre, 2008). Yet despite the apparent appeal of such an approach, there is a lack of consensus on the age at which one becomes an older or senior tourist. Some studies use ‘50 years and over’ to demarcate the senior market (Anderson & Langmeyer, 1982; Kim, Wei & Ruys, 2003; Sellick, 2004). Others writers use ‘55 years and over’ (Javalgi, Thomas & Rao, 1992; Shim, Gehrt & Siek, 2005) or ‘60 years and over’ (Horneman, Carter, Wei & Ruys, 2002; Jang & Wu, 2006), and some use ‘65 years and
Travel and tourism in later life

There is also evidence that marketers are constantly lowering the age threshold for identifying the senior market, focusing more exclusively on the ‘young-old’. This practice is frequently observed among companies seeking to attract what they see as more affluent, youthful and consumer-oriented ‘third-agers’ (Metz & Underwood, 2005). However, it has been argued that this can lead to new forms of age discrimination in which the needs and desires of older, poorer and less healthy adults are ignored (Bowling, 2006; Bowling & Dieppe, 2005). Hence studies on tourism in later life often under-represent the experiences of those aged 80 years and over (Patterson, 2006).

The size of the senior tourist market

Clearly these conceptual debates raise issues for the calculation of the size of the senior tourist market. Nonetheless, if we rely on the rather crude measure of chronological age, there is evidence that this is a significant market in the USA at least. Data from the Travel Industry Association of America show that ‘baby-boomers’, typically those born between 1946 and 1964, generated the highest volume of travel, accounting for 45 per cent of trips in the United States (Travel Industry Association of America, 2000). In terms of spending while travelling, the Bureau of Labor Statistics reported that individuals between the ages of 45 and 54 years spent the most on leisure trips. The next highest group was those aged 65 or older (Janini, 2003).

Data from the British International Passenger Survey (IPS) show a slightly different picture (ONS, 2013). In 2012 Britons aged 65 and over made fewer trips (6 million) and spent less (£4 million) abroad than other adults, except those aged 16–24. But for those aged 55 to 64 years, the gap is smaller. They still made fewer visits (8.5 million) and spent less (£5.4 million), but the evidence suggests that this younger, baby-boomer, cohort is much more engaged in tourism. An examination of time trends shows that the number of tourist visits taken by these two older British cohorts has grown at a much faster rate than for the population as a whole. So although these groups have a lower starting point, these figures confirm that this is a growing market segment. The IPS also provides data on visitors to the UK. These show that older people are much less likely than other adults to visit the UK. They also spend less than any other adults. Yet the time-series data show a similar pattern to that for travel by older Britons. Data from Europe reflect this pattern. Although in 2011 older tourists still only accounted for around one-fifth of the tourist market, this has grown rapidly over the last 5 years. Between 2006 and 2011 the 65+ years were the only age group that actually increased the number of trips they took (Demunter, 2012).

Segmenting the senior tourist market

However, this market is not homogenous (Littrell et al., 2004). There is a burgeoning literature that aims to identify different market segments (Lehto, Jang, Achana & O’Leary, 2008; Shoemaker, 1989, 2000). Nimrod and Rotem (2010) identify three broad segmentation approaches: socio-demographic, behavioural and benefits. At a basic level, researchers rely on characteristics, like age, gender or health, to differentiate between subgroups. However, this says little about what older tourists do on holiday. Hence other researchers try to derive groups based on the tourist activities. In their survey Littrell and colleagues (2004) generated three senior tourist profiles in this way. They labelled these as follows: i) ‘active outdoor/cultural tourists’ who enjoy active engagement with nature, for example hiking, and sampling local food and culture; ii) ‘cultural tourists’ who were mainly interested in cultural activities such as the theatre and visiting museums; and iii) ‘moderate tourists’ who were the least engaged in tourism. In their study
of older Japanese tourists, You and O’Leary (2000) also identified three segments: ‘hyper-active travellers’, who travel a great deal and visit a variety of places; ‘conventional mass travellers’, who enjoy city breaks and visiting nature; and ‘inert travellers’, who tend to engage in relatively limited travel experiences. This compares with their earlier classification of ‘passive visitors’, ‘enthusiastic go-getters’ and ‘cultural hounds’ (You & O’Leary, 1999). Kim et al. (2003) identified: ‘active learners’, who tend to be women, widowed and like to travel with family and friends to experience new things; ‘relaxed family body’, who were similar to the active learners but more interested in relaxing holidays; ‘careful participants’, who were well-off men; and ‘elementary vacationer’, who were also mainly men but who sought out new experiences.

Lastly, some researchers attempt to classify older tourists on the basis of the benefits they receive from travelling (Ahmad, 2003; Jang & Wu, 2006). Boksberger and Laesser’s (2009) study of Swiss senior travellers found three segments. The ‘grizzled explorers’ preferred travelling in groups and were motivated by novelty, cultural experiences and socialisation. The ‘time-honoured bon vivants’ were driven by escape, enjoyment of comfort and spending time alone or with their spouse. The ‘retro-travellers’ sought novelty, sporting activities and some cultural experiences.


Obstacles to and benefits of travel

Research has also looked at what prevents older people from travelling. A number of socio-demographic factors, such as education, income and marital status, impact on senior travel and expenditure (Dardis, Soberonferrer & Patro, 1994; Hong, Kim & Lee, 1999). Poor health has been shown to be a major barrier to tourism in later life (Zimmer et al., 1995). However, Hunter-Jones and Blackburn (2007) uncovered a more complex picture. They did find that some older tourists are put off long-haul flights or visiting countries that require substantial injections. Also, some older respondents did not feel comfortable with flying, due to the quality of the on-board air, or with having to make many transfers. However, they argue that health problems are in general more often perceived rather than real; and that overall, although health did decline with age, respondents did not cease to travel.

Relatively few studies have looked at the benefits of tourism for older people. Some writers argue that this oversight is due the predominance of quantitative approaches (Nimrod, 2008; Sedgley, Pritchard & Morgan, 2011). They criticise these methods for failing to go beyond the empirical categorisation of activities or market segments to look at the meanings attached to travel by older tourists. In an attempt to redress this, Sedgley and colleagues (2011) argue that biographical research offers an alternative approach that ‘allows the researcher to uncover a terrain of life events that help explain the impact of socio-cultural factors […] and personal factors […] on people’s participation and non-participation in tourism’. This approach is evident in Desforges (2000) study of older British tourists. He draws on Giddens’ notion of self-identity to develop ‘tourist biographies’. His respondents report that travel forms an increasingly important part of their self-identity or selfhood. For some, travel was important for maintaining a youthful identity that allowed them to resist being stereotyped as an ‘old fogey’. For others, travel brought an opportunity to create new narratives about identity in later life through doing things they have not done before. He argues that the self should be seen ‘less as something to be discovered, than as something which is actively constructed through tourism practices’. White and White’s (2004) ethnographic study of 45 older long-term travellers in the Australian Outback echoes this. They found that travel provided a ‘transition’ between endings, for example changed
family circumstances either through bereavement or the ‘empty nest’, the (anticipated) end of good health or retirement and new beginnings. However, this is an area that needs much more research.

**Reasons for travel and tourism**

A relatively large body of research has focussed on what motivates older tourists to travel. These can usefully be categorised as ‘push’ or ‘pull’ factors (Jang & Cai, 2002; Jang et al., 2009; Prayag, 2012). Push factors are individual attributes such as preferences, goals or personality. Pull factors are the place-based characteristics of the destination that influence when, where and how people travel. Research has identified a broad range of push factors. The main ones are relaxation, socialisation, learning, seeking, family togetherness, appreciating natural resources and escaping (Cleaver, Muller, Ruys & Wei, 1999; Horneman et al., 2002; Jang & Wu, 2006; Kim et al., 2003; Sangpikul, 2008; Sellick, 2004; Shoemaker, 2000).

Studies reveal a variety of pull factors too. You and O’Leary (1999) found that older travellers rated public transportation, standards of hygiene, personal safety and opportunities to socialise highly in this respect. Horneman and colleagues (2002) found that Australian seniors attached great importance to beaches, lakes and rivers, quiet countryside, natural wilderness and historical sites. Pull factors for older Pennsylvanians included visiting local attractions, shopping and looking at scenery (Shoemaker, 2000). Similarly, Nimrod and Rotem (2010) uncovered nine destination activity characteristics: Back country, Educational, City-based, Physical, Cultural, Non-physical, Themed, Simple pleasure and Spiritual. Overall, however, the conclusion is that there is no exhaustive list of attributes. Each destination has a unique combination of pull factors. Nonetheless culture, scenery, tourist amenities, service level and shopping seem to be the most commonly reported attributes.

**Medical and health tourism**

Finally, there is one particular sort of tourism that does not often appear in this literature. This is medical or health tourism. Increasing numbers of people are travelling abroad for medical treatment. Balaban and Marano (2010) report between 600,000 and 750,000 medical tourists each year. While there are very limited data on the ages of these medical tourists, if one looks at the most popular procedures reported for British medical tourists they show that many are concerned with age-related conditions. Carrera and Lunt (2010) report that in 2008 an estimated 20,000 people travelled for dental procedures, 14,500 for cosmetic, and 9,000 for elective surgery (including hip, knee and eye), with a further 5,000 undergoing fertility treatments. The main destination countries are India, Malaysia, Singapore, Thailand, and the Philippines, South Africa, Argentina, Brazil, Costa Rica, Cuba, Mexico and Dubai. Ramirez de Arellano (2007) notes that there has been a growth in cross-border travel by Americans to Mexican border towns to purchase cheaper medicines and dental care. In Asia the Singaporean government is one of many that have explicitly identified medical tourism as a growth area and has described the UK’s ageing population as ‘a great potential to be tapped into’ (Shipiro, 2008). However, results of a Eurobarometer survey on the use of and attitudes towards cross-border health services in the EU show that only around 3 per cent of respondents older than 55 years have travelled to another EU member state to receive medical treatment. Moreover, the older age group were the least likely to say that they would be willing to travel abroad for treatment (The Gallup Organisation, 2007).
Conclusion

Travel and tourism form part of an emerging set of mobilities in later life. The evidence clearly shows that although older people are still somewhat less likely to go on holiday, the senior travel market is growing more quickly than any other demographic sector. However, it is equally clear that as greater numbers of older people engage in travel and tourism, this, like the older population in general, is a very heterogeneous group. Indeed it is perhaps less helpful to think of a single senior travel market than a series of potentially overlapping markets driven more by the kinds of activities that people wish to do rather than the age of the people wishing to do them. Although marketers still seem to focus on chronological age to demarcate this market (which is not unique to older people, for example 18–30 holidays) it appears that this is a relatively unreliable indicator of people’s travel and activity preferences. Instead it appears that there are a number of different market segments. Moreover, it seems highly likely that many older tourists would not be attracted to ‘senior’ holidays. These trends are challenging traditional, stereotypical images of later life as a period of stability and decline. Much of the research shows that older travellers actively seek new experiences and challenges. For many, travel is an integral part of the maintenance or creation of positive and healthy identities in later life.

However it also needs to be noted that research in this field is still relatively new and some areas still require development. Most writers acknowledge the lack of a clear definition of what constitutes the senior market and/or the various market segments. Different studies generate different numbers of segments and, because they accord them various catchy labels, it is often difficult to judge the extent to which they overlap. Greater communication and collaboration might help to add clarity to this field. Another issue raised is the dominance of quantitative research, and the need for more qualitative and participatory research to provide greater insight into the meanings older people attach to their tourist experience. However, because of, rather than despite, these issues the field of tourism and travel in later life is a growing and increasingly important area of research.

References


343


