

LOCAL IN GLOBAL

ADULT LEARNING AND COMMUNITY DEVELOPMENT

Organized by:
António Fragoso
Ewa Kurantowicz
Emilio Lucio-Villegas

WYDAWNICTWO NAUKOWE
Dolnośląskiej Szkoły Wyższej



Cláudia Luísa

University of Algarve, Portugal

Fernanda Martins

University of Porto, Portugal

Constança Paúl

University of Porto, Portugal

Ageing well, a matter of attitude: the importance of learning among the elderly

Ageing without getting old... We are old or young, much more in the form as we understand the world, of the availability of our dedication, curiosity, when knowing whose conquest never tires you and whose discovery never leaves you passive and unsatisfied. (Paulo Freire, 1979)

Ageing is a process that arrives slowly for every one. It is a continuous natural process of life, occurs at several levels and varies from a person to another. Nobody gets old in the same way and at the same rhythm. This means that the ageing experiences are not the same for everyone. "Genetic, social-economical, cultural and spiritual differences result in different ageing experiences" (Filhó, 2004, p. 15).

According with some authors, cited by Fernandes (2000), ageing concerns all morphological, physiological, biochemical and psychological modifications, show up as an effect of the time over the human being. It is a process that, due ageing advance, reaches all persons considered in bio-psycho-social dimensions, which means all the physiological and psychological modifications, with social repercussions as a consequence of the time consuming (Oliveira, 2000, p. 24).

In the biological domain, there are lots of functional aspects that change accordingly to each person ageing process, being the process of losses more accentuated than the gaining process. These losses, at the biological level will influence the health, the physical mobility and the cognitive functioning. Although, there are already studies referring that the declination process may not affect the other remains of the human function. But then incapability arrives as various diseases and senile madness. "The biological ageing process refers to the physical transfor-

mations that reduce the organic systems efficiency, expressing itself by a progressive reduction of the capability of maintaining the homeostatic balance, which in normal conditions will not be enough to cause functional disturbs“ (Figueiredo, 2007, p. 32).

In the psychological domain there are many phenomena that can appear with advancing of the age, emotional reactions, alterations of memory and cognition, different styles of interpersonal relationship or perceptive mechanisms and self-control. Intelligence and its capacity, if exercised, can continue active. In recent years it has been noticed an increase on the part of the aged ones that frequented the universities of 3^a age, what proves that if their capabilities are exercised they will be able to continue well and useful.

Beyond the biological and psychological alterations, the ageing also causes transformations to the level of the social roles that have to be readjusted to that stage of life. The oldness is characterized for the loss of some social roles, mainly the professional one. Also at the familiar and communitarian level some alterations occur.

Fonseca (2005) refers four social structures that suffer changes with the oldness arrival: Family, Work, State and Religion.

Concerning Family and Work, both assume a special importance. Eventual changes in these structures, as retiring or the death of the husband or wife, provokes alterations in the ways of being and to be of who lives them. Over such situations the person is forced to adapt to the new circumstances of life and even to redefine their social identity and to try to find new a meaning of life.

Retiring age is assumed as a loss of the social role, as well as a loss of economic incomes and social contacts, carrying daily readjustments. The social nets tend to diminish as ageing goes by, so that the person has to readjust their social relations, inside or outside the family.

At a religious level, there is a bigger approach to God, due to higher vulnerability and the need of more affective and moral support. The State is expected to better social policy to fulfil the needs caused by a higher percentage of elderly people in society.

The increase of the ratio of aged people, demographic ageing, is a characteristic of the developed countries, mostly of Europe, and has developed from XX century on. The ageing process follows the process of modernization of societies, which is noticed by the change of mentality and attitude towards the elderly. The population ages when the ratio of elderly people increases, and their ratio only increases when the ratio of young diminishes.

According to data of the National Institute of Statistics (INE, 2002) the registered Portuguese population in 2001 was of 10.356.117 individuals, being that the elderly constitute 16.4% of the population. Currently the average life expectation is 81.8 years for women and 75.2 years for men. So we should expect the demo-

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graphic ageing to go on, at a very fast pace and the reinforcement of the migratory component.

According to World Health Organization (WHO), the average life expectation at the world-wide level was 66 years of age and will pass to 73 by 2025.

The increase of the number of elderly is a concern, since it will cause a vast demographic change. This phenomenon is due to the reduction of the mortality percentage in all the ages, and the advances of the social-sanitary cares, and also to the reduction of the birth-rate. The reduction of the birth-rate occurred due to the social change, which led to a reduction of the marriage rate, which delayed the marriage and the woman's emancipation, translated by a bigger participation in the labour market. In middle of the seventies, structuralized activities of familiar planning also appear, being more efficient the contraception methods, which also had influence in the birth-rates and woman's role in society.

Thus, it will be necessary to distinguish two types of aging. One from the base of the pyramid, due to drastic reduction of the children and youth and the other one from the top, due to the increase of the age level, preceding the increase of the average life expectation.

All these changes emerged during and after the Industrial Revolution, and had also led to heavy migratory outbreak. There was a bigger mobility of the rural areas for the urban and industrialized areas, beginning in the XVIII and XIX century. With all these advances, there was an increase of the human longevity, what became a social and demographic problem. The increase of the human longevity may lead to a demographic change that will cause a series of problems that interfere with the countries social policies.

According with Jaques (2003) there will be an increase of expenses with the social and illness pensions, that will influence all society, as well as the anticipation of the limits of retiring provoked by the lack of work; there will be a reduction of the initiative spirit and self resistance to innovation in the areas inhabited by elderly people, opposing the zones inhabited for a young population more opened to change and innovation. There will be a bigger internal and external dependence, due to the current lack of manpower and labour market and to the economical recession, leading to migration processes and highlighting the regional contrasts.

At the social level occurs the sociability among generations, being also notable a bigger number of elderly people institutionalized. At the health level, is necessary to have more amounts of money available for treatments and medication. There is a bigger occupation of the hospital beds and also an increase of the mental diseases.

At the economic level, the state is going to collect less taxes, due to the increase of the number of pensioners, becoming necessary to build more 3^a age homes or other type of social answers (daily centres, domiciliary support and sociability centres). With the increase of the number of elderly it will also becomes necessary

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Before there was a concern regarding the increasing of the average life expectation; today and considering the XXI century panorama, it is necessary to create conditions so that the elderly can their live with quality, remaining active and participating in society.

The active ageing considered by the WHO (2002) for the first decade of XXI century, is defined as a process of optimization of chances for health, security, together with social participation, being the pillars of the active ageing. Social participation ranges from the interpersonal exchanges to the right of action and duties of citizenship, as well as to the communitarian social participation. All the measures of prevention that aim to achieve active ageing, must be considered throughout the life process and not to target only the elderly people. Along with the creation of innovative projects, that fulfil the elderly needs, it should be promoted affective share and mutual help. In occidental societies the implementation of well balanced economic, social and familiar policies are urgent in order to prevent suffering and discrimination towards the elderly, a most vulnerable group. It is known that the elderly are not all equal: cultural and economic factors determines the way that each one lives the oldness. Life experiences in the family circle and society makes them to have a different attitude among the others. The elderly population of today has few similarities with the elderly population of the future. However, nowadays, most of them still suffer from the status imposed on them and consequently simply wait for the retirement associated to the final phase of their life, living oldness in a negative form, with many prejudices and severe limitations on their everyday activities. It is necessary to promote measures that keep the elderly in the familiar circle, promoting intergenerational relationships, and developing conditions that allow keeping them active, even after retired.

Thus, we think that the Education of the Elderly People will be a method, a way to help integration and social participation, translated by participation of many adults with more than 65 years old, pensioners and with a weak social dynamics, at the Third Age Universities.

In a society for all the ages, as it proclaims the UN... we consider important in this context, the development of continuous education programs, continuously updated, so that the people who had finished their labour life, have chances, if desiring, to continue their formation and to coexist with new offered environments that gives them the chance to bring up to date their knowledge... (Osório, 2007, p. 17).

XXI Century, assigned for some as the "Century of the Elderly", not only in Portugal but World wide, witnessed the European Union declare that 1993 was

the "European Year of the People with Advanced Age and Solidarity among the Generations" and 1996 the "European Year of the Permanent Education and the Formation". Also the United Nations declared 1999 to be the year of the elderly, in a clear statement that we should build a society for all the ages.

According with Nazareth (1999) the responsible governing and social entities must implement principles of dignity (older citizens must use all of their rights), the principle of autonomy (in all the ways and circumstances, especially during retirement), the principle of personal development (conditions for their full development), the principle of access to health cares, and the principle of participation (in politics and other activities). One should also stress the principle of education, by which society has to provide to all a permanent education.

Adult Education is more than a right, is the key for the full participation in society. It is a dynamic concept capable of promoting democracy, justice and the equality between gender, promoting the social, economic and scientific development in societies.

The Education of Adults involves a formal and a non-formal set of learning abilities that allows the adults to enrich and to perfect knowledge, technical and professionals qualifications and to guide their proper needs.

The Third International Conference of Adult Education, in 1972, provided the first reference ever made to the education of marginalized groups, socially discriminated:

Unemployed youth; youth that had prematurely left the school in developing countries; rural populations of numerous developing countries; emigrant workers; unemployed; elderly. Categories traditionally discriminated in numerous societies. Where girls and women found them selves particularly discriminated (UNESCO, 1972, p. 108 cited by Veloso, 2004, p. 180).

Being so, the education of the elderly ends up being a justifiable right, providing them the development and maturation of their abilities. The education of elderly people gains a bigger visibility because of the population ageing. To provide educational opportunities to the elderly ones is a social enterprise.

According with Fonseca (2005) to learn throughout the life it is a requirement imposed by a society in fast transition, where economic, cultural and technological changes reign, being necessary to reformulate the education concept, in a continuous perspective – lifelong learning.

Lifelong learning is conceived as a basic element for the adaptation to the changes and human development." ... the education if does not circumscribe to a certain period of preparation for the life (...) education is a process that affect all the human beings throughout all their existence". (Fonseca, 2005)

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The third age education becomes imperative, as the health, so that all the elderly live this phase of their life with quality. To educate for the longevity, should be an imperative of the countries educational policies.

Moddy (1976) cited by Yassuda and Neri, (2004) identified the main paradigms of elderly:

The first model is the one of rejection, of a negative approach of the oldness. It relates the reckless phenomena, rejection and discrimination that all the elderly are submitted to, in a society that analyzes the elderly as a social stigma, without any perspective for future and personal development. It considers the education for elderly people as unnecessary, because tough the elderly are seen as unproductive and dependent.

The second model is the one of the social services. In this model education appears connected to the idea of social justice and sees the educational services for the elderly as a medicine, translated by entertainment offers, leisure and social contacts for people with few chances. The oldness, according to this model, is also seen as something negative, but that it must be protected by the State trough pensions, and services of support to the third age, as welfare homes or day care centres. The elderly is seen as a passive, dependent being, there is no concern in developing a specific pedagogy for them, because it is believed that they do not develop themselves. The third model focus in the concepts of participation and activity, denying the segregation and the passivity of the previous models. Here, education is seen as way of preserving the abilities and the experiences of the elderly, so that they can interact with the problems of society, by means of educational programmes made by them and for them. Through the participative experience we think that we are able to increase the capacities of the elderly and to involve them more in the community. The forth model is based on the idea of self-accomplishment and permanent education. This model corresponds to Eriksson's notion of Self integrity, that the author considers the most typical task of the oldness. This model, in contrast with the others, intends that the individual, regardless of their chronological age, is able to maintain their normal levels of functioning and development.

For Yassuda and Neri (2004, p. 32) the education programmes for aged people must take in consideration, mainly:

- a) Education and training plans for the elderly constitute a new social political, economical and cultural invention;
- b) The concept of permanent education foresees that education and learning are cumulative and continuous, and not a set of institutional events;
- c) The education for the elderly needs a change of social attitude;
- d) Should share, not only the knowledge, as well as the communitarian development of the society, with the participation of the elderly;
- e) It must be full filled with and for the elderly, harnessing their participation;

- f) The education for aged adults must intend to develop their theoretical knowledge, practical knowledge, learning capabilities, continuous learning and to make possible the continuous growth, social relations and social participation.

Third Age Universities (TAU) appear as a way to comply with the needs of aged adults. These are spaces where literacy, health information, education, religious education and labour information are provided. They appeared in France, in 1973, by the hands of Professor Pierre Vellas, with the goal of occupying the free time and to promote the social relations among the elderly. In the whole world third age university are showing up, due to average life expectation raising, and due to the concern of the State in developing policies of social welfare, as well as betting in policies of permanent education and, finally, due to the increase of research in the gerontology area.

In the 80's the third age universities had entered in their third generation, characterized for the developing of a wider educational programme, in a sense to satisfy a wider aged population, more young and educated. The Third Age Universities base their programming in three axes: participation, autonomy and integration.

According with Vellas, it is basic that, among the daily activities in the third age universities – permanent education, sanitary education, physical cares, cerebral activation and community service actions -, either including the applied research in order to investigate the programs in general and of each one of their parts, in order to favour the dissemination of the initiative to educate aged (Neri & Yassuda, 2004, p. 36).

The concern with the quality of life of aged adults, the promotion of their health, their participation and autonomy, as well as their personal and collective growth and their social insertion, are goals that the work developed in the third age universities contemplates.

There are not pre-conditions demanded for adults to enter the TAU's, not even the age. Therefore, even though the majority of people have equal or more than 65 years old, younger people can apply. The TAU's do not give certification or academic degrees and they are managed independently by their members, which want to develop plans of adequate studies to the requirements of the adults.

TAU's in Portugal are among the few social structures that are able to comply with the needs of structuralized learning of the aged adults. In spite of having many limitations, TAU's represent a tool, a space where the elderly can develop their social participation, citizenship, sociability and leisure, preventing moments of loneliness, providing quality of life. TAU's also delay the elderly need for a Day Care Centre or a welfare home, which take place when the family is not able to

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be present and take care of them. The lifelong learning goes beyond that what is given by the TAU's. It depends on the time variable (lifelong learning), as well as of the different forms of spreading (lifewide learning); therefore it can go from the familiar and professional life to the institutions of education and training, or to the formal and non-formal contexts.

In conclusion, I would like to point out that there is much still to do in this area. We are a country that only now is starting to give its first steps, so that the elderly can remain themselves active and productive each time later, in spite their age. Other European countries have already done it, like for instance Finland, which has invested in infrastructures developed for the elderly.

We need to work in an inclusive perspective where education is seen as a way of maintaining the abilities and experiences of the elderly, as well as a factor of auto-accomplishment, satisfaction and quality, as well as self fulfilment and health quality, preventing the dependence and the illness that many people are submitted to.

I am, at this moment, in an initial phase of my PhD research, which aims to approach and reflect on the above-mentioned questions.

I intend to evaluate the relationships between lifelong learning in elderly people and the quality of life. I also intend to investigate in which way the education/training is a gain (or not) for a healthful ageing. I also intend to research if lifelong learning provides quality of life, satisfaction and well-being; if promotes health and social healthful relations; avoids the search of therapeutic clinics, as well as prevents feelings of sadness, abandonment and loneliness.

The persons who are helping me in my research live in the city of Faro, have ages between 65 and 85 years old and are not institutionalized. They participate in the courses of the Faro TAU's. There is also a control group that does not participate in university courses.

Given the almost inexistence of this kind of research in the Algarve, the work will be developed through a methodology that is common in explorative quantitative studies.

The following techniques will be used:

- Documents and bibliographical research, carried through several national entities, with the goal of collecting specialized documentation on the subject; Participant observation, essential to allow complementing the information obtained through others techniques.

The Instruments to use in the inquiry are:

- Demographic Pointers Questionnaire (INE)
- Health and Styles of Life – (Paúl, Fonseca, Cross, Cerejo & Valença, 1999 – Adapted)
- WHOQOL Bref – (Adapted from Vaz Serra, 2006)
- Affective Balance Scale – (Norman M. Bradburn, 1969)
- Net of Social Support Scale – (Lubben, 2006).

I consider that the more detailed information exists on this theme, the better, and considering that in the Algarve the studies on this subject are rare, I think that with this work I will be able to help to inform better the elderly and the local community for the problems that they face. Also I hope to raise questions on education, lifelong learning, as well as on the quality of life of adults.

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