



Ageing and society: the university's role

Guido Amoretti

PhD., Full Professor in General Psychology, Department of Education Sciences [DISFOR], University of Genoa - Email: guido.amoretti@unige.it

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Abstract

The ageing of the population is beginning to be an economic, social and health matter even for countries that do not belong to the advanced developed economies, but where the phenomenon can take on an impressive size that risks affecting the entire globe.

It is clear that intervening downstream of the problem with forms of economic subsidy and health aid is not a winning strategy.

It is necessary to work on prevention by limiting, as much as possible, the periods of non-self-sufficiency of older people that represent high health and social costs. Active ageing seems to be particularly useful in accompanying people towards a long, mostly self-sufficient and value-added old age, whereby older people can continue to be active members of the society in which they live.

The system of higher education is able to perform a function of extreme importance with respect to the possibility, for the elderly population of a country, to actively live their old age: developing the activities of Life Long Learning, encouraging the birth of universities of the third age, intervene in the design, implementation and management of permanent training centres for the elderly are activities in which the university institutions can and must engage.

Key Words: *population ageing, active ageing, third age university*

1. Introduction

The ageing of the population is a phenomenon that has taken on important proportions since the second half of the last century. However, the causes of the increase in life expectancy, at least in advanced developing countries, date back to the beginning of that century and are attributable to improved living conditions and advances in medicine and pharmacology. The two World Wars, especially the second one, caused a postponement of the appearance of the positive effects on life expectancy, but demographic studies have begun to highlight the phenomenon of the ageing of the population since the beginning of the '70s.

2. Changes in world population

We can see how the structure of the population has changed from 1950 to 2020 and how it will change further towards the end of this century [Fig.1]. From 1950 to 2020 the world population has tripled, but in the same period, the number of people over 65 has more than increased fivefold. If we consider the forecast for 2090 of the World Population, we notice that while in 140 years it is quadrupled, estimates suggest that the portion of people over sixty-five years of age is 18 times that observed in 1950.

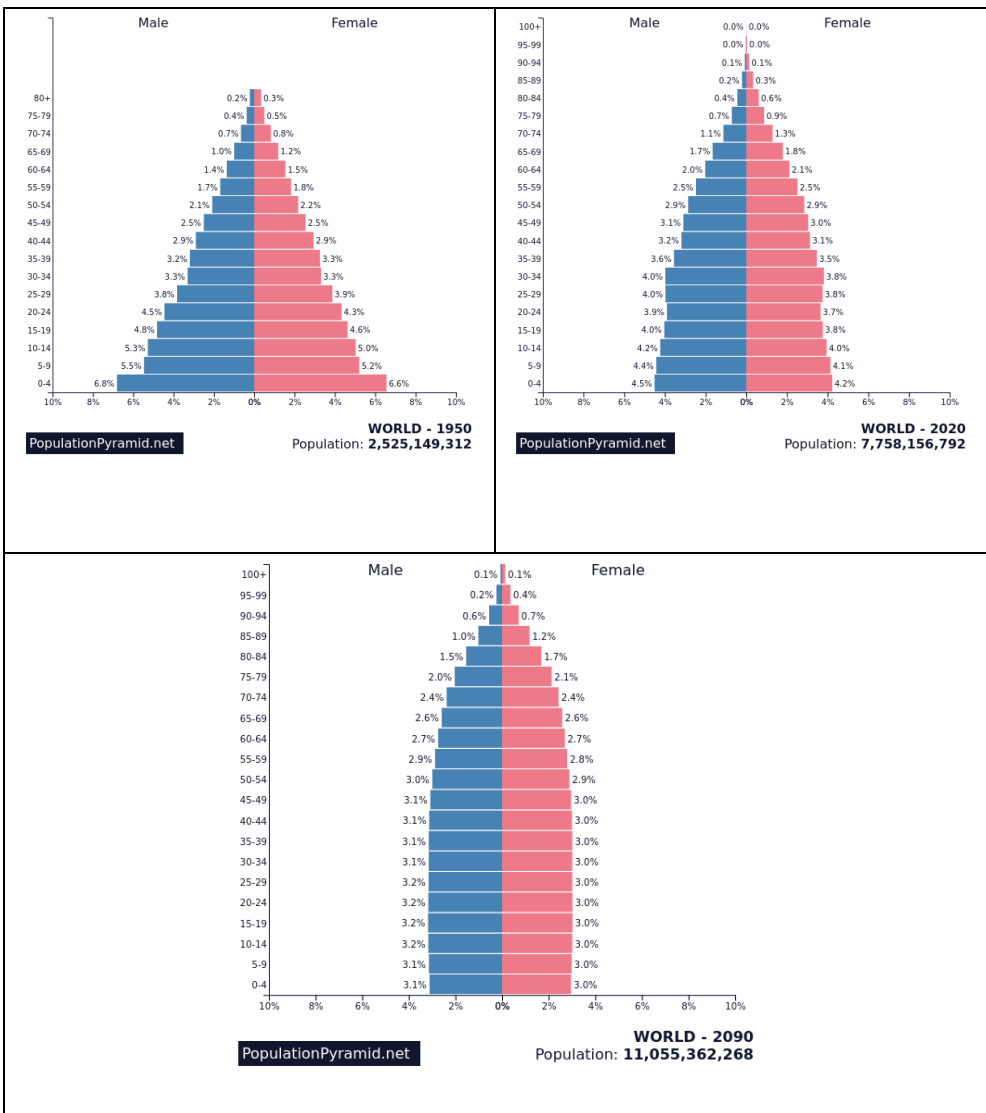


Fig.1- World Population distribution by gender and age in 1950, 2020, 2090

Already at a glance, it is possible to notice the change in the composition by age with the passage from a pyramid shape to an ogive shape in which each age group has a similar number of people. This fact, as we will say later, poses major problems for welfare systems.

This picture, although worrying in itself, is the average representation of the overall situation. If we analyse the data by geographical and economic areas, we can see that in some areas the situation is already much more serious. For example, in Western Europe, the over-65s will account for more than 10% of the population in 2020, a figure that will only be reached worldwide in 2090. But in the future, also countries that for the time being have a low percentage of the elderly population are destined to face the problem of an ageing population. In China, the percentage of people over 65 is currently 6% but will double by the end of the century. The African continent has an elderly population of 1.8%, but by 2090 it will reach 6%. But while the population in China will suffer a slight decrease in the next 70 years, the African population will go from 1 to 4 billion people, and the elderly population will be 240 million individuals, like the current population of North Africa [Fig. 2] (Amoretti, 2017).

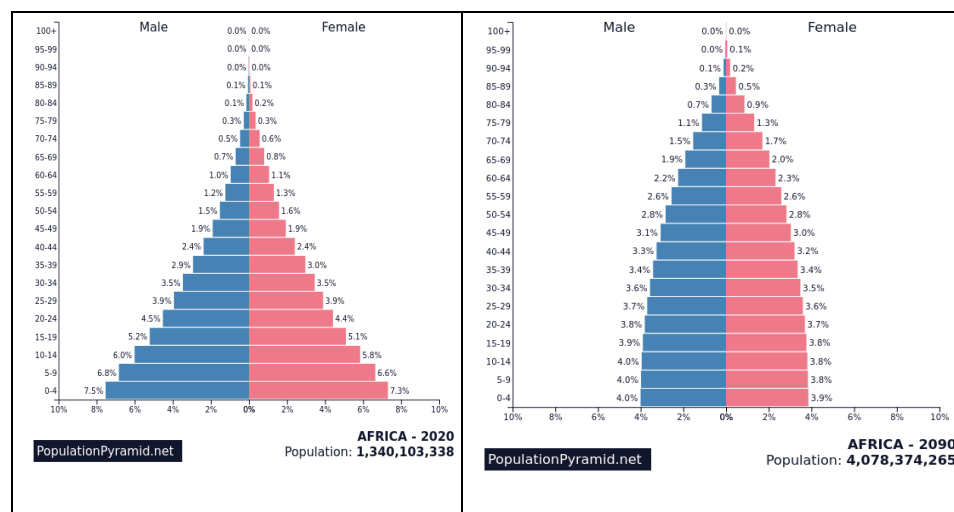


Fig. 2- Africa: Population distribution by gender and age in 2020 & 2090

Italy is the second oldest country in the world after Japan. Currently, the over-65s represent about 12% of the population, but in 2090 they will reach 17.5%. Of course, the Italian population is very small compared to countries like China, India or African states like Nigeria and therefore these high percentages translate into relatively small absolute numbers (in 2090 the Italians over 65 will be almost 9 million) [Fig. 3]. However, these forecasts are

very worrying from an economic point of view and in terms of maintaining the welfare system even though Italy is the seventh-largest economic power in the world.

The old-age index (i.e. the ratio between people aged 65 and over and those aged between 0 and 14) will rise in Italy from 183 in 2020 to 253 in 2090 and about a quarter of the Italian population will be unproductive by age towards the end of this century. To this group of people, who are not productive for age reasons, should be added the unemployed and NEET (Not in Education, Employment or Training). This means that the weight of welfare will fall on a portion of the productive population numerically much lower than the current one with the risk, not to say the certainty, of a qualitative and quantitative lowering of health and social services, unless there is a substantial increase in the tax burden with all the repercussions on the economy that we know well.

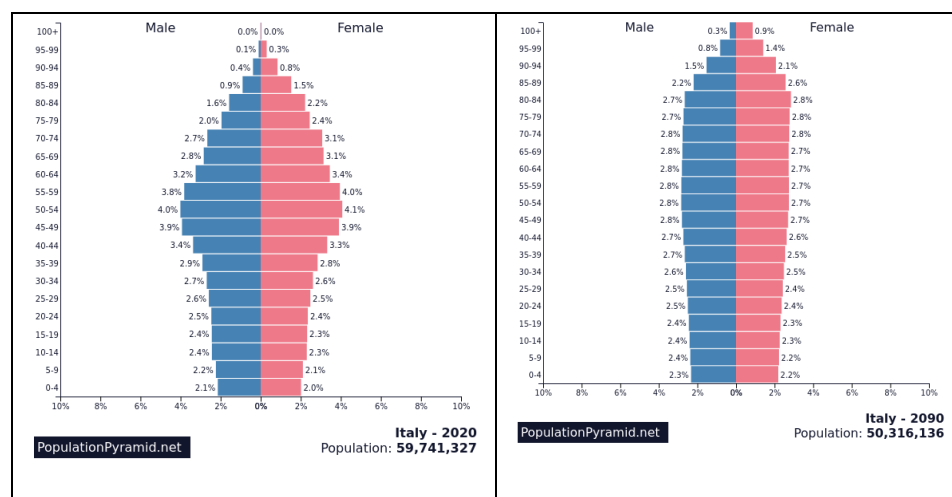


Fig.3- Italy: Population distribution by gender and age in 2020 & 2090

To avoid the danger of a collapse of the welfare system, few roads seem feasible. Among them, the most effective seem to be: a reversal of the demographic trends through policies in favour of families with children (but only for the advanced developing countries, which have very low birth rates) and a reduction in the demand for health and social services for people over 65 years of age.

The first remedy proposed has long lead times and uncertain outcomes: one of the objectives at world level is to raise the quality of life throughout the world, but it is well known that, where the quality of life reaches reasonable levels, birth rates are lowered. There is, therefore, no certainty that the

population is actually encouraged, by the interventions of various governments, to have more children.

Increased life expectancy also brings with it better health conditions, provided that people have led active lives, have constantly solicited their cognitive processes and have not run into disabling conditions. Promoting the spread of proactive attitudes can have the value of preventing pathological ageing. But if this takes a long time before producing quantifiable effects, encouraging active ageing among those who have already reached old age means encouraging the maintenance of individual self-sufficiency, in the absence of other diseases, and therefore reducing the use of social and health services and the related costs for the community.

Here we will focus on the second hypothesis: to reduce health care/assistance costs thanks to the spread of active lifestyles able to extend the period of self-sufficiency of older people.

3. From active ageing to healthy ageing

But what are the scientific bases of the concept of active ageing? Active ageing was theorised for the first time by Havigurst (1948) who indicated a commitment to social activities as a remedy for the pain and suffering that tend to characterise old age. This negative view of ageing was a product of the times and was quite different from the current view of old age.

Havigurst's activity theory had no particular impact when it was proposed. But in the early 1960s, based on the results of the Kansas City Study of Adult Life, a longitudinal and cross-sectional study of 700 ss between the ages of 40 and 90 conducted in the 1950s, the theory of disengagement was somewhat successful (Cumming, Henry, 1961). According to this theory, ageing is accompanied by a gradual, inevitable and irreversible tendency to withdraw and abandon social roles and activities in preparation for the final detachment that occurs with death. This approach was functional to a way of thinking about old age in a passive and abandonment perspective. At that time the focus was on young people, on the need to provide them with work and the expulsion from the production cycle of older people, with experience but less performing from a physical and intellectual point of view was justified.

As a result of the birth of the theory of disengagement, the theory of activity takes on importance as a contrast. Soon, precisely because of those demographic changes that we have described above, the theory of disengagement showed its limits: with the increase in life expectancy, the number of individuals who had to remain "parked" waiting for death increased exponentially and with it the health and welfare costs. The idea of

an active old age began to spread also thanks to the numerous studies that tried to relate an active lifestyle with a better physical health and a greater preservation of cognitive functions, both fundamental to increase the quality of life of older people minimizing the possible periods of non-self-sufficiency and thus reducing the related health costs.

In this second decade of the current millennium, the commitment to spreading an active lifestyle among both the elderly and the rest of the population, in a preventive perspective, has seen the World Health Organization (WHO) and the European Commission at the forefront. The latter, for example, has decreed 2012 as the “European year for active ageing and solidarity between generations”.

The concept of active ageing is strongly related to that of well-being. Well-being, both physical and mental, is not simply determined by the absence of negative events (e.g. the absence of disease) but also by the presence of certain economic, social and environmental conditions. The WHO, which introduced the concept of active ageing already in 2002 (WHO, 2002), proposed the concept of “healthy ageing” defined as “the process of developing and maintaining the functional ability that enables wellbeing in older age” (<https://www.who.int/ageing/healthy-ageing/en/>) and proclaimed the period 2020-2030 *Decade of healthy ageing*. According to the WHO “The Decade of Healthy Ageing (2020-2030) is an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live” (<https://www.who.int/ageing/decade-of-healthy-ageing>). Healthy ageing is currently the primary objective for the WHO and has replaced active ageing by effectively incorporating it. For the next ten years, work will be done on healthy ageing, knowing that to achieve this active ageing needs to become a global good practice.

4. Effectiveness of active ageing on maintaining self-sufficiency

The life cycle of a person is similar for most individuals: birth, adolescence, work, adulthood, starting a family, reproduction, retirement, old age and finally death. In advanced societies, it is possible to divide the life cycle into three segments: before work, during work and after the end of work. The first and third phases each occupy 25% of the life of an individual whose life expectancy is around 80 years: the remaining 50% revolves around work and the satisfaction of the needs of the family. This means that after retirement people have on average between 15 and 20 years of life expectancy, a long

period that, if free of disabling diseases, can be lived with satisfaction and can also bring benefits to the community in which the elderly live.

The possibility that the psycho-physical well-being is perceived by the elderly depends very much on the type of work and life they have led. As mentioned, work occupies a substantial part of an individual's life, and the type of work depends, first of all, on the level of education and, secondly, on the opportunities and the ability to seize them. Constant physical exercise seems to have a beneficial effect on health and life expectancy, reducing the risk of cardiovascular disease, but work-related physical exercise seems to have negative effects (Bauman, 2004). One of the cornerstones of the concept of active ageing is not related to physical activity but to mental activity: maintaining one's brain in exercise guarantees, in the absence of other diseases, a longer period of self-sufficiency (Friedland, Fritsch, Smith, 2000). People with a good level of education generally have conceptual jobs with little physical fatigue, satisfactory salary levels and a greater predisposition to cultivate interests that stimulate the use of cognitive faculties. Those with lower levels of education often carry out jobs that involve heavy physical effort, lower pay levels and lack the cultural tools and often the desire to cultivate interests that involve cognitive processes. The result is that those who "take off" with an advantage see the possibility of a self-sufficient and active old age increased. Of course, there are exceptions on both sides because the preservation of interests in the third age depends on having cultivated them during working life, giving to work the necessary importance without placing it at the centre of life.

An active lifestyle, therefore, includes constant physical activity, healthy eating habits and continuous exercise of cognitive processes. In an ideal situation, all three factors should be the subject of information campaigns conducted over the years of initial training to prevent inappropriate lifestyles. However, since not everyone is in a position to adhere to such a lifestyle, it is necessary to prepare programmes aimed at spreading the concept of active ageing among adults and the elderly in an attempt to encourage, at least in old age, the spread of virtuous behaviours that can positively influence the development of the final part of life.

5. University and active ageing: what relationship?

The University is certainly the place where scientific research is carried out, but it is also the place where citizens are trained, the place in charge of conveying the tools to understand the world and to induce positive behaviour both for each of us and for the community. For these reasons, the University

can and must play a role in the diffusion of active ageing by promoting initiatives capable of orienting people's lifestyles.

In a preventive key, the Universities can intervene by activating courses on the importance of healthy behaviour, exploiting the skills of the Faculties of Health and of Motor Sciences, and addressing the issue of ageing and the possibility of using residual capacities for the benefit of individuals and the community (in this case the contribution of the Faculties of Psychology can be decisive). The training/information on the benefits of an active attitude towards life should be carried out in the early years, also to make it clear that the training will not end with the school/university years but will continue throughout life.

As for those who work, the University already plays an important role in adult education: among the desks, along with young people just out of high school, more and more often we find adults who return to study to complete their training or attend courses of higher education to increase their skills. These are probably the best vectors of the message on the importance of keeping their cognitive functions trained: resuming their studies they realise that it is more difficult to learn due to the lack of habit of studying and to age-related changes in cognitive efficiency (less attention, less speed, greater distractibility).

Compared to the elderly, the University has already played for years, in many countries, a function of stimulation to active ageing (Amoretti, Spulber, Varani, 2017). Educational initiatives have been carried out almost everywhere over the last 40 years under different names: University of the Third Age, Popular University, to name a few. The courses proposed to cover various areas of scientific and humanistic knowledge and also concern practical skills. Participation in the courses is very high and not only produces an active involvement and mobilisation of cognitive skills but also triggers socialisation processes that serve to reduce the risk of isolation, generally present among the elderly, one of the leading causes of depression. Among the virtuous effects of attending courses for the third age it is useful to remember the spread of computer skills (computer literacy courses are the most popular), the birth of events dedicated to the third age (the Seniorada, for example, a kind of Olympics of the third age that promotes relations between the generations and is organized for some years in Poland, Slovakia, Ukraine and other Eastern countries), and the establishment of voluntary associations that provide assistance to elderly people in need, to families with elderly people with disabilities or make themselves available to Public Bodies to provide support services (museum surveillance, gardening, surveillance outside schools).

6. Closing remarks

The demographic challenge that the political and economic world faces in terms of welfare is a globalising challenge that also involves universities. Assuming that policies are launched to contain current demographic development, their effects will be perceptible in the long term. As a consequence, the economic and welfare systems will have to face the needs of a numerically very large section of the population over 65 years of age. The diffusion of adequate lifestyles aimed at pursuing active ageing seems to be the only viable way to minimise the number of non-self-sufficient people and to have a positive impact on social and health costs. On these issues, universities have the skills and resources to transmit to young people lifestyles that are attentive to the well-being of the individual and capable of guaranteeing a better and self-sufficient old age; to support attempts to change attitudes on the part of adults who want to keep their minds open by providing themselves with more opportunities for a good future; to respond to the ever-increasing demands for training/satisfying their curiosities on the part of people over sixty-five, who are increasingly far removed from the stereotype of the old retired person, who is isolated and awaiting death. By paying attention to the lifestyles and needs of the different age groups of the population, universities contribute, in addition to training, a function that belongs specifically to them, to maintaining ties between generations and the consolidation of social relations, all factors that positively influence active aging and promote the preservation of self-sufficiency for a long period of the so-called third age. Because scientific and technological development, which is produced by universities, to be effective must focus on the needs of people, needs that are not only material but, through immateriality, have an impact on the welfare of billions of people.

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