

## Lifelong Learning Participation as Strategy for Promoting Active Ageing and Psychological Wellbeing of Retirees

By

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### **Abstract**

Healthy and active ageing is a global phenomenon which should attract the attention of all and sundry particularly those in developing countries like Nigeria. The Active Ageing Framework has been adapted as a global strategy in ageing policies, practices and research over the last two decades yet Nigeria has no functional national policy on the elderly. Lifelong learning is a tool that enables active ageing and psychological wellbeing especially in post-retirement period. However, lifelong learning has not been fully integrated into this discourse. The aim of this paper is to bring to the fore, the benefit of lifelong learning in ageing policies as it is strategy for promoting active ageing and psychological wellbeing in adulthood and also a strategy for older people to master new tools so that they can actively participate and contribute to the society even in retirement. Based on empirical review of related literature, results indicate that older adults' participation is independently and positively associated with their psychological wellbeing, even among those typically classified as 'vulnerable'. Furthermore, literature provides additional evidence that suggests the *continuous participation* in lifelong learning provides the opportunity to promote older people's health regardless of the formal education they received in early adulthood as it contributes most to a sense of belonging, prevention of social isolation, prevention of dementia, and better personal satisfaction. The biggest obstacles for older people when it comes to participating in lifelong learning programs are finances, physical illness, and a lack of understanding from their family members and the wider society for this kind of activity. Hence, suggestions were made in light of these obstacles such that they could be accommodated in ageing policies when embraced in Nigeria.

**Key words:** Lifelong learning, Strategy, Active ageing, Psychological wellbeing.

## Introduction

The issue of ageing is a natural one that cannot be avoided and it comes with its accompanying challenges that if not properly handled would affect a country's socio-economic and political development. Improved socioeconomic conditions, medical and technical developments, and improved overall quality of life have led to an increase in life expectancy. Today, education and learning are not just aimed at younger people. The term "lifelong learning" is increasingly used and we are witnessing older people striving to achieve formal, non-formal and informal education. Some people want to maintain their mental capacity, prevent dementia, or simply keep up with modern times, while others choose to educate themselves at an older age for their own satisfaction. The fact that older adults have more free time for themselves certainly contributes to this decision to acquire more education.

It is over 20 years since the World Health Organization (WHO) endorsed the Active Ageing Framework (hereafter the active ageing framework) in 2002. It has influenced ageing policies and practices across the world, and drawn public attention to the new opportunities and challenges that global ageing brings to both individuals and societies. The active ageing framework advocates optimizing opportunities for 'health', 'participation' and 'security' – three key determinants of the quality of later life. It also advocates recognizing physical health, mental health and social connections as equally important elements (WHO, 2002). Active ageing discourse is a product of growing governmental concerns about financing health care and social services for ageing populations. At the same time, it mirrors and potentially promotes a positive shift in social attitudes towards old age: viewing later life not as a period of 'deficits', but as either a time of 'competency and knowledge' or a 'period of opportunity and wellbeing, with retention or development of the psychological and cognitive resources to cope with life's challenges' (Burn, Browning & Szoeki 2019).

### **Active Ageing and Psychological Wellbeing of Retirees**

Retirement requires changing the habits of an adult's lifetime. It is a disengagement from work and symbolizes a crisis factor in the life of an employee be it skilled, unskilled, supervisory, executive, management and professional cadre. Retirement education is the story of people. The adult works for two reasons, namely: (i) To stay alive (i.e to pay for food, clothing, shelter) and (ii) To maintain physical and mental health. If no one works to produce goods, services and food stuffs, the human world would cease to exist. Work is a major socialization force in giving form and content to adult life (Amorim & Hernandez 2020). For many people, retirement is a welcome relief from a frustrating and boring job. For others, it is just as difficult as being unemployed. For a large number of employees retirement incomes or pensions are generally too low. In addition, many other essentials such as the provision of medicine for the family, housing transport allowances will cease in part or fully in majority of cases (Hansson, Buratti, Thorvaldsson, Johansson & Berg 2018).

The number of older adults is increasing globally and this has become an important concern (Shultz & Wang 2021). The proportion of the world's population over 60 years is projected to double from about 11 per cent to 22 per cent between 2000 and 2050 and expected to increase from 605 million to 2 billion in absolute number over the same period. Low- and Middle-income countries (LMICs), including Nigeria, are projected to experience more of this rapid and drastic demographic change (WHO, 2022). With a current estimated population of 230 million, persons aged 65 years and over constitute 4.3 per cent of the Nigeria population and the absolute number of the elderly in the country has been on the increase (World bank, 2023).

Active aging describes the interaction among factors, such as maintenance of health and well-being, involvement in social activities, and overall security or protection, which promote optimal health and well-being during the aging process. Although

multiple models of successful aging have targeted biomedical, social or psychological functioning, one popular model, albeit with limitations, remains the Rowe and Kahn model of successful aging, which interconnects three factors: avoidance of disease, active participation in life activities, and high levels of physical or cognitive function.

In Africa, particularly Nigeria, many older people reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake. These situations leave them with insufficient personal savings and poor psychological outcomes (Bleidorn & Schwaba, 2018).

### **Lifelong learning in late adulthood**

Lifelong learning in late adulthood deserves more attention in the current discourse of active ageing policies. The active ageing framework (WHO 2002) acknowledges that lifelong learning, along with formal education and literacy, is an important factor that facilitates participation, health and security as people grow older. While a few places, such as the European Commission (Newton, 2022) and the Province of British Columbia, Canada have explicitly inscribed ‘lifelong’ in their active ageing policies, generally speaking, it is mentioned far less often than topics like physical activities and paid and non-paid work. Nevertheless, an increasing body of literature has found clear links between adult learning and learners’ subjective wellbeing and health (Olds, Burton, Sprod, Maher, Ferra., Brown, Van Uffelen, & Dumuid, D. (2018).

Studies that directly examine the effects of later-life learning on older adults, however, are few and far between. In many countries, adults over the age of 65 are often excluded from adult learning statistics as they are assumed to be the post-work generation. In addition, research in adult learning traditionally focuses more on ‘transforming effects’ (e.g. personal change, community activism) than ‘conserving effects’ (e.g. self-maintenance, the social fabric), where ‘education prevents decay or

collapse or consolidates a positive state of stability’ (Kops, 2020). Given the context of global ageing, it becomes more important to investigate the latter effects of learning, which can be quite invisible, yet play an important role in maintaining autonomy, health and quality of life among older adults. Although still limited in volume, recent studies examining the association between later-life learning and psychological wellbeing suggest that continued engagement may help older learners sustain wellbeing over the long term (Principi, Smeaton, Cahill, Santini, Barnes, & Soggi, 2020). The purpose of this paper, therefore, is to identify further the effect of the duration of older adults’ participation in lifelong learning on their psychological wellbeing, while taking into consideration their health state, vulnerability and other key demographic variables.

### **Benefits of lifelong learning participation: Empirical review**

Over the last decade, a growing body of literature in adult education has found psychological wellbeing and health to be an important part of the wider benefits of lifelong learning. Large-scale studies in the UK and Europe have unanimously supported the positive link between lifelong learning participation and psychological wellbeing and health among adult learners (Chan, Chung & Yeung, 2021).

Although the complex pathways linking learning participation and positive wellbeing and health require more study, Hammond in Vyasamoorthy (2018) in the UK has provided a helpful conceptualisation of psychological resources as the mediators between adult learning and health outcomes. Based on her interviews (N = 145, aged 16–70), she found that learning helps adults develop the five psycho-social resources (*i.e.* ‘self-esteem and self-efficacy’, ‘identity’, ‘purpose and hope’, ‘competences and communication’ and ‘social integration’) that promote their general ‘wellbeing’, ‘mental health’ and ‘effective coping with change and adversity including ill health’ (Hammond in Vyasamoorthy 2018). These findings clearly suggest that participating

in adult learning courses functions as a compensatory strategy for adults to help them develop psychological and social reserve capacities.

Other researchers who have focused on later-life learning see this point as especially relevant to ‘non-formal’ and ‘non-credit’ types of learning. Narushima in Kamel (2019) conducted interviews (N = 15, aged 64–83) and observations of five different general-interest courses for older adults (calligraphy, sewing, Chinese poetry, folk dance and fitness) in a public continuing education programme in Canada. She found that weekly engagement in the course fuels older learners with intrinsic motivations to keep going physically and mentally, providing joy and satisfaction, a sense of self-growth and mastery, and friendships with classmates and teachers. As with Ng, Leng, & Wang (2019), all interviewees in Narushima's study had some chronic conditions, and consciously pursued their weekly classes and related learning practice at home as part of their health maintenance and self-management practice. In the UK, based on focus groups (N = 98), questionnaires (N = 77) and follow-up interviews (N = 35), Kops (2020) found many of her post-work participants regarded their learning in retirement as keeping their minds active, gaining new knowledge, relaxation and increased social contact.

More recent quantitative studies have further examined the association between participation in later-life learning and psychological wellbeing. Jenkins and his colleague in Costa & Neri (2021), examined the long-term effects of different types of lifelong learning on the psychological wellbeing of British older adults, following more than 3,000 older adults with data from the English Longitudinal Study of Ageing (Costa & Neri 2021). They found that while higher levels of education are generally related to higher levels of wellbeing, without intervention there is a gradual decline in older adults’ psychological wellbeing over time, regardless of their level of education. However, they also found that, after controlling for socio-economic characteristics and other unobserved factors, participation in non-formal and non-

credit type learning (e.g. music/arts/evening classes, sports club/exercise classes) was especially beneficial to maintain older adults' psychological wellbeing. The participation in these non-formal learning courses raised older adults' psychological wellbeing by between 4 and 11 per cent of a standard deviation, while formal education and training courses were not associated with higher wellbeing. The authors concluded that more informal, leisure-type courses were most likely to sustain older adults' participation, consequently enhancing their wellbeing over time (Costa & Neri, 2021)

In a similar vein, Liu, Bai & Knapp (2021) in China undertook a cross-sectional study to identify the relationship between participation in lifelong learning, quality of life and the self-efficacy of older learners (N = 1,003). While they found overall benefits involving older adults' participation in learning and their quality of life, they also found that older learners who reported a higher level of quality of life were not those who enrolled in many courses at one time, but rather those who participated in a single course continuously. The authors conclude that what significantly influences the quality of life among older adults is not the amount, but the continuation of learning and the maintenance of self-efficacy.

Following these studies, Georganas, Laliotis & Velias (2022) went back to the previously studied public continuing education programme (non-credit general-interest courses) in Canada to undertake a cross-sectional survey with 699 older learners (aged 60 and older) enrolled in order to investigate whether what had been found in the previous qualitative study could be generalized programme wide. The results showed that older learners generally reported positive wellbeing and healthy lifestyles such as non-smoking and regular exercise. The result also indicated a positive association between the duration of participation and overall levels of wellbeing after controlling for key covariates such as socio-demographic characteristics and health-related factors (Georganas, Laliotis & Velias 2022).

## **Conclusion**

Large-scale studies in the UK and Europe have unanimously supported the positive link between lifelong learning participation and psychological wellbeing and health among adult learners. Although the complex pathways linking learning participation and positive wellbeing and health require more study, studies provide a helpful conceptualization of psychological resources as the mediators between adult learning and health outcomes. The authors concluded that more informal, leisure-type courses were most likely to sustain older adults' participation, consequently enhancing their wellbeing over time. When retirees who are older adults are fully groomed to take good care of themselves, and engage in informal leisure courses, the tendency is that, they will enjoy useful adult lives and as such, reduce the rate of stress that would have engulfed them and experience active aging and psychological wellbeing.

## **Suggestions**

Here are some suggestions based on the article:

### **1. Government Policies on Lifelong Learning**

Governments, particularly in low- and middle-income countries like Nigeria, should incorporate lifelong learning explicitly into active ageing policies. This can be achieved by funding community-based educational programmes tailored for older adults, ensuring their continued participation in society.

### **2. Promotion of Non-Formal and Leisure Learning Programmes**

Educational institutions, non-governmental organizations (NGOs), and local communities should develop and promote non-credit courses such as arts, music, and fitness programmes. Research has shown that such programmes positively impact the psychological wellbeing of retirees.

### **3. Health and Social Integration Programme**

Given that lifelong learning has been linked to psychological wellbeing, healthcare providers and policymakers should collaborate to integrate educational activities into health and wellness programmes for older adults.

### **4. Financial Support for Retirees' Education**

Many older adults face financial constraints that limit their ability to participate in lifelong learning. Governments and organizations should establish centres at little or no cost for retirees who wish to engage in non-formal or formal learning programmes.

### **5. Raising Public Awareness on the Benefits of Lifelong Learning**

Awareness campaigns should be initiated to inform older adults and society at large about the psychological and health benefits of lifelong learning. This will encourage more participation and reduce societal stereotypes about ageing.

### **6. Community-Based Learning Centers for Older Adults**

Establishing dedicated learning centers or incorporating senior-friendly courses into existing institutions such as religious institutions, will create more opportunities for older adults to engage in educational activities, ultimately fostering social connections and reducing isolation.

### **7. Encouragement of Digital Literacy among Older Adults**

The increasing use of technology necessitates the inclusion of digital literacy programmes for retirees. These programs will help older adults stay connected, access information, and engage in lifelong learning remotely.

## 8. Collaboration Between Stakeholders

Universities, policymakers, NGOs, and the private sector should work together to develop structured lifelong learning programmes that cater to the needs of older adults while also benefiting society.

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