

Chapter 63

Adult Education: The Intersection of Health and the Ageing Society

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ABSTRACT

This chapter analyzes literature in adult education at the intersection of health and the ageing society. In a contemporary context characterized by movement towards ageing societies, a current challenge of adult education planning can be attributed to the shifting global demographic profile; migration has resulted in higher percentages of older people throughout most of the world, as well as greater diversity within the older population (Grenier, 2012). Education about adult health must go beyond the traditional practice of knowledge dissemination, not only because of the sheer size of the 65+ age cohort, but knowing that this particular population does not want to lose their locus of control in their independent status within their society. Established literature illustrates the significance of adult health education and highlights the importance of medical, sociology, psychology, and social policy for not only stimulating the interest of senior adults, but of society in whole.

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Drawing on established literature this chapter illuminates the increasing need and want for diversity in adult education and an opportunity to rethink the notion of the adult health education concept. As the chapter highlights there are various underlying tensions in attempting to arrive at a ‘best practice’, which is not a fixed process but one that is about continuity or change. There are some ways in which the health education for seniors has fundamentally missed the challenges of an ageing society. First, by concentrating on old age in isolation, have we segmentalized a phenomena which should be treated as integrated wholes? (Phillips et al., 1986). Secondly, in an ageing society characterized by rapid cultural and technological change do adult educational providers need to create a paradigm shift from the

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traditional mindset of lifelong learning to a more innovative approach of life courses as described by Phillipson et al. (1986).

While Hopkins et al. (2006) research has investigated how the retirement experience is cultivated via a reflective post-retirement pattern, this specific chapter posits that educational resource availability, especially health education, are important determinants of a retirees' self-efficacy. For example, the shift from independence to interdependence does not mean a loss of effectiveness but a gain in knowing how to ensure a healthy attitude and an awareness of health resources within the community. The design and delivery of the timely and applicable health education may buffer against stressful changes thus sustaining a healthy senior adult in a healthy community.

In discussions of aging and the changes it brings, the notion of transition between stages or phases arises. Although it is difficult to pinpoint a specific event that marked the 'transition' as a central sociological concept, the turn towards this perspective seems to have been established by a historical perspective; many scholars whom worked from this perspective later coined the term to be "life course perspectives" (Elder, 1975 as cited in Grenier, 2012). Grenier supports Elder's statement as he goes onto to say:

Academic developments lead to an important distinction of life course as a process, which focuses primarily on an understanding of how social changes affect individual level health and wellbeing (2012, p. 45).

Schumacher and Meleis (1994, as cited in Mitchell, 2010) identify a healthy progression into the senior phase as: 1) self-management, 2) wellbeing of self, and 3) wellbeing of social interaction. Gadamer (1967 as cited in Mitchell, 2010) described this healthy move as the restoration of equilibrium and balance. Health education, in Gadamer's view brings the return to the balance as a re-establishment of health.

An opposite view is stated by Motenko and Greenberg (1995) in their belief that successful aging is based on accepting dependence in late life and that such acceptance facilitates an older person's ability to exercise autonomy and to maintain his or her competence and self-esteem. If adult educators accept this view by Motekno and Greenberg, how does that shift or extend the ideas about health education? Research by Grenier (2012) supports this same line of thinking when he stated, " One of the key challenges in this line of thinking, life course is the structured aspects of ageing outlined by scholars, and the intersections between structures and experiences are not always taken into account in defining alterations into late life" (p. 45).

Another commonly found theme in the context of ageing discussions is, rather unfortunately, that of ageism. It is almost impossible nowadays to read the literature of ageing without coming across some reference to the stigmatization of ageing (Featherstone & Helpworth as cited in Phillipson, et al., 1986). Ageism is usually regarded as being something that affects the lives of older people; however, it affects every individual from birth onwards (Itzin as cited in Phillipson et al., 1986). Even though there is a lack of information about the ageing process (Dodd, 2008) all too often the word ageing has been associated with the word problem; such as, decline, senility and dependency (Phillipson, Bernard, & Strang, 1986).

The need to consider the experience of the aging process is of paramount importance, especially when it is noted that the fastest growing age cohort in the USA is seniors; the group traditionally defined demographically as being age 65+ (Hopkins, Roster, & Wood, 2006). According to Reynolds, (2004) the size of the seniors population is expected to double between the years 2011 and 2029 (as cited in Hopkins, et al., 2006). With this particular ageing cohort their life changes have been defined by variables such marriage, birth of children, deaths, and divorces. Moving now into the retirement phase, or

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