

“The Implications of Active Participation among Elderly to Care Giving”

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ABSTRACT

The aging population in the Philippines has grown to over six million in 2011. This increase translates to an increase in family expenditures, with care of old adults being regarded more of a family rather than a state responsibility in the country. Transitions occurring within the Filipino family, such as increased local and foreign migration, or the growth of single-person households, will likewise result in changes in care giving arrangements for the Filipino elderly. Research studies have found that active participation addresses caregiving costs and concerns currently being faced by Filipino families. By engaging actively, old adults are able to achieve successful cognitive functioning. Improved cognitive functioning, in turn, contributes to the reduction of negative emotions, which usually occur with the decline in cognitive abilities in the late adulthood stage. Researches on the antecedents of, and consequences to active participation among old adults points to two major frameworks to care giving for the elderly. The first approach involves the adoption of a positive adult developmental approach to care. This approach focuses on a redefinition of health in terms of resources, and the adoption of a systems viewpoint to health care for old adults within the community. A second approach emphasizes a geropsychological approach to health care, which integrates mental health care with general medical care for the elderly. Implications to care giving for Filipino elderly are seen in more pronounced efforts at managing and harnessing personal, social and community resources for aging.

Global population trends are alerting policy makers on the needs and demands of support for the elderly. The demands seem to be daunting because of the increasing unavailability of previous forms of support for this group. For example, greater mobility among members of the family due to a wider reach of work placements and opportunities is anticipated to contribute to lower levels of support (Gibson, Carter, Helmes & Edberg, 2010). The decreasing family size, as well as the increase in single-person households, may also bring about a diminishing support for the elderly (Gibson et al., 2010). Concerns about support are highlighted in the present times as a large number of older adults is anticipated with the baby boomer generation turning 65 years old within 2011 (Karel, Gatz & Smyer, 2012). With the escalated number of person who will reach and pass the age of 65 years will come more cases of dementia, and with this comes changes in the demands for services for older adults (Yap, Thang & Traphagan, 2005).

Yap et al. (2005) document the nature of aging in Asia. According to these authors, the elderly in this part of the world are likely to live longer and are generally of stable health after retirement. Like in all parts of the world, the population of elderly in Asia has increased considerably. According to Yap et al., the population has tripled from 95 million in 1950 to 32.2 million in 2000. This rate is expected to grow to 1.2 billion by 2050. There will be contextual changes that will accompany aging in the region. Traditional roles, such as grandparenting, will not be as common as these were in the past years. More importantly, traditional support for the elderly will also be negatively affected by the forces of globalization.

Yap et al. detail the consequences of the growing number of old people in this part of the world. A rise in the demand for activities and programs is likely to occur with the decrease in traditional roles to play and less activities to keep them occupied. Other concerns include the so-called “dependency burden,” which pertains to the load on younger members of the population who will now have to provide support for an increasing number of older people. Added to this are issues about the sustainability of informal support

systems, such as the family, when trends in family mobility and changing roles of women put a strain on the provision of adequate support for older adults (Yap et al., 2006; Ofstedal, Knodel & Chayovan, 1999; See McNay, 2003, for a discussion on how changing women’s roles influence care giving practices for the elderly).

A similar trend is evident in the Philippines. As of 2012, a recorded 6.8 million of the 90 million country population are 60 years old and above, growing at a rate of 4.39 percent from 1995 to 2000 (Uplifting the Welfare, 2012). The same global demographic trends are seen to be influencing the lives of the elderly. Abejo (2004) reported that the increase in the number of elderly has posed problems for care giving. Domingo (1994) claimed that aging is a low priority issue for the Philippine government. Because of this, there is greater reliance on the family, especially female members, for support. Children are expected to fulfill a debt of gratitude, or *utang na loob*, to their parents as they grow older. Domingo’s study revealed that changes in the family, such as later marriage among females, and the resulting lower fertility, have implications to care giving for the elderly in the country. The rapid migration of the youth can also result in the physical separation of older family members from the younger ones, who are usually tasked with the care of the elderly (Abejo, 2004).

The living arrangements of the elderly, as reported by Abejo (2004), reveal their desire to live independently. For example, the 2000 census data reveal that old parents prefer to live in their own homes, separate from the children. According to Domingo and her associates (1993, as cited by Abejo, 2004), this signifies a desire for autonomy and a strong attachment to their own homes. Abejo further observed that they eventually live with their children when their deteriorating health no longer permits them to live alone. In these cases, the children are expected to fulfill their obligation to care and support their parents. Health care expenses are usually shouldered by members of the family (Cruz, 1999). Thus, poor health among the elderly translates to economic burden, especially for families with inadequate financial resources. Cruz’s (1999) study

revealed that the Filipino elderly are likely to obtain support from their co-resident children than from their non co-resident children. Moreover, the female elderly, more than the males, are more likely to receive both monetary and non-monetary support from their children.

The Filipino elderly have been given various roles in the community (Carlos, 1999). They are tapped as resource persons in conferences and seminars, and are also requested to take the role of story tellers to children at day care centers. The elderly have also been involved in volunteer work in activities relevant to environmental protection and the promotion of health. They are also recruited to provide care to institutionalized and handicapped children, and to give assistance to children whose parents are temporarily not in their homes. Both male and female elderly are very often found to contribute their services in church-related activities. Senior citizens are also trained to provide support and informal counseling services to their peers by organizing visits to the old members of the community who are lonely or bed-ridden. However, Carlos commented that the number of older people who avail of these opportunities to remain active in their community remain to be small. Lower levels of awareness, improper program implementation, and the small number of communities implementing these programs are the usual reasons for low levels of participation by the elderly.

Active Aging and Mental Health

In 2002, twenty years after introducing the concept of "aging in place" to promote an approach to health care delivery to older persons outside of institutional settings, the World Health Organization launched the notion of "active aging" to promote active engagement of elders in their communities through appropriate transportation, housing and other services (Hou, 2011). Active engagement in leisure activities is often associated with better levels of cognitive functioning among the elderly (Tesky, Banzer & Pantell, 2011). However, in their review, Bielak, Anstey, Christensen & Windsor (2012) discovered a lack of evidence of a positive relationship between activity engagement among the elderly and cognitive functioning. Indeed in their research, these authors found that enhanced activity level was not associated with an increase in cognitive change. Although the association between activity and cognition was not strong, they were able to establish that those who were higher in activity levels also exhibited higher cognitive performance. Their research revealed a trend which showed that the association between cognitive ability and active participation was already evident in all stages of adulthood. This means that the active elderly should have gained cognitively largely as a result of high activity engagement before old age. Thus, Bielak and his associates suggested that if there were to be any cognitive gains, enhanced activity levels should already be introduced before later adulthood.

Similar conclusions were reached by Gow, Corely, Starr & Deary (2011). Their study established that old persons who are likely to engage in social and intellectual activities also have higher cognitive abilities. However, the authors found that enhanced cognitive ability is not likely to result from activity and engagement. Rather, physical activity is often introduced to prevent further cognitive decline. Cognitive ability is likely to be influenced by activity and engagement throughout adulthood, while physical activity continues to influence cognitive ability in old age.

There seems to be a missing element in the investigations looking at active engagement and cognitive functioning among the elderly. While the two previous studies cited underscored a continuing engagement from early adulthood to obtain desirable levels of cognitive functioning during old age, these studies failed to take into consideration other elements or factors that may have played a role in maintaining cognitive functioning among the actively engaged elderly. The study of Tesky, Banzer & Pantell (2011) may be providing that additional element by looking into the interactions of the older adults in their engagement. In their study, the authors looked into the role of emotions and relations with others in cognitive functioning in old age.

Tesky and her associates tested the effects of peer-mediated cognitive training on the old persons' assessment of their memory functions. There was an improvement in assessment as a result of the training. The authors explained that contact with peer groups during training made the participants realize that their cognitive performance was appropriate for their age. This realization among the participants brought about more positive emotions about the cognitive performances. They became less worried about their cognitive performances, and with it came lessened anxiety, shame and depression. The authors claim that a reduction of these negative emotions is likely to also reduce risk factors for dementia or long term cognitive decline. The authors further contend that the activity protocols, such as participation in social interactions, reading more, engaging in more walks, helped in the adoption of a more active lifestyle.

The study of Tesky and her associates demonstrate the call for models of care that explicitly take into account features of the older person's life environment to determine the effects of active engagement on the well-being and optimal functioning of the old person. These models therefore need to be more integrated, incorporating social, emotional, interpersonal levels in the design of care giving interventions for the elderly.

Towards an Integrated Model for Care

Karel, Gatz and Smyer (2012) contend that interdisciplinary models of care have become more effective in providing mental health services to old adults. More integrated models of health care involve the assimilation of mental health care to primary and community health care. Trends in the utilization of mental health services among the aged point to a shortage in the health workforce. These authors argue for an enhanced awareness of geropsychology-related competencies. These competencies involve the provision of mental health and behavioral interventions to alleviate the health problems of older adults (Karel, Gatz & Smyer, 2012). According to these authors,

"... there will continue to be older individuals needing mental and behavioral health care who get none; primary health care will continue to be the first setting of care for most older individuals with mental disorder; and, in the coming decade, psychological services for individuals with dementia and their caregivers will become a more prominent need across care settings." (p. 187)

The integration of primary/medical and community mental health approaches in the design of services for the elderly is consistent with the human development perspective which

has combined both these two approaches in explaining positive changes in the life of a developing person. This perspective, called the developmental systems perspective, adopts an integrated view to human development by examining the interdependency of systems – the individual, families, communities and societies – influencing the life of a developing person.

Adopting the Developmental Systems approach to active aging

Taking off from the seminal ideas of Urie Bronfenbrenner of the bioecological perspective to development, one prominent proponent of the developmental systems perspective, Richard Lerner, put forward the view that individual change is influenced by changes among systems of development, namely, the individual, families, communities, and societies. These changes are interdependent and transform over time (Lerner, 1996). The integration of these levels of organization constituting human experience forms ecologies of development. According to Lerner (1996), "... the concept of development is a relational one: Development is a concept denoting systemic changes—that is, organized, successive, multilevel, and integrated changes—across the course of life of an individual ..." (p. 781).

In this perspective, the essential property of development is plasticity, which reinforces the belief in the potential for change across the life span. Change will be shaped and be influenced by past development and contextual conditions. This potential for change provides a positive view to development – that there can be person and context characteristics that will promote well-being and that promise a more optimistic development for the person. Development can therefore be designed to be positive. How are we to design development towards positive change? As mentioned, Lerner explained that the basis of change lies in the interaction between the different levels of organization constituting human life, i.e., the biological, individual psychological, social relational, sociocultural and the physical. Embedded in historical change, these levels of organization dynamically interact to produce development.

Development towards positive change will therefore entail determining the characteristics of the individual and of the context that promote the capacity of the individual to deal with the challenges that come with age-related change. In the case of the elderly, an entire range of support systems involving constructive individual-context interactions can therefore be identified and can be used to clear the path to positive development among the elderly.

Towards a Positive Developmental Approach to Active Aging: Implications to Care Giving

Care giving for the elderly, viewed in terms of geropsychological competencies, as well as from a developmental systems perspective, allows an integrated approach for support which will include a consideration of how different components and levels of human life are dynamically interacting to produce desirable outcomes for the old person. A more integrated view is inconsistent with the study of human development that has developed from either psychological or biological principles. Providing care for the elderly will then be in line with the study of human development that conceptualizes and studies "the life span to a multidisciplinary approach that seeks to integrate variables from biological through cultural and historical levels

of organization into a synthetic, coactional system" (Lerner, Weiner, Arbeit, Chase, Agans, Schmid & Warren, 2012, p. 277). Care giving should then take into consideration what Brandtstadter (1998 in Lerner et al., 2012) called the "adaptive developmental regulations" occurring within the reciprocal individual-context interactions. The focus should therefore be on determining the nature of interactions that bring about capacity to cope with the challenges of old age and that will allow for continued experiences of personal growth for the elderly. In the words of Lerner and his associates (2012), the "diversity [in individual and contextual characteristics – MSM] may be approached with the expectation that positive changes can be promoted across all instances of variation, as a consequence of health-supportive alignments between people and settings" (p. 278).

Caregiving for actively participating elderly can be geared towards the promotion of resilient relations between the old person and the context within which he or she is actively engaged. Lerner and his associates explain how resilient individual-context relations can be achieved:

"They must ascertain what fundamental attributes of individuals (e.g., what features of cognition, motivation, emotion, ability, physiology, or temperament); among individuals of what status attributes (e.g., people at what portions of the life span, and of what sex, race, ethnic, religious, geographic location) characteristics; in relation to what characteristics of the context (e.g., under what conditions of the family, the neighborhood, social policy, the economy, or history); are likely to be associated with what facets of adaptive functioning (e.g., maintenance of health and of active, positive contributions to family, community, and civil society)?" (Lerner et al., 2012, p.281)

The goal is therefore to promote exchanges between the old adult and his or her contexts that will result in positive development. The goal for caregiving is to promote resilience. Lerner and his associates have identified how old and very old adults can exhibit resilience. Baltes and his colleagues in the area life span development in human development theory have provided some insight using the Selection-Optimization-Compensation paradigm on the resilience of old adults in the following manner:

"When orchestrating the optimization of development by processes such as selection and compensation, the appraisal of resources is of central importance. Questions such as how to evolve a goal structure and the associated goal-relevant means and motivational investment strategies, how to deal with selection related disengagements from other possible goals, when to accept a loss and re-orient one's life, and when to still strive harder because current behavior is not yet employed to its fullest capability become crucial in composing life development." (Baltes, Lindenberger & Staudinger, 2006, p. 643 as quoted in Lerner et al, 2012)

Older adults in conditions of resilience are aware of the resources available to them to achieve their goals. The means to towards these goals involves a goal structure in which the old person adopts means and strategies to select behaviors, to optimize available internal and external resources, and to compensate for loss.

Recent studies have adopted the developmental systems approach, affording a more integrated, holistic view to active aging. According to Sargent-Cox, Anstet & Luszcz (2012):

"One of the benefits of this approach is that psychological and social mechanisms are amenable to intervention and subsequently may be helpful in reducing poor physical functioning outcomes. Furthermore, a holistic approach to health—that is, one that views health as a multidimensional and dynamic interplay between biological, sociological, and psychological influences—allows researchers and practitioners to employ a variety of methods to increase the health and well-being across the life span and also as problems surface." (p.1)

In their research, Sargent-Cox and associates looked into how the older person's interpretation of the aging experience can influence physical functioning. The findings show more positive expectations of aging can influence more favorable health outcomes. Those who have good expectations about aging are less likely to engage in non-healthy behaviors and are likely to undertake activities that promote good health outcomes. The authors attribute this to the beliefs that older adults have about their control over the aging process. On the other hand, those who believe that they cannot control processes of aging, also are likely to have negative interpretations of aging and then have the tendency to indulge in poor health behavior practices. The authors suggest that interventions focus on altering perceptions and expectations of aging, which are usually negative. The stereotypes of aging as the onset of dependence and disability will have to be altered. According to Sargent-Cox, Anstet & Luszcz (2012), "intervention programs that combat and challenge misconceptions or exaggerated aging myths may be an important mechanism to counteract negative age expectations and self-fulfilling prophecies." (p.8-9)

In another study, Sartori, Wadley, Clay, Parisi, Rebok & Crow (2011) looked into how restrictions of life space can lead into decreased sense of autonomy, which, in turn, can lead to experienced difficulties in the conduct of daily life activities. The authors reason that restrictions in spatial mobility, which define life space, can lead to more dependence on other. Greater dependence can then lead to a decline in the quality of life and an increased risk for depression and mortality. The study results showed a positive relationship between cognitive function and life space. These findings are supported by previous work showing that reduced life space influenced cognitive decline, which, in turn, is accompanied by other risks, such as depression and dependency. The study also demonstrated that a belief in the control of others is associated with reduced life space, or spatial mobility. The authors contend that this belief is partly due to the implicit expectations from others, which are influenced by the negative stereotypes on aging.

The study of Lachman, Neupert & Agrigoroaeil (2011) also demonstrated that older adults with a high sense of control possess better health and well-being. According to the authors contend that this sense of control observed among the old adults is related conceptually to Bandura's concept of self-efficacy. Self-efficacy consists of self-regulatory beliefs that influence perceptions about situations. Moreover, these beliefs provide motivation to undertake tasks. Bandura (1990) stated that

"People's beliefs that they can motivate themselves and regulate their own behavior play a crucial role in whether they even consider altering habits detrimental to health. They see little point to even trying if they believe they cannot exercise control over their own be-

haviour and that of others. Even people who believe their detrimental habits may be harming their health achieve little success in curtailing their behavior unless they judge themselves as having some efficacy to resist the instigators to it." (p. 11)

The studies mentioned above document a crucial mechanism operating in the individual-context interactions among the elderly. This has to do with the self-regulatory abilities as influenced by control beliefs (Lachman, Neupert & Agrigoroaeil, 2011), the old person's ability to manipulate the breadth of his or her life space (Sartori, Wadley, Clay, Parisi, Rebok & Crow, 2011), and beliefs that influence perceptions of control of the aging process (Sargent-Cox, Anstet & Luszcz, 2012). These processes contributing to self-regulation has been identified by Lerner and his associates to be the main ingredient to resilience, and thus to positive development in aging.

Approaches to care giving, adopting a developmental systems perspective, which then allows us to view aging in terms of positive developmental processes, will then entail ensuring resilient relations. We may be guided by the following recommendations from Lerner and his colleagues:

"... practitioners may explore the developmental history or current circumstances of individuals in order to identify such successful relations and seek to replicate them when the person is not showing resilience. In addition, because resilience is not just a person-level characteristic, practitioners should seek to identify the resources in the environment that can enhance the probability that past successes will be reenacted or that will create new, innovative, and healthier individual ↔ context interactions." (p. 293-294)

In the Philippines, where caregiving practices have focused on community involvement by the elderly, more attention should be given not only to enhancing participation by the elderly, but to the identification of interactions that bring positive outcomes for older Filipinos. There is therefore an urgent need for research to go hand in hand with practice to achieve this end.

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