



Education and Dependency: Active and Healthy Ageing

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ABSTRACT:

It is well known that *Eclipta alba* (L.) plant thrives best in climates that can be classified as either tropical or subtropical. The Hassak plant, belonging to the Asteraceae family, holds considerable importance in the field of medicine. The application of this specific therapeutic approach is frequently noticed in the care of various skin, liver, and gastrointestinal disorders in nations such as India, Nepal, Bangladesh, and other comparable countries. The main aim of this paper was to gather and examine the current body of literature regarding the biological functions, phytoconstituents, and traditional uses of *E. alba*. The compilation of scientific literature involved the utilisation of various resources such as books, proceedings, and electronic bibliographic databases like Scopus, MEDLINE/PubMed, Google Scholar, and SciFinder. The investigation identified several active phytochemicals, including phenolic acid, flavonoids, triterpenoid saponins, steroid saponins, and substituted thiophenes. Different extracts and chemicals isolated from *E. alba* have shown a wide range of biological properties, such as the ability to fight bacteria and cancer, protect the liver and brain, and promote hair growth. The study provides strong evidence to justify the utilization of a botanical blend in the context of hair care therapy. Hence, the botanical specimen could be regarded as an organic reservoir and potentially harnessed to develop an alternative therapeutic approach for alopecia.

1. INTRODUCTION

The concept of "active ageing" was adopted by the World Health Organization in the late 1990s with the intention of conveying a more complete message than that of "healthy ageing". Active ageing is "the process of optimising opportunities for health, participation and safety in order to improve quality of life as older people age. During Covid-19, older people feel isolated, so loneliness must be prevented, promoting quality of life among our elderly, (Flores-Tena, MJ, 2020). Healthy ageing is a challenge. It is not only a biological process, it is determined by biological and social factors, and Mora (2009) points out the keys to aging successfully, achieving happiness, giving meaning to life with gratitude and not suffering from stress. Lehr (2008) points to good humor. to prolong individual longevity through a comprehensive education, an optimistic attitude towards life, avoiding emotional anguish and tension, stress. Life

expectancy must be increased, cognitive and organic deterioration must be prevented and delayed, autonomy must be maintained and improved, dependence must be avoided, in order to prevent risk factors, the origin of geriatric syndromes, promoting positive attitudes, healthy lifestyle habits such as living positively, promoting the development of a good self-concept and self-esteem, enabling a change of attitudes through a comprehensive approach to the person, a global and complete vision of the person and his or her individual aging process. (Serrano 2016). According to the WHO (2016), health promotion allows people to have greater control over their own health. It encompasses a wide range of social and environmental interventions aimed at benefiting and protecting individual health and quality of life by preventing and addressing the root causes of health problems, rather than focusing solely on treatment and cure.

Loneliness has become one of the most relevant problems today, several studies highlight the



increase in loneliness in the general population, but more significantly in people in a situation of dependency, during the pandemic, with which social programs must prevent. For this reason, preventing loneliness is necessary more than ever in society so that socialization is established in people through the means of communication with their family and friends Valverde (2002)

Currently, there are not many studies that analyze isolation and the subjective perception of loneliness, perhaps because it is considered one of the most silent and difficult to detect ailments.

Around 20% of older Spaniards live alone. Of this percentage, the majority, 59%, say they live only of their own volition, while the remaining 41% admit that they live alone, not because they want to but because they have no other choice. In other words, it could actually be said that only 7.9% of the Spanish population over the age of 18 can be considered truly isolated, in the sense that they live only out of obligation and not of their own volition (Díez & Morenos, 2016).

Social networks provide companionship, but they are not a substitute for personal contact (Díez 2016). Antonio Cano Vindel, president of the Spanish Society for the Study of Anxiety and Stress (SEAS) states that, although "today's young people relate socially, in many cases, through new technologies", this does not imply that "communication and social activity is real. Not only does technology not seem capable of curbing the epidemic of loneliness, but it has also managed to alter the perception of it."

The elderly person represents a large group in our society. In addition, it constitutes a social group that is dynamic and changing and, over the years, has been gaining prominence. Nowadays the elderly are more active, it is considered that this has been achieved thanks to the increase in life expectancy and the advances achieved in our society. However, the fact that life expectancy has increased does not mean that older people are living longer and better. Rather, sometimes old age and aging can originate from a state of dependency (Dídac, 2016).

Today, many older people find that old age is linked to the loss of autonomy and dependency. But this does not have to be the case, it is essential to recognize the stage of old age as a natural process, which is part of the life cycle. It is a stage that is reached as a result of physical and mental deterioration (Santamarina, 2004).

It is about guaranteeing the rights of the elderly and their independence, encouraging their participation in society, recognising their skills and experiences, and eliminating the negative stereotypes that society has built about them (Flores Tena, 2015, p. 70).

There are a multitude of tools to deal with dependency, working from prevention. Therefore, in this paper I am going to identify what resources the elderly have to combat it. Likewise, it is necessary for older people to face it in a positive way when they reach the stage of old age. Following Levy et al. (2002), they argue that people who have a positive perception of the aging process live up to 7.5 years longer than people who have a negative perception of aging. From the point of view of the prevention of dependency, the aim is to give each person who is ageing the greatest and best possibilities to prevent them from becoming dependent, or as far as possible, to be as less dependent as possible.

Ageing is a process that has been transformed over the last few years, becoming charged with vitality and expectations (Santamarina, 2004); being a process through which aging, that is, it involves the passage of time by the individual (Fernández-Ballesteros, 2011). On the other hand, old age is a definitive state that is irreversible, it is a natural process of every living being (Zielinski, 2015). According to Fernández-Ballesteros, 2011, it is important to consider the period of old age and aging from a bio-psycho-social perspective and not only from a biological perspective. To obtain a quality of life, motivation must be fostered with programs where participation, healthy habits, self-esteem are encouraged, is the objective pursued. (Salmerón et al., 2014).

The ageing process should not be seen as a problem, but as a challenge for everyone, both for society and for the ageing individual (Abellán & Esparza, 2009; Meléndez, Navarro, Oliver, & Tomás, 2009). And in this challenge, we know it is necessary to strengthen contact between young and old.

At the Second World Assembly on Ageing, a new concept of older persons was defined. Active ageing was one of his star themes, betting on an integrative model of ageing that, as Pérez Serrano (Pérez & De-Juanas, 2013) indicates, implies a continuous social, economic, spiritual, cultural and civic involvement of the elderly, and not only the ability to remain physically active. This integrative model encourages the participation of older people in decision-making and intergenerational relationships, among other things. In this sense, as pointed out (Limón Sarrate, 2002), spaces for the elderly are living spaces for sharing information, experiences and training in order to enhance personal and social development in this new stage of life.

To grow old is to change, it is to adapt to change. Ribera (2011) points out that "talking about health in the elderly forces us to do so from the perspective



of prevention. However, this is an issue that has not been given the importance it really has until a few years ago."

In the Centres for the Elderly, intergenerational activities are developed for the participation of family members; being means, strategies, opportunities and ways of creating spaces for encounter, awareness-raising, the promotion of social support and the reciprocal, intentional, committed and voluntary exchange of resources, learning, ideas and values aimed at producing affective ties, changes and individual, family and community benefits between the different generations, among others, that allow the construction of fairer societies, integrated and supportive.

Article 2.2 of Law 39/2006 on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency (2006) defines the concept of dependency as:

"The permanent state of persons who, for reasons arising from age, illness or disability, and linked to the lack or loss of physical, mental, intellectual or sensory autonomy, require the care of another person or persons or significant assistance to carry out basic activities of daily living, or, in the case of people with intellectual disabilities or mental illness, other supports for their personal autonomy."

Dependency generates concern in the elderly, therefore, alternatives are sought to combat it, without leaving aside, our own history, experiences, people's situation, which unity to these beliefs, cause fear of reaching the stage of old age. This is when people begin a process towards dependency (Cerquera & Quintero, 2015). According to the WHO (2015), one of the consequences of population ageing is an increase in functional dependence, as well as disability.

Physical well-being and active participation in the elderly prevent dependency (Cerri, 2015), following Monteagudo et al., (2016), state that it is possible for older people to prevent dependency through active aging programs in which quality of life is promoted. It is important that they participate in activities, promoting social participation, there are multiple programs that make the elderly have an increasing well-being (Gómez, 2016); Sarrate and Merino (2013, p.120) define it as an "intentional, transversal and participatory intervention methodology that encourages individuals, groups and communities to become aware of the reality in which they live and become protagonists of their development and that of their community, energizing their cultural and social capital in order to promote the improvement of their environment" (Gutiérrez, 2013).

Table 1. Causes and factors that generate dependence.

Physical Factors	Psychological factors	Contextual factors
<ul style="list-style-type: none"> - Biological deterioration - Chronic diseases - Drug use 	<ul style="list-style-type: none"> - Anxiety and depression - Pains - Falls 	<ul style="list-style-type: none"> - Environmental contingencies - Stereotypes

Source: Authors' own creation

Isolation in older people during the pandemic has become a shield against the obstacles that the individual encounters throughout his or her life trajectory and in which processes such as the loss of a partner, mourning, physical and economic transformations, so difficult to overcome intervene in an ancillary way (Fernández and Ponce de León, 2015). Quality of life is the key that is configured day by day in social services throughout the developed world as an essential element for the conception of theoretical models, research, the generation of support resources and the development of social policies, (Tamarit, 2006).

Spain is one of the countries in the European Union that maintains a strong family and community network with the greatest strength. There is an increase in the number of older people living alone or people who still live with their families but feel lonely. On the other hand, women who live alone are in higher proportions than men, because they live longer, 83 years (80.1 years for men and 85.8 years for women in 2015), women occupy the first place with respect to the European Union. (Report on Older Persons. IMSERSO 2016).

There are several reasons why an elderly person lives alone:

- Willingness to maintain independence
- Deterioration of family relationships
- Social isolation
- Attachment to the home or environment in which they have lived for years.
- Less participation in enjoyable activities.

Loneliness is one of the main factors that generates dependency in the elderly. Age increases the possibility of living alone (Abellán et al., 2015).



According to Cerri (2015), the Law offers a series of services for dependent seniors, however, they must undergo an evaluation of their condition in order to obtain recognition. These aids are tele-care, home help, day and night centres and residences.

Law 39/2006 on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency (2006) defines dependency in order to detect the degree to which people are.

- Grade I → : Moderate dependence. When the person needs help at least once a day to do some activity of daily living.
- Grade II → : Severe dependence. When the person needs help two or three times a day to carry out some activity of daily living, but without needing the permanent support of a caregiver.
- Grade III → Heavy dependency. When the person needs help several times a day to do activities of daily living. As well as their total loss of mental, physical, sensory or intellectual autonomy. You need the help and support of a caregiver.

However, in order to detect or identify a situation of dependency, professionals have various detection instruments (rating scales). Among the screening instruments that already exist to detect situations of dependency in the elderly, we can find several, such as the Multidimensional Functional Assessment Questionnaire (OARS) (OMFAQ) (Fillenbaum, 1988), the Short Form-36 Health-related Quality of Life Questionnaire (Arostegui & Núñez, 2008), another of them, as stated by Rubenstein & Wieland (1990), is the Comprehensive Geriatric Assessment questionnaire (Comprehensive Geriatric Assessment). Another instrument is the Barber Questionnaire (Barber, Wallis & McKeating, 1980) and, finally, the Barthel index (Wylie, 1967). It should also be noted that we can find many more questionnaires to identify situations of dependency, but I wanted to identify and point out some of the most used by professionals.

Therefore, it is necessary to detect situations such as those mentioned in order to be able to act immediately and try to prevent the situation of dependency, or if it is unavoidable, at least to prolong it for as long as possible. Throughout this process, professionals will have a relevant role, as they will be in charge of offering a series of resources and strategies/techniques to older people to cope with dependency. For this reason, it is important that the interventions of professionals

have a preventive nature. As Resende (2009) points out:

"It is important to bear in mind that primary care is the real breeding ground for frailty, since it is the health level where the general prevalence is higher, and also at least 60% of the time a situation of dependency is reached in a progressive and gradual way on which it is feasible to intervene."

Active ageing is a stage full of positive experiences, with opportunities for participation and health, all aimed at improving people's quality of life, active ageing implies the acceptance of recreational, social, cultural and educational offers (Martínez, Escarbajal & Salmerón, 2016). Cuenca and San Salvador (2014) define active ageing as the search for space in the face of the alternative of satisfactory, healthy, productive and innovative ageing".

It is claimed that the participation of older people in society has a positive impact on ageing. There is a need to develop activities that are of interest and meaningful to the individual (Kleiber, 2014).

On the other hand, Pérez Serrano and De Juana Olivas (2013) point out three decisive pieces in the promotion of health for the active aging process; nutrition, hygiene and lifestyles, and preventive measures.

The first piece, nutrition. The purpose of health promotion through food is to provide the individual with useful information regarding eating habits or nutritional values, so that, depending on their characteristics and pathologies, they eat foods in accordance with them. For example, a person with Parkinson's disease should eat foods rich in fiber to prevent constipation, while a person with cholesterol should reduce sugar and fried foods.

Another aspect to take into account in the elderly stage is that calorie intake decreases by around 5% every ten years, this is linked to the energy needed. Therefore, if our activity is limited, we should eat fewer calories, only what the body needs.

Here are some recommendations:

- Eat foods rich in fiber.
- Limit your intake of alcohol and high-fat foods.
- Drink enough fluids to stay hydrated.
- Eat a variety of foods: meat, fish, vegetables.
- Rationalize salt and sugar intake.

The second piece in health promotion is hygiene. The term hygiene encompasses several aspects (Pérez Serrano & De Juanas Oliva, 2013): body and



environmental hygiene, physical exercises, toxic habits and mental hygiene.

Hygiene is not a superficial issue, but goes much further. An unkempt appearance, such as long nails, calluses on the feet or on the hands noticeably reduces mobility. Good body hygiene, combined with constant physical exercise, increases adult health. In addition, those cases in which people do not have water, electricity or are below the energy poverty threshold are clearly at risk of suffering falls or emotional disorders.

The toxic habits that older people adopt the most are smoking, alcohol or taking drugs without medical supervision. These increase the risk of heart disease or cancer.

Finally, there is mental health, understood as the attitude one has towards life, the social networks with which one interacts, the capacity for resilience with which one faces the blows of life or the resources understood as the skills and attitudes that the individual has to face and respond effectively to the challenges of old age -retirement, retirement, etc. the loss of loved ones or physical, cognitive, and social impairment.

The stages of old age are an active part of the programmes carried out in their community, especially those aimed at the elderly and in which active ageing is encouraged. All this will cause the person to maintain their autonomy and independence, and gain in well-being and quality of life.

2. METHODOLOGY

The study has followed a quantitative methodological process, a survey study was chosen through the design of a questionnaire.

Objectives

The following general objective is taken as a starting point:

Prevent dependency by promoting active ageing and social well-being in the elderly.

This section will deal with aspects related to the method, the participants, the techniques and instrument for collecting information, the procedure followed for the research, as well as the data analysis carried out.

Approach & Design

The approach used has been quantitative, non-experimental, with a descriptive survey design, in order to obtain solid and objective results. This type of design allows us to describe the knowledge that subjects have by collecting information through a

questionnaire. We have opted for a cross-sectional design, since the data collection carried out in the group of elderly people is carried out at a single point in time, i.e. the relationship between variables at the time of measurement.

Participants.

The sample selected in the study was 120 elderly people who used a Senior Center in the district of Carabanchel in Madrid, the majority of the people surveyed were women with 76%, compared to 24% of men.

Regarding the type of sampling carried out to select the participants, which have been the subject of this research, it has been a non-probabilistic sampling for convenience since the participants have been selected for accessibility reasons. To this end, at first, the purpose of the research has been explained to them and they have been given the option of voluntarily or not participating in it following the ethical principles of scientific research.

Techniques and instruments for collecting information.

In order to obtain information on the variables involved in our research in a systematic and orderly manner, we have opted for one of the most widely used techniques in educational research: the ad hoc questionnaire (Cohen & Manion, 1990; Fox, 1981; Kerlinger, 1981; Kemmis and McTaggart, 1988). One of the advantages of using numerical data is that it allows us to have a quick and global vision, which allows us to know what the respondents do, think or think (Binda & Balbastre, 2013; López-Barajas, 2015).

As for the structure of the questionnaire, it is composed of four parts: 1. Sociodemographic data; 2. Satisfaction in activities outside the center; 3. Wellness at the senior center; 4. Activities performed with greater satisfaction to prevent loneliness.

To determine the reliability of the questionnaire, we performed the statistical technique of Cronbach's alpha coefficient, obtaining a score of .763, which is respectable according to the rating scale presented by De Vellis (2003).

Procedure.

The sample selected in the study were 120 elderly people who used a Senior Center, the questionnaires were carried out in October 2019, most of the people surveyed were women with 76%, compared to 24% of men.

The search to prevent dependency is the point of reference for the study of the research, this study



aims to respond to the problem posed and the demands in the new population group that appears, through the results that we obtain with the analysis of the data we will be able to propose proposals for improvement, aimed at promoting and offering alternatives for the improvement of the centers.

The selected study area was a Senior Center in the Carabanchel district of Madrid. In order to collect the necessary information for the study, a semi-structured questionnaire was developed to be completed by the elderly, in which 120 people participated in the study.

The questionnaire was divided into 4 main dimensions:

1. Socio-demographic data
2. Satisfaction in off-site activities
3. Wellness at the Senior Center
4. Activities carried out with greater satisfaction to prevent loneliness.

3. RESULTS

Preventing dependency is the purpose of the communities, for this, they want to eradicate it by offering activities so that the elderly can enjoy and continue learning at this stage of life. The results show that 68% carry out activities offered by the programs of the Centers for the Elderly to be in contact with other people, compared to 32% who do not carry out activities in the center.

In the second item we wanted to know if they attended courses related to prevent dependence, to generate well-being and self-esteem, we obtained the following results, 34% attend dance, 24% attend theater, 22% attend expression classes and 20% attend history classes. The centre has a wide range of programmes to meet the demands that the elderly have been requesting to alleviate loneliness.

The results of the question related to the opinion they have about the reduction of relationships they have with friends, the results have been the following: 20% say that they have lost their friendships, 35% maintain a relationship with the workshops they attend at the center, and 45% only maintain a relationship with the family members they live with.

They consider that the most important thing is to accompany them throughout this process, making them understand that it is one more stage of the life cycle. As well as ending the negative connotations associated with old age. One of the people interviewed states that, in general, it is society that has a negative view of old age, since they associate this new stage with feelings of sorrow and pity, guilt,

burden, etc. Therefore, when conducting the interview, I asked the professionals how they thought the transition to old age should be faced, the 5 people answered that they should face it normally, with a good attitude, optimism, with preparation, naturalness and as an achievement in life. Since they all agree that old age is a period that must be lived with a good quality of life in order to achieve good active aging.

The question related to the care they take about their health are the following, 42% are concerned about their diet, 32% are concerned about physical exercise, 23% refer to the mental balance they must have to age satisfactorily

The family role is very important at this stage, therefore, the item that refers to the intervention that the family makes the activities related to the center, we observe that 87% support their relatives by accompanying them to develop the activity and relate to other people, 13% attend the center alone since their relatives cannot accompany them due to working hours, but they still motivate them to attend

4. CONCLUSIONS

Old age is a stage in the evolutionary process of the human being. As people age, we must deal with the various situations they encounter. The activities in the centres prevent dependency and stimulate intergenerational relationships, which is one of the factors in achieving active ageing. Through intergenerational relationships, the desire is to establish affective ties, benefits that offer them a common well-being for all. Therefore, they are opportunities, strategies, means, spaces to generate encounters, social support, reciprocal exchange between two generations, learning, ideas and values. This allows for the construction of more integrated, egalitarian and just societies (Höpflinger, 2009).

According to the authors Alejo, Nieves and Ruiz (2016), the people who have the best perception of themselves are those who in earlier stages of their lives describe themselves as active and dynamic people, and with healthy social and family relationships. There are different ways of relating today, the media help to establish connections between them, having different lifestyles to prevent dependence, promoting active aging, following Torres and García (2015), the media only contribute to the formation of inaccurate ideas about old age. This formation of ideas is elaborated through the information they possess, which is distorted by ignorance of the facts. The Centres encourage the active participation of people to promote autonomy, encouraging cognitive activities, to establish new social relationships.



Most people are concerned about the state of their health, they want to age satisfactorily and with well-being, there are others on the other hand who must be helped to improve their eating habits to improve their quality of life, since, if they live alone, they may neglect their diet. The family is the main support for the person, capable of motivating. Therefore, a good work between the two makes it possible, to a greater extent, to prevent dependency or prolong it for as long as possible, the family is the key engine to be able to obtain a better quality of life. Active ageing is the most effective tool to combat dependence, therefore, it is essential to continue designing and maintaining intervention programmes to obtain well-being and quality of life. Education must be present in all stages of life, in the last stage it refers to activating memory and maintaining continuous co-education, various learnings make people maintain autonomy (Olazarán et al., 2010). Life expectancy has caused people to live longer, but that does not mean that they live better, through the different alternatives they will have the possibility of aging as dependent people for a longer time.

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