

Prevent dependence on active aging during COVID-19

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Abstract- Active aging increases the expectation of healthy existence and quality of life for all people who age, including those who are fragile, physically incapacitated and require care (Salmerón et al., 2014). It is a stage full of positive experiences, with opportunities for participation and health, all aimed at improving the quality of life of the elderly (Flores-Tena, 2020). Research focuses on the goal to understand the causes and factors that influence the active aging process to prevent dependence on older people. The sample of the study was made up of 120 people. The conclusions of the study are part of society at this stage preventing dependence through programs that offer to promote active aging.

Keywords: Learning, education, dependence, active aging, loneliness.

1. INTRODUCTION

The World Health Organization adopts active aging as the transmission of healthy active aging. Active aging is "the process of optimizing health, participation and safety opportunities in order to improve quality of life as older people age. The term "active" refers to continued participation in social, economic, cultural, spiritual and civic issues, not just the ability to be physically active or participate in the workforce. The concept of active aging, promoted by WHO, encourages the "process of becoming older without ageing through the continued development of physical, social and spiritual activities throughout life". Healthy aging is a challenge. It is not only a biological process, it is determined by biological, social factors and Mora (2009) points among the keys to successfully aging, achieving happiness, giving meaning to life with gratitude and not suffering stress. Lehr (2008) points to good humour. to prolong individual longevity through comprehensive education, optimistic attitude to life, avoid anxieties and emotional tensions, stress.

Health Education at this stage should increase life expectancy, prevent and delay cognitive and organic decline, maintain and improve autonomy, avoiding dependence. It should prevent risk factors, the origin of geriatric syndromes, promoting positive attitudes, healthy lifestyle habits such as living positively, promoting the development of good self-concept and self-esteem, enabling a change of attitudes through a holistic approach of the person, a comprehensive and complete vision of the person and their individual aging process. (Serrano 2016). According to WHO (2016), health promotion allows people to have greater control over their own health. It covers a wide range of social and environmental interventions aimed at benefiting and protecting individual health and quality of life by preventing and solving the root causes of health problems, and not focusing solely on treatment and healing.

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 dependence.

To prevent loneliness it is necessary to establish social ties, Valverde (2002) defined socialization as the process by which the individual becomes a member of the group and comes to assume the patterns of behavior of that group (norms, values, attitudes). This process begins the moment we are born and remains open throughout our lives. Socialization facilitates social coexistence and community development and is the process that makes communication between community members possible.

Until the 1950s, the study of this social reality was not an object of interest to psychologists, and it was not until the 1980s that it began to be considered an empirical research topic with the emergence of different instruments measuring loneliness. Currently, there are not many studies that analyze the isolation and subjective perception of loneliness, perhaps being considered one of the quietest and most difficult-to-detect ailments

About 20% of Spaniards over the age of 18 live alone. Of this percentage, most, 59%, say they live alone of their own free will, while the remaining 41% admit that they live alone, not because they want to but because they have no choice. That is, it can actually be said that only 7.9% of the Spanish population over the age of 18 can be considered as really isolated, in the sense that it lives only by obligation and not of its own free will. (Díez y Morenos, 2016).

It seems that social networks provide company, but it is clear that they do not, because they do not replace 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 its perception of it."

The eldest person represents a broad group in our society. In addition, it is a social group that is dynamic and changing and, over the years, has been gaining prominence.

Today the elderly are more active, it is considered that it has been achieved thanks to the increase in life expectancy and the progress made in our society. However, just because life expectancy has increased does not mean that older people live longer and better. But sometimes old age and aging can originate from a state of dependence. (Dídac, 2016).

Today, many older people find that old age is linked to loss of autonomy and dependence. But this does not have to be so, 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 reached as a result of physical and mental impairment (Santamarina, 2004).

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

There are many tools to deal with dependence, working from prevention. Therefore, in this work I will identify which resources the eldest have to combat it. It is also necessary that older people when they reach the stage of old age face it in a positive way. 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 prevention of dependence it is desired to give each person who is aging the greatest and best chances to prevent him from becoming a dependent person, or as far as possible, that he is as dependent as possible (Flores-Tena, 2020).

Aging is a process that has been transformed over the last few years, taking on vitality and expectations (Santamaria, 2004). It is a process through which it ages, that is, it involves the passage of time by the individual (Fernández-Ballesteros, 2011). Instead, old age is a definitive state that is irreversible, it is a natural process of every living being (Zielinski, 2015). Following 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 achieve active aging, motivation should be encouraged with programs that promote such participation, healthy habits, prevent dependence, is the objective that is pursued.

Active ageing is therefore increasing the expectation of healthy existence and quality of life for all people who age, including those who are fragile, physically incapacitated and who require care (Salmeron et al., 2014).

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

A new concept of the eldest person was defined at the Second World Assembly on Aging. Active aging was one of its star themes, betting on an integrative model of aging that, as Pérez Serrano points out (in Pérez and De-Juanas, 2013), implies a continuous social, economic, spiritual, cultural and civic involvement of the elderly, and is 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 Limón points out (in Sarrate, 2002), spaces for Mayres are living spaces for sharing information, experiences and training in order to enhance personal and social development at this new stage of life.

Recently in 2017, the Second International Congress "Active Ageing, Quality of Life and Gender" was held. It was divided into several modules or thematic tables: research and university, participation of public institutions, participation in associations and evaluation of programs.

To age is to change, it is to adapt to changes. Ribera (2011) notes that "talking about health in the eldest person requires doing so from prevention. However, this is an issue that has not been given until very few years ago the importance it really has" (Flores-Tena, 2020).

Intergenerational activities are developed for family members to participate in.

Sanchez, Kaplan and Sáez (2010):

“Intergenerational programs are means, strategies, opportunities and ways of creating spaces for meeting, sensitization, promoting social support and mutual, intentional, committed and voluntary exchange of resources, apprenticeships, ideas and values aimed at producing among the different affective bonds, individual, family and community, among others, that allow the construction of fairer societies, integrated and supportive. (p.17)”

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

"The permanent state in which persons who, for reasons arising from age, illness or disability, and linked to lack or loss of physical, mental, intellectual or sensory autonomy, need the attention of other or other persons or important aids to carry out basic activities of daily life or, in the case of persons with intellectual disabilities or mental illness, other supports for their personal autonomy."

Dependency raises concern in the elderly, so alternatives are sought to combat it, Without leaving aside, our own history, experiences, situation people, which unity to these beliefs, provoke fear of reaching the stage of old age. Thus, when people initiate a process towards dependence (Cerquera & Quintero, 2015). According to WHO (2015), one of the consequences of an ageing population is increased functional dependence as well as disability.

Physical well-being and active participation in the elderly prevent dependence (Cerri, 2015), following Monteagudo et al., (2016), state that it is possible that older people may be able to prevent dependence through active aging programs in which quality of life is promoted.

It is important that they participate in the activities, promoting social participation, there are multiple programs that make the elderly have an increasing well-being (Gómez, 2016).

Sociocultural Animation is related to the conjunction of individuals' daily lives, work, civic and political activities, neighborhood relationships and their culture. Sarrate and Merino (2013, p.120) establish it as a "methodology of intervention of an intentional, transversal and participatory nature that encourages people, groups and communities to become aware of the reality in which they live and become protagonists of their development and that of their community, dynamizing their cultural and social capital in order to promote the improvement of their environment".

Following Gutierrez (2013), education also to make better people, better with themselves and with others. Aware that they live in a community much greater than themselves, that it extends over time and space, and that what you do, what you do, has an impact on everything around you.

Montorio (2007) performs a classification on the causes and factors that lead to dependence.

Table 1. Causes and factors that generated dependency.

| Physical factors | | Psychological factors | | Contextual factors |
|------------------|--------------------------|-----------------------|------------------------|------------------------------|
| 1. | Biological deterioration | 4. | Anxiety and depression | -Environmental contingencies |
| 2. | Chronic diseases | 5. | Pains | -Stereotypes |
| 3. | Drug use | 6. | Falls | |

Isolation in elderly people has become an armor against the obstacles that the individual encounters throughout his life trajectory and in which he intervenes in an anthracian way processes such as the loss of the couple, the transformations of physical and economic type, so difficult to overcome (Fernández and Ponce de León, 2015).

Following Tamarit (2006), quality of life is a key concept that is set up day by day in social services around the developed world as an essential element for the design of theoretical

models, research, the generation of support resources and the development of social policies (pp.161). Therefore, the concept of quality of life has been and continues to be a complex process that presents numerous technical problems when it comes to delimiting the concept. However, sometimes we need to focus not only on the concept itself, but on the dimensions and indicators that help us to have a quality life or what is the same quality of life

Spain is one of the countries of the European Union that maintains a stronger family and Community network. There is an increase in the number of elderly people living alone or people who, even living with their families, are lonely. In another sense, women living 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 rank first in the European Union. (Report on The Elderly. IMSERSO 2016).

There are several reasons why an older person lives alone:

- Will to maintain its independence
- Deterioration of family relationships
- Social isolation
- I adhere to the house or the environment in which they have lived for years.
- Less participation in pleasant activities.

Loneliness is one of the main factors that generates dependence on the group of elderly people. Since age increases the chance of living in solitude (Abellán et al., 2015). Therefore, it is essential that the elderly seek alternatives to combat or avoid this Cerri state (2015), the Law offers a number of services for the elderly dependents, however, they must undergo an assessment of their condition in order to obtain recognition. These aids are teleassistance, home help, day and night centres and residences.

La Law 39/2006 on the Promotion of Personal Autonomy and Care for Persons in Dependency (2006), makes a definition regarding dependency in order to be able to detect the extent to which people are located.

1. Grade I Moderate dependence. When the person needs help at least once a day to perform some activity of daily life. →
2. Grade II Severe dependence. When the person needs help two or three times a day to perform some activity of daily life, but without needing the permanent support of a caregiver. →
3. Grade III Great dependency. When the person needs help several times a day to perform the activities of daily life. As well as, for its 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 dependency situation, professionals have various detection tools (valuation scales). Among the screening tools already in place to be able to detect situations of dependence on the eldest person, we can find different, such as the OARS Multidimensional Functional Assessment Committee (OMFAQ) (Fillenbaum, 1988), the Short Form-36 Health-Related Quality of Life Questionnaire (Arostegui & Núñez, 2008), another of which, as Rubenstein & Wieland (1990) claims, is the Comprehensive Geriatric Assessment (Geriatric Assessment) questionnaire. 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 be able to identify situations of dependence, but I wanted to identify and point out some of the most used by professionals.

It is therefore necessary to detect situations such as those mentioned in order to be able to act immediately and try to prevent the situation of dependence, or if it is inevitable, at least lengthen it as long as possible. Throughout this process, professionals will play a relevant role, as they will be responsible for providing a number of resources and strategies/technical to the elderly to address the dependency. It is therefore important that the interventions of professionals are preventive in nature. As Resende (2009) states:

"It is important to note that primary care is the true field of cultivation of fragility, as it is the health level where the overall prevalence is higher, and in addition at least 60% of the time a situation of dependence is reached in a progressive and gradual way on which it is feasible to intervene".

Therefore, as the Spanish Society of Geriatric Medicine (2016) points out, we can talk about three types of dependency prevention:

1. Primary prevention: when we only find one risk factor in the eldest person.
2. Secondary prevention: diseases are detected when they are still asymptomatic, thus preventing their progression through treatment.
3. Tertiary prevention: the intervention is performed avoiding deterioration and complications once the disease has occurred, that is, it is in the symptomatic phase.

Who (2002) defines active aging as:

"Process of optimizing health, participation and safety opportunities in order to improve quality of life as people age; it allows people to realize their potential for physical, social and mental well-being throughout their life cycle and participate in society according to their needs, desires and abilities, while providing them with adequate protection, safety and care."

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

It is claimed that the participation of the elderly in society has positive consequences for aging. There is a need to develop activities of interest and significant to the individual (Kleiber, 2014).

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

The first piece, nutrition. The purpose of promoting health 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 may eat foods according to them. For example, a person with Parkinson's will want to eat high-fiber foods to prevent constipation, while a person with cholesterol should reduce sugar and frying intake.

Another aspect to keep in mind at the senior stage is that calorie intake decreases by around 5% every ten years, this is tied to the energy that is needed. Therefore, if our activity is limited we should eat fewer calories, exclusively what the body needs.

Here are some recommendations:

1. Take high-fiber foods.
2. Limit alcohol intake and high-fat foods.
3. Drink enough fluid to stay hydrated.
4. Eat as varied foods: meats, fish, vegetables.
5. Rationalize salt and sugar intake.

The second piece in health promotion is hygiene. The term hygiene encompasses several aspects (Pérez Serrano and De-Juanas Oliva, 2013): body and middle hygiene, physical exercises, toxic habits and mental hygiene.

Hygiene is not a superficial issue but goes much further. A sloppy appearance, such as long nails, hardness on the feet or hands, significantly reduces mobility. Good body hygiene coupled with constant physical exercise increases the health of the adult. In addition, cases where people do not have water, light or are below the threshold of energy poverty are clearly at risk of falls or emotional disorders.

The toxic habits that older people adopt the most are smoking, alcohol or drug intake without medical supervision. Which increase your risk of heart or carcinogenic disease?

Finally, there's mental health. Understood as the attitude to life, the social networks with which you interact, the resilience with which you face 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 the elderly - retirement , the loss of loved ones or physical, cognitive and social decline.

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

2. OBJECTIVES

The objective of the study will be to prevent dependence by promoting active aging and social well-being in the elderly.

The specific objectives correspond to the following:

1. Know the perception that different professionals have about dependence.

3. METHODOLOGY

The search to prevent dependence is the reference point for the study of research, this research aims to respond to the problem raised 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 Madrid's Carabanchel district. In order to collect the information necessary for the study, a semi-structured questionnaire was prepared to be completed by the elderly, the study involved 120 people.

The questionnaire was divided into 4 main dimensions:

1. Datos sociodemográficos
2. Satisfaction in activities outside the center
3. Welfare in the senior center
4. Activities carried out with greater satisfaction to prevent loneliness.

With the pretence of obtaining information from variables in a systematic and orderly manner, involved in our research, we have chosen, as a quantitative element, one of the most widely used techniques in educational research: the ad hoc questionnaire (Fox, 1981; Kerlinger, 1981; Kemmis and McTaggart, 1988; Cohen and Manion, 1990). Highlighting one of the advantages allowed by the use of numerical data, with a quick and comprehensive vision, which allows to know what respondents do, think or think (Binda and Balbastre, 2013; López-Barajas, 2015).

Sample

The sample selected in the study was 120 seniors from a Senior Center, the questionnaires were taken in October 2019, most of those surveyed were women with 76%, compared to 24% of men.

4. RESULTS

Preventing dependence is the purpose of communities, for this, we want to eradicate the way 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 Senior Centers 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 related courses to prevent dependence, to generate well-being and their self-esteem; we got the following results, 34% attend dancing, 24% attend theatre, 22% attend expression classes and 20% attend history classes. The center has a wide programming to the demands that the elders have been requesting to alleviate loneliness.

The question related to their opinion on the reduction of relationships they have with friends, the results have been as follows, 20% say that they have lost friendships, 35% are related to the workshops that attend the center, and 45% only maintain the relationship with the relatives who live.

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 grief and pity, guilt, burden, etc. Therefore, in conducting the interview, I asked the professionals how they believed that the passage to old age should be faced, the 5 people replied that they should face it normally, 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 good quality of life in order to achieve a good active aging.

The question related to the care they maintain about their health are as follows, 42% care 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, so the item that refers to the intervention made by the family the activities related to the center, we observe that 87% support their relatives accompanying them to develop the activity and relate to other people, 13% attend the center alone since their relatives cannot accompany them through working hours, but they are also motivated to attend.

5. CONCLUSIONS

Old age is a stage of the evolutionary process of the human being. As people get older we must face the various situations that are encountered.

Activities in the centers prevent dependence and stimulate intergenerational relationships being one of the factors to achieve active aging. Through intergenerational relationships, it is desired to establish the bonds that affective, 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 more integrated, egalitarian and just societies to be built (Kopflinger, 2009).

Following the authors Alejo., Nieves & Ruiz, (2016), the people who have the best perception of themselves are those who in previous stages of their lives are described 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,igundo to Torres and García (2015), the media only contribute to the formation of inaccurate ideas about old age. This formation of ideas is developed through the information that they possess, which is distorted by the knowledge of the facts. The Centres encourage the active participation of people to promote autonomy, fostering cognitive activities, to establish new social relationships.

Most people are concerned about the state of their health, want to age satisfactorily and well-being, there are others instead that need to be helped to improve eating habits to improve their quality of life, because if they live alone, they can neglect their diet.

The family is the main support for the person, able to motivate. Therefore, a good work between the two makes it possible, to a greater extent, to prevent dependence orwing it for as long as possible, the family is the key engine to be able to obtain a better quality of life.

Active aging is the most effective tool to combat dependence, so continuing to design and maintain intervention programmes to achieve well-being and quality of life is critical.

Education must be present at all stages of life, in the last stage refers to activating memory and maintaining continuous co-education, various learnings make autonomy in people maintained (Olazarán et al., 2010).

Life expectancy has led 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 longer.

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