





COMMENTARY

The right to education throughout the life course, advances, and challenges: contribution of WPA-SOAP and IPA

Carlos Augusto de Mendonça Lima,¹  Liat Ayalon,²  Debanjan Banerjee,³ 
Carmelle Peisah,^{4,5,6}  and Kiran Rabheru⁷

¹World Psychiatric Association Section of Old Age Psychiatry, Centre Médical du Jorat, Mézières, Switzerland

²Faculty of Social Sciences, Bar-Ilan University, Ramat Gan, Israel

³Department of Psychiatry, Apollo Gleneagles Multispecialty Hospitals, Kolkata, India

⁴University of New South Wales, Sydney, NSW, Australia

⁵University of Sydney, Sydney, NSW, Australia

⁶Capacity Australia, Sydney, NSW, Australia

⁷Department of Psychiatry, University of Ottawa, Ottawa, Canada

Email: climasj@yahoo.com

Introduction

Healthy aging is a challenge as life expectancy increases worldwide. This requires a lifespan-based education on “how-to-age-successfully.” Such educational plan must include the promotion of knowledge and behaviors to combat ageism by promoting positive attitudes about aging. Optimizing physical and mental health education can mitigate adverse outcomes in old age. Education is a protective factor against the majority of health conditions and may contribute to reduce the burden of existing health conditions. Education still contributes to the development of empowerment, self-worth, and dignity across the life course regardless of age.

Older adults should be afforded equal access to general tertiary education, vocational training, and lifelong learning to promote well-being. Such access to education may enhance social inclusion and provide life skill tools. All persons, including those with disability, are owed these rights to inclusive education and lifelong learning.

Education of older adults: evidence base

Literacy and numeracy are two parameters used to assess global education levels. In 1820, it was estimated that only 12% of the world population could read and write while by 2016 this rate was 86% (Friebe and Schmidt-Hertha, 2013). However, this progress is not equitably distributed. There is a significant difference in literacy rates across generations in most countries, particularly in low- and middle-income countries (Roser and Ortiz-Ospina, 2016).

The rapidly evolving digital revolution increases the inequity in terms of digital literacy across the generations. These inequities are particularly acute in the developing nations with technology and social support constraints.

Education for older adults: barriers and facilitators

The participation in education may be limited with aging for several reasons including lifelong attitudes and the availability of learning opportunities. Social environment and individual perspectives about one’s own learning abilities affect learning possibilities (Friebe and Schmidt-Hertha, 2013). Older adults with sensory and cognitive difficulties can have limited access to education, and they may require specific educational programs.

Different biographical and social circumstances can determine the educational interests and investments of older adults. Gender, previous educational experiences, and ancient vocational training may influence educational behavior. The self-perceptions of their own learning capacities may influence the older adults’ investment in new learning experiences. This also depends on whether they consider themselves as active masters of their own environment or not. This may suggest the connection between education and empowerment.

The success of older adults’ educational initiatives depends on the accessibility to education in terms of geographic proximity to the living area, being barrier-free, affordable, and adjusted to the age group’s requirements and interests. The cooperation of various local stakeholders in a network contributes to a larger distribution of the programs.

Linking various programs across target groups facilitates intergenerational and intercultural encounters and learning processes (Friebe and Schmidt-Hertha, 2013).

Benefits of education for older adults

Benefits for social inclusion and engagement

It is urgent to change current life course approaches, which tend to offer main educational opportunities for younger generations. A more balanced approach with a lifelong learning opportunity should result in greater engagement of older people in society. Older adults with different backgrounds and experience can offer peer-to-peer training and lead training courses. Educational programs may have the potential to change people's mindset and to influence students to be inclusive in tailoring products and services.

Education as a weapon against ageism

Older adults may experience multiple jeopardizes of discrimination, prejudice, and stigma conferred by age itself (ageism). Older adults facing this level of stigma are often "invisible" and have no voice, nor support for autonomy, nor advocacy. Older people facing ageism are often left behind and disproportionately excluded from social protection and survival support (Peisah *et al.*, 2021).

People with positive attitudes and perceptions about aging have a lower incidence of psychiatric conditions, more resilience when encountering stressful events, better recovery from disabling events, better memory, better balance, and live longer (Peisah *et al.*, 2021). Negative stereotypes may have negative psychological, behavioral, and physiological impacts and are a risk factor for cardiovascular and mental health conditions (Peisah *et al.*, 2021). Anti-ageist attitudes can help to combat these adverse outcomes.

The dignity and self-esteem afforded by education combat self-ageism. Education about healthy aging and its social determinants is necessary for human rights awareness among older people, particularly in what concerns socio-legal provisions for safeguarding rights. Aging education needs to begin in childhood and continue throughout life.

A curriculum for aging education should include the potential for good health, activity, productivity, and creativity at all stages of life. The program should be intergenerational, focus on the developmental process, and promote positive knowledge and behaviors about aging. Both cognitive and affective dimensions of learning must be included in the curricula. The advantage of intergenerational

collaborations is that it promotes understanding and collaboration between generations, in a context of mutual respect (Friedman, 1999).

Education as health promotion

Aging depends on several factors such as genetics, the way the personality is organized to face adversity, the natural and physical environment, the adoption of risk-taking health behaviors, and other social determinants of health such as occupation and level of income (Atella *et al.*, 2021). Aging reflects the accumulated effects of one's exposure to a history of external risks and can be influenced by social factors, such as isolation and loss of loved ones.

Education may reduce these accumulated disadvantages by helping individuals to use information to improve positive healthy behaviors and helping them to make better health choices. Education has an influence on health by improving the allocation of resources and by investing more heavily in health (Atella *et al.*, 2021).

Education and mental health

Mental health can be supported by connecting with others, developing a sense of meaning or purpose, building coping skills, and having a goal or a hobby. Education can improve mental health by broadening one's intellectual, social, and emotional horizons. Following an educational program can expand knowledge, develop new skills, help to connect with new people, further one's own goals, help to build better coping mechanisms, and provide a sense of accomplishment, thereby reinforcing self-esteem (Pearson Accelerated Pathways, 2022).

Low education is associated with less psychosocial resources, which in turn serve together with daily hassles as mediators in pathways connecting education, depressive symptoms, and positive mental health (Niemeyera *et al.*, 2019). The effects of education on mental well-being are potentially mediated through better physical health, improved health behavior and knowledge, and an increase in people empowerment (Kondirolli and Sunder, 2022).

Dementia is an important case in point for the buttressing and preventative effects of education over the life course. Overall cognitive ability increases with education in childhood, before reaching a plateau in late adolescence, when brain reaches greatest plasticity, with relatively few further gains with education after the age of 20–29. However, both higher childhood education levels and lifelong higher educational attainments reduce dementia risk (Livingston *et al.*, 2020). Cognitive stimulation is probably most effective in early life, with much of the apparent later effect being possibly

attributable to people of higher cognitive function seeking out cognitively stimulating activities and education (Kremen *et al.*, 2019).

Education on human rights is critical for everyone

No human being is too old to learn. New learning imparts tools, increases confidence, and develops talents, creating a greater sense of belonging and potential to contribute to society. Globally, older people face many interconnected, pervasive, and toxic challenges related to ageism, making education on human rights essential for everyone's life journey, to safeguard those human rights, and incorporating them into our daily lives and practices. Human rights education is critical to expose misperceptions and stereotypes and encourage critical thinking across all sectors and generations of society, to facilitate integration of accurate information, skills, and attitudes to change the narrative on aging.

Conclusion

Educational policy, promoting a lifespan-based education approach as well as continuing education practice, can contribute to preparing for the opportunities of a long-living society. To prepare the new generations for all phases of aging, it is important to include topics related to the aging process and human rights starting in primary school and adapting these topics along all education levels. The access to an age, gender, and culturally adapted education is essential for both individuals and society and is a right of older adults. Waiting until the new better-educated generations become older to reduce illiteracy of older adults is not an ethically accepted strategy: it is imperative to reduce the illiteracy of older adults by an offer of adapted educational programs. Moreover, because of the digital revolution, the need to address the gap between older and younger generations will remain. Education is fundamental to optimizing good physical health and good mental health and demystifying ageism in order to promote human rights-affirming, positive aging globally.

Conflict of interest

The authors have no conflicts of interest to declare.

Description of authors' roles

The corresponding author prepared the draft and submitted it to the other coauthors who are IPA and/or WPA-SOAP members. The WPA President and the Board of IPA have received the text prior to its submission for approval.

References

- Atella, V., Goldman, D. and McFadden, D.** (2021). Disparate ageing: the role of education and socioeconomic gradients in future health and disability in an international context. *Health Economics*, 30, 3–10.
- Friebe, J. and Schmidt-Hertha, B.** (2013). Activities and barriers to education for elderly people. *Journal of Contemporary Educational Studies*, 1, 10–26.
- Friedman, B. M.** (1999). *Integrating Aging Education and Intergenerational Programs with Elementary and Middle Grade Curricula*. Needham: Allyn & Bacon.
- Kremen, W. S., Beck, A., Elman, J. A. et al.** (2019). Influence of young adult cognitive ability and additional education on later-life cognition. *Proceedings of the National Academy of Sciences*, 116, 2021–2026.
- Kondiroli, F. and Sunder, N.** (2022). Mental health effects of education. *Health Economics*, 31, 22–39.
- Livingston, G. et al.** (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*, 396, 413–446. [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6)
- Niemeyera, H., Biedab, A., Michalakk, J., Schneiderb, S. and Margraf, J.** (2019). Education and mental health: do psychosocial resources matter? *SSM - Population Health*, 7, 100392.
- Pearson Accelerated Pathways** (2022, January 12). Education boosts mental health. <https://www.pearsonaccelerated.com/blog/education-boosts-mental-health/>
- Peisah, C., de Mendonça Lima, C. A., Verbeek, H. and Rabheru, K.** (2021). IPA and WPA-SOAP joint statement on the rights of older persons with mental health conditions and psychosocial disabilities. *International Psychogeriatrics*, 34, 943–947. <https://doi.org/10.1017/S1041610221000454>
- Roser, M. and Ortiz-Ospina, E.** (2016). Literacy. Published online at OurWorldInData.org. Available at: <https://ourworldindata.org/literacy>