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Marvin Formosa *Editor*

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Editor

Marvin Formosa
Department of Gerontology
and Dementia Studies
Faculty for Social Wellbeing
University of Malta
Msida, Malta

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Chapter 7

Third Age Learning for Active Ageing in Malta: Successes and Limitations



Marvin Formosa

Introduction

A lot of water has gone under the bridge since the launching of a University of the Third Age (U3A) in Malta in 1993. The Maltese U3A runs from October to June and operates from five centres—namely, in Floriana, Sliema, Attard, Vittoriosa, and Għajnsielem (Gozo). Whilst the premises in Floriana are spacious and can hold up to 200 members, the other premises are relatively smaller, with a maximum capacity of about 60 persons. In June 2018, the Maltese U3A included 654 members, 179 men and 492 women—thus, female members outnumbered males by a ratio of three to one. The majority of members tend to be in the 60–69 age cohort (42%), with both membership and participation falling with increasing age: 70–79 (39%), 80–89 (11%), and 90-plus (2%). Six per cent declined to list their exact ages. An account of the historical development of the U3A in Malta is not the objective of this chapter as it can be found in much detail elsewhere (Formosa, 2000, 2002, 2005, 2007, 2012, 2016). Instead, the aim of this chapter is to report on a multi-method study investigating the impact on third age learning on active ageing. Such a study was warranted because whilst many research publications applaud U3As for their potential to bring about higher levels of well-being amongst older persons, empirical research documenting the potential successes and limitations of U3As in bringing about higher levels of active ageing amongst its members is relatively lacking.

M. Formosa (✉)
University of Malta, Msida, Malta
e-mail: marvin.formosa@um.edu.mt

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The Operationalisation of Active Ageing

Following the World Health Organization's (WHO) (2002: 12) definition of active ageing as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age', one witnessed a number of efforts to construct an empirical scale that measures the extent that older persons are experiencing an active ageing lifestyle. For instance, Bowling (2008) conducted face-to-face structured interviews with 337 people aged 65-plus living at home in Britain and found that the most common perceptions of active ageing were 'having/maintaining physical health and functioning' (43%), 'leisure and social activities' (34%), 'mental functioning and activity' (18%), and 'social relationships and contacts' (15%). She concluded that the

People's views focussed on basic definitions such as social, physical and mental health and activity, probably reflecting the novelty of the concept to them, thereby excluding frail older people from active ageing. Comparisons with definitions of successful ageing and quality of life showed overlap, but the latter were portrayed as 'states of being'. This is consistent with models which propose quality of life as the end-point of active ageing.

Bowling, 2008: 293

Presently, one popular empirical construct that ranks countries according to different indicators of active ageing, with a wide application in both Europe and elsewhere, is the Active Ageing Index (AAI). The AAI developed in the context of the 2012 European Year for Active Ageing and Solidarity between Generations and aimed at raising awareness of population ageing and the positive solutions towards the challenges it brings (Zaidi, Harper, & Howse, 2018). Reflecting the multidimensional concept of active ageing, the AAI is hinged upon four domains—namely, 'employment', 'participation in society', 'independent, healthy, and secure living', and 'capacity and enabling environment'. Whilst the former three domains refer to the actual experiences of active ageing (employment, unpaid work/social participation, and independent living), the fourth domain captures the capacity for active ageing as determined by individual characteristics and environmental factors. Whilst emergent research recognised the contribution of the AAI in sensitising policymakers to the multidimensionality and complexity of the process of 'ageing well' (Formosa, 2017), critics also noted that the AAI remains under-scrutinised and under-theorised:

This model is expert-based and ingrained with a priori assumptions about the potential of older people, the domains of life and activities they value and how strongly they value them...the Active Ageing Index measures current achievements, not capabilities (i.e. the opportunity set of achievable "doings" and "beings"), resulting in a valuable but incomplete tool for policymaking purposes.

de São José, Timonen, Alexandra, Amado, & Pereira Santos, 2017: 49

In another attempt at operationalising active ageing, Paúl, Ribeiro, and Teixeira (2012) published his data from a sample of 1,322 community-dwelling older persons, and through confirmatory factor analysis found that the emergent results failed to confirm the WHO conceptual model. This was because some of the determinants

for active ageing were highly intertwined, and psychological factors were found to play a larger part than the level accredited by the WHO. Alternatively, they forwarded an alternative model that accounted for more than 50% of the data and which included six factors—namely, health, psychological components, cognitive performance, social relationships, bio-behavioural components, and personality. Although Paúl, Ribeiro, and Teixeira's study demonstrated that whilst there are both objective and subjective variables contributing to active ageing, and that psychological variables seem to be key determinants to the construct, their analysis was criticised for a lack of clarity and for proposing a 'measurement model based on the determinants of active ageing rather than on indicators of the concept' (Bélanger, Ahmed, Filiatrault, Yu, & Zunzunegui, 2017: 198). Elsewhere, Fernández-Ballesteros, Robine, Walker, and Kalache (2013: 2) maintained that although there is no empirical definition of active ageing that is universally accepted, there is a consensus that it includes the following domains: 'low probability of illness and disability, high physical fitness, high cognitive functioning, positive mood and coping with stress, and being engaged with life'. More recently, Bélanger et al. (2017) compared the WHO's and Fernández-Ballesteros et al., (2013) models of active ageing with epidemiological data from Canada through data which included 799 community-dwelling older adults between 65 and 74 years old, recruited from the patient lists of family physicians in Saint-Hyacinthe, Quebec and Kingston, in Ontario. The study concluded that

Neither could be validated in the sample of Canadian older adults. Although a concept of healthy aging can be modeled adequately, social participation and security did not fit a latent factor model. A simple binary index indicated that 27% of older adults in the sample did not meet the active aging criteria proposed by the WHO.

Bélanger et al., 2017: 197

Bélanger et al. (2017: 197) advocated that active ageing might represent a 'human rights policy orientation rather than an empirical measurement tool to guide research among older adult populations' and that 'binary indexes of active aging may serve to highlight what remains to be improved about the health, participation, and security of growing populations of older adults'. Another scale seeking to measure active ageing constitutes the University of Jyväskylä Active Ageing Scale (Rantanen et al., 2018), which consisted of a 17-item scale whereby each item is researched in terms of the respondents' 'will to act', 'ability to act', 'possibility to act', and 'frequency of doing'. In comparison with previous empirical models, the strength of the Jyväskylä Active Ageing Scale included the 'definition of active aging at the level of the individual that was used as the foundation for its development, the novelty of developing a scale for assessing active aging as a quantifiable construct, the item response analyses, and the participant involvement' (ibid., 2018: 21).

The WHO's approach towards active ageing has also questionable as it includes a degree of cultural bias, since its knowledge base is overwhelmingly based on Western studies, in that its discourses tend to be deeply 'embedded within the U.S. concept of productive aging...and strongly U.S. culture-bound' (Walker, 2009: 86). For example, focusing on the Thai cultural context, Thanakwang, Isaramalai, and

Hatthakit's (2014) study generated a six-themed scale for measuring active ageing in Thailand—namely, self-reliance, social participation, spirituality, healthy living, active learning, and income security management. The authors concluded that although the 'perceptions of active ageing among the Thai elderly [sic] involved health, social participation, and security in life, which are also the three key pillars of active ageing suggested by WHO', when 'compared to research in a Western context, some of the dimensions of Thai active ageing were distinct, specifically growing spirituality and managing later life security, while others were overlapping' (ibid.: 152). There is no doubt that in so much as Asian older persons tend to perceive active ageing as comprising healthy living, social engagement, and security—for example, Hong Kong Chinese older persons viewed active ageing as comprising good health, positive life attitude, active social engagement, possessing social and financial capital, and living in meaningful residences—as well as the criticism levelled at positivist constructed scales of measurements, there is a real urgency to commence working on bottom-up and culturally sensitive capacities of active ageing.

Research Methodology

This chapter reports on the carrying out of a multi-method study to research the impact of participation in the Maltese U3A on bringing about and/or improving active ageing lifestyles in the second part of the life course. As a multi-method research design 'is the conduct of two or more research methods, each conducted rigorously, and complete in itself, in one project' (Morse, 2003: 190), this study opted for a sequential multiphase QUAL-QUAL study in which 'more than two phases or both sequential and concurrent strands are combined over a period of time within a program of study addressing an overall program objective' (Schoonenboom & Burke Johnson, 2017: 118). The *first* research phase consisted of carrying out exploratory research to resolve the tension between objective definitions and subjective understandings of active ageing amongst older Maltese learners. In July 2018, two focus groups were held with U3A members, selected through purposive sampling, and each including nine members, five women and four men. Following an ice-breaker, the author presented—in a pictographic manner—the WHO's definition of active ageing and the different measurements of active ageing reviewed in this chapter's second section to focus group participants. Following an hour-long discussion in each different focus group, data was subsequently analysed through 'logical analysis' which revealed the logical shape of informants' ideas by first locating premises within the data that symbolised one group and then exploring connections between one group of premises and another (Miles & Huberman, 1994). As elaborated upon in the next section, data analyses uncovered that older learners at the U3A understood and experienced active ageing as hinging on three platforms—namely, health, social inclusion/participation, and independence. The *second* research phase consisted of conducting semi-structured interviews with older learners attending the Maltese U3A. This time around, interviewees were selected through convenience

sampling and were asked questions based on the emergent data analysis during first phase of the multi-method study (Box 7.1).

Box 7.1: Second Research Phase: Key Interview Prompts

Health

- How is your health?
- To what extent do you perceive the U3A as impacting your health?
- Do you perceive such impacts as positive or negative?

Social inclusion and participation

- Do you feel part of the Maltese social community?
- Do you feel as belonging to a specific group of friends or acquaintances?
- To what extent do you perceive the U3A as impacting your participation in society?
- Do you perceive such impacts on your social participation in the community as positive or negative?

Independence

- Do you consider yourself as an independent person?
- Are you able to achieve your goals and objectives in daily life?
- To what extent do you perceive the U3A as impacting your goal to be independent in your daily life?
- Do you perceive such impacts as positive or negative effects?

Data analyses followed open, *in vivo*, and selective coding strategies. Initial coding consists in breaking down qualitative data into discrete parts, closely examining them, and comparing them for similarities and differences (Strauss & Corbin, 1998) to remain open to all possible theoretical directions indicated by one's reading of the data (Charmaz, 2006). *In vivo* coding enables researchers to 'preserve participants' meanings of their views and actions in the coding itself' (ibid.: 55)—thus, providing imagery, symbols, and metaphors for rich category, theme, and concept development. Herein, researchers thus look for words or phrases that seem to stand out, for example, nouns with impact, action-orientated verbs, evocative word choices, clever phrases, or metaphors. Finally, selective coding functions like an umbrella that covers and accounts for all other codes, the core category which consists of all the products of analysis condensed into a few words that seem to explain what 'this research is all about' (Strauss & Corbin, 1998: 146).

Older Learners' Experience and Understanding of Active Ageing

Three themes emerged from the first phase of the study with regard to the subjective perceptions of older learners as to what constitutes the key pillars of active ageing—namely, health, social inclusion and participation, and independence. There was a consensus in both focus groups that ‘health’ is the most important determinant for active ageing, as it facilitated the possibility to participate in both solitary and social activities. As a counterpoint, ‘pain’ was perceived as being a key obstacle towards leading active and successful ageing lifestyles, on the basis that it hinders people from both a serene and vigorous life:

To be active, one needs to be healthy, to be able to wake up in the morning and face the day without any pain. If one is ill, then one tends to focus all his/her energies on getting back in good shape. When I am ill, the world stops. Not only am I not able to live an active lifestyle, but I close into myself dreading the day during which I cannot do anything, and dreading the night during which I cannot sleep. (focus group participant, male)

Older learners also considered ill-health and pain to have a drastic negative effect on one’s psychological well-being, and many recounted their personal experiences or those of relatives or friends, who experienced depression and other mental health issues due to chronic pain.

My friend was unrecognisable when she was ill. She became ill-tempered, morose, and pessimistic about everything. Sometimes I phoned her and she did not even pick up the phone. One’s interest in activities dissipates as soon as your mental health suffers a dip. Even with bad news, I find myself withdrawing from my family and friends... Depression is very common when one is frail. Depression kills you socially! (focus group participant, female)

Pain was envisaged by focus group members to impact negatively on older persons’ self-esteem and self-confidence which, in turn, rendered sufferers homebound due to no interest or willingness to participate in social events. The ability for social participation was considered as another *sine qua non* for the possibility of active ageing in later life, in that focus group members singled out ‘social exclusion’ as the key determinant for loneliness and solitude in later life:

To be an active ager requires one to be in the thick of things. Can you be active but alone? Perhaps for a short period but not for long. Active ageing is all about meeting people, meeting your friends, befriending new ones, and participating in social events... Social events are the highlight of an active ageing lifestyle. It is the time one shares one’s life with others. Social events are the epitome of active ageing. (focus group participant, male)

All members agreed that traditional familial dynamics as such are now something of the past. Whilst just until a quarter of a century ago, daughters generally lived in the same city or village as their parents, so that there was both frequent and warm contact between different familial generations, in current times this is more the exception than the rule. As a result, younger family members cannot be dependent upon as far as social participation is concerned as much as they were in the past, and today older

persons have to draw on friends, acquaintances and non-governmental organisations as sources of social bonding, inclusion, and informal care:

The family, as we know when younger, has all but disappeared. My grandchildren are like foreigners to me. I have not seen them for weeks now! My daughter visits but she is always in a hurry. I do not blame her, she works as a [professional occupation], it is not easy to balance family and work responsibilities...I thank God that I have friends to go out with. The Local Authority is also very active as far as social outings are concerned. (focus group participant, female)

The risk of experiencing social exclusion was a current topic during the focus groups, especially for unmarried and widowed persons. This was not unexpected since the ‘double jeopardy’ experience, whereby two or more characteristics combine to create a ‘double disadvantage’, is a key motif in gerontological research. For example, local studies indicate a strong prevalence of poverty amongst older women compared to men (Formosa, 2017). Moreover, older women are more likely to be victims of crime and hold lower levels of education, and because many tend to spend their final stage of life as widows, they tend to enter long-term care due to a lack of available caregivers (ibid.). Finally, as Thanakwang, Isaramalai, and Hatthakit (2014) found out in their study with Thai citizens, being independent was viewed as another key aspect of active ageing and a process that facilitates older persons’ self-reliance—thus, assuring that they are not a burden to their families or reliant on either informal or formal carers. Focus members emphasised the need to be able to count on themselves without banking on others, and hence, feel free to execute all wishes and desires as independently as possible:

One cannot be active if one cannot decide here and then what one wishes to do during the day. We are all taking part in this discussion because we accepted your invite and decided to transport ourselves to this room. I would not have been able to come if I had to depend on my children to get me here. They might have had other things to do. (focus group participant, female)

Older learners ranked very high the need to be able to live independently, without any form of support, whilst also giving importance to autonomous decision-making. They all loathed the possibility that one day they would have to ask others to do things for them, and extreme situations, to bathe and dress them:

Active ageing is all about being in charge. One’s you lose your mobility, and God forbid, your mental faculties, you are doomed. How can one be active when one needs others to provide the required assistance even permission? One must work hard to remain as independent as long as possible, even if with the help of assistive technology. (focus group participant, male)

Participants indicated that being able to take all the required decisions meant that they were self-reliant, and hence, could decide on both their type and level of active ageing lifestyle:

I constantly hear that ageing is also a time for new opportunities, to do all those things that one wished to do but never had the time. True? Yes, but only to an extent! One needs to be healthy to be able to perform desired activities, such as going abroad ... When people are deciding for you, even if these people are your children, and they mean well, life’s opportunities decrease substantially. (focus group participant, female)

Being independent was perceived as a vehicle to participate in meaningful activities, and to provide them with the possibility to engage in the community in a productive manner, both in terms of taking part in municipal events and to contribute to the community's social capital.

‘Active Ageing’ Through ‘Third Age Learning’

The second phase of the study elicited the potential impact that participation in the Maltese U3A enables participants to reach higher levels of active ageing lifestyles. During interviews, respondents acknowledged that they have no hard evidence that participating in the Maltese U3A in Malta led to an improvement in their physical health, but they were adamant that when—due to circumstances beyond their control—they don't attend lectures, they feel less satisfied with their physical well-being. In one interviewee's words,

Attending the U3A makes me feel well, gives me energy, helping me to forget my aching body. My body relaxes. As I learn, as I meet my friends, as I laugh, I fell re-born, I feel young, strong and healthy. I cannot explain what I feel. I guess everything is in the mind, but the effects are real. I walk to the U3A centre with a spring in my step, walking swiftly, and effortlessly. The U3A really effects my health positively! (interviewee, male)

Another interviewee held a pragmatic outlook on the health benefits of attending the U3A. He was of the opinion that the quest to attend the learning sessions had a great impact on his daily choices which, in turn, made him healthier and more physically robust:

The U3A keeps you active and this has a lot of positive implications health-wise. As I live far away from the U3A Centre, I wake up early, shower, make an effort to dress well, I groom myself, and eat a healthy breakfast. Just by attending, I have to walk for five minutes to the bus stop and then another five minutes to the centre. After the learning programme finishes I always join my friends for a walk. If it were not for the U3A, I would be living a very sedentary life. (interviewee, male)

All interviewees emphasised how participating in the U3A permeated them with higher levels of self-esteem, self-satisfaction, and happiness. The U3A had profound meaning for participants, especially women who were formally employed in the workforce—as finally they felt that they have an opportunity to succeed and contribute outside a familial environment. Many felt reborn, and highly motivated and willing to take on volunteer administrative roles within the U3A. For some female members, such benefits came as a surprise to them:

I joined the U3A only because my friend joined and she did not wish to attend the learning programmes on her own. It was one of the best decisions of my life. I am not exaggerating. After years of toiling in house chores I am now living a new life. I still cook for my husband but now mealtimes have to accommodate my U3A timings. I never thought later life would be such fun. (interviewee, female)

I enrolled in the U3A because all my circle of friends joined, and I followed suit. I expected a patronising and snobbish environment, but I could not have been more mistaken. It is a very friendly environment and the opportunities for improving oneself are endless. You can lecture if you want or join the administrative committee or help during the monthly social event. It is a real family here. (interviewee, female)

The participation in the U3A influenced the formation of positive self-images for participants that mitigated the dominant ageist images that one is bombarded with in the social and mass media. It is also noteworthy that participants voiced much support towards the association between learning and keeping cognitively alert. Many claimed that listening attentively to the lecturers and facilitators improved their memory and ‘jogged their brain’. At the same time, it was clear that the Maltese U3A was instrumental to improving its members’ opportunities for social inclusion and participation. Contrary to existing literature, which highlighted only the role of U3As in enabling older women, especially widows, to reach out and befriend same-aged peers (Robbins-Ruszkowski, 2017), from the data, it resulted that older men were equal beneficiaries. Whilst women tended to make use of their membership in the Maltese U3A to extend their social network, men claimed to relish their participation to mitigate against the feeling of a ‘roleless role’ following retirement from the labour market:

After 43 years working in the public service, the first few weeks of retirement, a *forced* retirement to be precise, were hell. Of course you can read, take walks, go abroad. But such activities did not work for me. I need to be part of a team. I do not enjoy solitary activities. The U3A is more than a team, with some 600 members there is always an extensive ‘to do’ list administration-wise. I feel alive now. (interviewee, male)

It was clear that participation in the U3A also imbued participants with higher levels of social capital, albeit of a ‘bonding’ rather than a ‘bridging’ type. Whilst the former refers to social relations with peers with similar socio-economic backgrounds, the latter denotes acquaintances with peers of either lower or higher social standing:

Before I joined the U3A I used to spend whole days indoors. The weekends were the worst. Having no one to spend one’s free time with was very depressing. Here I met many old acquaintances of mine, some of whom were with me at school, whilst also making new friends. I enjoy meeting them because we all have similar backgrounds, and comparable interests and opinions. Sometimes we plan Sunday morning visits to Valletta or afternoon walks. I still spend some days alone but never the whole weekend now. (interviewee, male)

Finally, the data also uncovered some degree of association between attending the Maltese U3A and independence. Such an association revolved largely around the fact that members disclosed that peers at the U3A were always ready to assist in times of duress, and that many learning programmes—ranging from health literacy to legal/notarial to social work curricula—were extremely helpful in providing them with the required knowledge to remain as independent as possible in later life. Whilst such assistance seems, *prima facie*, an antidote to achieving independence, interviewees accentuated that help was always forthcoming in an empowering manner rather than in a patronising one:

I am very grateful to the U3A in a way that perhaps you may not understand. I was going through a bad time last year, when I had some family problems, but coming here gave me not only the required psychological energy to face the daily challenges, but also expert advice and counsel. My friends here were very patient with me and tried to help me help myself. They never treated me like a child but as a fellow friend...The study programmes on legal and notarial affairs were also a great help, and some lecturers gave me complimentary expert advice during the coffee break. (interviewee, female)

One area which many U3A members believed was highly beneficial to their potential for independence was the organisation's availability of learning programmes on information and communication technology. Such curricula reflected the increasing requirement for citizens to be digitally literate and competent, and included learning word processing, electronic mail, Internet surfing, online banking, online searching, password safety, and accessing online information on public welfare and pension services. Indeed, an engagement in digital citizenship in contemporary societies is an important factor to the full social inclusion of citizens, particularly as more public services go online (Formosa, 2013). In one interviewee's words, 'learning the internet and how to use my tablet gave me the independence I craved for...no longer waiting for others to help you book flights on the internet, or waiting for my children to visit me. Now, I am also booking my hairdresser by email' (interviewee, female).

Conclusion

There is no doubt that the U3A in Malta is a key vehicle for bringing about and improving active ageing lifestyles amongst older persons. The U3A offered a promising range of study programmes ranging from purely academic pursuits to more artistic ones to other events of a more social nature. It provided learners with both humanistic proficiencies such as when learning new languages to more vocational skills such as when learning online communications through software such as Skype and WhatsApp. The Maltese U3A is therefore to be credited as being at the forefront of attempts to transform later life from one of social stigma and negative labelling to a period of positive ageing by improving physical, emotional, and social well-being. The Maltese U3A is typified by a sense of vitality and dynamism that goes beyond what is usually the case in normal educational classes. It fulfils various positive social and personal functions such as aiding lonely older persons to re-socialise themselves, as well as providing opportunities and stimulation for the use and structure of free-time which would otherwise be characterised by inactivity. As argued elsewhere, participation at the Maltese U3A developed

...among learners a lofty and progressive delight of life, increased the social integration and harmony of older persons in society, and injected them with a sense of creativity, whilst making them more visible in society. It...improved members' abilities of understanding the objective world by aiding them to grasp better global development and social progress, and helped them to ameliorate their abilities of self-health by enabling them to master medical care knowledge and prevention of disease.

Formosa, 2012: 283

However, this study also exposed a number of limitations as far as active ageing is concerned, since participation in the Maltese U3A was also exemplified by a number of exclusionary forces that question its suitability as a wide and equitable 'active ageing' *modus operandi*. Data pointed clearly to the fact that the benefits of the U3A are being mostly taken up by women, older persons of higher-than-average socio-economic status, and older persons who enjoy good physical and cognitive health status. First, as in Poland the 'gendered culturally ideals of sociability over the life course shape participation in U3As...as gender segregation at the U3A connects to broader discourses of ageing and gender' (Robbins-Ruszkowski, 2017: 117). Second, the U3A has clearly more appeal to older persons from career-oriented backgrounds which required higher-than-average levels of educational backgrounds. Older persons whose life experience included manual labour, the service industries and technical expertise were in short supply if present at all. The predominance of a middle-class ethos at the U3A was not a coincidence and the result of a number of social closure tactics which made the learning experience unappealing to older persons with low levels of income and education. The choice of both academic and artistic subjects provided an alien environment to older persons from working-class milieus. Unfortunately, the U3A did not escape the pervasiveness of schooling as its organisation operated through a top-down model of instruction that cultivates respect for authority, experts, and universal knowledge. Of course, the term 'university' in its title does not help as working-class persons tend to be apprehensive to join an organisation with such a heavy class baggage, and one witnessed no efforts on behalf of the entity to smooth such barriers. Finally, there seems to be an unwritten but entrenched rule that the U3A, and active ageing as such, is prerogative of only those older persons with good bodily health. No older persons in wheelchairs or using canes were visible and all members were community-dwelling older persons. As a result, older persons with physical mobility difficulties and cognitive challenges were completely absent. In this way, one could argue that the third objective of the U3A, that of improving independence, is a clear case of self-fulfilling prophecy (Formosa, 2014). Whilst this is not the same as saying that the Maltese U3A is an undeserving institution, one has to concur with Robbins-Ruszkowski (ibid.: 119) when she concluded that 'taken together, the gendered, classed, and bodily nature of both the form and content of activities... render these institutions exclusionary...the vision of active ageing that they promote...make it inaccessible to some segment of the population'. With respect to future and required research, such observations warrant urgent 'action research' in third age learning that explores how U3As can embrace an understanding of active and successful ageing that is less hinged and divided along gender, class, and physical capital lines.

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Dr. Marvin Formosa is Associate Professor of Gerontology at the University of Malta where he is Head of the Department of Gerontology and Dementia Studies, Faculty for Social Wellbeing, and contributes to teaching on active ageing, transformative ageing policy, and educational gerontology. He holds the posts of Chairperson of the National Commission for Active Ageing (Malta), Rector's Delegate for the University of the Third Age (Malta), and Director of the International Institute on Ageing, United Nations, Malta (INIA). He directed a number of international training programmes in gerontology, geriatrics and dementia care in the Philippines, China, India, Turkey, Malaysia, Belarus, Kenya, Argentina, Azerbaijan and the Russian Federation. He has published extensively across a range of interests, most notably on active ageing, critical gerontology, Universities of the Third Age and older adult learning. Recent publications included *International perspectives on older adult education* (with Brian Findsen, 2016), *Population ageing in Turkey* (with Yeşim Gökçe Kutsal, 2017), and *Active and healthy ageing: Gerontological and geriatric inquiries* (2018). He holds the posts of Editor-in-Chief of the International Journal on Ageing in Developing Countries, Country Team Leader (Malta) of the Survey of Health, Ageing, and Retirement in Europe (SHARE), and President of the Maltese Association of Gerontology and Geriatrics.