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COMPETENCES FOR ACTIVE LONGEVITY: A COMPARATIVE STUDY OF NIGERIA, PAKISTAN AND ITALY

ABSTRACT

Moving beyond the traditional focus of active ageing, this paper introduces the construct of active ageing for longevity from the perspective of learning across the life cycle under LifeComp, the European framework of life competences. It aims to compare active ageing policies, programmes, and competences across Nigeria, Pakistan and Italy, and align them with the new construct. Drawing from the international comparative framework of macro, meso, and micro levels, this study analyses active ageing at three levels using the method of document analysis. The key findings show that across the three countries, the focus of active ageing remains on health, well-being, civic participation, and financial security, guided by the WHO framework, with limited evidence of transformation in either policies, service provision or competence development from a pedagogical perspective. The study showcases the scope of integrating life competences from a pedagogical standpoint in supporting the transition period from work to retirement.

Keywords: *active ageing, longevity, life competences, comparative analysis, Nigeria, Pakistan, Italy*

KOMPETENCE ZA AKTIVNO DOLGOŽIVOST: PRIMERJALNA RAZISKAVA V NIGERIJ, PAKISTANU IN ITALIJI – POVZETEK

Članek na podlagi evropskega okvira za življenjske kompetence LifeComp uvaja konstrukt aktivnega staranja za dolgoživost z vidika učenja v celotnem življenjskem ciklu, ki presega tradicionalne osredotočenosti na aktivno staranje. Namen članka je primerjati politike, programe in kompetence aktivnega staranja v Nigeriji, Pakistanu in Italiji ter se uskladiti z novim konstruktom. Raziskava temelji na mednarodno primerjalnem okviru

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makro, mezo in mikro ravni ter analizira aktivno staranje na treh ravneh z metodo analize dokumentov. Ključne ugotovitve kažejo, da je v vseh treh državah poudarek aktivnega staranja na zdravju, dobrem počutju, državljski udeležbi in finančni varnosti, ki jih opredeljujejo smernice Svetovne zdravstvene organizacije (WHO), medtem ko so dokazi o spremembah v politikah, zagotavljanju storitev in razvoju kompetenc s pedagoškega vidika omejeni. Raziskarva s pedagoškega vidika prikazuje obseg vključevanja življenjskih kompetenc pri omogočanju lažjega prehoda od dela do upokojitve.

Ključne besede: *aktivno staranje, dolgoživost, življenjske kompetence, primerjalna analiza, Nigerija, Pakistan, Italija*

INTRODUCTION

Over the past two decades, the concept of active ageing, based on the three fundamental pillars of health, participation, and security, has garnered significant scientific, social, and political attention, formalised through a policy framework introduced by the World Health Organization (WHO; 2002). This policy discourse, closely associated with increasing life expectancy, declining birth rates, and global transformations, is grounded in the understanding that effectively addressing population ageing requires the implementation of measures and strategies that create favourable conditions for individuals to maintain an active and healthy life throughout their lifespan (Formosa, 2019).

Lifelong learning is recognised as a key determinant for active ageing, and the WHO has acknowledged it (Narushima et al., 2018) for its essential role in fostering continuous participation in educational activities aimed at improving well-being in later life and in everyday living contexts. Specifically, it is believed that educational and training processes promote this condition to the extent that they focus on the complexity and uniqueness of each person's developmental path. However, limited access to lifelong learning opportunities (Law et al., 2023), combined with low participation rates in educational and training activities (Formosa, 2021), structural barriers at the policy, programme, and individual levels (Narushima et al., 2018), and a lack of social and financial support (Law et al., 2023), represent significant determinants that hinder individuals and older workers from achieving optimal levels of longevity and quality of life. Therefore, it is imperative to prioritise longevity over active ageing within the broader framework of the educational and pedagogical perspective. Such an approach not only addresses the challenges posed by longevity but also promotes a more fulfilling concept of life, characterised by the importance of self-care, the acquisition and maintenance of competences, and a continuous commitment generated by participation in educational and learning activities, as well as social activities related to one's community.

Therefore, moving beyond the traditional approach to active ageing (WHO, 2002), this article introduces the concept of "active ageing for longevity" through the pedagogical and educational lens. Based on the method of document analysis (Morgan, 2022), this study aims to investigate and compare the policies, programmes, and competences for

active ageing in Nigeria, Pakistan and Italy, utilizing Egetenmeyer's (2016) international comparative framework for analysis. The primary objectives are to identify similarities and differences at the three levels supporting active ageing and to align the comparative results with the construct of "active ageing for longevity" from a pedagogical perspective under the LifeComp framework. The two research questions that guided this study are: 1) What active ageing policies, programmes, and competence exists in Nigeria, Pakistan and Italy? and 2) How are they aligned with the LifeComp framework to support active ageing for longevity?

ACTIVE AGEING FOR LONGEVITY: A NEW TOPIC FOR LIFELONG LEARNING

From a historical and traditional perspective on ageing, what we refer to as "ageing" is more accurately described as the biological process of senescence, often accompanied by a deficit orientation. Older learners were often seen through the lens of broad deficits linked to the biological and physical effects of ageing, a viewpoint that represents a form of discrimination and stereotyping known as ageism in the literature (Butler, 1969). This gerontological approach assumes that older learners are a heterogeneous group, based on the idea that key aspects of learning change as people age (Kern & Schmidt-Hertha, 2023). The introduction of a new paradigm in the discourse of ageing, attributed to "positive ageing" (Laliberte Rudman, 2015), including successful ageing and active ageing, has idealised ageing in a way that reinforces ageism by governing ageing bodies and perceiving the aged population as a solution to the potential problem they allegedly or potentially cause, thus paving the way for policy initiatives and service provision globally. From a critical perspective the "positive ageing" approach, according to São José et al. (2017), emphasizes three key dimensions of the concept. By framing ageing in terms of "active" and "successful", this approach has become increasingly individualistic rather than collectivist, rendering it unrealistic for many older individuals. It places the responsibility to maintain health and remain economically active on older adults. Secondly, it models ageing without adequately accounting for variations in individual capabilities, thereby creating a social division between active and passive agers. Thirdly, it neglects the diverse circumstances of older populations, placing disproportionate pressure on those with fewer resources, while wealthier individuals are better positioned to evade these expectations.

From a pedagogical standpoint it is possible to rethink positive ageing discourse and define a new category of "active ageing for longevity" by virtue of its active profile and its promise of autonomy (Togni, 2022). The introduction of this new construct enables active ageing and longevity to connect under the broader umbrella of lifelong learning. It does so by focusing on the early development and continuous enhancement of competences that promote self-efficacy, self-care, self-esteem, and healthy personal lifestyles, which are crucial for preparing for and managing the transition from work to retirement. This approach involves not only formal education but also ongoing professional development and organisational support, aimed at fostering a smooth transition, requalification, and the adoption of optimal lifestyles that contribute to active participation in later life and long-term

well-being. The process of development and enhancement of competences in the personal, social, and learning domain could be facilitated by deploying the *LifeComp framework, the European framework of life competences* (Sala et al., 2020). Through the implementation of this agreed-upon framework, educational stakeholders could use it as a foundation for discussion and as a tool to promote these key competences. The framework first addresses the *personal domain*, where it highlights self-regulation (Wrosch et al., 2006), flexibility (Zacher et al., 2018), and well-being (Narushima et al., 2018) as essential for navigating the transition from work to retirement. It emphasizes maintaining a healthy mind and body, managing stress and uncertainty, seeking support when needed, staying resilient, and developing the autonomy to adapt to new challenges and lifestyles. The second area of *social domain* emphasizes collaboration through engagement and participation in society, using relevant communication tools and strategies tailored to the specific context (Beer & Owens, 2018). It also promotes empathy by understanding others' emotions, values, and perspectives (Brown & Bright, 2017). Empathy plays a key role: "the higher the empathic skills are, the greater the social support received" (Guariglia et al., 2023, p. 8). However, since empathy tends to decline with age (Guariglia et al., 2023), it is crucial to provide targeted tools for communication and engagement within the social fabric. These tools can enhance empathy during transitional periods, reduce loneliness, increase the quality and quantity of social support, and ultimately improve overall quality of life. The third domain focuses on *learning to learn* by fostering belief in one's own and others' abilities, developing critical thinking and reasoning for innovative solutions (Niechcial et al., 2019), and managing learning through initiating, organising, and reflecting on personal learning processes (DePaul et al., 2022). This dimension has been reported the "most important skill of all" (Sala et al., 2020, p. 55), because of the rapidly changing world and exponential technological advancement. This competence is developed throughout life, with meaningful learning and the ability to manage and interpret knowledge driving personal and community transformation, especially on the path to ageing. High-quality learning opportunities and self-reflection are essential for continuous growth and adaptation (Yeo et al., 2020).

METHODOLOGY

The study employed the international comparative framework of macro, meso, and micro levels by Egetenmeyer (2016) to analyse the transnational characteristics of active ageing policies, programmes, and competences. In addition to that, document analysis has been used to complement the comparative framework for analysing the transnational characteristics of the phenomena under consideration, which has been proven to be a useful approach for such an analysis (Shaw et al., 2004). Document analysis is "frequently used to complement other methods" (Morgan, 2022, p. 66) and has been a well-established approach for many years. The term documents covers a broad range of materials including text, visual elements like photographs, videos and films that can provide valuable insights for qualitative analysis (Flick, 2017; Merriam & Tisdell, 2015). We conducted

the analysis by reviewing country-specific documents, including policies aimed at promoting active ageing, reports of relevant educational programmes and services, and empirical studies across these three levels for comparison. A three-level clustering emerged from the most common themes during the comparison of categories. At the macro level, active ageing policy initiatives (including national and regional levels, the scope and formulation of policies), at the meso level, active ageing programmes and service provision (e.g. lifelong learning, health, civic participation, research, and innovative solutions), and at the micro level, active ageing competences specified in active ageing programmes (e.g. social, health, employability, literacy, and digital) were juxtaposed to compare the cases. Similarities and differences were identified and interpreted across the three-level analysis.

Nigeria, Pakistan and Italy were selected for this comparative analysis due to their diverse socio-economic contexts and ageing challenges. Nigeria, the most populous African country, struggles with demographic shifts, poverty, and a lack of national ageing policies (Okah et al., 2024). Pakistan faces rapid ageing with limited institutional support, relying on family structures (Mokal et al., 2023). Italy, a special population ageing case with its established welfare system, provides comprehensive active ageing strategies (Principi et al., 2023). This diversity enables an examination of how different contexts shape the development and implementation of active ageing while providing a platform for debate to promote active ageing for longevity from a pedagogical perspective.

The study has a few limitations, including the effect on generalisability at all three levels due to distinct socio-economic, cultural, and political contexts, the lack of data and quality, particularly in developing countries like Nigeria and Pakistan, and language barriers in interpreting documents. Similarly, document analysis is subjective (Merriam & Tisdell, 2015), and investigating publicly available documents, such as policies and programme documents, could introduce potential bias.

ACTIVE AGEING IN NIGERIA

The Nigerian growth rate of elderly persons is about 3.2% and this growth is projected to double by 2050 (Mbah et al., 2016). In addition, there is an increase in the number of older persons, with an increase in absolute numbers from 4,598,114 in 1991 to 6,987,047 in 2006, which was projected to reach almost 10 million (9,748,718) by 2020 and 28,939,000 by 2050. It is also projected that by 2020, the population of older people would exceed 20 million.

In the traditional Nigerian setting, old age receives much honour, and elderly people feel privileged as parents, who enjoyed mentoring and educating the young ones (Echeta & Ezech, 2017). However, this support structure for older family members has declined, leaving them struggling with financial, health, and housing needs. This situation is worsened by government neglect, with minimal intervention only beginning in 2004 through a contributory pension programme for retired federal civil servants. Older persons in

Nigeria face vulnerability, social exclusion, and inadequate family support. They are denied social security, medical care, and special attention for age-related illnesses, often experiencing loneliness, poverty, and discrimination. Hospitals lack specialised care, leaving them to queue like everyone else. Maina (2014) opined that Nigeria is described as the sixth worst place on earth for old people and as having the highest rate of depression among elderly people.

Policy Initiatives

Before 2004, Nigeria had no functional national policy on the care and welfare of older persons. However, the 1999 *Constitution of the Federal Republic of Nigeria* (as amended; Federal Republic of Nigeria, 1999) guarantees the rights of all citizens. Nigeria has only one policy on ageing, the *National Policy on Ageing* (Federal Ministry Of Humanitarian Affairs, Disaster Management and Social Development, 2022), which was enacted in 2004 to uphold the rights and dignity of older persons by fostering an age-friendly environment that maximises their potential for self-fulfilment. Its key objectives include promoting positive attitudes toward ageing, improving the quality of life for older adults, strengthening traditional support systems, ensuring income security and healthy ageing, protecting their fundamental rights, developing data systems for effective planning, and enhancing access to quality health and social services. The policy also emphasizes establishing regulatory frameworks and fostering partnerships for effective programme delivery.

To bring the policy's vision to life, several supporting laws and initiatives were introduced. These include the *National Pension Act* (National Assembly of the Federal Republic of Nigeria, 2014), aiming to introduce a contributory pension scheme for financial security in retirement and covering both public and private sector employees, and the *National Health Insurance Authority Act 2022* (Social Health Protection Network, 2024), aiming to ensure that all Nigerians have access to affordable and quality healthcare. Additionally, legal protections such as the *The Violence Against Persons (Prohibition) Act* (National Agency for the Prohibition of Trafficking in Persons, 2015) and the *Discrimination Against Persons with Disabilities Prohibition Act* (National Assembly of the Federal Republic of Nigeria, 2018) were introduced to protect the rights of some of Nigeria's most vulnerable groups. Both acts aim to protect individuals from violence and offer support to those affected. The Act works to prevent all forms of violence, while the Disabilities Act ensures that people with disabilities are treated with dignity and given equal opportunities to fully participate in society.

Programmes

Active ageing programmes in Nigeria are initiated by state and national governments, national and international charities, organisations, and religious association. The scope of programmes covers health services, literacy, empowerment, psycho-social services, and safe shelter, among others.

Health-related programmes:

- Geriatric programmes at the Sir Kesington Adebutu Geriatric Rehabilitation Centre in Ibadan (Adebusoye et al., 2021); established in 2017, this centre is a 10-bed facility that has rehabilitated 21 older individuals, offering compassionate care to help them achieve their health and lifestyle goals.
- Different faith-based organisations, such as the Christian Health Association of Nigeria (2016) and the Federation of Muslim Women Associations of Nigeria, provide free medical services for elderly individuals.
- The Yemi Age Nigeria Foundation supports the elderly in Nigeria by raising resources and offering programmes, including cancer and HIV screenings, as well as efforts to address communicable diseases affecting older adults (Adebayo et al., 2023).
- The Elder Friendly Hospitals Initiative (2020) provides the elderly with essential health services, including meals for hospitalised patients, and supports nursing schools focused on ageing, created by civil society and private groups.

Support programmes:

- The coalition of societies such as COSROPIN (Coalition of Societies for the Rights of Older Persons in Nigeria, 2023) provides both informal and formal support services to address diseases and disabilities among older people. As an international NGO, it is committed to advocating for the rights, dignity, and wellbeing of the elderly in Nigeria.
- The Bodija Elderly Support Initiative in Oyo State is part of the Renewed Hope Initiative Elderly Support Scheme (Abide, 2024). The aim of this project is to establish a comprehensive care centre in Ibadan, Nigeria, to support the elderly community.
- Daycare and recreational centres for older persons in Abuja (Blossom Elderly Standard Care, 2024), Ibadan (“Group Advocates Daycare Centres for Older Persons”, n.d.) and Lagos (National Senior Citizen Centre [NSCC], n.d.) are inspired by a deep commitment to the well-being of the elderly. These centres strive to create a safe, comfortable, and nurturing environment that feels like home, offering care and support tailored to the needs of senior citizens.
- Literacy programmes through the University of Third Age Nigeria (n.d.) established in 2007 offer educational opportunities for retired individuals, inspiring them to keep learning and stay engaged in activities they love.
- The NSCC, established in 2021, is a federal agency in Nigeria that offers classes to help senior citizens combat loneliness while providing guidance and counselling to support their overall well-being.

Competences

The competences of the active ageing process in Nigeria can be assessed based on the services and projects implemented with support from national and international non-governmental organisations (NGOs), focusing on physical activity, social participation, lifelong learning, and other socioeconomic factors, particularly education and income.

- Physical competences: Elderly individuals in rural areas engage more in physical activities, including subsistence farming, walking, and jogging, compared to their urban counterparts, who participate more in lifelong learning activities (Marcen et al., 2022);
- Lifelong-related competences: Elderly individuals in rural areas actively engage in community social events, reuniting with family and friends (Odeyemi et al., 2023). In southern and eastern Nigeria, events like the Masquerade Festival are common. Among the Ngwo people, ceremonies such as Ori nandu, Adu Kwurum, Ori Enya, Amushi, and the Ero festival mark significant life transitions and honour old age.
- Economy-related competences: Most of the elderly people engage in entrepreneurial and vocational activities to earn a means of living (Idehen, 2021).
- Social-related competences: Elderly persons in the community participate in decision making and guide the younger ones on issues meant to improve their wellbeing, and the elites among them participate in politics through contesting for election, and some are appointed in key positions of government (Ayodeji, 2015).

ACTIVE AGEING IN PAKISTAN

A population giant with 245 million inhabitants, Pakistan exhibits a population growth rate of 2.05%, which is significantly higher than other subcontinental countries, and also above the world-wide rate of 1.1% (Matthews et al., 2023). Consequently, Pakistan is on the brink of population ageing, with 8.1% of its population expected to be 60 years or older by 2030 and 12.4% by 2050 (World Bank, 2024). The existing condition of active and healthy ageing is severely impacted by a poor health care delivery system, an inadequate pension system, reduced social participation, low self-care ability, and an overall poor quality of life.

Pakistan's healthcare system struggles to support its growing elderly population due to inadequate infrastructure and resources. While the pandemic spurred the adoption of telehealth, access has remained limited to urban tertiary sectors, excluding rural and poor populations without the necessary technology and internet access (Jafree et al., 2024). In Pakistan, pensions are limited to formal sector employees who contribute a portion of their salaries, excluding informal workers. The social pension system includes various components for different groups (State Bank of Pakistan, 2024). Pakistan's collectivist culture, rooted in joint family ties and religious values, emphasizes group loyalty and respect for elders. However, urbanisation and industrialisation have weakened traditional family support, causing loneliness and low social participation among older adults. Self-care ability is attributed to healthy functioning and ageing, yet few older adults have adequate knowledge of chronic diseases like hypertension, diabetes, and cardiovascular conditions, resulting in low self-care ability (Ajani et al., 2021).

Policy Initiatives

Before the 18th Constitutional Amendment in 2010, Pakistan followed a centralised model of governance, with provincial autonomy guaranteed in the constitution (Rana, 2020).

Policy reforms and service provision at the central and provincial levels aimed to enhance the well-being of older adults by ensuring access to comprehensive healthcare services, financial support systems, appropriate housing solutions, dignity, and comprehensive legal protection.

National level policies:

At the national level, the 1999 *National Policy for the Health of the Elderly* and the *Senior Citizen Act* of 2007 were comprehensive initiatives focused on seniors (Social Protection Resource Centre, 2022), aiming to improve healthcare systems, train personnel, ensure pensions, provide legal services, offer fare concessions, and promote participation in recreational activities, while also facilitating access to essential services in banks, transportation, and hospitals. Other initiatives to ensure financial support after retirement and later in life include the *Provincial Employees' Social Security Ordinance* (Governor of West Pakistan, 1965), national and provincial pension schemes, and the *Employees' Old Age Benefit Act* (Ministry of Law and Justice, 1976) for the private sector.

Provincial level policies:

In the four provinces, policy initiatives were introduced, with Punjab being the first to implement the *Punjab Senior Citizens' Bill* (Government of the Punjab, 2013), the *Khyber-Pakhtunkhwa Senior Citizen Act* (Provincial Assembly Secretariat - Khyber-Pakhtunkhwa, 2014), the *Sindh Senior Citizen Welfare Act* (Provincial Assembly of Sindh, 2016), the *Baluchistan Senior Citizen Act* (Balochistan Provincial Assembly Secretariat, 2017), and the *Islamabad Senior Citizen Act* (Ministry for Human Rights, 2019). The overall aim of these policy initiatives across the four provinces is to enhance the well-being, dignity, and participation of senior citizens by addressing their healthcare, social security, housing, and comfort, to support their rights and improve their quality of life. In addition to the broader focus on improving the conditions of elderly people, the policies also emphasized close coordination between various ministries, such as the Ministry of Human Rights, the Ministry of Social Welfare, the Ministry of Education and Women Empowerment, and the Ministry of Health, along with the establishment of structures like senior citizen councils.

Programmes

In Pakistan, the government and NGOs are working to promote and expand services for older adults, with specific focus on geriatric health education, literacy development initiatives, civic participation, providing shelter homes, especially for those who are left behind by the families, and financial support.

Geriatric education programmes:

- The “Care of the Elderly” course (Jaffer & Cassum, 2016), offered by Aga Khan University (AKU) School of Nursing and Midwifery, was introduced as a student-driven initiative. In this course, students work in two nursing homes, where they develop action plans, conduct health interviews, and promote health education for the elderly residents.

- A series of workshops on health challenges, cognitive decline, and neurological issues, organised by the Institute of Psychology (NIP) in collaboration with the International Organization for Migration (IOM), was introduced for healthcare professionals, mental health experts, and social workers working with older adults. The aim was to provide practical support for diagnosing, screening, and intervening with the older population.

Literacy programmes:

- The Mobile Library Service (MLS) for elders was an initiative by the Sindh Public Libraries Department (SPLD) to help them “engage in meaningful activities, access information, and connect with others” (Khooharo et al., 2024, p. 461).
- Aagahi Adult Literacy Programme (AALP) by The Citizens Foundation (TCF) aims to provide older family members, mothers in particular, with informal education in the areas of reading, numeracy, and basic skills (Aagahi Adult Literacy Programme, Pakistan, 2017).
- Training of library staff in delivering outreach services for older adults has also been organised by AKU (Ullah et al., 2011).

Civic participation programmes by community-based organisations (CBOs):

- In urban areas, CBOs such as Ladies Fellowship, Pakistan Senior Citizens Association, the Pakistan Association of Gerontology, the Association for the Welfare of Retired Persons, and the Pakistan Ex-Servicemen Society initiated programmes to support aged individuals.
- In rural areas, Hujra is a traditional social institution in Pukhtoon culture in northern Pakistan, serving as a venue for male gatherings and intergenerational learning (Rehman et al., 2021).

Competences

In Pakistan, various entities, including government organisations such as the NIP and SPLD, NGOs like TCF, AKU, and IOM, and private organisations such as Ladies Fellowships, CBOs, are actively engaged in promoting and expanding services for older adults. Through these programmes and service initiatives, key competences are developed for active longevity, with specific focus on geriatric health competences.

- Health competences: awareness of health challenges, cognitive decline, and neurological issues; equipping healthcare providers with essential skills for elderly care (Ali et al., 2023).
- Lifelong leaning competences: informal education in reading, numeracy, and basic skills (UNESCO Institute for Lifelong Learning, 2017); home finances and daily interactions skills among older women; intergenerational learning skills in rural settings (Nixon et al., 2023).
- Digital competences: these competences are developed through MLS and digital training.
- Social and civic competences: these competences are developed through initiatives that promote social inclusion and advocacy for the elderly, cultural awareness and expression tailored for women and older adults (Al-Rashid et al., 2024).

- Employability competences: these include entrepreneurship, daily interactions, and financial management skills (Hanif et al., 2018).

ACTIVE AGEING IN ITALY

The phenomenon of an ageing population is now an inevitable process in almost all developed countries. According to the latest Istituto Nazionale di Statistica (ISTAT, 2024) data, 24% of the Italian population is already 65 years of age or older, placing Italy at the top of the world ranking for longevity. By 2050, it is estimated that the over-65s will reach 32.5% of the total population. This trend, driven by declining birth rates and increasing life expectancy, will significantly transform the country's demographic, social, and economic structure in the coming decades. To address this, it is essential to adopt medium- to long-term policies and strategies that aim to turn ageing into a resource rather than a burden. This shift requires adapting the pension system and reassessing the role of the elderly in the workforce and society, as the ageing phenomenon triggers broader social and economic changes.

Despite various international and European efforts on active ageing (UNDP, 2017; UNECE, 2019; 2021; ICCA, 2019), Italy faces several critical issues in addressing this topic. These include: 1) the lack of a comprehensive national strategy, leading to fragmented policies across different regions and governmental levels; 2) the absence of a clear or shared definition of “elderly” and “active ageing” in the legislative framework, making it difficult to set specific, measurable objectives and interventions; 3) the fact that active ageing is not yet recognised as a political priority, limiting resource allocation and the development of a unified strategic framework; and 4) the transition from theory to practice while maintaining the core principles of active ageing.

Policy Initiatives

Italy's path to regional decentralisation, initiated after World War II, has been complex. A major reform in 2001 significantly increased regional legislative power. Due to the division of competences between the state and the regions, as established by Article 117 of the Constitution, active ageing policies in Italy are addressed in a heterogeneous and fragmented way mainly in the following areas: working life, family, social participation, inclusion and health (Barbarella et al., 2020). At the regional level, active ageing is addressed by policy makers through dedicated regional framework laws, welfare programmes, and sectoral policies (Lucantoni et al., 2022).

National level policies:

- The National Coordination Project for Multilevel Participation in Active Ageing Policies (2019–2021): This three-year project, launched in 2019 and renewed for 2022–2024, is the result of an agreement between the Italian Presidency of the Council of Ministers – Department for Family Policies and the IRCCS INRCA of Ancona. Its goal is to create and strengthen a national coordination framework with multilevel

participation in active ageing policies, involving national and regional institutional representatives and civil society stakeholders.

- The Covenant of Non-Self-Sufficiency (Law 33/2023): Law 33 of 23 March, 2023, entrusts the Italian Government with the task of reforming policies dedicated to elderly individuals, particularly focusing on those who are non-self-sufficient. This law seeks to safeguard the right of older people to maintain continuity of life and receive care within their homes, ensuring a more integrated and simplified approach to the evaluation processes for non-self-sufficient individuals. Among its key provisions are the creation of “single access points” (PUA) designed to provide comprehensive assessments, and the introduction of an “individual care plan” (PAI) tailored to the specific needs of each person.

Regional level policies:

Emilia Romagna, *Regional Action Plan for the Elderly Population (PAR)* (DGR 2299/2004); Liguria, *Regional Law on Promotion and Valorization of Active Ageing* (LR 48/2009); Friuli Venezia Giulia, *Regional Law on Combating Loneliness and Promoting Active Ageing* (LR 22/2014); Umbria, *Regional Law on Consolidated Law on Health and Social Services* (LR 11/2015), Venezia, *Regional Law on the Promotion and Enhancement of Active Ageing* (LR 23/2017); Basilicata, *Regional Law on Promotion and Enhancement of Active Ageing and Intergenerational Solidarity* (LR 29/2017); Marche, *Regional Law on Active Ageing* (LR 1/2019), Puglia, *Regional Law on Promotion and Enhancement of Active Ageing and Good Health* (LR 16/2019); Lazio, *Regional Law on Provisions for the Protection, Promotion, and Enhancement of Active Ageing* (LR 16/2021).

Programmes

The Italian government has participated in international programmes focused on active ageing such as the Madrid International Plan of Action on Ageing – MIPAA. The latter is mainly mentioned in relation to national health plans (as a stimulating approach to the healthy ageing of individuals), while the elderly appear essentially as an explicit target group in some dedicated assistance policies, for example, when it comes to old age pensions and home care for the elderly by municipalities (ISTAT, 2020).

Health and social well-being related programmes:

- Memory gyms. These programs focus on preventing cognitive decline and loneliness among seniors. They often include physical exercise, mental stimulation, and social interaction.
- Integrated home and day care centres. These centres provide comprehensive and personalised care for seniors with multiple needs. Services may include medical care, therapy, social activities, and meals.

Social and civic participation programmes:

- The National Association of Active Third Age for Solidarity (ANTEAS) promotes authentic relationships among seniors, encourages active citizenship, and combats involuntary loneliness.
- Volunteering initiatives help create support networks and promote social integration.

Literacy and research programmes:

- University of the Third Age provides educational and cultural opportunities for seniors to keep learning, stay intellectually active, and combat social isolation.
- *Age-It – Ageing Well in an Ageing Society (2023–2026)* is part of the initiatives supported by the National Recovery and Resilience Plan (NRRP) to address the challenges of an ageing population, with a specific focus on research and innovation to build a public-private alliance to generate socio-economic, biomedical, and technological solutions for an inclusive Italian ageing society. The aim is to turn Italy into an international scientific hub for research on ageing, “the basis for the policy dimension that sees the dissemination of the category of skills for life, on the one hand, and the design of services, on the other, as the two poles needed to prevent, anticipate and train ageing” (Boffo, 2022, p. 5).

Competences

Continuous learning is a crucial element in developing and maintaining the skills necessary for active ageing in Italy. The *National Strategic Plan for the Development of Adult Skills* (Ministry of Labour and Social Policy, 2021) proposes a series of programmes to address gaps in basic skills and low qualifications. Its aim is not only to restore competitiveness in the labour market but also to provide greater opportunities for integration and reintegration into social contexts (Ministry of Labour and Social Policy, 2021):

- Foreign language skills: focus on improving foreign language skills, particularly English, through integrated learning content in language, literacy, and Italian language learning for foreign students.
- Mathematical, logical, and scientific skills: strengthen competences in mathematics, logic, and science.
- Digital competences: emphasize ICT skills, computational thinking, and the critical and conscious use of social networks and media.
- Musical and artistic skills: foster the development of competences in music and the arts.
- Employability and entrepreneurial skills: encourage the development of entrepreneurial abilities.
- Citizenship skills: promote competences related to citizenship.
- Legal and economic knowledge: knowledge of legal and economic concepts.
- Healthy lifestyles: advocate for healthy living practices.

COMPARISON AND DISCUSSION

In this study we defined the category of “active ageing for longevity” from an educational perspective, i.e. considering the importance of educational and training processes in fostering the development of life skills that support the transition to retirement and the long-term well-being of people on the path of ageing. The analysis was carried out by analysing and comparing provisions for active ageing at the level of policies, programmes, and

competences in Nigeria, Pakistan and Italy, with the aim of identifying both similarities and differences between these dimensions and making an alignment with the LifeComp framework.

Ageism, marked by stereotypes, biases, and the unequal treatment of older adults, based purely on the growing age has influenced the concept of active ageing. It appears in areas like work, healthcare, and media, often depicting older individuals as less capable or adaptable than younger ones. In contrast, “active ageing for longevity” based on the LifeComp framework advocates for developing competence in the later part of the work to retirement period through pedagogical intervention. These interventions, supported by policies, programmes, and competences, aim to assist individuals in navigating transitions, achieving personal fulfilment, and maximising their potential while utilising their capacities.

Policy reforms and legislative measures at the national level across all three countries share similarities deeply rooted in the culturally defined role of elders, the provision of better healthcare systems, and the promotion of home care for the elderly by governments, NGOs, and municipalities. Additionally, they emphasize social participation and an adequate pension system for the elderly population. The emergence of these policies was primarily guided by frameworks developed by the WHO and EU and other governmental and stakeholder initiatives in the 90s (Georgantzi, 2018). The point of difference in active ageing policies across the three countries lies in their systems of governance. For example, Italy and Pakistan follow a decentralised system, where regions and provinces are autonomous and have dedicated regional and provincial framework laws. In contrast, Nigeria has a centralised governance system, where the role of civil society and NGOs is prominent at the regional level in ensuring the well-being of older adults. In Italy and Pakistan, regional laws ensure close coordination between departments and ministries such as Human Rights, Social Welfare, Health, and Education, as well as councils, offices, and stakeholders from civil society and the Third Sector within the territory.

Policy reforms in the three countries reflect different approaches to promoting active ageing, with governance structures significantly influencing the formulation and implementation processes. Unlike Nigeria, the regions of Pakistan and Italy possess autonomy that allows for more localised contributions to broader national policies. Reforms and policy implementation, both at central and regional levels, are based on traditional roles that emphasize promoting dignity and care, improving health and medical services, and ensuring social security, reflecting the prevailing discourse on active ageing. Several public departments, ministries, and non-state actors are actively involved in this process and have defined roles. Although in Italy, regional laws facilitate close coordination between government departments, councils, offices, and civil society, and third mission stakeholders, at the national level, there is a lack of a systemic vision that can support concrete interventions and strategies. In terms of competences for active longevity, Nigeria, Pakistan and Italy place limited emphasis on the potential of learning and educational processes during the transition phase, despite this being a crucial component in preparing for the transition

from work to retirement (Boulton-Lewis et al., 2017). The global framework like that of the WHO drives similarities, while differences emerge due to diverse demographic challenges, economic capacity, and level of policy development. While these policies align with the traditional discourse on active ageing, incorporating the pedagogical dimension through the LifeComp framework can enhance educational policies. This approach contributes to creating longevity paths that promote both psychophysical and socioeconomic well-being (Jenkins & Mostafa, 2015). The deployment of LifeComp-based pedagogical interventions for competence development will pose a challenge in low-income countries like Nigeria and Pakistan. However, these interventions can be promoted through the existing spaces for intergenerational learning (Rizvi Jafree et al., 2023).

In all three countries, active ageing services and support provision programmes are primarily focused on improving health, well-being, literacy, and civic engagement through both formal and informal structures. Integrated care models, including home care, day care, and recreational centres, address the comprehensive needs of older adults across these nations. The success of these programmes is largely attributable to the collaborative efforts of government entities, charitable organisations, and volunteers. However, active ageing programmes vary in their comprehensiveness and holistic approach across dimensions like health and well-being, lifelong learning opportunities, societal structures, research, and innovation. In Nigeria and Pakistan, health and education programmes primarily focus on treatment, raising awareness about chronic diseases, and promoting basic literacy. In contrast, Italy emphasizes physical exercise, mental stimulation, and social interaction. Institutions like the University of the Third Age, research initiatives such as AGE-IT, and civic participation programmes like ANTEAS in Italy exemplify a more holistic approach to active ageing.

Over the past 30 years, services and programmes have been developed and implemented in the three countries to cope with these demographic changes and an ageing population. Initiatives in areas such as health, basic literacy, and civic engagement have been introduced through formal and informal structures, supported by public and private entities. In Nigeria and Pakistan, programmes have been designed in a more prescriptive manner, where the elderly population is mainly dependent on initiatives that focus on deteriorating health, basic literacy, housing provision, and improving economic conditions. This approach often overlooks the multidimensional needs to support the transition period through a more comprehensive framework (Narushima et al., 2018). In Italy, the elderly benefit from a diversified care system that includes family support and public initiatives by third sector social cooperatives. These programmes focus more on aspects of health care and the social participation of the elderly person and not on longevity education. The similarities in active ageing services and programmes are due to a shared-focus and recognition of supporting the older population's health, wellbeing, literacy, and civic engagement influenced by the WHO ageing policy, while the differences can be attributed to the disparity in socio-economic conditions, healthcare infrastructure, and cultural-societal views on ageing. This situation calls for a shift in focus

and a redesign of these programmes to adopt a proactive rather than reactive approach. Adopting the LifeComp framework could be a valuable starting point for programme designers in fostering the longevity of the ageing population. This approach aims to unlock the embedded potential within competence development for active ageing, improving the financial, physical, and emotional well-being of older adults. Furthermore, it supports the mobilisation of transversal competences. Therefore, a balanced approach in programmes and service provision is crucial to simultaneously address health needs and competence development.

The active ageing competences shared by the three countries include physical and health competences, lifelong learning competences, social and civic competences, and employability competences, encompassing entrepreneurial, language, and financial management skills. The primary focus is on well-being and healthy living, with less attention given to developing competences that support the transition from active ageing to active longevity. Active ageing competences among older adults in Nigeria and Pakistan are primarily developed through a combination of governmental and NGO initiatives, as well as social, cultural, and religious spaces. These efforts focus on lifelong learning, digital, social, and economic competences. In contrast, Italy develops these competences through more structured programmes, such as the *National Strategic Plan for the Development of Adult Skills* (2021), which focuses on foreign language, environmental, legal, citizenship, arts and music, mathematical, and scientific competences.

Across the three countries, attention is directed toward competences that are relevant to health, social and civic engagement, and employability. The key reason for the similarities in active ageing competences lies in the focus to maintain an independent aged population that is meaningfully engaged and adapting to changing life circumstances. Physical and health competences ensure their wellbeing on the path of longevity, while lifelong learning fosters cognitive vitality and adoptability, social and civic competence promote community participation, and employability skills enhance financial security and purpose. The central aim is to enhance well-being and foster healthy living. The difference in competence arises from varying socio-economic structures, policy frameworks, and resource availability. Nigeria and Pakistan rely on informal initiatives due to limited governmental support, with NGOs, cultural, and religious spaces playing a significant role. Evidence suggests that these cultural spaces, coupled with localised support, foster intergenerational learning and aid in developing transversal competences (Rizvi Jafree et al., 2023). In Italy, a wide variety of initiatives are offered to develop competences such as environmental awareness, citizenship skills, scientific and mathematical skills, as well as music and artistic abilities through structured programmes. Although the competences for active ageing in all three countries are largely aligned with the LifeComp framework domains of personal, social, and learning-to-learn competences, there is significant potential to introduce pedagogical elements for developing these competences throughout the life cycle. Current evidence shows that competence development is often limited to specific age brackets (Schirmer et al., 2022), coinciding with reduced learning abilities.

Therefore, leveraging the broader scope of the LifeComp framework by integrating formal and informal learning spaces could ensure that competence development continues seamlessly throughout life.

CONCLUSION AND FUTURE PROSPECTS

The key lesson from this study, in analysing the discourse of active ageing across three levels and introducing the new category of “active ageing for longevity”, reveals that Italy, as a unique case of an ageing population, has adopted a multifaceted approach. This approach encompasses and engages academic and research institutions, communities, and service provision entities, exemplifying best practices. Similarly, the two developing, populous countries, Nigeria and Pakistan, significantly contribute to the ongoing debate on ageing by utilising cultural and religious spaces for intergenerational learning and competence development with support from local partners. Despite limited focus on a holistic approach for developing these competences, lifelong learning throughout the lifespan has the potential to challenge traditional and prescriptive notions of ageing effectively.

The introduction of this new category of active ageing for longevity from a pedagogical standpoint not only aims to support competences that were previously thought to develop during a period when the older population has fewer resources and lower capabilities but also seeks to enhance their re-employment opportunities in the labour market. It emphasizes the need for support that goes beyond health, safety, and social participation, taking into account the transition period from work to retirement and providing opportunities for lifelong learning and skills development through the use of the LifeComp framework. We propose the integration of the LifeComp framework into policy development, adult education programmes and collaborations between governments and local partners. This approach advocates the need to overcome the paradigm that sees older people as a problem and to be addressed only in welfarist terms, embracing instead the importance of the development of the human person from an early age and throughout life. For this reason, an active and shared involvement of politicians, researchers, the world of education, communities, and local stakeholders is necessary in order to generate a systemic and multidisciplinary vision towards longevity that takes into account real world conditions and is effective in improving the quality of life.

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