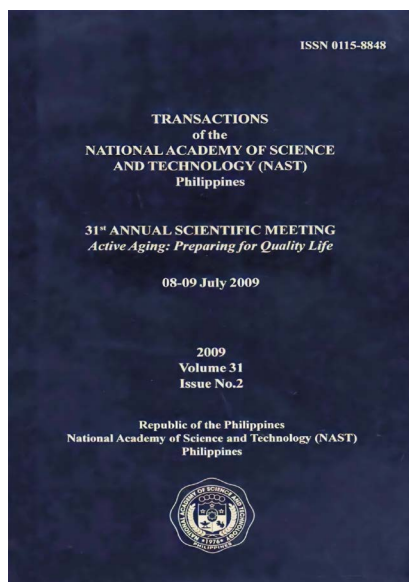


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## Active Aging: Preparing for Quality Life

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## **Keynote Speech**

### **Active Aging: Preparing for Quality Life**

Honorable Esperanza I. Cabral<sup>1</sup>

Cincinnatus was a Roman statesman who gained fame through his selfless devotion to the Republic in a time of crisis and for giving up the reigns of power when the crisis was over. In 458 BC, Cincinnatus was appointed dictator of Rome in order to rescue an army surrounded by enemies in a mountainous area in Italy. When the call to duty came up, he was found working in his small farm. He accepted the request of the Senate to lead the Roman Army. He defeated the enemy in a single day and celebrated a triumphant return to Rome. Cincinnatus maintained his authority only long enough to bring Rome to the emergency, a mere 16 days. He then resigned and went back to his farm. In this picture, Cincinnatus who is named such because of his curly hair, holds in one hand the fasces, symbol of power as appointed dictator of Rome. His other hand holds a plough as he resumed his work as a farmer. His immediate resignation of his authority at the end of the crisis has often been cited as an example of good leadership, service to the public good, and civic modesty. But that is not the point for bringing up Cincinnatus at this meeting. Cincinnatus is now a stuff of legend. He in fact went through this cycle of power and poverty twice. The second time he did this, he was 80. which brings us to our topic this morning on active aging and preparing for quality life.

It is indeed a pleasure to speak before a distinguished group of scientists who are highly involved in addressing the emerging issue of aging. I would like to acknowledge the presence of Secretary Estrella Alabastro of the DOST, Academician Emil Q. Javier, President of NAST, Academician Quintin Kintanar, chair of the NAST Medical Sciences division, our national

<sup>1</sup> Secretary, Department of Social Welfare and Development

scientists and the members of the country's scientific community who all are joining this morning's plenary session on active aging.

The renowned playwright George Bernard Shaw, candidly, if not whimsically, once said that we don't stop playing because we grow old; we grow old because we stop playing. This may immediately come to us as a statement that merely persuades people to keep from listlessness during old age. But the bigger grain of wisdom here is the rightful acknowledgement that old persons can still play an active role in society, contrary to the view that old age is synonymous to enfeeblement, to losing one's capacity to active contributions to society. This socially integrative viewpoint recognizes the material inputs of the elderly to national progress given that sustainable development requires participation from all sectors of society.

This precept becomes even more prominent in light of the findings of the World Health Organization, showing that the proportion of people who are 60 years old and over is growing at a rate faster than any age group. And at 2025, there will be about 1.2 B people worldwide over the age of 60, with 80% of them living in developing countries like the Philippines. The population of the senior citizens in the country is rapidly growing. And even at the slow population growth scenario of the NSO, by 2015 there will be a 100 M Filipinos, almost 9M of whom will be above the age of 60. There will be a slight advantage of women because the life expectancy of women is slightly longer than the life expectancy of men. But we are not the reason why the life expectancy of men is shorter.

A progressive response therefore to this emerging trend lies in our capability to ensure an environment that empowers older people by recognizing their human rights. Thus, the WHO defines active aging as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. As the definition states, the three pillars for a policy framework for active aging are participation, health, and security.

Among these pillars, the NAST and the rest of the science community will greatly contribute to the pillar of health but this is not to exclude the

contribution of the science community to the other two pillars of participation and security. This is perhaps the overarching principle behind active aging, which by our definition seeks to optimize opportunities in order to enhance the quality of life of people as they age. The development of an enabling environment for active aging is a multi-sectoral effort to address the various challenges of an aging population. These challenges include: consideration with respect to health, welfare, environment, economic and social standing, of older persons.

One of the major considerations is the physiological issue and possible disability that comes with old age. At present, the WHO attributes the vast majority of deaths and diseases during old age to non-communicable diseases. With cardiovascular disease, hypertension, and stroke is at the top three health risks followed by diabetes and cancer. In the Philippines, this is also quite true. These non-communicable diseases are among the ten leading causes of death of senior citizens with all forms of cardiovascular diseases accounting for 1547 deaths per 100,000 old people in the Philippines. This is followed by other conditions such as pneumonia, all forms of cancer, tuberculosis, chronic obstructive pulmonary disease, diabetes, gastrointestinal diseases, accidents and injuries, kidney diseases and infections.

There are of course other issues and concerns of the elderly, including education and you might be surprised why education is a concern at this very late age. If you look at the data, fully 50% of the elderly did not finish high school. And even though we say that almost 95% of them are literate, many of these people are not functionally literate. They had very little education and are now saddled with infirmities such as those that affect their eyes and ears.

Disability is an important issue among the elderly and nearly all the elderly have one kind of disability or another. Almost 60% have problems with vision, 40% with hearing, and many more have multiple impairments. I am glad that active aging is being taken up by members of the scientific community because an empirical assessment of their risk factors endemic to our country could be further explored and could be the basis of interventions suited for Philippine conditions.

DSWD categorizes senior citizens according to: 1) those who can perform their activities of daily living by themselves and who still can contribute and participate in community and family affairs; 2) those senior citizens who are in need of minimal assistance in the performance of their activities of daily living; and 3) those who are in need of more serious and long term care and are fully dependent to others for their activities of daily living and for those who are in need of care. Our interventions can be directed towards these for functional categories of senior citizens.

Cross cutting through these particular categories is the issue of poverty that certainly affects whether the senior citizen is going to be active or will be at high risk of certain things that will not allow in aging actively. Inequity is an important problem of the poor of all ages, not just the elderly but especially the elderly who suffer more from disabilities and early death. The rich-poor gap has been increasing in all parts of the world including the Philippines and the failure to address this has serious consequences for global as well as national economies.

Ensuring social protections for older persons, real government programs and a responsive legal framework is an essential component to our approach towards active aging which can directly benefit from these scientific and technological breakthroughs. The year 2025 is drawing near. The WHO predictions indicate that we must now be working double time in our nation's own world map towards active aging. I congratulate the NAST on its 31<sup>st</sup> ASM and for making this conference possible. This year's theme 'Active Aging Preparing for Quality Life' is both timely and an important session as these further enrich our body of knowledge concerning enhancing the quality of life of older people in our country.

Growing old is good but being debilitated in old age is not. It was once said that the lives of men should not taper to the darkness like the fading embers of the day. It should be ended as Ghandi and Cincinnatus did, as brilliant as those of celestial giants we see in our nighttime skies reverberating through history, eons from now.