

AGEISM ATTITUDE TOWARDS ELDERLY: YOUNG PERSPECTIVE

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Abstract:

Aim: To find out what young people think about ageism.

Methods: Cross-sectional descriptive design study, conducted with 78 community-dwelling young people (aged 18–25 years). Socio-demographic questionnaire and Ageism Attitude Scale (three subscales, high scores indicating positive attitude, max.115) were used for data collection.

Results: Young people's views regarding ageing and ageism were found to be positive, as seen by the scale's mean score of 81.58.9. There was a considerable difference between the scores of young unmarried persons and young married people. If you intend on living with your parents when you become older, you'll earn a better score than if you don't plan on doing so ($p < 0.05$).

Conclusion: To maintain favourable views about the elderly and ageing, programmes aimed at educating youngsters about ageing are needed.

Keywords: Aged, ageism, attitude, nursing, young people, cross-sectional study

Introduction:

Life expectancy has increased significantly in recent decades, which has resulted in an ever-increasing fraction of the world's population becoming older (Population Reference Bureau 2015). Elderly people and their families face additional difficulties as a result of the current trend toward "population ageing" (WHO 2015). Health care use and delivery, social service organisation and finance, care for the elderly within the family, social support and compliance with the ageing process, and financial assistance for senior populations are all projected to face these issues in the future (WHO 2015).

A society's attitudes of the elderly are heavily influenced by the experiences of the elderly and their family.

Actions and attitudes toward the elderly vary as a person ages (Cilingiroglu & Demirel 2004; Akdemir et al 2007). Societal attitudes regarding old age are heavily impacted by a person's age, prior experiences, cultural beliefs, values, and educational background (Akdemir et al 2007). The majority of Western nations and certain African countries view the elderly as ill, sceptical, and conservative (Musaiger & D'Souza 2009; Okoye & Obikeze 2005), but many Eastern civilizations view the elderly as wise, open-minded, tolerable, experienced, and in a position of authority.

When society views old age negatively, it results in ageism and other forms of discrimination in the workplace and in society. prejudice on the basis of one's chronological age The term "ageism" refers to discrimination based on an individual's or a group's age in one's beliefs, behaviours, and institutional structures (Palmore 1999). According to recent research, as one becomes older, one's outlook on old age tends to improve (Hweidi & Al- Obeisat 2006). People who are just entering the workforce may find themselves working with the old on a regular basis, or perhaps performing tasks directly connected to the care of the elderly. As a result of people's misconceptions and attitudes regarding the elderly, it is possible that the way people interact with the elderly, as well as the services they get, are harmed (Gething et al 2004). National development plans should take into account the aspirations of the elderly in the country's young in order to achieve a realistic national development plan and a successful execution. Nurses are key participants in the fight against ageism, thus it's critical to know how communities see the old in order to have a better knowledge of society and implement suitable programmes and methods (WHO 2015; Akdemir et al 2007).

Young individuals living in a community were surveyed about their opinions about ageism and the variables that influence such sentiments.

Methods Design and setting:

It was the goal of this cross-sectional study to identify the views of community-dwelling young people about ageism and the associated attitudes. Researchers studied the Bademlidere neighbourhood of Ankara between April 10 and May 15 of this year. Each interview lasted 20–25 minutes and took place at the participant's home in a relaxed setting. Face-to-face interviews were used to gather the information needed for this study. Prior to the start of the investigation, we received written clearance from the nursing school administration and informed consent from the study participants. The findings of this research were informed by the Helsinki Declaration.

Setting and samples:

A total of 78 community-dwelling young adults between the ages of 18 and 25 were included in the study through the convenience sampling approach. As of 2012, 288 of the district's total population were aged 18-25, according to the districts' population and citizenship affairs department's estimates.

Records of the department). Participants had to be between the ages of 18 and 25 years old, not have any communication issues, and be ready to take part in the research. The participants in this study were all women, despite the fact that the study was supposed

to cover both genders between the ages of 18 and 25. Because male participants were at work, while female participants were at home, this resulted in a lack of male volunteers in the study. Data were collected from all eligible participants who were at home and available during the study's data collecting period.

Measures

The Ageism Attitude Scale (AAS) and a sociodemographic questionnaire were used to collect data. It had a total of 21 questions regarding the socio-demographic features of young people and their experience of living with and caring for the elderly.

In 2011, Vefikulucay Ylmaz and Terzioglu created the AAS to measure young people's (aged 18–25) attitudes toward ageism. Negative ageism, positive ageism, and the restriction of old people's lives comprise the three subscales of the scale, which has 23 items. The Likert scale is used to rate the scale items. Negative attitude sentences 1, 3, 5, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22 were included in the list of examples.

Coded in the opposite direction of what it should be. The scale went from a maximum of "115" to a minimum of "23." Positive views toward ageism are indicated by higher scale scores, whilst negative attitudes are indicated by lower scale scores. There was a correlation between higher scores on the AAS subscales, "restricting the lives of aged," "positive ageism" (min: 8; max: 40), and "negative ageism" (min: 6; max: 30), and lower values indicated more unfavourable views toward ageism (Vefikulucay & Terzioglu 2011).

Data analysis

Windows-based SPSS version 16.00 was used to do the statistical analysis of the data. In order to compare two groups, we employed descriptive statistics and Mann-Whitney U tests, whereas in order to compare three or more groups, we utilised the Kruskal-Wallis H test (Kolmogorov-Smirnov test for AAS $Z=0.709$, $p<0.05$). While the participants' socioeconomic status was employed as an independent variable, dependent variable was the AAS score. We defined statistical significance as being less than 0.05 for all of the tests we ran.

Results

General characteristics of participants

Every participant was a female, with an average age of 22.42.2 (ranging from 18 to 25 years old); 56.4% were single, with 48.7% having completed at least their elementary school education. Nearly three-quarters of those surveyed (73.1%), 52.6 percent of those surveyed (52.6%), and 87.2 percent of those surveyed (87.2%) were all healthy. Of those who took the survey, 15% said they were part of an extended family, and 43 said they were presently or previously living with an elderly family member (Table 1).

General characteristics of the elderly individuals living with the participants

53.3 percent of those who said they were presently or previously shared a residence with an older relative said they did so because of the care needs of the elderly. This group included participants' grandparents, fathers and grandfathers, mothers and daughters-in-law, grandparents-in-law, parents and other family members (2.4%). At least one chronic condition was present in 38.9 percent and 40.6 percent of the elderly living with their families had to rely on others to perform everyday tasks (Table 2). 54.7 percent also have issues such difficulty walking (21.7 percent) and eyesight issues (26.1 percent). There was a 44.3641.9-month median time period for care, which includes help with food and movement (respectively 31.5 percent, 31.5 percent). Relatives, most likely siblings, supported all participants who cared for an elderly family member (45.4 percent).

Attitudes of participants towards aging and ageism

Compassion (65.4 percent), sickness (56.4 percent), loneliness (47.3 percent), sluggishness (42.3%), childishness (37.2 percent), wisdom (34.6 percent), and dependency were some of the more common adjectives people used to describe old age (28.2 percent), Commitment (26.9%), contentment (23.1%), cognitive decline (17.9%), despair (14.1%), and social isolation are all high on the list (3.8 percent). The vast majority of participants (78.2%) reported that they were satisfied with the results.

in the future because of strong family ties (37.1 percent), personal responsibility (20.7 percent), and an urgent need for care (24.1 percent); while 17.9 percent said they don't want to live with their parents because of privacy concerns (70 percent), conflicting views and opinions, and other factors (30 percent). Ageism was positively viewed by participants as evidenced by their AAS mean scores of 81.58.9. "Restriction of old life," "positive ageism," and "negative ageism" had mean scores of 33.34.4, 26.54.2, and 17.43.8 on the AAS, indicating favourable sentiments in each of these dimensions (Table 3).

Participants with higher mean scores and more positive views than the other groups ($p<0.05$) were those between the ages of 21 and 25, university graduates, who indicated that their income was equivalent to their costs and who had a chronic ailment. There was a statistically significant ($p=0.003$) difference in mean AAS scores between single and married persons (Table 4). While singles had higher mean scores than married people, these differences were determined to be statistically significant ($p=0.003$), participants in the 21–25 age range had higher mean scores on the "restricting senior life" subscale than those aged 20 or under. Scores on this subscale rose considerably with schooling ($p=0.033$), as well (Table 4). Positive ageism was shown to be more prevalent in singles than in married people ($p=0.004$), and ratings rose considerably with increasing levels of education and wealth ($p=0.045$ and 0.005 , respectively) (Table 4). There was no significant difference between the mean AAS scores of participants who now lived with old people and those who did not. There was a noticeable difference in opinions among those who had previously lived with an elderly family member. AAS mean scores were substantially higher ($p=0.022$) among those who planned to live with their elderly parents

in the future than among those who did not expect to do so. Participants who had a chronic ailment, cared for the aged, and cared for the elderly for 45 months or longer showed more favourable attitudes regarding ageism (Table 5).

Table 1 Descriptive Characteristic of the Participants

Characteristics (n)	n	%
Age (22.4±2.2) (min:18; max:25)		
20 years or below	16	20.5
21-25 years	62	79.5
Marital status		
Married	34	43.6
Single	44	56.4
Educational level		
Primary school	36	48.7
High school	23	29.5
University	17	21.8
Income status		
Less than expenses	31	39.7
Equal to expenses	41	52.6
Higher than expenses	6	7.7
Diagnose with chronic diseases		
Yes	10	12.8
No	68	87.2
Family type		
Nuclear family	66	84.6
Extended family	12	15.4

Table 2 Characteristics of the Elderly Individuals Living with the Participants

Characteristics (n)	n	%
Closeness		
Grandmothers	19	46.3
Grandfathers	12	26.3
Mothers-in-law	7	17.1
Parents	2	4.9
Other relatives	1	2.4
Diagnose with chronic diseases		
Yes	14	38.9
No	22	61.1
Dependent on others for activities of daily living		
Yes	13	40.6
No	19	59.4

Table 3 Ageism Attitude Scale and Subscale Scores (n=78)

Total Score of AAS (mean±SD)	81.5±8.9
Subscales of AAS (mean±SD)	
Restricting the Life of the Elderly	33.3±4.4
Positive Ageism	26.5±4.2
Negative Ageism	17.4±3.8

AAS, The Ageism Attitude Scale; SD, Standard Deviation

Discussion

People's attitudes and behaviours toward the elderly have changed as a result of shifts in the socio-demographic structure of society and issues faced by the aged and their family (Cilingiroglu & Demirel 2004; Akdemir et al 2007). Negative views of ageing and attitudes toward the elderly were prevalent in the early studies on the subject (Haight et al 1994). In a prior research, similar concepts like disease, loneliness, and dependency were also brought up (Kotzabassaki et al 2020). Another research in Nigeria looked at people between the ages of 15 and 30 and found that the elderly were described as "childish," "diseased," "conservative," and "sceptical" by the writers (Okoye & Obikeze 2005). People's top six conceptions of old age included phrases like compassion (65.4 percent), sickness (56.4 percent), loneliness (42.3 percent), frailty (42.3 percent) and dependency (37.2 percent). These findings are consistent with national and international studies (28.2 percent). There may be a link between these results and aging's physiological changes, an increase in chronic illnesses, and an increase in reliance on daily living tasks.

In spite of their unfavourable opinions regarding ageing, participants were shown to have more positive sentiments toward ageism. This upbeat outlook on life was attributed to shifting cultural perceptions in Turkey about old age. It's no longer expected to show respect for aged, listen attentively and abide by what they have to say, or take a position for the elderly. Studies in the past have found evidence of both.

thoughts both positively and negatively toward the elderly and the ageing population (Hweidi & Al-Obeisat 2006; Alsenany 2016; Prudent & Tan 2002; Soderhamn et al 2001; Wang et al 2009). When it comes to attitudes about the elderly, eastern countries tend to have a more favourable outlook (Hweidi & Al-Obeisat 2006; Alsenany 2016; Wang et al 2009), but western societies are more prone to have negative views of the elderly (Prudent & Tan 2002; Soderhamn et al 2001). Usta et al. (2012) reported an AAS total score of 84.017.61 for our nation, but Ylmaz and Ozkan (2010) claimed an AAS mean score of 100.925.62. According to Ylmaz & Ozkan (2010), the favourable findings can be attributed to Turkish society's retention of Eastern cultural norms surrounding traditional family structure, in which older individuals are highly regarded and appreciated. Analysis of AAS mean scores by socio-demographic factors showed that participants in the 21–25-year-old age group, university graduates, reported income levels equivalent to costs, and with chronic conditions had higher mean scores and more positive attitudes than other groups (p.05). According to Okoye and Obikeze (2005), people with greater education have a more favourable outlook on the elderly. Hweidi and Al-Obeisat (2006) found that older students, men, and those with more experience had more favourable sentiments about the elderly, but students with higher incomes had more negative attitudes toward the elderly. Women have also been found to have more favourable views about the elderly in the past (Hweidi & Al-Obeisat 2006; Alsenany 2016; Wang et al 2009). Furthermore, singles had a more favourable attitude toward the elderly than married adults (p0.05). Housewives who have to care for their families may be to blame for this finding.

Other potential outcomes. Those who are married may have a more unfavourable view of the elderly as a result of this.

Those who cared for the elderly with activities of daily living and those who had been providing care for 45 months or more had a more positive view of ageism than those without a chronic condition. We can explain these findings in part by the fact that all of our participants were female and that Turkish society places a high importance on aiding the elderly and those in need of assistance. Researchers observed that people who still had one or both of their parents living, as well as those who were prepared to move back in with their parents in the future, scored considerably higher on the AAS, indicating a more favourable attitude toward the aged (p0.05). More favourable opinions about older folks were observed among those who planned to live with their parents in the future, according to Usta et al (2012). Ylmaz & Ozkan (2010) and Vefikulucay & Terzioglu (2011) both found that students who wished to help their elderly parents in old life had more favourable sentiments about the elderly than students who did not. According to popular belief, this arose as a result of Turkish society's great emphasis on upholding traditional family values.

Due to worries about privacy, respondents in our poll claimed that they would not be willing to live with their parents (70 percent). Participants in a research by Ylmaz and Ozkan (2010) stated that they did not want to live with their parents because it would generate chaos in the home (42.1 percent). The following explanations were given by participants in another study: "I like to live alone" (45.9%), "I feel it is reasonable to live in separate residences" (38.5%), and "I do not want them to interfere with my life" (15.6%). (Prudent & Tan 2002). "Wishing to enjoy freedom" and "seeing parents as a burden" are two more reasons given in earlier research for not wanting to live with parents (Guvenc et al 2012).

Conclusion:

Participants had a favourable view of ageism and were more inclined to: be pessimistic about your own ageing process. People with a high level of education and money, as well as those who plan to live with their families in the future, were more likely to have favourable opinions about their lives. Educating youngsters about the ageing process, as well as the experiences of older people, is an important first step in ensuring that future generations have a good view of the elderly. In addition, the government should take steps to prohibit or prevent age discrimination, including legislation and policy at the national level.

Limitations of the Study:

A small group of women residing in the village participated in the study. It was possible to make conclusions about society because of our sampling from the community, but our results could not be generalised to other groups because of the small sample size and gender of participants.

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