

Jacobs Journal of Community Medicine

Research Article

Determining the Attitudes of University Students Towards Ageism; Manisa, Turkey

Saliha Ozpinar^{1*}, Safak Taner²

¹Celal Bayar University, Medical School, Manisa, Turkey

²Ege University, Faculty of Medicine, İzmir, Turkey

*Corresponding author: Dr. Saliha Ozpinar, Celal Bayar University, Medical School, Tel: 90 232 390 20 66;

Email: salihaozpinar@gmail.com

Received: 09-28-2015

Accepted: 10-19-2015

Published: 11-05-2015

Copyright: © 2015 Ozpinar

Summary

Background

These days, older people face discrimination in most countries around the world. This discrimination results from the negative attitudes towards older people and ageing of society, family members and especially young people. The aim of the study was to determine ageism and its causative factors among students at Celal Bayar University.

Methods

This was a cross-sectional descriptive study. The study population comprised undergraduate students studying in the 2011-2012 academic year at Celal Bayar University (n=17,303). The sample size was determined to be 752 at the 95% confidence level for a 0.05 level of significance with 50% prevalence. A sociodemographic information form and "Ageism Attitude Scale" (AAS) were used in the gathering of data.

Results

88.4% (n=672) of study participants were aged 19-24. 64.3% (n=489) were female. 65.4% (n=497) had experience of living with an older person. Those aged 18 or under and those who were married or cohabiting did not think that being elderly restricted social life. Those aged 25 or above, those whose mother had an education of 8 years or under and those with experience of living with the elderly had more positive attitudes towards old age than the others. Nevertheless, those who were married or cohabiting still had a more negative attitude than the others.

Conclusion

The study determined that young people had a positive attitude towards older people.

Keywords: Ageism; Attitude; Students

Introduction

With increases in life expectancy and decreases in birth rates, the world's population has been ageing rapidly over the last 50 years. While in 1950, 8% of the world's population were aged 60 and over, in 2009 5% were aged 65 and over. It is predicted that in 2050, 22% of the world's population will be aged 60 and over, while 16% will be aged 65 and over [1]. In Turkey too, the proportion of older people in the total population is increasing slightly every year. According to the results of the 2000 census, 7% of the total population were elderly, while this proportion is expected to be 11.4% in 2015 [2]. With the increase in the older population both in the world and in Turkey, the importance of problems relating to this older population is also increasing [3].

Although ageing is a subject concerning individuals, the increase in the older population is a matter concerning society. For an older person to overcome the problems of ageing and accept old age, to see themselves as an individual still loved, cared about and respected by society and to live a healthy, happy and satisfying old age, the support, security, love and attention provided by the family in particular are of the utmost importance [4]. Therefore, with regards to solving the problems of old age too, it is necessary to approach the subject as a society and produce solutions at a societal level [5]. It is necessary for societies to have a positive point of view towards older people, and to see old age not as a disaster, but as a natural process. Accordingly, in order to find out the reasons for negative attitudes developed by societies towards old age and how these attitudes may be made more positive, an examination of "ageism" is necessary [6].

The term "ageism" was first used in 1969 by Robert Butler, the director of the American National Institute on Aging [7]. Gerontologist Robert Butler defined ageism as discrimination towards older people; as an ideology which could turn into action, like racism and sexism. Ageism is a term which is expressed through prejudice, attitudes and behaviour towards older people. However, the concept of "ageism" is different from other types of discrimination. Individuals who display racist or sexist attitudes and behaviour are sure that their own race or sex will not change. However, individuals who have negative attitudes towards older people and ageing know that as the life cycle progresses, they too will age and as long as they do not die young, will pass through all the age groups [6].

The aim of the present study was to determine ageism and its causative factors among students at the University located in Manisa the transition from traditional to modern life.

Materials and Methods

This was a cross-sectional descriptive study. The data were collected between 20/02/2012 and 01/06/2012. The study

population was undergraduate students studying in the 2011-2012 academic year at Celal Bayar University (n=17,303) [8]. The sample size was determined to be 752 at the 95% confidence level for a 0.05 level of significance with 50% prevalence. The sample was selected in three stages. In the first stage, four institutes/faculties were selected at random from the undergraduate level institutes and faculties at Celal Bayar University. In the second stage, one department was selected at random from each institute/faculty and in the final stage it was decided that one class would be selected at random from the classes in each department (classes were determined at random for each year group).

In order to be able to carry out the research, approval was obtained from the Celal Bayar University Medical Faculty Ethics Committee (approval date and number: 18/04/2012, No. 153). Before data collection, permission was first obtained from the institutes/faculties where data were to be collected. In addition, the aim of the study was explained to the students, consent was obtained from every individual participating in the study and those who agreed to take part were included in the study.

A sociodemographic information form, personal information and "Ageism Attitude Scale" (AAS) were used in the gathering of data. The sociodemographic information form included questions about students' age, year group, number of siblings, high school, birthplace, place where they grew up, evaluation of their family's income status, family type, and their parents' educational level and occupation. In addition, with an open ended question was asked students' experiences of living with older people.

The Ageism Attitude Scale (AAS) was developed by Vefikuluçay ve Terzioğlu⁹ and is a 23 item, 5-point likert scale with the options of "Definitely Disagree", "Disagree", "Undecided", "Agree" and "Completely Agree", which has been tested for validity and reliability. The Cronbach Alpha Reliability Coefficient of the scale has been found to be 0.80. The scale includes positive and negative attitude statements. The positive attitude statements are scored as follows: Completely Agree = 5, Agree = 4, Undecided = 3, Disagree = 2 and Definitely Disagree = 1. The negative attitude statements regarding ageism are scored in the opposite way. The maximum possible score on the scale is 115 and the minimum is 23. As the scores on the scale increase, so do positive attitudes towards older people. The Ageism Attitude Scale comprises three subscales, as follows:

Restricting Life of the Elderly

The beliefs and perceptions of society about restrictions in the social lives of older people. The maximum score on this dimension is "45", while the minimum is "9".

Positive Ageism

The positive beliefs and perceptions of society about older people. The maximum score on this dimension is “40”, while the minimum is “8”.

Negative Ageism

The negative beliefs and perceptions of society about older people. The maximum score on this dimension is “30”, while the minimum is “6” [9].

Statistical analyses were performed using SPSS 15.00. Student t-tests and ANOVA statistical tests were used to evaluate the relationship between each independent variable; age group, sex, grade group, marital status, mother's education, father's education, place of longest residence, type of family, experience of living with an older person and the results of the ageism attitude scale. Multiple regression analysis was used to evaluate the independent variables for which statistically significant differences had been found.

Results

88.4% (n=672) of study participants were aged 19-24. 64.3% (n=489) were female. 65.4% (n=497) had experience of living with an older person (Table 1).

Table 1. The sociodemographic features of the participants

Sociodemographic Features	N	%
Age group		
18 years and under	51	6.7
19-24 years	672	88.4
25 years and over	37	4.9
Sex		
Female	489	64.3
Male	271	35.7
Marital Status		
Single	699	92.0
Married	27	3.6
Cohabiting	34	4.5
Faculty/Institution		
Applied Sciences	213	28.0
Institute of Physical Education and Sport	140	18.4
Institute of Health	154	20.3
Faculty of Arts and Sciences	253	33.3
Year group		
1st year	193	25.4
2nd year	220	28.9
3rd year	179	23.6
4th year	168	22.1
Mother's education		
Primary education and higher	428	56.3
Lower than primary education	332	43.7
Father's education		
Primary education and higher	556	73.2
Lower than primary education	204	26.8
Place of longest residence		
City	401	52.8
Town	280	36.8
Village	79	10.4
Number of siblings		
>3	558	73.4
3 or more	202	26.6
Type of family		
Nuclear family	571	75.1
Extended family	149	19.6
Broken family	40	5.3
Experience of living with an older person		
Those with experience	263	34.6
Those without experience	497	65.4
Total	760	100.0

The mean score, standard distribution and range for the “Restricting Life of the Elderly” subscale of the AAS were 22.5 ± 4.8 (min: 10- max: 38); for the “Positive Ageism” scale these were 29.1 ± 5.6 (min: 8- max: 40); for the “Negative Ageism” scale they were 18.9 ± 3.3 (min: 7- max: 29) and for the total AAS score they were 70.6 ± 8.0 (34-95).

Table 2 gives the comparisons between some of the socio-demographic features of participants and their AAS scores. According to this, scores on the “Restricting Life of the Elderly” subscale of the AAS were better among the 18 and under age group compared to the 19-24 and 25 and over age groups, better among 1st and 2nd year students compared to 3rd and 4th year students and better among married or cohabiting students compared to single students. Scores on the “Positive Ageism” subscale of the AAS were better among those aged 25 and over compared to those aged 18 and under or 19-24, better among 3rd and 4th year students compared to 1st and 2nd year students, better among those whose mother's education was lower than primary education compared to those whose mother's education was at primary level or higher and better among those with experience of living with an older person compared to those without this experience. Scores on the “Negative Ageism” subscale of the AAS were better among those who were married or cohabiting compared to those who were single. No statistically significant relationship between the sociodemographic features of participants and total AAS scores was found.

Table 2. Some of the sociodemographic features of participants and their AAS scores

Variable	N	Restricting Life of the Elderly	Positive Ageism	Negative Ageism	Total AAS
Age group					
18 years and under	51	23.9±5.3	27.9±5.5	18.9±3.5	70.8±8.6
19-24 years	672	22.5±4.8	29.1±5.6	18.9±3.2	79.6±7.9
25 years and over	37	20.7±4.1	31.4±6.0	18.8±3.6	71.0±9.9
p*		0.009	0.015	0.993	0.948
Post-hoc****		a>b= c	a=b >c		
Sex					
Male	271	22.7±5.1	28.8±5.9	18.9±3.5	70.4±8.4
Female	489	22.4±4.7	29.3±5.5	18.9±3.1	70.8±7.8
p**		0.533	0.237	0.851	0.594
Grade group					
1-2	413	23.1±4.9	28.3±5.6	18.7±3.2	70.2±8.0
3-4	347	21.8±4.6	30.2±5.5	19.1±3.3	71.2±8.1
p**		0.000	0.000	0.052	0.099
Marital Status					
Single	699	22.4±4.8	29.2±5.5	18.8±3.3	70.5±8.0
Married or cohabiting	61	23.7±4.8	28.3±6.6	20.0±3.2	72.0±8.5
p**		0.048	0.204	0.006	0.183
Mother's education					
Primary education and higher	428	22.7±5.0	28.6±5.6	19.0±3.3	70.4±7.9
Lower than primary education	332	22.5±4.7	29.8±5.6	18.8±3.3	70.9±8.1
p**		0.136	0.003	0.461	0.384
Father's education					
Primary education and higher	556	22.6±4.9	29.0±5.6	18.9±3.2	70.5±8.0
Lower than primary education	204	22.2±4.6	29.7±5.6	18.9±3.3	70.9±8.0
p**		0.359	0.136	0.909	0.588
Place of longest residence					
City	401	22.4±5.0	28.9±5.7	18.8±3.4	70.2±8.3
Town	280	22.7±4.7	29.3±5.8	19.0±3.2	71.1±8.0
Village	79	22.3±4.3	30.2±4.7	18.7±3.2	71.3±6.5
p*		0.783	0.149	0.688	0.300
Experience of living with an older person					
Those with experience	263	22.4±4.8	30.0±5.7	18.7±3.2	71.2±7.8
Those without experience	497	22.6±4.8	28.7±5.5	19.0±3.3	70.4±8.1
p**		0.614	0.004	0.332	0.172

*One Way ANOVA; **Student T-Test; ***Kruscall Wallis Test; ****Bonferroni

In Table 3, the independent variables for which statistically significant differences had been found in the single tests have been evaluated with multiple regression analysis. According to this, scores on the AAS subscale "Restricting Life of the Elderly" were affected by age and marital status, those on the "Positive Ageism" subscale by year group, mother's education and experience of living with an older person, and those on the "Negative Ageism" subscale by marital status. Total AAS scores were not included in the analysis as no significant differences between total AAS scores according to single sociodemographic variables had been found (Table 3).

Table 3. Some of the sociodemographic features of participants and their AAS scores; multiple regression

AAS	β	t	p	R ²	F	p
Restricting Life of the Elderly						
Age	-0.182	-5.084	0.000	0.38	14.947	0.000
Marital Status	0.089	2.475	0.014			
Positive Ageism						
Age	0.127	3.549	0.000	0.44	11.536	0.000
Mother's education	0.077	2.119	0.034			
Experience of living with an older person	0.125	3.471	0.001			
Negative Ageism						
Marital Status	0.099	2.740	0.006	0.10	7.509	0.006
Total AAS*						

Variables included in the model: Restricting Life of the Elderly: age, year group, marital status; Positive Ageism: age, year group, mother's education, experience of living with an older person.

Discussion

In the present study, it was found that university students had a positive attitude towards older people. There are many international studies in the literature which show that university students have positive attitudes towards older people [10-17] and studies in Turkey [18,19]. The results of the present study are in accordance with the literature.

These days, older people face discrimination in most countries around the world. This discrimination results from the negative attitudes towards older people and ageing of society, family members and especially young people [11,17,19]. Accordingly, in order to eliminate all kinds of discrimination and exclusion of disadvantaged groups and older people, the awareness of individuals should be raised by ensuring mutual support between generations in social, economic and cultural areas, particularly in education [4]. Therefore, it is important to determine the attitudes towards ageism of young people, who will become the older people of the future. Research into this subject will provide us with two important benefits. The first is to ensure positive attitudes in the young towards older people by determining their attitudes towards the older people

of today and their causative factors. The second important benefit is that determining the attitudes of the young people of today towards ageing guides us on the subject of what we need to do to enable them to be happy older people in the future.

In the present study, it was determined that age was an important variable in attitudes towards ageism. As age increased, scores on the "Restricting Life of the Elderly" subscale of the AAS decreased and positive ageism increased. This may indicate that as age increases, the young can empathise more easily with older people and try to understand them, and as a result, there is a positive change in the viewpoints of individuals towards old age. It is also stated in the literature that as age increases, positive attitudes towards older people increase [11,19,20,21]. The results of the present study are in accordance with the literature.

In the present study, marital status had an effect on positive and negative ageism. It was determined that compared with single people, those who were married or cohabiting displayed more positive ageism and less negative ageism. There are also studies in the literature which report that married individuals have more positive attitudes towards old age [22]. However, since the question of marital status has not been asked in studies done with students, no comparison can be made with the literature. An explanation as to why among young people, those who are married or cohabiting have more positive attitudes towards old age could be that when starting a family, relationships with parents, who are older, become stronger and therefore they understand them better.

The present study determined that mother's education had an effect on positive ageism. It was determined that students whose mothers had less than primary education had more positive ageism than those whose mothers had primary education and higher. This could be explained by the fact that families with lower levels of education are more tied to traditional roles. In traditional Turkish roles, showing respect to older people, serving them and meeting their needs are important and in the family, older people have the most important voice. There are also studies in the literature which show that individuals whose parents have a low level of education have more positive attitudes towards older people [9,19].

It was determined in the present study that the other variable which was important in the exclusion of older people was experience of living with an older person. Experience of living with an older person decreases negative ageism. In the literature, it has been stressed that good communication with older people plays an important role in determining attitudes towards older people. Furthermore, it has also been determined in the literature that people who are emotionally close to older people have fewer negative attitudes to old age [10,21,22,23]. While childhood experience of living with the elderly ensured positive attitudes towards older people among the younger

participants, the fact that those who were married or cohabiting had negative attitudes towards older people is an important finding. The reason for this may be that in traditional Turkish culture, the parents of married men and women have the authority to interfere with the family and that this has a negative effect on the attitudes of married individuals towards older people. However, it would be appropriate to investigate this relationship with qualitative research.

Conclusion

Those aged under 18 did not think that being older restricted life. Having childhood experience of living with an elderly person and having a mother with less than 7 years of education were associated with positive attitudes towards older people. Although married individuals did not think that being older restricted life, they had negative attitudes towards old age. Living with family elders during childhood, low levels of maternal education and older people interfering with the married couples they live with can all be results of traditional Turkish family structure. Traditional family structure may produce both positive and negative results. However, it would be appropriate to investigate this relationship with qualitative research. It is thought that regarding increasing the positive attitudes towards old age of university students, integrating subjects related to old age into the education given at these institutions, and organising symposia and panel discussions related to this subject may have positive effects on attitudes towards ageism.

References

1. World Health Organization. Active Ageing: A Policy Framework. Geneva, Switzerland: World Health Organization; 2002.
2. Turkey Statistical Institute Address Based Population Registration System 2008 Census Results. 2009.
3. Altıparmak S, Altıparmak O. Drug-using behaviors of the elderly living in nursinghomes and community-dwellings in Manisa, Turkey. *Arch Gerontol Geriatr*. 2012, 54(2): 242-248.
4. Diker J, Etiler N, Yıldız M, Mustafa YILDIZ, Besim ŞEREF. Association between cognitive status and activities of daily living, life quality and some demographic variables in older than 65. *Anadolu Psikiyatri Derg*. 2001, 2(2): 79-86.
5. Çilingiroğlu N, Demirel S. Aging and ageism *Turk Geriatri Derg*. 2004, 7(4): 225-230.
6. Elizabeth P, Georgia J, Susannah J, Teaster PB, Wangmo T. WorldView Environmental Scan on Elder Abuse. *J Elder Abuse Negl*. 2010, 22(1-2): 164-179.
7. Polat U1, Karadağ A, Ülger Z, Demir N. Nurses' and physicians' perceptions of older people and attitudes towards older people: Ageism in a hospital in Turkey. *Contemp Nurse*. 2014, 48: 88-97.
8. Undergraduate students studying in the 2011-2012 academic year at Celal Bayar University. Available at bayar.edu.tr. Accessed :26 September, 2012.
9. Vefikuluçay D, Terzioğlu F. Development and Psychometric Evaluation of Ageism Attitude Scale Among The University Students. *Turk Geriatri Derg*. 2011, 14(13): 259-268.
10. Deary IJ, Smith R, Mitchell C. Geriatric medicine: Does teaching alter medical students' attitudes to elderly people? *Med Educ*. 1993, 27(5): 399-405.
11. Edwards MJ, Aldous, IR. Attitudes to and knowledge about elderly people: A comparative analysis of students of Medicine, English and Computer Science and their teachers. *Med Educ*. 1996, 30(3): 221-225.
12. Ehrlich, AR, Burton, W, Greenberg D. Positive attitudes of first year medical students towards older persons. *J Am Geriatr Soc*. 2003, 51: 627-635.
13. Fitzgerald JT, Wray LA, Halter JB, Williams BC, Supiano MA. Relating medical students' knowledge, attitudes, and experience to an interest in geriatric medicine. *Gerontologist*. 2003, 43(6): 849-855.
14. McKinlay A, Cowan S. Student nurses' attitudes towards working with older patients. *J Adv Nurs*. 2003, 43(3): 298-309.
15. Wilkinson, TJ, Gower S, Sainsbury, R. The earlier, the better: the effect of early community contact on the attitudes of medical students to older people. *Med Educ*. 2002, 36(6): 540-542.
16. McConatha JT, Hayta V, Rieser DL. Loretta, Polat. Turkish and U.S. attitudes toward aging. *Educ Gerontol*. 2004, 30(3): 169-183.
17. Reed J, Cook M, Cook G, Pamela Inglis, Charlotte Clarke. Specialist services for older people: issues of negative and positive ageism. *Ageing Soc*. 2006, 26(6): 849-865.
18. Usta YY, Demir Y, Yönder M, Yıldız A. Nursing students' attitudes toward ageism in Turkey. *Arch Gerontol Geriatr*. 2012, 54(1): 90-93.
19. Sunar DG. Attitudes of Turkish students toward elderly relatives. *J Cross Cult Gerontol*. 1988, 3(1): 41-52.
20. Bodner E, Lazar A. Ageism among Israeli students: Structure and demographic influences. *Int Psychogeriatr*. 2008, 20(5): 1046-1058.

21. Yilmaz M, Altıok M, Polat B et al. Attitudes of young adults towards ageism. *Turk J Geriatr.* 2012, 15: 416-423.

22. Gallagher S, Bennett KM, Halford JC. A comparison of acute and long-term health-care personnel's attitudes towards older adults. *International Int J Nurs Pract.* 2006, 12(5): 273-279.

23. Voogt SJ, Mickus M, Santiago O, Herman SE. Attitudes, experiences, and interest in geriatrics of first-year allopathic and osteopathic medical students. *J. Am. Geriatr. Soc.* 2008, 56(2): 339-344.