Investigation of the attitudes of university students to discrimination of the elderly

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ABSTRACT

OBJECTIVE: This study was conducted to determine the attitudes of university students studying in different fields toward discrimination of the elderly.

METHODS: This descriptive study was conducted with students who were still studying in the 2015-2016 period. A sample size of 416 students was determined by the stratified sampling method, and students were selected by simple random sampling. Data were collected using an identifying information form and an Age Discrimination Attitude Scale (ADAS) by face-to-face interview. Statistical analysis was performed using the program SPSS 20.0.

RESULTS: The mean total ADAS score of students was 67.7±6.0. The total ADAS scores and the scores of male students on limiting the life of the elderly was significantly higher than those of female students (p<0.05).

CONCLUSION: It was determined that university students studying in different fields have a positive attitude toward the elderly. Action must be taken to remove discrimination of the elderly, and policies must be developed to increase social sensitivity.

Keywords: Attitude; discrimination; discrimination of elderly.

In the present day, aging population is one of the most important items on the demographic agenda. The opportunities brought by the advances in science and technology, reduction in illness and death rate, fall in birth rate, improvements in environmental conditions, and increased life expectancy have caused an increase in the proportion of the elderly in society. According to figures published by the World Health Organization, 11.7% of the world population (of over seven billion) is aged ≥60 years [1, 2]. In Turkey, 4% of the population was aged ≥65 years in 1965; according to the Turkish Statistics Institute, this proportion had doubled to 8% by 2014 [3].

With advancing age, a reduction in independence and a limitation in social participation affect society's approach toward elderly. Values, attitudes, and approaches toward the aging process are completely attributed to age, and not to individual characteristics. Because of these attitudes, the elderly are stereotyped and subjected to either positive or negative prejudice. The social and societal results of this are expressed as discrimination of the elderly [4, 5].

Discrimination of the elderly, or ageism, is defined as positive or negative attitudes displayed toward individuals because of their age, as a multi-dimensional concept covering prejudiced behavior and actions. The concept "Discrimination against the elderly" was first used in 1969 by Robert Butler, the Chairman of US National Institute on Aging Authority and gerontologist [1, 4-10]. Examining the literature on ageism, it is observed that this attitude generally appears in families, at work, in social life, and in health care services [11-14]. The contributions of elderly to social life

and their use of social resources are seen as problems. The idea that young and productive groups should be given priority in the use of resources is becoming more widespread [6, 8].

It has been reported in previous studies that the attitudes of young people to discrimination of the elderly may be negative, positive, or mixed [5, 8, 13, 15]. It was observed that the studies examined in the literature were mostly carried out on young people receiving health education. It is thought that the reason for this is that discrimination of the elderly is most often seen in health care services [8, 15, 16]. In order to enable the perceptions of young people toward discrimination of the elderly, it is important to determine the attitudes of students groups in different fields. For this reason, our study was conducted with the objective of determining the opinions of university students studying in different fields toward discrimination of the elderly.

MATERIALS AND METHODS

This research was conducted as a descriptive cross-sectional study with university students studying in different fields in the autumn term of the 2015-2016 academic year. The study population consisted of 22.677 university students. The size of the research sample was calculated as 378 by the method of stratified random sampling in relation to size. However, considering the problems of participitans the number determined was increased by 10%, and 416 students were contacted. The students to be included in the sample were decided using a simple random number table, with numbers given to each of students in the beginning of the research days.

Collection of Data

Ethical approval has been obtained from the local Ethics Committee for research (50687469-1491-313-15/1648.4-794). Data were collected after obtaining a written permission certificate from the students who accepted to participate in the study. The data collection application was performed outside of class hours with oral permission from the teaching staff. This data collection process took approximately 20 min for each class.

Instruments

Data were collected by a descriptive information form containing the socio-demographic characteristics of the participants and information on their relations with elderly. The Age Discrimination Attitude Scale (ADAS) was used to determine the students' attitudes to discrimination of the elderly. ADAS, which was developed in 2008 by Yılmaz Vefikuluçay, consists of 23 items [15]. Its Cronbach Alpha Reliability Coefficient was found to be 0.80. There are positive and negative attitude statements on the scale. The positive attitude statements were scored as follows: 5= I agree completely, 4= I agree, 3= I am undecided, 2= I don't agree, 1= I definitely disagree. The statements of negative attitude toward discrimination of the elderly were scored in the exact opposite way to the scoring described above. The maximum score obtainable was 115, and the minimum score was 23. A high score on the scale indicated a positive attitude in relation to discrimination of the elderly.

ADAS consists of three sub-dimensions. These are as follows: limiting the lives of elderly, positive discrimination toward elderly, and negative discrimination toward elderly. The sub-dimension of limiting the lives of elderly is the beliefs and attitudes relating to limiting the social lives of elderly. The highest possible score on this dimension is 45 and the lowest is 9. The dimension of positive discrimination to elderly is the positive beliefs and attitudes of society to elderly. The highest possible score on this dimension is 40 and the lowest is 8. The dimension of negative discrimination to elderly is the negative beliefs and attitudes of society to elderly. The highest possible score on this dimension is 30 and the lowest is 6 (Table 1).

TABLE 1. Aged discrimination attitude scale sub-dimensions distribution

Aged discrimination attitude scale sub-dimensions	Scale items	Min points	Max points
Life limitation of the elderly	1, 5, 12, 14, 17, 19, 21, 22, 23	9	45
Positive discrimination towards elderly	2, 4, 6, 7, 8, 9, 13, 20	8	40
Negative discrimination towards elderly	3, 10, 11, 15, 16, 18	6	30
ADA overall score		23	115

Statistical Analysis

The Statistical Package of Social Sciences (SPSS 20.0 for Windows version; SPSS, Chicago, II, USA) was used to manage and analyze the collected survey data. Normality of the data to share house with an old person was examined with the Shapiro–Wilk test. In comparisons of two groups, t-test in independent groups was used for variables showing normal distribution, whereas the Mann–Whitney U-test was used for variables that did not show normal distribution. In comparing three or more groups, One-way ANOVA was used for variables showing normal distribution, whereas Kruskal–Wallis analysis was used for variables that did not have a normal distribution. The level of significance for statistical tests was considered as p<0.05. Also, in the evaluation of the findings of the research, standard deviation, median, minimum and maximum values, and percentage numbers were used. In statistical calculations, the students' fields of study were grouped under the headings Physical Sciences, Social Sciences, and Health Sciences for ease in determining the level of significance.

RESULTS

The mean age of the students included in the study was found to be 20.54±2.01 years, and more than half students (59.6%) were females. Almost half of the participants (46.2%) were second-year students. More than half of the participants (61.6%) had a nuclear family, and more than a third of the participants (38.2%) reported that they had experience of living in the same house with an elderly. The proportion of the students who had lived in the same house as an old person for at least one year was 14.4%, whereas 28.9% had lived in the same house as an old person all their lives. It was found that 75% of the students who stated that they lived with an old person lived with at least one old person, and 37.5% of these stated that they only lived with their grandmothers. Of the participants who lived in the same house with more than one old person (25%), it was found that 92.5% lived with their grandfather and grandmother.

Table 2 shows the students' mean scores for ADAS total and sub-dimensions. It was found that according to the total mean scores on the scale, the students' attitudes to elderly were positive.

It was found that male students included in the study, had higher average scores on ADAS than female students and that the difference was statistically significant (p<0.005). No statistically significant difference was found between the ADAS total scores and the mean subscale scores according to the place where they had lived the most (p>0.005).

The difference between the students according to their field of study was not found to be statistically significant although their mean scores for positive attitudes toward elderly were high. The difference between the total ADAS and mean subscale scores according to the students' year of study was not found to be statistically significant (p>0.005) (Table 3).

The total ADAS score and mean scores of positive discrimination toward elderly of students who stated that they lived in the same house as an old person were

TABLE 2. Distribution of the students according to their ADAS and subscale mean scores (n=416)

ADAS Sub-Scales	X±SD*	Med (Min-Max)**
Life limitation of the elderly	20.4±4.7	20.0 (9-43)
Positive discrimination towards elderly	30.1±5.4	31.0 (8-40)
Negative discrimination towards elderly	18.8±3.6	19.0 (9-28)
ADAS overall score	68.0±6.0	68.0 (44-88)

*SD: Standard Deviation; **Med: Medium; Min.: Minimum; Max: Maximum.

TABLE 3. Comparison of ADAS and subgroup scores according to the fields of learning of students participating in the survey (n=416)

Fields of learning	n=416	Life limitation of the elderly X±SD	Positive discrimination towards elderly X±SD	Negative discrimination towards elderly X±SD	ADAS overall score X±SD
Department of science	150	20.6±5.1	29.7±5.8	18.5±3.6	67.8±6.1
Department of social sciences	223	20.1±4.4	30.0±5.2	18.8±3.5	67.3±5.9
Department of health sciences	43	20.5±4.9	31.8±4.17	19.4±3.5	68.9±5.8
p ***		0.676	0.074	0.267	0.252

*SD: Standard deviation; ** Med: Median; Min.: Minimum; Max: Maximum; *** p <0.05 Significance Level.

TABLE 4. The Comparison of the ADAS and Subscale Mean Scores of the Students According to Their Sociodemographic Characteristics (n=416)

Variables	n	Life limitation of the elderly X±SD	Positive discrimination towards elderly X±SD	Negative discrimination towards elderly X±SD	ADAS overall scores X±SD
Gender					
Female	248	19.8±4.7	29.8±5.3	18.7±3.4	66.9±5.8
Male	168	21.1±4.7	30.5±5.5	18.9±3.7	68.7±6.0
		MWU= -3.231	MWU= -1.719	MWU= -0.567	MWU= -3.454
		*p=0.001	p=0.086	p=0.571	p=0.001
Living in the same House with elderly Individuals					
Yes	159	20.1±4.4	30.8±4.8	19.1±3.2	67.8±5.4
No	257	20.5±4.9	29.7±5.6	18.6±3.8	67.6±6.3
		t= 1.168	t= 2.744	t= 5.666	t= 3.930
		p= 0.280	p= 0.098	p= 0.018	p= 0.048
Elderly individual in the family					
Yes	211	20.13±4.2	29.9±5.7	18.7±3.7	67.3±5.9
No	179	20.6±5.11	30.3±5.09	18.9±3.6	68.0±6.2
There was	26	20.6±5.9	30.1±5.4	18.9±2.2	67.8±4.6
		KW= 0.471	KW= 0.132	KW= 0.493	KW= 1.491
		p= .790	p= .936	p= .782	p= .474

*P<0.05

found to be significantly higher than those of students who did not live with elderly (p<0.005). The difference between the total ADAS score and mean sub-dimension scores of students who stated that there was an old person in their family was not found to be significant (p>0.005) (Table 4).

DISCUSSION

Aging is a physiologically occurring part of the lifecycle. This natural process includes physical, social, and psychological changes [17]. These changes should be accepted by society, but elderly are often seen as a social and economic burden. The prejudices caused by this kind of perception form the basis of discrimination of the elderly, which is seen at individual, cultural, and structural levels [6]. At the individual level, discrimination of the elderly stems from the cultural interaction between the individual and society.

Examining the literature, it is seen that the attitudes of young people regarding discrimination of the elderly have been more researched [5, 8, 13, 15, 17]. It has been found that young people display a more negative attitude toward old age than other age groups [18-20]. In the present study, the attitudes of university students studying in different fields toward discrimination of the elderly were examined, and it was found that they generally had a positive attitude. There are many other similar studies with similar results in literature [11-13, 21-26]. The results of various studies carried out with university students have yielded higher ADAS scores than in the present study and a positive attitude toward elderly [5, 13, 15, 26, 27]. The results of a study by Uysal et al. [17] are similar to our study.

A significant difference was found between the total ADAS scores and the scores on the sub-dimension of negative discrimination toward elderly of the male and female students included in the study (p<0.005). In a study by Uysal et al., [17] which was similar to the present study, male students were reported to have a more positive attitude toward elderly than female students. It is thought that this is because women take on more of a

caring role, and this affects their attitude to elderly negatively. In contrast to these results, it was reported in a study by Güven et al. [27] that female students' attitudes to elderly were more positive than those of male students. Studies by Yılmaz Vekifuluçay and Soyuer et al. [5, 15] report different results: in these studies, no difference was found between the males and females in terms of attitudes toward discrimination of the elderly, and this does not accord with our study.

No statistically significant difference was found between the ADAS scores of the students who participated in the study according to their year of study. Different from our study, it was found in some other studies that as students' age and education level increased, their positive discrimination toward elderly also increased [5, 13, 15, 17, 27]. This is explained as an understanding of old age with the maturity of individuals with increasing age.

It was found in our study that the total ADAS scores and the mean scores for negative discrimination toward elderly of students who stated that they lived in the same house as an old person were significantly higher than those who did not live in the same house as an old person (p<0.005). The students who lived with an old person, have an opportunity to observe old age directly, to establish a relationship with an old person, and to see their family as a role model in becoming accustomed to living with an old person. This may have an effect. It is shown in the studies by Yılmaz Vekifuluçay and Soyuer et al. that living with an old person causes a positive attitude toward elderly [15, 17]. The results of our study are similar to results in the literature [28, 29].

Most studies of discrimination of the elderly have been conducted on students in health education [5, 8, 13, 17, 26, 27]. It is thought that factors such as the education that these students receive on geriatric health, illnesses, the process of aging, their contact with old patients during their hospital experience, and their care giving affect their attitude toward elderly. In contrast to studies showing health education students with positive attitudes toward elderly [5, 13, 17, 27], a study was found showing that they had a negative attitude [8]. In contrast to the large number of studies that have been carried out on students in the field of health, there have been few studies conducted with students in different fields of study [27]. Although the mean scores on positive discrimination toward elderly of students participating in our study were found to be high, these were not statistically significant. This result shows that the education received by young people in school does not affect their attitudes toward elderly. It is thought that the education received within the individuals' families and the culture of the society in which they live contribute to their attitudes toward elderly.

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