

THE RELATIONSHIP BETWEEN ACTIVE AGING INTERVENTIONS AND THE ATTITUDES OF WOMEN IN THE 15-49 AGE INTERVAL TOWARDS ELDERLY PEOPLE

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ABSTRACT

Background and objectives: The rate of elderly people is increasing worldwide as the human lifespan lengthens. This study was performed in order to determine relationship between active aging interventions and the attitudes of women in the age interval of 15-49 years towards elderly people and the factors affecting active aging interventions.

Methods: Total of 459 women in the 15-49 age interval presenting at a Family Health Center were included in this descriptive and cross sectional study. Data was collected using a Woman Identification Form, the Kogan Attitudes towards the Elderly Scale and an Active Interventions towards Aging Questionnaire.

Results: Although the attitudes of the women towards the elderly were close to positive, they remained at medium levels and their interventions towards active aging were on a good level. As the positive attitudes of women towards the elderly increased, their application levels for interventions towards active aging increased simultaneously ($p < 0.05$). Age, education level, employment status, the presence of chronic diseases, the presence of elderly people in the family which the women were responsible for, and status regarding believing in the possibility of healthy aging were all among factors that affected the attitudes of women towards the elderly and their active aging interventions ($p < 0.05$).

Conclusion: The attitudes of women in their reproductive cycles towards the elderly were positive and their applications of active aging interventions were on a good level. This situation affected the active aging processes of the women in a positive manner. In this context, the society, and especially women, should be made aware on the subject of active aging.

Keywords: Aging, Attitude, Healthy aging, Active aging, Women

INTRODUCTION

The rate of elderly people is increasing worldwide as the human lifespan lengthens. The most important factors contributing to the lengthening of human lifespan are: decrease in birth rates, technological advancements in the field of health, early diagnosis and treatment methods, and increase in services aiming at improving health (Zehirlioglu *et al.*, 2015; Musaiger

& Souza, 2007). In the year of 2015, 8.5% of the world's population consisted of elderly people. The first three countries with the greatest rates of elderly people in their populations are respectively Monaco with 30.4%, Japan with 26.6% and Germany with 21.5%. Turkey is also among the countries where the process of aging is fast, and is placed 66th among 167 countries. While the rate of elderly people in the population in Turkey was 8% in the year 2014, it has increased to

8.2% in the year 2015, with 43.8% being male and 56.2% being female among the elderly population (TUIK, 2016).

Being elderly is usually evaluated as a physiological dimension and people over 65 years of age are accepted to be old chronologically. In its psychological dimension, old age signifies changes in adaptation capacity with regard to psychomotor characteristics, problem solving, and personality characteristics with increasing chronological age. From a sociological viewpoint, old age is a definition made with regard to behavior expected from a certain age interval in a society and the values assigned to people in that age group by the society (Beger & Yavuzer, 2015). In this context, aging is a multidimensional, complex, and inevitable process that should be evaluated with its physical, psychological, and social dimensions (Colak & Ozer, 2015; Golden *et al.*, 2014).

Attitudes towards the elderly change from society to society in its social and personal contexts (Dourado *et al.*, 2015; Musaiger & Souza, 2007). The greatest problem regarding old age is the presence of misperceptions and prejudices against this period of life. Old age is generally perceived by individuals as a process where changes and losses occur (Colak & Ozer, 2015; Dourado *et al.*, 2015). With old age geriatric symptoms such as loneliness, functional insufficiency, chronic diseases, eating disorders, dementia, and errors in medicine use increase as well as needs for health care is more crucial, and many people perceive old people as weak and ill individuals (Zehirlioglu *et al.*, 2015; Golden *et al.*, 2014). The concept of old age, identified with weakness and destituteness, may well be termed as a period which individuals want to avoid and approach with a sense of fear Colak & Ozer, (2015).

WHO faced these perceptions and prejudices regarding old age with the concept of active / healthy aging. WHO has stressed that the word active doesn't just mean being physically active or still being able to contribute to the workforce, but explains active participation in social, economic, cultural, spiritual, and public efforts. The aim of active aging is to lengthen the healthy life expectancy of all people in old age and to increase their quality of life (WHO, 2016). Increasing the duration and quality of the healthy years for individuals who age actively would give them the possibility of being active parts of the society (Aydin & Aydin Sayilan, 2014; Musaiger & Souza, 2007).

The increasing rate of people over the age of 65 in the population and increasing life expectancies show

the necessity of increasing the duration and quality of healthy years and taking precautions for active aging (Hamid, Momtaz & Ibrahim, 2012; Aydin, 2016; Turkey Healthy Aging Action Plan and Application Program 2015-2020). The control of healthy lifestyle behavior such as a healthy diet, regular physical activity, alcohol and tobacco use, participation in social activities, and regular sleep habits and social and environmental risks are all among important factors for active aging (Aydin, 2006; Musaiger & Souza, 2007; Harmell, Jeste & Depp, 2014).

Women constitute nearly half of the country's population, so their health is very important, and so is their healthy aging. Women being and aging healthy is important not just with regard to themselves but with regard to public health. Among the 15-49 years age interval, which is the reproductive cycle of women, women with positive attitudes towards old age, knowing active aging interventions, and applying these interventions could contribute to the formation of healthy individuals and a healthy society. This study was performed in order to determine relationship between active aging interventions and the attitudes of women in the age intervals of 15-49 years, towards elderly people and the factors affecting active aging interventions.

MATERIAL AND METHODS

Sample

This descriptive and cross sectional study consisted of 624 women in the 15-49 years of age interval who were presented at 22 different Family Health Centers tied to the Public Health Unit of a city in the Central Anatolia region of Turkey between February 15th– June 30th 2016 for reasons such as inoculation, birth control and injections. Total 459 women who were in their reproductive cycles, had no communication issues, had sufficient levels of cognition, and agreed to participate were included in the sample of the study.

Data Collection Tools

Data was collected using a Woman Identification Form, the Kogan Attitudes towards the Elderly Scale and an Active Interventions towards Aging Questionnaire.

The Woman Identification Form: In the form prepared by the researchers according to literature, there were 23 items aiming to determine the personal information and views and thoughts of women towards

old age (Adibelli, Turkoglu & Kilic, 2013; Gozubuyuk, 2014; Sergakis, 2007, Senol Celik *et al.*, 2010; Musaiger & D'Souza, 2009; Jo & An, 2012; Dourado *et al.*, 2015; Shrira, 2016).

The Kogan Attitudes towards the Elderly Scale: The scale, which was developed in 1961 by Nathan Kogan and tested for validity and reliability in Turkish by Erdemir *et al.*, (2011), measures the attitudes of individuals towards old people. The scale, which doesn't include medical terms and was prepared in a social context, is a 6 way likert type scale. The scale consists of a total of 34 items, and has 17 positive and 17 negative terms. The total score that can be taken from the scale that varies between 34 and 204. Higher scores indicate more positive attitudes towards old people while lower scores mean more negative attitudes towards old people (Kogan, 1961). In this study, the cronbach alpha reliability coefficient of the scale was found to be 0.88.

The Interventions Towards Active Aging Questionnaire: The form, which was prepared by the researchers taking national and international articles into account (Aydın, 2006; HealthyAgeing – A challenge for Europe, 2006; Aydın & Aydın, 2014; The “10 keys” to Healthy Ageing, 2012; A strategy for active, healthy ageing and old age care in the Eastern Mediterranean Region 2006–2015, 2006), questions the interventions women apply regarding active/healthy aging. The questionnaire consists of 22 items such as consuming natural foods, keeping normal weight, regular exercise, smoking, avoiding stress, sparing time for oneself, keeping family relations good, participation in social activities, taking precautions for household and workplace accidents, and use of herbal products that are thought to support healthy aging. The questions were rated as “never(1)”, “sometimes (2)”, and “always (3)”. The scores that can be taken from the questionnaire vary between 22 and 66. Higher scores show better interventions by women towards active aging. Content validity was used for ensuring the validity of the questionnaire, in which the opinions of one geriatrician, one specialist in internal medicine, and three nurse academicians were obtained with regards to content validity. The validity and comprehensibility of the questionnaire was tested in a pilot study with a sample group of 20 women. During the pilot study, content validity of the questionnaire was investigated and similar questions were excluded. In addition, the questionnaire was administered to the women three weeks later, and the test-retest reliability of the measure was checked. The Cronbach alpha value of the

questionnaire was found to be 0.90 (moderate=0.87-0.91). All ambiguities were corrected before the administration of the questionnaire to the final sample. The evaluation of their results indicated no problems in terms of the clarity and the implementation of the questionnaire.

Application

Data was collected by the researchers via face to face interviews in a comfortable environment. The researchers informed the women about the aim and importance of the study, and the data collection tools were applied to the women who agreed to participate. The completion of the research forms by the individuals took an average of 20-25 minutes.

Ethical Considerations

Before data collection, written permission from the ethical board of a university was taken (Decision no: 2016-01/17). Additionally, each woman to be included in the study was verbally informed on the context of the study and voluntary participation, and written consents from the women were taken. The study was conducted in accordance with the ethical standards of the Helsinki declaration.

Data Evaluation

Data was evaluated using the SPSS 23.0 program. The views of women regarding old age, their attitudes towards the elderly, and their interventions regarding active aging were evaluated using a mean value test. The relationship between the attitudes of women towards old people and their active aging interventions was evaluated using Pearson correlation analysis. The relationships between certain descriptive characteristics of the women, their views on old age, their attitudes towards the elderly, and their interventions regarding active aging were determined through the student *t* test, one way ANOVA, and the Turkey HSD test for the determination of the group causing the difference. In statistical analysis, significance was accepted as $p < 0.05$.

RESULTS

The mean age of the women participating in the study was 30.26 ± 9.30 (minimum : 1, maximum : 14), where 59% were married, 7% were illiterate, 58% had at least one child, and 78.6% were employed. About 20.7% of the women had an extended family structure, and among those 80% lived with their paternal grandmothers, 11.8% had no chronic diseases (75.2%

hypertension and 15.4% diabetes), and 12.2% regularly used medicine. The mean illness duration of women with chronic diseases was 6.59 ± 3.22 (minimum:1, maximum:14) years. Among the women, 36.8% stated that they had an elderly person in their family for whom they were responsible for, and 25.9% stated that they referred to old people when making decisions, while 54.5% referred to the elderly on health issues, 17.9% referred to them for marriage related reasons, and 7.6% referred to them for occupational reasons.

The views of women on old age were given in Table 1. Accordingly, 32.2% of the women stated that a woman could be considered elderly at the 61 - 65 age

interval and 65.6% stated that a man could be considered elderly at the 66-74 age interval, while 72.5% described old age as advancing age, 49.5% as forgetfulness, and 43.1% as loss of memory, strength, and energy. About 53.4% of the women thought that the elderly were fragile, and 38.6% thought that the elderly needed the most love and affection. The rate of women who thought old people had spiritual importance in the family was 59.9%, 71.5% of the women stated that old people should be cared for at home and 37.3% stated that a household nurse should take care of the daily needs of the elderly, while 55.3% of the women thought that healthy aging was possible.

Table 1: The views of women regarding aging (n=459)

Views on old age	n	%	Views on old age	n	%
When a woman is considered old?			When a man is considered old?		
45-55 age interval	36	7.8	45-55 age interval	8	1.7
56-60 age interval	140	30.5	56-60 age interval	49	10.7
61-65 age interval	148	32.2	61-65 age interval	101	22.0
66-74 age interval	135	29.4	66-74 age interval	301	65.6
What do you think old age is?*			How do you define an old person?*		
Advanced chronological age	333	72.5	Fragile	245	53.4
Forgetfulness, dementia	227	49.5	Lost the energy of youth	212	46.2
Loss of memory, strength, and energy	198	43.1	With life experience	202	44.0
Embracing religion, fulfilling religious duties	185	40.3	Seasoned	183	39.9
Having authority and being respected	141	30.7	Physically collapsing	180	39.2
Loss of visual and auditory ability	174	37.9	Dependent on care	174	37.9
Having experience	142	30.9	Slowed movement	159	34.9
Having a respected place in the family with authority	147	32.0	Forgetful	148	32.2
Being obeyed	106	23.1	Shaking hands	138	30.1
Being with children and grandchildren	158	34.4	Lived the life	137	29.8
Fragility, ill temper, exasperated, talking too much	151	32.9	Retired	132	28.8
Being dependent on care	145	31.6	Incapable	131	28.5
Being more relaxed, happy, and at peace	111	24.2	Ill	121	26.4
Slowed life	110	24.0	Looking after grandchildren	120	26.1
Being affectionate	103	22.4	Creased skin	80	17.4
Getting ill often and easily	103	22.4	Talks too much	64	13.9
Material and spiritual collapse	98	21.4	White hair	62	13.5
Loneliness	97	21.1	Unwanted by social circle	54	11.8
Ostracism	87	17.9	Introverted	51	11.1
Having lost life energy	81	17.6	Ill tempered and unlikable	50	10.9
Fearing and thinking about death constantly	81	17.6	Lonely	44	9.6
Entering a peaceful period	71	15.5	Without a care in the world	35	7.6

Variables			Kogan Attitudes Towards the Elderly Scale		Interventions Towards Active Aging Questionnaire	
Maritalstatus						
Single	271	59.0	124.64±22.39	<i>t</i> =-1.165 <i>p</i> =0.229	49.08±8.62	<i>t</i> =-6.837 <i>p</i> =0.000**
Married	188	41.0	126.95±18.47		54.14±6.41	
Level of education						
No literate	32	7.0	107.61±20.86	<i>F</i> =10.070 <i>p</i> =0.000**	40.96±7.87	<i>F</i> =46.009 <i>p</i> =0.000**
Primaryeducation	99	21.6	126.33±18.69		49.16±8.71	
Secondaryeducation173		37.7	125.61±20.68		50.19±6.76	
High education	155	33.7	128.92±20.69		55.66±6.38	
Workingstatus						
Yes	360	78.4	123.32±20.58	<i>t</i> =-4.528 <i>p</i> =0.000**	49.68±7.98	<i>t</i> =-7.850 <i>p</i> =0.000**
No	99	21.6	133.83±19.99		56.52±6.44	
Presence of chronicdiseases						
Yes	54	11.8	116.93±27.97	<i>t</i> =-3.277 <i>p</i> =0.001**	43.50±7.12	<i>t</i> =-7.789 <i>p</i> =0.000**
No	405	88.2	126.74±19.50		52.17±7.76	
Have an elderlyperson in theirfamilytheywereresponsiblefor						
Yes	169	36.8	119.96±24.64	<i>t</i> =-4.491 <i>p</i> =0.000**	48.30±8.55	<i>t</i> =-5.920 <i>p</i> =0.000**
No	290	63.2	128.86±17.58		52.82±7.47	
Thinkingthatthehealthyagingwaspossible						
Yes	254	55.3	132.67±17.66	<i>F</i> =10.070 <i>p</i> =0.000**	52.92±7.59	<i>F</i> =46.009 <i>p</i> =0.000**

The attitudes of women in the 40-49 age interval who had bachelor's degrees were more positive compared to others (*p*<0.05). However, the attitudes of employed women, women with chronic diseases, women who had an elderly person that they were responsible for, and women who didn't believe that healthy aging was possible towards the elderly were more negative compared to others (*p*<0.01) (Table 3).

DISCUSSION

The process of aging is a life cycle that presents itself in many fields such as balance, immune system, functional mechanisms, emotional status, intellectual structure, and communication (Dourado *et al.*, 2015). Although aging is not a disease itself, the increase in the number and severity of health problems in this process and the decreases in functionality cause potentially life altering problems. Alongside this, the perception of the aging process can show individual, social, and cultural differences (Erdemir *et al.*, 2010; Musaiger & Souza, 2007). Even in the same society positive or negative attitudes and perceptions towards aging may occur (Musaiger & Souza, 2007). In this context women, who undertake the first duty in the education of children and young people, who will be the adults and elderly of

tomorrow, have great importance and determining their attitudes towards the elderly could help with removing the insufficiencies in the field and developing strategies.

In the study, it was determined that there was a view considering women over 60 and men over 65 old, which proposes that men get older later than women. In this context, it can be seen that chronological age is seen by women as having different definitions for males and females. In studies in different populations, it was determined that women were considered old at a younger age compared to men (Gozubuyuk Tamer, 2014; Musaiger & Souza, 2007). This thought may have developed from women facing attrition earlier than men because of many roles and responsibilities such as birth, child care, keeping the family together, keeping the household routine and/or work life making their tiredness being felt earlier or because of physical signs of old age such as white hair and wrinkles being noticed earlier compared to men.

In the study, most of the women accepted old age as advancing chronological phenomenon while nearly half defined it as forgetfulness, dementia, fragility, and loss of memory, strength, and energy. Several literature, suggest that old age were reported as negative

perceptions regarding dependency, passiveness, poverty, codependency, hopelessness, loneliness, end of productivity, and waiting for death (Adibelli, Turkoglu & Kilic 2013; Senol Celik *et al.*, 2010; Aud *et al.*, 2006; Happell & Broker, 2001). This makes the provision of necessities for elderly individuals, especially in the field of care, more difficult and shows the necessity for public awareness and the determination of active aging interventions.

In the study, three quarters of women stated that the care of the elderly should be done at home, while a third stated that the daily needs of the elderly should be met by a house care nurse. This approach merits consideration and this may be caused by the increasing participation of women in the Turkish workforce, the abandonment of the traditional family structure, or house care services becoming more widespread.

In the study, the attitudes of women towards the elderly were nearly positive. In the literature, studies aiming to determine attitudes towards the elderly can be seen to be mostly performed with university students studying in the field of health sciences (Ucun, Mersin & Öksüz, 2015; Gozubuyuk Tamer, 2014; Erdemir *et al.*, 2011; Duorado *et al.*, 2015; Golden *et al.*, 2014; Jo & An, 2012). In a systematical study examining the attitudes of nurses and nursing students towards old people, a positive attitude towards the elderly was reported with a significant relationship between information on old age and positive attitudes (Liu, Norman & While, 2012). In studies in different cultures it was found that participants have positive attitudes towards elderly people (Bernardini *et al.*, 2008; Hweidi & Al-Obeisat, 2006; Pan, Edwards & Chang, 2009; Senol Celik *et al.*, 2010; Adibelli, Turkoglu & Kilic 2013; Jo & An, 2012). The attitudes of women towards old people are very important with regard to social sensitivity and responsibility.

While in traditional societies the elderly are valued and respected individuals, the changes in family structure in today's conditions and harder living conditions have caused the value given to the elderly to decrease and old age to be perceived as dependency and limitations for the caregiver (Adibelli, Turkoglu & Kilic, 2013). In the study, the attitudes of women who have an elderly person in their family who they are responsible for and women who were employed towards the elderly in general were found to be more

negative. This is thought to be caused by the increase in the women's responsibilities and workload. In other studies, negative attitudes towards the elderly were stressed to be caused by old people being perceived as passive, boring, fragile, depressive, and stubborn (Aud *et al.*, 2006; Happell & Broker, 2001).

Due to the increases in life expectancy, today it is very important to help the adaptation of individuals to the aging process, to increase the participation of the elderly in society, and to develop various activities to increase quality of life (Colak & Ozer, 2015). In the study, half of the women were found to believe that healthy aging was possible and to have good levels of interventions for active aging. The lack of literature including the interventions of individuals for active aging makes the social and cultural evaluation of women insufficient. In a study by Meng and D'Arcy (2014), the prevalence of active aging was found to decrease with advancing age, falling to 37.2% in the above 65 age group while it was 42% in the 60 age group. Alongside this, in certain studies the rate of actively aging individuals was found to be between 13.5% and 37.2%, as in these cases regular exercise, not smoking, and high life satisfaction were found to be important interventions for active aging (Bosnes *et al.*, 2016; Hamid, Momtaz & Ibrahim, 2012; Meng & D'Arcy, 2014).

Active aging is a concept with objective and subjective dimensions, and certain social and emotional characteristics of the individual such as health attitude and social support have importance in the development of active aging (Pruchno *et al.*, 2010). In the study, it was found that women between 30-39 years of age who were married with bachelor's degrees, and who were unemployed, with no chronic diseases and no elderly people in their family they had to care for, and who believed that healthy aging was possible had better interventions for active aging. In a study by Bosnes *et al.*, (2016) regarding the fulfillment of active aging criteria mostly among female individuals in the 70-89 age interval showed a significant relationship between meeting active aging criteria in relation to younger age taking into consideration being female, higher education, weekly exercise frequency, higher life satisfaction, and lack of alcohol and tobacco use. According to those findings, the necessity of education takes a front stage, while it can be thought that women who can lead healthy lives may also be willing for active aging.

In the study it was evident that women with better attitudes towards the elderly were found to apply more interventions for active aging. This may be explained by women who develop a positive attitude in their old age believing it is possible for individuals to age healthy and thinking that interventions towards active aging have a positive effect on this process. Correct information and positive attitudes towards aging and the elderly would contribute to the development of this idea.

CONCLUSION

It is an important fact that shouldn't be overlooked that the elderly population is increasing both in Turkey and worldwide, and that this increase in turn increases the physiological, psychological, and social needs of

old people. In this direction, studies regarding the older population continuing their lives without being isolated from social life gain importance. In the study, it was found that women in their reproductive cycles had positive attitudes towards old people and that they applied active aging interventions. It was also found that women with more positive attitudes towards old people applied better interventions for active aging. Correct information and positive attitudes towards aging and the elderly would contribute to the social acceptance of old people and help in planning interventions towards aging. The lack of sufficient studies on such a contemporary subject shows an insufficiency of work in this field. In this context, raising public awareness on active aging, especially in women, is very important.

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