Original Article

People's attitudes toward aging in Fasa city, 2021

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Abstract

Background & Aims: Aging is a vital phenomenon that happens to everyone. In different cultures, there are diverse beliefs and attitudes towards aging. This study aimed to determine the attitude of Fasa residents towards the elderly.

Materials & Methods: This descriptive cross-sectional study was conducted on 800 individuals between 13 and 60 years old by cluster sampling. The data collection tool was Kogan's Attitude Survey. Data were analyzed using paired t-test, independent t-test, Pearson correlation coefficient, and ANOVA by spss24 software.

Results: The mean and standard deviation of the age of participants was 41.7 ± 5.17. The score mean of attitude toward the elderly was 117.34 ± 9.75. 51.34% of the individual had a positive attitude, and 49.66% had a negative attitude toward aging. There was a significant relationship between gender and attitude toward the elderly ($P = 0.001$), positive and negative attitude ($P=0.002$), and mean attitude scores in terms of marital status in both sexes ($P<0.05$).

Conclusion: The results showed that the community's view of the elderly has become more negative than in the past. Cultural change and the influence of different cultures on the country have led to a negative attitude towards the elderly. We can make people ready to accept the elderly in the coming years by educating families properly from childhood and at school.

Keywords: Aging, Culture influences, Kogan's Attitude, Fasa

Introduction

Aging is not just about getting older but a vital phenomenon that affects everyone. It is a natural process in which physiological and psychological changes occur in the body (1). The world is rapidly moving toward aging. It is a complex process influenced by various factors, including individual lifestyles, the environment, social, economic, and politics (2, 3). The growth in the number of elderly people is so significant that it has been described as a silent revolution (4).

Since the beginning of this century, nearly three decades have been added to the life expectancy worldwide. There are currently 590 million people aged 60 and over in the world, and that number is expected to

reach more than 1,200 million over the next 25 years, indicating a 100 percent increase in this age group (5, 6).

The number of inquiries is particularly high in developing countries; Iran is transitioning from a young age structure to an aging one. According to the United Nations projections for 2002, under the assumption of moderate growth, by the 2040s and 2050s, about 25 percent of Iran's population will be over 60 (7). Population growth rates vary across countries; elderly population growth in developed countries has occurred over 200-100 years, while it is projected that this increase will occur in Iran within 30-40 years (8). Developing countries, such as Iran, must now think of a future for the well-being of their elderly. This is because there is a great deal of difficulty in reducing the physical strength of the elderly (9).

One of the factors that can compound the problems of the elderly today is the shift from family-wide to nuclear. As urbanization develops and the number of children decreases, relative support for the elderly decreases as the extended family is a primary system for protecting the elderly (10). On the other hand, the consequences of increasing the number of elderly in the family can have negative effects on physical and mental status, economic pressures, mental disorders and emotional stress, intolerance of responsibility, personal fatigue, and social isolation of family members. Following these changes, the incidence of anti-social behavior and violence increases (11).

More than half of the elderly have difficulty with basic daily activities (such as bathing, dressing, and eating) and equipment-related daily activities (such as cooking, taking medication, and using money). Disability is present in people of higher age groups (12). At least 90% of elderly people have a chronic illness, and these diseases lead to disabilities and frequent hospitalizations of the elderly (13, 14).

Different cultures have different beliefs and attitudes about aging. Some people see aging as a process leading to disability, illness, and eventually death (15).

One of the causes of the decline in attention to the elderly is a negative attitude towards these people, and this attitude can be present in the general population or health care personnel (16).

In a study by Badgerloo et al., Attitudes to aging were very similar in both American and Chinese societies, with low positive attitudes at both levels (17). A study by Wang et al., Showed that nursing students had the most positive attitude toward the elderly (140.47 15 15.93) (18). In the study of Comfort et al., Regarding the attitude of general practitioners towards the elderly, the mean total score of the attitude scale was 115.10 48 48.22. 50.3% of people had a positive attitude, and 53.5% had a negative attitude towards aging (19).

With regard to the significant increase in the elderly in Iran, the need for the attention of families, society, and government services to these people, and on the other hand, the positive and negative beliefs and attitudes that influence the provision of services to the elderly, this study was designed to determine the attitude of the residents of the city of Fasa towards Elderly in 2021.

Materials & Methods

This descriptive cross-sectional study was carried out to determine the attitude of Fasa people towards aging in 2021. The sample size required was 800 citizens aged 13-60 years with at least one elderly person over 60 years old in their vicinity, and samples were selected from five Fasa districts. Sampling was done by cluster random sampling. Initially, 30 individuals were evaluated, and the initial estimate was P = 0.05. Then considering d =0.05 and by using the following formula, the sample size was determined to be 800.

$$n= \frac{NZ^2P(1-P)}{Nd^2+Z^2P(1-P)}$$

Data were collected using the Kogan attitude questionnaire. This questionnaire has been used as a valid and reliable tool in repeated studies (4, 20, 21). Cronbach's alpha coefficient for the whole scale is 0.83, its content validity is 0.95, and its construct validity is acceptable (22). The questionnaire consists of two parts: the first part includes demographic characteristics and background variables (age, gender, marital status, education), and the second part includes the aging

Attitude Scale with 34 positive and negative expressions (17 positive items and 17 negative items) is about the aging and measures the respondent's attitude towards the aging by a six-point Likert scale from completely disagree (score 1) to strongly agree (score 6). The individual score range will be 17-120. A high score in positive terms indicates a more positive attitude, and a high score in negative phrases indicates a more negative attitude toward aging.

Data collection was done by four trained interviewers so that the questionnaire was presented to the selected citizen by the person who completed the questionnaire. All questionnaires were anonymous and verbal consent was obtained from the participants. In this study, individuals were allowed to exit the survey anytime. All participants' information was confidential, and the code was used instead of the name and surname.

Data were analyzed by SPSS24 software using paired t-test, independent t-test, Pearson correlation coefficient, and ANOVA. A significance level less than

$(P \leq 0.05)$ was considered in all tests.

Results

According to the findings of this study, the mean and standard deviation of the study participants were 41.7 ± 5.17. 53.37% of them were married, and 46.62% were single.

There was a significant relationship between gender and attitude to the phenomenon of aging ($P = 0.001$). But no significant association was found between marital status ($P = 0.18$) and educational level ($P = 0.89$) with attitude toward the phenomenon of aging. The age group of 45-60 years had the highest score of attitude toward aging, while no significant relationship was found between age and attitude toward aging. Regarding gender, 53.86% of men had a negative attitude toward aging. In terms of marital status, education, and age, married people (56.51%), primary education (61.57%), and 45-60 year-olds had the most positive attitude (58.13%) toward agingg (Table 1).

Table 1. Demographic characteristics frequency, mean, SD, and percentage of the positive and negative attitudes of the people toward aging

Variable	State	Number (percentage)	M (SD)	Positive Attitude Percentage	Negative Attitude Percentage	P-Value
Gender	Male	400 (50)	113.55 (10.69)	46.14	53.86	0.001
	Female	400 (50)	121.93 (10.67)	53.37	46.63	
marital status	Single	373 (46.62)	115.12 (9.88)	47.12	52.88	0.18
	Married	427 (53.37)	115.93 (10.67)	56.51	43.49	
Level of Education	Elementary	197 (24.62)	112.77 (10.67)	61.57	38.43	0.89
	secondary school	234 (29.25)	112.47 (7.47)	57.54	42.46	
	High school	168 (21)	112.03 (7.47)	54.12	45.88	
	Academic	201 (25.12)	111.61 (7.47)	51.51	48.49	
Age	13-30	274 (34.25)	113.88 (8.88)	50.18	49.82	0.10
	30-45	361 (45.16)	115.20 (10.26)	57.14	42.86	
	45-60	165 (20.68)	116.42 (9.89)	58.13	58.13	

The mean score of total attitude toward aging was 117.34 ± 9.75. (Range of scores on the 34-204 scale).

51.34% of people had a positive attitude, and 49.66% had a negative attitude towards aging (Table 2).

Table 2. Positive and negative attitudes toward aging

Variable	Number (%) of people with score below average (Undesirable attitude)	Number (%) of people with score above average (Good attitude)
Positive attitude score	414 (51.7)	368 (48.3)
Negative attitude score	404 (50.5)	396 (49.5)
Overall attitude score	430 (53.8)	370 (46.2)

There was a significant difference between the mean scores of negative and positive attitudes toward aging between positive and negative attitude scores (p = 0.002) (Table 3).

Table 3. Comparison of mean scores of negative and positive attitudes toward aging

Variable	Mean and SD	P-Value
Negative attitude score	61.41 ± 4.17	0.002
Positive attitude score	53.19 ± 6.64	

According to the results of the MANOVA test, there was a significant difference between the mean score of attitude according to marital status in both sexes (F = 9.64 and P <0.05) (Table 4).

Table 4. attitude mean score in terms of gender and marital status variables

Variable		Single	Married	
Male	Frequency	241	159	
	M±SD	115.11 ± 10.45	122.23 ± 12.77	
Female	Frequency	132	268	F=9.64
	M±SD	118.25 ± 11.23	124.87 ± 9.91	P<0.05
Total	Frequency	373	427	
	M±SD	117.17 ± 10.18	123.12 ± 10.14	

Discussion

In our study, there was a significant association between gender and attitude toward aging, and the mean score of attitude of women was higher than men. Women are more affectionate; in families, most women are responsible for taking care of the elderly. They have a better and more connected relationship with older people in the family; therefore, they can have a more positive attitude. This relationship has also been seen in the studies of Wang et al. And Yen et al. (18, 22).

With the increase in the level of education in our study, the level of attitude was also more negative, but no significant relationship was found between the level of education and the attitude towards the phenomenon of aging (P = 0.89), which is in line with the results of Hamadzadeh et al. (23).

In this study, older age groups had the highest score on attitudes toward the elderly, while no significant relationship was found between age and attitudes toward the elderly. But in a study in Taiwan, a significant relationship was found between age and attitudes toward aging (24). This may be due to the fact that in Taiwanese society, people are even more energetic even in old age and are still doing youth work, while in Iran, after middle age, people have become heavier and have an old spirit. They waste time and try to differentiate themselves from the youth.

Comparing the overall score of attitude toward aging with other studies, the attitude status in the present study was better than other studies (25, 26).

According to the results of this study, the negative attitude toward aging was more than the positive attitude (51.34% versus 49.66%); this could be due to the fact that over the past years, because of the increase in the country's young population, most of the attention, including family, community, and officials, is focused on the younger generation; and because of this, none of the community groups prioritize the elderly, marginalizing this age group. In this regard, our study is in line with the study of Sanago et al. (26).

This study found a significant difference between positive and negative attitude scores, which is consistent with the study of Asayesh et al. (4).

As it turned out, in the present study, there was a significant statistical difference between the mean score of attitude according to marital status in both sexes; however, no such difference was observed in Loi's study, which could be due to the culture, customs, and beliefs of our people and foreign countries (25).

One of the strengths of this study is that the sample size is larger than other studies and is based on its population. It is suggested that intervention studies be conducted in the future to increase people's awareness of aging and make their attitudes toward this period of life more positive.

Conclusion

Based on the results, it was observed that the community's view of the elderly has become more negative than in the past, which may be due to educational systems, machine life, and lack of time to spend with the elderly. As well as cultural change and the influence of different cultures on our country, young people are reluctant to live and spend time with older people in their families. But, it should be noted that this is a part of life for everyone, and the elderly is a time of maturity and enjoyment of the past. This belief can be created in all members of society from childhood with proper family and school education.

Study limitations

This Cross-sectional studies cannot instate a cause-and-effect relationship or analyze action over a period of time. To survey cause and effect, you need to do a longitudinal study or an experimental study.

Conflict of interest

The authors have not reported any conflict of interest

Acknowledgments

Authors ' contribution

A.M contributed in designing the study, analyzing and interpreting the data and Data collection and preparing the manuscript.

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