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The Attitudes to Ageing and the Influence of Social Support on It

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Authors' contributions

This work was carried out in collaboration between all authors. Author AR designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. Authors MA and SR managed the literature searches. All authors read and approved the final manuscript.

Original Research Article

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ABSTRACT

Because no study has been conducted on the attitude to ageing among the community dwelling elderly in Malaysia, the objective of this study was to determine the attitudes to ageing among the elderly and the influence of social support on it. This cross sectional study was conducted among randomly sampled 2005 elderly in Penang, Malaysia. Attitude to Ageing Questionnaire (AAQ) and the Oslo-3 Social Support Scale (OSS-3) was used. Majority considered those in the age group 60-69 and health status, appearance and level of fitness as the criteria to consider some one aged. The attitude to ageing score ranged from 39 to 109 with a mean score of 78.9. The mean score for the psychosocial gain, physical change and psychological growth domains were 27.2, 24.6 and 27.2 respectively. The differences in the mean scores among the age groups, races, marital status, level of education, employment status, socially active, mobility and living arrangement was statistically significant. As the social support category increased from poor to strong the mean scores also significantly increased. After controlling for all other demographic factors, strong social support was significantly associated with increased AAQ score. The total AAQ score and the score of all the three domains was above average suggesting a positive attitude to ageing and social support is a significant predictor for the AAQ score. Change in the family dynamics in Malaysia may have a negative influence on the attitudes to ageing among the elderly in the future.

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1. INTRODUCTION

The population of Malaysia is young. However, Malaysia is slowly but surely progressing towards having an ageing population. Malaysia has developed leaps and bounds in all aspects of development especially in the economy which has led to an increase in spending on health care. This has helped the country improve the health of its population leading to longer life expectancy, low mortality but unfortunately, like most successfully developing or developed countries, also declining fertility. The last census conducted in Malaysia in 2010 suggested an ageing population trend. The population growth decreased to 2% from 2.6% reported in the two previous censuses. The proportion of the population age 65 years and above increased to 5.1% from 3.9% whereas the proportion of the population below the age of 15 decreased from 33.3% to 27.6% in 2010 [1].

Different social and cultural systems produce different subjective experience of ageing [2]. In the west the elderly are stereotyped as incompetent, weak and decrepit [3,4]. This stereotype may affect the elderly's attitude towards ageing [5], because people who generally stereotype ageing during childhood and adulthood become ageing self-stereotypes [4], forming a vicious cycle. In contrast Asians revere and consider the elderly wise [4].

In general, older people's attitude towards ageing is positive rather than negative. The elderly cope and adapt to changes and they tend to have positive features of growth and development [6]. Prior to the development of the attitude to ageing scale in the elderly by the World Health Organization (WHO) quality of life group, opinions on attitudes towards ageing were gathered from young people on older people, which tended to be negative [4]. The Attitude to Ageing Questionnaire (AAQ) scale has three domains which include psychological growth, psychosocial loss and physical change. There is a close relationship among the three scales with a change in one affecting the other and the loss of one may be counterbalanced by the improvement of another [6].

Social support is related to physical and mental health [7-9]. Lack of social support has been shown to be either a direct or an indirect risk of long-term negative effects on health including increased disease susceptibility and mortality among the elderly [10,11] and lack of social support has also been shown to be a predictor for disease outcomes [12]. Because of this, it is believed that social support has an influence on the elderly's attitude towards ageing. Although in general there is a lack of consensus on the definition of social support, social support is considered to be a tangible or an instrumental support which includes physical or financial assistance and emotional support which may cause an individual to feel a sense of belonging. Social support has also been defined according to the source of the support including family, friends and neighbours [12]. In Asia, family relations are an important aspect of healthy ageing among the elderly [13]. The elderly view healthy ageing as beyond mere functional independence but inclusive although not exclusive of family aspects and a positive outlook [13]. Lack of social support from family and friends may likely cause the individual to perceive old age as uncertain and insecure resulting in a negative attitude towards ageing.

Because of the relatively young population, there are very few geriatricians or gerontologist and there is relatively fewer research conducted concerning the elderly in Malaysia. Literature search failed to reveal any study which was conducted in Malaysia among the community dwelling elderly on their attitude to ageing. The objective of this study was to

determine the attitudes to ageing among the elderly in Malaysia and the influence of social support on it.

2. MATERIALS AND METHODS

2.1 Study Design and Setting

The data for this study was taken from a cross sectional study commissioned by the Penang state government to determine the socio-demographic and health problems and the needs of the elderly residents in Penang, which is one of the 14 states in Malaysia. Penang has a multi-ethnic population and is one of the most densely populated states in the country with a population of 1,561,853. Penang is also among the states in Malaysia with the highest proportion of elderly population.

2.2 Sampling

Participants were taken from the list of recipients of the state government's 'special aid for the elderly' programme. According to the Penang state economic unit there were 136,292 older adults on this list for the year 2012. To determine the prevalence of a myriad of medical problems in the population of the elderly in Penang, Stata was used to calculate the sample size. A sample size of 384 would allow the study to determine the prevalence of these problems with a confidence interval of ±5%. A simple random sample of 400 people was chosen from each district (there are five districts in Penang) from the state's 'special aid for the elderly' list to give a total of 2000 elderly participants for the study. All the residents of the state who are aged 60 years and older irrespective of their social and economic status can apply to be placed in the special aid for the elderly list. All those on the list are given RM100 (USD31) per year by the Penang state government. There were no added incentives to participate in the study. The participation was voluntary.

2.3 Tools

A uniform protocol covering the questionnaire, inclusion and exclusion criteria for each measurement was set up to minimize error and bias. Data was collected by trained nurses who interviewed the participants' in their homes. The questionnaire was translated in the Malay language and pilot tested prior to the data collection. The nurses were trained comprehensively on the accurate method of data collection to avoid variations and to ensure uniformity in the technique of measurement. Besides the baseline demographic information, the participant's attitude towards ageing was measured using the Attitude to Ageing Questionnaire (AAQ). AAQ is based on the opinion of the elderly on their experience of ageing. The scale has three domains which include psychological growth, psychosocial loss and physical change. Higher total scores for the psychosocial loss component indicate a negative attitude towards ageing whereas higher total scores for the physical change and psychological growth components indicate a positive attitude towards ageing. The scores for the psychosocial loss domain were reversed in order to be in line with the other domains where a higher score reflected a more positive attitude towards ageing. Because of this the psychosocial loss domain will be called the psychosocial gain domain throughout this paper. The total score on the AAQ was used to give an indication of the participants' attitude towards ageing. Laidlaw et al. [14] suggested in their paper that higher scores indicated better attitudes towards ageing [14,15]. In order to compare the findings of this study with other studies, the mean score was taken as the cut off, above average scores indicated

better attitudes. This was done following a survey conducted in Australia [16]. Participants were also asked on the age when someone is considered aged and the criteria considering someone to be aged. The latter was a multiple response question, the participants were told to pick as many answers that they feel were relevant.

Oslo-3 Social Support Scale (OSS-3) was used to measure the social support. OSS-3 consists of three questions. The questions and the scores used were

1. How many people are you so close to that you can count on them if you have great personal problem?–none (1), 1 to 2 (2), 3 to 5 (3) and ≥5 (4)
2. How much interest and concern do people show in what you do?- a lot (5), some (4), uncertain (3), little (2) and none (1)
3. How easy is it to get practical help from neighbours if you should need it?- very easy (5), easy (4), possible (3), difficult (2) and very difficult (1)

To reflect the social support, the sum score which ranged from 3-14 was categorised into three; 3 to 8 'poor support', 9 to 11 'moderate support' and 12 to 14 'strong support' [17,18]. Besides the OOS-3 scale, respondents were asked whether they were dependent on anyone for mobility, living arrangement, activeness in social activity and their source of emotional support.

2.4 Analysis

Data is tabulated, cross tabulated and analysed using PASW version 18. t- test or ANOVA was used to analyse the relationship between the variables. Linear regression analysis was attempted to determine social support as a significant predictor. A probability value of $P<0.05$ was considered to be statistically significant.

2.5 Ethics

The research has received the approval of the Joint Penang independent ethics committee (JPEC 11-0102). All respondents were asked to give a written informed consent before starting the interview. The confidentiality of the respondents is assured.

3. RESULTS AND DISCUSSION

A total of 2005 out of the 2250 subjects identified agreed to participate in the study. As shown in Table 1, majority of the participants were women (68.0%), in the age groups 60-69 (62.3%), Malay (74.0%), married (62.4%), with the highest level of education up to primary school (63.9%) and were unemployed at the time of the study (52.4%). Almost half of the respondents were dependent on themselves for mobility (49.0%), were living with their children and family (49.0%), were actively involved in social organizations (57.0%), considered spouse or relatives as the main source of emotional support and had moderate social support (63.6%) according to the Oslo social support scale.

Table 1. Baseline profile of the respondents

Variables	Frequency	Percentages
Socio-demographic variables		
Age		
60-69	1250	62.3
70-79	611	30.5
≥80	144	7.2
Sex		
Men	642	32.0
Women	1363	68.0
Race		
Malay	1484	74.0
Indian	310	15.5
Chinese	211	10.5
Marital status		
Married	1252	62.4
Widow & Divorce	573	28.6
Single	180	9.0
Highest level of education		
Illiterate	144	7.2
Non formal	387	19.3
Primary	1281	63.9
Secondary & Tertiary	193	9.6
Employment status		
Employed	955	47.6
Unemployed	1050	52.4
Social support variables		
Dependence on mobility		
Self	983	49.0
Partner	256	12.8
Children	729	36.4
Others	37	1.8
Living arrangement		
Children/family	957	49.0
Spouse	800	39.9
Alone	200	10.0
Others	48	2.4
Active in social organizations		
Active	1142	57.0
Not active	863	43.0
Social support		
Poor support	326	16.3
Moderate support	1275	63.6
Strong support	404	20.1
Source of emotional support		
No one	132	6.6
Spouse	769	38.3
Relatives	714	35.7
Friends	216	10.8
Religious figures and others	174	8.7

As shown in Table 2, the mean age the participants considered someone as aged was 63 years old. Majority (50.3%) considered those in the age group 60-69 as someone who should be considered old and health status (82.7%) followed by appearance (69.9%) and level of fitness (57.7%) as the criteria to consider some one aged. The attitude to ageing score ranged from 39 to 109 with a mean score of 78.9. The mean score for the psychosocial gain component was 27.2, for the physical change component 24.6 and the psychological growth component 27.2.

Table 2. Baseline data of the attitude to ageing scale

Attitude towards ageing	Frequency	Percentage
Age when someone is considered aged		
Minimum	35	
Maximum	90	
Mean (SD)	62.5 (9.9)	
<50	45	2.2
50-59	426	21.2
60-69	1009	50.3
70-79	187	9.3
≥80	338	16.9
Criteria considering someone to be aged (multiple choice)		
Health status	1659	82.7
Eligibility for pension	414	20.6
Work status	453	22.6
Appearance	1402	69.9
Outlook/attitude to life	393	19.6
Level of fitness	1157	57.7
Age of retirement	528	26.3
Total attitude to ageing score		
Minimum	39	
Maximum	109	
Mean (SD)	78.9 (11.6)	
Different component of attitude towards ageing scale		
a. Psychosocial Gain		
Minimum	8	
Maximum	40	
Mean (SD)	27.2 (5.7)	
b. Physical change		
Minimum	8	
Maximum	40	
Mean (SD)	24.6 (5.2)	
c. Psychological growth		
Minimum	13	
Maximum	37	
Mean (SD)	27.2 (4.7)	

As shown in Table 3, as the age groups increase the mean scores deceased ($F=13.4$, $p=<0.001$). The differences in the mean scores among the races ($F=58.5$, $p<0.001$) were significantly associated with the attitude to ageing scores. The mean scores of the Malays were significantly higher than the Indian and the Chinese. Those who were

widowed/divorced/single had higher mean scores as compared to the married (t=-2.35, p=0.02). As the level of education increased the mean scores increased (F=14.5, p=<0.001). The mean scores of those who were employed (t=-14.5, p=<0.001) and socially active (t=-12.6, p=<0.001) were significantly higher. The differences in the mean scores in mobility (F=56.7, p=<0.001) and living arrangement (F=29.9, p=<0.001) were also statistically significant. As the social support category increased from poor to strong (F=92.8, p=<0.001) the mean scores also significantly increased.

Table 3. Factors associated with the attitude to ageing score

Variables	Overall attitude Score Mean (SD)	t test or ANOVA (F)/p value	Post Hoc
Socio-demographic variables			
Age		13.4/	
60-69 (1)	79.8 (11.5)	<0.001	(1) **>** (2)
70-79 (2)	78.1 (11.8)		(1) **>** (3)
≥80 (3)	74.9 (11.5)		(2) **>** (3)
Sex		1.81/	
Men	79.6 (11.9)	0.07	
Women	78.6 (11.5)		
Race		58.5/	
Malay (1)	80.5 (11.9)	<0.001	(1) > (3)
Indian (2)	74.5 (9.5)		(1) > (2)
Chinese (3)	74.0 (9.3)		
Marital status		-2.35/	
Married	78.4 (11.5)	0.02	
Widow & Divorce & Single	79.7 (11.9)		
Highest education level		14.5/	(3) > (1)
Illiterate (1)	76.6 (12.2)	<0.001	(3) > (2)
Non formal (2)	76.2 (10.4)		(4) > (1)
Primary (3)	79.6 (12.0)		(4) > (2)
Secondary & Tertiary (4)	81.7 (9.7)		(4) > (3)
Employment status		-14.5/	
Employed	82.7 (10.8)	<0.001	
Unemployed	75.5 (11.3)		
Social support variable			
Dependence on mobility		56.7/	(1) > (3)
Self (1)	81.7 (11.7)	<0.001	(1) > (4)
Partner (2)	80.4 (12.0)		(2) > (3)
Children (3)	74.8 (10.1)		(2) > (4)
Others (4)	74.8 (12.4)		
Living arrangement		29.9/	(1) > (4)
Children/family (1)	76.9 (10.6)	<0.001	(2) > (1)
Spouse (2)	81.6 (11.9)		(2) > (3)
Alone (3)	79.6 (12.5)		(3) > (4)
Others (4)	72.8 (11.9)		(3) > (1)
Active in social organizations		-12.6/	
Active	81.7 (11.7)	<0.001	
Not active	75.3 (10.4)		
Social support		92.8 (<0.001)	(2) > (1)
Poor support (1)	75.8 (11.5)		(3) > (1)
Moderate support (2)	77.6 (11.0)		(3) > (2)
Strong support (3)	85.5 (11.1)		

A linear regression Table 4 was conducted to determine social support as a significant predictor variable for the elderly's attitude towards ageing. After controlling for all other demographic factors, strong social support (B=3.15, p<0.001) was significantly associated with increased AAQ score.

Table 4. Linear regression showing the social support as a predictor to the elderly's attitude towards ageing

	B	t	p	95% CI
Social support scale				
Poor (reference)				
Moderate	0.28	0.51	0.61	-0.81; 1.37
Strong	4.15	5.98	<0.001	2.79 ; 5.50

3.1 Discussion

Different social systems and cultural influences produce different subjective experience of ageing [2]. People who report feeling relatively old experience lower positive affect [19] and higher pessimism about ageing [20]. Mock & Eibach [21] suggested that the age an individual feels may be an important factor that determines whether people take into account their ageing attitudes when evaluating their own lives. People who feel old are more likely to take into account their ageing attitude when evaluating their lives than people who feel relatively young. A study among Swiss adults showed that respondents with a subjective age younger than the chronological age were more strongly associated with life satisfaction [22]. Data from a national survey in the United States of America (USA) found that feeling old is a risk factor for negative outcomes when a person holds less favourable attitudes to ageing [21].

In the present study the majority of the participants considered the age group 60-69 as the age group someone should be considered old and the health status, appearance and level of fitness as the criteria to consider someone as old. Many older adults report feeling younger than their chronological age, a study among the elderly in the USA and Germany found that the elderly in the two countries tend to feel younger than their actual age [2]. A survey conducted by the Australian Psychological Society among 1507 persons reported that most of the participants aged 60 and below considered someone aged when an individual is in the 70's whereas those above 60 considered someone in the 80's. Overall most people considered someone aged 71 to 80 as old [16]. In developing countries where the elderly are revered, old age is a time to look forward to. In china, the Chinese believe that old age typically begins at age 50 while the French say it is 71 [23]. In the only other study [24] conducted in Malaysia among the elderly in an old folks home found that most considered age group 60 to 69 and health status, appearance and level of fitness as the criteria to consider someone aged whereas the survey in Australia found most of the participants considered outlook/attitude to life, level of fitness, health status and appearance as factors which are important to consider an individual as aged [16].

The finding of this study showed the total AAQ score and the score of all the three domains was above average suggesting a positive attitude to ageing. The elderly generally have a positive attitude towards ageing. Similar to the finding of this study, other studies conducted in Australia [16], Malaysia [24] and Taiwan [9] reported a trend towards a positive attitude to ageing in all three domains. The ability to adapt to changes and having a positive outlook to

the changes involved in ageing are the key reasons for this positive attitude to ageing [6,16]. Being old does not mean that the individual will have negative feelings. Ageing is related to positive features of growth, adaptation and development and it does not equate to the elderly's negative feelings. Although basic cognitive process associated with learning and memory decline with ageing, the elderly have a relatively high life satisfaction and improved social and emotional functioning. This is termed as paradox of ageing [25]. Elderly experience positive experience more frequently [26] and are more satisfied with their social relationships and perceive their health as good [27]. A survey conducted by the Australian Psychological Society reported that most of the participants considered participation in community and voluntary work as well as fewer responsibility and more free time to spend with the family for leisure and travel as the positive aspects of ageing [16].

Social support is the emotional and practical support received from families and friends [28]. Social support is important for emotional, physical and spiritual well-being of older people [29]. Social support which may be objective i.e. what is actually received or subjective i.e. what is perceived to have been received [30] either in the form of physical, financial and emotional support from social ties and networks is an important aspect of healthy ageing especially among Asians [13]. These social networks and ties are an important aspect of social support and are important for the well-being and health, [31,32] and are significant predictors for survival [33]. Social support influences the individual's perception [13] and attitude towards ageing. Lack of social support has a negative impact on health and reduces the individual's ability to deal with strain resulting in psychological stress and reduced self-esteem [34,35].

High quality of relationships and expectations and traditional support from family and social contacts are important [36]. The perceived warmth, understanding and tangible support received from the social networks forms an important aspect of the social relationships [37]. Asians consider having more offspring's and a big family [38] and living with extended families rather than living alone, maintaining close contact with and being supported by their extended families as healthy ageing [38,39]. A systematic review of the studies conducted in the east showed that maintaining close contact with and being supported by their extended families are perceived as a very important component of healthy ageing [13]. In a study among the elderly living alone in Shanghai, found that most participants reported a negative attitude towards ageing and participants with less favourable social relations reported less positive attitudes to ageing [40]. In a cross sectional study of filial piety and attitudes towards ageing in different cultural groups found that the concept of filial piety was important to the Chinese groups and they reported more positive attitudes to ageing [15].

Older adults meet many of their social needs from family members and friends. Living with families satisfies the psychological, social and physical needs of the elderly. The disruption in the social network may affect the older person's ability to maintain relationships [41]. Most elderly in Malaysia like their counterpart in Asia live with their family members and are taken care by them and are actively involved in social activities [27]. The elderly are often valued as a source of knowledge and experience. However, the population of the elderly is increasing and as society moves from agrarian economy to industrialized economy resulting in work no longer centred around home causes the elderly to lose authority. Compounded by the rural-urban migration, change in the family patterns into nuclear types and the changing roles of women from caregivers to wage earners [42] and the frailty of the elderly, they are slowly being seen as burden to family and society [23]. The change in family dynamics where parents are left at home alone may cause older people to lose opportunities for

informal social interactions. These changes will likely have a negative influence on the attitudes to ageing among the elderly in Malaysia in the future.

4. CONCLUSION

The objective of this study was to determine the attitudes to ageing among the elderly in Malaysia and the influence of social support on it; it was found in this study that the elderly generally have a positive attitude towards ageing. Although most elderly in Malaysia have good social support and live with their family members however the change in family dynamics may have a negative influence on the attitudes to ageing among them in the future, as social support has been shown to be a significant predictor for the attitudes towards ageing.

CONSENT

All respondents were asked to give a written informed consent before starting the interview. The confidentiality of the respondents is assured.

ETHICAL APPROVAL

The research has received the approval of the Joint Penang independent ethics committee (JPEC 11-0102).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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