

## Ageism and Attitudes Towards the Aged Among Ghanaians

Eric Nanteer-Oteng<sup>1</sup> & C. Charles Mate-Kole<sup>1</sup>

<sup>1</sup>*Department of Psychology, University of Ghana*

### Abstract

Attitudes towards the aged comprise feelings, cognitions, and behaviours linked to how individuals relate to older adults. Although the social understanding of relating to the aged have been established in studies, the psychological predictors of these attitudes have not been studied in Ghana. This study assessed the ageism and attitudes towards the aged.

The study was a quantitative study which sampled 323 participants. The present study examined the reasons why adults have certain attitudes and perceptions about the aged. The study investigated this objective from the social and psychological points of view. The study used an explanatory mixed-methods design. The study started with a quantitative study which consisted of 323 participants who were recruited from selected areas in the Greater Accra region. Data was collected using measures of ageism, attitudes towards the aged, fear of old people (FOP). The quantitative data was analysed using multivariate and regression analysis. The results showed that sociodemographic factors such as education and age individually play a role in ageism and attitudes towards the aged, respectively. The study also found that positive ageism reduces negative attitudes towards the aged, whilst negative ageism is linked with undesirable attitudes towards the aged.

**Corresponding Author:** [enanteer-oteng@st.ug.edu.gh](mailto:enanteer-oteng@st.ug.edu.gh)

The findings are discussed in relation to the objectives of the study and recommendations provided on how to promote care for the aged and enhancing positive attitudes towards the aged.

## **Introduction**

Ageism refers to negative or positive perceptions or prejudice based on them against (or to the benefit of) elderly people (Iversen et al., 2009). Ageism, when negative, and has been related to poorer quality health services and decreased access to health care (Wilson et al., 2017). Ageism is pervasive and an insidious social inequality that has adverse effects on the mental health of the aged. Ageism is deeply rooted in culture and not many people are cognizant of it. It is exhibited in constrained social services, stereotypical messages portrayed by the media, and marginalization by society at large (Palmore, 2015). Ageism has been classified into personal ageism, institutional ageism, intentional ageism, and unintentional ageism. On the part of individuals, personal ageism involves thoughts, behaviours, values, and activities that are discriminatory towards people or groups because of their chronological age. For institutional ageism, it covers organisational policies and procedures that are not in favour of the aged or older workers. Intentional ageism encompasses thoughts, behaviours, laws, or activities that are conducted based on their older age with the full knowledge that they are blatantly biased against older adults. This entails activities that take advantage of older people's weaknesses (Sporre, 2019).

Age-related negative stereotypes are well known. Research shows that older people are mostly seen as lonely, inept, dependent, diseased, and solitary (Goll et al., 2015). These kinds of negative stereotypes affect not just the lives of the elderly, but also how the younger generation view their own ageing. The

shift in attitudes towards the aged is worrying. This shift, as has been discussed, started because of urbanisation, migration, globalisation, and education (Eboiyehi, 2015; de-Graft Aikins & Apt, 2016). The modernist theory for the shift in attitudes towards the old position that modernization is causing systemic changes in our social structure, leaving many problems for older people that they did not face before modernisation. Again, modernisation, which is not a facet of the African framework, results in individualisation. The pessimistic views of the elderly are harmful to their well-being. Unlike other rituals of life, ageing is something everyone is going to face, which means that the consequences of a society ridden with negative ageism will be faced by all. Given the prevalence of ageism and the ageing population, the factors contributing to the creation of ageist attitudes towards the aged must be understood urgently. A big move forward in healthier treatment would be to have a piece of substantial knowledge and a cheerful outlook towards ageing.

Barnett and Adams (2018) have explored the correlation between ageism and ageing anxiety. They found out participants who had more encounters with older people had more positive attitudes about the aged population. This is consistent with previous research all of which found that similar relationships exist for individuals who are knowledgeable about ageing (Bousfield & Hutchison, 2010; Darling, 2016; Kotter-Gruhn, 2015; Stahl & Metzger, 2013). Similar findings are seen in a study by Wise and Onol (2020) who realised in their research that ageing anxiety among grandchildren of the aged was influenced by the kind of quality contact they had with grandparents, how often they met them, as well as the emotional closeness that was developed. Cooney et al. (2020) executed research to investigate the predictors of ageism and rate the most pressing factors that explain ageist attitudes. A total of 419 participants were used ranging between 18 and 86 completed an online survey. The findings of the study

were that ageing anxiety, contact with the aged, and knowledge of ageing predicted ageism after other demographic variables were held constant.

Nwasogwa and Ugwu (2019) in Nigeria found that females are more positive than males when it comes to attitudes towards the aged. This finding, though divergent from other recent studies can be attributed to the geographical location in which the study was conducted since the above-mentioned studies were conducted outside Africa. Conversely, a much recent study on gender differences in attitudes towards the aged in Nigeria by Afolabi et al. (2020) found that majority of males had much more positive attitudes towards the aged as compared to the female cohort. They also found that female nurses preferred to work with younger patients than older ones.

## **Method**

### *Research design*

A cross-sectional survey was employed to study death and ageing anxieties among middle-aged and older adults. The survey was used to obtain demographic data from participants as well as data on facets of ageing anxiety and death anxiety.

The research was performed in the Greater Accra Region of Ghana. The population of the study consisted of adults who are 18 and above within the selected areas of La Nkwantanang Madina Municipal District, Accra Metropolis District and Tema.

### *Participants*

Participants were recruited by convenience sampling from the Greater Accra region, with most of the participants from the University of Ghana, University of Professional Studies, Madina

and surrounding areas. The participants comprised 159 (49.2 %) males and 164 (50.8%) females. The participants were grouped into 3 namely, young adults 175(54.2%), middle-aged adults 80(24.8%) and older adults 68 (21.1%).

## **Measures**

### *Ageism*

To measure ageism, the Relating to Older People Evaluation (ROPE) was used. The scale is a 20-item measure of positive and negative ageism developed by Cherry and Palmore (2008). This scale has separate subscales that measure positive ageism and negative ageism. Six items comprise the Positive Ageism scale whilst 14 items are included in the Negative Ageism scale. The range obtained for positive ageism was 6–18, and 14–42 for negative ageism.

### *Attitudes towards Older People*

To measure attitudes towards the aged, the abridged version of Kogan's Attitudes towards Older People (KAOP) was used. The Kogan Attitudes towards Old People Scale is used to evaluate the positive and negative attitudes of people towards the elderly. The revised version by (Kiliç & Adibelli, 2011) is a two-part, self-administered questionnaire (positive and negative aspects), with 13 statements in each part. The reliability coefficient obtained for this scale in the study was  $\alpha=.87$ .

### *Fear of old people*

This scale is a subscale of the ageing anxiety scale (AAS) which is a multidimensional scale developed by Lasher and Faulkender (1993). It was used to measure fear of old people which directly represents fear of ageing in this study.

## Procedure

The procedures for data collection involved first conducting a pilot study to assess the questionnaire and the interview guide before conducting the main study. The study started by obtaining ethical clearance from the Ethics Committee for Humanities (ECH) of the University of Ghana for approval to undertake the study.

## Results

SPSS version 26 was used to render tabulations of frequencies, percentages, and graphical presentations. All statistical tests were conducted as two-sided and declared at the significant value of  $p = 0.05$ .

**Table 1. Bivariate Correlations among Criterion and Predictor Variables**

	1	2	4	5	6
1.Attitudes					
2.Contact	-.326**				
4.Postive Ageism	-.122*	.493**			
5.Negative Ageism	.265**	.163	.505**		
6.Fear of old people	.604**	-.467**	-.318**	.075	

Correlation is significant at the 0.01 level (2-tailed).

Correlation is significant at the 0.05 level (2-tailed).

**Table 3: Summary of MANOVA table for differences in gender on attitudes towards the aged, ageism, at and ageing anxiety**

Variable	Gender					
	Men	Women				
	Mean (SD)	Mean SD	<i>df</i>	<i>F</i>	<i>p</i>	$\eta^2$
KAOP	80.89±13.59	80.86±14.40	1,295	.000	.984	.000
Negative Ageism	23.70±5.17	21.73±4.21		12.98	.000	.042
Positive Ageism	13.36±2.50	12.97±2.35		1.99	.158	.007

NOTE. SD = Standard deviation; KAOP = attitudes towards older people;  $p < 0.01$

Difference between men and women were statistically significant on the combined dependent variables,  $F(1, 295) = 3.57$ ,  $p = .013$ ; Wilks' Lambda = .94; partial eta squared = .06. When the results for the dependent variables were considered separately, the only variable to reach statistical significance, using a Bonferroni adjusted alpha level of .004, was negative ageism,  $F(1, 295) = 12.99$ ,  $p = .000$ , partial eta squared = .04. A scrutiny of the mean scores indicated that men had marginally higher levels of negative ageism ( $M = 23.70$ ,  $SD = 5.17$ ) than women ( $M = 21.73$ ,  $SD = 4.21$ ). Meaning, male participants are more likely to exhibit negative ageist behaviours than females.

To investigate age differences on attitudes towards the aged, a multivariate analysis of variance was done. Three dependent variables were used: attitudes towards the aged, positive ageism and negative ageism. The independent variable was age (which was on three levels). Checks assumptions of MANOVA were done, with no serious violations noted. There was a statistically significant difference between the groups on the combined

dependent variables,  $F(2, 302) = 18.44, p < .01$ ; Wilks' Lambda = .713; partial eta squared = 1.56. When the results for the dependent variables were considered separately, all the scales reached statistical significance.

Using a Bonferroni adjusted alpha level of .01, attitudes towards the aged,  $F(2, 302) = 21.77, p = .000$ , partial eta squared = .13; negative ageism,  $F(2, 302) = 25.29, p = .000$ , partial eta squared = .14; positive ageism,  $F(2, 302) = 19.22, p = .000$ , partial eta squared = .11.

**Table 4: Summary of Results for the MANOVA test performed on the 3 groups**

Variables	Young Adults N=170	Age Middle-Aged Adults N=77	Older Adults N=62	df	F	P	$\eta^2$
	Mean (SD)	Mean (SD)	Mean (SD)				
KAOP	82.06 ± 11.24	85.69 ± 15.37	71.50 <sup>ab*</sup> ± 14.56	2,305	170.56	.000	.126
Negative Ageism	21.11 <sup>b*</sup> ± 4.14	25.17 <sup>a*</sup> ± 4.84	24.00 <sup>c*</sup> ± 4.66		25.29	.000	.143
Positive Ageism	12.48 <sup>b*</sup> ± 2.14	13.77 <sup>a*</sup> ± 2.41	13.19 <sup>c*</sup> ± 2.54		19.22	.000	.113

NOTE. KAOP= Attitudes towards the aged scale.  $p < .01$ ; M (SD) = Mean (Standard Deviation)

<sup>a\*</sup> Young Adult is significantly different from middle-aged adults on only negative ageism and positive ageism.

<sup>b\*</sup> Middle-Aged Adult is significantly different from young adult on negative ageism and positive ageism.



<sup>ab\*</sup> Older adult is significantly different from young and middle-aged adult on attitude towards the aged (KAOP)

<sup>c\*</sup> Older Adults significantly differ from young adults on negative ageism and positive ageism.

\*= significant at the .05 level of significance

Post-hoc comparisons using the Bonferroni test indicated that the mean score on attitudes towards the aged (KAOP) for young adults ( $M = 82.06$ ,  $SD = 11.24$ ) was significantly different from older adults ( $M = 71.50$ ,  $SD = 14.56$ ). Middle-aged adults ( $M = 85.69$ ,  $SD = 15.37$ ) was statistically different from older adults ( $M = 71.50$ ,  $SD = 14.56$ ). However young adults and middle-aged adults did not differ significantly from each other.

For negative ageism, young adults ( $M = 21.11$ ,  $SD = 4.14$ ) reported significantly less ageist behaviours than middle-aged adults ( $M = 25.17$ ,  $SD = 4.84$ ) and older adults ( $M = 24.00$ ,  $SD = 4.66$ ). Middle-aged and older adults did not differ significantly on negative ageism.

For positive ageism, older adults ( $M = 13.19$ ,  $SD = 2.54$ ) reported more positive ageist behaviours than young adults ( $M = 12.48$ ,  $SD = 2.14$ ). Again, middle-aged adults did not differ significantly from older adults. Therefore, the hypothesis was only partially supported.

A one-way between-groups multivariate analysis of variance was done to investigate educational differences in attitudes towards the aged. Three dependent variables were used: attitudes towards the aged, positive ageism and negative ageism. The independent variable was Education (which was on four levels). Before the test was done, all tests for assumptions were conducted. The results

indicated that there was a statistically significant difference between the groups on the dependent variables,  $F(2, 302) = 3.57$ ,  $p = .000$ ; Pillai's Trace = 11.82; partial eta squared = 0.72. When the results were examined independently, only ageism reached statistical significance. Pillai's Trace instead of Wilk's Lambda was reported because some assumptions of MANOVA were not met as suggested by Pallant (2011).

Using a Bonferroni adjusted alpha level of .01, attitudes towards the aged,  $F(2, 302) = .86$ ,  $p = .42$ , partial eta squared = .009; negative ageism,  $F(2, 302) = 35.18$ ,  $p = .000$ , partial eta squared = .19; positive ageism,  $F(2, 302) = 13.56$ ,  $p = .000$ , partial eta squared = .084.

**Table 5: Summary of Results for the MANOVA test performed on the 4 groups**

Variables	<SHS N=52	Undergrad- uate N=131	Postgrad- uate N=75	<i>df</i>	<i>F</i>	<i>P</i>	$\eta^2$
KAOP	80.87±18.19	81.74±10.50	79.08± 12.30	2,301	.95	.42	.009
Negative Ageism	25.61±4.94	21.33± 3.75 <sup>a*</sup>	21.05±4.26 <sup>a*</sup>		23.48	.000	.190
Positive Ageism	14.17± 2.68	12.74± 2.15 <sup>b*</sup>	12.62± 2.12 <sup>b*</sup>		9.16	.000	.084

NOTE. KAOP= Attitudes towards the aged scale,  $P < .01$ ;  
±=Standard Deviation

<sup>a\*</sup>=below SHS participants differ significantly from undergraduate and postgraduate participants on negative ageism.

<sup>b\*</sup>=below SHS participants differ significantly from undergraduate and postgraduate participants on positive ageism.

Post-hoc comparisons using the Bonferroni test indicated that for SHS and below ( $M=25.61$ ,  $SD=4.94$ ) scored higher on negative ageism than Undergraduates and postgraduates ( $M = 21.33$ ,  $SD = 3.75$ ), ( $M = 21.05$ ,  $SD = 4.26$ ) respectively.

For positive ageism, SHS and below ( $M = 14.17$ ,  $SD = 2.68$ ) scored higher on positive ageism than Undergraduates ( $M = 12.74$ ,  $SD = 2.15$ ) and postgraduates ( $M = 12.62$ ,  $SD = 2.12$ ). Undergraduate and Postgraduate participants also did not differ from each other on measures of ageism. .

There was a negative correlation between positive ageism and attitudes towards the aged,  $r=-.12$ ,  $n=320$ ,  $p<.05$  with high levels of positive ageism associated with lower levels of negative attitudes towards the aged. Also, there was a small positive correlation between negative ageism and attitudes towards the aged,  $r= .27$ ,  $n=318$ ,  $p<.001$ , meaning, an increase in negative ageism leads to an increase in negative attitudes towards the aged; also, a decrease in positive ageism leads to an increase in negative attitudes towards the aged.

**Table 8: Summary of the results of the Moderation effect**

<b>Model</b>	<b>B</b>	<b>SE</b>	<b>t</b>	<b>P</b>
Constant	80.82	.612	132.122	.000
Negative Ageism	.65	.133	4.893	.000
Fear of old people	1.94	.181	10.719	.000
Int_1	.074	.033	2.261	.024

B=coefficient/ slope of the intercept; SE= standard error; p=significant level; Int\_1= interaction

To test the hypothesis that Fear of old people will moderate the relationship between negative ageism and attitudes towards the

aged, simple moderation analysis was performed using Model 1 of the PROCESS macro version 3.4 by Hayes (2019) with a confidence interval of 95% and bootstraps set at 5,000. The outcome variable for analysis was Attitudes towards the aged (KAOP). The predictor variable for the analysis was negative ageism. The moderator variable evaluated for the analysis was Fear of old people (FOP). The variables accounted for a significant amount of variance in attitudes towards the aged,  $R^2=.42$ ,  $F(3,299)=57.38$ ,  $p<.001$ .

The interaction between the predictor and moderator variables was found to be statistically significant  $\{b=.074, 95\% \text{ C. I } (.01, 0.14), p<.05\}$ , indicating that the relationship between negative ageism and attitudes towards the aged is moderated by fear of old people. Thus, the hypothesis that Fear of old people moderates the relationship between ageism and attitudes towards the aged was supported.

The conditional effect showed corresponding results. At low moderation, there is no significant relationship between negative ageism and attitudes towards the aged,  $\{b=-.35, 95\% \text{ C.I } (-.05, .75), p>.05\}$ . However, at high moderation, there is a significant relationship between negative ageism and attitudes towards the aged,  $\{b=.95, 95\% \text{ C.I } (.62, 1.29), p<.05\}$ .

## Discussion

One objective of the study was to examine whether socio-demographic factors (age, education, and contact with the aged) influence attitudes towards older people. On age differences, it was observed that young adults and middle-aged adults had more negative attitudes towards the aged than older adults. However, among the two, they did not differ on which group had more negative attitudes. Studies by Liou (2017) and Makita

et al. (2019) have reported similar findings. A striking finding, however, was that young adults had lower scores on negative ageist behaviours than middle-aged and older adults. Middle-aged adults, from the results, had slightly higher means on negative ageism than older adults however, it was not statistically significant.

The current study found out that educational level does not have any influence on attitudes towards the aged. For ageism, however, participants with higher education had less negative ageist attitudes than those with lower education levels. Interestingly, however, respondents with lower educational levels scored higher on positive ageism than those with higher educational levels. One justification for this would be that participants with higher levels of education treat the elderly without any implicit bias thereby negating the Stereotype embodiment theory. It can further be argued that education reduces age-related biases which have been socially constructed as the stereotype embodiment theory suggests. This finding is concordant with others which found that higher academic levels have a positive relationship with intention to work with older adults (Che et al., 2018; Goncalves et al., 2011; Koskinen et al., 2012).

Finally, correlation analysis showed that as contact with the aged increased, negative attitudes towards the aged decreased. This finding is consistent with current research such as that of Cadieux et al. (2019) who found that more contact with older people leads to developing more positive attitudes towards the aged. This supports the Contact Hypothesis which posits that contact with the outgroup will reduce prejudice and foster good relationships. Previous research has found similar findings on the positive effect contact has with attitudes towards the aged (Bousfield & Hutchison, 2010; Hutchison et al., 2010). However, contact with the aged was significant only in the first model of the

regression analysis which suggests that it cannot be established as a predictor of attitudes towards the aged despite the negative correlation.

The current study found that as positive ageism increased, negative attitudes towards the aged decreased. Although positive ageism is ideal, considering that it results in a positive attitude towards coping with older adults, it would be better to have a more realistic view of older adults as real individuals, just like younger ones, and not have to rely solely on positive ageist attitudes.

Fear of old people was measured using items that dwell on contact with older people. Contact hypothesis is inherently involved with the aged since fear of the aged is based primarily on contact. The five items centred on levels of contact individuals have with the aged. The moderation analysis contextualised the relationship between negative ageism and attitudes towards the aged. The conditional effect from the analysis showed that as fear of the aged increased, there was a positive relationship between negative ageism and attitudes towards the aged.

### **Implications of findings for clinical practice**

The main findings confirm that fear of old people and ageism may affect attitudes towards the aged, and more contact with the aged reduce negative attitudes. With the clear increase in ageism and negative attitudes towards the aged, psychologists may encounter much other older adults who will present with psychological disorders such as anxiety, and typically depression as emphasised in the study by Bonful and Anum (2019).

## Recommendations

From the research conducted, suggestions and recommendations for dealing with ageing in Ghana are listed below; they could be considered both as solutions for the immediate, transitional, and long term. To make known the value of ageing and the possible consequences if it is not addressed, ageing needs to be promoted; this has the potential to support evidence-based policies and will make more societies responsive to ageing:

- Organisations in Ghana should endeavour to help solve problems which are ageing-related and not put all focus on just children and the young adult population.
- The government must enact and enforce legislation that borders on ageing issues in detail and policies such as the Livelihood Empowerment Against Poverty (LEAP) and other policies must be fully functional with ample results.
- Lastly, given knowledge on the increasingly ageing population, the sustainable Development Goals should be restructured to accommodate the elderly, as the SDGs are not specific to ageing.

## Limitations

This study was constrained in many ways. The use of a convenience sample restricts the generalizability of outcomes since most respondents were in higher institutions or graduated from higher institutions. The expansion of the sample size to include individuals of diverse educational and geographical backgrounds that this study attempted would be beneficial for further research. Contact with older adults and ageism is also likely communal with respect to the variables; that is, contact with the aged may have an impact on ageist attitudes, likewise, ageist

attitudes may also lead to contact with older adults. Conducting a longitudinal study may be of benefit to explain the relationship between contact and attitude towards the aged.

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