

Attitude Towards Ageing and Perceived Health Status among the Elderly in Malaysia

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ABSTRACT

There is an increasing number of older people globally, thus it is essential to build knowledge of how older people view their own ageing, considering their health related circumstances. However, limited attention has been given to attitude towards ageing, particularly in Malaysia. The purpose of this study is to examine the relationship between self-perception of ageing and perceived health status in adults aged 60 years and above. This study is primarily conducted via survey among the elderly patients who are 60 years old and above, who are using the services at public hospitals in Peninsular Malaysia. The 'Attitudes towards ageing' questionnaire was used to measure participants' perception of ageing, while perceived health status was measured using questions from the Study of Global Ageing and Adult Health (SAGE) developed by World Health Organization(WHO). All items in both questionnaires were measured on a 5-point Likert-scale. The findings reveal that positive attitudes to ageing were associated with health status in older adults. The research contributes to greater understanding of the attitudes among the elderly towards ageing and their perceived

health status. Understanding these associations may help healthcare providers and policy makers consider strategies to enhance the quality of life of the elderly.

Keywords: Attitude towards ageing; perceived health status; elderly

1. INTRODUCTION

Population ageing is one of the most important demographic events in the 21st century. This phenomenon occurs globally as the proportion of the elderly relative to the younger generation increases. In Malaysia, an elderly person is defined as those who are 60 years old and above (Jabatan Kebajikan Masyarakat, n.d.). It is reported that the total number of elderly people are 2.83 million of Malaysia population of 31 million (Department of Statistics Malaysia (DOSM), 2015) and Malaysia is forecasted to be an aged nation by 2030 when 15 per cent of the population is categorised as elderly (United Nation, 2009). As the number and percentage of the elderly in Malaysia continues to increase, the need for extensive and current information on this population increases and thus, issues regarding

the elderly are becoming increasingly important to be discussed (Wan-Ibrahim & Zainab, 2014).

2.LITERATURE REVIEW

Attitudes are beliefs that have an evaluative component, and have been of interest to psychologists and those interested in health promotion. There is an enormous body of evidence that points to the consequences that attitudes can have on future behaviours and health outcomes. Attitudes towards ageing have been the focus of attention in the literature. This is because the concept is critical for older adult's adjustment and survival. However, research on attitude towards ageing topics in Malaysia is still in its infancy and relies heavily on Western theories and findings.

Theoretically, research on the concept of attitudes towards ageing is receiving growing attention in the literature since the mid 1970s. A seminal study in this area is the work of Bennet and Eckman (1973), reported that attitudes towards ageing are considered critical for the elderly adjustment and survival and contribute to their adaptive and maladaptive behaviours, and reinforce how individuals in younger age groups view and approach their own ageing process. Researchers believed that individual knowledge, observations and experience help form attitude (Hess, 2006; Schwarz, 2007; Thorpe, Pearson, Schluter, Spittlehouse, & Joyce, 2014).

Attitude towards ageing is defined as individuals meaning regarding the experience of ageing, reflecting both individual knowledge and experience and influencing behavioural choices (Thrope, 2014). In agreement with this definition is affective, cognitive and evaluative components of behaviour toward the process of ageing as a personal experience by Hess (2006). Both authors agreed that a core characteristic must exist in attitude towards ageing which is experience, where this element is present in the definition offered by both authors. Both definition of attitude towards ageing clearly reflect that the elderly experience will influence their behaviour. How

attitude towards ageing is defined is critically important to how it may be measured. In relation to the current study, the author applies the definition given by Thorope (2014) that is the individuals meaning regarding the experience of ageing, reflecting both individual knowledge and experience and influencing behavioural choices.

As ageing affects different people differently (Hess, 2006; Rashid, Ong & Wong, 2012), uniquely personal (Lucas-Carrasco, Laidlaw, Benito et al., 2012) and exists on a dynamic continuum ranging from positive to negative, a deeper understanding of this issue is critical. The following paragraph will review past studies that relates to the experience of ageing among the elderly as experience of ageing is neither positive nor necessarily negative.

Generally, old age is perceived as substantial losses in social, cognitive and physical domains (Urry & Gross, 2010) and often perceived as weak and a burden. Levy (2003) proposed that negative attitudes towards ageing are formed in early life, either implicitly or explicitly, are reinforced through adulthood and become internalised as one reaches old age, leading to self-stereotypes. The context of negative attitudes towards ageing is defined as a perspective that older age is a time of physical and mental decline (Levy, 2003).

A study conducted by Law, Laidlaw and Peck (2010) reported that those who have more negative attitudes toward ageing were more likely to endorse a belief that depression is an understandable and normal part of getting older. The researchers further specified that such beliefs might lead to a negativity that impedes older adults from engaging with treatment for depression. The findings of this study is consistent with a research conducted by Quin et al., (2009) which reported that negative attitudes towards ageing were associated with negative attitudes toward depression. It seems reasonable that negative attitude towards ageing undermines older adults motivation to engage in healthy lifestyle and health seeking behaviours.

On the other hand, reviews of literature suggest that attitude towards one's own ageing do not necessarily have to be negative, but can also focus on positive aspects of the ageing process (Diehl et al., 2014; Luo Lu, Kao, & Hsieh, 2010). Positive attitude to ageing can be expressed as a perspective that personal growth and development can be experienced in later life (Laidlaw et al., 2007). Review of past literature stated that individuals who are positive about ageing are healthier (Barefoot et al., 2011; Barrett, 2003; Bryant et al., 2012; Jang, Poon, Kim & Shin, 2004), live longer (Chida & Steptoe, 2008; Levy & Ellis, 2006; Luo Lu, Kao & Hsieh, 2010; Rashid, Ong & Wong, 2012) and have greater life-satisfaction (Bryant et al., 2012; Carstensen et al., 2011; Laidlaw et al., 2007; Low, Molzahn, & Schopflocher, 2013; Thorpe, 2014).

It is reasonable to conclude that having a positive attitude towards ageing may contribute to a healthier mental and physical health, higher levels of life satisfaction and increase in longevity among the elderly. Whereas, negative attitude towards ageing should be overcome, as it is well documented in previous literature that a negative attitude towards ageing are associated with a host of negative outcomes. The promotion of successful ageing is increasingly becoming important in ageing societies. Public health initiatives must be engaged to facilitate successful ageing by promoting and motivating the elderly to take greater responsibility for their own ageing and for adopting behaviours that optimize their chances to age successfully.

In summary, attitudes towards ageing have a social basis and reflect a person's past experience with specific social, cultural and historical context (Diehl et al., 2014). Literature on attitude towards ageing among the elderly identified in this section mostly represent Western populations, in which the authors argue that attitude towards ageing vary among people from different cultural background. Since most of the studies represent Western population and were conducted in Western countries, there were no clear pictures of

attitudes of ageing among the elderly from Asian countries particularly Malaysia. Therefore, based on the literature review, the researcher investigated attitude towards ageing among the elderly in Malaysia and tested the relationship between these concepts with self-perceived health status. The main purpose of this is to fill the gap of information in these areas. The main aim of this study is to empirically analyse the relationship between attitude towards ageing and self-perceived health status among the elderly in Malaysia. Related to this, is the possibility of exploring whether attitude towards ageing are influenced by socio-demographic characteristics of the respondents.

3.METHODOLOGY

3.1.Samples and Procedures

This study carried out a quantitative cross-sectional study which involved outpatients aged 60 years old and above in 11 public hospitals in Peninsular Malaysia. The first step in this process is to stratify Peninsular Malaysia into four regions, namely Northern region (Perak, Pulau Pinang, Kedah and Perlis), Central region (Selangor, Federal Territory of Kuala Lumpur, Federal Territory of Putrajaya), Southern region (Johor, Melaka and Negeri Sembilan) and East-Coast region (Pahang, Terengganu and Kelantan). Out of the 11 hospitals selected, two hospitals were state level hospitals, three were major specialist hospitals, three were minor specialist hospitals and three were non-specialist hospitals. After the hospitals were selected, a non-probability sampling in the form of convenience sampling was used to identify respondents and for the administration of the survey. A total of 375 samples were determined for this study.

3.1.1.Socio-demographic background

The participants were requested to complete the questions related to their

demographic background such as age, gender, ethnic group, education level and type of diseases.

status. The respondents were asked to answer the statement based on their agreement by using a five-point Likert scale ranging from 1 (poor) to 5 (excellent).

3.1.2. Attitude to Ageing Questionnaire (AAQ)

The Attitude to Ageing Questionnaire (AAQ) developed by Laidlaw and colleagues (2007) was adopted as the tool to measure attitude towards ageing. The measurement tool has been extensively tested and validated cross-culturally (Hsu & Huang, 2010; Huang, Wang, Liu, & Laidlaw, 2010; Kalfoss, Low, & Molzahn, 2008; Lucas, Carrasco, Laidlaw, Gomez-Benito, 2013; Mairal, 2004; Rashid, Ong, & Wong, 2012; Thorpe, 2014). The AAQ is a self-report measure in which individuals express their own attitude to the process of ageing (Laidlaw et al., 2007). The AAQ measures the individual perception of the ageing process, including both losses and gains associated with ageing.

The questionnaire consisted of three subscales covering psychosocial loss, physical change and psychological growth domains with a reliability value of 0.86 (Kalfoss et al., 2008). The first subscale namely psychosocial loss, include items related to psychological and social losses relevant to ageing as a negative experience. The second subscale namely physical change, focus on the physical function with items related to health, exercise and the experience of ageing itself. Finally, the last scale namely psychosocial growth relates to wisdom and growth, reflecting positive gains in relation to oneself and to others. Responses were elicited on a five point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

3.1.3. Self-perceived Health Status

A total of four items were adopted from SAGE that was developed by the World Health Organisation to measure self-perceived health

3.2. Procedure

A Malay version of the questionnaire was developed using a back-to-back translation method developed by Beaton, Bombardier, Guillemin and Ferraz (2000). The original instrument, which was in English, were translated into the Malay language. Secondly, a native English speaker then back translated the questionnaire items. Finally, an expert group composed of researchers, physicians, academicians in geriatric medicine and statisticians agreed upon a common translation. The refined version of the questionnaire was pretested with four experts in the area of healthcare and seven elderly to represent the sample in this study.

After the completion of the instrument, a pilot test was conducted to test all the variables of the study. In an effort to meet the objectives, convenient samples of 30 questionnaires were sent to the target group. The Cronbach's alpha for attitude to ageing was found to be 0.85 while the Cronbach's alpha for perceived health status was 0.93, indicating that there was a good internal consistency among the items. The study protocol was reviewed and approved by the Malaysian Medical Research and Ethics Committee (MREC). Overall, 400 questionnaires were distributed, and out of these, 375 useable responses were analysed, which gave a response rate of 93.8%.

3.3. Data Analysis

Data were analysed using SPSS. Reliability tests, factor analysis, frequencies and mean analysis were employed. Bivariate analysis such as independent sample t-test, One-way ANOVA and Pearson correlation coefficient were chosen to examine the

association between socio-demographic characteristics of the respondents, attitudes to ageing and self-perceived health status.

3.3.1. Reliability and Validity

Reliability analysis was carried out using Cronbach’s coefficient Alpha. In this study, Cronbach’s Alpha for the overall AAQ and each of its subscales of psychosocial loss, physical change, psychosocial growth and perceived health status was 0.84, 0.91, 0.80 and 0.91 respectively. The results suggest very good internal consistency and reliability for the scales within this sample. In establishing the validity of the instrument, factor analysis was carried out. All items on attitudes to ageing and self-perceived health status were factor analysed by Varimax rotation with minimum

acceptable level of significance for factor loading. Factor analysis grouped the items into four factors, which accounted for 56.40% of total variance. Accordingly, the factors were labeled as psychosocial loss, physical change, psychosocial growth and self-perceived health status.

4.RESULTS

The mean age of the respondents was 67.37 with a range between 60 and 105 years. Gender distribution was almost equal, where 189 of the respondents (50.4%) were male and 186 respondents (49.6%) female. Majority of the respondents (74.93%) were Malays. In terms of educational background, 91 of the respondents (24.27%) had no formal education where the majority (75.73%) reported some form of education. *Table 1* presents a detailed information on the characteristics of the respondents.

Table 1: Profile of the Respondents

	Frequency	Percentage	M	SD
Age			67.33	6.30
Gender				
Male	189	50.4		
Female	186	49.6		
Ethnicity				
Malay	281	74.93		
Chinese	48	12.80		
Indian	44	11.73		
Others	2	0.54		
Education level				
No formal education	91	24.27		
Primary school	131	34.93		
Secondary school	125	33.33		
College/University	28	7.47		

Psychosocial loss scores were reversed, in that higher scores indicate a more positive attitude across the AAQ subscales. As shown in Table 2, psychosocial loss domain had the

highest scores, which reflect a more positive attitude to ageing. The physical change domain had the lowest mean scores of all the domains.

Table 2: Descriptive Statistics

	Mean	SD
Psychosocial Loss ^a	22.14	4.64
Physical Change	11.36	3.01
Psychosocial Growth	20.31	4.23

^a Psychosocial loss were recorded, so a higher score indicates a more positive result in all domains

AAQ subscales were analysed by age, gender, ethnic group and education level. A series of bivariate analyses including Pearson correlation, independent sample *t*-test and one-way ANOVA were carried out to investigate the association between socio-demographic characteristics and attitude towards ageing. Table 3 presents the AAQ subscale by socio-demographic factors. The relationship between psychosocial loss, physical change and psychosocial growth and age were investigated using Pearson product-moment correlation coefficient. Older age was significantly correlated with more negative scores on psychosocial loss ($r = -0.16, n = 375, p < 0.05$) and psychosocial growth ($r = -0.13, n = 371, p < 0.05$) but not with physical change.

An independent sample *t*-test was computed to compare the psychosocial loss, physical change and psychosocial growth scores for both male and female. There was no significance difference in psychosocial loss, physical change and psychosocial growth scores for male ($M=22.48, SD=4.21$) and female ($M= 21.80, SD= 5.04; t (369) = 1.39, p = 0.16$, two tailed), male ($M = 11.45, SD = 2.90$) and female ($M = 11.26, SD = 3.12; t (366) = 0.59, p = 0.55$, two tailed) and male ($M = 20.03, SD = 3.96$) and female ($M=20.60, SD= 4.49; t (365) = -1.27, p = 0.20$ respectively).

A one-way ANOVA between group analysis of variance was conducted to explore the association between ethnic groups and

attitude to ageing. Participants were divided into four groups according to their ethnic group (Malay, Chinese, Indian and Others). There was a statistically significant difference at the $p < 0.01$ level in psychosocial loss scores for the ethnic group: $F (3,367) = 10.742, p < 0.01$. Post hoc comparison using the Tukey HSD test indicated that the mean score for Malay ($M = 22.89, SD = 4.08$) was significantly difference from Chinese ($M= 20.62, SD=4.99$) and Indian ($M=19.36, SD = 5.32$) with $p < 0.05$. Neither physical change nor psychological growth was found to be related to ethnic group.

The same test was conducted to identify the differences of attitude towards ageing and educational level. Participants were divided into four groups; no formal education, primary school, secondary school and college or university. Findings indicate that participants, who have higher level of education, reported a greater positive attitude towards ageing. The result showed that there is a statistically significant difference in these three educational groups for psychosocial loss $F (3,367) = 8.54, p < 0.01$, physical change $F (3,364) = 3.121, p = 0.026$ and psychosocial growth $F (3,363) = 2.73, p = 0.04$. Post-hoc comparisons indicate that the mean score for those who have no formal education ($M=20.64, SD=4.83$) was statistically different from secondary school ($M=22.82, SD = 3.85$) and those who received college or university education ($M=25.15, SD=3.32$) with $p < 0.05$.

Table 3: AAQ Subscale Results by Socio-Demographic Factors

Socio-demographic factors	n	Psychosocial Loss			Physical Change			Psychological Growth		
		Mean	(SD)	p	Mean	(SD)	p	Mean	(SD)	p
Age				0.00**			0.83			0.02*
Gender										
Male	186	22.48	4.21	0.16	11.45	2.90	0.55	20.04	3.96	0.20
Female	182	21.80	3.13		11.26	3.12		20.60	4.50	
Ethnicity										
Malay	277	22.89	4.08	<0.001**	11.22	2.99	0.45	20.42	4.29	0.59
Chinese	48	20.62	4.99		11.77	2.93		19.63	3.58	
Indian	44	19.36	5.92		11.81	3.31		20.52	4.58	
Others	2	17.5	7.79		10.50	0.70		18.50	3.53	
Education level										

No formal education	91	20.64	4.83		10.72	3.15		19.32	4.88
Primary school	130	21.92	0.04	<0.001**	11.57	3.17	0.03*	20.38	4.05
Secondary school	122	22.82	3.85		11.32	2.63		20.72	3.54
College/University	28	25.15	3.32		12.60	3.13		21.42	5.15

* $p < 0.05$, ** $p < 0.01$

It was predicted that significant positive correlations exist between the three AAQ subscales and self-perceived health status. The relationship between psychosocial loss domain, physical change domain, psychosocial growth domain and self-perceived health status domain were computed using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the

assumptions of normality, linearity and homoscedasticity. There were positive moderate correlations between psychosocial loss ($r = 0.36, n = 371, p < 0.01$), physical change ($r = -0.39, n = 368, p < 0.01$) and psychosocial growth ($r = 0.46, n = 367, p < 0.01$). Table 4 provides the summary statistics for correlation of AAQ and self-perceived health status.

Table 4: Pearson Correlation of AAQ Domain and Self-Perceived Health Status

	Psychosocial Loss	Physical Change	Psychosocial Growth	Self-Perceived Health Status
Psychosocial Loss	1			
Physical Change	0.60	1		
Psychosocial Growth	0.19**	0.60**	1	
Self-Perceived Health Status	0.36**	-0.39**	0.46**	1

** $p \leq 0.01$

5. DISCUSSION AND CONCLUSION

This study was conducted on a sample of 375 elderly outpatients in Peninsular Malaysia with the objective of determining significant socio-demographic predictors of attitude towards ageing among elderly outpatients in Malaysia and to examine the relationship between attitude to ageing and self-perceived health status. Majority of the participants of this study achieved positive scores in all domains of attitude to ageing as measured by the AAQ. The mean score was smaller in physical change domain. However, this result has not been previously described. It is difficult to explain this result, but it might be due to the nature of the sample of this study. The sample of this study can be described as a group that requires medical attention where they have to contend with a certain degree of loss in physical functioning. Although, these results differ from some published studies (Bryant et al., 2012; Low et al., 2013; Quinn, Laidlaw, & Murray, 2009), they are consistent with a study conducted in Malaysia (Rashid, Azizah & Rohana, 2014). Apart from the

differences in the sample, the similarities in these scores are striking, proposing that results in this study have the potential to be generalized to a broader group of elderly population in Malaysia.

This study found age to be associated with two AAQ domains namely psychosocial loss and psychosocial growth. The results of this study are in accordance with previous studies in Australia (Bryant et al., 2012) and Edinburgh (Long, 2013) where the researchers reported a significant negative association between psychosocial loss and age.

In this current study, no gender differences were detected in relation to the AAQ. Both genders in this study have a positive attitude to ageing, where male find ageing more positive than female. A similar result was reported in previous studies conducted among the elderly in Australia (Bryant et al., 2012), New Zealand (Thorpe, 2014) and Malaysia (Rashid, Azizah & Rohana, 2014). A possible explanation for this might be due to the fact that female experience higher morbidity and disabilities compared to male. Moreover, with increasing age, female tend to

find themselves less attractive (Kalfoss, 2016; Momtaz, Ibrahim, Hamid & Yahaya, 2011). Whereas based on standards of ageing, male gain more status and become more dignified with age. In total, the findings indicate that gender is not a significant factor of attitude to ageing.

Malaysia, a multicultural and multiracial society consists of three main ethnic groups. The majority of Malaysian elderly population is made up of Malays, which account for 56.95%, followed by Chinese (35.65%), Indian (6.89%) and others (0.50%) (DOSM, 2015). Positive attitude to ageing were described by all ethnic groups in this study. The findings of this study mirror those of the previous studies (Carstensen & Löckenhoff, 2003; Hung, Kempen, & De Vries, 2010; Löckenhoff et al., 2009; Luo Lu et al., 2010) where Asian people were reported as having a more positive attitude to ageing compared to the Westerners (Levy & Langer, 1994; Tan, Zhang, & Fan, 2004). This result may be explained by the fact that Asian societies are influenced by Confucian values of filial piety and the practice of ancestor worship which are thought to stimulate positive views of ageing and high esteem for older adults (Ho, 1994; Löckenhoff et al., 2009; Sung, 2001).

Ethnicity appears to be an important predictor of psychosocial loss domain where the mean score for the Malays was significantly higher than Chinese or Indians. These results matched those observed in an earlier study conducted in Malaysia (Rashid et al., 2014). A plausible explanation for this is that it might be due to religious beliefs. Normally, the Malays in Malaysia embrace Islam as their religion. Islam puts so much importance to respecting elders whether they are parents, relatives or unknown older people. In Islam, the elderly is treated mercifully with kindness and selflessness where this influence the role of family members and place a strong emphasis on proper relationship among family members. This is believed to be a powerful support for the Malay elderly, which contribute to positive attitude towards ageing. Moreover, the elderly

are often valued as a source of knowledge and experience. In sum, the result confirmed past studies' findings that ethnicity is a strong predictor of attitude to ageing among the elderly.

As mentioned earlier, the findings indicated that education level did appear to be an important predictor of attitude to ageing. Participants with higher level of education reported a more positive attitude to ageing than participants with no formal education. Thus, the current research's findings echoed earlier research whereby education was found to be an important predictor of attitude to ageing (Adams, 2002; Luo Lu et al., 2010; Marquet et al., 2016; Rashid, Ong, Wong et al., 2012; Rashid et al., 2014; Zhang & Liu, 2007). There are several possible explanations for this result. First, higher educated people feel less lonely and have a higher level of psychological well being compared to those elderly with low level of education (Zhang & Liu, 2007). Second, education attainment is an enduring resource that is related to sustained happiness and serenity, which in turn is related to their vitality and health in their later years (Murrell, Salsman & Meeks, 2003). Finally, higher education level is expected to offer better occupational opportunities, which result in higher financial and social status, and this is expected to provide a foundation for a secure and stable sense of well being which contribute to stronger resources, which promote health. In sum, the finding indicated that educational attainment is a significant factor of attitude to ageing among older Malaysian.

The research has also shown an association between three attitudes to ageing domains and self-perceived health status. The findings are consistent with those of other studies and suggest that psychosocial loss, physical change and psychosocial growth domains are associated with health status (Levy, Slade, Murphy, & Gill, 2012; Low et al., 2013; Luo Lu et al., 2010; Thorpe, 2014).

A number of important limitations need to be considered. Firstly, the study design had been cross-sectional in nature, which prevents

the possibility of drawing conclusions about causal relationships between the variables studied. Secondly, the results cannot be generalised to the whole elderly population in Malaysia, as the sample was not nationally representative where the sample did not cover elderly people from Sabah and Sarawak. Furthermore, it is unfortunate that the study did not include elderly from the community. Therefore, generalisability of the findings is limited. Despite these limitations, the current findings add to a growing body of literature on attitude to ageing among the elderly in Malaysia. The present study has implications for research, practice and policy. Special attention should be paid by healthcare providers and policy makers to promote positive ageing to the elderly in Malaysia. In terms of direction for future research, further work could be conducted so that more in-depth understanding of the current issue may be built further and strengthened. It is recommended that a qualitative study be carried out to acquire a deeper understanding of attitudes to ageing among the elderly in Malaysia.

6. ACKNOWLEDGEMENT

The authors would like to acknowledge The Research Management Centre (RMC) IIUM and Ministry of Higher Education Malaysia (MOHE) for their financial support in conducting this research. This research is supported by MOHE under the Fundamental Research Grant Scheme (FRGS) with project code: FRGS15-243-0848.

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