

Gender and Age Related Difference in Attitude toward Caring For Elderly

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ABSTRACT

Developing nations in Asia are posed to experience a significant increase in the population of older adults living in their respective societies. Over the coming decades, India, the second most populous country in the entire world, is poised to experience a significant increase in its elder population. As a result there has been increased research on attitudes toward older adults. When one thinks of elder care, one typically thinks of it in terms of one's own family and country, older adults need family support and family care as well as support from the community. Thus, the purpose of this study was to examine the influence of gender and age on attitude toward caring for elderly in a culturally diverse country like India. There were 300 participants ranging in age from 25-35, 45-65 and 65+ who took part in the study. It was hypothesized that a) females as compared to males exhibit more favorable attitude toward caring for elderly greater anxiety, b) older respondents in comparison to younger respondents show more favorable attitude toward caring for elderly. A survey method was used in this study and participants were required to complete the attitude toward caring for elderly scale and also give responses to some single measure items to show attitude toward caring for elderly.

Keywords: *Attitude toward Caring For Elderly, Gender, Age*

Ageing is an inevitable and irreversible physiological process that affects all body systems. Elderly or old age consists of age nearing or surpassing the average life span of human beings. 'National policy on Older Persons' (1999) defines 'elderly' as a person who is of age 60 years and above. As a result of increased life expectancy, the proportion of elderly population in the country is steadily raising. Projections suggest that India's elderly population will be double in size between 2001 and 2026, the elderly will account for 12.17 percent of overall population in 2026.¹ The traditional Indian society and joint family system have been influential in safeguarding the social and economic security of the elderly people in the country. However, over the last decade, with the rapid changes in the social scenario and the emerging prevalence of

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nuclear family set-ups in recent years, the elderly people are likely to be exposed to emotional, physical and financial insecurity.

A 1984 World Health Organization survey of persons 60 years and older revealed that 72 to 79 percent of the respondents lived with their adult children (Andrews and others 1986). This means that the elderly may live in a kind of a symbolic relationship with family sharing, contributing and receiving. Within this topic, the most attention has been devoted to investigating the stress and burden often associated with providing care to frail older relatives.

The process of providing care to a relative can lead to both positive and negative consequences. Negative outcomes typically include depression, anger and anxiety. However, physical health and immune function can also be affected by prolonged stress. Although not often studied, many caregivers find providing care to be immensely rewarding, feeling that their relative is receiving the best care possible or that the support they give now is a natural outgrowth of a positive relationship history.

However, the situation for the last two decades has been changing and it certainly different today. There is considerable mobility due to job opportunities and through marriage. Adult children move out and away from their parents. Parents of adult children are naturally aged are growing older. Houses are getting smaller, so are the intentions of adult children for keeping parents in the same house. Though on the positive side it may be said that some young do continue to support elderly parents financially and seek their blessings, advice and support. It is only when the elderly suffer from chronic disability and a diminished capacity for self-reliance that their adult children may find it difficult, especially in the urban areas. Finally, background characteristics of the care giving context, such as care giver's, and care recipients, age, sex, ethno-cultural background and economic resources are also important for the care giving/receiving experience.

Based upon such logic two hypotheses are formulated and tested in the present study. These are:

H₁: Women, in comparison to men, exhibit more favorable attitude toward caring for elderly.

H₂: Older respondents in comparison to younger respondents have more favorable attitudes toward care and support for elderly.

METHOD

Design

The sample was divided into six groups by using the two classificatory variables of respondent's sex (male and female) and age (25 to 35 years, 45 to 65 years and 65+ years). All other variables were then examined as dependent variable through 2x3 ANOVAs to assess if significant variations exist among the groups due to sex and age.

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Sample

A purposive sample of 300 respondents living in Lucknow was used for the present study. Half of these were males, the other half, females. Inclusion criteria consisted of having completed education till at least graduation, not being diagnosed with any illness at the time of the study and belonging to the middle socioeconomic status. The male and the female respondents were further subdivided into four age groups of 25-35 years, 45-65 years, and 65 years and above. In male sample 75% were graduate, 50% were post graduate and 25% were doing some professional courses whereas in female sample 95% were graduate, 45% were postgraduate and 10% were doing some professional courses. All of them were married and employed and their income lies in the range of 10,000 to 30,000

Variables and Measures

Two sets of variables were used in the present study. The first set consisted of the classificatory variables of sex (males vs. females) and age (25-35 years, 45-65 years and 65+ years). These two variables together led to a division of the sample into six subgroups of 'young', 'middle-aged', and 'old' males and females.

The other set of variable consisted of the 'dependent' variable of attitude toward caring for elderly. This scale consists of 17 items selected from Attitude toward Caring for Elderly Scale developed by Klein (1992). This scale is used in the present study to measure the filial obligation in adults toward their aged parents. Participants indicated their responses to each of the 17 items on a 5 point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Total score on this scale ranges from 5 to 85. Also a set of questionnaire were administered to elicit respondents' narratives to explore their constructions regarding various aspects of old age. Some open ended single item measures were used to draw out narratives about general attitude toward caring of elderly.

Procedure

The questionnaires were administered to take the responses regarding attitude toward caring for elderly along with demographic sheet. Also a questionnaire was constructed which contain some single measure items to elicit respondents orientation towards attitude toward caring for elderly in general. A Hindi version of these questionnaires was prepared using the back translation method. Data were collected by administering the questionnaire in face-to-face personal interviews with the respondents. Respondents' narratives were then content analyzed.

RESULTS

Table 1.1 Support /help that old people receive

No.	Category themes	Males				Females				Total %
		1 25-35 Years	2 45-65 Years	3 Above 65 Years	4 Total Male %	5 25-35 Years	6 45-65 Years	7 Above 65 Years	8 Total female %	
1	Son	80.00	50.00	30.00	53.33	50.00	60.00	44.00	51.33	52.33
2	Daughter	40.00	90.00	96.00	75.33	76.00	92.00	94.00	87.33	81.33
3	Other family members	10.00	20.00	10.00	13.33	30.00	20.00	16.00	22.00	17.66

Table 1.1 highlights adult respondents' views regarding the support or help that elderly people usually receive. It is seen that 96 percent of the old males (above 65 years) reported that old people receive more help and support from their daughters than from their sons. Among females also daughters are perceived as more important caregivers in comparison to sons and other family members.

A comparison of all males vs. all females (columns 5 and 10) shows that females, as compared to males, more often identified daughters rather than sons as potential persons giving support and help to their older parents.

Table 1.2 Help/Support by old parents

No.	Category themes	Males				Females				Total %
		1 25-35 Years	2 45-65 Years	3 Above 65 Years	4 Total Male %	5 25-35 Years	6 45-65 Years	7 Above 65 Years	8 Total female %	
1	Giving advice	50.00	60.00	70.00	60.00	84.00	88.00	76.00	82.66	71.33
2	Caring Grand children	94.00	96.00	86.00	92.00	80.00	90.00	88.00	86.00	89.00
3	Offering financial Support	96.00	80.00	94.00	90.00	90.00	74.00	92.00	85.33	87.66
4	Sharing some house hold chores activities	92.00	84.00	76.00	84.00	94.00	84.00	82.00	86.66	85.33
5	By providing guidance	70.00	74.00	70.00	71.33	64.00	60.00	66.00	63.33	67.33

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Table 1.2 describes perceptions about the kind of help or support that old parents provide to their younger generation. From the table it can be seen that the important areas where in old people are perceived to be useful are giving advice, caring for grand children, offering financial support, sharing house hold chores/ activities and providing guidance. Cell entries suggest that males in the middle age group (45-65 years) and also the youngest age group (25-35 years) listed caring for grand children as an important help or support that could be provided by older parents.

Besides highlighting caring for grand children, a good percentage of females (87.66 and 85.33%) think that other important ways for old people for being useful are extending financial support and doing some household activities.

Table 1.3 Help/Support by young people

No.	Category themes	Males				Females				Total %
		1 25-35 Years	2 45-65 Years	3 Above 65 Years	4 Total Male %	5 25-35 Years	6 45-65 Years	7 Above 65 Years	8 Total female %	
1	Financial support	60.00	50.00	40.00	50.00	58.00	-	30.00	29.33	39.66
2	By caring old people needs	88.00	94.00	90.00	90.66	96.00	86.00	84.00	88.66	89.66
3	By listening them	70.00	74.00	80.00	74.00	88.00	64.00	72.00	74.66	74.66
4	Spend more time with old parents	94.00	80.00	96.00	90.00	90.00	74.00	92.00	85.33	87.66
5	Physical support	64.00	76.00	66.00	68.66	64.00	60.00	76.00	66.66	67.66
6	Emotional support	92.00	90.00	64.00	82.00	96.00	74.00	70.00	80.00	81.00

Data on how younger people support their older parents are presented in table 1.3 The important themes on this item correspond to financial support, caring for old people's needs, listening to them, spending time with old parents and providing physical and emotional support to them. A majority of respondents (88.66 percent to 90.66 percent) said that younger generation could provide support to their older parents by caring for their needs.

Emotional support and spending more time with older parents were considered other important ways of providing support by young people to their older parents.

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Table 1.4 Old parents as a source of burden

No .	Category themes	Males				Females				Total %
		1 25-35 Years	2 45-65 Years	3 Above 65 Years	4 Total Male %	5 25-35 Years	6 45-65 Years	7 Above 65 Years	8 Total female %	
1	No burden at all	100.00	100.00	100.00	100.00	96.00	100.00	100.00	98.66	99.33
2	A little burden	-	-	-	-	4.00	-	-	-	-
3	Moderate burden	-	-	-	-	-	-	-	-	-
4	Lot of burden	-	-	-	-	-	-	-	-	-

Adult respondents were asked to indicate the extent to which caring for old parents is a source of burden. Cell entries in table 1.4 suggest that for all age groups of male and females, caring for old parents was reported (at least verbally!) to be a ‘no burden at all’. Hundred percent of the total male and female respondents agreed that caring for their parents is not a burden for them.

Table 1.5 Caring of older parents as a source of satisfaction

No .	Category themes	Males				Females				Total %
		1 25-35 Years	2 45-65 Years	3 Above 65 Years	4 Total Male %	5 25-35 Years	6 45-65 Years	7 Above 65 Years	8 Total female %	
1	Not at all	-	-	-	-	-	-	-	-	-
2	A little satisfaction	20.00	10.00	-	-	-	-	-	-	5.00
3	Moderate satisfaction	10.00	10.00	-	-	6.00	4.00	-	-	7.5
4	Lot of satisfaction	70.00	90.00	100.00	-	94.00	96.00	100.00	-	91.66

An attempt was next made to assess the extent to which caring for the older parents could be a source of satisfaction for their children. Table 1.5 contains data on this dimension. From the cell entries it is clear that 91.66 percent of all males and females in various age groups reported that providing care for their older parents would lead to a lot of satisfaction for them.

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Table 1.6 Responsibility for caring for older people

No.	Category themes	Males				Females				Total %
		1 25-35 Year s	2 45-65 Year s	3 Abov e 65 Years	4 Tota l Male %	5 25-35 Year s	6 45-65 Year s	7 Abov e 65 Years	8 Total femal e %	
1	Old people themselves	50.00	30.00	70.00	50.00	56.00	40.00	80.00	58.66	54.33
2	Their children	70.00	90.00	50.00	70.00	90.00	92.00	40.00	74.00	72.00
3	Some NGO	40.00	24.00	40.00	34.66	30.00	20.00	10.00	20.00	27.33
4	Government	76.00	80.00	84.00	80.00	40.00	50.00	70.00	53.33	70.00

Percentages corresponding to who is responsible for caring for older parents are contained in table 1.6. These percentages suggest that as compared to older and younger generations, the middle aged males think that children are responsible for caring for their old parents. Many older males (84%) responded that government is responsible for caring for older people. Among females the middle aged ones more often thought that children are responsible for caring for their older people.

Finally, column 9 represents that 72 percents of the total sample reported that children are responsible for caring of their older parents.

Table 1.7 Attitude toward caring for elderly

A. Means and SDs

Age		Male	Female	Total
25-35 years	M	45.72	45.72	45.72
	SD	2.466	2.466	2.454
45-65 years	M	51.86	51.86	51.86
	SD	10.087	10.087	10.036
65 & above	M	44.68	49.52	47.10
	SD	2.773	7.200	5.948
Total	M	47.42	49.03	48.23
	SD	6.935	7.678	7.349

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B. Summary ANOVA

Source of Variation	SS	DF	MS	F	P
Age	3075.387	2	1037.693	22.623	-
Sex	195.213	1	195.213	4.256	<.001**
Age x Sex	390.427	2	195.213	4.256	<.001**

C. Graphical presentations of Means

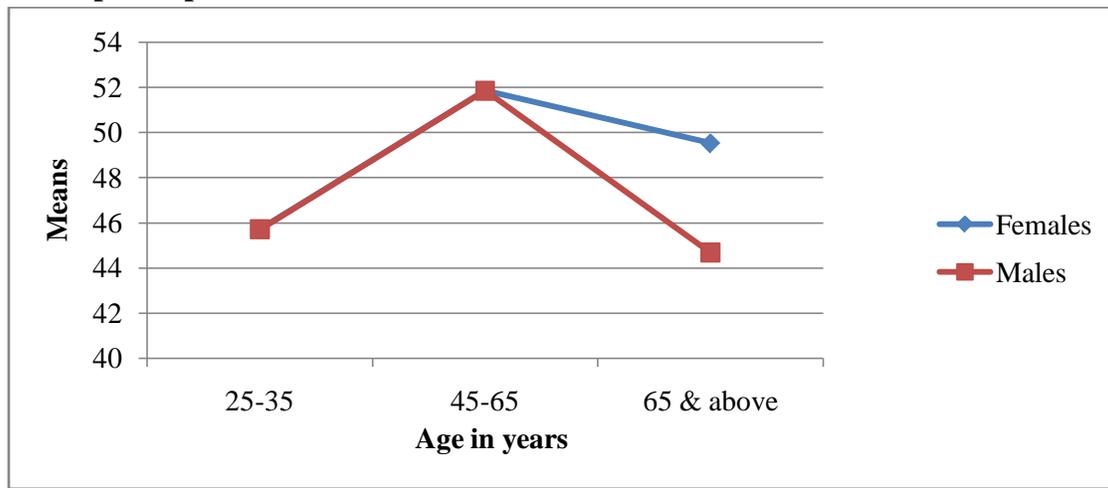


Table 1.7 contains findings regarding **Attitude towards caring for elderly**. Part B of the table shows that significant main effect of age is significant on this variable. Means for middle respondents are greater than younger and older respondents (Means= 51.86, 45.72 and 47.10, $F=22.623$, $p<.001$). Middle age groups have more positive attitudes toward caring for elderly than do those in the younger and older age groups. A lot has to be done toward teaching and socializing the younger populations and prepare them for caring for elderly. A lot also has to be done to teach older respondents about maintaining a positive outlook and a healthy active life even during the twilight years.

DISCUSSION

Gender related difference

“In comparison to men women exhibit more favorable attitudes toward caring for elderly”.

In the present study 87.33% female and 75.33% male reported that “Daughters are the main caregiver that gives maximum support or help to elderly parents” for the statement “support or help that old people receive”.

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There was no gender differences found between males and females on attitude toward caring for elderly. The 2x3 ANOVAs showed that in comparison to men, women were more favorable to deliver care and support to elderly (Mean = 47.42 and 49.03, $F=4.256$, $P<.01$).

Thus the second hypothesis that in comparison to men women exhibit more favorable attitudes toward caring for elderly is only partially confirmed by the findings of the present study.

The growing number of aged population as a result of the increase in the life span of the individuals and the continuing preference of older persons to stay with their young are some of the reasons which led to the emergence of care giving as an important aspect of the family life (Bali, 1999). In India, home based care with family members as primarily caregivers still remain as the first and often the only option for a majority of the elderly (Puri 2004). So the most common type of living arrangement for the elderly in India is found to be living with married sons and their families (Prakash, 1999). In the Indian culture birth is not purely a biological birth. From the birth a child is indebted (whether daughter or son) with three duties: service of elders of family and society, duties towards God, and duties towards wiser persons. So service of parents (or elderly persons in family) is one of the important duties in Indian culture for both men and women. Manusmriti says that “one who always serves and respects elderly is blessed with four things: long life, wisdom, fame and power”.

The qualitative data analysis revealed that daughters are the main caregivers that give maximum support to their parents. It is found that women are traditionally the main caregivers in Indian families (Prakash 2001, 1999). Daughters are widely considered to be the appropriate people to care for elderly parents (Evans 1996) and have been the main source of elder care (after spouses). Brody (1990) has described women who are caught between the demands of caring for the older and the younger generation as well as be part of the paid workforce as “women in the middle”. They take on responsibilities for caring for their partners their adult children who are staying at home longer, and also care for grandchildren as and when their daughters-in-law work. Keeping a job themselves and providing elder care women are the most active members of kinship networks and play a “Kinkeeping” role (Rosenthal, 1985). Daughters are regarded as more appropriate than sons as carers (Evans 1966) and it is argued that they are brought up with an ethnic care (Gilligan, 1982; Tronto 1987) and develop greater relational capacities than sons (Choderow, 1974, 1978). Accordingly, women might be expected to shoulder the responsibility of families to care for older parents more than do men.

Age related difference

“In comparison to younger respondents older respondents have more favorable attitudes toward care and support for elderly”.

Most of the available published literature shows that older respondents deliver more care and support than their younger counter parts. The sixth hypothesis referred to older respondents

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being more sensitive towards caring and supporting their elderly as compared to younger respondents”.

100% of the sample irrespective of their age or sex reported that “older parents are not a burden for them”. The respondents also agreed with the statement that “caring for old parents gives a lot of satisfaction to them”. As compared to older and younger respondents, middle aged respondents in the present study show more favorable attitudes toward caring for elderly. The 2x3 ANOVA results revealed that in comparison to younger and older respondents, middle aged respondents (Mean = 51.86, 45.72 and 47.10, $F= 22.623$, $p<.01$) showed more favorable attitudes toward caring for elderly.

Thus the sixth hypothesis which stated that “In comparison to younger respondents older respondents have more favorable attitudes toward caring for elderly” is only partially supported by the findings of the present study. Only the middle aged was found to have more caring attitudes for the elderly.

Older and younger people both give emphasis on the importance of their children being around and maintaining contact with them, feeling obligated to do things for them. These older parents seem to want to be with their children but not to be a burden to them. When the question “who is responsible for caring for older people” was asked, the respondents in the younger, middle as well as the older generation reported that children are the major source who are responsible for caring for their older parents. Similarly, the question of whether ‘Adult’s responsibility is more towards their own children or else their old parents’ 100% of the respondents reported that they are equally responsible for their children as well as their parents. Thus, at least, at the cognitive level, younger generation also is found to verbalize their responsibilities towards their older parents.

Filial responsibility is conceptualized as a societal attitude towards the duty of adult children to meet the needs of their aging parents (Seelbach, 1981; Walker et. al., 1990). These attitudes relate to the felt duties of adult children and to the attitudes of elderly individuals regarding the obligations of young family members to care and protect their elderly parents (Hanson, Seelbach and Seelbach, 1983). Horowitz and Schindelman (1983), relying on the exchange theory, argue that filial responsibility stems from the feeling of gratitude that adult children feel towards their parents for raising them and caring for them. This feeling of indebtedness motivates them to reward and repay their parents, and thus express their gratitude for all that was done for them over the years. Families, and especially adult children, have traditionally been expected to be the main source of support for elderly people. Filial obligation to elderly parents and their care is a very important religious and moral commandment in India, perhaps much more than in other societies, and includes provision of material and financial assistance as well as instrumental help (Linzer, 1986 & Sapp, 1996). The young adults know that they have to take care of their children

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and help them enter to live comfortable lives even in old age. However, at the same time, they are also aware that assisting their parents in old age would be difficult because of simultaneous demands from their wives and children and their preference for being independent and away. They expressed that their parents are the greatest strength for them.

So the findings of the present study showed that younger respondents also endorse care and support to their parents as is endorsed by the older respondents. Thus the hypothesis that younger respondents have less favorable attitudes toward caring for their elderly is not supported. To what extent such a response is determined by the social desirability concern however could not be ascertained within the scope of the present study.

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Conflict of Interests

The author declared no conflict of interests.

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