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Knowledge of and Attitudes Toward Aging Among Non-Elders: Gender and Race Differences

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ABSTRACT. Although the aging process begins at birth, fears about late adulthood can foster anxiety in younger cohorts about this time of life. This study examines the relationship between non-elderly subjects' (n = 884, 18-55 years) knowledge of and anxieties regarding personal aging and their gender and race. We hypothesized that non-elderly women and persons of color, those who will experience multiple jeopardy in their own late life, would report greater anxiety about their own aging process than did men and majority group members. Women did report lower income and education levels, less knowledge of aging, greater anxiety related to their own aging process, and more time involved in caregiving activities. People of color also differed from Caucasians in certain dimensions of knowledge and anxiety. Implications from these results include the creation of public educational strategies and the organization of women and minorities to more actively address the development and shape of age-related policies. *[Article copies available for a fee from The Haworth Document Delivery Service:1-800-342-9678.E-mailaddress:<getinfo@haworthpressinc.com> Website: <http://www.haworthpressinc.com>]*

From birth, all individuals are in a constant process of growing older. However, late life (e.g., "Old age") is a period that frequently

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induces anxiety and fear for younger cohorts. While greater numbers of adults are living longer, older adults often are the focus of negative attitudes and stereotypes, which is the prejudice of ageism (Falchikov, 1990; Newman, Fauz & Larimar, 1997). Common forms of ageism include devaluing the contributions of older adults, and viewing the pathologies of late life as a normative process of aging. Anxiety about aging seems to be a result of negative stereotyping of older adults, as well as younger adults' perceptions that these problems are possibilities for their own later life.

LITERATURE REVIEW

Multiple Jeopardy

Ageism combines with other forms of oppression and social devaluation. "Double jeopardy" implies that older people of color face a double burden of racial and age discrimination (Jackson, 1971). Although the double jeopardy hypothesis has been a debated issue, numerous studies indicate that inequalities based upon race exist across the lifespan (Belgrave, Wykle, & Choi, 1993; Clark & Maddox, 1992; Ferraro & Farmer, 1996; Jackson, Kolody & Wood, 1982).

Older women are also in a position of double jeopardy, experiencing discrimination based upon age and gender. Gender disparity is acute in the financial comparisons between older women and men (Deviney & Solomon, 1995; Gonyea, 1994), and their social roles such as caregiving responsibilities (Fredriksen, 1996; Kingston & O'Grady-LeShane, 1993). Older women of color, the group that experiences "triple jeopardy," encounter discrimination based upon ageism, sexism, and racism. Compared to similarly aged white women, for example, African American, Hispanic, Pacific Islander, and certain Asian ethnicities have significantly higher rates of poverty in late life (Browne & Broderick, 1994; Kim, 1983; Ozawa, 1995). As they look to their future, younger cohorts of women and people of color may experience anxiety due to perceptions of what their older years may hold.

Knowledge and Attitudes Toward Aging

Given the negative valuation of older adults, research has been conducted on attitudes of different cohorts toward old age. Older

adults themselves seem to have a fairly positive view of later life (Baily, 1991; Heckhausen & Baltes, 1991; O'Hanlon, Camp, & Osofsky, 1993). Even in research that compares four cohorts of the elderly, the youngest cohort (55-64) held the most pessimistic view of growing older. The oldest cohort (age 85+) had a surprisingly optimistic view, reporting significantly fewer problems of aging than some in younger years (Seccombe & Ishii-Kuntz, 1991).

Research has also investigated the relationship between knowledge of aging and anxiety about this time of life. Neikrug (1998) studied elders' knowledge of aging and their worries about the future. Older adults with greater degrees of knowledge about the aging process were less vulnerable to the anxieties and worries of later life. Even young children may change their perceptions after learning more about older adulthood. Perceptions of the elderly were determined for pre-school children who then participated in a curriculum that focused on positive characteristics of older adults (Blunk & Williams, 1997). A significant decrease in prejudice was found in the group that were exposed to the curriculum. An increase in prejudice was found in a control group of same aged children.

The impact of exposure to older adults on attitudes has also been studied. In one study, third year medical students were administered the Facts on Aging Quiz (Palmore, 1988) which measures knowledge of aging (Duerson, Thomas, Chang, & Stevens, 1992). Baseline data were collected prior to their experience working in various clinics that included a large number of older patients. At the end of a six week rotation, comparisons indicated that the students had significantly increased scores on the Facts on Aging Quiz which indicated higher knowledge levels. Exposure to elders earlier in life may also impact older person's attitudes towards their own aging process. In a qualitative study with a sample of nine older women (ages 66-87, four African American and five Caucasian), life satisfaction rates were related, among other things, to having had a grandmother in the home during childhood (Glass & Jolly, 1997).

Gender also appears to be a factor in attitudes about older adults. In a study of college students' attitudes towards the elderly, the sample evaluated older men and women in young old (65-74 years), old-old (75-99 years) and the oldest-old (100 years +) categories (Hawkins, 1996). Regardless of the age category, male students viewed older females more negatively than older male subjects. In a different study

on gender stereotypes, young adults were asked their perceptions about older men and women (Canetto, Kaminski, & Felicio, 1995). In this study, gender stereotypes were pronounced. For example, older women were rated higher on qualities of nurturance, while older men were rated more highly on intellectual competence and autonomy.

The purpose of the present research was to investigate the constructs of gender and race on non-elders' attitudes towards aging. Since older women and persons of color hold more socially disadvantaged positions (multiple jeopardy hypothesis), this study explored whether anxiety would differ by gender or race for young and mid-life cohorts. In addition, this study also examined the relationship between knowledge of aging, demographics, and anxiety. "Non-elders" were defined as young and mid-life adults, aged 18 to 55 years. Using secondary data analysis methodology, the study explored knowledge and attitudes toward aging in the general population. The two hypotheses were:

1. Young and middle-aged women and people of color would have greater anxiety about their own aging process than men and Caucasians, and
2. Those individuals in the group that experienced the greatest degree of oppression (i.e., women of color) would have the highest degree of anxiety about aging.

In addition, the study explored knowledge of aging. One research question was included about this variable:

3. Is there a difference in knowledge of aging by demographics (gender, race, age, education, and income)?

METHODOLOGY

The data for this study were from the American Association of Retired Persons (AARP) *Images of Aging* survey. These data were originally collected by a national random telephone survey in October of 1994. While no response rate was given, 1,200 adults answered the thirteen pages long questionnaire. The data were analyzed using SPSS-Windows, Version 6.1.

Several scales were included in the original survey. For this study,

the instruments that measured knowledge and aging were extracted. General knowledge of aging was measured by the Palmore Facts on Aging Quiz (FAQ) (Palmore, 1988). This instrument consists of 25 dichotomous items with scores ranging from 0 to 25, with higher scores indicating greater knowledge. Examples of items contained in this quiz include "the majority of older people say that they are miserable most of the time," "older people tend to take longer to learn something new" and "at least 10% of older people are living in institutions, such as nursing homes, mental hospitals, homes for the aged."

The "Kafer Anxiety Scale" (KAS) measures anxiety towards later life. This instrument consists of 13 statements validated in the Aging Opinion Survey (Kafer, Rakowski, Lachman, & Hickey, 1980). The scale is based on a 4-point Likert rating with responses ranging from 1 = strongly agree to 4 = disagree strongly. Some of the items found in this scale include "the older I become, the more I worry about my health," "thinking about dying doesn't bother me too much," and "I enjoy talking to older people." Possible scores range from 13-52 with higher scores indicating greater anxiety.

RESULTS

Demographics

The sample of respondents surveyed for the original AARP Images of Aging study (n = 1,200) included persons who ranged in age from 18 years to 98 years. The subset used in the present study (n = 884) included only those 18 to 55 years of age, (M = 35.7 years, SD = 10.2). The gender composition of this sample reflects the general gender balance found in the larger society with women comprising 52.8% (n = 467) and men comprising 47.2% (n = 417) of the population. Of note, two racial subgroups differed in the gender balance. Women comprised a larger proportion of the African American population (63.6%) and a smaller proportion of the Native American population (40%). The largest racial subgroup was Caucasian which made up 80.6% (n = 696) of the sample, followed by African American (n = 88) and then Hispanic American, (n = 57).

Household and personal characteristics included items about finan-

cial status and the amount of contact the respondents had with older adults. Approximately 60% of the respondents lived in households earning less than $50,000 per year. The largest subgroup consisted of those living in households earning between $35,000 and $50,000 (20.1%). Almost one-third (31.7%) of the males lived in households earning $50,000 or more while only 27% of the females lived in such households. African Americans and Native Americans comprised the two groups with the lowest earnings with 52.2% of African Americans and 50% of Native Americans living in households earning $25,000 or less. Asians Americans (38.4%) and Whites (32.2%), on the other hand, represented the two groups with the highest household incomes ($50,000 and over). Analysis of the type of contact that respondents had with elders revealed that women had 44% more daily contact with those 65 years and over than had men, and that women were 34% more likely to be involved in activities with elders characterized as caretaking and family obligations.

As far as educational background, the largest single subgroup consisted of high school graduates (28.4%). However, it should be noted that approximately 60% of the respondents had at least some college education. The educational levels of males and females were fairly similar except for the fact that 4.4% more males than females had post-graduate education. The most highly educated racial subgroup was Asian Americans with 53.7% being college graduates or having post-graduate education. The next subgroup falling into this category was Caucasian (34.5%). The subgroups with the least education were African American and Native American with 20.4% and 20% respectively having not graduated from high school.

Knowledge of Aging

Knowledge was measured by the Palmore's Facts on Aging Quiz (FAQ). While possible scores on the FAQ range from 0 to 25, scores for respondents included in the present study ranged from 5-22 (M = 13.6, SD = 2.9). A t-test was conducted to determine if there was any difference in FAQ scores based on gender. Males scored significantly higher (M = 14.1, SD = 2.8) than females (M = 13.1, SD = 2.9), t (882) = 4.96, $p < .001$, indicating a higher level of knowledge for males.

Analysis of Variance was conducted to determine if there was any difference in FAQ scores based on race. A statistically significant difference was found F (4, 858) = 6.75, $p < .001$ (Table 1). The Tukey

TABLE 1. ANOVA for Facts on Aging Quiz Scores by Race

Source	SS	df	MS	F
Between	216.31	4	54.08	6.75*
Within	6870.56	858	8.01	—
Total	7086.88	862	—	—

*$p < .001$

HSD test revealed significant differences ($p < .05$) between Caucasians ($M = 13.8$) and African Americans ($M = 12.4$) and between Caucasians and Hispanic Americans ($M = 12.7$). Table 2 contains FAQ scores for respondents by gender and race. Based on Eta squared the effect size for race was .0305 which is considered a small to medium effect. Therefore, the effect for race can be considered small to medium. A factorial ANOVA for aging knowledge scores by gender and race was conducted to determine interaction effects. No significant interaction effects were found.

The magnitude of the association between age and FAQ scores was evaluated by calculating Pearson's Correlation Coefficient. A significant difference ($r = .1042$, $p < .01$) was found. FAQ scores increased with age indicating that older respondents had a greater knowledge of aging. Spearman's Rho was used to calculate the impact of education on FAQ scores. Spearman's Rho is appropriate for use with ordinal level data. FAQ scores were, therefore, rank ordered based on the standard deviation. All scores falling at or below one SD of the mean were ranked as low. Those falling between one SD below and one SD above the mean were ranked as medium and those falling at or above one SD were ranked as high. The results revealed that FAQ scores increased as the educational level increased ($r = .2335$, $p < .001$). Spearman's Rho was also used to determine the impact of income on FAQ scores. A significant correlation between FAQ scores and income level was found ($r = .1516$, $p < .001$) with scores increasing as income increased.

Anxiety About Aging

Possible scores on the KAS range from 13-52 with higher scores indicating greater anxiety. For the current study, scores ranged from

TABLE 2. Scores on Facts of Aging Quiz by Gender and Race

	Male			Female		
Race	M	SD	n	M	SD	n
Caucasian	14.30	2.8	341	13.40	2.9	354
African American	12.90	3.0	32	12.10	2.4	56
Hispanic	13.20	2.4	22	12.50	2.6	35

13-46, (M = 29.04, SD = 6.29). A t-test was conducted to determine if there was any difference in KAS scores based on gender. Females scored significantly higher (M = 29.7, SD = 6.2) than males (M = 28.2, SD = 6.3), t (882) = 4.21, $p < .001$. Analysis of Variance was conducted to determine if there was any difference in KAS scores based on race. A statistically significant difference was found F (4, 858) = 7.21, $p < .0001$. The Tukey HSD test revealed a significant difference ($p < .05$) between Caucasians (M = 28.6) and Hispanic Americans (M = 32.1) and between Caucasians and African Americans (M = 31.2). Therefore, Hispanic Americans were the group with the greatest anxiety and were followed closely by African Americans. Caucasians had the lowest anxiety ratings. Based on Eta squared, the effect size for race was .033 which is considered small to medium.

A factorial ANOVA for anxiety scores by gender and race was conducted to determine interaction effects. A significant interaction was found F (4, 853) = 2.88, $p < .05$ (Table 3). A one-way ANOVA was then completed to analyze simple effects. A significant difference F (4, 402), $p < .001$ was found for anxiety scores for the male subjects. Tukey's HSD were completed to further analyze the simple effects and revealed a significant difference ($p < .05$) between Caucasians (M = 27.7) and Hispanic Americans (M = 33.6) and between Caucasians and African Americans (M = 31.5). Based on Eta squared, a medium effect size of .0712 was found for race for the male subjects. No significant difference was found for anxiety scores for the female subjects. Table 4 contains KAS scores for respondents by gender and race. Simple factorial ANOVA's were completed to determine whether the relationship between gender and anxiety and between race and

TABLE 3. Factorial ANOVA for Kafer Anxiety Scale Scores by Gender and Race

Source	SS	df	MS	F
Gender	48.51	1	48.51	1.30
Race	1194.41	4	298.60	7.99*
A X B	429.89	4	107.47	2.88**
Within	31866.60	853	37.36	—

*$p < .001$ **$p < .05$

TABLE 4. Scores on Kafer Anxiety Scale by Gender and Race

	Male			Female		
Race	M	SD	n	M	SD	n
Caucasian	27.70	6.0	341	29.44	6.2	354
African American	31.47	6.5	32	31.00	6.2	56
Hispanic	33.60	6.0	22	31.11	6.3	35

anxiety would remain after controlling for knowledge of aging. Even after controlling for knowledge, women F (4, 857), $p < .01$ and persons of color F (4,857), $p < .001$ had significantly higher levels of anxiety than did men and majority group members. Therefore, the difference in anxiety levels was not related to degree of aging knowledge as measured by the Facts on Aging Quiz.

The magnitude of the association between age and anxiety scores was evaluated by calculating Pearson's Correlation Coefficient. A significant difference ($r = -.1656$, $p < .001$) was found. KAS scores decreased with age indicating that younger respondents had higher anxiety. Age was then broken down into four categories, 18-25 years, 26-35 years, 36-45 years, and 46-55 years and KAS scores were examined in relationship to these categories. Those in the 18-25 year old range had the highest anxiety scores (M = 30.99, SD = 5.61). Subjects aged 36-45 had the lowest anxiety scores (M = 27.93, SD =

6.62) and were closely followed by those in the 46-55 years age range (M = 28.13, SD = 6.35). Respondents who were 26-35 years had mid range anxiety scores (M = 29.40, SD = 6.06). Spearman's Rho was used to calculate the impact of education on KAS scores. KAS scores were rank ordered based on the standard deviation. A significant difference (r = −.1121, p < .001) was found with anxiety decreasing with increased education (Table 3). Spearman's Rho was also used to determine the impact of income on KAS scores. A significant difference (r = −.1420, p < .001) was found indicating that anxiety decreased with increased income.

DISCUSSION

The data for our study was collected in a national random survey which strengthens the generalizability of the study results. However, the study does possess limitations that impact the strength of the findings. One limitation is the relatively low number of minority group members who were included in the original survey. Future studies that include greater representation of persons of color in all racial categories would serve to present a clearer picture of the perceptions and attitudes toward aging of these group members. A second issue is the strength of the relationships between certain variables in the study. The correlations between the Facts on Aging scores and age, education level, and income were weak as were the correlations between the Kafer Anxiety Scores and these variables. Therefore, it is inconclusive whether the statistical significance found was due to the strengths of the relationships between these variables or to the sample size. Additional research on the relationship between these variables would add support to the findings of the present study.

Results of our analysis support our hypothesis that non-elderly women face their own aging process with a greater degree of anxiety than do non-elderly men. Results of the factorial ANOVA for anxiety suggest that women of all races have greater negative expectancies of their own aging process than do men. Attitudes toward aging are based, in part, on an individual's appraisal of how those with similar characteristics fare in later years. Higher incidences of poverty, chronic disabling conditions, and isolation are realities for many older women and minority group members in this country today. Therefore,

younger members of these same groups who also have less income, and less income potential due to lower educational levels, may look toward their future with lower expectations of security and well-being.

Women in this study reported higher levels of engagement with elders due to caregiving responsibilities and family obligations than did the men. This information supports observations from other studies that the majority of informal caregiving in this country is carried out by women (Stone, Cafferata & Sangl, 1987). When furnishing care, women are also more likely than men to provide hands on care and assistance with personal hygiene needs (Horowitz, 1985). Women, therefore, have greater exposure to and responsibility for elders who are frail and require the aid of others. Unlike other studies on the relationship between exposure and attitudes that found that more positive attitudes with greater exposure to older adults, this study suggests that increased exposure due to caregiving demands may highlight the disabling effects of the aging process. Women's anxiety regarding their own aging may be related to the reality of their lived experience in dealing with ill older relatives. When responding to the items on the Kafer Anxiety Scale, women in our study reported higher levels of apprehension than did men concerning the possibility of financial difficulties, inability to get around on their own, dependence on children, and loss of decision-making power in later life. These anxieties reflect women's concerns about loss of security and independence as they age.

Our second hypothesis, that people of color would have greater anxiety than would Caucasians, was not entirely supported. Results of the factorial ANOVA for anxiety suggest that men of color have greater anxiety than do Caucasian males. However, there was not a significant difference between the anxiety levels of majority and minority groups of women. It may be that in looking forward to their own aging process, women and minorities compare their expectations for themselves to that of white males, who have been used to define the standard for successful aging. In comparison to Caucasian males, but not to one another, these groups may feel relatively more anxious. It may also be that persons of color belong to cultures that have developed strategies that compensate for deficits in income and health experienced in later life. Closer ties to extended family and members of one's church family, especially among minority group women, and

more positive roles for elders in the community may help offset some of the deficits found in later life and, therefore, the related anxiety.

Given the reality of women and minorities' increased potential for a problematic aging process, their anxieties about aging appear to be realistic. Some of the problems that women and persons of color experience in later life, such as low income and less access to optimal health care, are related to the shape of current social policies. Women and minorities are more dependent in later life upon government programs. They are, for example, more likely to rely solely on Social Security for income and rely solely on Medicare and Medicaid for health insurance (Hooyman & Kiyak, 1996). In spite of this fact, women and persons of color have less of a voice in the development of these programs than do majority group males.

Educational strategies are needed to increase women and minorities' awareness of the direct impact that government programs, such as Social Security and Medicare, may play in their lives as they age. Public education strategies are needed now that are aimed at: (1) heightening women and minorities' recognition of the critical link that exists between the future shape of government programs and their own future as aging persons; (2) translating the policy issues being debated into plain and understandable language; and (3) outlining the differential consequences that alternative policy options being discussed may have for women and persons of color. At a time when the futures of Social Security and Medicare are being actively debated, it is essential that the implications that different policy options may have for both women and persons of color be an integral, rather than an incidental, part of the policy discussions. The realities of all older adults must be taken into account in order for adequate and durable solutions to be developed.

The findings from this study also support the need for fundamental changes in the access to resources for women and persons of color across the lifespan. The experience of growing older in a context of questionable or inadequate resources seems to be translated into fears, anxiety, and stress based upon gender and race/ethnicity. Unfortunately, human services professionals such as social workers frequently focus professional energies more on the individual's reaction to her or his life situation than on the social context. Macro-level, or structural change, is perceived as secondary and unrelated to clinical practice. However, research findings such as the results of this study should

motivate professionals in all disciplines to advocate for structural changes. Some of the areas that should be prioritized are more comprehensive family support policies to support women in care provision roles, greater equity between genders in the labor force, and greater economic opportunities for persons of color.

This study suggests that insecurity and fears about growing older are based, in part, in the lived reality of current life situations and the experience of caring for older family members. Therefore, exposure to the serious consequences of aging may increase anxiety for those individuals who have care provision responsibilities. Policies and programs that take into consideration differential aging patterns and seriously weigh the gifts and needs of older women and persons of color are urgently needed. In order for this to occur, however, the voices of women and persons of color expressing their concerns regarding the aging process must be more clearly defined and widely raised. For this reason, efforts are needed now to increase women and minorities' involvement in the discussion and shaping of aging related policy. In the 1960's and 1970's women and persons of color actively organized and worked to increase their access to resources and opportunities through the women's and the civil rights movements. As the new millennium approaches, these groups should now also turn their attention to age related policies which will increasingly have serious and far reaching impact on their members. Without their involvement the likelihood increases that policies will be developed that do not fully address the reality of women and minorities' aging process. As a result, these groups may experience decreased access to needed resources and supports as they age. It is only through the increased participation of women and persons of color that policies will be developed which recognize both the pressing needs and the enduring strengths that these groups bring to the aging process.

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