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Gender differences in views on ageing in elderly people living in Vilnius

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Summary

The paper describes gender differences in self-reports of aged people about their views on the process of their own ageing.

Methods. The data are based on questionnaire data on a random sample of aged men and women living in Vilnius (N = 629).

Results. The scores of the physical change scale were similar for men and women: there were no gender differences in scoring of all items of the physical change scale. Analysis of the mean values of the items for males and females on psychological scales showed that they were very similar for both genders, although statistically significantly differed in the scoring of two items.

Conclusions. Self-reported views on physical changes caused by ageing are similar in aged men and women living in Vilnius. The study showed gender differences in the evaluation of psychological losses and achievements of ageing ($p < 0.05$). There were differences among older people whose perception of their health state was poor ($p < 0.001$).

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Introduction

In the course of life the individual's views on ageing change [1]. A number of investigators have reported views on ageing, but very few studies actually examined the views expressed by elderly adults themselves [2–4]. The elderly group, in particular, in scientific studies received less attention. Pecularities of gender differences in the elderly have not been studied, mainly because of the absence of a comprehensive questionnaire for investigation and comparison of older people's self-reports on their experience of ageing.

This paper describes a questionnaire survey of elderly male and female aged 60–85 years who reported their subjective experience of the ageing process by means of the new Attitudes to Ageing Questionnaire (AAQ) developed by the WHO Quality of Life Group (WHOQOL Group). The AAQ was developed in a collaborative project in 2002–2004 following the WHOQOL methodology in the process of applying modern and classical psychometric analytical methods and tested in a pilot study and field studies in 20 scientific centres worldwide (Institute of Experimental and Clinical Medicine at Vil-

nius University participated in this project as a partner) [5–7].

The aim of the current work was to compare views towards ageing and a subjective ageing experience in older men and women with the purpose to explore gender differences in items related to ageing.

Materials and methods

The survey of elderly persons comprises a random sample of 629 non-institutionalised persons (240 men and 389 women with the Lithuanian ethnic background). An age- and gender-stratified probability sample of inhabitants of Vilnius was provided by the Register of Department of Statistics. The older people were recruited by telephone and visited at their homes. The participants were aged from 60 to 85 years (average 70.05 ± 5.33 years).

Views on ageing and subjective ageing experience were investigated employing the Lithuanian version of the AAQ. AAQ is a 24-item self-report questionnaire consisting of 3 scales: the first scale focuses on psychosocial losses, the second scale contains items related to physical health, and the third scale reflects a self-assessed positive experience of ageing. The PSIs (the IRT equivalent of Cronbach alpha analysis) were 0.807, 0.809, and 0.738, respectively [8]. The scoring of the AAQ items was based on the Likert scale.

Self-rated health was assessed by the respondents' answer to the question "Do you consider yourself healthy or unhealthy?" Basic socio-demographic information was collected too. Ethical approval for the study was given by the Lithuanian Bioethics Committee.

The statistical package SPSS version 12.0 for Windows was used for data analysis. The mean values of the variables plus/minus standard deviation were presented. The chi-square criterion was used to check the data dispersion normalization. The Mann–Whitney test was used to compare the values. A P value below 0.05 was considered as indicating statistical significance.

Results and discussion

A questionnaire survey of residents aged 60–85 years, living in Vilnius, presented their subjective views on ageing experience in the AAQ questionnaire. The socio-demographic characteristics of respondents are presented in Table 1. The majority of the respondents were married (87.5% of men and 53.7% of women), more women were widowed than men (28.3% vs. 7.9%); 27% of women reported that they were living at home unsupported (only 8.8% of men). 69.6% of women and 71.0% of men reported that they were not taking part in any activities in community.

In this analysis, we looked at the relationship between self-rated health and the subjective experience of ageing. Respondents that indicated being unhealthy had statistically significantly higher scores of the psychosocial loss scale: they indicated more psychosocial losses ($p < 0.001$). Healthy older people indicated having more energy, easily growing older, the ability to doing what they wanted ($p < 0.001$).

Older people of both genders similarly rated all items of the physical change scale. Older people of both genders were most concerned about their feeling about becom-

Table 1. The main socio-demographic characteristics by gender

	Men N (%)	Women N (%)
Age (mean ± SD), years	**70.03 ± 5.64**	**70.05 ± 6.51**
Marital status		
single	2 (0.8)	24 (6.2)
married	213 (88.8)	216 (55.5)
separated	6 (2.5)	39 (10.0)
widowed	19 (7.9)	110 (28.3)
Education		
primary	22 (9.2)	49 (12.6)
secondary	98 (40.8)	174 (44.7)
high	120 (50.0)	166 (42.7)
Living situation		
living at home (supported by family)	207 (86.2)	266 (68.4)
living at home (unsupported)	21 (8.8)	105 (27.0)
no data	12 (5.0)	18 (4.6)
Occupation		
working full-time	46 (19.2)	53 (13.6)
working part-time	17 (7.1)	24 (6.2)
retired	177 (73.7)	312 (80.2)

ing less healthy, difficulties or burden in growing older, a lack of energy greater than expected for his age, health not so good as expected in spite of efforts to be more fit and active, but persons "still don't feel old" (physical change scale). There were no gender differences in scoring the physical change scale items ($p > 0.05$).

In Tables 2 and 3, a comparison of the mean scores of psychological loss and psychological achievements both among older men and older women are presented. Older males and females were less affected by "exclusion from society", "exclusion from things, "losing physical independence". Women indicated to experience more losses than men, the difference was statistically reliable ($p = 0.029$). There were gender differences in scoring items of the psychological achievement scale, too (Table 2). The "Wisdom" item of the psychological growth scale was scored by older males significantly lower than by females ($p = 0.049$). Analysis of the mean values of the items for males and females on psychological scales showed that they were very similar for both genders, although statistically significantly differed in scoring one item of the psychological loss scale and one item of the psychological growth scale.

Most scientific studies on attitudes to ageing are based on youth or adults and are not specified to older people. Little work has been done exploring views of different groups on the progress in age, and how this may influence the general outlook on life and the health-related habits [1]; therefore, the relative importance of attitudes to ageing of older people themselves was assessed [9]. However, recent data show a clear dependence between attitude to ageing, the ways of coping, health style, subjective health and the mode of ageing (type of becoming old) [9–11].

Analysis of literature has shown that the attitude to ageing is different among healthy and unhealthy elderly, representing an additional component of the effect of health on views, perceptions and a personal position of an aged person. Such subjective ageing perceptions are related with other aspects of psychological and physiological functioning and are strongly associated with life satisfaction and well-being [6, 9, 12]. Old age is an opportunity for a whole new chapter in life [1, 11, 13]. Ability to do pleasant things, more time to communicate with frends, relatives and younger people, better abilities to cope with age are sources of satisfaction in later life.

The results of scientific studies show a more positive attitude to old age in general and prioritisation of health as a source of views and attitudes to the process of ageing. Health is regarded as the most significant source of

Table 2. Comparison of psychosocial loss scale scores among older respondents by gender

Scale I **Psychosocial loss**	**Male**	**Female**	**p**
Loneliness	2.96 ± 1.05	3.00 ± 1.09	*
Depressing time	3.30 ± 1.02	3.34 ± 1.05	*
Difficulty to talk about feelings	2.84 ± 1.04	2.85 ± 1.12	*
Time of loss	2.81 ± 1.16	3.03 ± 1.23	0.029
Losing physical independence	2.70 ± 1.19	2.70 ± 1.24	*
Absence of new friends	3.06 ± 1.19	2.97 ± 1.29	*
Not involved in society	2.37 ± 1.22	2.44 ± 1.24	*
Excluded from things	2.63 ± 1.34	2.67 ± 1.29	*

** P > 0.05.*

Table 3. Comparison of Psychological growth scale of the AAQ scores among older respondents by gender

Scale III **Psychological growth**	**Male**	**Female**	**p**
Ability to cope	3.32 ± 0.86	3.42 ± 0.97	*
Privilege to grow old	3.92 ± 0.85	3.98 ± 0.78	*
Wisdom	3.80 ± 0.75	3.90 ± 0.78	**0.049**
Many pleasant things	3.23 ± 0.82	3.26 ± 0.90	*
Accepting	2.60 ± 1.06	2.64 ± 1.22	*
Pass of experiences	3.73 ± 1.02	3.78 ± 0.97	*
Sence of life	3.52 ± 0.86	3.40 ± 1.01	*
A good example to younger	3.67 ± 0.98	3.72 ± 1.01	*

** P > 0.05.*

both happiness and worry in old age and has an impact on the attitude towards different aspects of self-evaluation [10].

The cumulative effect on health of subjective attitudes towards ageing during the entire life span is resulting in health promoting or worsening effects, subjective evaluation of health and preventive health behaviour [4, 11]. Levy (2004) has shown that the views of older people on their own ageing have an impact on health behaviour: older persons with a more positive self-perception of ageing used different modes of preventive health behaviour [11]. According to Ingram, personal views, ageing stereotypes and help (care) seeking behaviour mostly depend on personal health and are influenced by traditions and values of a community [9]. Moor et al. tested a cohort of 362 German community-dwelling persons aged 60 and over and has found that subjective health is associated with ageing self-stereotypes (attitudes towards oneself as an ageing person) [1]. Hioki has conducted an interview about views on old age, self-rated health, life satisfaction and health habits on a random sample of 1200 men and women. Gender differences were found in self-reports on the ageing process: views were positively associated with health habits [13].

Investigations of views on ageing pointed out older people in active roles when assessing their own experience in worries and achievements of old age and searching ways to develop successful ageing [14, 15]. According to Depp, concept of successful aging, or "aging well", means the extension of physical, mental and emotional health period in individual life span [15].

Conclusions

Self-reported views on physical changes caused by ageing are similar for older men and woman living in Vilnius society. The study showed gender differences in the evaluation of psychological losses and acievements of ageing ($p < 0.05$). Differences do exist among older people whose perception of their health state was poor ($p < 0.001$).

References

1. Moor C, Zimprich D, Schmitt M, Kliegei M. Personality, aging self-perceptions, and subjective health: a mediation model. Int J Aging Hum Dev. 2006; 63(3): 241–57.

2. Carpenter BD, Van Haitsma K, Ruckdeschel K, Lawton MP. The psychosocial preferences of older adults: A pilot examination of content and structure. The Gerontologist. 2000; 40(3): 335–48.

3. Čeremnych J and WHOQOL-OLD Group**.** Views on QOL in older adults in Vilnius and links with environment (Pilot study)**.** Proceedings of the 2nd WHO International Housing & Health Symposium. 2004: 593–601.

4. Wurm S, Tesch-Romer C, Tomasik M. Longitudinal findings on aging-related cognitions, control beliefs, and health in later life. J Gerontol B Psychol Sci Soc Sci. 2007; 62(3): 156–64.

5. Bullinger M, Power MJ, Aaronson NK, Cella DF, Anderson RT. Creating and evaluating cross-cultural instruments. In: Spilker B (ed.). Quality of Life and Pharmacoeconomics in Clinical Trials. Hagerstown, MD: Lippincott-Raven, 1996.

6. The WHOQOL Group. The World Health Organization Quality of Life Assessment (WHOQOL): Development and general psychometric properties. Soc Sci Med. 1998; 46: 1569–85.

7. Čeremnych E, Alekna V, Valeikienė B. Pagyvenusių žmonių gyvenimo kokybė (fokusuotos grupinės diskusijos WHOQOL–OLD programos rėmuose). Gerontologija. 2003; 4(2): 63–71.

8. Laidlaw K, Power MJ, Schmidt S & THE WHOQOL-OLD GROUP (J. Ceremnych). The attitudes to ageing questionnaire (AAQ): development and psychometric properties. Int J Geriatr Psychiatry. 2006; DOI: 10.1002/gps 1683.

9. Ingram RE, Trenary L, Odom M, Berry L, Nelson T. Cognitive, affective and social mechanisms in depression risk: cognition, hostility and coping style. Cognition & Emotion. 2007; 21(1): 78–94.

10. Zhang JX, Walker JD, Wodchis WP, Hogan DB, Feeny DH, Maxwell CJ. Measuring health status and decline in at-risk seniors residing in the community using the Health Utilities Index Mark 2. Quality Life Res. 2006; 15: 1415–26.

11. Levy B, Myers L. Preventive health behaviors influenced by self-perceptions of aging. Prev Med. 2004; 39(3): 625–9.

12. Vladeck B. Economic and policy implications of improving longevity. J Am Geriatr Soc. 2005; 53(9): 304–7.

13. Hioki A, Tanoka T. Views of old age and death held by working-age men and women and their relationship to health-related behavior. J Epidemiol. 2004; 14(1): 23–31.

14. Phelan E, Anderson L, LaCroix A, Larson E. Ol-

der adults' views of "successful aging" – how do they compare with researchers' definitions? J Am Geriatr Soc. 2004; 52(2): 211–6.

15. Depp C, Jeste D. Definitions and predictors of successful aging: a comprehensive review of larger quantitative studies. Am J Geriatr Psychiatry. 2006; 14(1): 6–20.

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VILNIAUS MIESTO VYRESNIO AMŽIAUS VYRŲ IR MOTERŲ POŽIŪRIŲ Į SENĖJIMĄ TYRIMAS

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Santrauka

Tikslas. Ištirti Vilniaus miesto pagyvenusio amžiaus žmonių požiūrius į senėjimą.

Objektas ir metodai. Respondentų grupė (Vilniaus miesto 60–85 metų gyventojai) sudaryta kvotos būdu (pagal amžių, lytį). Apklausai panaudotas naujas klausimynas „Požiūriai į senėjimą ir senėjimo patirtis".

Rezultatai ir išvados. Atlikta Vilniaus miesto bendruomenėje gyvenančių pagyvenusių žmonių apklausa (N = 629). Nustatyta, kad vyresnio amžiaus vyrų ir moterų požiūriai į fizinius kūno pokyčius nesiskiria, tačiau aptikti patikimi skirtumai praradimų ir pasiekimų skalėse.

Raktažodžiai:
pagyvenę žmonės, požiūriai į senėjimą, senėjimas