



RESEARCH ARTICLE

THE INFLUENCE OF DEMOGRAPHIC FACTORS ON THE ATTITUDE OF HEALTHCARE WORKERS TOWARDS OLDER PEOPLE IN WESTERN KENYA

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ABSTRACT

The world is experiencing an unprecedented demographic transformation. The purpose of the study was to investigate the influence of demographic factors on the attitude of healthcare workers towards older people in Western Kenya. The objectives of the study were to: explore the influence of gender and marital status on their perception towards the elderly and establish whether their religious beliefs influence their perception towards older people. The study was guided by Ajzen and Fishbein's Theory of Reasoned Action and Townsend's Structured Dependency Theory. The ontology was post-positivism and the epistemology was realist/objectivist. The research method was quantitative. The research design was *ex-post-facto*. Random sampling, stratified and purposive sampling were applied. Data was generated using questionnaires. The 60-item Attitudes Towards Older People Scale (ATOPS) was the main instrument for data collection. A total of 295 participants, responded to the Questionnaire. The data collected was analyzed using descriptive statistics, frequencies and percentages. The findings revealed that gender had no influence on their perception towards older people, it also revealed that there is no significant influence of religious belief on their attitudes towards older people and that marital status did not significantly influence healthcare workers' attitudes towards older people. It recommended the importance and urgency of more concerted research to inform the public and organizational policies to better promote and manage care of older people in an ageing society like Kenya. Further, there is need to explore psychological constructs of ageism across cultures.

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INTRODUCTION

The world is experiencing an unprecedented demographic transformation (Aboderin, 2016). In 1980, there were 378 million people aged 60 or above; in 2015, this figure had almost tripled to 900 million comprising 12 percent of the total population (UNPD, 2015). By 2050, the number of people 60 years and older will increase to almost 2 billion, constituting roughly 21 percent of the world's population. This increase is expected to be most rapid in developing regions, where the older population is anticipated to quadruple (UNPD, 2015). The African Union Policy Framework and Plan of Action on Ageing (AU Plan) was adopted in 2002, at the beginning of, and as a catalyst for, a period of intensifying research and policy debate on issues of ageing in Africa (AU/HelpAge, 2003; Aboderin, 2015). At the time of its launch, the AU Plan provided a first ever demarcation of the wide spectrum of issues regarding older Africans' lives that required consideration - and of desirable policy responses to them.

As such, the Plan served to stimulate a gradual growth in governments' awareness - of both the sector-crossing scope of ageing challenges, and the need for concerted country action (Aboderin, 2011, 2015). Africa Common Position on the Rights of Older People (2013), entails a call by AU Member States for the pursuit of a rights-based approach to issues of concern to older persons. The document makes specific three stipulations on defending and promoting the human rights of older persons. Foremost, the Common Position sets out the AU's clear support for the forging of a United Nations Convention on the Human Rights of Older Persons. Other recommendations include the creation of national sensitization programs to promote societal awareness of the rights of older persons, the inclusion of older persons in post-2015 Sustainable Development Goals (SDGs), and an investment in today's youth in order to improve the outlook of future populations of older persons (AU, 2012). Research has indicated that ageism (attitudes towards older people) is quite prevalent in society (Palmore, 2001), possibly even more prevalent than sexism and racism (Banaji, 1999), although it is typically much more difficult to detect (Levy & Banaji, 2002).

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These facts, coupled with the rise of both the number of older people in society as well as the number of age discrimination claims being filed suggest that more research is needed that explores the construct of ageism and its measurement. The attitudes of healthcare workers are affected by societal and cultural factors. In most African countries including Kenya, older people generally enjoy more respect because older age is recognized as a source of prestige and honour influenced by the African traditions (Nhongo, 2006). However, there are increasing tensions from younger people in relation to whether they will be able to continue to care for older family members. This is because there has been a decline in the extended family system and an increase in nuclear families, leaving many older people alone. In addition, industrialization has brought the younger generation to cities further increasing the physical distance between many parents and children (Byun, 1997). Furthermore, the number of women working outside the home has steadily increased.

Traditional social structures in Kenya dictate that the care of parents is predominantly the responsibility of women, in particular the daughter-in-law. Filial piety based on the traditional African philosophy of respect for both the living and the dead has greatly influenced the care system between parents and children and relationships among people (Nhongo, 2006). These tensions have given majority of those who care for older people to experience stress including physical and mental burnout (Kim et al., 2006). They therefore perceive as a negative experience associated with physical and mental challenges and they feel competing tensions from their filial responsibility. As a consequence of these tensions and changing family values, it is becoming more difficult to take care of older people in the home. The demands of employment in a competitive world economy may also pressure families to pass over their caregiving role and place an older family member in a healthcare facility.

The persistence of age-related stereotypes is curious given the existence of considerable evidence that older people are generally as capable as their younger counterparts. Workplace researchers have found chronological age not to be a valid (negative) predictor of performance for many tasks (Cleveland & Landy, 1983). Research on the construct of ageism also appears to be warranted given the potential negative impact of ageism on both individuals and organizations. For individuals, ageism can lead to ageist discourse, expressed ageist attitudes, and discriminatory practices based on age which have been shown to cause lowered self-efficacy, decreased performance, and stress (Levy, Hausdorff, Hencke, & Wei, 2000). However, despite this evidence, few researchers have investigated ageism, its measurement, its structure, and both individual and group differences in the construct of ageism. Although ageism also can be aimed at younger age groups, this study was limited to late adulthood. There are similarities between ageism towards young and older people e.g. the inferior position both young and old people have in the power structures of society. However, ageism towards older people seems qualitatively different as it is associated with deterioration and death rather than with the developmental potential of youth. The challenges of youth will be overcome as time goes by, whereas old age will be succeeded by death. The life course takes us all away from the category 'youth' towards the category 'elderly'. Compared to research on racism and sexism, research on ageism has been neglected (Nelson, 2005).

Research on ageism is focused on the causes, the consequences, the concept and the ways in which ageism may be reduced. The study of the causes, the consequences, and prevention has marked the field of research, whereas the socio-demographic basis of attitudes towards older people has basically been ignored. As people live longer and the number of older persons increases worldwide, it becomes important to understand the factors that influence healthcare workers' attitudes towards older people. Although studies have indicated that later adulthood can be a healthy, productive, and satisfying time of life, ageism or prejudice and discrimination against older people and a fear of the ageing process, continues to be a widespread phenomenon (McConatha, 2004).

Despite the relatively low numbers of older people in Kenyan society, they are now perceived as a problem. A number of reasons have contributed to this perception. First, is the decline of extended family and the fast growth of nuclear family. Similarly in the Kenyan culture, fast growth of nuclear family is increasing dramatically, leaving the older people living alone. In addition, people in this culture prefer individualistic lifestyles and to be free from rigid rules and regulations. Second, is the increasing numbers of women, in the past the prime carers for the older people, working outside the home. This change increases the demand for more skillful and experienced healthcare workers who can address and meet the needs of older people. Improving the quality of care provided to older people in Kenyan society is a key issue, as experience and knowledge in taking responsibilities are considered crucial factors for providing optimum care for older people (Help Age, 2009). Healthcare workers are an essential and vital part of the healthcare system involved in the care of older people. The quality of care provided to older people is directly related to the attitudes that healthcare workers hold towards them (Jacelon, 2002). Positive healthcare workers' attitudes were found to have a positive effect on the health of older people in areas such as attentiveness, connectedness, respectfulness, helpfulness and friendliness (Jacelon, 2002). Educators need to place more emphasis on healthcare workers' attitudes towards older people. This is because the number of older people needing care is increasing while the number of healthcare workers interested in working with them has declined (Happell, 1999). Negative attitudes towards older people may result in healthcare workers' behaviours that harm older people in their care (Jacelon, 2002).

A potentially important component not addressed in previous studies on ageism is the contribution of socio-demographic characteristics of health-care workers to the formation of their perceptions of older people (Menz, Stewart & Oates, 2003). It is likely that an individual's perceptions of older people will be influenced by his or her demographic factors. Inaccurate beliefs about the aging process may manifest as negative stereotype of older people. An accurate understanding of the aging process may also influence workers' perceptions of older people. Attitudes towards older people are considered as an important factor in their care (Kalavar, 2001). As people live longer and the number of older people continues to increase around the world, it becomes increasingly important to provide education and understanding regarding the factors that influence the attitudes of health care workers toward older people as well as how they construct their attitudes towards older people. The purpose of this study was to determine the influence of demographic factors of health care personnel in

Kenya on their perception towards older people. Age, gender, level of education, marital status, occupation, religion, and work experience were considered as demographic characteristics. There is need therefore to understand the dominant social contexts and attitudes in which older people live, and the attitudinal impact this has on the lives of older people.

Objectives of the study

The purpose of the study was to investigate health care workers' perception towards older people in rift valley region, Kenya. The objectives of the study were to:

- Explore the influence of gender and marital status on their attitudes towards the elderly
- Establish whether their religious beliefs influence their attitudes towards older people

METHODS

Participants: To answer the research questions, the author sought views from healthcare workers. A total of 295 respondents participated in the study as illustrated below in Table 1; questionnaires were used to generate data. The participants were registered nurses, student nurses, social workers, psychiatrists, physiotherapists, Counsellors', Priests and Doctors. They were healthcare workers in sites (hospitals, residential homes, hospices, nursing homes, psychiatric wards, rehabilitation wards, medical wards and surgical wards) in Western Kenya.

Table 1. Sample Size

Sample Group of Health Workers	Sample Size
Females	117
Male	178
Total	295

Measures and procedure(s): Data was generated using questionnaires. A structured, descriptive and non-experimental quantitative design using a self-report questionnaire was used to collect data from a sample of healthcare workers ($N=295$). The researcher administered a closed-ended items' questionnaire (ATOPS) modified from Kogan's (1961)'s Old People Scale (KOPS) which is the first standardized scale developed to assess the attitudes toward older people in general.

This instrument consisted of 60 statements regarding older people. Half of these statements represent negative attitudes and the other half represents positive attitudes towards older people. Participants evaluated these statements on a 5-point Likert scale from 1 'strongly disagree' to 5 'strongly agree'.

RESULTS

Gender and perception towards the elderly: The gender of the professional health care workers were varied during the study as summarized in Figure 1. Majority of the respondents 178 (60%) were male and 117(40%) were female. This showed that majority of the personnel were male, hence there was gender disparity in the distribution of professional health care workers during the study.

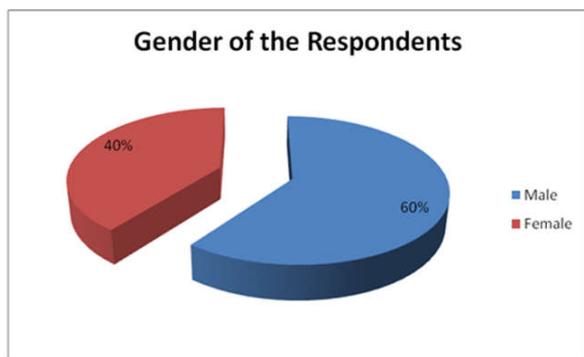


Figure 1. Gender of Respondents

The Influence of Gender on Health Care Providers' Attitudes towards Older People: The attitudes toward older people were computed from the 60 statements that were used in the study. The male and female average attitudes computed was compared using the cross tabulation. From the study it showed that the mean attitude of male employees was 3.26, SD of .334 and close to that of women 3.22, SD of .30 as shown in Table 2. These findings indicate that the attitudes of both male and female health care personnel toward older people were average. The cross tabulation was used to evaluate the Contingency Coefficient (C). Since the two variables were deemed to be dependent, contingency coefficient was used to determine if there was a strong relationship between the gender of health care workers and their attitudes towards older people. From the results it showed that Contingency Coefficient was .696 and not significant ($p>0.05$). Thus it showed there was no significant relationship between the gender of health care workers and their attitudes towards older people as summarized in Table 3. The cross tabulation was used to determine the relationship and association between gender of the professional healthcare workers on their attitudes towards older people. The results showed that there was no significant influence of gender on attitudes towards older people, $\chi^2 = (276.56)$, (269) and $p=.363$ at 5% level of significance. Since the p value is greater than 0.05 this showed that gender of the professional healthcare workers did not influence their attitudes towards older people. From these results, we accept the null hypothesis that there is no significant influence of gender on health-care workers' attitudes toward older people.

Marital status and perception towards the elderly: The marital status of the professional health care workers were varied during the study as summarized in Figure 2. Most employees 160 (54.2%) were married, with 78(26.4%) single, and the least 57(19.3%) were widowed. This findings indicates that majority of the employees were married.

One-way ANOVA on the Influence of Marital Status on Healthcare Workers' Attitudes towards Older People: A One-way Analysis of Variance was conducted to explore the variation in the attitudes of health workers with respect to their marital status as shown below. There was no statistically significant difference at the $p>.05$ level of significance [$F (3, 291) = .957, p=.000$]. Since the influence of marital status was found to be insignificant, it implies that the attitude means did not differ much with respect to marital status of the healthcare workers. Data analysis and interpretation of the influence of marital status on healthcare workers' attitudes towards older people found no significant influence of marital status on attitudes towards older people.

Table 2: The Influence of Gender of Healthcare Workers on their Attitudes towards Older People

	Frequency	Percent	Minimum	Maximum	Mean	Std. Deviation	Chi-Square Tests
Male	178	60.3	2.42	4.05	3.2551	.33427	$\chi^2=276.56$
Female	117	39.7	2.35	3.87	3.2260	.29947	df=269
Total	295	100.0	2.35	4.05	3.2428	.32052	p=.363

Table 3: The Contingency Coefficient on the relationship between Gender and Attitudes towards Older People

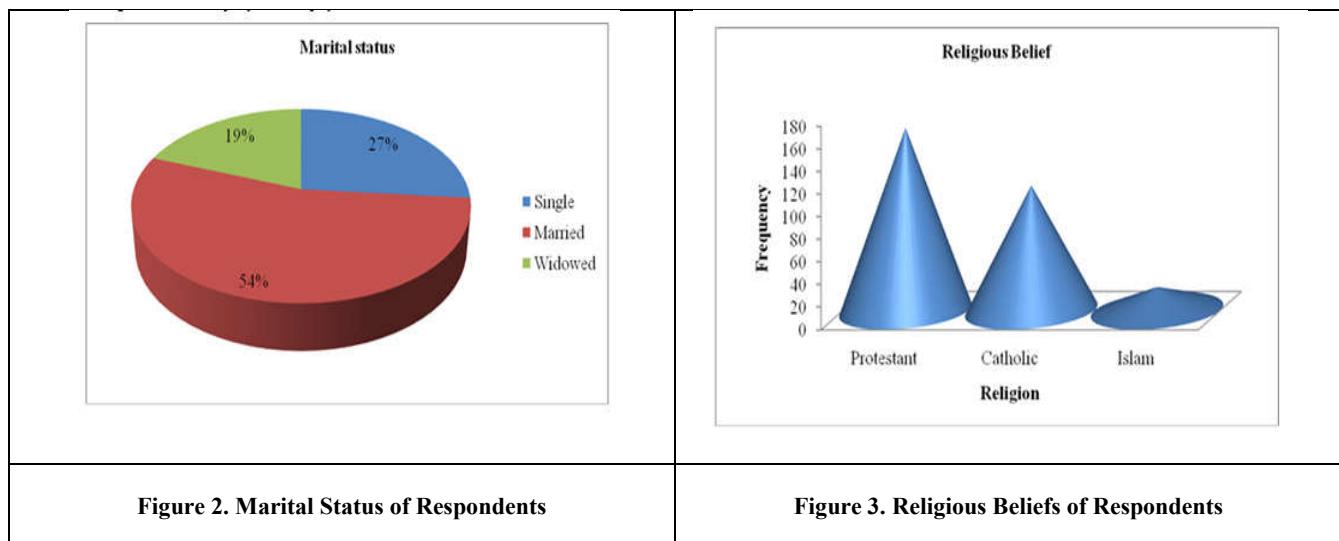
	Gender			Chi-Square	Contingency Coefficient (C)
Attitude		Male	Female	Total	
Negative	<2.6	5	4	9	$\chi^2=277.589$
Average	2.65-3.4	126	83	209	df=269
Positive	3.45-5.0	47	30	77	Sig.=.346
Total		178	117	295	N =295

Table 4. One-way ANOVA on the Influence of Marital Status on Healthcare Workers' Attitudes towards Older People

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.295	3	.098	.957	.413
Within Groups	29.908	291	.103		
Total	30.203	294			

Table 5. Religious Beliefs and Attitudes toward Older People

	Frequency	Percent	Minimum	Maximum	Mean	Std.Deviation	Chi-Square Tests
Protestant	162	54.9	2.42	4.05	3.2396	.32962	$\chi^2=829.74$
Catholic	111	37.6	2.35	4.03	3.2588	.30267	df=807
Islam	22	7.4	2.67	3.97	3.1858	.34723	p=.282
Total	295	100.0	2.35	4.05	3.2428	.32052	



Religious belief and perception towards older people: The religious belief of the professional health care workers were varied during the study as summarized in Figure 3. The religious beliefs of most of the employees were varied during the study with most of the employees 162(54.9%) as Protestant, with 111(37.6%) were Catholic, while 21(7.1%) were Muslim. The findings indicates that majority of the employees were of the Protestant faith.

The religion of the professional health care workers was used to compare their attitudes toward older people. The average attitude was computed using the cross tabulation and the influence of religious belief on attitudes toward older people was determined. From the study, it showed that the mean attitude of workers with varied religion was almost the same as shown in Table 5.

The findings showed that the attitudes of Protestant health care workers was 3.24, SD of .329, Catholics had a mean attitude of 3.26, SD of .303 and Islam's had a mean attitude of 3.20, SD of .347. The findings indicated that the attitudes of health care workers toward older people were above average and similar regardless of their religious beliefs.

The Contingency Coefficient (C) was used to determine if there is a relationship between the religious beliefs of health care workers and their attitudes towards older people. From the results it showed that Contingency Coefficient was .860 and not significant ($p>0.05$). Thus it showed there was no significant relationship between the religious beliefs of health care workers and their attitudes towards older people.

DISCUSSION AND CONCLUSION

Gender and Attitudes towards Older People: The first objective was to establish the influence of gender of healthcare workers on their attitudes towards older people. Data analysis and interpretation revealed that gender had no influence on their attitudes towards older people. Contrary to previous studies, the current study failed to show a gender influence on attitudes of healthcare workers towards older people, or perceptions of older people. The only significant difference between male and female students was that female students had more positive attitudes toward older people. This result is consistent with the literature that suggests that female healthcare workers fulfil their caregiver role because they are socialized to enact caring and nurturing roles that include teaching and nursing. Previous findings indicated that men are more ageist than women (e.g. Fraboni et al., 1990; Kalavar, 2001; Kite & Stockdale, 2004).

This result may be partly due to the females having higher scores on the personality dimension of expressiveness (e.g warmth, caring, empathy), whereas men generally possess higher instrumentality scores (Deaux, 1985). Kalavar (2001) argued that such an effect may be the result of lifespan developmental processes and greater experience with and exposure to older people. Nevertheless, researchers should interpret the gender effect found herein with caution i.e the difference in ageism scores attributed to gender was relatively small (mean difference of 0.17) and could have been affected by a variety of factors, most notably the size of the sample. A gender difference of this size, though statistically significant, casts some doubt on the pragmatic utility of the present findings. Further research is needed to determine the accuracy and generalizability of the gender-ageism relationship. Overall, the results of this study are positive and suggest that healthcare workers in Kenya have a reasonably accurate understanding of older people and favourable attitudes towards older people. Thus, the future development of the field of geriatrics is certainly warranted.

Marital Status and Attitudes towards Older People: The first objective of this study was to establish the influence of marital status of healthcare workers on their attitudes towards older people. Data analyzed and interpreted found no significant influence of marital status on their attitudes towards older people. Marital status did not significantly influence healthcare workers' attitudes towards older people. These findings are consistent with Gallagher et al. (2006) study that reported that there was no significant influence of marital status on healthcare workers' attitudes towards older people. Kimuna, Knox & Zusman (2005) and Mosher-Ashley & Ball (1999) reported also that marriage did not significantly influence healthcare workers' attitudes towards older people and their behavior in general. This finding could be attributed to the traditional African family system where the care and provision for older people was in the hands of both men and women and hence it was taken by both as community responsibility for all regardless of marital status. Marital status was found to be insignificant as may not determine their perceptions towards older people as married, single and widowed may not be a prime factor in determining how they treat and perceive older people.

Religious Belief and Attitudes towards Older People: The second objective of this study was to determine the influence

of religious belief of healthcare workers on their attitudes towards older people. Data analyzed and interpreted revealed no significant influence of religious belief on their attitudes towards older people. This finding was contrary to Alshahri (2002) study that reported significant religious influence on healthcare workers' attitudes towards older people. The author averred that religion (Islam) nurtured positive attitudes due to the respect and reverence of older people and the Quran's teachings on the place of older people in their society. Religion may influence individual's attitudes towards older people and affect the ways in which the older person is perceived (Treharne, 1990). Islam, as many other religions, urges and motivates Kenyan Muslims to respect and value older people. This has been demonstrated in many verses in the Holy Koran. Several studies seemed to demonstrate the more dominant influence of secular ethics on healthcare workers' workers attitudes towards older people (Hope 1994; Sainsbury, Wilkinson & Smith, 2004). Majority of the healthcare workers stated that they based their attitudes towards older people on secular ethical principles. However, Protestant healthcare workers showed more positive attitudes towards older people than the Catholic and Muslim healthcare workers. Protestant healthcare workers considered religion as important in their profession and hence reported more positive attitudes towards older people and hence less likely to be prejudiced towards the elderly. The influence of secular professional ethics may explain the non-significant difference between healthcare workers' religious belief and their attitudes towards older people though it may not necessarily prove the absence or irrelevance of the influence of religious affiliation on healthcare workers' attitudes towards older people. The influence of religion may be much stronger among members of specific faiths or religious denominations.

The majority of health care workers may have viewed care for older people as driven and influenced by their religious faiths. For that reason, Kenyan health care professionals regarded the care of older people as a role of respect from their religious perspectives. The Islamic and Christian faiths are certainly a major aspect responsible for shaping the Kenyan society and therefore play a significant role in health care workers' work culture and their views toward the care of older people. The finding that health care workers are more neutral or negative about older people is not synonymous with a belief that they are uncaring. If resources are limited within a health care system, therapeutic treatment beyond palliative care might be better given to younger patients who have a longer remaining lifespan. There is the danger that in presenting findings of non-significant influence on attitudes toward older people, the less favourable attitudes may have not only come from the design of the study but also from the interpretation placed on the results. Within this study, it was observed that the healthcare workers placed a negative view on many physical and mental changes that come with old age yet at the same time felt that older people were wiser and more contented (Dewey's Paradox, 1939).

REFERENCES

- Aboderin, I. 2016. Coming into its own? Developments and challenges for research on aging in Africa. *Journal of Gerontology: Psychological Sciences, Social Sciences*. doi: 10.1093/geronb/gbw017First published online: April 1, 2016.

- Aboderin, I. 2015. A monitoring and evaluation framework for the African Union Plan of Action on Ageing and the African Union Protocol on the Rights of Older Persons In Africa. Approach, elements and plans for piloting and initial review. Report submitted to the African Union Department of Social Affairs
- Aboderin, I. 2011. Understanding our ageing world assessment of national level implementation of the Madrid International Plan of Action on Ageing MIPAA. in the Africa Region. Report submitted to HelpAge International / UNFPA
- Aboderin I, Beard J. 2015. Older People's Health in sub-Saharan Africa. Lancet 385: e9-e11
- African Union 2012. Africa Common Position on the Rights of Older Persons, 3rd Session of the AU Conference of Ministers of Social Development CAMSD 3. Addis Ababa, Ethiopia, 26-30 November 2012. CAMSD/EXP/11III. Addis Ababa: African Union
- African Union/HelpAge International AU/HelpAge. 2003. Policy framework and plan of action on ageing. Nairobi: HAI Africa Regional Development Centre.
- Alshahri, M. 2002. Culturally sensitive caring for Saudi patients. *Journal of Transcultural Nursing*, 13, 133.
- Banaji, M. R. 1999. *Unconscious isms: Examples from racism, sexism, and ageism*. Paper presented at the Way Women Lean Conference, New Haven, CT.
- Byun, Y. C. 1997. *Research on Mapping Development for Controlling Dementia*. Korea Institute for Health and Social Affairs, Seoul, South Korea.
- Cleveland, J. N., & Landy, F. J. 1983. The effects of person and job stereotypes on two personnel decisions. *Journal of Applied Psychology*, 68, 609-619.
- Deaux, K. 1985. Sex and gender. *Annual Review of Psychology*, 36, 49-81.
- Dewey, J. 1939. Introduction. In E. V. Cowdry Ed.. , *Problems of ageing* pp. XXVI-XXXIII. Baltimore: Williams & Wilkins.
- Fraboni, M., Saltstone, R., & Hughes, S. 1990. The Fraboni Scale of Ageism FSA. : An attempt at a more precise measure of ageism. *Canadian Journal on Aging*, 9, 56-66.
- Gallagher, S. Bennett, K. M. & Halford J. C. 2006. A comparison of acute and long-term healthcare personnel's attitudes towards older adults. *International Journal of Nursing Practice*, 12, 5. , pp. 273-279.
- Happell, B. 1999. When I grow up I want to be a? Where undergraduate nurses want to work after graduation. *Journal of Advanced Nursing*, 29 2. , 499-505.
- HelpAge International 2009. , *Programme framework for older people and non-communicable diseases NCDs*, Workshop report.
- Hope, K. W. 1994. Nurses' attitudes toward older people: A comparison between nurses working in acute medical and acute care of the elderly patient settings. *Journal of Advanced Nursing*, 204. , 605-612.
- Jacelon, C. S. 2002. Attitudes and behaviors of hospital staff toward elders in an acute care settings. *Applied Nursing Research*, 15 4. , 227-234.
- Kalavar, J. M. 2001. Examining ageism: Do male and female college students differ? *Educational Gerontology*, 27, 507-513.
- Kimuna, S. R., Knox, D., & Zusman, M. 2005. College students' perceptions about older people and aging. *Educational Gerontology*, 31, 563-572.
- Kite, M. E. & Stockdale, G. D. 2004. Attitudes toward younger and older adults: An updated meta-analytic review. *Journal of Social Issues*.
- Kogan, N., 1961. Attitudes toward old people: The development of a scale and examination of correlates. *Journal of Abnormal and Social Psychology*, 621. , 44-54.
- Levy, B. R. & Banaji, M. R. 2002. Implicit ageism. In T. D. Nelson Ed.. , *Ageism: Stereotyping and prejudice against older persons* pp. 45-75. Cambridge, MA: MIT Press.
- Levy, B. R., Hausdorff, J. M., Hencke, R., Wei, J. Y. 2000. Reducing cardiovascular stress with positive self-stereotypes of aging. *Journal of Gerontology*, 55, 205-213.
- McConatha, J.T. 2004. Turkish and U.S Attitudes toward ageing. *Educational Gerontology*, 30, 169-183.
- Menz, H.B., Stewart, F. A & Oates, M. J. 2003. Knowledge of Aging and Attitudes Toward Older People. *Journal of the American Podiatric Medical Association*, Vol. 93, No 1 11-17.
- Mosher-Ashley, P. M. & Ball, P 1999. Attitudes of college students toward elderly persons and their perceptions of themselves at age 75. *Educational Gerontology*, 25, 89-103.
- Nelson, T. D. 2005. Ageism: Prejudice Against Our Feared Future Self. *Journal of Social Issues*, 61, 287-305.
- Nhongo, T. M. 2006. Age discrimination in Africa. A paper presented in the International Federation on Ageing Conference in Copenhagen.
- Palmore, E. B. 2001. The Ageism Survey: First findings. *Gerontologist*, 17, 315-320.
- Sainsbury, R., Wilkinson, T. J. & Smith, C. W. 2004. Attitudes of medical students to old people: a cross-national comparative study. *Medical Education*, 26, 285-289.
- Trehan, G. 1990. Attitudes toward the care of elderly people: Are they getting better? *Journal of Advanced Nursing*, 15, 777-781.
- UNPD. 2015. World population prospects: the 2015 revision. New York: UNPD United Nations Population Division.
- UNPD. 2012. Population ageing. Wall chart. New York: UNPD
