

Attitudes of children towards the elderly - children between of 3 and 10 years old

Atitudes das crianças em relação aos idosos - crianças entre 3 e os 10 anos Actitudes de los niños hacia los ancianos - niños entre edades 3 y 10 años

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ABSTRACT

Objective: to identify children's attitudes towards the elderly. **Methods**: a quantitative, descriptive, exploratory, correlational study was conducted. **Results**: the study population was children from 3 to 10 years old. Sociodemographic data were collected and a Galvão scale, validated for the population of Portugal, was applied. The convenience sample comprised 109 children from 3 to 10 years old, of Portuguese nationality and resident in Portugal. On average, the children were found to have a 24% positive attitude towards the elderly. This value was close to the midpoint of the scale (28%), rating their attitude as moderate. **Conclusion**: the children's attitudes towards the elderly were predominantly positive, although with inconsistency in some dimensions. This study may become an important contribution to the analysis of stereotypes about aging. It is important to be able to influence children's attitudes towards the elderly and help them understand the normal changes of aging. **Descriptors**: Attitude; Child Behavior; Intergenerational Relations; Elderly.

RESUMO

Objetivo: identificar atitudes das crianças em relação aos idosos. **Método:** foi realizado um estudo quantitativo, descritivo, exploratório e correlacional. **Resultados**: a população de crianças entre os 3 e os 10 anos. A recolha de dados com alguns dados sociodemográficos da escala "Galvão" é aplicada na população portuguesa. Amostra com 109 crianças entre os 3 e os 10 anos, nacionalidade portuguesa e residentes em Portugal. Os resultados mostraram que em média as crianças (24%) apresentam atitude positiva em relação aos idosos. Este valor esteve próximo do ponto médio da escala (28%), que os coloca numa atitude moderada. **Conclusão**: as crianças apresentaram atitudes mais positivas para com os idosos, embora com alguma inconsistência em algumas dimensões. Pode tornar-se uma contribuição importante para a análise de estereótipos sobre o envelhecimento. É importante ser capaz de intervir nas atitudes das crianças em relação aos idosos, ajudando as crianças a compreender as mudanças normais de envelhecimento.

Descritores: Atitude; Comportamentos das Crianças; Relação entre Gerações, Idoso.

RESUMEN

Objetivo: identificar actitudes de niños hacia los ancianos. **Método**: se realizó un estudio cuantitativo, descriptivo, exploratorio y correlacional. **Resultados**: la población estudiada fue de niños entre 3 y 10 años. La recolección con algunos datos sociodemográficos, aplicación de la escala "Galvão" se aplicó en la población portuguesa. La muestra era compuesta por 109 niños entre 3 y 10 años, de nacionalidad portuguesa y residentes en Portugal. Los resultados han demostrado que en promedio los niños (24%) presentan una actitud positiva respecto a los ancianos. Este valor estuvo cerca del punto medio de la escala (28%), lo que los pone en una actitud moderada. **Conclusión**: los niños presentaron actitudes más positivas hacia los ancianos, aunque con cierta inconsistencia en algunas dimensiones. Esta investigación puede convertirse en una importante contribución para analizar los estereotipos sobre el envejecimiento. Es importante ser capaz de intervenir en las actitudes de los niños, ayudándolos a comprender los cambios normales del envejecimiento.

Descriptores: Actitud; Conducta Infantil; Relaciones Intergeneracionales; Ancioano.

INTRODUCTION

In recent years, there has been an increasing aging in the world population and Portugal is no exception to this situation. New challenges are emerging, among others, a greater concern with the stereotypes that influence the way one looks at the elderly. In the current social situation, elderly people are projected subconsciously with negative connotations such as unproductivity, boredom, disease, and sadness¹⁻³. Stereotypes are commonly described as a set of beliefs about a particular characteristic of individuals belonging to a particular social group and are used to categorize these groups. However, these beliefs can be both negative and positive⁴, and when related to the elderly, negative stereotypes are often classified such as senility, social isolation, poor health, victims of crime, poverty, social burdens for the health system, low productivity, reform due to health problems, lack of interest in sexual relations and living in nursing homes¹.

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The construction of these social representations is caught in groups and social experiences and then repeated throughout the experience of these individuals³, where the formed stereotype will contribute to the development of attitudes and conduct their behavior⁵. Stereotypes can restraint attitudes which creates a general valuation of a person or group of people that influence the emotional, cognitive, and behavioral responses to other person or group of people⁶.

The construction of representations about an assumed reality occurs for the first time during the childhood period and the construction of stereotypes at this stage of the life cycle leads to its internalization resulting in increasingly negative attitudes towards aging during a person's lifetime.

Currently, the literature has not yet produced clear results and therefore does not show conclusive results of the children's perceptions of different age groups⁶⁻⁸. In general, age-related attitudes in children have not been sufficiently addressed in the past few years and is particularly the elderly. The shortage of studies can be explained in large part by the lack of questionnaires adapted to a very young population associated with their age limitations and language skills⁹.

Elderly people can play important roles in children's lives. Health professionals can help ensure that these benefits are maximized by helping children understand the aging process and all the changes that happen physiologically as psychologically¹⁰.

These authors were reporting studies that as children age, they have a better understanding of age, aging, and age differences, but their attitudes towards the elderly can move back and forth between negative and positive beliefs¹¹. Thus, understanding the attitudes of the children's perceptions towards the elderly is of crucial importance in an aging world⁵. Given this problem, we carried out this study intending to identify attitudes of children towards the elderly.

METHOD

With aim of identifying attitudes of children towards the elderly, a quantitative, descriptive, exploratory, and correlational study was conducted. The study population was children between the ages of 3 to 10 years old. The snowball sampling was comprised of 109 children of Portuguese nationality and residents in Portugal.

The instrument was sent via electronic form on Google Forms[®] specifying that it should be answered by the child with the help and supervision of an adult (e.g. if the children could not read, the adult should read the question to him/her and/or explain the meaning of the sentence). The questionnaire was available to be answered online between April and May 2020. The questionnaire included some sociodemographic data: gender, age, siblings, life situation, live and/or any contact with the elderly.

To identify the children's views about their attitudes towards the elderly, the "Galvão" scale validated for the Portuguese population was used. The choice of the instrument was due to the fact that it shows good internal consistency when applied to children in this age group and of easy application to identify children's attitudes towards the elderly. This instrument was based on the Todaro scale, comprised of the same 14 statements with 2 items as option for all statements from which the child must choose the best option - "The elderly is:"¹².

The 14 statements of the scale are: being wise/ignorant; humorous/grumpy; sided/accepted; cheerful/sad; valued/undervalued; fun/boring; healthy patients; good/bad; savers/spenders; clear/confusing; insecure/secured; attentive/distracted/; slow/fast; creative/uncreative. The scale score can range between 14 (minimum score) and 42 (maximum score). The higher the score higher is the negative attitude (midpoint value 28). For each statement, the maximum score that can be obtained is three points, representing the most negative attitude towards old age. The scores for analysis are, one point for a positive attitude, two point's neutral attitude, and three points for a more negative attitude. The negative items 3, 7, 11, and 13 should be reversed. The scale is grouped into five dimensions: social participation (items 5, 4, 12, and 10); personality characteristics (items 2, 6, 8, and 14); health and safety issues (items 7, and 11); physical and instrumental (items 9, and 13); cognitive and social acceptability (items 1, and 3).

For data analysis, the Statistical Package for the Social Sciences (SPSS[®]), version 24, was used. Descriptive statistics were performed for inferential statistics, in the variables with two categories, by applying the Mann-Whitney U test, and for those with more than two categories, the Kruskal-Wallis test was used. The significance level of p < 0.05 was used.

The study was submitted to the University ethics committee and authorization (ref no. 042019) was obtained. The confidentiality and anonymity of the data were guaranteed with the codification of all the data obtained. All participants agreed to participate in the study voluntarily through confirmation after reading the informed consent.



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RESULTS

The participants were predominantly female (82.1%), aged between 5-6 years old (46.8%) (Mean value 5.9 and standard deviation 2.1). The majority lives in a rural environment (62.4%). In terms of relationship with the elderly, we found that 67.9% lives or used to live with elderly person. Only 2.8% of the participants reported having no contact with the elderly and only 5.5% reported that their grandparents are not alive (Table 1).

TABLE 1: Characterization of participants. Porto, Portugal, 2020.			
Variables	n	f(%)	
Conder (N=100)			

Variables	n	f(%)
Gender (<i>N=109</i>)		
Male	49	45.0
Female	60	55.0
Age- Years (N=109)		
3-4	28	25.7
5-6	51	46.8
7-8	11	10.1
9-10	19	17.4
With brothers or sisters (N=109)		
No	40	36.7
Yes	69	63.3
Living environment (N=109)		
Countryside	68	62.4
Urban	41	37.6
Lives or has lived with the elderly (N=109)		
No	74	67.9
Yes	35	32.1
Have contact with elderly people (N=109)		
No	3	2.8
Yes	106	97.2
Grandparents are still alive (N=109)		
No	6	5.5
Yes	103	94.5

To obtain a global measure of the degree of agreement. The total scores of the Galvão scale were used for each participant. Figure 1 shows the histogram of the total score of the Galvão scale per participant. We found an amplitude between a minimum limit of 14 and a maximum limit of 37. With an average of 24.01 and a standard deviation of 4.09. With the scale range presented earlier min. 14, max 42, mid. 28), with less meaning better, a mean result shows that these children demonstrate to have a more positive attitude towards the elderly. However, this value is close to the midpoint of the scale (28), which places the results attitude towards the elderly as moderate.





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Figure 2 shows that 60.6% of the participants have a moderate attitude towards the elderly, and only 4.6% have a negative attitude. Table 2 shows the average scores for each dimension of the Galvão scale.



FIGURE 2: Total Score of Galvão scale. Porto, Portugal, 2020.

TABLE 2: Scores of the Scale dimension. Porto, Portugal, 2020.

Dimensions	Mín	Max	Mean	S.D.
Social participation dimension (Amplitude 4-12. mean 8)	4	12	6.7	2.17
Personality characteristics dimension (Amplitude 4-12. mean 8)	4	12	5.8	1.84
Health and safety dimension (Amplitude 2-6. mean 4)	2	6	3.9	1.30
Physical and instrumental dimension" (Amplitude 2-6. mean 4)	2	6	4.6	1.18
Cognitive dimension and social acceptability (Amplitude 2-6. mean 4)	2	6	2.9	1.18

In the subscale "social participation dimension" the average score was 6.7, the subscale "personality characteristics dimension" the average score was 5.8, the subscale "health and safety dimension" the average score was 3.9, the "physical and instrumental dimension" was 4.6 and in the "cognitive dimension and social acceptability" of 2.9. Taking into account the maximum values for each dimension, it is perceived that only in the physical and instrumental dimension scores are consistent with the average observed negative attitude.

The relationship between the total scores of the Galvão scale and the variables such as gender. Age, environment where they live if they have siblings, if they live or have lived with the elderly, if they have to contact elderly people and if the grandparents are still alive, are observed in Table 3.

Regarding the relationship between the total scores of the Galvão scale and the variables no statistically significant differences were found that could influence attitudes. Particularly in gender (p=0.217), age (p=0.518), in the environment where they live (p=0.638), if they have siblings (p=0.830), if they live or have lived with the elderly (p=0.195), if they have contact elderly people (p=0.133), and whether grandparents are still alive (p=0.358).



TABLE 3: Comparison of the average score of the Total Galvão Scale and variables. Porto, Portugal, 2020.

Variables	Negativ	Negative Atitude		Positive Atitude		Galvão Total	
	N	%	Ν	%	Mean	S.D.	
Gender (N=109)	26	23.9	83	76.1			
Male	16	61.5	33	39.8	24.7	5.59	
Female	10	38.5	50	60.2	23.47	4.23	
Age- years (N=109)	26	23.9	83	76.1			
3-4	10	38.5	18	21.7	25.4	5.80	
5-6	10	38.5	41	49.4	23.5	4.96	
7-8	1	3.8	10	12.0	22.6	2.69	
9-10	5	19.2	14	16.9	24.1	4.04	
With brothers or sisters (N=109)	26	23.9	83	76.1			
No	9	34.6	31	37.3	23.9	4.54	
Yes	17	65.4	52	62.7	24.0	5.14	
Living environment (N=109)	26	23.9	83	76.1			
Countryside	16	61.5	52	62.7	23.7	4.66	
Urban	10	38.5	31	37.3	24.5	5.31	
Lives or has lived with the elderly (N=109)	26	23.9	83	76.1			
No	14	53.8	60	72.3	23.6	4.42	
Yes	12	46.2	23	27.7	24.7	5.81	
Have contact with elderly people (N=109)	26	23.9	83	76.1			
No	2	7.7	1	1.2	27.7	3.51	
Yes	24	92.3	82	98.8	23.9	4.91	
Grandparents are still alive (N=109)	26	23.9	83	76.1			
No	2	7.7	4	4.8	24.8	5.81	
Yes	24	92.3	79	95.2	23.9	4.88	

DISCUSSION

Concerning the results of the study sample, we can state that the children show a positive attitude towards the elderly in about 76.1%. These results are in agreement with other authors' results that show that children have moderate attitudes towards the elderly^{5,6}. In a study conducted with the Todaro scale, children also presented more positive than negative attitudes towards the elderly, although also very close to the mean value¹³. Another study with a sample of 54 children between 7 and 10 years of age also shown positive attitudes¹⁴.

However, research shows that there are different levels of understanding regarding the actual views of children concerning the elderly. The differences between measures, configurations, and procedures remain as a barrier to compare results¹⁵⁻²¹. Attitudes may present cognitive and emotionally positive and negative components¹³ and therefore attitudes towards the elderly are complex and can incorporate positive and negative assumptions in the same person¹⁵. When the results are observed in the light of the different dimensions of the scale and taking into account the maximum values for each dimension, the physical and instrumental dimensions are on average scored in with a negative attitude. Participants report more negative stereotypes based on physical characteristics (weak, inactive, slow) than on social characteristics, which is consistent with previous studies that found a similar pattern^{9,13,16,21}. In fact, children's social perceptions need the categorization of people based on their age-related physical characteristics (height, Face, and voice signals) to differentiate and classify people⁷, where the physical decline characteristics are more evident (e.g. difficulty walking. back pain. tiredness. illness)⁹.

In other studies, in which children were asked to draw, the authors reported that the physical characteristics attributed to the elderly were "gray hair" and "wrinkles", as well as they considered that the elderly performed passive activities (e.g. lying in bed") and the needed of the help of young people because they are physically disabled and/or sick. In addition, children associate aging with the "imminence of death"⁷.

On the other hand, the dimensions that obtained more positive scores are the dimension characteristics of the personality and the cognitive dimension and social acceptability. The dimension "personality characteristics" incorporates items such as humorous/grumpy items, fun/boring, good/bad, and creative/non-creative, and the dimension "cognitive and social acceptability" that incorporates the items wise/ignorant and accepted/placed aside. In fact, in a study conducted with a sample of 491 participants on stereotypes of the elderly, the authors identified 30 positive items: being loving, friendly, honest, and intelligent, among others⁵. The emerging pattern of all these views of the elderly is therefore ambivalent: on the one hand an associated warm view, and on the other the physical decline and considerable dependence⁹.



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Regarding the analysis of the relationship between the total scores of the Galvão scale and the variables, no statistically significant differences were found that may influence attitudes, although some different results are presented by other authors. These authors report that negative ideas of the elderly are found from the age of three and that at the age of eight they have well-defined negative notions about the elderly and aging¹⁵. The development of preconception is, therefore, associated with the development of group identity at early ages (3/4 years)⁷. In our study, it was observed that the most positive values are observed between 3 and 4 years of age (m=25.4) and the lowest values are in children aged between 7 and 8 years of age (m=22.6).

Some authors' state that is the relationship between the elderly and the children that promotes into the child a more positive attitude, although not statistically significant found for those who live or have lived with the elderly, interact with the elderly or their grandparents are still alive^{6,7}.

According to the same authors, contact with the elderly was significant in predicting attitudes towards the elderly. The results suggest that time matters when shaping attitudes and stereotypes¹⁶. The results suggest that children have a more positive view of the elderly when they are in contact with their grandparents' daily⁷. Significant differences were also reported between children who live with their grandparents or not¹¹.

Adults can play important roles in children's lives where contributions like wisdom and health experience can be of inestimable benefit to the children^{22,23}. Pediatric care can help ensure that these benefits are maximized by helping children understand the normal changes of aging^{10,24}.

The construction of stereotypes of the elderly is permanent and is correlated with attitudes¹⁷ and there is the need to promote associated positive aspects. People use stereotypes to facilitate understanding of the information world, so preventing the construction of stereotypes and judgment based on little is virtually impossible. Therefore, it is urgent to promote intergenerational contact and actions, either through social communication, public policies, or in daily life conversations which stimulate a positive image of the elderly³.

The findings of this study are important for health professionals' interventions in developing intergenerational programs to modify children's attitudes towards aging by connecting generations. This knowledge strengthens the partnership between health professionals and children's by developing educational activities that seek to demystify negative stereotypes concerning aging with methods that stimulate solidarity between generations in the family environment taking into account the specifics of a person's life cycle^{13,25,26}.

Study limitations

A limitation of this study was the sample size of only 109 children, in the range of three to ten years old which makes it difficult to generalize the results. Another bias of this study may be related to the fact that the instrument was filled with the collaboration of their parents which can have a positive influence on the results. One of the struggles was the multiplicity of measurement instruments used in different studies that made the comparisons of results difficult.

However, the results show that it is important to identify the attitudes towards the elderly of all ages. Intergenerational program studies with children within other age groups should be conducted and with a larger sample size.

CONCLUSION

In view of the presented research, this study allowed the relationship of children's attitudes concerning the elderly, where a more positive attitude was observed. The highest negative attitude was obtained in the physical and instrumental dimensions. This may be related to how children start to look at each other and later manage to associate other indicators than physical ones only: for example, the images projected in the media about the elderly. The sociodemographic characteristics analyzed did not obtain a significant correlation in the scale of attitudes towards the elderly, although they were identified in other studies. This path will allow to expand the knowledge about younger generations' thoughts about the elderly and consequently develop activities that seek to demystify negative stereotypes concerning this age group.

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