

An assessment of ageism attitude among working couples

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In the beginning of 20th century, the technological advancement in medical sector has led to the increase in the percentage of the advanced age population. Now due to fall in fertility rate, better nutritional conditions, improvement of basic public health services, and control of infectious diseases the number of aged people has increased. The present study was conducted on 200 dual earner respondents through judgment sampling. Data was collected through a questionnaire developed by Fusun et al. (2011) named as AAS (Ageism Attitude Scale). The findings revealed that there was a positive ageism attitude among working couples. Respondents agreed that physical appearances of elderly people look weak and fragile. Elderly people should not be paid less in their work lives. Working couples agreed that elderly people should not go on travelling by their own family should accompany them so that they could spend quality time with them. Further, it was also found that both males and females equally respect their elders. Working couples were not able to spend enough time with their elders but still they care and think about elders' benefit. Young people should be guided in the family from childhood that aged people are the assets for the family not a economic burden on the family. For this the government should make the strong retirement plans, pension schemes, and old age homes so that youngsters should take their elders as a integral part of their society. Faking of emotions of respect, care should not be developed rather it should be felt within.

Keywords: ageism, working couples, emotions and elderly people

Today, in every home husband and wife are working for a better lifestyle. They try to manage their professional as well as personal life along with the family.

Ageism, sometimes spelled as ageism can be defined as a stereotyping and preferential management against persons or groups on the basis of their age. Ageism attitude can be informal or methodical. The term was coined in 1969 by Butler (1969) first coined this term when he wished to describe favouritism against oldies. He defined is as a *"amalgamation of prejudicial attitudes, discriminatory practices and institutional practices and policies against older people"*. With refinement in definition of ageism by Iversen, Larsen, and Solem (2009) *"Ageism can be regarded negative or positive stereotypes, prejudice and/or discrimination against people on the basis of their chronological age or on the basis of a perception of them as being 'old' or 'elderly'."*

The main characteristics of ageism can be defined as a function of implicit or explicit ageism in which there is mixture of negative and positive thoughts. In today's technological era new term digital ageism has come into existence which refers to the prejudices faced by older adults in the digital world. Visual ageism is that state of ageism in which old people visualise their problems in old age and compare these with golden days of their young age. Ageism can

have behaviour and can be administered at micro, meso or comprehensive level. In the other view point it can be referred as intolerable activities that occur as a result of the conviction that aged people are of less value than younger people. Society has been a noteworthy influence by ageism. At different levels of ages, people prefer different type of social, legal and emotional responsibilities. tend to differ in many aspects, such as legal and social responsibilities, In comparison of young people old people have less social responsibilities but they undergo a massive technological, emotional, political changes. These days this concept of Ageism has gained a tremendous attention of sociologists and psychologists. The present study has been conducted keeping in mind the problems of young couples and their attitude towards ageism.

The effects of Ageism can not be ignored by elderly and young people. The main effects include on employment and health care. Many organisations like to employ the youngsters as they feel that due to health problems old people are not able to perform as the youngster do. Old people have problems hearing loss, arthritis, hypertension, visual impairment, rigidity to learn new things and insomnia.

Challenges faced by working couples

The main problem which the working couples experience is work-family conflict and vice versa.. Due to excessive work load they are unable to spend quality time with family and their parents. It not only negatively affects their job satisfaction and organisation commitment but also creates an imbalance between work and life. Especially in Asian countries where the ties of social bonds are stronger than other Western prolonged working hours, night shifts, target based results have resulted a poor and negative ageism attitude among working couples. They have started considering their old citizens as a burden on the society.

Review of literature

For assessing ageism, a comprehensive and detailed literature was

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reviewed and it revealed that this concept was prevailing and best suited to Western societies but a less and insufficient effort has measure attitudes on ageism in the Asian context. Therefore, the purpose of this study was to use a valid and reliable instrument to assess the attitude of working couples towards ageism.

Since the ageism attitude has become the burning topic these days many research studies have been conducted on it. A few have been studied to get the insight into it.

North and Fiske (2015) found that the Asian culture was more collective in nature than the western culture. There was a positive attitude, care, affection towards the old people in Asians than the Western people. There were no noteworthy conflicts between the two age set of people.

Howatson and Jones (2014) discovered that children were less discriminatory towards older people in their approach overall but still they had a stereotyped thinking towards elders. They also remarked that this negative effect could be overcome by the better quality contact with the family. The results seemed to be indicating that ageism did not exist in very young people. It was a tolerated phenomenon through exposure to large cultural and society biases and prejudices

Tabasum et al. (2011) explained that a significant difference existed between male and female employees regarding the attitude towards ageism. This might be due to the fact that female workers were provided reasonable and fair compensation, their work schedule was flexible. Further more, their job assignment, attention to job design, and employee relations were more social as compared to their male counterparts.

Musaiger and D'Souza (2009) discovered some indicators of ageism which were mainly physical aids, such as hearing aids, supporting sticks, canes, crutches, walkers and wheelchairs. They considered a sample of 305 Kuwaiti adults aged between 20 and 64 years and found that out of total only 1.6% of respondents believed that older people required an old-aged home.

Yen et al. (2009) conducted a study to examine the ageism attitudes among nursing and medical students. The results indicated that there was a positive attitude for this cohort among nursing and medical students

Cathalifaud et al. (2008) found that contrary to other studies there study had few exceptions to these negative responses to older people and ageing whereas there were a number of recent studies which reported overall positive or at least neutral attitudes toward ageism. Their data analysis revealed that 66% of young people believed senior citizens to be fragile, They also felt that elderly men were less fragile than elderly women. Out of total sample only 62% considered elderly men and 78% elderly women to be fragile.

Barrett and Pai (2008) acknowledged that although the stereotypes of older people were weak, frail and disabled result from the ageing process and therefore had a basis in reality, some researchers had argued that it was not the experience of all older people and was often based more on myth than reality.

Hall and Batey (2008) tried to assess the ageism attitude among young children and found that when asked what would happen to people as they aged, then 58% from the total population responded that they would die by that time. 36% felt that they would be sick and would have serious diseases.

Robinson et al. (2008) tried to carry out the research on the

stereotypes of older people. They revealed that there were identified positive, as well as neutral and negative elements in people's perceptions towards ageing and older people.

Akdere (2006) collected a comprehensive review and found that researchers were trying their best to find the concept of quality of work life. They were also looking forward for new mechanisms to help employees to balance their professional and personal lives.

Relevance of the study

These days, the technological advancement and busy life schedule has made the life of everyone hectic and miserable. Youngsters are busy in their professional life for getting better life facilities and in this race they are letting behind the warmth, affection and love of the elders. They are not able to spend quality time with them. Earlier, this was the problem of Western countries but now a days this has spread it every where. In Asian countries still the situation is better than the Western countries. There are social and family bond prevailing in these countries which have left the scope of positive ageism attitude among the young working couples. The desire of adopting the lavish lifestyle of Western countries, opening up of MNC's in our country have changed the network our society also. Working couples in families are busy more in their professional lives which have made the life of elders' lonely, solitude and lack of happiness. Nowadays, working couples are not able to take care of elders. Their requirements as well as elders requirements are ignored. This research has been conducted to understand the problems of working couples and their attitude towards ageism.

Objectives of the study

- To study the level of ageism attitude the working couples in Ludhiana.
- To study the association of demographic variables such as age, gender, nature of job, family type, years of experience with attitude of ageism individually (Husband & Wife) as well as couple.

Hypotheses of the study

- H_1 : There are high scores of ageism attitude, i.e., Restricting Life, Positive Ageism and Negative Ageism among the working couples in Ludhiana.
- H_2 : There is a significant difference of demographic variable such as age, gender, nature of job, years of experience, type of family, time spend with elders at home with the attitude of ageism when respondents were taken individually.
- H_3 : There is a significant difference of demographic variable such as age, years of experience, time spend with elders with ageism attitude when scores were taken as couples.

Method

Participants

Non probability sampling technique Purposive sampling technique also known as Judgement sampling technique was used. Only those respondents were taken into samples who were working either in public or private sector.

The population was working couples of Ludhiana city. Due to time constraint, researcher was able to collect data from 100 couple respondents which arise to total 200 respondents. Couples working

in public and private sectors, i.e., banks, colleges, universities, government and private offices were considered for the sample. The male member in couple was coded as A1 and female as B1 so that separate score can be generated for statements and their combined scores were also considered.

Research design

In the present study, the research design was Empirical in nature. Inferential statistics was used to test the hypothesis while descriptive statistics was used to find the level of ageism attitude among the working couples of Ludhiana.

Instruments

The *Ageism Attitude Scale (AAS)* was used to collect the data. The scale consists of positive and negative attitudinal sentences to determine the couple's attitude towards ageism. The couple's positive attitude sentences regarding ageism were ranked on five-points likert scale.5 (strongly agree) for highest and 1 (strongly disagree) for lowest. The negative attitude sentence regarding ageism was scored opposite to the positive sentence: 1 for strongly agree and 5 for strongly disagree.

Reliability: Reliability and validity tests were applied to the AAS consisting of 38 items originally but the refinement of scale reduce it

to 23 item scale. The value of Cronbach alpha was 0.80 for all the three dimensions: Restricting the life of elders having 9 items, Positive ageism attitude consist of 8 items and Negative ageism attitude consist of 6 items.

Data analysis

SPSS (Statistical Package for Social Sciences, version 19) was used for data analysis. In explorative analysis measures of central tendency such as means, mode, standard deviation was carried out to study the nature and distribution of scores on various variables. To establish the relationship between restricting life, positive ageism, negative ageism correlation analysis was applied. T-test was done to study the significance two groups male and female on the basis of gender, nature of job, type of family. ANOVA was applied to study the significance of difference between more than two variables age, experience and time spend with elders.

Results and discussion

The demographic profile of the respondents is listed in form of table. Note that this table describes the profile of respondents taken individually but the data analysis has been done on couples also and the data coding for male was A1 and for female was B1. The averages of their scores were taken to generate their score as couple.

Table 1
Demographic profile of the couples

Variable	Categories	N	%
Age	25-30	46	23%
	31-40	71	36%
	41-50	52	26%
	51 and above	31	15%
	Total	200	100%
Gender	Male	100	50%
	Female	100	50%
	Total	200	100%
Nature of Job	Govt.	79	39%
	Private	121	61%
	Total	200	100%
Years of experience	0-5	42	21%
	5.1-10	40	20%
	10.1-15	34	17%
	15.1-20	22	11%
	20 and above	62	31%
	Total	200	100%
Type of family	Joint	114	57%
	Nuclear	86	43%
	Total	200	100%
Time spend with elders	1-2 hrs	20	10%
	2-4 hrs	65	32%
	4-6 hrs	67	34%
	6 hrs and above	48	24%
	Total	200	100%

In the category of age, respondents in age group 31-40 were highest, i.e., 36% followed by age group 41-50 having 26%, age group 25-30 was having 23% and 51 and above having 15% of the total

respondents. In gender category, the ratio of male and female was same as couples were taken for study. From the private sector 61% of the total and rest 39% were from govt. sector. In the different years of

experience category, respondents having experience of 20 and above years were 31% followed by 21% respondents having experience of 0-5 years, 20% respondents were having 5.1-10 years of experience, 17% respondents were having 10.1-15 years of experience and 11% respondents were having 15.1-20 years of experience.

In the category of type of family, respondents in joint family were more, i.e., 57% while respondents in nuclear family were 43%. In the category of time spend with elders, respondents spending 4-6hrs were maximum, i.e., 34% followed by 32% spending 2-4hrs, respondents spending 6 hrs and above were 24% while as the minimum time spent 1-2hrs were 10%.

Table 2
Descriptive statistics individually (husband and wife)

Variable	N	Mean	Std. Deviation	Skewness	Kurtosis
Restricting Life	200	2.6144	.45410	.249	
Positive Ageism	200	2.8543	.81373	.204	.196
Negative Ageism	200	2.8543	.81373	.204	.196
Ageism	200	2.7746	.59609	.256	-.042

From the above table it was concluded that level of the positive ageism, restricting life and negative ageism was on the moderate side.

Table 3
Descriptive statistics of 100 couples

Variable	Restricting Life	Positive Ageism	Negative Ageism	Ageism
Mean	2.61	3.76	2.85	3.07
Mode	2.778	3.75	2.50	2.90
Std. Deviation	.350	.363	.519	.256
Skewness	.398	.592	-.422	.004
Kurtosis	.204	.458	.635	.819

The above table depicts that there is a high level of positive ageism among the working couples where as the scores of negative ageism and restricting life are on the lower side. The inference is that in present sample, the respondents have care, affection and concern for

the elderly people. They can very well understand their problems and do not take them as a economic burden on their family. Elderly people are not considered as a obstruction in restricting their life.

Table 4
Kolmogorov-smirnov test

Parameters	Restricting Life	Positive Ageism	Negative Ageism	Ageism
Mean	2.61	3.767	2.859	3.07
Std. Deviation	.350	.363	.519	.256
Kolmogorov-Smirnov Z	.714	.792	.847	.714
Asymp. Sig. Value	.688	.557	.470	.688

For 200 respondents, Kolmogorov-Smirnov Test was applied to check the normality of data and the above table shows that p value is not more than 0.05 for the Negative Ageism so the distribution is not normal but for the other variables (Restricting Life, Positive Ageism) p value is more than 0.05 so the distribution is normal. Thus, it allows us to use parametric test.

The comparison among male and female respondents was done with help of t-test on the basis of three dimensions restricting life, positive ageism and negative ageism.

From the above table, the p value is .021 which is less than 0.05 value of significance. So, the null hypothesis that there is no significant difference among male and female for three dimensions of ageism was rejected. The inference is that there is a significant difference between males and females on the scores of Positive Ageism whereas there is no significant difference in mean score of males and females for the variable restricting life and negative ageism. Female have more positive ageism than the males.

Table 5
T-test (gender-wise)

Variable	Gender	N	Mean	T Value	Sig.
Restricting Life	Male	100	2.7056	2.889	.927
	Female	100	2.5233		
Positive Ageism	Male	100	3.7400	-.772	.021*
	Female	100	3.7950		
Negative Ageism	Male	100	3.0150	2.850	.960
	Female	100	2.6919		
Ageism	Male	100	3.1535	3.054	.850
	Female	100	3.0009		

Table 6
T-test (nature of job) individually

Variable	Nature of Job	N	Mean	T Value	Sig.
Restricting Life	Govt.	79	2.6329	.464	.651
	Private	121	2.6024		
Positive Ageism	Govt.	79	3.8165	1.112	.810
	Private	121	3.7355		
Negative Ageism	Govt.	79	2.8565	.032	.717
	Private	121	2.8528		
Ageism	Govt.	79	3.1020	.775	.927
	Private	121	3.0615		

From the above table, the p value in all the dimensions is more than 0.05 value of significance. So, the null hypothesis that there is no significant difference between government and private sector working couples on dimensions of ageism is accepted. The inference

is that working couples in both the government and private sectors have same scores for there restricting life, positive ageism and negative ageism. Working environment does not play any role on attitude of ageism.

Table 7
T-test (type of family)

Variable	Type of Family	N	Mean	t Value	Sig.
Restricting Life	Joint	114	2.6491	1.245	.364
	Nuclear	86	2.5685		
Positive Ageism	Joint	114	3.7730	.178	.624
	Nuclear	86	3.7602		
Negative Ageism	Joint	113	2.8481	-.123	.643
	Nuclear	86	2.8624		
Ageism	Joint	113	3.0882	.475	.709
	Nuclear	86	3.0637		

From the above table, the p value is more than 0.05 value of significance. So, the null hypothesis (H₀) is accepted. The inference is that there is no significant difference between joint and nuclear on the scores of restricting life, positive ageism and negative ageism and overall ageism. Type of family is not the vital part to determine the attitude towards ageism rather it is the individual approach.

From the above table, the F statistics and p value for both the parameters is greater than 0.05 value of significance. So, the null hypothesis is accepted. The inference is that there is no significant difference among the different age categories on the variables restricting life, positive ageism, negative ageism and ageism.

Table 8
ANOVA (age categories)

Variables	Scores of Respondents as individual		Scores of Respondents as couple	
	F value	Sig	F value	Sig
Restricting Life	.624	.600	.870	.485
Positive Ageism	.483	.694	.607	.658
Negative Ageism	2.264	.082	1.081	.371
Ageism	2.113	.100	1.621	.175

Table 9
ANOVA (years of experience in years)

Variables	Scores of Respondents as individual		Scores of Respondents as couple	
	F value	Sig	F value	Sig
Restricting Life	1.735	.144	.624	.756
Positive Ageism	1.965	.101	.344	.946
Negative Ageism	1.728	.145	2.438	.020
Ageism	1.879	.116	1.737	.100

From the above table, the F statistics and p value is greater than 0.05 value of significance for restricting life, positive ageism s, the null hypothesis is accepted but for dimension negative ageism when scores of couples were taken it showed that there is significant

difference among the different age categories. Youngsters had more negative ageism attitude than the elders. This might due to the fact that as the ageing process start we as individual can relate to the problems and challenges faced by the elderly people.

Table 10
ANOVA (time spent in hours with elders)

Variables	Scores of Respondents as individual		Scores of Respondents as couple	
	F value	Sig	F value	Sig
Restricting Life	2.126	.098	1.106	.365
Positive Ageism	2.226	.086	1.094	.372
Negative Ageism	.516	.672	1.235	.296
Ageism	.359	.783	1.411	.219

From the above table, the F statistics and p value is greater than 0.05 value of significance. So, the hypothesis that time spend with elders' plays significant role in developing ageism attitude among working couples is rejected. The inference is that although working couples are not able to spend daily quality time with elders still they have positive ageism attitude towards them. They care for them, help them in need and do not consider them as a burden socially and economically.

Table 11
Correlation between dimensions of ageism

Variable	Restricting Life	Positive Ageism	Negative Ageism
Restricting Life	1	.086	.231
Positive Ageism		1	-.205
Negative Ageism			1

There is a significant positive correlation ($r=.231$) between

restricting life and negative ageism. The reason is that when the people start thinking that elderly people are restricting their lives this leads to the development of negative ageism whereas restricting life has a very weak correlation with positive ageism which means that although taking care of elderly people is restricting their lives but with positive attitude they try to manage it. Also there is negative correlation ($r=-.205$) between positive ageism and negative ageism as these two dimensions of ageism are pole apart.

Findings of the study

53% of the respondents simply agree that the care of the elderly should not be considered to be an economic burden by family members whereas half of the respondent considered it as a economic burden on the family.

- Majority of the respondents agree that the elderly should be shown importance by the family members with whom they live.
- The study found that youngsters feel that elderly people should not be paid less in their work lives.

- Large portion of the respondents feels that the external appearance of the elderly is not repulsive.
- Most of the respondents agree that the elderly should live in homes with their family members rather than in old age homes.
- A very less percentage 27% of respondents agrees that the elderly should not go outside on their own. Youngsters should accompany them for travelling and for medical check-up.
- The stereotype thinking in the minds of youngsters prevailed and it is clear from the fact that they feel that elderly people are not able to adopt changes like young people.
- The study revealed that preference should not be given to the young people for promotions when there is a deserving experienced aged candidate. .
- More than half of the respondents admits that young people should learn from the experience of the elderly people.
- No significant differences were found in the mean score of males and females for the positive ageism, negative ageism and restricting life.
- There is no significant difference in the thinking of males and females doing the private job or government job regarding restricting life, positive ageism, negative ageism and ageism.
- There is no significant difference between nuclear family and joint family on the scores of restricting life, positive ageism, negative ageism and ageism.
- There is no significant difference among the different age categories for the variables restricting life, positive ageism and negative ageism.
- From the study it was found that very less percentage i.e. 30% feel that that the elderly people are more compassionate.
- More than half percentage (53%) of the respondents agrees that the preference should be given to the elderly in places where waiting in time is required.
- Respondents agree to this fact that opinions of the elderly should be sought when the family budget is being developed.
- There is a weak correlation between restricting life, positive ageism, negative ageism and ageism.

Conclusion

There is no doubt about this fact that there is an advancement in the medical sector in the 20th century. This advancement has increased a big rise in the percentage of the advanced age population. This increase in advanced age is due to fall in fertility rate, better nutritional conditions, improvement of basic public health services, and control of infectious diseases. Ageing is being understood as a phenomenon which is irreversible, irreparable and unavoidable physiological process that affects all body systems. The attention of everyone is being grabbed by increase in average human life-span. Increased elderly population, old age; one of the physiological periods of human life. Ageism and ageing have become concepts that need to be analyzed personally, socially, and culturally. The World Health Organization defines the period of old age chronologically to be the 65 years and older age group. In the recent reports published by United Nations it is expected that by the end of year 2025, there will be 671 million aged persons who will increase by 1 billion by year 2050. The statistics say that the rate of increase in elderly population will be twice the rate of increase of total population. The elderly population is also increasing in developing countries, particularly in

Asia. India is one of the developing countries in Asia with the youngest population but by span of next 25-30 years the elderly population will rapidly increase. It is a matter of concern that this swift increase in the world's elderly population in the near future will lead to significant problems in families and society. These main areas where these problems will occur are health care services, covering health expenses, organization and financing of social insurance institutions, social support from family and friends, period of retirement, adaptation to ageing process, difficulty in obtaining adequate income, accommodation, adequate services and job opportunities. Ageism occurs as the social outcome of these problems which may be experienced by elderly individuals. In the present study, it has been noticed that respondents feel that physical appearances of elderly people look weak and fragile. The results are in line with findings of Moyle (2003) who reported that students' most common perceptions of the elderly were that they were fragile, weak and ill individuals,

McKinlay and Cowan (2003) on the other hand, reported that students had positive attitudes towards elderly patients which was also being supported in present study as working couples had a positive ageism attitude and they agreed that the elderly should be shown importance by the family members with whom they live. Edwards and Aldous (1996) assessed the ageism attitude among three sets of students, i.e., medical, computer and English language students and found that medical students were had more positive ageism attitude than their counterparts. These results are in line with present study. The other studies conducted by Kishimoto et al. (2005); Voogt et al. (2008); (28) and Fitzgerald et al. (2003) had found the similar results on the sample of medicine students. Medicine students had more positive ageism attitude than any other stream students. Similar results were reported by Hughes et al. (2008) and Wilkinson et al. (2002). These two also reported the positive ageism attitude among their respondents. The findings of Moyle (2003) and Reuben et al.'s (1995) are in contrast with the findings of present study. Both researchers had measured the ageism attitude of nursing students. They found that nursing students' attitudes towards ageism was negative. The respondents felt that elderly people resisted to the change. They constantly got sick and elderly were most the time were. While in present study it was found that working couples agreed that elderly people should be paid good amount of salary in their work lives. Large portion of the respondents felt that the external appearance of the elderly was not repulsive. Ryan et al. (2007) and McKinlay and Cowan (2003) found that nursing students had positive attitudes towards elderly individuals.

In the present study, it was also revealed that working couples agreed that elderly people should not go on travelling by their own family should accompany them so that they could spend quality time with them. The findings of McConatha et al. (2004) also advocated our findings. They conducted a study with university students in Turkey and the USA and revealed that determined that Turkish students enjoyed "spending time with elderly individuals", "visiting elderly relatives" and "assisting elderly individuals" more than American students do. Our findings are based on the scores of respondents in an Asian country so it was concluded that in developing countries people have positive ageism attitude than the developed countries.

Further, it was also found in the same study that female students have more negative attitudes towards elderly individuals compared to male students but in present study such evidences were not found. Male and female had the same attitude towards the elderly people. .

The results from the Ageism Attitude scale revealed that the respondents held positive attitude towards ageism. Both males and females equally respect their elders. Working couples are not able to spend enough time with their elders but still they care and think of their benefit. Elders are the one's who takes care of their grandchildren.

Recommendations

Young people should be guided in the family from childhood that aged people are the assets for the family. They should not be considered as an economic burden on the family. For this the government should make the strong retirement plans, pension schemes, and old age homes so that youngsters should take their elders as a integral part of their society.

Elders should not be paid less than the young people in their work lives. This will lead to demoralise them.

There is no second thought that preference should be given to young people over the elderly for hiring for jobs but at the same time a ratio of aged and experienced employees should be fixed in organisation to take benefits from their experiences. Young mind should also welcome with open arms.

In the changing scenario, in western countries there is provision of remarry in ole age but in our country still it is considered as a blot on the name of the family. Elderly people who lose their spouses should be allowed remarry so that they can live happily and should not seek the help of their children for companionship. Youngsters should also become open minded and should come out of stereotype thinking.

These days the social stigma has come that due to liability the youngsters are living with their elders but they are not showing importance to them. Faking of emotions of respect, care should not be developed rather it should be felt within. The youngsters should empathise with the elders for the aging problems. The elders should be shown importance by the family members with whom they live.

Learning by doing is considered to be good but if the help of some experienced is taken the half of the effort is to be done. It saves the time, energy and money also so youngsters should learn from the experience of the elders. They can make it baseline and can go ahead

The opinions of the elders should be considered while taking any decision in the family matters. In India, still this is being the practice but it is getting fading away as youngsters feel it as inference in their freedom but this should be made strong through the seminars, workshops by the religious gurus and mentors.

It is advisable that a nationwide program be initiated that educates children about aging and problems in old age, in order to sustain and increase positive attitude towards elderly.

Limitations of the study

The study is confined to Ludhiana region only. The sample size was confined to 200 couples only; it can be extended to more number of couples for better results. In this study, only one variable is taken but in future other variables such as work-family conflict, adjustment problems, emotional labour and well being can also be clubbed to find the impact of ageism attitude.

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Received August 7, 2020

Revision received August 12, 2020

Accepted August 17, 2020