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National Civil Service for Seniors: AmeriCorps Foster Grandparent Program

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The Asian Conference on Aging & Gerontology 2022
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Abstract

Of the 95 million Americans over-55, only 1 million of those volunteer, even though research has proven it increases longevity and quality of life (Zedlewski, 2006). The American government has invested funding in various volunteer programs through a program called AmeriCorps. Over 40,000 communities across the country are serviced by 270,000 volunteers whose combined volunteering accounts for 1.6 billion service hours yearly. Established in 1965, AmeriCorps mission is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. One of their programs, the Foster Grandparent Program (FGP), specifically gives 22,000 seniors the opportunity to be a volunteer yearly. FGP seeks to increase the physical, emotional, and economic well-being of this population, and it has had remarkable success. Per AmeriCorps data, most senior volunteers report an increase in positive health outcomes after one year of service. This program's design is worthy of replication by other countries and social service organizations for several reasons. It is one of the few volunteer programs for seniors that offers an annual stipend. The program appeals to funders because not only do seniors benefit, but there are benefits for multiple generations; it is a tutoring program for low-income students and seeks to address a host of other social issues affecting infants, children, teenagers, and young mothers. The intergenerational component of this program is a unique solution to loneliness, which significantly impacts seniors' health.

Keywords: Seniors, Health Outcomes, Volunteering

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Issue/Problem Overview

The primary social issues addressed by this program are loneliness and quality of life for seniors in America. According to the U.S. Census Bureau more than 95 million people over 55 live in America (2022). The percentage of older adults who live alone was 6% in 1900 (May 2016, APA.org), and according to Pew research as of 2020, it is now 27% (Ausubel, 2020). To understand this in context, consider this: “in the U.S., 27% of adults ages 60 and older live alone, compared with 16% of adults in the 130 countries and territories studied.” (Ausubel, 2020). This cohort can be seriously impacted by loneliness. According to National Council on Aging (2021), the effects of loneliness on health and well-being are well-documented: “Loneliness is a social phenomenon that has been linked to impaired mental performance, a compromised immune system, and a heightened risk of chronic disease, as well as depression.”

Many changes in our modern society have created the social problems addressed by this program. One problem is the shrinking size of support and socialization from extended family members. Americans are further from their extended families than they were before the industrial revolution. Georgas (2004) suggested that “the adaptation of the family unit to the industrial revolution required a nuclear family structure resulting in its isolation from its traditional extended family and kinship network, leading to psychological isolation.” Maslow (1962) posited that humans have a hierarchy of needs and if the basic social needs are not being met, it is not possible to meet the ‘higher’ needs of esteem and self-actualization. One could argue that FGP, from Maslow’s perspective, **is a program that addresses multiple levels of basic human needs all at once: physiological and psychological well-being, safety and security, socialization, self-esteem, and self-actualization.**

Another historical factor that has led to a more urgent need for a program like this is the increasing number of seniors in America. The baby boom that occurred after World War II ended has led to a current boom in the over-75 population. The Joint Center for Housing Studies of Harvard University (2021) found it had already helped to expand the population aged 75 and over by 30%. In 1965, the framers of the FGP identified the problem of loneliness in the elderly and determined that increased socialization through volunteerism could help.

According to the U.S. Census Bureau (2021), 4.9 million older Americans (more than 4 and a half times the entire population of San Francisco) were living in poverty in 2019, and “the COVID-19 pandemic has been increasing poverty overall.” (National Council on Aging, 2020). Most of the volunteers for FGP are low-income. This is mandated by the FGP to address rising poverty for seniors. AmeriCorps (2021) offers an annual stipend, supplemental accident, liability and health insurance, and cost reimbursements (August 17, 2021, AmeriCorps, handbook pp.79-85). Adding these benefits to their social security income can help lift millions of seniors out of poverty, which reduces stress – a scientifically proven factor in health outcomes.

Policy Dealing with Issue

There are four current, relevant factors that affect the need for seniors to engage in civil service and the solution set forth by FGP: the pandemic highlighted the negative effects of loneliness on health, the aging of the baby boomers and increasing longevity have created a need to increase services for seniors, scientific research has correlated the healthy benefits

one receives from volunteering, and the pandemic has brought an awareness that these are unprecedented times so Americans are called to more actively participate in the solutions.

AmeriCorps FGP brings two groups requiring more social interaction together through volunteerism. Its brilliance is in its identifying two segments of our population who are not thriving - who need more caring relationships in their lives - and encourages them to help each other.

Anyone over the age of 55 and living within 200% of the Federal Poverty Line is eligible to become a volunteer. The program gives grants to national and local nonprofits, schools, government agencies, and faith-based or community organizations to start up the program locally (August 16, 2021, AmeriCorps). There are four stated benefits for FGP senior volunteers: a stipend, supplemental accident, liability and health insurance, skills development, and improved health and well-being (August 14, 2021, AmeriCorps). Other benefits for all AmeriCorps volunteers include money for college and trade schools, loan deferment and interest forbearance, and professional development. (August 14, 2021, AmeriCorps). The eligibility and benefits for recipients of FGP services depend on the population the senior commits to; pre-mature infants and children with disabilities receive comforting care, students who receive homework help benefit with higher educational outcomes, and teenagers and young mothers receive mentoring services (August 16, 2021, AmeriCorps). As with the volunteers, all recipients in the program must be from families with incomes that are 200% of FPL (August 16, 2021, AmeriCorps). In addition to these supportive services, recipients can develop a relationship with an additional role model in their young lives.

These benefits sufficiently impact the needs of the senior volunteers. An internal survey of AmeriCorps senior volunteers found that 84% reported improvements in health and well-being after just one year of service (July 28, 2021, AmeriCorps). Many external studies confirm this, such as Zedlewski's study (2006), which found that "older adults who volunteer live longer and with better physical and mental health than counterparts who do not volunteer." The FGP also impacts the lives of many children who are at risk of poor educational outcomes in a positive way; "In FY 2019, AmeriCorps reported that projects supported an estimated 485,000 students achieve academic success" (August 17, 2021, AmeriCorps, AMR_CNCS p11).

AmeriCorps FGP addresses the needs of multiple oppressed groups. For the over-55 age group, who often experience age discrimination when applying for jobs, the FGP specifically offers skill development, and an alumni network. The supplemental health insurance and stipends are also helpful for the volunteers, the majority of whom are more at risk from Covid since they are low-income, over 55, and persons of color (July 9, 2021, Pepperdine.edu, para.3). In accepting participants, the grantees are also encouraged to prioritize the intersectionality of oppressed students (low-income, homeless, disabled, abused, and neglected children). (August 17, 2021, AmeriCorps, handbook 7.1.2 No.5). For many of these children, there is no one at home to help them with their homework, and the volunteer steps in to be helpful to that child regularly for years. One unintended consequence of this policy as it currently stands is that there are more children in need than volunteers, which means that children who are already suffering from neglect at home may get stuck waiting for a volunteer and suffer more neglect.

AmeriCorps submits an Annual Management Report that tracks health outcomes for senior volunteers and educational outcomes for the children (August 17, 2021, AmeriCorps, AMR_CNCS p11). Yotopoulos' (2021) research illuminates the positive outcomes of this program's effect on seniors' health and well-being; volunteers report elevated mood and less depression, increased social interactions and social support, better relationship quality, and decreased loneliness. Article 29 of the Universal Declaration of Human rights states, "Everyone has duties to the community in which alone the free and full development of his personality is possible" (July 28, 2021, Youth for Human Rights). The millions of Americans over 55 who are alone in their homes can turn their attention to this human right violation for low-income youth, and through participation in civil service, emerge healthier, happier, and a bit more financially secure.

The Seniors Foster Grandparent Program is funded through AmeriCorps, and AmeriCorps gets its funding through the Corporation for National and Community Service, which is the largest funding source for national and community service. For the fiscal year 2021, AmeriCorps allocated \$114,520,628 to FGP, and the FGP target volunteer level for the year is **22,000** (August 17, 2021, AmeriCorps, p12).

Gaps in the policy can be found in the absence of a national cohort of senior-specific volunteer coordinator-consultants. "Research shows the organizations that are most successful at recruiting and retaining volunteers have a full-time paid volunteer coordinator." (Yotopoulos, 2021). National programs like this could benefit by having a volunteer coordinator/consultant for each state. A unified cohort of senior-specific volunteer coordinators could, for example, study the FGP programs that have higher enrollments, like Pepperdine University's FGP. Directed by Shanetta Weatherspoon, EdD, that program has doubled its volunteers in 6 years (July 9th, 2021, Pepperdine). National volunteer coordinator-consultants could evaluate successful programs such as this one to unify methods and strategies for all senior volunteer recruitment programs. In effect, they could act as consultants to assist grantee program directors. As it is currently, each organization that receives funding from FGP has these three sources as an aid to recruitment: 1) FGP provides a useful handbook that explains the basics of web-based recruitment and directs grantees to online supporting websites (August 17, 2021, AmeriCorps, pp.58-61). This is helpful but considering the number of volunteers over 55 who are comfortable with using the internet, are computer literate, and will find their way to these free recruitment and volunteer matching systems, its impact is seriously limited; 2) They encourage grantees to reach out by utilizing their own community networks to find volunteers (August 17, 2021, AmeriCorps, pp58-61). This is an effective strategy, but it does not address the problem of recruiting grantees. How many local agencies, organizations, churches, and communities have heard about the AmeriCorps' funding programs? The current policy leaves the growth of a program like this subject to hoping that agencies, organizations, and churches in communities know of Americorps' funding opportunities and have the skills, capacity, and time to manage a volunteer program; 3) AmeriCorps Vista is a program of volunteers who feed FGP by providing volunteer referrals (August 17, 2021, AmeriCorps, para.2). This is an effective resource, but due to the stipend it offers, funding limits the FGP's target number of volunteers to 22,000 (August 17, 2021, AmeriCorps, p.12). The AmeriCorps 2020 Transformation and Sustainability Plan cites 8 goals for the organization to thrive, and one of them is "to make it easier for individuals and organizations to participate" (March 25, 2019, Americorps, para.17). "Recruiting is the most consistent challenge for mentoring programs, and there are always waiting lists for young people hoping to get a volunteer tutor" (A. Evans, personal communications, August 10, 2021). The Biden Administration passed the American

Rescue Plan Act of 2021, which allocated 1 billion dollars to national service programs, some specifically to programs with senior volunteers (August 17, 2021, Americorps, para.6). This is an increase of 89.2 million dollars from the previous year. It is an indication that the American government recognizes the benefits of civil service for seniors. The addition of a national cohort of senior specific FGP volunteer coordinator-consultants could drastically increase the number of FGPs in the U.S. Even more, it could create a renewed national service movement that encourages the **65 million able-bodied seniors** in America to see the mental and physical health benefits of national service. If each state had one designated volunteer coordinator-consultant doing the FGP marketing to new potential grantees, and each grantee had this same personal contact available to help with navigating AmeriCorp grantee policy and recruitment, this program could grow exponentially!

Conclusion

In conclusion, “the U.S. has more older Americans living alone than any other place in the world” (Ausubel, 2020). Loneliness leads to health problems and negative quality of life issues. AmeriCorps Seniors Foster Grandparent Program has proven to be extremely effective in reducing loneliness and improving the health and well-being of seniors, yet the program has a limited number of volunteers. A national effort is needed to encourage more programs like FGP, which can help millions of seniors improve their quality of life.

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Relationship Between Self-Perception Towards Ageing and Subjective Well-Being of Older Adults

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Abstract

The older adults of the 21st century are experiencing a longer lifespan. This trend is viewed as an achievement as well as a challenge to the individual older adults and society as a whole. This global ageing phenomenon comes about with physical, psychosocial, emotional, cognitive, behavioural and environmental changes. In the process, the older adults form beliefs, attitudes, feelings and perform behaviours that influence their perception towards ageing and well-being. Research into self-perception towards ageing and subjective well-being of older adults is at an advanced stage the world over. Most of the available information is found from studies conducted in the West. However, most studies done in Kenya have used younger populations as respondents, thus lack self-reporting by the older adults themselves. This causal-comparative study aimed at determining the relationship between self-perception towards ageing and subjective well-being of older adults (n=140, > 65yrs). Data was analyzed using descriptive statistics and Pearson correlation coefficient. The study instrument had a reliability of $\alpha = .65$. Findings revealed a weak, negative correlation between self-perception towards ageing and subjective well-being of older adults. The findings of this study may have implications towards governmental targeted interventions, strategies and policy programs to understanding older adult's perceptual evaluation and wellness.

Keywords: Self-Perception Towards Ageing, Subjective Well-Being, Older Adults

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Introduction

Aspects of self-perception examines subjective evaluation of one's happiness expected to be felt whenever pleasant affect accompanies satisfaction of physical, intellectual, psychological and socially based needs (Waterman, 1993). Self-perception denotes a personal evaluation of one's ageing process and an integration of thoughts, feelings and memories either as a direct experience or by observation. Laidlaw, Power and Schmidt, (2007) adds that older adults' perception towards ageing incorporate both the concepts of losses and gains that are revealed in three dimensions of physical change, psychosocial loss and psychological growth. The physical change and psychosocial loss domains highlight on losses related to physical functioning and social relationships. The psychological domain points towards the gains acquired in regard to life long experience and wisdom. Gerontologists visualize that focusing more on the positive and less on the negative aspects of ageing positively influence self-perception of ageing whereas highlighting on the negative aspects of ageing negatively influences older adults' perceptions towards ageing. Previous studies indicate that scores on the three domains of perception towards ageing independently impact the older adults' perception towards own ageing. For example, a cross-sectional study by Urbanová and Bužgová (2017) using Czech version of the Attitudes to Ageing Questionnaire found out that older adults living in retirement homes ($n = 121$) had the most positive perception in the domain of psychosocial losses ($p < 0.001$) and negatively rated the domain of physical change ($p < 0.001$) and psychological growth ($p < 0.001$). Another study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) also found positive perceptions in the domain of psychosocial loss among a community dwelling Austrian older adults sample aged 60 years and above ($n = 421$). Additionally, secondary cross-sectional study ($n = 4593$) found out that the physical change domain had the highest influence on the older adult perception towards ageing in 20 countries (Low, Molzahn, & Schopflocher, 2013). The perception towards the physical change were the strongest mediator of life satisfaction ($\beta = .122$, $p < .01$), followed by the domain of psychosocial loss ($\beta = .102$, $p < .01$) and psychological growth domain ($\beta = .024$, $p < .01$). Similarly, a 16 years' longitudinal study among Australia older adults sample ($N = 1,212$) aged 65 years and above linked negative self-perceptions of ageing to poor physical health and functioning outcomes in late life (Sargent-Cox, Anstey, & Luszcz, 2012). In a 10-year longitudinal study Mock and Eibach (2011) proposed that positive self-perceptions are a psychological moderating resource towards the effects of the ageing processes, the study also linked lower self-perception with lower life satisfaction among older adults. The above cross-sectional and longitudinal studies suggest that self-perception towards ageing does not remain stable across timeliness and is independent of nations and regions including dwelling places and prevailing environmental situations. Further, the reviews reveal subjective ratings on the three domains are independent of each other. The present study therefore sought to found out older adult's perception towards physical change, psychosocial loss and psychological growth domain and how this affects the older adult's overall perception towards the ageing self.

Subjective well-being represents what makes life good and appropriate according to one's own standards (Diener, 2013). The study of subjective well-being seeks to understand self-assessment of the extent to which an individual experiences happiness with the general normal daily tasks, activities and changes in relation to self, others and the environment. It also represents an outstanding life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985) and optimal set of presence of positive emotions and relative absence of negative emotions (Thompson, 2007). Emotions refer to the evaluation of subjective well-being by affective criteria and are relatively less stable than satisfaction with life. The emotional appraisals

reflect on an individual positive and negative feelings experienced within a shorter time frame. The satisfaction with life dimension represents the cognitive appraisal of specific domains in a person's life over a relatively long period of recall. As a measure of well-being, life satisfaction can be appraised in terms of mood, how an individual relates with other persons and with achieved goals and self-perceived ability to cope with the challenges of daily living. Being satisfied with life is more of having a favorable self-perception over a long period of life rather than an assessment of present feelings. In this regard, therefore well-being is a measure of both cognitive and emotional appraisals relating to the there-and-then and the here-and-now experiences respectively. Subjective emotional experience serves as a signal that helps an older adult to engage in adaptive voluntary behaviour once the initial involuntary emotional surge has passed. Consequently, the enduring subjective feeling helps to clarify the way an older adult feel, think and behave about the situational event, to make future plans concerning that event, to share feelings with others in a way that will draw out additional support from them and to describe their feeling in a manner that alter other person's emotions (Fishbein, & Ajzen, 1975; Ajzen, & Fishbein, 1980). Individuals high in negative affect exhibit on average low levels of subjective well-being and higher levels of dissatisfaction. They tend to focus on the unpleasant aspects of themselves, the world, the future and other people and also evoke more negative live events. On the other hand, persons who express low negative affect experience frequent states of calmness along with states of confidence, liveliness and great interests. Conversely, people who experience positive affects most of the time are typically enthusiastic, energetic, confident, alert and active (Jeronimus, Riese, Sanderman, & Ormel, 2014). Research has linked positive affect with an increase in longevity, a decrease in stress and a high subjective well-being (Paterson, Yeung, & Thornton, 2015). The scholarly work by Li, Starr and Hershenberg (2017) revealed that people with a high positive affectivity have healthier coping styles, have more positive self-qualities and are more goal oriented. Such persons are open-minded with a high positive perception; they are social and are helpful to self and others. Concomitantly, Merz, Malcarne, Roesch, Ko, Emerson, Roma and Sadler (2013) hypothesized that older adults who experience less positive affect reflect on sadness and weariness. Further such older adults have less energy to engage in pleasurable activities most of the time. Positive affect is seen as an essential part of everyday life that helps individuals to process emotional information accurately and efficiently, to solve problems, to make plans and to earn achievements. Reviewed literature reveal that past studies underline the importance of both negative affect and positive affect with emphasis on the experiencing broad range of negative feelings as a normal part of life and human nature (Forgas, 2013; Forgas, 2010). Further research evidence shows that cognitive and affective component have distinct findings and that one component may not be a reflective of the other component. Person with a high subjective well-being is one who is highly satisfied with life and frequently experiences presence positive emotions and relatively low negative emotions (Eryilmaz, 2010). Accordingly, Diener and Suh (1997) observes that subjective well-being is concerned with the respondents own internal judgments rather than what the other persons thinks or feels. It is argued that a self-match between individuals' life goals and self-perception of the extent to which the individual has reached own life goals is a determining factor in reaching high subjective well-being. The current study therefore aimed at determining the level of subjective well-being of older adults.

Studies on subjective well-being assesses how characteristics of life such as self-perception towards ageing contribute to the extent to which older adults are satisfied with their life and the level at which they experience presence of positive emotions and relative absence of negative emotions. Studies have indicated varied relationships in terms of strength and direction between self-perception towards ageing and subjective well-being. Evidence for the

benefits of positive self-perception comes from a number of studies. For example, a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) indicate that a higher positive perception towards ageing was associated with higher levels of satisfaction with life and better self-report on physical and mental health among community dwelling Austrian older adults. Another study by Kotter-Gruhn and Hess, (2012) revealed a higher positive self-perception towards ageing was associated with higher levels of satisfaction with life among German older adults. On the contrary, older adults who hold more negative self-perception are more likely to hold more negative views towards the ageing process associated with high subjective complaints (Sindi, Juster, Wan, Nair, Ying Kin, & Lupien, 2012). Another study by Trigg, Watts, Jones, Tod and Elliman (2012) document that older adults with dementia had more negative perception to ageing than those without dementia and a lower subjective well-being; supporting the view that ageing is a time of psychosocial loss. Trigg *et al* further suggest that older adults who focus on the abilities that they retain other than to what they lose demonstrate a positive relationship between self-perception towards ageing and subjective well-being. Other studies have found a different pattern. For example, a cross-sectional and correlation study by Suh, Choi, Lee, Cha and Jo (2012) indicate self-perception about ageing was neutral and life satisfaction was at the medium level among older Korean adults. Another study by Steptoe, Deaton and Stone (2015) revealed that older adult across 20 countries of the world experience varying life satisfaction levels and emotions as they age; of much interest to the current study is the finding that subjective well-being is very low at all ages in Sub-Saharan Africa. The reviewed literature highlights on the importance of positive self-perception towards ageing and high level of subjective well-being. Therefore, the current study aimed at determining the extent and direction of the relationship between self-perception towards ageing and subjective well-being older adults.

Methods

Participants and procedure

This causal comparative study was conducted in Kajulu electoral ward, Kisumu County, Kenya. The ward is cosmopolitan, consisting of peri-urban and rural populations of both indigenous people and migrants. A cluster (sub-locations) sampling with proportionate stratification was used to adequately represent the diverse living situations of the older adults. The sample consisted of 140 non-pensionable Kenyans (>65yrs) who were not formally employed and those receiving a monthly stipend of 18.17 \$ from the Kenyan Government (GOK) Older Persons Cash Transfer program (GOK, 2011). The research permit number was granted by the Kenya National Commission of science, Technology and Innovation. The consent and permission was granted by the County Commissioner and the Director of Education, Kisumu County.

Measures

The older adults responded to a structured item to bring out selected demographic characteristics on personal information regarding bio-social variables related to chronological age and gender social support variables related to marital status, self-perceived age, living arrangement, income levels, other sources of income, employment status and self-perceived health. The group data was used to find out how demographics characteristics influence self-perception towards ageing and subjective well-being of older adults.

Self-perception towards ageing was measured as a multidimensional concept using a modified Attitude to Ageing Questionnaire (AAQ) (Laidlaw, Power & Schmidt, 2007). The AAQ has three domains of physical change, psychosocial loss, and psychological growth. The physical change subscale assesses older adults' perception toward physical functioning related to health exercise, and the experience of ageing itself. The psychosocial loss subscale focuses on losses relevant to older adults in psychological and social aspects. Psychological growth subscale has a positive focus that reflects on gains related to self and others. The physical change and psychological growth domains are positively worded with higher score indicating more positive perception towards ageing; whereas the psychosocial loss domain is negatively worded with higher scores indicating more negative perception. Scores on each of the three domains were transformed, analyzed and computed into corresponding group items of physical change, psychosocial loss and psychological gain and finally into an overall self-perception towards ageing of older adults. The multi-dimensional concept of subjective well-being comprises of both cognitive and emotional appraisal relating to older adult's life experiences. The emotional appraisals reflect on an individual positive and negative emotional feeling experienced within a short time frame. The satisfaction with life dimension represents the cognitive appraisal of specific domains in a person's life over a relatively long period of recall. Accordingly, two scales were used; satisfaction with life scale (Diener, Emmons, Larsen, & Griffin, 1985) and the presence of positive emotions and relative absence of negative emotions schedule A (Thompson, 2007).

Subjective well-being was measured also measured as a multi-dimensional concept comprising of cognitive appraisals as well as emotional appraisals. The Satisfaction with Life Scale (SWLS) was adopted to measure cognitive-judgmental process of satisfaction with life experiences. The scores are interpreted in terms of relative life satisfaction ranging from being extremely dissatisfied with life to extremely satisfied. The scores on the satisfaction with life scale were computed as group data for the sampled population. The Positive Affect and Negative Affect Schedule (PANAS) consists of positive affect and negative affect that represent independent constructs ranging from low to high levels of emotional experience during the past few weeks. For the positive affect, higher score represents a higher level of positive affect while lower scores for the negative affect represents lower levels of negative affect. Low positive affect scores reflect sadness and weariness whereas high positive affect scores reflect high energy, full concentration, and pleasurable engagement. Low negative affect scores describe a state of calmness whereas high negative affect scores suggest subjective distress and unpleasant engagement. Further, to establish the level of subjective well-being, the responses on the SWLS and PANAS were computed into a single score of the overall subjective well-being.

Results and Discussion

Demographic characteristics

The majority of the older adults were in the middle old age bracket of 70 – 79 years (52.1%; n = 81). About a half of participants 53.6% (n = 75) were widowed, 44.3% (n = 62) were married and 2.1% (n = 3) were separated. Slightly less than three-quarters of the participants were of less than primary level of education (72.1%; n = 101) and none of the participants had attained university level of education. On employment status 62.2% (n = 87) of the older adults were not in any form of employment. Apart from the cash transfer fund, 60% (n = 84) of the respondents get added income from children and relatives and slightly above a half of the participants (58.6%; n = 82) handled between 17 – 44USD per month. In respect to living

arrangement, 40.7% (n = 57) live with children and grandchildren. A half of the participants described their overall subjective health as being poor (50%; n = 70) and none indicated of having either a good or very good health showing that older adults experience a low level of subjective well-being. The majority of the respondents revealed that their felt age was the same as chronological age (79.3%; n = 111, M = 1.86, SD = .436) indicating that the older adults experience a neutral perception towards the ageing self.

Levels of self-perception towards Ageing

The current study descriptive analyses are presented in Table 1. The statistics indicate that older adults experience an overall neutral perception towards the ageing self (99%, n = 139; M = 3.19, SD = .17). Similarly, two of the domains demonstrated a neutral perception towards ageing in regard to physical functioning (89%, n = 124; (M = 3.65, SD = .28) and psychological growth (66%, n = 92; M = 3.63, SD = .41). The third domain revealed a widespread response that is skewed towards low negative perception towards the psychosocial loss (68%, n = 95; M = 2.29, SD = .49).

Character	Frequency of responses N (%)					M	SD
	1	2	3	4	5		
Physical change	-	3(2)	124(89)	13(9)	-	3.65	.28
Psychosocial loss	37(26)	95(68)	8(6)	-	-	2.29	.49
Psychological gain	-	10(7)	92(66)	38(27)	-	3.63	.41
Self-Perception	-	-	139(99)	1(1)	-	3.19	.17

Towards Ageing

Self-Perception towards Ageing: 1 = more negative perception, 2 = low negative perception, 3 = neutral perception, 4 = low positive perception, and 5 = more positive perception.

Table 1: Frequency, Percentage, Mean and Standard Deviations for the domains of self-Perception towards ageing

The current study results related to physical change domain agree with the findings of an Australian longitudinal study that linked negative self-perceptions of ageing to poor physical health and functioning outcomes in older adults aged 65 years and above (Sargent-Cox, Anstey, & Luszcz, 2012). The results are also consistent with the findings of Low, Molzahn, and Schopflocher, (2013) that physical change domain has the highest influence on older adult's perception towards ageing in 20 countries. Further, the current study findings revealed a low negative perception towards the psychosocial loss domain indicating introspective preoccupation with losses and declines of the ageing self (Sindi, Juster, Wan, Nair, Ying Kin, & Lupien, 2012). The results agree with the tenets of Laidlaw *et al* (2007) that those older adults who focus more on the losses in the physical change and psychosocial loss domains and less on the gains acquired in the psychological growth domain experience a negative self-perception towards ageing. Similar findings were revealed in a cross-sectional and correlation study by Suh, Choi, Lee, Cha, and Jo (2012) that the Korean older adults experience a neutral self-perception about ageing. The results of this study differ with the findings of two past studies by Urbanová and Bužgová (2017) in Czech Republic and that of Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) in a community dwelling Austrian sample that found a more positive perception in the domain of psychosocial loss. Bryant *et al* indicate that more

positive self-perceptions to ageing on psychosocial loss domain are associated with higher satisfaction with life. Summarily, the reviewed literature gave an indication that different nations exhibit independent association in respect to the three domains of self-perception towards ageing. In this study the older adults demonstrated a neutral self-perception towards the physical change domain and the psychological growth and a low negative perception towards the psychosocial loss domain with an overall neutral self-perception towards the ageing self. The findings of this study therefore add information to the literature of self-perception towards ageing that older adults living in Kajulu electoral ward, Kenya experience a neutral self-perception towards the ageing.

Levels of Subjective Well-Being

The current study revealed that older adults experience a low level of subjective well-being (74%, $n = 103$, $M = 2.24$, $SD = .42$) with the majority being dissatisfied with their life (81%, $M = 2.53$, $SD = .45$), experiencing a little presence of positive affect ($M = 2.70$, $SD = 1.08$) and a little absence of negative affect (79%, $n = 114$; $M = 1.46$, $SD = .58$) as shown in Table 2.

Character	Frequency of responses N (%)					M	SD
	1	2	3	4	5		
Satisfaction with life	11(8)	114(81)	14(10)	1(1)	-	2.53	.45
Positive affect	27(19)	58(41)	31(22)	16(12)	8(6)	2.70	1.08
Negative affect	114(79)	26(19)	1(1)	2(1)	-	1.46	.58
Subjective Well-Being	-	103(74)	36(26)	1(1)	-	2.24	.42

Satisfaction with life: 1 = extremely dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, and 5 = extremely satisfied. **Positive affect and Negative affect:** 1 = very slightly or not at all, 2 = a little, 3 = moderately, 4 = quite a bit, and 5 = extremely. **Subjective Well-Being:** 1 = very low, 2 = low, 3 = neutral, 4 = high, and 5 = very high.

Table 2: Frequency, Percentage, mean and standard deviations for the domains of Subjective Well-Being of Older Adults

The results on satisfaction with life scale that represents the cognitive dimension of subjective well-being indicate majority of older adults are dissatisfied with their life. The results concur with the findings of a longitudinal study by Mock and Eibach, (2011) that linked lower life satisfaction with lower levels of self-perception towards ageing and the findings by Steptoe, Deaton and Stone (2015) that life satisfaction is very low at all ages in sub-Saharan Africa. On the contrary the findings differ with the findings of Suh, Choi, Lee, Cha and Jo (2012) that posits that life satisfaction was at the medium level among a Korean sample. The affective dimension of subjective well-being in on a polarity of presence of positive affect and relative absence of negative affect. Positive affect scores were mostly skewed towards the experiencing a little presence of positive affect. According to Merz, Malcarne, Roesch, Ko, Emerson, Roma and Sadler (2013) the older adults who experience less positive affect reflect on sadness and weariness. Further such older adults have less energy to engage in pleasurable activities most of the time. Additional, the majority (79%, n

= 114; $M = 1.46$, $SD = .58$) of the older adult's experience a little absence of the negative affect. Unlike the positive emotions that were spread across the 5-point likert scale, the negative affect was more concentrated on the lower level of the scale. Current study findings are dissimilar with past study by Merz *et al* (2013) which suggests that older adults who experience high levels of presence of positive affect and less of negative affect express a state of calmness in their ageing processes and have a high subjective well-being (Eryılmaz, 2010). Besides evidence from previous studies show that the score on any one component is distinct and does not reflect the score on the other dimension. Further, Diener and Suh (1997) assert that scores depends on internal judgments rather than what the other person thinks or feels. Further, the responses on the three dimensions of satisfaction with life, positive affect and negative affect were computed into a single score revealing a low subjective well-being among the older adults. The results of this study differ with Suh, Choi, Lee, Cha and Jo (2012) that found a medium subjective well-being among older adults.

Relationship between self-perception towards ageing and subjective well-being

The scatter plot mapping giving a pictorial representation of each of the older adult responses in Figure 1 shows a downhill trend with somewhat scattered plots in a wider band indicating presence of a weak and negative relationship.

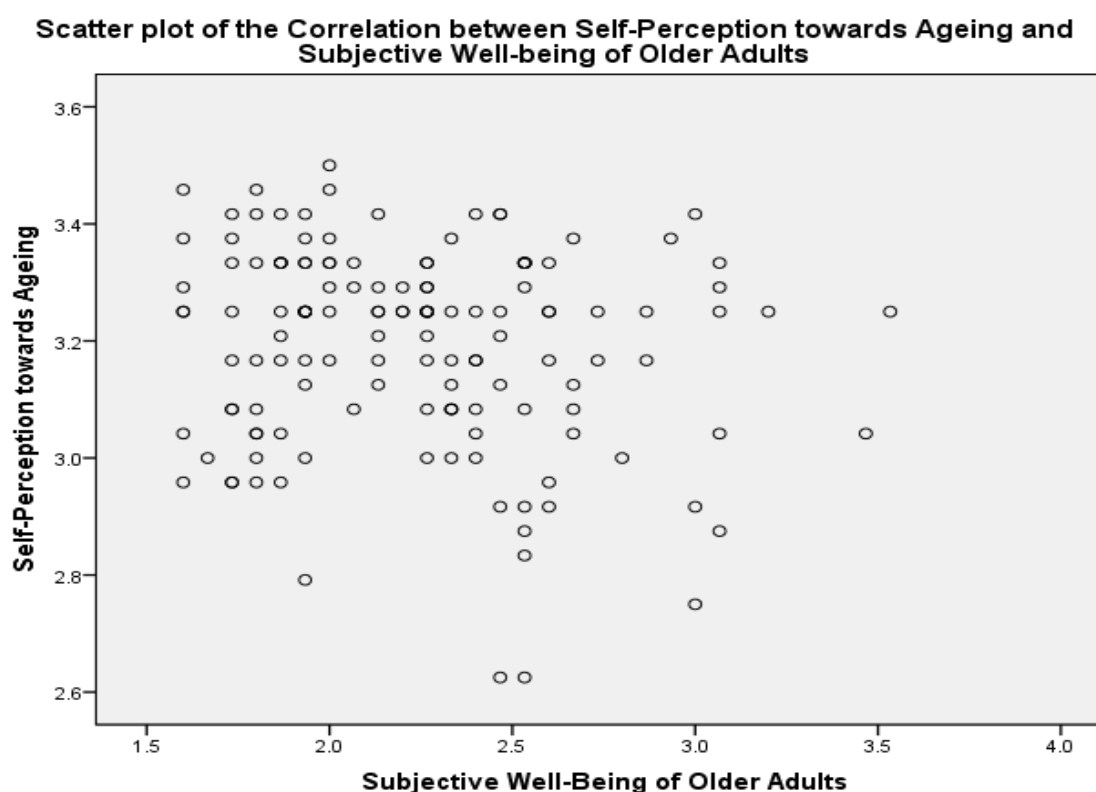


Figure 1: *Scatter Plot map showing the relationship between Self-Perception towards Ageing and Subjective Well-Being of Older Adults*

However, in spite of the scatter plot results pointing towards a linear relationship, the Pearson correlation revealed insignificant negative correlation ($r = -.157$, $p = .064$) between self-perception towards ageing ($M = 3.19$, $SD = .17$) and subjective well-being ($M = 2.24$, $SD = .42$) as shown in Table 3.

		Self-Perception towards Ageing	Subjective Well-Being
Self-Perception towards Ageing	Pearson Correlation	1	-.157
	Sig. (2-tailed)		.064
Subjective Well-Being	Pearson Correlation	-.157	1
	Sig. (2-tailed)	.064	

Table 3: Correlation between Self-Perception towards Ageing and Subjective Well-being of Older Adults

The older adults who participated in the current study demonstrated that self-perception towards ageing is insignificantly related to subjective well-being. Previous studies revealed a higher positive self-perception towards ageing is associated with higher levels of satisfaction with life among German older adults (Kotter-Gruhn & Hess, 2012), community dwelling Austrian older adults (Bryant, Bei, Gilson, Komiti, Jackson & Judd, 2012) and Turkish older adults living in two nursing homes (Mehmet & Yordan, 2012). The results agree with Steptoe, Deaton and Stone (2015) that persons living in sub-Saharan Africa experience very low subjective well-being.

Conclusion

The current study revealed a negative statistically insignificant correlation between self-perception towards ageing and subjective well-being among older adults receiving cash from older person's cash transfer program from the Kenyan Government living in Kajulu electoral ward. These findings have implications for government policy, strategies and practices on enhancing self-perception towards ageing and promoting subjective well-being of older adults. Previous studies have given an indication that concepts of self-perception towards ageing and subjective well-being is contoured within the context of time and space. Therefore, the current study proposes for a longitudinal study using a larger sample size and a wider geographical area on the correlation between self-perception towards ageing and subjective well-being of older adults. This will allow for comparison and generalization of data with previous scholarly studies.

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***Effects of Demographic Characteristics on Self-Perception Towards Ageing
Among the Older Adults***

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Abstract

The influence of demographic characteristics on self-perception towards ageing is well documented in the West. However, there exists little evidence on such studies in Kenya. The goal of this causal-comparative study was to determine the influence of selected demographic characteristics on self-perception towards ageing of older adults. Data was collected from older persons (n=140, >65yrs) enrolled into Older Person's Cash Transfer program that serves the non-pensionable and aged Kenyans. Data was analyzed using Pearson correlation coefficient, the ANOVA followed by post hoc Tukey HSD tests. The study instrument had a reliability of $\alpha = .65$. Findings revealed that the older adults experienced a neutral level self-perception towards ageing. The selected demographic characteristics of age, sex, marital status, self-perceived age, academic level, living arrangement, monthly income and other sources of income showed insignificant influence on self-perception towards ageing among the older adults. The findings further revealed that employment status and poor self-perceived health had a significant influence on self-perception towards ageing. These findings highlight the importance of wellness and having a form of employment as source of income in enhancing self-perception towards ageing.

Key Words : Self-Perception Towards Ageing, Demographic Characteristics, Older Adults

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Introduction

Self-perception towards ageing of older adults reflects on experiences and expression of thoughts, feelings, memories and behaviours in the immediate environment. Scholarly work by Laidlaw, Power and Schmidt (2007) adds that older adult's perception towards ageing represents a personalized evaluation of gains and losses that are revealed in three dimensions of physical change, psychosocial loss and psychological growth. Those older adults who focus more on gains and less on losses are said to have a positive self-perception towards the ageing self and ageing process. Ageing process has witnessed an increase in life expectancy and a growth in the ageing populations across the globe; a phenomenon whereby an older adult of the 21st century is living longer than the previous generations. This progression demands an individualized assessment regarding self-perceived age (Gabrian & Wahl, 2017). Self-perceived age indicates how old a person feels, the age a person looks and the age group a person classifies self into. This experience is dictated by the kind of individualized resources a person has and the activities one engages in as well as the interests the person upholds (Westerhof, Miche, Brothers, Barrett, Diehl, Montepare, Wahl, & Wurm, 2014). Self-perceived age represents a way of how the older adult equates self to others; where the older adult is in life; to where the older adult is expected to be (Barrett & Montepare, 2015). Feeling younger than actual chronological age by older adults is seen as a self-caring plan that helps to integrate ongoing ageing process and experiences into previously self-representations (Weiss & Lang, 2012; Westerhof, Whitbourne, & Freeman, 2012; Low, Molzahn & Schopflocher, 2013). However, older adult's key life circumstances and situations determine the kind and level of perceptual experiences towards the ageing self. Previous studies have documented the primary importance of demographic characteristics in influencing the eventual impact on individualized ageing experiences. The current study, purposed to investigate into the effect of selected demographic characteristics of age, self-perceived age, gender, marital status, academic level, income levels, self-perceived health, other sources of income, living arrangement and employment status on self-perception of older adults.

Scholarly studies have found linkages between self-perception towards ageing and demographic characteristics. For example, using a 21-item Ageing Perceptions Questionnaire, a study by Cramm and Nieboer (2017) explored whether ethnic differences had an influence on self-perception towards ageing among Turkish migrants aged 65-90 years (N = 680) and native Dutch older adults aged 70-99 years (N = 994) residing in Rotterdam, Netherlands. Health status was found to have the most important relationship with self-perception towards ageing in both the Turkish elders and the Dutch elders. However, education was found to be significant among the Turkish older adults while age was significant to the Dutch in relation to the ageing perceptions. Further, results revealed poorer health, lower income and educational levels affected self-perception towards ageing of Turkish older adults than the Dutch elders. The results of this study showed that older adults background significantly influence one's perceptions towards ageing. Using the ethnicity gap, this study sought to investigate into the influences of selected demographic characteristics on self-perception towards ageing among older adults living in Kajulu electoral ward.

Previous studies have linked bio-social characteristics of gender, age and self-perceived age with self-perception towards ageing. A study by Chow and Bai, (2011) indicated insignificant difference between gender and self-perception towards ageing among Chinese older adults. On the contrary, another study by Low, Molzahn and Schopflocher (2013) revealed that gender had a significant influence on self-perception towards ageing. The literature reviewed

gives mixed findings on the influence of gender on self-perception towards ageing. Further, empirical evidence from a 6-year-longitudinal study by Kleinspehn-Ammerlahn, Kotter-Grühn and Smith (2008) associated the concept of feeling younger than one's actual age with positive self-perception towards ageing among a Berlin older adult's population aged 70-104 years. This study further documented that individuals' self-perceived age remained about 13 years below their actual age over time. Additional evidence indicates that Danish adults above 40 years feel 20% younger than they actually are (Rubin & Berntsen, 2006). Similarly, older adults in a United States sample also revealed a younger self-perceived age (Keyes & Westerhof, 2012). The tenets of a younger self-perceived age by older adults are further supported by the suggestions of a 10-year longitudinal study in United States by Mock and Eibach (2011) that hypothesized that older subjective age predicted lower self-perception towards ageing. Further, the results of another longitudinal and multidisciplinary study by Uotinen (2006) hypothesized that older self-perceived age of both men and women may be an earlier indicator of deteriorating health status in older persons. Moreover, the study by Uotinen (2006) also examined the cross-cultural comparison between Finnish and North-American aged 64 - 85 years and the results showed that Finns had higher feel age than the North-American older adults. The results of the above studies have shown the importance of a younger feel age in enhancing self-perception towards ageing of older adults. The reviewed studies have revealed how the older adults in different nations and culture subjectively perceive their age. Therefore, this current study sought to add knowledge on how the older adults receiving cash transfer from Kenyan Government perceive their own age and how this related with self-perception towards ageing.

Other previous studies have given an indication that levels of income, financial status and employment status affect older adult's perceptual evaluations of the ageing self and process. For example, a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) indicated that positive perception and demographic characteristics such as financial status, being in a relationship, and being employed were associated with better physical and mental health among a community Austrian older adults aged 60 years and above. Similar findings were revealed by Antonucci, Birditt and Webster (2010) who also pointed out that better financial status and being employed were associated with more positive self-perception towards ageing. The respondents to the current study involved older adults aged 65 years and above, who were not in formal employment but somewhat involved in informal working situations to earn their livelihood besides the cash transfer fund. Therefore, the current study included the variables of economic status; income levels, any form of employment status and sources of fund to investigate on their influence on self-perception towards ageing of the older adults who receive cash transfer fund from the Kenyan Government.

Other studies have found out that marital status, family and social relationships have an influence on an older adult's life. For instance, a study by Antonucci, Birditt and Webster (2010) posits that positive relationships with spouse and family have a significant influence on physical functioning and adjustments to the psychosocial loss aspect of self-perception towards ageing. Another study by Trudel, Boyer, Villeneuve, Anderson, Pilon and Bounader (2008) conducted among French older adults living in Canada found out that spouses provide the needed social support as the older adults advances in age. In particular, the study concluded that positive marital relationships offer the greatest means of safeguard from health and mental disparities. In tandem with this results, a Chinese study by Chow and Bai (2011) using a revised Chinese image of ageing scale established that demographic factors of age, marital status, working status, living arrangement, neighborhood relationships, illness and daily activity were significant predictors of older adult's perception of ageing in a

Chinese ageing population. In addition, further evidence from the same study observed that gender had non-significant difference on self-perception towards ageing. The study further indicated that older person living in rural areas and those who were married had a positive image of ageing. In contrast, those living alone and relatively older in age were more likely to experience a negative perception of the image of ageing. Other studies that have found a positive influence between marital status and self-perception towards ageing include Tannistha, Feinian and Reeve (2015) conducted in India.

A cross-sectional evaluation study by Laidlaw, Wang, Coelho and Power (2010) points to divergent outcome of older adult's expectations to be cared for by their adult children on self-perception towards ageing. Studies have indicated that older people hold strong expectations to be met by their children in Asian culture to an extent that older adults perception towards the experience of ageing is influenced by the way children behave towards their older parents and by how far the older adult perceives their expectations are being met. These findings are echoed by a recent study by Tannistha, Feinian and Reeve (2015) that investigated the association between the multigenerational household context and health of older adults in India. The study findings showed that the older adults living in multigenerational households have the lowest levels of short-term illness. Among them, those who live with their spouse, adult children, and young grandchildren experience the highest health gains, followed by those older adults living only with a spouse and adult children and the health gain were lower for those older adult who live only with their spouse. Solitary living was associated with poor perception towards ageing. On the contrary, the findings by Laidlaw *et al* (2010) indicated that the United Kingdom born participants had a lower expectation to be cared for by their children than the Chinese group and the Scottish older persons. The findings of studies conducted among the Indian, Chinese and Scottish by Laidlaw *et al* (2010) and Tannistha *et al* (2015) indicate that different living arrangement have a differing effect on self-perception towards ageing of older adults across geographical and cultural divide.

Several scholarly studies have linked poor physical health with negative self-perception towards ageing of older adults. Such studies include that by Bryant, Bei, Gilson, Komiti, Jackson, and Judd (2012) in community dwelling Austrians, and a study by Sargent-Cox, Anstey and Luszcz (2012) in an Australian sample. Another past study by Low, Molzahn and Schopflocher (2013) observed that declining health may result into negative future changes while being in good health may promote the older adult's health-related resources and activities. In a recent study by Cramm and Nieboer (2017), poorer health was found to significantly affect self-perception among the migrant's Turkish elders and native Dutch elders living in Rotterdam, Netherlands. Further, the study by Cramm and Nieboer revealed that the Turkish elders showed more negative ageing perception than the Dutch elders. The descriptive statistics of the current study revealed that the majority of the older adults experienced poor self-perceived health, with none indicating a good or very good health status. Therefore, the study sought to establish the effect of self-perceived health on self-perception towards ageing of older adults

In as much as the ageing process incorporate both losses and gains aspect of life, scholarly studies have hypothesized that dealing with the losses and focusing more on the gains in old age results into higher levels of self-perception towards ageing. However, depending on the prevailing life circumstances, in most cases an individualized perspective may constrain the older adult to focus more on losses and less on the gains resulting into an otherwise poor self-perception towards ageing and lower life satisfaction. Besides, earlier studies have pointed to mixed results regarding the influence of demographic characteristic on self-perception

towards ageing. In particular, the studies have revealed different demographic characteristics may or may not affect older adult's perceptual appraisal towards ageing. Findings from previous studies posit that these results are dependent on time and space. The current causal comparative study was to identify and describe the associated demographic characteristics that have the power and ability to either involuntarily or voluntarily alter self-perception towards the ageing process among the older adults.

Methods

Participants and procedures

The participants for this causal comparative study consisted of 140 non-pensionable Kenyans aged 65 years and above who were not formally employed and receiving a monthly stipend of 18.17 \$ from the Kenyan Government (GOK) Older Persons Cash Transfer program (GOK, 2011) who were living in Kajulu electoral ward, Kisumu County, Kenya. Kajulu electoral ward is cosmopolitan, consisting of peri-urban and rural populations of both indigenous persons and migrants. A cluster (sub-locations) sampling with proportionate stratification was used to adequately represent the diverse living situations of the older adults. The research permit was granted by the Kenya National Commission of science, Technology and Innovation. The consent and permission to conduct the current study was granted by the County Commissioner and Director of Education, Kisumu County.

Measures

The older adults responded to structured questionnaire items to bring out personal information on selected demographic characteristics of chronological age, gender; marital status, self-perceived age, academic level, living arrangement, monthly income levels, other sources of income, employment status and self-perceived health. Single scores on the selected demographic characteristic for each participant were processed and computed into groups of descriptive statistical data. The group data was used to find out how each of the selected demographic characteristic effect self-perception towards ageing among older adults.

Self-perception towards ageing was measured as a multidimensional concept using Attitude to Ageing Questionnaire (AAQ) developed by Laidlaw, Power and Schmidt, (2007). The AAQ consists of three domains of physical change, psychosocial loss, and psychological growth. The physical change subscale measures changes in the physical functioning of older adults. The psychosocial loss subscale focuses on aspects of psychological and social losses experienced by the older adults. Psychological growth subscale reveals gains related to self and others. Scores on each of the three domains were transformed, analyzed and computed into a single score to help describe the level of self-perception towards ageing of older adults. A one-way analysis of variance was conducted to compare the variance between groups and variability within each of the groups of selected demographic characteristics. This was followed by post hoc analyses of Tukey HSD test to establish where difference means lies between the categories of demographic characteristics that have a significant influence on self-perception towards ageing.

Results

Descriptive analyses: The majority of the older adults were in the middle old age bracket of 70 – 79 years (52.1%; n = 81). About a half of participants 53.6%; n = 75 were widowed,

(44.3%; $n = 62$) were married, 2.1%, $n = 3$ were separated. Slightly less than three-quarters of the participants were of less than primary level of education (72.1%; $n = 101$) and none of the participants had attained university level of education. On employment status 62.2%; $n = 87$ of the total respondents were not employed. Apart from the cash transfer fund, 60%; $n = 84$ of the respondents get added income from their children and relatives and slightly above a half of the participants (58.6%; $n = 82$) handled between 2001-5000Kshs per month. In respect to living arrangement, 40.7%; $n = 57$ lived with children and grandchildren. A half of the participants described their overall self-perceived health as being poor (50%; $n = 70$) and none indicated having either a good or very good health. The majority of the respondents revealed that their self-perceived age was the same as chronological age (79.3%; $n = 111$, $M = 1.86$, $SD = .436$) indicating that the older adults experience a neutral perception towards the ageing self.

Further, the physical change domain (89%, $n = 124$; ($M = 3.65$, $SD = .28$) and the psychological growth domain (66%, $n = 92$; $M = 3.63$, $SD = .41$) demonstrated a neutral perception towards ageing while the third domain of psychosocial loss (68%, $n = 95$; $M = 2.29$, $SD = .49$) revealed a low negative self-perception towards ageing. Summarily, the current study indicate that older adults experience a neutral perception towards the ageing self (99%, $n = 139$; $M = 3.19$, $SD = .17$)

Analysis of Variance: One-way between groups analysis of variance results showed that the demographic characteristics of sex, age, self-perceived age ratings, academic level, marital status, sources of income, monthly income and living arrangements had insignificant effect on older adult's self-perception towards ageing. Further, the one-way ANOVA results between group's analyses found out that employment status ($F(3, 136) = 3.647$, $p = .014$) and overall self-perceived health ($F(2, 137) = 3.879$, $p = .023$) have a statistical significant influence on self-perception towards ageing of older adults. These results are shown in Table 1.

Significant Demographic Characteristics		Sum of squares	Df	Mean square	F	Sig.
Employment status	Between groups	0.305	3	0.102	3.647	0.014
	Within groups	3.793	136	0.028		
Overall self-perceived health	Between groups	0.220	2	0.110	3.879	0.023
	Within groups	3.879	137	0.028		

Table 1: The ANOVA Results for Significant Demographic Characteristics and Self-Perception towards Ageing

Post-hoc Analyses: A post-hoc comparison analyses using the Tukey HSD test was conducted for the significant variables of employment status to establish where these differences in the means lies between respective categories as indicated in Table 2.

Employment status		Mean	Std.	Sig.	95% Confidence	
		Differ	Error		Interval	
		ence			Lower	Upper
					Bound	Bound
Not Employed	Unskilled employment	-.027	.033	.86	-.11	.060
	Professional	-.250	.098	.056	-.506	.005
	Business/Self-employed	-.106	.047	.110	-.227	.015
Unskilled Employment	Not employed	.027	.033	.855	-.060	.114
	Professional	-.224	.100	.121	-.485	.038
	Business/Self employed	-.079	.052	.417	-.213	.055
Professional	Not Employed	.250	.098	.056	-.005	.506
	Unskilled employment	.224	.100	.121	-.038	.485
	Business/Self employed	.144	.106	.522	-.130	.419
Business/Self employed	Not Employed	.106	.047	.110	-.015	.228
	Unskilled Employment	.079	.052	.417	-.055	.213
	Professional	-.144	.106	.522	-.419	.130

Table 2: Multiple Comparison Tabulation for the Influence of Employment Status on Self-Perception towards Ageing

The post hoc Tukey HSD comparison test results presented in Table 2 show that the employment statuses of not employed, unskilled employment, employed as a professional, doing business and being self-employed all yielded significant p values of more than $\alpha = .05$. Further, the results show that there were no specific employment statuses that significantly influence self-perception towards ageing of older adults. The results of this study point out that employment statuses significantly influence the perception of older adults towards the ageing self.

In addition, a post-hoc comparison analyses using the Tukey HSD test was also conducted for the significant variables of self-perceived health status to establish where these differences in the means lies between respective categories of self-perceived health status as indicated in Table 3.

Overall self-perceived health status		Mean	Std.	Sig.	95% Confidence	
		Difference	Error		Interval	
					Lower	Upper
					Bound	Bound
Very Poor	Poor	-.082*	.032	.031	-.16	-.01
	Moderate	-.091	.042	.085	-.19	.01
Poor	Very Poor	.082*	.032	.031	.01	.16
	Moderate	-.009	.040	.972	-.10	.09
Moderate	Very Poor	.091	.042	.085	-.01	.19
	Poor	.009	.040	.972	-.09	.10

*. The mean difference is significant at the 0.05 level.

Table 3: Multiple Comparisons for the Influence of Self-Perceived Health Status on Self-Perception towards Ageing

In Table 3, post-hoc Tukey's HSD tests showed that poor self-perceived health of older adults has a significantly higher influence on self-perception towards ageing ($p = .031$) more than moderate and very poor self-perceived healthy conditions. It's worth noting at this point that

the descriptive analysis results of the current study revealed that a half of the participants described their overall self-perceived health as being poor (50%; $n = 70$), a third as very poor (32.9%; $n = 46$), and those who described their health as being moderately healthy were (17.1%; $n = 24$) while none gave an indication of having either a good or very good self-perceived health.

Discussion

The present study examined the effect of selected demographic characteristics on self-perception towards ageing among older adults. The demographic characteristics of age, self-perceived age, sex, marital status, living arrangement, monthly income and other sources of income showed insignificant influence on self-perception towards ageing among older adults. Previous scholars have found out that younger self-perceived age enhances older adult's self-perception towards ageing (Low, Molzahn, & Schopflocher, 2013; Keyes, & Westerhof, 2012; Mock & Eibach, 2011). Concomitantly, several other studies that have associated younger self-perceived age with higher level of self-perception towards ageing include that of Kleinspehn-Ammerlahn, Kotter-Grühn, and Smith (2008) in a Berlin sample, Rubin and Berntsen (2006) among Danish populations, Uotinen (2006) who used a sample from Finnish and North –American older adult's population. In tandem with the previous findings, two other studies by Chow and Bai (2011) among the Chinese older populations and a research study by Cramm and Nieboer (2017) among the native Dutch elders also linked younger self-perceived age with self-perception towards ageing. In comparison, the result of the current study is dissimilar to the findings of previous studies in the western world that showed that age has a significant influence on self-perception towards ageing of older adults. This study also found out that gender had an insignificant influence on self-perception of older adults. The literature reviewed gives mixed findings on the influence of gender on self-perception towards ageing. Evidence from a Chinese study similarly observed insignificant difference between gender and self-perception towards ageing (Chow & Bai, 2011). On the contrary, a study by Low, Molzahn and Schopflocher (2013) revealed that gender had a significant influence on self-perception towards ageing.

Demographic characteristic of living arrangement also had an insignificant influence on self-perception among older. The current results are inconsistent with a previous study by Tannistha, Feinian and Reeve (2015) that indicated that self-perception towards ageing was high among Indian older adults living in households with young grandchildren. The same study by Tannistha *et al* observed that living alone was associated with poor self-perception towards ageing among Indian older adults. In addition, the findings by Laidlaw, Wang, Coelho and Power (2010) indicated that Chinese older people living in Beijing and Scottish older people living in Scotland had a higher expectation of being cared for by their children than the Chinese immigrants living in the United Kingdom. Marital status was also found to have insignificant influence on self-perception towards ageing. This finding is contrary to the results of previous studies that found relationship with spouse enhances positive perception towards ageing. Such studies include that of Antonucci, Birditt and Webster (2010) who indicated that positive relationship with spouse has a significant influence on the overall health status and well-being of the older persons, a study by Trudel, Boyer, Villeneuve, Anderson, Pilon, and Bounader (2008) among the French older adults who lived in Montreal, Canada and another study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) among a community dwelling Austrian older adults.

Monthly income and having additional sources of income were also found to have insignificant influence on self-perception towards ageing of older adults. This study results are dissimilar to the findings of other studies that associated better financial status with more positive self-perception towards ageing among older adults (Antonucci, Birditt, & Webster, 2010; Bryant, Bei, Gilson, Komiti, Jackson, & Judd, 2012). Similarly, this outcome differed with Cramm and Nieboer (2017) findings that lower income was associated with more negative ageing perception among the Turkish older adults than among Dutch elders. In this study, most of the older adults were of less than primary academic level who revealed a non-significant influence between academic level and self-perception towards ageing. This finding was inconsistent with the findings of Cramm and Nieboer (2017) that revealed that academic status significantly influenced self-perception towards ageing among the Turkish migrants.

The demographic characteristic of employment status and self-perceived health were positively linked with self-perception of older adults who participated in the current study. Post-hoc Tukey HSD test analyses revealed that all forms of employment statuses; not being employed, unskilled employment, professional employment, doing business and being self-employed were significantly associated with self-perception towards ageing among older adults. This results points towards older adults need to having a continuing source of own earning arrangement as a way of promoting a positive perception towards the ageing self. The current study results concur with the findings of two previous studies that indicated that employment status has a significant influence on self-perception among Austrian older adults aged 60 years and above (Bryant, Bei, Gilson, Komiti, Jackson & Judd, 2012) and among Chinese a population (Chow & Bai, 2011). The current study found out that literature on influence of employment statuses on self-perception towards ageing is scanty; therefore, recommends for more studies to help build on the literature.

The findings of the current study indicate that poor self-perceived health significantly affect older adult's perception towards ageing. This results are in tandem with the findings of several previous studies including a study among community dwelling Austrians (Bryant, Bei, Gilson, Komiti, Jackson, & Judd, 2012); an Australian sample (Sargent-Cox, Anstey & Luszcz, 2012) and among the migrant's Turkish and native Dutch elders who lived in Rotterdam, Netherlands (Cramm & Nieboer, 2017). These studies linked a high self-perceived health status with a positive self-perception of older adults. Another past study by Low, Molzahn and Schopflocher (2013) observed that being in good health enhances positive self-perception towards ageing. The current study hypothesizes that poor self-perceived health was one of the underlying factors affecting older adult's self-perception towards ageing.

Conclusion

The current study sought to find out the effects of demographic characteristics on self-perception towards ageing of older adults aged 65 years and above. The interpretation of one-way analysis of variance and post hoc Tukey HSD test revealed that employment status and poor self-perceived health status have a significant influence towards self-perception of older adults. The other selected demographic characteristics of age, gender, living arrangement, academic level, marital status, monthly income level and sources of income showed insignificant influence towards self-perception towards ageing of older adults. However, previous studies reviewed have given a differing indication that most of these demographic characteristics in the current study affect self-perception towards ageing of older adults in the

western world. Notably, previous studies conducted were cross-sectional and longitudinal in nature with larger research samples sizes.

The findings of the present study have implications for Kenyan Government regarding the formulation of policies, strategies and interventions on older person's self-perception towards ageing. Remarkably, the current causal-comparative study involved non-pensionable older adults who were not engaged in formal employment, with low income and low academic level cohort that were receiving monthly cash transfer from the Kenyan Government. As it is evident such restrictions could have had consequences for the study data and results. Therefore, this study suggests for cross-sectional and longitudinal studies with a larger sample and inclusion of high income and high academic group to increase on understanding older adult's perceptual processes towards the ageing self.

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Localizing the Ambivalent Ageism Scale for Japan

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Abstract

Ageism is a complex prejudice involving positive (e.g., perfect grandparent) and negative (e.g., severely impaired) stereotypes of older adults. Several scales have been developed to measure various forms of ageism. However, most have been written in English and created for Western contexts. An exception is the Fraboni Scale (FSA), which was developed in 1970 and translated into Japanese in 2004, and since then it has been used in many studies of ageism. Still, the FSA is based on hostile expressions of ageism and may otherwise be outdated. A newer scale called the Ambivalent Ageism Scale (AAS) was developed in 2017. It incorporates both benevolent and hostile facets of ageism. However, no Japanese translation of the AAS exists yet. To this end, we translated the AAS with two Japanese native speakers and an English native speaker, all of whom were competent in the other language. We then ran an online study with Japanese adults to evaluate the resulting AAS-JP in an ecologically valid questionnaire. We examined the factor structure and internal consistency of the AAS-JP to ensure that it matched the original English version of the AAS. We report on our results and discuss challenges related to localizing research instruments developed in different languages and cultural contexts.

Keywords: Ageism, Cognitive Biases, Older Adults, Online Survey, Questionnaire Localization, Translation, Validation of Questionnaire

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Introduction

Ageism is a type of negative attitude based on limited views of and/or prejudice towards certain age groups. In this research, we focused on older adults. Ageism can appear to be positive, such as assumptions that older adults want or need to be helped, or negative, such as assumptions that older adults are essentially impaired. In today's aging society, it is important to quantitatively measure these attitudes in research related to older adults. A well-known attitudinal instrument is the Fraboni Scale of Ageism (FSA; Fraboni, Salstone, & Hughes, 1990). Since its development in 1970, the FSA has been used in many ageism studies. It was translated and validated in Japan in 2004 and has subsequently been widely used in ageism research in Japan (Yoshida et al., 2017). However, this scale mainly reflects the most negative aspects of ageism attitudes. In 2017, Lindsey et al. developed the Ambivalent Ageism Scale or AAS. This scale captures both benevolent and hostile aspects of ageist attitudes, such as patronizing attitudes as a form of benevolent ageism. But there is yet no translated version that has been validated in Japan. Therefore, we translated the original AAS into Japanese and took the first step towards its validation.

Method

We translated and conducted a pilot validation test of the AAS in Japanese using an online survey. We describe our steps below.

Translation

We first translated the AAS items in the following steps. First, we formed a translation team consisting of two native Japanese speakers who understand English and one native English speaker who understands some Japanese. One of the Japanese translators understood the concept of ageism, while the other was not particularly familiar with it. Next, we forward-translated the original AAS items written in English into Japanese. This was done by the Japanese translator who understood the concept of ageism and the English speaker. Next, the translated Japanese items were back-translated into English to ensure that the meaning of the items was correct. This was done by the Japanese translator who was not familiar with the concept of ageism and the English speaker. Finally, we conducted a pilot test in the lab with Japanese speakers ($n=5$) to evaluate whether the meanings were understandable and clear. After these steps, we deemed the translated version of the AAS complete and ready for larger-scale testing. As with the original, the translated version of the AAS—which we call the AAS-JP—has 13 items in total, including 9 benevolent items and 4 hostile items. All items are rated on 7-point Likert scales and there are no reversed items.

Data Collection and Sample

An online survey including the AAS-JP was delivered through the SurveyMonkey platform to Japanese speakers located in Japan. A total of 47 valid responses were collected, representing 19 women and 27 men (no other identities), with ages ranging from 18 to 74.

Statistical Analysis

Our evaluation focused on reliability and validity. For reliability, we calculated the Cronbach's alpha of each subscale to test internal consistency. This is a value between 0 and 1, where a value closer to 1 indicates a higher degree of correlation between items in that

subscale. In general, an alpha value above 0.7 supports that the scale is significantly reliable (Tavakol & Dennick, 2011). For validity, we calculated the correlation coefficient with the FSA, based on the procedure used in the original AAS research. As with in the original AAS research, we also hypothesized that the FSA would be more strongly correlated with the hostile subscale than with the benevolent subscale of the AAS because the FSA reflects hostile concepts such as dislike, avoidance, and slander.

Results

We found that both subscales had a high degree of reliability. We obtained alpha values equal to 0.83 for the benevolent subscale and 0.77 for the hostile subscale. As for validity, Table 1 shows that all scales were strongly correlated, especially the FSA and the AAS hostile subscale. Thus, we can accept the hypothesis that the FSA and the AAS-JP are highly related scales, as with the FSA and the original AAS. In effect, the AAS-JP appears to capture the same attitudinal phenomena as the original AAS.

Scales	<i>r</i>	<i>p</i>
AAS-JP hostile and benevolent subscales	.477	< .001
FSA and the AAS-JP hostile subscale	.704	< .001
FSA and the AAS-JP benevolent subscale	.516	< .001

Table 1: Correlations between the FSA and the AAS-JP

Conclusion

Through translation of the original AAS scale into Japanese and validation of the translated version of the AAS with the FSA, we have provided initial evidence for the validity of the Japanese version of the AAS in Japan. Both the benevolent and hostile subscales showed high reliability, and construct validity was also supported as the hostile subscale correlated strongly with the FSA. Future work will validate these results with larger samples.

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