WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Attitude Towards Ageing Among Elderly Population Residing at Selected Old Age Home and Home Dwelling Elderly Population: Comparative Approach

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DOI : https://doi.org/10.55248/gengpi.5.0524.1460

ABSTRACT

Background: Elderly population attitude towards ageing is critical for their adjustment, acceptance of health-related behavior, survival and choices. Their attitude influences how they cope with the challenges experienced while ageing, which affects their quality of life and health-related outcomes. This study examines the comparison of the attitude of elderly population residing at old home and home dwelling elderly population.

Methods: A cross sectional descriptive study among elderly population aged 60-80 years was conducted in a selected old age home and elderly residing at Chennai, TamilNadu. The study participants (40 old age home residents and 40 home residents) were selected using a purposive sampling technique. Data was collected by interview method using Attitude to Ageing Questionnaire (AAQ) in three domains (psychosocial loss, physical changes and psychological growth). Collected data was analyzed based on the objectives of the study using SPSS 23.

Results: A total of 80 elderly populations (40 old age home residents and 40 home dwelling) were selected for the study. The mean age was 42.5 ± 9.3 and 30.0 ± 7.6. Majority (62.5 % and 45.0 %) were males. Overall, home dwelling elderly population had a better attitude to the ageing process in all the domains compared with old age home residents.(psychological growth 32.5/40 ± 3.4 Vs. 35.4/40 ± 3.3, p = 0.30; physical change 27.5/40 ± 5.1 Vs. 36.9/40 ± 5.0, p = 0.03; and psychosocial loss 25.3/40 ± 5.7 vs. 28.0/40 ± 5.3, p = 0.60). The overall domains score was 85.3/120 ± 7.2, p = 0.42 Vs 100.3/120 ± 9.5, p = 0.62.

Conclusions: The environment in which elderly individuals live significantly shapes their attitudes towards ageing. Ensuring supportive, respectful, and enriching environment is crucial for fostering positive attitudes towards ageing. Care and interventions should be tailored to address the specific needs of both groups, promoting social integration, healthcare access, and economic stability to enhance their overall quality of life.

Key words: Elderly population, Attitude towards ageing, home dwelling, old age home

Introduction

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life and ends at death.The old age are an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome and problem- ridden phase of life. But it is really interesting to note that everybody wants to live a long life, but not to be old. It is ironical that however undesirable the old age, it is bound to come in life[1]

Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.By 2025, the number of people aged 60 years and older will outnumber children younger than 5 years .In 2050, 80% of older people will be living in low- and middle-income countries and will be experiencing an increased growth of the older population due to improved life expectancy. The pace of population ageing is much faster than in the past. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift (Times of India, 2021) [2].

Attitudes to aging are a comprehensive personal view of the experience of aging over the course of life, which can be influenced by various factors, such as the levels of health and self-sufficiency and social, psychological, or demographic factors. For an older adult, these can impact on the quality of life, satisfaction with one's life, stress response, coping strategies, cognitive functions, for example, verbal fluency, memory and healthy living behaviors. The perception about ageing depends on how both individual elderly population and prevailing circumstances affect the individual's attitude and coping strategies. Researchers suggest that older persons' perspectiveto ageing is critical for their acceptance of health-related behavior, survival,

adjustment andchoices.Elderly population live in old age home suffer from various physical, psychological and health issues than home dwelling elderly population. (Amarya etal 2018)[3]

Therefore, it is essential for the health care professionals including nurses to explore older persons' perspectives about ageing in different setting and circumstances. Hence this study was conducted to compare the attitude towards ageing among elderly population residing at old age home and home dwelling elderly population.

Methods

A cross sectional descriptive study among elderly population aged 60-80 years was conducted in a selected old age home and elderly residing at Chennai, Tamil Nadu. The study participants (40 old age home residents and 40 home residents) were selected using a purposive sampling technique.

After obtaining approval from the Institutional ethics committee of the Apollo college of Nursing, permission was obtained from the concerned authority of old age home and the councilor to conduct the study. Informed consent was obtained from the elderly population for participating in the study. The study was conducted at selected old age home, Chennai and for elderly living at the home dwelling samples at Chennai. The researcher visited all the households and identified the elderly aged 60 years and above who met the inclusion criteria.

The data was collected using predetermined questionnaire. The tool consists of two parts such as part I - demographic data which consists of age, gender, educational status, marital status, No of children, source of income, income/ month, financial dependency, history of any medical illness and treatment details and part II – Attitude towards ageing Questionnaire (AAQ). The AAQ is a widely known psychometrically robust tool to measure attitudes towards aging. The AAQ is a 24-item scale with three domains that examines different aspects of agingsuch as physical functioning, psychological growth and psychosocial loss. The physical changes domain assesses functioning related to the health, vitality and exercise of the individual. Together, the psychological growth and psychosocial loss domains measure the psychological experience of the older person. The psychological growth domain measures ageing gains, including coping strategies, acceptance and communication with the younger generation. The psychological domain captures old age's negative experiences, such as loss of independence, disability, loneliness and depression. All items are based on self-reporting with ratings ranging from 1 (reflecting strong disagreement or not at all true) to 5 (reflecting strong agreement or completely true). The score for each domain ranges from eight to 40 points. Higher scores in the physical change and psychological growth domain indicate positivity towardsageing. The psychosocial loss domain was negativelyphrased such that higher scores in the domain would indicate negativity. (Shenkin · 2014)[4.] Hence the overall obtainable score is 1 to120.

Content validity of the tools were obtained by getting opinion from experts in the field of psychiatry, psychiatric nursing, geriatric physician, research and statistics. Tools were tested for its reliability using Cronbach's alpha and the score was 0.83.

Collected data was analyzed in SPSS 24 using Descriptive statistics (frequency & percentage) and inferential statistics (Student independent t- test, Karl Pearson's Correlationand chi- squaretests) were used to analyze the data on attitude towards ageing among elderly residing at old age home and home dwelling elderly population.

Results

Table 1: Frequency and Percentage Distribution of Demographic Variables of Elderly Population in Old Age Home and Home Dwelling Elderly Population. n=80(40+40)

Demographic Variables	**Elderly at old age home (n=40)**		**Home dwelling elderly (n=40)**		**Chi-Square Value**	**df**	**P Value**
	f	**%**	**f**	**%**			
Age in years							
60 – 65	**17**	**42.5**	**12**	**30.0**			
66 – 70	9	22.5	16	40.0	3.331	3	0.343 N.S
71 – 75	6	15.0	8	20.0			
76 – 80	8	20.0	4	10.0			
Gender							
Male	25	62.5	18	45.0	.018	1	0.892 N.S
Female	15	37.5	22	55.0			

Religion							
Hindu	**19**	**47.5**	**20**	**50.0**			
Christian	12	30.0	16	40.0	3.033	2	0.220 N.S
Muslim	9	22.5	4	10.0			
Others (Specify)							
Educational status							
No formal education	11	27.5	12	30.0			
Primary education	3	7.5	17	42.5			
Secondary education	7	17.5	5	12.5	.754	4	0.944 N.S
Higher secondary	9	22.5	3	7.5			
Graduate and above	10	25.0	3	7.5			
Marital status							
Unmarried	0	0	0	0			
Married	12	30.0	20	50.0	.458	2	0.795 N.S
Widow / Widower	22	55.0	10	25.0			
Divorced / Separated	6	15.0	10	25.0			
Living status of spouse							
Dead	22	55.0	10	25.0	.074	1	0.786 N.S
Alive	18	45.0	30	75.0			
Financial dependency							
Independent	1	2.5	10	25.0	1.857	2	0.395 N.S
Partially dependent	9	22.5	21	43.5			
Dependent	**30**	**75.0**	**9**	22.5			
Source of income							
Nil	9	22.5	6	15.0			
Old age pension (Government)	9	22.5	12	30.0			
Support from children	13	32.5	9	22.5	6.375	4	0.173 N.S
Pensioner	7	17.5	10	25.0			
Previous savings	2	5.0	3	7.5			
Others (Specify)							
Income / month in IRS							
Nil	9	22.5	6	15.0			
Up to 1000	9	22.5	12	30.0			
1001 – 5000	13	32.5	7	17.5	1.565	4	0.815 N.S
5001 – 10000	2	5.0	5	12.5			
Above 10000	7	17.5	10	25.0			
Number of children					4.697	2	0.096

Nil	2	5.0	0	0.0			N.S
1-2	**28**	**70.0**	**27**	**67.5**			
> 2	10	25.0	13	32.5			
History of Chronic Medical illness					2.468	6	.872 NS
Nil	4	10.0	8	20.0			
Diabetes Mellitus	22	55.0	15	37.5			
Hypertension under control	6	15	7	17.5			
Diabetes mellitus & hypertension	5	12.5	8	20.0			
Osteoarthritis	2	5.0	1	2.5			
Asthma	1	2.5	1	2.5			
Others (specify)							
History of taking regular treatment for any illness					.440	1	.507 NS
Yes	**36**	**90.0**	**32**	**80.0**			
No	4	10.0	8	20.0			

*****p<0.001, S – Significant, N.S – Not Significant**

Table 1depicts that, majority of the elderly were males (62.5%, 45.5 %), financially dependent (75.0%,), had 1-2 children (70%, 65.5%), history of taking treatment for any illness (90.0%, 80.0 %), in old age home residents and home dwelling residents respectively.

With regard to other variables, aged 60-65 years (42.5 & 30.0%), living status of spouse was (dead 55%, alive 45%), 22.5% & 10 % were Muslims, 27.5 % & 30.0% had no formal education, 17.5% & 12.5% had secondary education ,22.55 & 7.5% had higher secondary education and 25% 7.5% were graduates and above,15% & 25% were separated and divorced, 2.5% & 25% were financially independent. 22.5% & 15% income per month was Nil, 22.5% & 30.0% had old age pension (Government), 32.5% & 22.5% had Support from children, 17.5%& 25% were pensioners, 5%& 7.5% had previous savings, 20.5% &32.5% had >2 children, 10% 20.0% did not have any illness, 15% & 17.5% had diabetes mellitus, 15%, & 17.5% had hypertension under control, 12.5 %& 20% had DM and HT, 5%& 2.5% had osteoarthritis, 2.5 % &2.5% had asthma.10%& 20.0% are not taking any regular medication for any illness.

There is no significant difference between control andintervention group with regard to demographic variables (p> 0.05). Therefore these two groups were homogenous with regard to demographic variables.

Fig 1: Level of attitude to Ageing among elderly population in old age home and home dwelling elderly

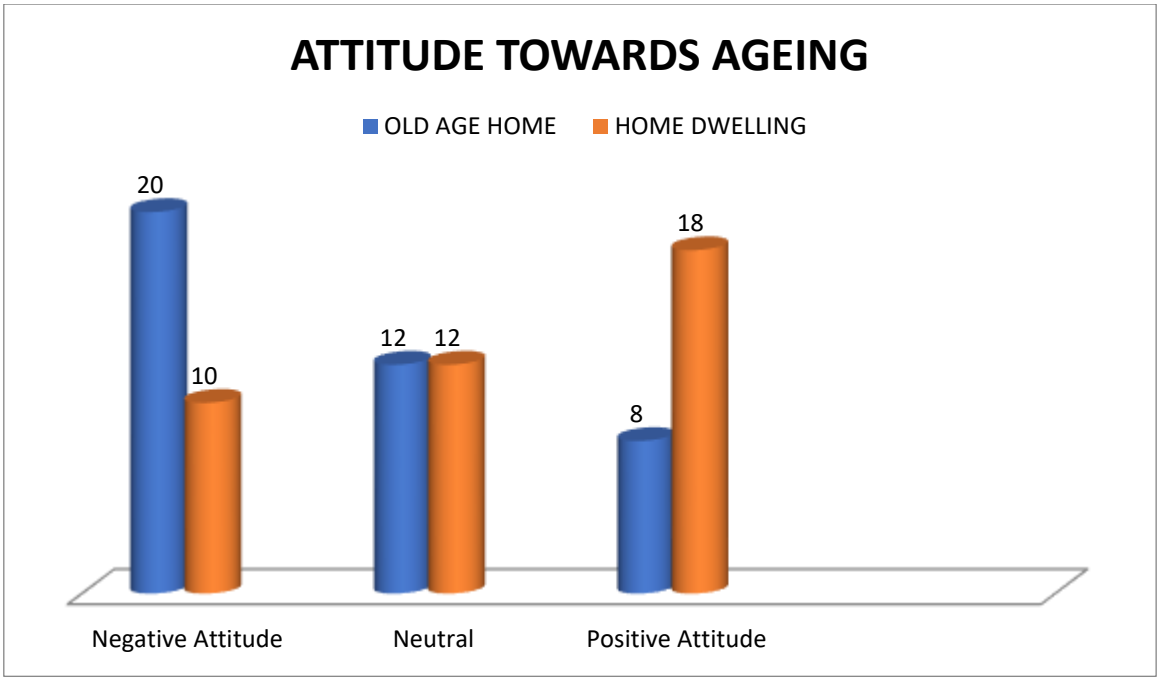

Fig 1 depicts that 20(50%)& 10(25 %) had negative attitude, 12 (30%) had neutral and 8(20%)&18 (45%) had positive attitude towards ageing among elderly at old age home and home dwelling elderly respectively.

Table 2: Comparison of Attitude to Ageing among Elderly Population in Old Age Home and Home Dwelling Elderly n=80(40+40)

Variables	**Old age home**		**Home dwelling**		**'t' value**
Attitude to Ageing	**Mean**	**SD**	**Mean**	**SD**	
Psychosocial loss	12.92	2.83	13.45	2.50	t =0.87 p = 0.38, N.S
Physical Change	29.02	5.18	31.07	4.70	**t =1.85** **p = 0.03,S**
Psychological Growth	8.57	1.27	8.17	1.35	t =1.35 p = 0.17, N.S
Global Attitude Score	50.51	10.7	52.6	11.9	t = 0.8260 p = 0.41, N.S

***P < 0.05, **P < 0.01, ***P < 0.001 S – Significant NS - Non Significant**

Table 2 depicts that there was no statistically significant difference in psychosocial loss and psychological growth (p > 0.05) between elderly at old age home and home dwelling elderly. However there was statistically difference in physical change between elderly at old age home and home dwelling elderly. Overall there was no statistically difference between elderly at old age home and home dwelling elderly

Table 3: Correlation between Cognition and Depression Scores among Elderly in the Control and Intervention Group n=80(40+40)

Variables	**Old age home**	**Home dwelling**
Psychosocial loss Vs physical change	r = 0.175 p = 0.280, N.S	r = 0.285 p = 0.975, N.S

Psychosocial loss Vs psychological growth	r = 0.210 p = 0.784, N.S	r = 0.279 p = 0.082, N.S
Physical change Vs Psychological growth	r = - 0.045 p = 0.784 N.S	**r = 2.162** **p = 0.03 *S**

***P < 0.05, **P < 0.01, ***P < 0.001 S – Significant NS - Non Significant**

Table: 3 shows that there was no correlation between Psychosocial loss with physical change, Psychosocial loss with psychological growth for both old age home residents and home dwelling residents(p> 0.05).However there was a correlation between physical change with psychological growth among home dwelling elderly (p< 0.05).

Table 4: Association of Attitude towards Ageing and Demographic Variablesamong Elderly Population at Old Age Home n=80(40+40)

Demographic Variables	**Negative**		**Neutral**		**Positive**		**Chi-Square Value**
	F	**%**	**f**	**%**	**F**	**%**	
Age in years							χ^2=4.195 d.f=4 p = 0.380 N.S
60 – 65	4	10	3	7.5	4	10	
66 – 70	9	22.5	3	7.5	1	2.5	
71 – 75	4	10.0	4	10.0	2	5.0	
76 – 80	3	7.5	2	5.0	1	2.5	
Gender							**χ^2=7.464** **d.f=2** **p = 0.024** **S***
Male	5	12.5	8	20.0	8	20.0	
Female	15	37.5	4	10	6	15.0	
Religion							χ^2=2.906 d.f=2 p = 0.234 N.S
Hindu	12	30.0	2	5.0	2	5.0	
Christian	6	15.0	10	25.0	6	15.0	
Muslim	2	5.0	-	-	-	-	
Others (Specify)							
Educational status							.χ^2=3.235 d.f=2 p = 0.198 N.S
No formal education	6	15.0	2	5.0	-	-	
Primary education	4	10.0	2	5.0	-	-	
Secondary education	4	10.0	2	5.0	1	2.5	
Higher secondary	4	10.0	1	2.5	1	2.5	
Graduate and above	2	5.0	5	12.5	6	15.0	
Marital status							χ^2=8.782 d.f=6 p = 0.186 N.S
Unmarried	-	-	-	-	-	-	
Married	4	10.0	2	5.0	7		
Widow / Widower	6	15.0	4	10.0	2	5.0	
Divorced / Separated	10	25.0	6	15.0	1	2.5	
Living status of spouse							χ^2=3.636

Dead	12	30.0	4	10.0	2	5.0	d.f=2
Alive	8	20.0	8	20.0	6	15.0	p = 0.162 N.S
Financial dependency							χ^2=4.632
Independent	1	2.5	10	25.0	6	15.0	d.f=6
Partially dependent	9		2	5.0	1	2.5	p = 0.592
Dependent	10	25.0	-	-	1	2.5	N.S
Source of income							
Nil	9	22.5	-	-	-	-	
Old age pension (Government)	9	22.5	4	10.0	2	5.0	χ^2=3.619 d.f=4
Support from children	1	2.5	2	5.0	1	2.5	p = 0.460
Pensioner	-		4	10.0	5	12.5	N.S
Previous savings	1	2.5	2	5.0	-	-	
Others (Specify)							
Income / month in IRS							
Nil	9	22.5	-	-	-	-	χ^2=3.706
Up to 1000	7	17.5	2	5.0	1	2.5	d.f=3
1001 – 5000	1	2.5	2	5.0	1	2.5	p = 0.295
5001 – 10000	2	5.0	2	5.0	2	5.0	N.S
Above 10000	1	2.5	6	15.0	5	12.5	
Number of children							χ^2=3.740
Nil	2	5.0	-	-	2	5.0	d.f=1
1-2	8	20.0	7	17.5	4	10.0	p = 0.053
> 2	10	25.0	5	12.5	2	5.0	N.S
History of Chronic Medical illness							χ^2=0.388 d.f=1
Nil	2	5.0	3	7.5	2	5.0	p = 0.533
Diabetes Mellitus	2	5.0	1	2.5	2	5.0	N.S
Hypertension under control	6	15.0	5	12.5	1	2.5	
Diabetes mellitus & hypertension	5	12.5	1	2.5	1	2.5	
Osteoarthritis	2	5.0	1	2.5	1	2.5	
Asthma	3	7.5	1	2.5	1	2.5	
Others (specify)							
History of taking regular treatment for any illness							χ^2=0.010 d.f=1
Yes	16	40.0	4	10.0	2	5.0	

No	4	10.0	8	20.0	6	15.0	p = 0.919 N.S

***P < 0.05, **P < 0.01, ***P < 0.001 S – Significant NS - Non Significant**

Table: 4 shows that there was statistically significant association between the attitudes towards ageing with gender. There was no statistically significant association between the attitude towards ageing with age, religion, educational status, marital status, living status of spouse, financial dependency, source of income, income/month, No. of children, history of any medical illness and treatment details among elderly population at old age home.

Table 5: Association of Attitude toward Ageing among Elderly Population at Home Dwelling elderly with Demographic Variables n=80(40+40)

Demographic Variables	**Negative**		**Neutral**		**Positive**		**Chi-Square Value**
	f	**%**	**f**	**%**	**f**	**%**	
Age in years							χ^2=1.062 d.f=3 p = 0.786 N.S
60 – 65	1	2.5	3	7.5	14		
66 – 70	5	12.5	3	7.5	1	2.5	
71 – 75	3	7.5	4	10.0	2	5.0	
76 – 80	1	2.5	2	5.0	1	2.5	
Gender							χ^2=3.706 d.f=3 p = 0.295 N.S
Male	4	10.0	8	20.0	10	25.0	
Female	6	15.0	4	10.0	8	20.0	
Religion							χ^2=0.919 d.f=2 p = 0.632 N.S
Hindu	6	15.0	2	5.0	6	15.0	
Christian	2	5.0	10	25.0	12	30.0	
Muslim	2	5.0	-	-	-	-	
Others (Specify)							
Educational status							χ^2=1.800 d.f=1 p = 0.180 N.S
No formal education	4	10.0	2	5.0	1	2.5	
Primary education	2	5.0	2	5.0	2	5.0	
Secondary education	2	5.0	2	5.0	3	7.5	
Higher secondary	1	2.5	1	2.5	3	7.5	
Graduate and above	1	2.5	5	12.5	10	25.0	
Marital status							.χ^2=1.438 d.f=2 p = 0.487 N.S
Unmarried	0		0		0		
Married	2	5.0	2	5.0	12	30.0	
Widow / Widower	2	5.0	4	10.0	4	10.0	
Divorced / Separated	6	15.0	6	15.0	2	5.0	
Living status of spouse							χ^2=0.807 d.f=1 p = 0.369
Dead	8	20.0	4	10.0	2	5.0	
Alive	2	5.0	8	20.0	16	40	

							N.S
Financial dependency							χ^2=0.388
Independent	1	2.5	10	25.0	16	40	d.f=1
Partially dependent	3	7.5	2	5.0	1	2.5	p = 0.533
Dependent	6	15.0	-	-	1	2.5	N.S
Source of income							
Nil	5	12.5	-	-	-	-	χ^2=2.232
Old age pension (Government)	3	7.5	4	10.0	12	30	d.f=2
Support from children	1	2.5	2	5.0	1	2.5	p = 0.328
Pensioner	-	-	4	10.0	5	12.5	N.S
Previous savings	1	2.5	2	5.0	2	5.0	
Others (Specify)							
Income / month in IRS							
Nil	5	12.5	-	-	-	-	χ^2=2.630
Up to 1000	2	5.0	2	5.0	2	5.0	d.f=3
1001 – 5000	1	2.5	2	5.0	1	2.5	p = 0.452
5001 – 10000	1	2.5	2	5.0	5	12.5	N.S
Above 10000	1	2.5	6	15.0	10	25.0	
Number of children							χ^2=0.670
Nil	2	5.0	-	-	2	5.0	d.f=3
1-2	4	10.0	7	17.5	14	35.0	p = 0.880
> 2	4	10.0	5	12.5	2	5.0	N.S
History of Chronic Medical illness							χ^2=1.246
Nil	2	5.0	3	7.5	12	30.0	d.f=1
Diabetes Mellitus	2	5.0	1	2.5	2	5.0	p = 0.264
Hypertension under control	2	5.0	5	10.0	1	2.5	N.S
Diabetes mellitus & hypertension	2	5.0	1	2.5	1	2.5	
Osteoarthritis	1	2.5	1	2.5	1	2.5	
Asthma	1	2.5	1	2.5	1	2.5	
Others (specify)							
History of taking regular treatment for any illness							.χ^2=3.399
Yes	6	15.0	4	10.0	2	5.0	d.f=1
No	4	10.0	8	20.0	16	40.0	p = 0.065
							N.S

***P < 0.05, **P < 0.01, ***P < 0.001 S – Significant NS - Non Significant**

Table 5 reveals that there was statistically significant association between the attitude towards ageing with gender. There was no statistically significant association between the attitude towards ageing with age, religion, educational status, marital status, living status of spouse, financial dependency, source of income, income/month, no. of children, history of any medical illness and treatment details among elderly population at old age home.

Discussion

It is known fact that, the ageing is a natural process.However old people have limited regenerative capabilities and are more prone to disease syndromes and sickness than other age groups(Chitra et al, 2016)[5].This study was conducted among elderly population residing at old age home and home dwelling elderlyliving in Chennai, TamilNadu. The aim of the study was to compare the attitude towards ageing among the elderly population residing at old home and the elderly residing at home. The highest positivity was reported in the domain which measured psychological growth in the home dwelling elderly when compared with the elderly living in old age home. This finding is not surprising since this domain measures the older persons' perceived growth in wisdom and knowledge due to ageing. Traditionally, older persons act as a repository of knowledge and understanding in the Indian setting. They give advice that assists in resolving family and community problems.

Often, elderly living in home have higher levels of education, better job opportunities and are usually wealthier. The financial viability enables access to facilities and resources to better take care of their health and other needs. Age related changes can also induce urinary incontinence while comorbidities like diabetes mellitus can influence the occurrence of urinary incontinence(Joyce et al, 2021)[6] which may further confound their attitude towards aging and health.Factors such as psycho social stressors and physical health status may cause depression and negative attitude towards aging among elderly population (Revathi et al, 2014)[7].

Similar to other research, this study revealed that males had higher positivity to ageing than females. This finding may be because of the inherent vulnerability of older females. Older women are less educated and less likely to have economic resources than their male counterparts.

This study has some limitations worth mentioning. The cross-sectional nature prevents inference about the causal relationship among the factors. The study was conducted in the southern part of the Chennai, limiting the generalisability of the results. There is a need for future research to be conducted in other parts of the state. Also, the study utilized quantitative measures. Further enquiries using qualitative methods to explore older people's attitudes will be of immense benefit. Despite these limitations, this study's findings add to the growing body of evidence on attitude to ageing in a low resource setting.

Conclusion

The study highlights that while both groups face unique challenges and benefits; the environment in which elderly individuals live significantly shapes their attitudes towards ageing. Ensuring supportive, respectful, and enriching environments whether in old age homes or private residences is crucial for fostering positive attitudes towards ageing. Policies and interventions should be tailored to address the specific needs of both groups, promoting social integration, healthcare access, and economic stability to enhance their overall quality of life.

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