Can grandparent-child contact reduce ageism?

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Definition

• Ageism:
  (Atchley and Barusch, 2004; Nelson, 2002; Bytheway, 1995)
  – stereotypical prejudice
  – negative attitudes and/or treatment towards the older people

• 3 major groups of stereotypes:
  (Schmit and Boland, 1986; cited in Atchley and Barusch, 2004)
  1) Physical appearance or health
  2) Negative images
  3) Positive images
Literature Review

• Ageist phenomena more prevalent in
  (Phillipson, 1982; Glover and Branine, 1997)
  – Modernized, industrialized and commercialized capitalistic societies
  – Where utilitarianism, youthfulness and productivity are heralded

• Elderly people may suffer from ‘role shift’, ‘role loss’ and ‘role emptying’  
  (Rosow, 1985)
Conceptual Framework

• Intergroup Contact Theory (Allport, 1954)

  – Positive contact between groups will enhance people’s perception of and reduce people’s negative prejudice against the people in contact
Conceptual Framework

• Positive contact with older people
  → reduce prejudice and discrimination in children and adolescents
    (Gilbert and Ricketts, 2008)
  → less likely to believe that competence declines with age; more likely to perceive commonalities between younger and older people
    (Ray and Sharp, 2006)
Conceptual Framework

• Extensive and intensive close contacts between people with close relationships (e.g. grandparents and grandchildren) could be conducive to attitude change

  (Pettigrew, 1998)

• Hypothesis: positive grandparent-child (GP-GC) relationship is beneficial to tackling ageist attitudes amongst young people
Hong Kong families - changes

• ↓ Proportion of vertically extended families:
  9.9% (1996) → 7.4% (2006)

• ↑ Proportion of nuclear families:
  64% (1996) → 67% (2006)

• ↓ co-residence of GPs with their married children and GC
  → children rarely brought up by their co-residing GP

• ↑ ‘dual-earner families’: ↑ children taken care by domestic helper → ↓ GP role
Hong Kong families - changes

• Studies reveal that
  – young people in HK had more negative stereotypes about the elderly than their counterparts in North America and Asia
  – older adults are only perceived to be ‘kind’ which is the only positive trait
Study - Aim

• To test the hypothesis: ↑ grandparent-child contact → ↓ young people’s ageism against older people
  – measure grandparent-child contact, 2 dimensions:
    – 1) grand-parenting
    – 2) co-residence
  – measure the attitudes of GC towards their GP
  – measure attitude of GC (youth) towards older people in general
Study - Methodology

• A questionnaire survey
  – Face-to-face interviews with GP
  – Self-administered questionnaire by GC

• 4 focus groups were conducted before survey was commenced
  i) GP having experience of living with their GC
  ii) GP not having experience of living with their GC
  iii) Young people having experience of living with their GP
  iv) Young people not having experience of living with their GP
Study - Methodology

• No. of subjects: 448
  – 299 GP (aged >60)
  – 189 GC (aged 12-18)
  – 134 were grandparent-child dyads

• Sampling
  – Self-recruitment from members of local elderly centres for GP
  – Snowball sampling for recruiting GC
Study - Methodology

• Criteria for recruiting GC
  – Aged (12-18)
  – Residence pattern (co-residing with GP or not)
  – Gender
Study - Methodology

• Questionnaire for GP:
  – Mode of communication with GC
  – Self-rating relationship with GC
  – Views on ‘filial piety’
  – General view towards elders in the society
  – Self image of GP

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  – Mode of communication with GP
  – Self-rating relationship with GP
  – Views on ‘filial piety’
  – General view towards elders in the society
## Study - Result

### Pattern of grandparent-child ‘contact’ (among 134 GC)

<table>
<thead>
<tr>
<th>Pattern of ‘contact’</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taken care of by GP during infancy/childhood</td>
<td>68</td>
<td>50.7</td>
</tr>
<tr>
<td>2. Not taken care of by GP during infancy/childhood</td>
<td>66</td>
<td>49.3</td>
</tr>
<tr>
<td>3. Ever co-resided with GP</td>
<td>41</td>
<td>30.6</td>
</tr>
<tr>
<td>4. Never co-resided with GP</td>
<td>93</td>
<td>69.4</td>
</tr>
<tr>
<td>5. Never been looked after by and never co-resided with GP</td>
<td>26</td>
<td>19.4</td>
</tr>
<tr>
<td>6. Looked after by or ever co-resided with GP</td>
<td>55</td>
<td>41.0</td>
</tr>
<tr>
<td>7. Both looked after by and co-resided with GP</td>
<td>53</td>
<td>39.6</td>
</tr>
</tbody>
</table>
Study - Result

• Attitudes towards elderly (among 134 GC)

<table>
<thead>
<tr>
<th>Positive images towards elderly</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Know a great deal of life</td>
<td>95.5</td>
</tr>
<tr>
<td>2. Happier to live with their children</td>
<td>85.5</td>
</tr>
<tr>
<td>3. Enjoy life</td>
<td>79.4</td>
</tr>
<tr>
<td>4. Kind and gentle</td>
<td>71.0</td>
</tr>
<tr>
<td>5. Not lonely and isolated from their families</td>
<td>58.3</td>
</tr>
</tbody>
</table>
### Study - Result

- **Attitudes towards elderly** (among 134 GC)

<table>
<thead>
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<th>Negative images towards elderly</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>1. Physical health goes steadily downhill after the age of 65</td>
<td>85.5</td>
</tr>
<tr>
<td>2. It is strange if elderly people are interested in or have capacity for sexual activity</td>
<td>58.8</td>
</tr>
<tr>
<td>3. Elderly should retire from political and business world</td>
<td>56.5</td>
</tr>
<tr>
<td>4. Elderly should not wear more fashionable clothing</td>
<td>65.2</td>
</tr>
</tbody>
</table>
Study - Result

• Comparing 2 groups of GC having/not having been taken care of by GP, there is no single item of attitudes that shows significant difference

• ‘Grand-parenting’ has no significant impact on grandchildren’s image towards elders in general
Study - Result

• Comparing 2 groups of GC ever/never co-resided with GP, only 1 out of 9 items of attitudes that shows significant difference - [ GC who had co-resided agreed more ]
  (i.e. “elderly people are happier to live with their children” $X^2=6.407$, $p=0.011$)

• ‘Co-residence’ has no significant impact on grandchildren’s image towards elders in general
Study - Result

- Considering both dimensions of ‘contact’, 3 gps of GC:
  1) Not having co-resided with **and** not taken care of by the GP
  2) Either having co-residence with **or** having been taken care of by the GP
  3) Having co-resided with **and** been taken care of by the GP

- Comparing 3 groups of GC ever/never co-resided with and/or been taken care of by GP, only 1 out of 9 items of attitudes shows significant difference [GC having co-resided & been taken care of by GP agreed most]
  (i.e. “elderly people are happier to live with their children”
  \[X^2=10.859, p=0.004\])
Study - Result

• Both ‘co-residence’ and ‘grand-parenting’ did not have any significant impact on grandchildren’s image towards elders in general
Study - Result

• GC’s rating of relationship with GP (among 133 GC)
  – Very harmonious : 35.3%
  – Harmonious : 47.4%
  – Neutral : 15.8%
  – Inharmonious : 1.5%

• May be due to social desirability effect in self-administered questionnaire or self-selection of GC
Study - Result

- Both ‘co-residence’ and ‘grand-parenting’ did not have any significant impact on the grandparent-child relationship – majority of GC reported positive relationship
Study - Conclusion

• Lack of significant result may be due to the overwhelmingly large proportion of respondents reporting a high positive image of elderly in general or high baseline.

• The study cannot substantiate the assertion of the Social Contact Theory that positive contact would contribute to helping people generalize their positive perception of specific group to general group of target, for instance, from grandparents to older people at large.
Study - Conclusion

• In HK nowadays, promoting 3-generation family is difficult (due to various practical difficulties & changes in norms/attitudes)

• Though this study cannot prove co-residence and grand-parenting can help promote positive image of elderly among young people

• Nurturing positive images of elderly should commence as early as possible through formal and informal education (e.g. family life education)
THANK YOU