

**Factors that influence social discrimination in the elderly***Factores que influyen en la discriminación social en las personas mayores**Factores que influenciam a discriminação social em idosos***Abstract**

The aim was to evaluate the perception of the elderly about the occurrence of episodes of social discrimination and to identify factors that influence social discrimination. Descriptive-correlational study, with 333 elderly people. The Social Discrimination Against the Elderly scale was used. Most were female (59.5%), mean age 76.13 years; 83.1% perceive themselves to have been victims of episodes of social discrimination. Activities of daily living ( $p = 0.000$ ), depression ( $p = 0.000$ ), total functional social support ( $p = 0.001$ ), visiting or receiving visits from family or friends ( $p = 0.005$ ) influence the social discrimination of the elderly. It was found that elderly people who are less independent in activities of daily living, more depressed, with less functional social support and who do not visit or are visited by family or friends tend to be victims of greater social discrimination. The results point to the need for greater attention from the community in general and from health professionals in particular, in order to devise adequate prevention and resolution strategies for this phenomenon.

**Descriptors:** Elderly; Social Discrimination; Social Support; Depression; Activities of Daily Living.

**Resumen**

El objetivo fue evaluar la percepción de los ancianos sobre la ocurrencia de episodios de discriminación social e identificar factores que influyen en la discriminación social. Estudio descriptivo-correlacional, con 333 ancianos. Se utilizó la escala de Discriminación Social contra el Adulto Mayor. La mayoría eran mujeres (59,5%), edad media 76,13 años; El 83,1% se perciben como víctimas de episodios de discriminación social. Las actividades de la vida diaria ( $p = 0,000$ ), la depresión ( $p = 0,000$ ), el apoyo social funcional total ( $p = 0,001$ ), visitar o recibir visitas de familiares o amigos ( $p = 0,005$ ) influyen en la discriminación social del anciano. Se encontró que las personas mayores menos independientes en las actividades de la vida diaria, más deprimidas, con menos apoyo social funcional y que no visitan o son visitadas por familiares o amigos tienden a ser víctimas de una mayor discriminación social. Los resultados apuntan a la necesidad de una mayor atención por parte de la comunidad en general y de los profesionales de la salud en particular, para diseñar estrategias adecuadas de prevención y resolución de este fenómeno.

**Descriptores:** Anciano; Discriminación Social; Apoyo Social; Depresión; Actividades de la Vida Diaria.

**Resumo**

Objetivou-se avaliar a percepção da pessoa idosa acerca da ocorrência de episódios de discriminação social e identificar fatores que influenciam a discriminação social. Estudo descritivo-correlacional, com 333 idosos. Foi utilizada a escala de Discriminação Social Contra as Pessoas Idosas. A maioria era do sexo feminino (59,5%), média de idades 76,13 anos; 83,1% percecion ter sido vítima de episódios de discriminação social. As atividades de vida diária ( $p = 0,000$ ), a depressão ( $p = 0,000$ ), o apoio social funcional total ( $p = 0,001$ ), visitar ou receber visitas de familiares ou amigos ( $p = 0,005$ ) influenciam a discriminação social da pessoa idosa. Verificou-se que os idosos menos independentes nas atividades de vida diária, mais deprimidos, com menor apoio social funcional e que não visitam nem são visitados por familiares ou amigos tendem a ser vítimas de maior discriminação social. Os resultados apontam para a necessidade de uma maior atenção da comunidade em geral e dos profissionais de saúde em particular, de forma a traçarem estratégias adequadas de prevenção e de resolução deste fenómeno.

**Descriptores:** Idosos; Discriminação Social; Suporte Social; Depressão; Atividades de Vida de Diária.

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## Introduction

Associated with the increasing number of elderly people in today's societies, problems arise, such as social discrimination. Elderly people, due to their vulnerability, are more likely to be the target of this situation.

Discrimination can be understood as a combination of multiple forms, which include discrimination against people based on sex, racial or ethnic origin, religion or belief, disability, age, sexual orientation, gender identity or other characteristics<sup>1</sup>. It is considered a situation of discrimination when the person has these characteristics or perceives the situation as such.

According to the World Population Aging report<sup>2</sup>, the global population aged 60 years and over totaled 962 million in 2017 and is projected to reach almost 2.1 billion in 2050 and 2030. One in three Europeans will be aged over 60 and many will live on average over 20 years old. By 2050, older people will make up 35 percent of the population in Europe. Globally, the number of people aged 80 and over - the "older" people - is growing faster than the number of elderly people in general, and it is assumed that, by 2050, this age group will total 425 million. The same report notes that in 143 countries or areas for which data are available, the proportion of people aged 60 and over living "independently" - isolated or with only one spouse - varied widely, from 2.3 percent in Afghanistan to 93.4 percent in the Netherlands. In Europe, only about 20% of elderly people live with their children. In general, older women are more likely than men to live alone, twice as likely. Europe and Portugal maintain the trend of demographic aging, with an increasing proportion of elderly people and a decrease in the relative weight of young people and people of working age in the total population, as a result of the drop in birth rates, the increase in longevity and negative migratory balances.

In Portugal, in 2018, elderly people aged 65 and over represented 21.8% of the resident population<sup>3</sup>. The Center region had the lowest percentage of young people (12.2%), the second highest percentage of elderly population (24.3%) and an aging index of 199 elderly people for every 100 young people. In turn, in the Region of Beiras and Serra da Estrela, where the target municipality of this study is located, in 2019 young people represented 10.1% and people aged 65 and over represented 29% of the population<sup>4</sup>. In the operation "Senior Census 2020", carried out by the National Republican Guard<sup>5</sup>, 42,439 elderly people were identified as living alone and/or isolated, or in a situation of vulnerability, due to their physical, psychological, or other condition that could jeopardize their safety, with the District where the study was carried out in 2nd place with 4,585 seniors in this condition.

Aging has associated changes at the biological, emotional and socioeconomic level. Social isolation, social exclusion and loneliness are important social determinants. These affect the physical and mental health and well-being of older people, contributing to the risk of social discrimination. With advancing age, health problems tend to increase. However, disability, dependence or loneliness depend not only on the person's physical capabilities, but also on the surrounding physical and social environment. For

many seniors, aging is associated with an increased risk of poverty and social isolation. In particular, older women have an increased risk of social isolation compared to older men, which limits access to quality social and health services<sup>6</sup>.

These factors place elderly people in a more vulnerable situation, which increases the risk of social discrimination.

Social discrimination can be experienced for many reasons and the various forms of discrimination can overlap. It is recognized that throughout life a person may experience one or more forms of discrimination. In the case of the elderly, ageism understood as stereotypes, prejudices or discrimination against or in favor, due to age, is recognized as a significant obstacle to their well-being, being a complex domain that includes cognitive, behavioral and emotional manifestations<sup>7-9</sup>.

Discriminatory attitudes, due to age, are present in all societies and are not limited to certain social or ethnic groups. Beliefs about aging themselves can increase older people's vulnerability to age discrimination. These attitudes assume three essential components, namely: associated with beliefs or stereotypes; related to prejudice or the feelings we have and a more behavioral component that is related to actual acts of discrimination against older people<sup>10-12</sup>.

In this sense, investigations suggest that age, gender, ethnicity, sexism and racism have been associated with the perception of this type of discrimination, with perceived discrimination according to age (34.5%), gender (24, 9%) and ethnicity (17.3%)<sup>13</sup>.

Thus, people who experience their aging in a more positive way are less likely to be victims of this type of discrimination. In turn, elderly people who perceive their life in a more negative way are at greater risk of depression and isolation<sup>6,14</sup>.

Despite the methodological differences between the various studies, the prevalence values of perceived discrimination are significant. Overall, some studies report that 61% and 21.5% of the sample reported having already experienced discrimination. Middle-aged people (aged 50 to 59) reported more experiences of unfair treatment than older people, but they are less likely to attribute their experiences to age discrimination. Discrimination was significantly associated with depressive symptoms, regardless of sociodemographic and personality factors and variables linked to emigration. Perceived discrimination due to age was associated with changes in depressive symptoms over time. The same study stresses the importance of recognizing the effects of age discrimination on the self-perception of aging as a risk factor for the development of depressive symptoms at the end of life. Another study shows that recent experiences of ageism are strongly related to mental health problems, and seem to have a greater effect on the mental health of those who were younger (specifically depression), men more than women (specifically depression), and of those who identified as heterosexual as opposed to other sexual orientations (specifically general stress)<sup>14-18</sup>.



In older adults, discrimination based on age and other related personal characteristics can have consequences on health and well-being. A lower subjective health, higher burden of disease, lower satisfaction with life and higher loneliness, noting a decrease in the general state of health over the four years of the study<sup>19</sup>.

Ageism thus has negative effects on both the physical and mental health of the elderly, which requires adequate intervention.

Some studies show that interventions should be part of an international strategy to improve the perception of older people and the aging process itself. The results of a meta-analysis suggest that viable and relatively low-cost strategies involving education and intergenerational contact can serve as the basis for effective interventions to reduce ageism. Thus, it becomes important the permanent education of professionals who work with this age group, emphasizing the nurse as one of the main professionals in this process, who has the opportunity to detect in loco situations of violence against the elderly and implement interventions most suitable for each case<sup>20,21</sup>.

In Portugal, studies related to social discrimination among the elderly are scarce, one of which reveals a perception of discrimination by a significant part of the sample. In this context, 68% of the participants in the study and 50% in the investigation carried out by referred to having been the target of one or two types of discrimination due to age. A positive association of discrimination with age was also found<sup>22,23</sup>.

Overall, studies have documented a greater perception of discrimination in the context of interpersonal relationships, namely with health professionals, doctors and nurses<sup>22,24</sup>.

The present investigation aimed to evaluate the perception of the elderly regarding the occurrence of episodes of social discrimination and to identify factors that influence social discrimination. Through the identification of some factors that influence social discrimination, it is intended to contribute to the implementation of measures that respond to the needs and interests of the elderly.

## Methodology

A descriptive-correlational study was carried out in a community in the central region of Portugal, oriented towards a quantitative logic and data collection in 2019. The study objectives were presented to the participants and they were informed that they could withdraw from the research at any time. The confidentiality of the data and the anonymity of all the information collected were guaranteed, obtaining informed consent.

For the application of the evaluation protocol, authorization was requested from the researchers who applied and validated the Ageism Survey questionnaire to the Portuguese population, from the President of the Board of Directors of the Local Health Unit of the geographic area where the study was carried out, and subsequently submitted to the Ethics Committee of that unit, obtaining a favorable opinion.

The evaluation protocol consisted of the following instruments: sociodemographic characterization questionnaire, Lawton and Brody scale, Katz index, Geriatric Depression Scale; Functional Social Support Rating Scale (Duke-UNC-11 scale). Discrimination was assessed using the Social Discrimination Against Elderly Scale - Ageism Survey<sup>25</sup>, adapted for the Portuguese population<sup>22</sup>. This allows assessing the perception of the elderly person about the occurrence of episodes of social discrimination. All assessment instruments were applied through semi-structured interviews, carried out in Health Centers and Day Centers in a municipality in the central region of Portugal.

The sample, not accidental probabilistic, consists of 333 elderly people.

The following exclusion criteria were used: elderly people with a cognitive impairment, assessed using the Mini Mental State Examination.

A study of the internal consistency of the scales was carried out, obtaining values greater than 0.777 in the calculation of Cronbach's alpha coefficient in all of them, highlighting the scale of "Social discrimination against the elderly" with a value of 0.926. For the statistical treatment of data, we used SPSS (Statistical Package for Social Science), version 22. For all tests,  $p$  value  $\leq 0.050$  was set as the significance limit.

## Results

In total, 333 interviews were carried out. Of the participants, 59.5% were female. Ages ranged between 65 and 96 years, with a mean age of 76.13 years  $\pm 7.02$ ; 50.5% had the 1st cycle of Basic Education, 57.7% were married; 48.0% lived with their spouse and 27.3% lived alone.

Regarding visits from family and/or friends, 87.4% stated that they were visited. Of these, half said they were visited at least once a week.

Using the Katz index, the level of independence in activities of daily living was assessed. It was found that the elderly were more independent in eating (94.6%), using the toilet (93.1%) and moving (92.5%). Globally, 68.5% of the elderly proved to be independent, followed by 24.0% with moderate dependence and 7.5% very dependent.

The perception of the depressive state of the elderly was assessed using the Yesavage geriatric depression scale. It was found that 47.7% of the elderly perceived that they were not depressed, followed by 45.3% who showed mild depression and 6.9% severe depression.

The Duke scale (UNC-11) was applied to assess the functional social support available to the elderly. The results showed that 88.3% of the elderly revealed normal confidential support that translates the possibility of relying on people to communicate and 11.7% lacked support. 94.0% revealed normal affective support, translated by demonstrations of love, affection and empathy, while 6% lacked this support. In terms of total social support, 93.1% revealed normal support and 6.9% lacked support.

In the analysis of social discrimination of the elderly evaluated by the Ageism Survey scale, adapted to the Portuguese population<sup>22</sup> four categories of recognition of discrimination were considered: never experienced any of



the types of discrimination (no item); experienced it rarely (on one or two items); experienced it a few times (between three and five items) and experienced it several times (more than five items).

The results show that 41.1% rarely experienced any type of discrimination; 24.0% sometimes experienced some type of discrimination; 18.0% experienced some type of discrimination several times and 16.9% of the elderly never experienced any type of discrimination.

In the descriptive analysis for each item of the Ageism Survey scale (Table 1), it was found that the

situations of greater discrimination were related to the items: "They told me an anecdote that ridicules or makes fun of older people; A doctor or nurse has assumed that my pains are due to my age; Someone assumed I wouldn't hear well due to my age; Someone supposed I didn't quite understand because of my age; e Spoke condescendingly or patronizingly because of my age".

In the remaining items, the percentages of answers in the alternative "Never" were situated between 80.2%, in the item Someone told me: "You are too old" and 96.1%, in the item "They refused to rent me a home due to my age".

**Table 1.** Social discrimination against the elderly. Guarda, Portugal, 2019

Item		0	1	2
01. I was told an anecdote that ridicules or makes fun of older people.	n	123	159	51
	%	36,9	47,7	15,3
02. I was sent a birthday card that ridicules or makes fun of old people.	n	314	7	12
	%	94,3	2,1	3,6
03. I was ignored or not taken seriously due to my age.	n	275	25	33
	%	82,6	7,5	9,9
04. I was called an insulting name related to my age.	n	293	22	18
	%	88,0	6,6	5,4
05. Spoke condescendingly or patronizingly because of my age.	n	233	64	36
	%	70,0	19,2	10,8
06. They refused to rent me a house due to my age.	n	320	3	10
	%	96,1	0,9	3,0
07. Tive dificuldade em obter um empréstimo devido à minha idade.	n	312	11	10
	%	93,7	3,3	3,0
08. I was denied a leadership position due to my age.	n	308	14	11
	%	92,5	4,2	3,3
09. I was rejected for not being attractive due to my age.	n	314	10	9
	%	94,3	3,0	2,7
10. I was treated with less dignity and respect because of my age.	n	282	29	22
	%	84,7	8,7	6,6
11. A employee ignored me due to my age.	n	309	11	13
	%	92,8	3,3	3,9
12. A doctor or nurse thought my pain was due to my age.	n	204	84	45
	%	61,3	25,2	13,5
13. I was denied medical treatment due to my age.	n	309	17	7
	%	92,8	5,1	2,1
14. I was denied a job due to my age.	n	305	18	10
	%	91,6	5,4	3,0
15. I was denied a promotion due to my age.	n	315	10	8
	%	94,6	3,0	2,4
16. Someone assumed I wouldn't hear well due to my age.	n	223	67	43
	%	67,0	20,1	12,9
17. Someone assumed I didn't quite understand because of my age.	n	227	64	42
	%	68,2	19,2	12,6
18. Someone told me: "You are too old".	n	267	44	22
	%	80,2	13,2	6,6



19. My house was vandalized because of my age.	n	318	6	9
	%	95,5	1,8	2,7
20. I was victimized by a crime because of my age.	n	316	9	8
	%	94,9	2,7	2,4
$\bar{x} = 4,54$ ; $Md = 2,00$ ; $s = 6,64$ ; $x_{min} = 0,00$ ; $x_{m\acute{a}x} = 39,00$ ; $p = 0,000$				
Note: 0 – Never 1 – Once 2 – More than once				

Pearson's correlation coefficient and the respective significance test were applied in the study of the relationship between social discrimination of elderly people and activities of daily living, depression and social support.

Social discrimination is significantly correlated with levels of independence in activities of daily living ( $p = 0.000$ ), with depression ( $p = 0.000$ ) and with functional social support [confidential ( $p = 0.0018$ ), affective ( $p = 0.010$ ) and total ( $p = 0.001$ )]. Considering the indication given by the signs of the correlation coefficient values, it can be concluded that the elderly who are less independent in activities of daily living, more depressed and with less functional social support tend to be victims of greater social discrimination.

The results of the comparison of social discrimination according to the situation of the elderly visiting or receiving visits from relatives or friends, revealed the existence of significant differences in terms of social discrimination ( $t = -2.844$ ;  $p = 0.005$ ). Analyzing the mean values observed for each of the two groups, it was found that elderly people who neither visit nor are visited by family or friends ( $\bar{x} = 7.24$ ) tend to reveal greater social discrimination, in relation to those who visit or receive these visits ( $\bar{x} = 4.15$ ).

## Discussion

The aim of this study was to evaluate the perception of the elderly regarding the occurrence of episodes of social discrimination and to identify factors that influence social discrimination.

Most seniors (83.1%) perceived episodes of social discrimination. These values are higher than some studies<sup>14,15</sup>, who observed values of 61% and 21.5%, respectively. On the other hand, a study carried out in Portugal shows that 92.6% of the elderly perceive that they have been discriminated against<sup>23</sup>.

Regardless of the percentage of elderly people who showed social discrimination, it is known that ageism is recognized as a significant obstacle to their well-being, thus requiring effective intervention measures aimed at identifying it as early as possible in order to minimize manifestations. cognitive, behavioral and emotional associated with it<sup>7</sup>. The same study also shows that 50% of the elderly experienced one or two episodes of discrimination, while in our sample this figure was 41.1%. A previous study shows that 68% refer to having been the target of one or more types of discrimination episodes<sup>22</sup>, revealing another study that 24% of the elderly experienced between three and five episodes of discrimination, a value also lower than the referenced studies, 27%<sup>23</sup> and 38%<sup>22</sup>.

However, and with regard to the occurrence of a greater number of episodes of discrimination, 18.0% of the elderly in the sample revealed having experienced more than five episodes of discrimination, a value substantially higher than that presented in the studies already referenced, respectively with 14.8% and 14%, which in fact becomes worrying and requires properly planned interventions.

The situations in which there was a higher frequency of responses were in the items: 1- They told me an anecdote that ridicules or makes fun of older people (47.7%, once and 15.3%, more than once); 12 - A doctor or nurse thought that my pain was due to my age (25.2% once and 13.5% more than once); 16 - Someone assumed that I would not hear well due to my age (20.1% once and 12.9% more than once) and 17 - Someone assumed that I did not understand well due to my age (19.2% once time and 12.6% more than once).

It is with some frequency that the elderly are victims of ridicule in various manifestations in society, which, in a way, reflects the myths and stereotypes about aging. It therefore becomes necessary to join efforts on the part of all entities, in order to put into practice actions that promote and enhance a positive image of older people, to combat stigmatizing attitudes and prejudices and discrimination and social exclusion of older people. elderly people, as recommended in the National Strategy for Active and Healthy Aging 2017-2025. One of the values and principles of this national strategy is the promotion of human rights, emphasizing non-discrimination based on age and intergenerational solidarity<sup>26</sup>.

With the exception of item 1, it is possible to verify that the context and relationship in which a higher frequency of episodes of discrimination occurs is linked to health contexts, and more specifically in the interaction with a doctor or nurse, which may reveal, in these professionals the existence of stereotypes, similar or superior to the general population<sup>22,24</sup>.

This situation demands a deep reflection on care practices for this age group. It is a fact that aging causes several changes at a biological, cognitive, emotional, socioeconomic level, among others, which in themselves can lead to a greater risk for the health and well-being of the elderly person. However, health professionals, given their scientific training, must carry out a multidimensional assessment of the elderly in their practices, without any type of value judgment or discrimination based on age, thus showing competence to understand individual and cultural diversity of people who experience discrimination based on age, race or gender<sup>22,27</sup>.



Some studies, in which the respondents were professionals more directly involved in the care of the elderly, also reveal that these professionals perceive this discrimination, either directly or indirectly, as well as a different treatment for these people<sup>28</sup>.

It was found that the elderly less independent in activities of daily living tend to be victims of greater social discrimination ( $p = 0.000$ ), which corroborates what is found in the literature, as this situation of greater dependence makes the elderly more vulnerable and, consequently, exposed to a greater risk of occurrence of discriminatory episodes.

People who experience their aging in a more positive way end up having a lower propensity for discrimination<sup>6,14</sup>. On the other hand, elderly people who perceive their life in a more negative way have a higher risk of depression and isolation<sup>6</sup>. In this sense, several studies reveal that discrimination is significantly associated with depressive symptoms<sup>15-17</sup>, which corroborates the results of our investigation, which shows that the most depressed elderly people perceive themselves to be victims of greater social discrimination ( $p = 0.000$ ).

Elderly people with less social support also tend to perceive greater social discrimination [confidential ( $p = 0.0018$ ), affective ( $p = 0.010$ ) and total ( $p = 0.001$ )], as well as elderly people who do not visit or are visited by family or friends ( $p = 0.005$ ). These results may be justified by the fact that the geographic area in which the study was developed is situated, at national level, in the second position regarding the number of elderly people living alone and/or isolated, which places them in a situation of greater vulnerability and greater risk of occurrence of episodes of social discrimination.

The present study made it possible to evaluate, in the selected sample, the perception of the elderly regarding the occurrence of episodes of social discrimination and to identify factors that influence social discrimination, which allowed obtaining information about this social and health problem, which we summarize below: the occurrence of episodes of social discrimination amounted to 83.1%; 41.1% of the sample rarely experienced any type of discrimination;

24.0% experienced some type of discrimination sometimes and 18.0% experienced some type of discrimination several times; the situations in which there was a higher frequency of response were in items 1, 12, 16 and 17; elderly people who are less independent in activities of daily living, more depressed, with less functional social support and those who do not visit or are visited by family or friends tend to be victims of greater social discrimination.

Given the accentuated aging of the population and the needs of the elderly people participating in this study, it is essential to assess the occurrence of episodes of social discrimination and intervene through risk reduction measures to reduce this phenomenon, "through campaigns that promote the positive aspects ageing, promote greater knowledge about forms of discrimination and identify the contributions of elderly people to society and the advantages of intergenerational relationships"<sup>26</sup>, which will certainly contribute to obtaining individual, social and economic gains.

The limitations of the study are related to the type of sampling and its origin, being from a single region of the country, it prevents generalizations to other populations.

## Conclusion

It was concluded that, in the sample studied, episodes of social discrimination are present and are influenced by independence in activities of daily living, depression, functional social support and visiting or receiving visits from family or friends.

The results point to the need for greater attention from the community in general and from health professionals in particular, in order to devise adequate strategies for preventing and resolving the phenomenon of social discrimination.

This issue requires a coordinated, multisectoral response with the support of social and health policies. That same answer must be built on the basis of a fundamental change in the understanding of the aging process, which takes into account the great diversity of elderly populations and which responds to the inequalities that often underlie it.

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