

Self-Perception, Perceived Control and Attitude Towards Internalized Ageism Among Elderly – A Cross-Sectional Analytical Study from Central Kerala.

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Abstract—INTRODUCTION: Ageing is a complex process that profoundly affects an individual's perception of self, control over life events, and attitude towards ageing. A growing concern among the elderly is internalized ageism, which can negatively impact their mental health and quality of life (QOL). This study aimed to assess self-perception, perceived control, and attitude towards internalized ageism among elderly individuals attending a tertiary care hospital in Central Kerala. The objectives were to determine the levels of self-perception, perceived control, and internalized ageism, and to analyse the interrelationships among these variables.

METHODOLOGY: A cross-sectional analytical research design was adopted, and data was collected from 250 elderly participants using convenience sampling. Standardized tools such as the Brief Ageing Perception Questionnaire (B-APQ), Control, Autonomy, Self-realization and Pleasure-19 (CASP-19), and the Attitude Towards Own Ageing (ATOA) scale were used alongside a structured questionnaire to assess socio-clinical variables.

RESULTS: The study results showed there is a highly statistically significant weak negative relationship between self-perception and perceived control ($r = -0.197$; $p=0.384$) self-perception and attitude ($r = -0.134$; $p=0.471$) and perceived control and attitude ($r = 0.095$; $p=0.430$).

DISCUSSION: The present study was conducted to evaluate internalized ageism among elderly. The study found statistically non-significant weak correlations between the outcome variables -: self-perception, perceived control, and attitude.

Index Terms—Social security, Well-being, Internalized Ageism, Self-Perception, Perceived Control, Attitude towards Ageing; Elderly, Tertiary Care Hospital.

I. INTRODUCTION

Ageing is the progressive, continuous, and inevitable process of change that occurs in an organism over time, leading to a gradual decline in biological functions and an increased susceptibility to disease and death.¹ Internalized ageism refers to the process by which individuals adopt and apply negative age-based stereotypes and prejudices to themselves.²

Internalized ageism is a critical age-related discrimination that impacts older adults across the globe. According to the World Health Organization (WHO), ageism refers to the stereotyping, prejudice, and discrimination directed at people based on their age. Internalized ageism in which the older individuals unconsciously adopt society's negative beliefs and attitudes about aging, leading to adverse effects on their self-esteem, health behaviours, and overall QOL.³ Internalized ageism also known as self-directed ageism is the profound process by which individuals internalize and apply negative societal and cultural stereotypes about aging to themselves.

This self-prejudice manifests as self-limiting beliefs and attitudes that can severely undermine health, mental well-being, and QOL. Internalized ageism in the elderly is a serious issue that affects how older adults view themselves and their own aging process. It involves internalizing negative stereotypes and prejudices about aging, which can lead to negative health outcomes and a decreased quality QOL. Internalized ageism represents a silent battle fought within the minds of older adults, a consequence of relentless exposure to negative societal narratives about aging. Internalized ageism has significant implications for their mental, physical, and social well-being. Internalized ageism is a critical age-related discrimination that impacts older adults across the globe.⁴

According to the WHO, ageism refers to the stereotyping, prejudice, and discrimination directed at people based on their age. Internalized ageism in which the older individuals unconsciously adopt society's negative beliefs and attitudes about aging, leading to adverse effects on their self-esteem, health behaviours, and overall QOL. The WHO and the United Nations (UN) estimate that one in every two people worldwide holds moderately or highly ageist attitudes. This high prevalence of negative societal stereotypes creates a vast global reservoir from which individuals draw to form their self-perceptions. In a systematic review covering 45 countries, ageism was found to have adverse health effects, with the impact of the internalized ageism proving to be one of the strongest predictors of negative health outcomes, including reduced longevity.⁵

The rapidly increasing elderly population in India, projected to nearly double to over 20% by 2050, creates a demographic challenge that directly fuels internalized ageism among seniors. As traditional joint family structures erode due to urbanization and migration, and a modern, productivity-focused culture prevails, the elderly are often perceived as a "burden" on society and the family, replacing their traditional status of wisdom and authority. This societal shift leads to the internalization of negative age stereotypes—reinforced by media and institutional practices (like dismissive healthcare)—where older adults start believing they are inherently weak, dependent, or worthless. This self-directed prejudice, a form of internalized ageism, causes them to restrict their own activities, avoid seeking

necessary medical care (thinking their ailments are "just age"), and ultimately leads to depression, social isolation, and poorer health outcomes, compounding the challenges posed by their increasing numbers.⁶

As per the Report of the Technical Group on Population Projections for India and States 2011-2036, State-wise data on elderly population of 21 major states divulge that Kerala has the maximum proportion of elderly people in its population (16.5%) followed by Tamil Nadu (13.6%), Himachal Pradesh (13.1%), Punjab (12.6%) and Andhra Pradesh (12.4%) in 2021. On the contrary, proportion is the least in the States of Bihar (7.7%) followed by Uttar Pradesh (8.1%) and Assam (8.2%).⁷

Kerala possesses India's highest proportion of older adults, with the elderly population (age 60+) estimated at approximately 6.5 million in 2021, constituting about 16.5% of the state's total population, a figure projected to rise. This demographic reality is congruent with concerns over rising internalized ageism as rapid social change—driven by factors like younger generations migrating out and the feminization of aging (more older, often widowed women)—weakens traditional support systems, leading many older Keralites to internalize negative stereotypes about aging, which manifests as feelings of being a burden, lacking social value, and experiencing an increase in psychological distress and perceived social neglect.⁸

Ernakulam district, located in the state of Kerala, exhibits a particularly pronounced trend in population aging, even compared to the already rapidly aging state and national averages." In 2011, Ernakulam had a total population of 3,282,388, with a significant number of senior citizens. More recently, voter demographics for Ernakulam revealed that individuals aged 60 and above constitute a considerable proportion, with 711,290 elders making up 27% of the total 2,638,106 voters in the district. According to a United Nations Development Programme (UNDP) Planning Commission Report 'Growing Old in Kerala, 23% of the total elderly living in old-age homes across the state are in Kochi (Ernakulam district).⁹

Internalized ageism is a growing global concern, particularly in aging societies. The pervasive and potentially damaging nature of internalized ageism on the well-being and health behaviours of older adults, there is a clear and urgent necessity to conduct

dedicated study in this scenario. Such research will move beyond merely recognizing the existence of the issue to quantifying its prevalence, identifying its specific manifestations, and elucidating its precise impact on the elderly population. The findings will be crucial for developing targeted and effective interventions to mitigate the negative consequences of self-directed negative age stereotypes, ultimately promoting healthier aging and improving the QOL for older individuals.¹⁰

The objectives of the study were to determine the self-perception, perceived control and attitudes of internalized ageism among elderly, analyse the relationship between the self-perception and perceived control of internalized ageism among elderly, also to evaluate the relationship between self-perception and attitude of internalized ageism among elderly and to test the relationship between perceived control and attitude of internalized ageism among elderly.

II. MATERIALS AND METHODS

The study is a cross-sectional analytical study conducted to evaluate internalized ageism among elderly. The participants were elderly individuals attending selected OPD's of M.O.S.C Medical Mission Hospital, Kolenchery. The total sample is 250 elderly individuals. The inclusion criteria were elderly who are greater than or equal to 60 years attending selected OPD's either as a patient or bystander who are able to read, write and understand Malayalam.

Description of the tools

The tool was developed in accordance with the study's objectives. Socio-clinical variable is a structured questionnaire which consists of 2 sections. Section A includes socio demographic characteristics with 9 items and Section B comprises clinical variables with 5 items. Brief Aging Perception Questionnaire is a standardized tool which explores various aspects of aging perceptions, including emotional responses, perceived control, and the impacts of aging on different life domains. The CASP 19 Questionnaire is a standardized to assess QOL in older adults. The Attitude Towards Own Aging (ATOAA) is a standardized to assess older

adults' self-perception of aging and how that affects their mental health and QOL.

Reliability and content validity of the tool.

The Brief Aging Perception Questionnaire, CASP 19 Questionnaire, Attitude Towards Own Aging Questionnaire are standardized tools used to assess internalized ageism among elderly. The Brief Aging Perception Questionnaire consists of 17 items to assess how older adults perceive their own aging, with a reported reliability coefficient of $r = 0.76$. The CASP 19, comprising 19 items, for measuring quality of life in older adults, with a high reliability coefficient of $r = 0.80$. Attitude Towards Own Aging consists of 5 items to measure how individuals perceive and feel about their own aging process, with a reported reliability coefficient of $r = 0.70$. These tools were translated into Malayalam and then back translated into English to ensure accuracy and conceptual equivalence, thereby maintaining the integrity of the original items across languages.

Pilot Study

A pilot study was conducted among 96 elderly individuals attending the medical units of M.O.S.C. Medical Mission Hospital, Kolenchery, using convenience sampling after obtaining institutional approval and informed consent. Data were collected on May 19, 2025, using socio-clinical variables, a brief perception questionnaire, CASP-19, and the Attitude Towards Own Aging questionnaire. The study confirmed feasibility, though challenges related to data collection area and participants' readability were identified and addressed in the main study.

Plan for data collection

Data collection was carried out over a five-day period, from May 20th to May 24th, 2025. The ethical clearance was granted by the IRB of M.O.S.C. Medical Mission Hospital. Permission to conduct the study was obtained from the Medical Superintendent of M.O.S.C. Medical Mission Hospital, Kolenchery. Informed consent was obtained from the study participants. Participants were identified based on the inclusion criteria and elderly individuals approached at the medical units of the hospital. The convenience sampling technique was used to recruit 250 elderly individuals who fulfilled the inclusion criteria. Written informed consent was obtained from each

participant after explaining the purpose of the study. Participants were assured of confidentiality, and their participation was entirely voluntary.

Data was collected using a self-administered questionnaire consisting of three parts: the Structured Socio-clinical variables, Standardized Brief Aging Perception Questionnaire, CASP19 Questionnaire and Attitude Towards Own Aging (ATOA). The average time taken to complete the questionnaire was approximately 20 minutes per participant and the total data collection process was completed within one week. The researchers read the questionnaire to the study participants and helped to complete the tools.

Plan for Data Analysis

Descriptive and inferential statistics used to assess the statistical analysis was performed using SPSS software. The categorical variables were summarized using frequencies and percentages, while quantitative variables were summarized using mean and standard deviation, as the data were normally distributed. The Kolmogorov–Smirnov (KS) test was used to assess the normality of the data. Pearson’s correlation coefficient was used to assess the relationship between self-perception, perceived control, attitude towards internalized ageism among elderly attending tertiary care hospitals. A p-value of <0.05 was considered statistically significant.

III. RESULT

Section 1: Description of study participants according to socio clinical variables.

As presented in Table 1, the largest proportion of study participants (71.6%) belonged to the 60–74 years age group. The majority were females (50.8%) and a considerable proportion (81.6%) of subjects were under graduates. Majority of participants (88.8%) were married. Approximately 115 participants (46%) were unemployed. Over half (52.8%) reported a monthly household income between Rs. 20,000-50,000/-, and approximately 147 participants (58.8%) were Christians. Additionally, 72% of the participants were from nuclear families. A significant majority (70.8%) of participants were living with children. Comorbidities were present in majority (83.2%) of the study participants, among which 4.8% respondents had cancer, 19.6% had heart

diseases. About 7.2% reported history of stroke and 10.4% have kidney disease. Only 6.8% have liver disease. Over half (56.8%) reported diabetes mellitus and 54% have hypertension. About 42.4% participants have cholesterol. Additionally, 6.8% have other diseases.

Majority of the participants (56%) sleeps for 5-7 hours. 79.2% did not have urinary incontinence. 72% of participants have physiological changes. However, most of the participants did not have hearing loss (70%) or tremors (88%). 53.6% of participants have joint pain. About 86.4% and 65.2% did not have COPD and memory loss respectively. Moreover 7.60% have other diseases.

Section 2: Distribution of study subjects according to their level of self-perception, perceived control and attitude towards internalized ageism among elderly.

The results indicated that about 81.2% of participants had neutral/mixed perception of internalized ageism, while 16.0% of the participants exhibited a more negative perception. Only 2.8% of the participants demonstrated a more positive perception of aging. This distribution indicates that most elderly individuals tend to view aging with neutrality/ambivalence, while a notable proportion perceive it negatively, and a very small minority maintain a positive self-perception in the context of ageism.

Most of the respondents (63.2%) demonstrated a moderate quality of life. Followed by 24.4%, who showed a good QOL and 12.4% of elderly individuals experienced a low QOL. A smaller yet significant group enjoys good QOL, while only a few reports low QOL.

The finding reveals that a majority (56.4%) of the participants exhibited a neutral/ambivalent attitude towards internalized ageism. In contrast 29.2% of participants showed a negative attitude suggesting that considerable proportion of the elderly population internalized negative stereotypes or beliefs about aging. Meanwhile, only 14.4% of the participants demonstrated a positive attitude.

Section 3: Relationship between self-perception and perceived control of internalized ageism among elderly.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = -0.197$, $p = 0.384$).

The participants with a more positive perception, 42.9% had moderate QOL and 42.9% had good QOL. Participants with neutral or mixed perception, 64.5% had moderate QOL and in more negative perception, 60% had moderate QOL, at $p=0.384$.

Section 4: Relationship between self-perception and attitude of internalized ageism among elderly.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = -0.134$, $p = 0.471$).

The participants with a more positive self-perception, 42.9% had a negative attitude, 42.9% had a neutral/ambivalent attitude and only 14.3% had a positive attitude. Participants with neutral or mixed self-perception, the majority, 57.1%, held a neutral or ambivalent attitude and in more negative self-perception 55% showed neutral/ambivalent attitude, at $p = 0.471$.

Section 5: Relationship between perceived control and attitude of internalized ageism among elderly.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = 0.095$, $p = 0.430$).

The participants with a low QOL, 54.8% had a neutral/ambivalent attitude. Participants with moderate QOL, 53.8% had a neutral/ambivalent attitude and in good QOL, 63.9% had a neutral/ambivalent attitude, at $p=0.43$.

IV. DISCUSSION

The present study aimed to assess the self-perception, perceived control and attitude towards internalized ageism among elderly. The findings of the study were discussed under the following headings.

Description of socio-clinical variables of elderly individuals

The present study indicated that the 71.6% of participants belonged to the age group of 60–74 years, and 50.8% were females. A significant portion of the participants 58.8% identified as Christian, while 88.8% were married. Additionally, 81.6% had primary/secondary education, 46% were

unemployed, 72% were from nuclear families. A substantial number of 70.8% living with children and 52.8% reported a monthly income between Rs.20000 and Rs.50000.

The majority of participants 65.6% had normal BMI, 79.2% had no complaints of urinary incontinence and 56% had 5-7 hours of sleep. A significant majority 83.2% have comorbid disease, in which 56.8% had diabetes mellitus. Among the participants 72% had physiological changes, especially 53.60% had joint pain.

The findings of the study align with those of a study conducted in Centre for Development Studies (CDS) in Thiruvananthapuram, Kerala, which indicated that the majority of the participants were in a age group of 60 and above, were equal participation of males and females, married, belong to nuclear families, and most suffered chronic conditions such as diabetes and hypertension. Additionally, the study reported chronic conditions and disabilities included visual problems, joint pain/arthritis, oral diseases, and falls, with a notable proportion experiencing multi morbidity.¹¹

Description of self-perception towards internalized ageism among elderly.

The present study disclosed that 81.2% of the study participants have neutral/mixed perception of internalized ageism, there remains 16% with more negative perception.

A cross-sectional study was conducted among 764 Urban older adults in China to explore the variables like self-perception, quality of life and attitude towards own aging. Data was collected through validated scales such as Self-perceived Stigma Scale. Pearson correlation examined relationships among self-perception, quality of life and attitude toward aging. Significance was set at $p < 0.05$. The result of the study found that higher self-perceived stigma was linked to lower quality of life among urban Chinese older adults. A positive attitude toward one's own aging and stronger traditional values both weakened this negative association.¹²

Description of perceived control towards internalized ageism among elderly.

The present study indicated that most of the respondents, 63.2%, demonstrated a moderate QOL.

This could imply that internalized ageism may be influencing their sense of perceived control, which in turn affects their QOL.

A cross-sectional study was conducted among 999 people aged 65 and above in Britain to investigate the QOL among older people with poor functioning and the influence of perceived control over life. Data collected through face-to-face interview survey. Significance was set up at $p < 0.001$. The study found that better self-rated health, lower burden of chronic disease, not having fallen, higher social engagement and higher levels of perceived control very life, distinguished between people who had difficulties with physical functioning and who perceived their QOL to be 'good', rather than 'not good'.¹³

Description of Attitude towards internalized ageism among elderly.

The finding reveals that a majority of 56.4% of the participants exhibited a neutral/ambivalent attitude towards internalized ageism. Enhancing awareness and fostering resilience in older adults may shift neutral or negative attitudes towards more positive self-perceptions and improved well-being.

A descriptive study was conducted among 450 participants aged 65 years and above in South Korea to investigate the relationship between attitudes toward aging and depression among community-dwelling older adults. Data was collected using Attitudes to Ageing Questionnaire (AAQ) and the Geriatric Depression Scale (GDS) and analysed using SPSS version 25. Significance was set up at $p < 0.005$. Results showed a significant association between negative attitudes toward aging and higher levels of depression. The study concluded that addressing internalized ageism could help reduce psychological distress among the elderly.¹⁴

Description of the relationship between self-perception and perceived control.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = -0.197$, $p = 0.384$). The median and standard deviation were used to analyze the data, the level of significance is > 0.005 indicating statistically non-significant.

A study conducted in United States assessed the relationship among self-perception and perceived control. The results revealed that the self-perception

was negatively correlated with perceived control ($p > 0.05$).¹⁵

A cross-sectional study was conducted among 764 urban older adults in China, to assess the status of self-perceived stigma, identify its relationship with QOL, and explore the moderating roles of attitude toward own aging and traditionality. Data was collected using face-to-face interviews. The study found that an average self-perceived stigma score of 2.041 ± 0.726 . Both self-perceived stigma ($\beta = -0.391$, $p < 0.05$) and attitude toward own aging ($\beta = -0.211$, $p < 0.05$) significantly negatively influenced QOL. Attitude toward own aging ($\beta = -0.530$, $p < 0.05$) and traditionality ($\beta = -0.525$, $p < 0.05$) significantly moderates this relationship, indicating that higher negative attitudes toward aging and traditionality intensified the negative impact of self-perceived stigma on quality of life. The study concluded that self-perceived stigma reduces quality of life in urban Chinese older adults, with this negative impact intensified by negative attitudes toward one's own aging and higher traditionality.¹⁶

Description of the relationship between self-perception and attitude.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = -0.134$, $p = 0.471$). The level of significance is > 0.005 indicating statistically non-significant.

A study conducted in United States assessed the relationship among self-perception and attitude. The result revealed that no significant correlation between self-perception and attitude ($p > 0.05$).¹⁷

A pilot study conducted by Dallas Murphy, among 72 community-dwelling older adults in Canada. It aimed to reduce internalized ageism and improve self-perceptions of aging using education, Acceptance and Commitment Therapy (ACT), and attribution retraining. The results showed a significant improvement in self-perception of aging (effect size $d \approx 0.37$, $p < 0.001$) and positive shifts in attitudes toward aging ($d \approx 0.27$, $p < 0.001$). The study supports the idea that neutral or ambivalent attitudes are common among older adults and highlights the potential for improvement when appropriate psychological and educational strategies are applied.¹⁸

Description of the relationship between perceived control and attitude.

The present study revealed a very weak negative correlation, which was not statistically significant ($r = 0.095$, $p = 0.430$). The level of significance is > 0.005 indicating statistically non-significant.

A study conducted in Canada, assessed the relationship among perceived control and attitude. The results revealed that there was no significant direct relationship between perceived control and attitude ($p=0.85$).¹⁹

A cross-sectional study conducted by Lachman and Weaver in United States involved a sample of 2,000 older adults. They examined the relationship between perceived control and various psychological outcomes, including attitudes toward aging and QOL. The results revealed a weak to moderate positive correlation between perceived control and positive attitudes, but importantly, many participants still reported neutral or ambivalent attitudes despite moderate levels of perceived control.²⁰

V. CONCLUSION

This chapter presents the conclusions drawn and policy implications. This study was conducted to assess the self-perception, perceived control and attitude towards internalized ageism among 250 elderly individuals who are above 60 years, attending medical units M.O.S.C. Medical Mission Hospital, Kolenchery. The data was collected using structured and standardized tools (Socio-clinical variables, TOOL-1 Brief Aging Perceptions Questionnaire, TOOL-2 CASP-19, TOOL-3 Attitude Towards Own Aging) and were analyzed using 'SPSS' software. The study findings revealed that the majority (81.2%) of the subjects had neutral/ambivalent perception, 63.2% of the subjects had moderate QOL and 56.4% of the study participants had neutral/ambivalent attitude towards internalized ageism. There were statistically non-significant weak negative relationship between the self-perception and perceived control ($r= -0.197$ & $p=0.384$), self-perception and attitude ($r= -0.134$ & $p=0.471$) and perceived control and attitude ($r=0.095$ & $p=0.43$) towards internalized ageism among elderly.

VI. CONFLICT OF INTEREST

The authors have no conflicts of interest regarding this investigation.

VII. ACKNOWLEDGMENTS

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