

Original Article

Ageism Attitude towards Elderly: Young Perspective

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Abstract

Aim: To determine young peoples' attitudes towards ageism.

Methods: Cross-sectional descriptive design study, conducted with 78 community-dwelling young people (aged 18–25 years). Socio-demographic questionnaire and Ageism Attitude Scale (three subscales, high scores indicating positive attitude, max.115) were used for data collection.

Results: Mean score of Ageism Attitude Scale was 81.5 ± 8.9 indicating that young people's attitudes towards aging and ageism were positive. Young unmarried people had significantly higher scores than young married people. Scores of young people planning to live with their parents when they get older were higher than those who did not plan to live with any older adults ($p < 0.05$).

Conclusion: Programs focusing children education about aging and elderly needs to be developed to sustain positive attitudes towards the elderly and aging.

Keywords: Aged, ageism, attitude, nursing, young people, cross-sectional study

Introduction

With the significant rise in life expectancy, the proportion of older adults in the world is increasing, which has led to a continuous aging of our population across the globe (Population Reference Bureau 2015). Current demographic change, referred to as "population aging," brings new challenges for the elderly and their families (WHO 2015). These challenges are expected to occur in areas such as the utilization and delivery of health care services and resources, organization and financing of social services, care of the elderly within the family, social support, compliance with the aging process, and income support for elderly populations (WHO 2015).

Experiences of elderly and their families have a major impact on a society's perceptions of old

age, which result in changes in behaviors and attitudes toward the elderly (Cilingiroglu & Demirel 2004; Akdemir et al 2007). Society's attitude towards old age is greatly influenced by certain characteristics including the individual's age, past experiences, cultural beliefs, values, and educational background (Akdemir et al 2007). While many Eastern societies associate old age with wisdom, open-mindedness, tolerance, experience, and authority, most Western societies and some African countries perceive old people as diseased, skeptical, and conservative individuals (Musaiger & D'Souza 2009; Okoye & Obikeze 2005).

This negative perception leads members of society to view old age as an unfavorable status or condition, which then leads to age discrimination in society. Age discrimination, or

“ageism,” is defined as different attitudes, prejudice, actions, behaviors, and institutional arrangements against or in favor of an individual or group of people on the grounds of age (Palmore 1999). Recent studies have found that the attitude toward old age tends to change in a positive way with increasing age (Hweidi & Al-Obeisat 2006). As young individuals join the work force, they might frequently interact with elderly or perform a job related to the primary care of the elderly. Misconceptions about aging and negative attitudes of those population may impair behavior towards older adults, communication, and the quality and effectiveness of services provided (Gething et al 2004). For a realistic national development plan and successful implementation, countries need to determine how their society, particularly the youth, perceive old age and the expectations of the elderly. As nurses are active players in handling age discrimination, it is important identifying communities’ attitude towards the elderly to develop a better understanding of society and use appropriate approaches, programs (WHO 2015; Akdemir et al 2007).

The aim of this study was to determine the attitudes of community dwelling young people towards ageism and related factors of the attitudes.

Methods

Design and setting

This cross-sectional study aimed to determine the attitudes of community dwelling young people towards ageism and related factors of the attitudes. Study was conducted between April 10th and May 15th, 2012, in the Bademlidere district of Ankara. Each interview was conducted at the participant’s house in a comfortable environment, for approximately 20–25 min. Data were collected using face-to-face interviews. Written approval was obtained from the administration department of nursing school and informed consent was obtained from the participants prior to the study. Study was done in consideration of Helsinki Declaration.

Setting and samples

Study sample, with using convenience sampling method, consisted of 78 community dwelling young people aged 18–25 years. The total population of the district was 1696, and 288 were in the 18–25 age group (dated 2012, according to districts’ population and citizenship affairs

department records). Inclusion criteria for the study were age (between 18–25 years), not having difficulties with communication, and willing to participate in study. Although this study was designed to include both genders aged between 18–25 years, the participants were all women. This was primarily due to potential male participants being at work during the day (while the interviews were being conducted), and female participants being at home. All individuals who were at home and available during the data collection period and eligible for the study were included in the sample.

Measures

For data collection, a socio-demographic questionnaire and the Ageism Attitude Scale (AAS) were used. Questionnaire included 21 questions about socio-demographic characteristics of young people and their experience of living with and caring for the elderly.

The AAS was developed by Vefikulucay Yılmaz and Terzioglu (2011) to determine young people’s (aged 18–25 years) attitudes towards ageism. Scale contains 23 items and three subscales—restricting life of elderly, positive ageism, negative ageism. The scale items are scored on a 5-point Likert scale. The items including negative attitude sentences 1, 3, 5, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22 were reversely coded. The highest score for the scale was “115” and the lowest was “23.” Higher overall scale scores shows positive attitudes towards ageism and lower scores indicates participants’ attitudes were more negative. High scores obtained on the subscales of AAS, “restricting life of elderly” (min: 9; max: 45), “positive ageism” (min: 8; max: 40) and “negative ageism” (min: 6; max: 30) indicated more positive attitudes towards ageism and lower scores showed attitudes were more negative (Vefikulucay & Terzioglu 2011).

Data analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS version 16.00) for Windows. Descriptive statistics and Mann-Whitney U tests were used to compare two groups, and the Kruskal-Wallis H test was used to compare three or more groups (Kolmogorov-Smirnov test for AAS $Z=0.709$, $p<0.05$). While the socio-demographic characteristics of the participants were used as independent variables,

the AAS scores were used as dependent variable. p value less than 0.05 was considered statistically significant.

Results

General characteristics of participants

Mean age of the participants was 22.4 ± 2.2 (min:18; max:25), all participants were female; 56.4% were single, 48.7% primary school graduates. Among the participants, 73.1% spent most of their life in a province, 52.6% of participants' income was equal to their expenses, and 87.2% had no chronic diseases. Fifteen percent (15.4%) of participants identified their family type as an extended family, and 43 people stated that they currently or previously lived with an older family member (among all the participants 11.5% were currently living with and 50% lived previously with an older family member), (Table 1).

General characteristics of the elderly individuals living with the participants

Of the participants who reported that they currently or previously lived with an older family member, 54.2% stated that they lived with them due to the care needs of the elderly who consisted of grandmothers (46.3%), grandfathers (29.3%), mothers-in-law (17.1%), parents (4.9%), and other relatives (2.4%) of the participants. Three quarter (38.9%) of the elderly living with their family had at least one chronic disease, and 40.6% were dependent on others for activities of daily living (Table 2). In addition, 54.7% experienced problems such as an inability to walk (21.7%) and vision problems (26.1%). Mean duration of care was 44.36 ± 41.9 months, which included assistance with feeding and mobility (respectively 31.5%, 31.5%). All participants who provided care for their older family member reported receiving support from a relative, usually a sibling (45.4%).

Attitudes of participants towards aging and ageism

With respect to defining old age, participants used both positive and negative terms such as compassion (65.4%), disease (56.4%), loneliness (47.4%), weakness (42.3%), childishness (37.2%), wisdom (34.6%), dependence (28.2%), commitment (26.9%), happiness (23.1%), cognitive impairment (17.9%), hopelessness (14.1%), and social isolation (3.8%). Majority of the participants (78.2%) stated that they

want/plan to live with their parents in the future for reasons such as family bonds (37.1%), responsibility (27.7%), and need for care (24.1%); whereas 17.9% stated that they do not want/plan to live with their parents partly because of concerns such as lack of privacy (70%) and conflicting views and opinions (30%). Mean score of the participants for AAS was 81.5 ± 8.9 , which indicated that participants had positive attitudes towards ageism. Mean scores for the subscales of the AAS, i.e., "restricting life of elderly", "positive ageism," and "negative ageism," were 33.3 ± 4.4 , 26.5 ± 4.2 and 17.4 ± 3.8 respectively, showing positive attitudes within each dimension (Table 3).

Participants aged 21–25, university graduate, reported their income level as equal to expenses, had chronic disease, and member of a nuclear family had higher mean scores and more positive attitudes than the other groups ($p < 0.05$). Mean scores on the AAS were higher in single participants as compared to married ones and this difference was statistically significant ($p = 0.003$) (Table 4). Mean scores of participants in the 21–25 age group for the "restricting life of elderly" subscale were higher than those aged 20 or below ($p = 0.029$); whereas single individuals had higher mean scores than those who were married, and these differences were found to be statistically significant ($p = 0.003$). In addition, scores on this subscale significantly increased as the level of education increased ($p = 0.033$), (Table 4). The mean scores of single individuals on the subscale "negative ageism" were higher than those of married individuals ($p = 0.004$), and scores increased significantly with an increase in the educational level ($p = 0.045$) and the income level ($p = 0.005$), (Table 4). The mean AAS scores of the participants currently living with elderly individuals were similar to those of individuals who did not live with any elderly individuals. However, the respondents reported previous experience of living with an older family member had higher scores, indicating more positive attitudes. In addition, individuals planning to live with their parents in the future had significantly higher AAS mean scores ($p = 0.022$), indicating more positive attitudes compared to those not plan to live with their elderly parents. Another important finding was that attitudes towards ageism were more positive in participants had a chronic disease, provided care for the elderly with their activities of daily living, and cared for the elderly for 45 months or more (Table 5).

Table 1 Descriptive Characteristic of the Participants

Characteristics (n)	n	%
Age (22.4±2.2) (min:18; max:25)		
20 years or below	16	20.5
21-25 years	62	79.5
Marital status		
Married	34	43.6
Single	44	56.4
Educational level		
Primary school	36	48.7
High school	23	29.5
University	17	21.8
Income status		
Less than expenses	31	39.7
Equal to expenses	41	52.6
Higher than expenses	6	7.7
Diagnose with chronic diseases		
Yes	10	12.8
No	68	87.2
Family type		
Nuclear family	66	84.6
Extended family	12	15.4

Table 2 Characteristics of the Elderly Individuals Living with the Participants

Characteristics (n)	n	%
Closeness		
Grandmothers	19	46.3
Grandfathers	12	26.3
Mothers-in-law	7	17.1
Parents	2	4.9
Other relatives	1	2.4
Diagnose with chronic diseases		
Yes	14	38.9
No	22	61.1
Dependent on others for activities of daily living		
Yes	13	40.6
No	19	59.4

Table 3 Ageism Attitude Scale and Subscale Scores (n=78)

Total Score of AAS (mean±SD)	81.5±8.9
Subscales of AAS (mean±SD)	
Restricting the Life of the Elderly	33.3±4.4
Positive Ageism	26.5±4.2
Negative Ageism	17.4±3.8

AAS, The Ageism Attitude Scale; SD, Standard Deviation

Discussion

Changes in socio-demographic structure of society, as well as problems experienced by the elderly and their families, have influenced perceptions of the elderly and old age, which leads to attitudinal and behavioral changes (Cilingiroglu & Demirel 2004; Akdemir et al 2007). Early research on views about aging and attitudes towards the elderly were predominantly negative (Haight et al 1994). Similar terms such as illness, loneliness and dependence were also mentioned in a previous study (Kotzabassaki et al 2020). In another study sampled individuals aged 15–30 years in Nigeria, authors reported the use of negative terms while defining the elderly such as childish, diseased, conservative, and skeptical (Okoye & Obikeze 2005). Consistent with national and international research, the results of our study showed that negative attitudes were more prevalent in society, and participants' top six views about old age included terms such as compassion (65.4%), disease (56.4%), loneliness (47.4%), weakness (42.3%), childishness (37.2%), and dependence (28.2%). These findings may be associated with the physiological changes that occur with aging, an increase in the number of chronic diseases, and subsequently, an increase in dependency among the elderly with respect to activities of daily living.

Although the responses of participants illustrated a negative perception about aging, their attitudes towards ageism were found to be more positive. This positive attitude was thought to have resulted from the ongoing changes of concepts in Turkish culture related to old age. These changes include concepts such as respect for the elderly, listening to and complying with what they say, standing up to protect the elderly, which were traditional and invariable expectations. In previous literature, studies have reported both

positive and negative attitudes toward the elderly and aging (Hweidi & Al-Obeisat 2006; Alsenany 2016; Prudent & Tan 2002; Soderhamn et al 2001; Wang et al 2009). According to the studies, while most eastern societies had positive attitudes towards older adults (Hweidi & Al-Obeisat 2006; Alsenany 2016; Wang et al 2009), western societies were more likely to hold negative attitudes toward the elderly (Prudent & Tan 2002; Soderhamn et al 2001). For our country, Usta et al (2012) reported an AAS total score of 84.0 ± 17.61 ; Yılmaz and Ozkan (2010) reported AAS mean score as 100.92 ± 5.62 . These positive findings can be explained by the preservation of Eastern cultural values by Turkish society regarding traditional family structure, where older adults are valued and highly respected (Yılmaz & Ozkan 2010). The analysis of AAS mean scores according to certain socio-demographic characteristics demonstrated that participants who were in the 21–25 age group, university graduates, reported income level equal to expenses, had chronic diseases, and lived in a nuclear family had higher mean scores and more positive attitudes than other groups ($p < .05$). Okoye and Obikeze (2005) reported that individuals with a higher level of education had more positive attitudes towards the elderly. In a study by Hweidi and Al-Obeisat (2006) older college students, men, and more years of experience had more positive attitudes, whereas students with high-income status had negative attitudes towards the elderly. Previous literature has also shown that women had more positive attitudes towards the elderly (Hweidi & Al-Obeisat 2006; Alsenany 2016; Wang et al 2009). In addition, the attitudes of single people towards the elderly found to be more positive than those of married individuals ($p < 0.05$). This result may be explained by the burden of caregiving experienced by housewives who have to meet

other additional expectations. This may lead to more negative attitudes towards the elderly among married individuals.

In our study, the attitudes towards ageism were more positive in participants with a chronic disease, among those who provided care for the elderly with activities of daily living and those giving care for 45 months or more. These findings can be explained by the fact that all our participants were women, who often had to play the role of a caregiver, as well as by the cultural and religious values prevalent in Turkish society that value helping the elderly and other people in need of help.

When comparing the mean total scores on the AAS and the reported willingness to live with one's parents in the future, it was found that respondents with one parent or both parents alive and those willing to live with them in the future had a significantly more positive attitude towards the elderly ($p < 0.05$). Usta et al (2012) found similar results, where individuals who wanted to live with their parents in the future had more positive attitudes toward older adults. Two studies from Turkey reported that students who wanted to live with their parents in order to support them in their old age had more positive attitudes towards the elderly (Vefikulucay & Terzioglu 2011; Yilmaz & Ozkan 2010). This is believed to have stemmed from the cultural value of fulfilling family responsibilities and a strong commitment to family that exists in Turkish culture.

The respondents in our study stated that they were not willing to live with their parents, partly due to concerns of privacy (70%). In a study by Yilmaz and Ozkan (2010), participants reported that they did not want to live with their parents because it would disturb the order of the household (42.1%). In another study, participants quoted the following reasons for not being willing to live with their parents, "I like to live alone" (45.9%), "I believe it is appropriate to live in separate houses" (38.5%), and "I do not want them to interfere with my life" (15.6%) (Prudent & Tan 2002). Other reasons for not wanting to live with parents found in previous literature include "wanting to enjoy freedom" and "viewing parents as burden" (Güven et al 2012).

Conclusion

In conclusion, participants had positive attitudes towards ageism whereas they were more likely to

have negative thoughts about aging. In addition, positive attitudes were more common among single individuals, those with a high level of education and income, and among individuals willing to live with their family in the future. We suggest that a nationwide program be initiated that educates children about aging and older adults, in order to sustain and increase positive attitudes towards the elderly and old age in general. In addition, the government should take initiatives including national legislation and policies to eliminate or prevent age discrimination.

Limitations of the Study

Study was conducted with a small group living in the community, who were all female. Our study let us drawing conclusions for society due sampling from community where as the small sample size, and gender of participants; limited our results to generalize to other groups.

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Table 4 Scale scores according to socio-demographic characteristics of the participants (n=78)

Characteristics (n)	Total Score		Restricting Life of Elderly		Positive Ageism		Negative Ageism	
	Mean±SD	Analysis	Mean±SD	Analysis	Mean±SD	Analysis	Mean±SD	Analysis
Age								
20 years or below (16)	79.0±8.5	Z:-1.530	31±3.4	Z:2.184	26.3±3.7	Z:0.584	16.9±3.5	Z:0.516
21-25 years (62)	81.5±8.9	p:0.126	33.9±4.4	p:0.029	26.5±4.2	p:0.559	17.5±3.9	p:0.606
Marital status								
Married (34)	78.1±6.7	Z: -2.956	31.7±4.1	Z:2.961	26.3±4.3	Z:0.506	16.1±3.8	Z:2.844
Single (44)	84.1±9.6	p:0.003	34.5±4.3	p:0.003	26.6±4.1	p:0.613	18.5±3.5	p:0.004
Educational level								
Primary school (38)	80.0±9.7	KW:4.588 p: 0.205	32.1±4.6	KW:6.806 p:0.033	26.7±4.4	KW:0.452 p:0.798	16.6±4.3	KW:6.186 p:0.045
High school (23)	82.2±6.8		33.8±3.8		26.4±2.9		17.5±2.9	
University (17)	84.4±10.9		35.2±4.1		25.8±5.3		19.1±3.4	
Income status								
Less than expenses (31)	79.0±8.4	KW:5.282 p: 0.071	32.3±3.8	KW:4.340 p:0.114	26.4±3.8	KW:1.561 p:0.458	15.8±3.3	KW:10.75 6 p:0.005
Equal to expenses (41)	83.2±8.0		33.6±4.3		26.9±3.8		18.4±3.8	
Higher than expenses (6)	82.1±14.7		36.5±6.4		23.1±7.1		18.8±3.7	
Diagnose with chronic diseases (participant)								
Yes (10)	83.6±10.01	Z:-0.688	34.7±5.1	Z:0.779	27.4±2.0	Z:0.571	16.9±3.3	Z:-0.615
No (68)	81.1±8.81	p:0.491	33.1±4.3	p:0.436	26.3±4.4	p:0.568	17.5±3.9	p:0.538
Family type								
Nuclear family (66)	82.1±9.09	Z:-1.553	33.4±4.4	Z:-0.500	26.8±3.9	Z:-1.677	17.4±3.8	Z:-0.285
Extended family (12)	78.1±7.5	p:0.120	32.5±4.1	p:0.617	24.4±5.1	p:0.094	17.2±3.8	p:0.776

SD, Standart Deviation; KW, Kruskal Wallis Test

Table 5 Scale scores according to status of living with the elderly and characteristics of the elderly individuals lived with

Characteristics (n)	Total Score		Restricting the Life of the Elderly		Positive Ageism		Negative Ageism	
	Mean±SD	Analysis	Mean±SD	Analysis	Mean±SD	Analysis	Mean±SD	Analysis
Currently living with elderly								
Yes (9)	80.5±7.1	Z:0.525	33.7±3.9	Z:-0.896	25.6±3.9	Z:-0.581	16.7±2.4	Z:-0.102
No (69)	81.6±9.2	p:0.599	33.2±4.5	p:0.370	26.5±4.2	p:0.561	17.5±4.0	p:0.919
Previous living experience with elderly								
Yes (34)	83.4±9.1	Z:-0.941	33.7±4.8	Z:-0.888	27.0±3.9	Z:-1.410	18.3±3.9	Z:-1.854
No (34)	79.3±8.7	p:0.347	32.8±4.2	p:0.375	26.5±4.2	p:0.158	16.5±3.7	p:0.064
Willingness to live with parents in the future								
Willing (61)	82.5±8.8	Z:5.260	33.5±4.5	Z:-0.770	26.8±4.1	Z:-1.646	17.8±3.9	Z:-1.958
Unwilling (14)	77.1±9.2	p:0.022	32.4±4.2	p:0.441	24.7±4.8	p:0.100	16.0±3.7	p:0.050
Chronic disease diagnose of elderly								
Yes (22)	82.1±8.8	Z:-1.300	33.4±4.8	Z:0.935	27.2±3.9	Z:0.065	17.2±4.1	Z:0.289
No (14)	77.8±8.8	p:0.203	33.3±3.4	p:0.936	23.9±5.2	p:0.066	16.5±3.6	p:0.296
Dependence of elderly in daily activities								
Yes (13)	83.6±9.4	Z:-1.402	34.9±5.1	Z:-1.464	26.8±3.3	Z:-0.347	17.4±3.4	Z:-0.154
No (19)	78.7±9.1	p:0.170	32.3±3.8	p:0.147	25.5±5.7	p:0.734	16.8±4.6	p:0.880
Duration of care								
44 months or less (6)	82.6±7.8	Z:12.500	33.0±5.2	Z:0.958	26.6±2.9	Z:0.738	18.6±1.8	Z:-0.736
45 months or more (5)	85.8±12.3	p:0.662	37.4±5.6	p:0.421	27.6±3.8	p:0.548	16.2±4.9	p:0.548