REVIEW ARTICLE

A QUALITATIVE STUDY ON AGEING RELATED ANXIETY AMONG MIDDLE AGED WOMEN IN MALAYSIA

Minhat HS,[1] Hamizah S[2], Nor Afiah Z[1]

[1]Department of Community Health, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia
[2]Department of Biomedical Sciences, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

ABSTRACT

Ageing anxiety is commoner among women compared to men. However, little is known on the possible contributing factors towards the development of ageing related anxiety among Malaysian women. This study aimed to explore ageing anxiety among the middle-aged women in Malaysia in facing the ageing process. Series of 6 focus group discussions (FGD) were conducted involving a total of 36 women aged between 35 and 59 years old. Each FGD consisted of 5 to 7 respondents and was conducted for an average of 1 to 2 hours. The respondents were selected using the maximum variation sampling method focussing on five age categories, between 35 to 39, 40 to 44, 45 to 49, 50 to 54 and 55 to 59 years old. Representative from several residential areas in the area of Putrajaya Federal Territory and Seri Kembangan, Selangor were involved in the selection of respondents. The interviews revealed that, majority of the respondents were seriously thinking of the possible negative experiences associated with ageing and being old, but very few experiencing ageing anxiety. Three main themes that were identified to contribute to the ageing anxiety were issues related to caregiving at old age and fear of loneliness, the welfare and care of their children when they are old and eventually die and also physical changes that occurred with ageing process. These themes were not specifically associated with any particular age groups, marital or income status. However, the development of the ageing anxiety was found to be related to their personal experiences and observations from the surrounding community. The findings show that women in Malaysia are still emphasizing on the importance of traditional caregiving system, where elderly parents are looked after by the children or extended family members rather than living in formal institutions. Despite the important role of formal institutions in the care of elderly people in the future, it is still negatively perceived. With the shrinking of the size of nuclear family and massive involvement of women in employment sector, more elderly will be expected to reside in formal institutions in the near future. Relevant authorities should be made aware on the importance to maintain the quality of care in the formal institution for elderly, in order to tackle the negative perceptions.

Keywords: *Ageing, Anxiety, Middle-Aged Women, Malaysia*

INTRODUCTION

Anxiety is one of a common and highly comorbid psychiatric condition and is affecting 1/8th of the world population[1,2,3]. Anxiety can be defined as a negative emotional stimulation which contains the feeling of fear, worry, dread or apprehension[3,4]. It can be a normal reaction to stress and is beneficial in some situations and helps human being in handling problems, odd situations and avoids danger. However, untreated anxiety disorder can worsening and last at least for 6 months. A person is said to suffer from anxiety disorder when the anxiety is overwhelming and negatively affecting ones physical function, social life, relationship or even his/her daily businesses.

Getting older or ageing means growing up, being independence, gaining more experience, having better job, finding mate, build up a family, and then looking forward on retirement[5]. Ageing often viewed as a declining process that lead to the disengagement from the worlds after the end of working life of an individual[6]. A person is said to become an elderly when they reach 60 years old and above in most developing countries and 65 years and above in the developed countries. Being a global phenomenon, ageing populations bring together various implications including feminization of ageing.

In most countries, women have longer life expectancy than men, although this trend is stronger in developed countries. Apart from the fact that they live longer, women are less likely to remarry and more likely to become widowed as they tend to marry men older than themselves. The gender gap is even greater among the very old. The greater number of elderly women compared to men, which is also known as feminization of ageing, make elderly women more vulnerable to all the implications related to ageing phenomenon such as social isolation, vulnerable to abuse as they are less aware of their basic rights due to lacking of opportunities to education and career, poverty, loneliness and also health implications including risk for mental illness and other chronic illness that requires long term care expensive medical cost.

The perceptions that majority of older people are typically senile, often bored, irritated, lonely, and that they live below the poverty line often contribute to the greater anxiety on the process of ageing especially among women. Literature of ageing anxiety showed the

reminders of ageing produced anxiety in many women[7].

Different cultures and sexual orientation had shown the gender difference in the aging experience[8]. In general, ageing is frequently viewed with negative perceptions among women because of the cultural tendency that portrayed women for their pleasant appearance and reproductive potential[9]. In consequence of their deflation with age, women may maintain their youthfulness as they grow older to avoid spoiling identities, enhancing themselves and association with valued social groups[10]. Women of middle-aged group are experiencing increasing anxiety symptoms[4,11], which possibly explains their higher anxiety toward ageing process compare to men. Fear of ageing or ageing anxiety is a perception seems to be an important area to focus on, since previous research has shown that emotions, such as fear, influence neurotransmitters which in turn affect the body, behaviour and immune system response[12].

Previously, researches showed the ageing anxiety in women were focused on future likelihood of declining attractiveness, fertility, health, financial well-being, cognitive ability and social losses[13,14]. The factors that contribute to the anxiety are also depending on the women background. Women's position in systems of inequalities contributes to the feeling of anxious about ageing. In general, those occupying the lower level in the hierarchy of age, race, social orientation and social class are more likely to express high anxiety level as the access to economic resources, status and power are reduced[15]. Therefore, this study aimed to explore the experience of middle aged women that is likely to cause anxiety in facing the aging process.

METHODOLOGY

Series of 6 focus group discussions were conducted among middle aged women, aged between 35 and 59 years old, residing in the area of Putrajaya Federal Territory and Seri Kembangan, Selangor, Malaysia. A total number of 36 middle aged women were consented for the interviews and selected using the maximum variation sampling, focussing on five age categories which are between 35 to 39, 40 to 44, 45 to 49, 50 to 54 and 55 to 59 years old. Representative from several residential areas in Precint 8, 9 and 16 in Putarajaya and also Bandar Putra Permai Sri Kembangan, Selangor were appointed in the selection of required respondents.

The focus group discussions involved exploration on aspects related to the respondents understanding and perceptions towards ageing process and whether the ageing process is causing any anxiety feeling. The possible contributing factors of ageing anxiety were also explored during the discussion, which lasted 1 to 2 hours for each session. The discussions were conducted in a room without any interruption from others. The contents of the interviews or discussions were recorded, transcribed verbatim following each interview and field notes of reflexive observations were recorded by the rapporteur. Individual transcripts were analysed using standard methods of qualitative thematic analysis. The material was read through twice and later coded. The codes were further collapsed into several key themes related to contributing factors of ageing anxiety among the respondents. Permission to conduct the study was obtained from the Medical Research Ethics Committee, Universiti Putra Malaysia prior to data collection. Since the interviews were conducted in Malay, a back-to-back translation was conducted by staff from the Publishing Unit, Universiti Putra Malaysia for the purpose of publication of article.

RESULTS

As previously mentioned, the focus group discussions involved a total of 36 middle-aged women aged between 35 and 59 years old. Table 1 is showing the characteristics of the respondents according to age group, marital and income status.

Table 1 Characteristics of respondents (N=36)

Factors	Age group (n)				
	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59
Marital status					
Single	0	0	0	0	0
Married	8	6	9	9	2
Divorced	0	0	0	0	0
Widow	1	0	1	0	0
Total	**9**	**6**	**10**	**9**	**2**
Income					
No income/ housewife	3	4	8	5	0
< RM1000	0	0	0	0	0
RM 1000 – RM 2000	0	0	1	2	0
> RM 2000	6	2	1	2	2
Total	**9**	**6**	**10**	**9**	**2**

The content of the discussion revealed three important themes that act as the contributing factors towards ageing anxiety among the respondents and were distributed throughout the 5 categories of age groups being studied.These themes are care at old age and fear of being lonely, worry about the welfare and care of children and lastly was related to physical changes experienced with ageing.

Caregiving problems and loneliness

Majority of the respondents involved in the focus group discussion were worried about who will be taking care of them when they are old and frail. Concerns regarding health and its impact on the caregiving issues were not only involved those in their 50s but also among the younger age categories. Most of them who were worried about the caregiving system for elderly associate the issue with the health status of the elderly and being lonely. Below were some of the expressions given by the respondents with regard to this theme:

> *"As we get older, all kinds of diseases attack us…until we have not enough money to manage them. The people around us too have started paying less attention to us. Husband is busy you see, children might all be studying at that time…some are married… later on who is going to take care of us.." (36 years old)*

> *"Of course we are worried thinking about getting old… For instance when we look at an elderly who is sick..we would be thinking, when I'm old this is what going to happen to me too… we needs to take care of our health. If not when we are sick, who is going to take care of us.. that question will pop up in the mind.." (41 years old)*

> *"As for me when I get older, there's only one thing that I am afraid of, I am afraid of being alone. Having a child doesn't mean that we can ensure him/her to take care of us 24 hours. He/She will also have his/her own family affairs to take care of. Can't guarantee that now. Children nowadays are different from children once upon a time.." (43 years old)*

> *"Sometimes we see sick people who are bed-ridden. Later when we are sick what about us? Do the children want to take care of us?. Sometimes that thought apperars in the mind. Meaning we have to think what will happen to us when we are older… what are our preparations…if all the children are working, who is going to take care of us later. Who is going to take care of us when we fall sick? Meaning do we have to have savings to hire a caretaker. Something like that…." (56 years old)*

One of the respondents who is a housewife was also having doubt if her husband or children able to take care of her when she is old,

> *"Talking about old age…I always think of who will be taking care of me later.. All the children are going to get married. Later they will have their own families. They will only come to visit once a while, then go back to their life. Ermm…even if the husband is still alive, not sure if he can take care of me or not. Whatsmore if he leaves first. I always think about it, who is going to take care of me when I'm old.." (47 years old)*

In the Malaysian traditional culture, the daughter is the one that commonly look after the old parents. Not having daughter was also perceived as a restraint related to the caregiving issue for elderly. These were some of the insecure expressions given by the respondents,

> *Take me for an example..all my children are boys. Sometimes I talk to my children, when I become old, if by then my husband is not alive anymore, where should I go?. Where should I stay?.. Haaa..that's my problem. Never think of other things other than this" (48 years old, 4 sons, housewife)*

> *"What worries me is my future life… now yeah I have my husband with me, who is really supportive. Children, I have.. two sons. Sooner or later they will be living on their own, will want to have their own families……. That's why sometimes I pray, Ya Allah Ya tuhanku, if I am given a disease be it not a bed-ridden one…and if it happens just take my life Ya Allah. It's because I do not want my children to get the sin of unable in taking care of me. People say whining is common …Not the same when you have girls… Often it comes to my mind what will happen when I gets older later. Who is going to take care of me?... Sometimes I will tell my husband let it be me to die first…." (53 years old, employed)*

Children

Few of the middle-aged women involved in this study were also expressed their worries about what will happen to their children when they are old, frail and eventually die. This theme was more prominent among those from younger age group and still having small children. This was one of the expressions given by a 39 year old

housewife who has 3 children aged 12, 10 and 8 years old,

> *"I am always thinking of my children's problems. Even when I am on vacations, I will be thinking of my children, whether or not they have eaten. When I get older, how my children's future will be like." (39 years old)*

Another housewife with handicap child was also expressing her worries about the future of her children especially her handicapped child,

> *"I will be thinking about my children.. yes the children are growing. Who knocks on the luck door, opens the door of opportunity..i mean to pursue higher education.. Will they gets the opportunity… I am even more worried of the little kid. Who is going to take care of him later.. his brother and sister?…worried of that…" (41 years old)*

Physical changes

The physical changes that occur with ageing process also causing anxiety to some of the respondents. Most of the worries were closely related to the fear of being unattractive and risk of losing their spouse. In contrast to the other 2 themes previously discussed, this theme is dominated by those from the younger age group and employed. Some of them were also relating the physical changes experienced by women due to giving birth. The fears of losing and desire to attract the husbands have also led some of these respondents to try various type of traditional herbs or 'jamu' and anti-ageing products. These were among their expressions regarding this issue,

> *"Worried too…because the changes are obvious. Physically we wrinkled and not being beautiful and this affects our emotions. It will finally lead us to think of something else. Something else means something that is negative. We will be thinking that our husband will stop loving us and go for another woman. Those are the things…" (39 years old)*

> *"Women give birth to babies. After we deliver babies, our body changes in many ways. This is different from the men where they only have a tummy. At this age when we are walking with our husbands, we do have an insecure feeling. A man when he sees a pretty woman will tend to talk about the woman although he himself has a beautiful wife.. This is unlike those days where you only worried of taking care of the household. Men are too much as they get older…." (39 years old)*

DISCUSSION AND CONCLUSION

Population aging experienced by most countries carry various implications. Among the important implications were the caregiving system for the elderly. This study showed that this issue was one of the factors that had created anxiety among the middle aged women involved in this study in facing the ageing process. The fear was closely related to the care of frail elders, elderly with chronic illness and disabled elderly who require a long-term case and also the loneliness issue which is commonly affecting elderly people especially among those living in the formal institutional care for the elderly.

Caregiving is commonly refer to the unpaid work of family members that make it possible for spouses and parents to live at home longer. It represents not only the donation of time and energy, but also the potential loss of income or accrued benefits when caregivers make work adjustments to accommodate their role[16]. Traditionally, family members especially children or spouse were the one that are providing long-term care to older adults with limitations in the ability to perform tasks necessary for independent living. Family caregivers play a key role in delaying and possibly preventing institutionalization of chronically ill elderly patients[17].The amount and type of care provided by family members depend on economic resources, family structure, quality of relationships, and other demands on the family members' time and energy[17].

The long-term care for the frail and disabled elders is of international and growing importance. The changes in social and cultural values, patterns of family related behaviour and in living arrangements have reduced the number of family members available to care for impaired elderly relatives and lead to the increase in demand for formal care or institutions for the elderly people. This issue has also raised concerns among many policy makers that the availability of family support for older people in need of assistance may diminish while the numbers needing such assistance increases[18]. Changes in the living arrangements for older people encompass positive development as well as constraints. The ability or willingness of younger generations to provide care, including co-resident care, for disabled older relatives may have fallen as a result of social changes including increases in the proportions of women working full time and greater individualism[19,20]. The "sandwich generation" provides support to both younger and older family members, while at the same time dealing with competing demands of employment and other activities. With multiple role commitments, the ability of adult children to manage rests upon finding a balance point among competing demands[21]. The higher burden and stress, physically and mentally faced by

them led to the option of sending the old parents to respite care or nursing home. The frail and disabled older adults are at higher risk for utilization of nursing homes and home health.

People commonly perceived that they would feel lonely as they aged. Gender differences in prevalence and predictors of loneliness[22] has been reported with elderly women are more likely to feel lonely. In a longitudinal study conducted among Swedish reported that widowhood, depression, mobility problems and mobility reduction predicted loneliness uniquely in the model for women; while low level of social contacts and social contact reduction predicted loneliness uniquely in the model for men[22]. The social status of older women changes after the death of the spouse that contributes to the loneliness feelings[23]. Rebuilding the social network and establishing new relationship are usual and effective ways of coping with loneliness[24] which can be actively happening in a formal institution.

The other aspect that created anxiety among the middle aged women was the care of their children when they were old and frail and eventually die. Majority of the respondents were hoping that their children will acquire a successful life in the future.However, there has been very limited literature discussing on this issue, which probably due to lack of research in related issue or its uniqueness among the Malay population in Malaysia. This study has also revealed that physical changes experienced with ageing process had created anxiety among the middle aged women. Middle age is a phase of transition from young age to old age and the fact of finally accepting age is quite stressful for many[25]. Although both genders experience the effects of aging, it seems to create more problems for women as they move through their middle and later years. Women start to feel the physical changes that manifest in her body in their 40s which could be in terms of weight gain, loose skin, wrinkles in the face, skin pigmentation, loss of hair and even a few white hairs[25]. These changes are closely related to menopause which may affect a persons body self image and moods. The emphasis on youth and beauty is overwhelmingly apparent in advertising, television, movies, and print media with women being constantly bombarded with visual images of young women and ads promising youthful looks forever[26]. Some women find it very difficult to realize that they are aging. A solution to this, Niemel and Lento[27] suggested that women should start exploring their feelings and fulfilling their true needs. An overwhelming anxiety associated with the ageing experiences may put women at risk of various mental illness including depression and unwisely used of money in order to look younger. Though, younger women are said to be more fearful of ageing than older women because they may have not yet acquire the self-acceptance towards ageing. However, that was not revealed in this study, which probably related to social fear of expressing their opinion and views.

In conclusion, various factors contribute to ageing anxiety among middle aged women which mainly related to the caregiving system for elderly, care of their children when they are old and also the physical changes that occur during ageing process. The anxiety related to the caregiving system gives an overview that there is still prominent weaknesses in the caregiving system for the elderly in Malaysia especially in relations to the social support from immediate family members and the poor conditions of the existing formal institutional care for the elderly. However, futher study exploring the personal feelings and perceptions of the elderly maybe useful to support the findings of this study.

ACKNOWLEDGEMENT

I would like to thank Universiti Putra Malaysia for funding all the expences involved when conducting this study.

REFERENCES

1. Dhawan, K., Kumar, S., Sharma, A. Anti-anxiety studies on extracts of Passiflora incarnata Linneaus. Journal of Ethnopharmacology 2001; **78**(2), 165-170.

2. Kessler, R. C., Ruscio, A. M., Shear, K., Wittchen, H. U. Epidemiology of anxiety disorders. In Behavioral neurobiology of anxiety and its treatment (pp. 21-35). Springer Berlin Heidelberg, 2010.

3. Saki, K., Bahmani, M., Rafieian-Kopaei, M. (2014). The effect of most important medicinal plants on two importnt psychiatric disorders (anxiety and depression)-a review. Asian Pacific journal of tropical medicine2014; **7**, S34-S42.

4. Bromberger, J. T., Kravitz, H. M., Chang, Y., Randolph Jr, J. F., Avis, N. E., Gold, E. B., Matthews, K. A. Does Risk for Anxiety Increase During the Menopausal Transition? Study of Women's Health Across the Nation (SWAN). Menopause (New York, NY) 2013; **20**(5), 488.

5. Gannon, Linda R.Women and aging: Transcending the myths. New York: Routledge, 1999.

6. McCann Mortimer, P., Ward, L., Winefield, H. Successful ageing by whose definition? Views of older, spiritually

affiliated women. Australasian journal on ageing 2008; **27**(4), 200-204.

7. Abramson, A., Silverstein, M. Images of aging in America 2004: A summary of selected findings. AARP, Knowledge Management, 2006.

8. Harris, M. B. Growing old gracefully: Age concealment and gender. Journal of Gerontology 1994; **49**(4), P149-P158.

9. Barrett, A. E. Gendered experiences in midlife: Implications for age identity. Journal of Aging Studies 2005; **19**(2), 163-183.

10. Taylor, D. M., Moghaddam, F. M. Social identity theory. In D. M. Taylor, & F. M. Moghaddam (Eds.), Theories of intergroup relations: International social psychological perspectives (2nd ed.). Westport, CT7 Praeger, 1994.

11. Kravitz, H. M., Schott, L. L., Joffe, H., Cyranowski, J. M., Bromberger, J. T. Do anxiety symptoms predict major depressive disorder in midlife women? The Study of Women's Health Across the Nation (SWAN) Mental Health Study (MHS). Psychological medicine 2014; 1-10.

12. O'Reilly, N.D., Thomlinson, R.P., Castrey, M.U. Women's Perceptions of Aging: Fears, Preferences and Concerns. Paper delivered at the American Psychological Association 2004 Annual Meeting in Honolulu, Hawaii, 2004. Available from: http://www.womenspeak.com/age_wmper.php

13. Cummings, S. M., Kropf, N. P., Weaver, K. L. D. Knowledge of and attitudes toward aging among non-elders: Gender and race differences. Journal of Women & Aging 2000; **12**(1-2), 77-91.

14. Lynch, S. M. Measurement and prediction of aging anxiety. Research on Aging 2000; **22**(5), 533-558.

15. Barrett, A. E., Robbins, C. The Multiple Sources of Women∋ s Aging Anxiety and Their Relationship With Psychological Distress. Journal of Aging and Health 2007; **20**, 32–65.

16. Young H.M. 2003. Challenges and Solutions for Care of Frail Older Adults. The Online Journal of Issues in Nursing 2003; **8**(2). Availeble from: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume82003/No2May2003/OlderAdultsCareSolutions.html

17. Daniel B. K., Barbara J. B. Family Caregiving for the Elderly, 2013. Available from: http://www.merckmanuals.com/professional/geriatrics/social_issues_in_the_elderly/family_caregiving_for_the_elderly.html

18. Emily G. The care of older people in the United Kingdom: problems, provision and policy, 2010. Available from: http://www.cepal.org/dds/noticias/paginas/3/41413/Grundy.pdf

19. Doty P., Jackson M.E., Crown W. The impact of female caregivers' employment status on patterns of formal and informal eldercare. Gerontologist 1998; **38**:331-341.

20. Pickard L. The decline of intensive intergenerational care of older people in Great Britain, 1985-1995. Population Trends 2003; **110**: 31-41

21. Shyu, Y.-I. L. Patterns of caregiving when family caregivers face competing needs. Journal of Advanced Nursing 2000; **31**(1), 35-43.

22. Dahlberg L, Andersson L, McKee KJ, Lennartsson C. Predictors of loneliness among older women and men in Sweden: A national longitudinal study. Aging Ment Health 2014; **15**:1-9

23. Anita K. Loneliness among elderly women: A literature review, 2009. Available from: http://www.theseus.fi/bitstream/handle/10024/2350/Anita_Karki.pdf?sequence=2

24. Rokach, A. Surviving and coping with loneliness. Journal of psychology 1990; **124**, 39-54.

25. Goswami, P. Ageing and Its Effect on Body Self Image, Mood and Self Esteem of Middle Age Women and Older Women. IOSR Journal Of Humanities And Social Science 2013; **18**(5): 63-73

26. Saucier, MG. Midlife and Beyond: Issues for Aging Women, 2004. Available from: http://www.redorbit.com/news/health/109713/midlife_and_beyond_issues_for_aging_women/

27. Niemel, P., Lento, R. The significance of the 50th birthday for women's

individuation. In N. D. Davis, E. Cole, & E. D. Rothblum (Eds.), Faces of women and aging (pp. 117-127). Binghamton, NY: The Haworth Press, 1993.