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PERCEPTION OF AGEISM AND SELF-ESTEEM AMONG LEBANESE ELDERS AT HOME AND ABROAD

<http://www.lebanesemedicaljournal.org/articles/63-1/original2.pdf>Charbel EL BCHERAOUI^{1,2}, Salim ADIB³, Nicole CHAPUIS-LUCCIANI¹

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El Bcheraoui C, Adib S, Chapuis-Lucciani N. Estime de soi et perception de l'âgeisme chez les personnes âgées libanaises résidant au Liban et ailleurs. *J Med Liban* 2015 ; 63 (1) : 27-33.

ABSTRACT • Background : Discrimination against old age leads to depressive symptoms and lower self-esteem. This issue is not studied in the Lebanese society where a demographic transition is taking place and the population is aging. We assess the perception of age discrimination among Lebanese and its relation to self-esteem. **Methods :** We interviewed a convenience sample of 320 Lebanese elders (mean age 69.3 years \pm 6.2; 55% males) living in an urban setting (Beirut) and a rural setting (Ras-Baalbeck) as well as those who immigrated to Dakar using a preestablished questionnaire. Perception of age discrimination and socio-demographic information were collected; self-esteem was measured using the Toulouse scale. **Results :** More elders living in Beirut (OR = 9.7, 95% CI = 3.5-26.6) and Ras-Baalbeck (OR = 11.42, 95% CI = 3.95-33.1) perceived age-related discrimination than those living in Dakar. This perception was significantly associated to lower self-esteem (OR = 2.2, 95% CI = 1.3-3.6). **Conclusion :** Supporting emotionally vulnerable elders should be a target for policy makers in Lebanon. It is important to preserve a better quality of life for elders still playing a major role in families.

Keywords: ageism, Dakar, elder, Lebanon, migration, self-esteem.

RÉSUMÉ • Contexte : La discrimination du vieil âge conduit à des symptômes dépressifs et à une estime de soi diminuée. Ce sujet n'a pas été investigué au Liban où la population est en cours de vieillissement dû à une transition démographique. Nous évaluons la perception de la discrimination liée à l'âge et sa relation à l'estime de soi parmi les personnes âgées libanaises. **Méthodes :** Nous avons enquêté un échantillon de convenance de 320 personnes âgées libanaises (moyenne d'âge 69,3 ans \pm 6,2; 55% hommes) vivant en milieu urbain (Beyrouth), rural (Ras-Baalbeck) et émigrées à Dakar, à l'aide d'un questionnaire préétabli. Des données socio-démographiques et sur la perception de la discrimination liée à l'âge ont été collectées; l'estime de soi a été mesurée à l'aide de l'échelle de Toulouse. **Résultats :** Le nombre de personnes âgées percevant une discrimination liée à l'âge était plus élevé à Beyrouth (OR = 9,7; 95% IC = 3,5-26,6) et à Ras-Baalbeck (OR = 11,42; 95% IC = 3,95-33,1) qu'à Dakar. Cette perception était statistiquement associée à une estime de soi diminuée (OR = 2,2, 95% IC = 1,3-3,6). **Conclusion :** Les décideurs politiques au Liban devraient supporter les personnes âgées émotionnellement vulnérables. Il est essentiel de préserver une meilleure qualité de vie pour les personnes âgées jouant toujours un rôle majeur dans nos familles.

INTRODUCTION

Rationale

In postindustrial countries, levels of economic and physical performance are often the standards for social valuation. Aging is a period during which the deterioration of physical performance is accompanied by changes in social valuation. Celebration of youth fosters narcissistic attitudes. A body that loses its perceived intellectual capacity and physical "beauty" is undervalued. The loss of valuation is sometimes aggravated by the reduced social status represented by retirement from work. With continued aging, the body tires and entry in an institutionalized dependency state becomes a present and clear dan-

ger. Thus, old age is perceived as a period of degradation with no possible redeeming value, and the subsequent loss of self-esteem in aging persons provokes a painful feeling of weakness. It fosters self-predicted loneliness, and leads to anxiety and depression [1-8].

Around the elder person, degradation breeds a particular form of social discrimination which modern authors have called "ageism". Elder persons are negatively stereotyped and forced into social isolation [9-10]. A survey in a population sample aged 60 and above in Marseilles (France) showed that almost 40% of participants have already perceived some form of negative stereotypes relative to their age [11]. Results showed that no economic or socio-demographic factors, including financial dependency, are associated to this perception. However, there existed some connections between the perception of ageism and the self-rated health of the elder. Aging discrimination has now been recognized in several more advanced nations, and countermeasures are increasingly elaborated into laws and regulations [12].

In contrast, traditional cultures such as those of Africa and the Middle-East are often described as valuing elder

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persons. This valuation is said to result from the relatively small number of those who survive to older ages and their essential role in the transmission of collective knowledge and memory. The image of the elder is associated with experience and wisdom, which preserves a sense of self- and other-valuation [13]. However, a realistic observation of sociological changes in hitherto “traditional” cultures reveals changes in the “respectful” attitude towards aging. Pervasive global postindustrial concepts and values are encroaching and slowly eroding traditional views regarding the aging process and the social role of the aged person. The “demographic transition” [14] which developing countries are experiencing somewhat belatedly has led to increase in numbers of elders at a time when their pre-Internet experience is steadily perceived as obsolete. Thus, even less industrialized societies are starting to develop “ageism”, though this phenomenon is still largely not measured, controlled or prevented.

Lebanon, a small Arab country located on the eastern shores of the Mediterranean, at a geopolitical crossroads of civilizations, is particularly affected by the demographic transition and cultural globalization. The population in urban areas, in and around the capital city Beirut, and in coastal communities is more affected than those in the central mountains or rural hinterland. For example, the median age for 1st marriage among women aged 45-49 in the Bekaa region was 21 years, while that of women of the same age group in Beirut was 26.4. However, among women aged 30-34, the median age for 1st marriage in the Bekaa region rose to 25 years but remained younger, 23.3 years, for the same age group in Beirut [15]. Due to the country’s small surface and scarcity of natural resources, the inhabitants of Lebanon have had a tradition of external commerce and migration from the early days of the Phoenicians in the IIIrd millennium BC. In the recent past, civil wars and foreign occupations (1975-2006) have accelerated the trend towards immigration. Members of the Lebanese diaspora carry the cultural values of their country of origin and interact with those found in countries that welcome them. The direction of this integration, especially on issues of family solidarity and the role of elder persons, can be largely affected by the values found in their new countries.

To our knowledge, the modern image of the elder in the Arab world in general and in Lebanon in particular has rarely been explored. At a time when issues surrounding the welfare of aging citizens are increasingly felt, the assessment of their experience of loss of self-esteem, social isolation and discrimination needs to be assessed. Such an assessment will contribute to a correct orientation of geriatric services which are slowly coming into place. It may stimulate research on the social integration and well-being of older citizens in other Arab nations. This paper presents measurements of the aging experience as perceived in three groups of elder Lebanese: those in the “globalized” Beirut area, those in the more rural and traditional mountain villages, and those

who migrated to West Africa where values are supposed to be even more traditional than in Lebanon.

OBJECTIVES

The specific objectives of this study were:

1. To assess perceived age-related discrimination among older Lebanese living in three different socio-cultural contexts.
2. To measure the self-esteem of older Lebanese and its association with perceptions of age-related discrimination.

SUBJECTS AND METHODS

Study design and target population

A cross-sectional study was conducted between 2004 and 2006 among elder non-institutionalized Lebanese who had been living for at least 15 years in the capital city Beirut, the inner valley village of Ras-Baalbeck, and in the city of Dakar, capital of the West-African nation of Senegal.

Sampling procedures

The 320 participants, aged 60 years or older, were selected through a convenience “snowball” technique. First participants were identified using community associations in Beirut and prominent community members in Ras-Baalbeck and in the Lebanese diaspora in Dakar. Participants’ ability to take part in this study was decided upon whether they were able to carry a reasonable live conversation with the interviewer or not. The pilot nature of this study precluded deciding on a prior sample size. Rather, participants were included sequentially until a preset period of field work in either one of the three sites was completed. All participants were presented with a clear statement regarding the purpose of this study and invited to decide freely whether they accepted to participate. Those included in the study were those who provided a free verbal consent to being interviewed.

Tool and variables

A specific questionnaire was developed and piloted. It included mostly close-ended questions. Some of these questions, like the self-esteem scale, were adopted from similar standard questionnaires used elsewhere [16]. Variables included in the study were:

1. Socio-demographic variables: age, sex, marital status (currently married or not), place of residence, education (poor, primary or more than primary).
2. Perception of societal attitudes towards the elder: Participants were asked the following question: “*In your opinion, people in society perceive older persons in a positive, negative or a neutral manner.*” This variable was dichotomized as negative versus neutral or positive.
3. Self-esteem: measured using the validated Toulouse scale [16] consisting of 20 propositions. Ten propo-

sitions are positive – for example: “*In general, I feel confident about myself*” – and ten are negative – for example: “*It’s hard to be myself*”. The score for each proposition varies from 1, totally agree, to 5, totally disagree, in the case of a negative proposition. It varies from 5, totally agree, to 1, totally disagree, in the case of a positive proposition. The total score could then range from 20 to 100 by adding the individual scores for each proposition. We chose the median score as a threshold for dichotomizing this variable for the multivariate analysis. Hence, a score lower than the median was considered a lower self-esteem. A score equal or higher than the median was considered a higher self-esteem.

Statistical analysis

All variables were tabulated and presented according to their nature. Discrete variables were described as frequencies and percentages, while continuous ones were presented as means and standard deviations (SD).

Socio-demographic characteristics of study participants were compared between residence areas using the chi-square test except for age. In the latter case, an analysis of variance (ANOVA) was used. However, age was dichotomized later on based on the median age for multivariate analysis. A p value ≤ 0.05 was considered significant.

A chi-square test was used to compare age-related discrimination between categories of socio-demographic factors. It was followed by a multivariate logistic regression to assess the joint effects of the socio-demographic factors on perception of age-related discrimination.

Mean of self-esteem was compared between categories of socio-demographic factors using a T-test and ANOVA. Later, self-esteem was dichotomized relatively to the median. A multivariate logistic regression analysis was also conducted to assess the joint effects of various independent variables on self-esteem.

Effects were measured using adjusted odds-ratios (OR). Significant OR are those with a 95% confidence interval (95% CI) which does not include the value 1. SPSS 11.0 was used for this statistical analysis.

RESULTS

Socio-demographic characteristics & regional differences

We first describe the sample with regards to socio-demographic characteristics and regional differences.

Of the 320 participants, 113 (35.3%) lived in Beirut, 124 (38.8%) in Ras-Baalbeck and 83 (25.9%) in Dakar. Ages ranged from 60 to 87, with a mean age of 69.3 years (SD = 6.2), and 55% were men. The majority of participants reported a primary education (49.7%), 20% less than primary and 30% more than primary. At the time of the survey, 69% of participants were married. The mean age and the sex ratios were comparable across the three regions unlike the educational level and the marital status. The residents of Dakar were more educated than the ones of Beirut and Ras-Baalbeck ($p < 0.001$). The residents of Ras-Baalbeck had the highest percentage of currently married elders ($p = 0.01$). Details are presented in Table I.

Age-related discrimination

We next present bivariate and multivariate analysis of age-related discrimination.

Neither age, gender nor marital status affected the perception of age-related discrimination. While those with a primary education perceived discrimination more than either those less or more educated in the bivariate analysis, this difference did not remain significant in the multivariate analysis. Of all variables in the model, only place of residence affected significantly the perception of discrimination. Compared to Dakar which had the lowest proportion of participants perceiving age-related discrimination, the risk was significantly higher in Beirut (OR = 9.7; 95% CI = 3.5-26.6) and even more so in Ras-Baalbeck (OR = 11.4; 95% CI = 3.9-33.1) (See Table II).

Self-esteem

In our final analysis, we present bivariate and logistic regression to predict self-esteem.

The mean of self-esteem was significantly higher among men, younger and more educated participants ($p < 0.001$). The mean of self-esteem was the lowest among residents of Ras-Baalbeck and highest among those of Dakar ($p < 0.001$) in the bivariate analysis.

TABLE I
SOCIO-DEMOGRAPHIC CHARACTERISTICS BY PLACE OF RESIDENCE (N = 320)

| Variables | Residence | | | Total | p-value |
|-------------------------------|------------|--------------|------------|------------|---------|
| | Beirut | Ras-Baalbeck | Dakar | | |
| Total | 113 (35.3) | 124 (38.8) | 83 (25.9) | 320 (100) | – |
| Men (%) | 58 (51.3) | 68 (54.8) | 50 (60.2) | 176 (55.0) | 0.5 |
| Mean age in years (SD) | 69.5 (6.6) | 69.4 (6.1) | 68.8 (6.2) | 69.3 (6.2) | 0.6 |
| Educational level (%) | | | | | |
| Poor | 19 (16.8) | 40 (32.3) | 6 (7.2) | 65 (20.3) | |
| Primary school | 63 (55.8) | 72 (58.1) | 24 (28.9) | 159 (49.7) | |
| More than primary school | 31 (27.4) | 12 (9.7) | 53 (63.9) | 96 (30.0) | < 0.01 |
| Currently married (%) | 71 (62.8) | 98 (79.0) | 53 (63.9) | 222 (69.4) | 0.01 |

TABLE II
BIVARIATE ANALYSIS AND MULTIVARIATE LOGISTIC REGRESSION FOR PERCEPTION OF AGE-RELATED DISCRIMINATION (N = 320)

| VARIABLES | Bivariate analysis | | Multivariate logistic regression |
|-------------------------------|--|----------------------|----------------------------------|
| | Number of elders perceiving age-related discrimination (%) | Chi square (p-value) | Adjusted OR (95% CI) |
| GENDER | | | |
| Men | 48 (27.3) | | 1.00 |
| Women | 37 (25.7) | 0.1 (0.9) | 0.9 (0.5-1.6) |
| AGE | | | |
| < 70 years | 46 (26.6) | | 1.00 |
| ≥ 70 years | 39 (26.9) | 3.4 (0.2) | 1.0 (0.6-1.7) |
| RESIDENCE | | | |
| Dakar | 5 (6.0%) | | 1.00 |
| Ras-Baalbeck | 42 (33.9) | | 11.4 (3.9-33.1)* |
| Beirut | 38 (33.6) | 51.4 (< 0.001)* | 9.7 (3.5-26.6)* |
| EDUCATIONAL LEVEL | | | |
| More than primary school | 20 (20.8) | | 1.00 |
| Primary school | 51 (32.1) | | 1.5 (0.9-2.3) |
| Poor | 14 (21.5) | 21.3 (< 0.001)* | 1.5 (0.9-2.3) |
| CURRENT MARITAL STATUS | | | |
| Married | 60 (27.0) | | 1.00 |
| Not married | 25 (25.5) | 0.1 (0.9) | 1.2 (0.6-2.3) |

*Significant association with $p < 0.05$ or 95% CI not including 1.

When all variables were considered jointly in a multivariate analysis, place of residence remained significantly associated with self-esteem.

Participants living in Ras-Baalbeck were twice as likely to have a lower self-esteem compared to the ones living in Dakar (OR = 2.3, 95% CI = 1.4-4.7). Also, a strong and significant association appeared between self-esteem and perceived age-related discrimination. Persons who perceived age-related discrimination in their surroundings were twice as likely to have a lower self-esteem as those who did not (OR = 2.1, 95% CI = 1.2-3.6). Details are represented in Table III.

DISCUSSION

This is the first study to explore perception of ageism among Lebanese aging at home and in the African diaspora and the relation between this perception and self-esteem. Briefly, this analysis showed that place of residence affects the perception of ageism and self-esteem among Lebanese elders more than any other socio-demographic factor such as gender, age, current marital status or educational level. Also, perception of ageism by Lebanese elders is associated with a lower self-esteem.

Perception of age-related discrimination

Unlike those living in Lebanon, whether in rural or urban settings, Lebanese elders living in Dakar had a

remarkably lower perception of negative social attitudes towards the elder. This finding shows the importance of the social environment on discrimination against the elder persons.

Few studies have focused on age-related perceptions in immigrant situations, and almost never among groups of migrants from less developed nations to even lesser developed nations. A previous study focused on the status of Indian immigrants aging in American society [17]. The authors, using a qualitative method based on life tales, studied life satisfaction of elder immigrants. Contrary to the Lebanese met in Dakar, Indian immigrants in America felt discriminated in their new country, having migrated from a traditional society, where the image of old people is valued, towards one demonstrating negative stereotypes concerning the elder. On the other hand, it would appear that aging Lebanese living in Senegal, a society that values the elders, seem to have internalized this model. Our results point that they may be aware of a better consideration of the elders in Senegal compared to Lebanon. Surprisingly, the perception of ageism in rural Lebanon is as comparable as it is in Beirut to that of French elders persons of the same age [11].

Previous works suggest that the impossibility to exit a discriminated group, as is the case of the elder group, would accentuate the negative consequences of stigmatization [18]. The "age-entrapment" of the older person in Lebanon where age is increasingly becoming a stigmatization factor is more deleterious than that of the

older person in Dakar where aging is still more valued, and may further contribute to higher perceptions of age-discrimination.

There may also be an economical aspect to the lower perception of aging discrimination among Lebanese elder persons in Dakar compared to Indian ones in the US. The importance of the negative role of economic dependency among aging Indian migrants has been previously highlighted [17]. Many of those persons have limited resources and have no retirement salary or social security in the United States. On the contrary, Lebanese immigrants in Dakar usually belong to a higher socio-economic class; their financial capacities allow them to live well during that period of their life in Senegal. Economic empowerment may thus act as a protective factor against ageism, if it ever was there in the first place.

Self-esteem

In addition to being well-received in one's environment, an elder's well-being will also depend on the preservation of his/her self-esteem. Our participants' self-esteem was affected by several socio-demographic factors. Women, older and less educated participants had a mean self-esteem lower than men, younger and more educated ones. These results are generally consistent with those found in recent literature [19-21].

Lower self-esteem in women is often explained by the power conferred to men in the public domain, to the responsibilities and to the promotion of masculine activities [20]. Women in Lebanese society, particularly in these age groups, have definitely less access to social power than men, especially since they tend to be less educated or less economically independent. This is true in our sample where a minority of women had never worked. Researchers disagree on the mechanisms through which aging leads to lower self-esteem. It has been argued whether a decrease of self-esteem with age may be caused by social losses like retirement, loss of the spouse or other relatives and health problems causing physical dependency, or not [22-23]. Supporters of this theory argue that these losses are particularly deleterious on self-esteem when experienced in a relatively short time. Others would say that it is the negative social image associated with the elder that would have consequences over self-valuation and therefore self-esteem [21].

Socioeconomic status (SES) is usually measured by three indicators: education, occupation and income, is positively correlated with self-esteem [24-25]. For Rosenberg and Perlin (1978), participants of a lower SES would feel negatively "judged" by subjects of a higher one [26]. Among our participants, those who lived in Ras-Baalbeck had the lowest self-esteem scores and were also the least

TABLE III
BIVARIATE ANALYSIS AND MULTIVARIATE LOGISTIC REGRESSION OF SELF-ESTEEM (N = 312)

| VARIABLES | Bivariate analysis | | Multivariate logistic regression |
|---|-----------------------------|--------------------------------|----------------------------------|
| | Mean of self-esteem ± SD | p-value for T-test or ANOVA | Adjusted OR (95% CI) |
| GENDER | | | |
| Men | 70.9 ± 9.5 | | 1.0 |
| Women | 68.0 ± 9.5 | 0.009* | 1.3 (0.7-2.2) |
| AGE | | | |
| < 70 years | 71.0 ± 9.1 | | 1.0 |
| ≥ 70 years | 67.9 ± 10 | 0.005* | 1.4 (0.8-2.2) |
| RESIDENCE | | | |
| Dakar | 73.4 ± 9.8 | | 1.0 |
| Ras-Baalbeck | 66.6 ± 8.1 | | 2.3 (1.4-4.7)* |
| Beirut | 70.3 ± 10.0 | < 0.001* | 0.9 (0.4-1.8) |
| EDUCATIONAL LEVEL | | | |
| More than primary school | 73.2 ± 9.3 | | 1.0 |
| Primary school | 68.8 ± 9.1 | | 0.7 (0.5-1.1) |
| Poor | 65.9 ± 9.5 | < 0.001* | 0.7 (0.5-1.1) |
| CURRENT MARITAL STATUS | | | |
| Married | 70.1 ± 9.4 | | 1.0 |
| Not married | 68.4 ± 9.9 | 0.16 | 1.2 (0.7-2.2) |
| PERCEIVED SOCIETAL ATTITUDES TOWARDS THE ELDER | | | |
| Positive/Neutral | 71.0 ± 9.1 | | 1.0 |
| Negative | 65.8 ± 10.1 | < 0.001* | 2.1 (1.2-3.6)* |

*Significant association with $p < 0.05$ or 95% CI not including 1.

educated group on average, while the residents of Dakar had the highest self-esteem scores and were also the most educated of all three comparison groups.

Self-esteem & perception of age-related discrimination

Our participants' self-esteem was significantly associated with their perception of age-related discrimination. Higher perceptions of aging discrimination were associated with a lower self-esteem. These results go along with those found in an aged population in Marseilles for whom perceived ageism is related to a low self-esteem [11]. Recent literature demonstrates the negative impact of perceived age stereotypes not only on elders' well-being, but also on different health-related mechanisms, such as memory and response to stress. It's been shown that elders perceiving age-related stereotypes have decreased memory performance and response to stress [27-28]. Interestingly in our study, both self-esteem and perception of age-related discriminations were significantly associated with the social environment, or the participants' place of residence. Living in Dakar seems to be better for the mental well-being of older Lebanese than living in urban or rural Lebanon. The interpretation of societal valuation of the older person in Africa, while valid, may also be criticized. The diaspora group is also better educated. There may be a self-selection effect through which these more "empowered" individuals are also less emotionally vulnerable. This would be an interesting variation on the "healthy migrant effect" which has sometimes been mentioned to explain positive attributes of migrants in seemingly adversarial situations [29].

Limitations

Our study has several limitations. First, our sample is a convenience one and therefore our results cannot represent all of the aging Lebanese population. However, our study has the merit of being the first one to explore specific topics such as perception of age-related discrimination and self-esteem among the Lebanese elder, and especially among the Lebanese diaspora in Africa.

Second, our study is cross-sectional; hence, the temporal sequence underlying causality may not be always straightforward. In particular, it is impossible to assert whether perceived ageism causes lower self-esteem or whether lower self-esteem heightens the interpretation of neutral social facts as discriminatory. Nevertheless, and regardless of the direction of the association, an elder person suffering from both adverse conditions should be a preferred target for psychosocial supportive interventions. It would also be of a great value to conduct a follow-up study with the same participants. This way, the relation between the perception of the social attitudes towards elder and their self-esteem would be clearer. We suppose that it is the perception of the social attitudes towards the elder that is affecting their self-esteem and not the contrary.

Last, while our study shows the strong association between perceptions of age-related discrimination and

self-esteem, it does not account for social losses which could have had an association with our participants' self-esteem. However, the impact of such losses on self-esteem can be only assessed in a longitudinal study.

Practical implications

In the Lebanese population, where a demographic transition is taking place, the elders, who once were a smaller and valued part of society, have now increased in numbers and will increase even more in the coming years [30]. This change may affect their social status, exposing them to age-related discrimination. The perception of negative age-related stereotypes was highly prevalent, associated with lower self-esteem, and unexpectedly similar between rural and urban elder persons. The previous belief that elder persons have a better social status in rural areas is henceforth disputable. This belief seems also to be changing. Findings show that elders residing in a rural area in Lebanon do not differ from those residing in an urban setting regarding the perception of negative social attitudes towards elders. Lifestyle changes and consequently social differences seem to be narrower now between urban and rural areas. Also contributing to unexpected negative perceptions is the impact of the massive rural exodus of younger family members towards the city or into the diaspora, which leaves older parents in rural areas feeling useless in providing support to their children. This absence of instrumental role has been shown to negatively contribute to parents' mental health [31].

These findings should be alarming to policies-makers and social workers in Lebanon especially that age-related stereotypes do not hurt elders only. In fact, perceiving age-related stereotypes earlier in life might seem harmful. However, perceiving these stereotypes earlier in life predicts cardiovascular events in later life [32]. Objective old age stigmatization should be confronted in schools, places of work, and especially in the media in Lebanon. Lebanese society should teach the new generations respect for the old and support the role of elder persons in grand-children safekeeping and early education as more mothers are going to work. A national Task Force on Aging should be set-up to propose social/leisure activities which may help preserve self-esteem among elder people, protect their own circle of activities from discriminating behaviors, and thus promote mental and emotional well-being as far as possible into old age.

REFERENCES

1. Chapuis-Lucciani N. Vieillesse. In : Andrieu B, Acot P, Andrieu G, Boetsch G (ed.). Dictionnaire du corps en sciences humaines et sociales. Paris : 2006.
2. Macia E. Les personnes âgées : Un corps à part – Du corps bio-culturel au corps vécu. Marseille: Université de la Méditerranée, Aix-Marseille II, 2006.
3. Leary MR, Baumeister RF. The nature and function of self-esteem: Sociometer theory. In: Advances in Experimental Social Psychology San Diego (Zanna, MP). San

- Diego: Academic Press, 2000.
4. Thomas LV. Vieillesse et mort en Afrique. In: C. Attias-Donfut, L. Rosenmayr (ed.). *Vieillir en Afrique*. Paris: Presses Universitaires de France, 1994.
 5. Malewska-Peyre H. Le processus de dévalorisation de l'identité et les stratégies identitaires. In: C. Camilleri, J. Kastarsztein, EM. Lipiansky, H. Malewska-Peyre, I. Taboada-Leonetti, A. Vasquez (ed.). *Les stratégies identitaires*. Paris: Presses Universitaires de France, 1990 : 111-141.
 6. Rosenberg M, Schooler C, Schoenbach C. Self-esteem and adolescent problems: Modeling reciprocal effects. *Am Sociol Rev* 1989; 54: 1004-18.
 7. Gjerde F, Block J, Block JH. Depressive symptoms and personality during late adolescence: gender differences in the externalization-internalization of symptom expression. *J Abnorm Psychol* 1989; 97 (4): 475-86.
 8. Codol JP. Une approche cognitive du sentiment d'identité. *Information sur les Sciences Sociales* 1981 ; 20 (1): 111-36.
 9. Butler RN. Ageism: another form of bigotry. *The Gerontologist* 1969; 9: 243-6.
 10. Coudin G, Beaufils B. Les représentations relatives aux personnes âgées. *Actualité et dossier en santé publique* 1997; 21: 12-14.
 11. Macia E, Boëtsch G, Chapuis-Lucciani N. Stéréotypes liés à l'âge, estime de soi et santé perçue. *Sciences sociales et Santé* 2007; 25 (3): 79-106.
 12. Code of Federal Regulations (2000). No. 34, Part 110. Beirut.
 13. Bekombo M. Vieillesse, culture et société en Afrique. In: CL. Attias, LR. Donfut (ed.). *Vieillir en Afrique*. Paris: Presses Universitaires de France, 1994.
 14. Calot G, Sardon JP. Les facteurs du vieillissement démographique. *Population* 1999; 3: 509-52.
 15. Ministry of Social Affairs. *Lebanon Family Health Survey (2004)*. Beirut, 2006. www.socialaffairs.gov.lb/files/papfamreportEn.pdf
 16. Piquemal-Vieu L. *Vieillir chez soi ou en maison de retraite... Impact du lieu de vie sur la dynamique socio-personnelle*. Toulouse: Le Mirail, 1999.
 17. Kalavar J, Van Willigen J. Older Asian Indians resettled in America: Narratives about households, culture and generation. *J Cross Cult Gerontol* 2005; 20: 213-30.
 18. Schmitt MT, Branscombe NR, Kappen D. Attitudes toward group-based inequality: Social dominance or social identity? *Br J Soc Psychol* 2003; 42: 161-86.
 19. McMullin JA, Cairney J. Self-esteem and the intersection of age, class, and gender. *J Aging Stud* 2004; 18 (1): 75-90.
 20. Rosenfield S. Splitting the difference: gender, the self, and the mental health. In: Aneshensel CS, Phelan JC (ed.). *Handbook of the Sociology of Mental Health*. Dordrecht: Kluwer Academic Publishers, 1999: 202-224.
 21. Vautier-Estève A. *Étude des modes de gestion des pertes par des adultes âgés en maison de retraite*. Toulouse: Le Mirail, 1996.
 22. Robins RW, Trzesniewski KH, Tracy JL, Gosling SD, Potter J. Global self-esteem across the life span. *Psychol Aging* 2002; 17 (3): 423-34.
 23. Collins AL, Smyer MA. The resilience of self-esteem in late adulthood. *J Aging Health* 2005; 17 (4): 471-89.
 24. Gecas V, Seff M. Families and adolescents: A review of the 1980s. *J Marriage Fam* 1990; 48 (1): 941-58.
 25. Mirowsky J, Ross CE. Economic and interpersonal rewards: subjective utilities of men's and women's compensation. *Social Forces* 1995; 75: 223-45.
 26. Rosenberg M, Pearlin LI. Social class and self-esteem among children and adults. *Am J Sociol* 1978; 84: 53-77.
 27. Levy BR, Ryall AL, Pilver CE, Sheridan PL, Wei JY, Hausdorff JM. Influence of African American elders' age stereotypes on their cardiovascular response to stress. *Anxiety Stress Coping* 2008; 21 (1): 85-93.
 28. Levy BR, Zonderman AB, Slade MD, Ferrucci L. Memory shaped by age stereotypes over time. *J Gerontol B Psychol Sci Soc Sci* 2012; 67 (4): 432-6.
 29. Rubalcava L, Teruel G, Thomas D, Goldman N. The healthy migrant effect: new findings from the Mexican Family Life Survey. *Am J Public Health* 2008; 98: 78-84.
 30. Mehio Sibai A, Sen K, Baydoun M, Saxena P. Population ageing in Lebanon: current status, future prospects and implications for policy. *Bull World Health Organ* 2004; 82: 219-25.
 31. Byers AL, Levy BR, Allore HG, Bruce ML, Kasl SV. When parents matter to their adult children: filial reliance associated with parents' depressive symptoms. *J Gerontol B Psychol Sci Soc Sci*. 2008; 63 (1): 33-40
 32. Becca RL, Zonderman AB, Slade MD, Ferrucci L. Age stereotypes held earlier in life predict cardiovascular events in later life. *Psychol Sci* 2009; 20(3): 296-8.