# Ageism and coping strategies among the elderly in Calabar South Local Government Area, Cross River State, Nigeria

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## Abstract
This study examined ageism and coping strategies among the elderly in Calabar South Local Government Area of Cross River State, Nigeria. The objectives of the study were to find extent internalized ageism, workplace ageism and interpersonal ageism exert significant influence on the coping strategies among the elderly in Calabar South. One null hypothesis was formulated; relevant literatures were also reviewed. The Intergroup contact theory and Social Identity Theory were adopted as the theoretical framework for the study. The cross-sectional survey design was adopted. Chi-square ($X^2$) was used to test the hypotheses which revealed that internalized ageism exerts significant influence on coping strategies among the elderly. There is significant relationship between workplace ageism and coping strategies among the elderly. And that there exists a relationship between interpersonal ageism and seeking spiritual comfort among the elderly in Calabar South Local Government Area of Cross River State. It was therefore recommended that; social workers should organize activities aimed at spreading awareness of different types of characteristics in the aging process. There should be public enlightenment so that people can adopt preventive behaviors, seek medical treatment, and no longer believe in negative stereotypes about inevitable declines in health due to aging.

**Keywords:** Ageism, Coping, strategies, elderly and vulnerable

## Introduction
Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but they also often lack in economic resources, self-esteem and social status (Kang, 2013). Under the changing socio-economic and demographic conditions, most families are unable to provide support and care to the older persons and some are also feeling that the elderly are useless. Thus, old age put more wrinkle on one's mind than on his face. According to word of Seneca “Old age is an incurable disease". It cannot be prevented rather it can be protected and promoted (Zenab, 2010). Ageing is a process of growing older by the passing of each calendar year.

Globally, older people constitute 11.7% in 2013 and the share of older persons aged >80 was 14%. Presently, about 2/3rd of the world's older persons lives in developing countries (Swasi, 2018). In India 7.5% population belong to age group above may projected to rise to 12.4% of population by the year 2026. There is sharp rise in age-specific death rate of 20/1000 persons in the age group of 60-64 years, 80 among 75-79 years and 200 for persons aged more than 85 years (Swasi, 2018).

The general characteristics of old age are physical and psychological changes which bring disabilities. They face number of problems such as dependency, ill health, absence of social security, loss of social role and recognition and non-availability of opportunities for creative use of leisure with the advent of the nuclear family, urbanization, influence of western culture and changes of lifestyle there is no space for elders in the family and may go for institutionalization. Separation from or loss of assistance from their children makes them physically and emotionally neglected that lead to psychological problem like anxiety, depression, loneliness, feeling of insecurity, social isolation and so on. (Chonody, 2015). This study hence, seeks to investigate ageism and the coping strategies among the elderly in Calabar Municipality of Cross River State.

Okoye (2023) identified several factors that can contribute to population ageing. The first one is the declining birth rate, which is when the average number of children born to each

woman (fertility rate) declines. The result is a smaller proportion of children in the population and a larger number of persons born at a time when the fertility rate was higher. A decline in fertility reduces the number of babies, and as the effect continues, the number of younger people in general also decreases. The second is increasing life expectancy that is when the average age at which people die (mortality rate) increases. An increase in longevity raises the average age of the population by increasing the number of surviving older people. The third is increasing emigration because those who leave a society are usually disproportionately young. Of the three factors, it is believed that declining fertility now contributes to most of the population ageing in developed countries (Okoye 2023).

**The problem**

In many parts of the world, especially in Africa, ageing is largely perceived as a negative development. As such, the elderly is seen as people with disability due to the general physical and financial weakness that are associated with old age. The global population is ageing, and the number of people aged 60 or older is expected to more than double by 2050 (Zenab,2010). In this demographic scenario, maintaining adequate levels of well-being and health in older people is of crucial importance. Ageism against older people has been widely recognized as a major threat to active ageing and an important public health issue. Several studies have shown that ageistic attitudes, and in particular ageistic stereotypes, have negative impacts on older people in many different domains. The social impacts of ageing on older adults have to do with the loss of vital roles, social status, and prestige that goes with these losses of vital roles that formerly provided them with primary access to economic, social, and psychological necessities of life are lost through retirement and discriminatory practices, older adults become marginalized. This state therefore breeds all forms of social and psychological isolation which further minimizes their feeling of self-worth.

Ageism is a highly prevalent and widespread phenomenon across many cultures. Data from the World Values Survey (2014), including 57countries, showed that 60% of the respondents reported that older people do not receive the respect they deserve. Across regions, increases in the percentage of older people significantly predicted negative attitudes towards older people (World Values Survey, 2014). Current trends in global population ageing combined with the absence of directed policies to efficiently address this issue are likely to promote an increase in ageism prevalence over the next decades. As the pandemic took its toll on the elderly, they faced discrimination, anxiety, physical fatigue, and social withdrawal as a result of their age. Based on research, a healthy immune system is essential for dealing with health problems, so improving overall health is especially important, which can be accomplished through proper nutrition, physical activity, and coping strategies for mental health (Cronin, K & Feuer, 2020). During COVID-19, the benefits of exercise will help the elderly increase their immunity.

Hence, this study contributes to the existing literature and future research in gerontology. This study deals with the psychological, physical, and social impact of ageism to the elderly. It also examines the coping strategies among the elderly experiencing ageism in Calabar Municipality of Cross River State. The main objective of the study was to examine ageism and coping strategies among the elderly in Calabar Municipality of Cross River State.

**Overview of ageism and copying strategies among the elderly**

The term ageism was first coined and defined in 1969 by psychiatrist Robert Butler as “prejudice by one age group toward other age groups” (Butler, 1969, p. 243). In later writings on the topic of ageism as experienced by older adults, he further defined it as “a process of systematic stereotyping of and discrimination against people because they are old” (Butler, 1975, p. 35). Thus, ageism is best described as a difference in one's feelings, beliefs, or

behaviors based on another person's chronological age (Segrave, 2002). Although ageism can be experienced at any age, such as the young toward the old or the old toward the young, in this chapter, we refer to ageism in relation to the age discrimination experienced by older adults. Ageism is often explained as if it is the same as other forms of prejudice, such as sexism or racism. But ageism is different. Generally speaking, one's gender or race is part of a lifetime of lived experiences, including the effects of stereotyping, prejudice, and/or discrimination. But ageism occurs later in life and is thus unfamiliar when young (Achenbaum, 2015). Despite the unfamiliarity for young people in experiencing ageism, everyone will in fact encounter old age at some point, barring premature death; therefore, ageism is unique when compared to other forms of prejudice and discrimination.

Upon first meeting someone, there is a tendency to automatically categorize the individual along three social characteristics-age, sex, and race. This categorization process inevitability leads to the creation of stereotypes as our brains quickly process information about other people. When these categorizations are left unchecked, we can come to believe that anyone who belongs to a particular group is this way and thus not like me. For example, we may recognize someone as “older” and then think, “I bet she/he doesn't use modern technology.” This thought is followed by the notion that using new technologies is good (it is what I do!), and therefore, this person and I do not share anything in common. It is this process of “othering” that leads to ageism or prejudice against older people and can in turn lead to discrimination or the differential treatment of an individual based on their status as an older person.

Ageist beliefs promote differential treatment of older people by individuals and organizations alike. "They legitimate the use of chronological age to mark out classes of people who are systematically denied resources and opportunities that others enjoy and, conversely, who are granted concessions for services and benefits they are assumed to need” (Bytheway, 2005). As a result, many people dread old age. Aging was once seen as something natural, but now it is both a social and personal problem. Aging has been described as the “neglected stepchild of the human life cycle” (Butler, 1975). In other words, socially, we do not think about what it is like to live as an older person. And once one reaches this life stage, we might assume that “it's all over now.” But the fact is that older adulthood and how it is experienced is dependent on many factors, such as physical/mental health, personality, previous life experience, social support, financial status, access to medical care, and housing. Thus, older adulthood is experienced in different ways by different people depending on their circumstances, and just like other life stages, older adulthood has both joys and sorrows (Butler, 1975).

The term ageism, defined as stereotyping and discrimination towards people because they are old, was first coined by Robert Butler in 1969 (Kane & Kane, 2017). It took over 30 years for the term to be specifically dealt with in human rights instruments such as the Madrid International Plan of Action on Ageing (Fiske, Cuddy, Glick & Xu, 2016). In 2016, the United Nations (UN) Independent Expert on the Enjoyment of all Human Rights by Older Persons noted that ageism remains a major concern for older people in their everyday lives (Segrave ,2017). Moreover, in 2020, the spotlight cast by the COVID-19 pandemic highlighted the presence of age as a clear ground for discrimination. Ageism is currently defined by the World Health Organization as prejudice, discrimination and stereotypes towards people because of their age (Allport, 2015).

Older people with mental health conditions are confronted with a double jeopardy of discrimination by virtue of both age and mental health conditions (Diederich, Winkelhage & Wirsik 2011). While in 1991, the UN promulgated the Principles for the Protections of Persons

with Mental Illness articulating the rights to be treated and cared for in one's own community and with the least restrictive or intrusive treatment (Kaufmann & Becker, 2010), older people with mental conditions have been largely ignored in human rights frameworks. Moreover, a substantial number of older people with mental conditions receive their care in institutions (Hollar, Roberts & Busby-Whitehead, 2014). In response to these clear and obvious gaps in the international human rights sphere, in early 2021, a call was made for input into the Thematic Report on Ageism and Discrimination to inform the Expert's forthcoming report to the 48th session of the Human Rights Council (Huang, Liang Shyu, 2014).

**Workplace ageism and coping strategies of the elderly**

Workplace ageism may have a direct impact on the coping strategies of the elderly. Not only is age bias a great risk for organizations, but it may also present many negative consequences for older workers themselves (Bytheway, 2005). Research has found that older workers face substantial barriers to entry in many occupations (Extermann et. al., 2022), and also that age bias can lead to ageist discourse, expressed ageist attitudes, and discriminatory practices based on age (Segrave, 2018). Furthermore, such negative treatment has been shown to be associated with lowered self-efficacy, decreased performance, and cardiovascular stress among older employees. Finally, perceived age discrimination has been linked to decreased job satisfaction, organizational commitment, and job involvement (Fiske, Cuddy, Glick & Xu, 2016). Age discrimination may be the result of the widespread belief that job performance decreases with age (Fowler et al, 2014). However, chronological age has not been found to be a valid predictor of performance for a specific individual in a particular job. Evidence from a meta-analysis found no significant differences between age groups in objective work performance measures. Rather, their results indicated that older workers received lower performance scores when subjective supervisory ratings were used. (Fowler, et. al., 2014).

Lower performance scores for older workers have been reported despite the fact that older workers are as productive as younger workers; are almost as capable of learning (despite less formal education); and have high levels of energy, flexibility, and willingness to learn. Finally, research has shown that even for jobs in which legally justified age limits exist, no age-related performance decrements seem to be present (Swasi, 2018). Indeed, there is substantial evidence that older workers are more reliable and productive, and are less prone to turnover than are younger workers. One recent study found that a sample of organizations staffed exclusively with workers who were at least 50 years of age had profits that were 18% higher, turnover that was 16% lower, 40% less absenteeism, and 60% less inventory loss compared with similar organizations staffed with younger employees (Segrave, 2017).

Factors explored by researchers to explain age bias include the perceived age distribution of an applicant pool, the salience of older workers' relative age, and the perceived ages associated with certain jobs. What is lacking in this body of research, however, is an exploration of how employee age and manager ageism interact to create age bias, and how causal attributions mediate age-biased decision making. Ageism has many social as well as interpersonal implications for older adults, including employment, medical care, and issues of independence (Chonody, 2015), that in turn affect their coping strategies. Negative beliefs about aging can be both hurtful and harmful to older people. Perceived age discrimination negatively affects health over time and impacts life expectancy. Negative self-perceptions of old age influence health by generating increased stress, which in turn weakens the immune system and increases the likelihood of illness (Iversen, 2015).

Similarly, belief in negative stereotypes about aging impacts memory. In a 38-year longitudinal study, researchers found that memory performance decline was 30% greater for older adults who held negative aging stereotypes (Kagan, 2018). In another longitudinal study

of people age 50 and over, it was found that those who had a more optimistic perception of aging lived about 7.5 years longer than those who were pessimistic. Ageism can also be internalized by older adults and expressed through age passing-presenting yourself as younger than your true age-or through comments that suggest that the only thing that has changed over time is the body, which neglects the experiences and emotional changes that occur throughout a lifetime (Hollar, & Busby-Whitehead, 2014). People are socialized into an ageist belief system, and cultural norms and values perpetuate this system.

Younger people, including professionals and family members, often infantilize older people. One such way is the use of elder speak where a childlike tone is used to communicate with older people. The use of elder speak has been found to lower an older person's self-esteem and cause them to question their ability to accomplish a task. Similarly, when older adults were exposed to negative stereotypes, it was found that their driving confidence decreased and, in another study, this exposure impacted memory performance (Swasi, 2018).

**Ageism in medical context and healthcare professionals' attitudes**

In the medical context, the healthcare professionals are crucial actors who can also be practitioners of ageism. As nowadays the organization of hospitals transforms from specialized institutions to large, general health service ones and the elderly patients outnumber the trained geriatricians. The ageist attitudes might be enforced in medical settings and among the care providers. Iversen, Larsen and Solem (2015) report that particularly in the situations of tight schedule, doctors tend to devote less time to patients of older age. What is more, in situations like that they were inclined to attribute the complaints made by them to the age. Research done on medical staff and social workers, who had to evaluate younger and older adults with brain injury in following areas: unsatisfied needs, assisted living, treatment, relevance of services, social activities and care burden, has shown that healthcare professionals were more likely to rate older people as having not that many unsatisfied needs for support and service than the younger persons. However, the researchers cannot undoubtedly claim that this difference can be assigned to an age bias (Iversen, Larsen and Solem 2015).

Doctors and nurses reported that, they frequently prefer younger patients to older, accounting for that by saying that the younger is more productive and have greater healthy life expectancy (Huang, Liang, & Shyu, 2014). Similar results have been obtained in a study by Kaufmann and Becker (1986), where healthcare specialists rated the elderly age stroke patients' potential for recovery as being in decline. However, compensational abilities of older people should not be assessed so negatively right from the outset and without deepened analysis of an individual's actual environment and characteristics. Segrave, (2017).) suggest that the elderly might be even better than the younger people in compensating for their health problems, taking into consideration the possible stability of life circumstances, well-established social support networks and coping strategies which are often more firmly consolidated than in the young. Not only are negative attitudes detrimental for the elderly, but also, they affect the quality of communication between the professional medical specialist and the patient. That is a valid argument for interventions which are proved effective in combating the stereotype, not only at the students' education level, but also later on, during medical practice of a specialist.

Positive stereotyping of the elderly among healthcare practitioners again proves to be not always beneficial. During treatment planning, some specialists tend to prescribe or suggest less aggressive solutions basing solely on age of the patient. Kang & Chasteen (2013) describes a phenomenon of undertreating some symptoms in elderly patients, which are sometimes seen by the practitioner as a con-sequence and a natural part of the aging process. Ageism can also ex-press itself in overprotection of the elderly person by the medical staff, at times even having features of intrusion into the freedom and rights of a treated person (Kane & Kane, 2005a,

2017b; Extermann, Boler, & Reich, 2012). However, as a negative mutual attitude affects the quality of communication and disturbs the relation, an effective way of providing better care for the elderly might be educating and training the future and current healthcare professionals.

## Theoretical framework

### *Intergroup contact theory*

Intergroup contact theory, developed by Gordon Allport in 1954, was originally used as a theoretical perspective to understand racial prejudice and as an approach to challenge stereotypes and negative attitudes that fuel prejudice from one group toward another. Allport (1954) hypothesized that mere contact between two different groups is not enough, but rather stereotypes and attitudes from one group toward another can only be changed when the contact between two different groups is structured along the following four conditions: (a)The two groups are of equal status. One group is not teaching or mentoring the other, but both groups are equally participating in the interaction, and both groups have a say in the direction of the contact; (b)The two groups are working toward a common goal. There is a purpose and goal to the interaction, and both groups are equally working to achieve the goal; (c)There is cooperative interaction between the two groups where they are willing to interact and participate; (d)There is institutional support for the contact where any change as a result of the contact would be supported through social and cultural environments.

Intergroup contact theory, oftentimes referred to as the "contact hypothesis," is used to structure interactions between two different groups in order to challenge biases. For example, to challenge stereotypes and negative attitudes of young people toward older adults, with the aim of combating ageism, an intergenerational program involving creative activities was developed using the four conditions of the contact hypothesis. After the program concluded, the young people reported changes in their attitudes toward older adults and were able to refute negative stereotypes (Teater, 2016). One young person commented: "I think it's the more you know an older person, the better your relationship with them is, and you won't think of them as stereotypes much, unless they are like a stereo-type." The young people reported finding commonalities between themselves and the older adults and reported a desire to interact with older adults in the future.

Therefore, intergroup contact theory can be used to explain how ageism can be sustained and ways in which it can be challenged. For example, when young people have limited exposure to older people, they tend to believe in negative stereotypes about older people. Negative stereotypes and attitudes are also sustained if a younger person has a "negative" experience with an older adult, such as living with a frail relative or experiencing "educational" activities that involve imagining that one is an older adult or simulating loss of physical functioning (Achenbaum, 2015). However, research indicates that through both high quality and increased quantity of contact, attitudes toward older adults significantly improved. As found in the study by Teater (2016), positive contact, based on the contact hypothesis, can facilitate a new perspective on older people; that is, they are not different from the younger person, just older. The importance of intergenerational contact has the power to not only improve ageist attitudes but also provide the opportunity for social and emotional growth for both older and younger people alike.

### *Social Identity Theory*

Social Identity Theory (SIT), developed by Tajfel and Turner (1979,1986), explains the ways in which people attach themselves to or identify with a social group, and the ways in which people view themselves and others within their social group(in-group) compared to others who are not in their social group (out-group). People may self-identify with a particular

social group or may be prescribed to the social group by the dominant culture. The group (or groups) to which a person belongs is the in-group and those who do not fit in the in-group belong to the out-group.

According to SIT (Tajfel & Turner, 1986), there are three stages to the identification and evaluation of the in-groups ("us") and the out-groups ("them"). First, social categorization occurs when we assign people to either the in-group or the out-group (e.g. females versus males; Republicans versus Democrats; young versus old), which provides us with information about that person, such as their characteristics, beliefs, traits, abilities, or disabilities. Second, social identification takes place when the individuals in the in-group subscribe to the "defined" characteristics, beliefs, traits, abilities, or disabilities. In this sense, individuals identify with their in-group and actively seek membership to the group, as it is their identity and source of self-worth. Finally, social comparison happens when individuals in the in-group compare their group membership to those in the out-group. Individuals' identity and self-worth is defined by their membership to their in-group. They tend to view their in-groups in a positive light and hold stereotypes and negative attitudes toward those individuals in the out-group; this makes them feel good to be a member of the in-group and enhances their self-worth.

SIT can be applied to ageism by exploring the interplay between the young (in-group) and the old (out-group). Young people often hold stereotypes and negative attitudes toward older adults as this reinforces their identity and self-worth as young people; likewise, older adults (as the in-group) may view younger people (as the out-group) in a negative way as it makes them feel better about being old. What is interesting when applying SIT to ageism is that the young people in the in-group will eventually move out of the in-group into the out-group of older adults. SIT suggests that individuals moving from the young (in-group) into the old (out-group) can do so in one of three ways:

1. Social Mobility: Individuals (literally or figuratively) attempt to remain a part of the young group (in-group) for as long as possible; thus, choosing not to identify with the less- preferred out-group. For example, individuals may participate in recreational activities socially constructed as activities for younger individuals (e.g., playing football), or may use beauty treatments, or undergo plastic surgery.

2. Social Creativity: Individuals embrace their move from one group into another, focus on the more positive aspects of the new group, and creatively establish this as their identity. For example, older adults who participate in a weekly singing group refer to themselves as "Goldies".

3. Social Competition: Individuals acknowledge their move from the in-group to the out-group and aim to tackle the stereotypes and negative attitudes associated with their new group in order to create a more positive image for their new group. For example, participating in the work of the AARP, Inc. (Kaufmann, 2002).

As with the intergroup contact theory, when individuals spend more time with someone that is thought of as a member of an out-group, individuals can come to understand the commonalities that are shared across groups. In turn, stereotypes can be challenged, and attitudes toward this "out-group" are then improved.

**Methodology**

This study adopted cross-sectional survey design. This method is relevant because it enabled the researcher to make use of the drawn sample that represents various elements of the population under study. The area of the study is Calabar Municipality of Cross River state. Calabar is the capital of Cross River State, Nigeria. It was originally named Akwa Akpa, in

Efik language. The city is adjacent to the Calabar and Great Kwa rivers and creeks of the Cross River (from its inland delta). Calabar is often described as the tourism capital of Nigeria. It has an area of 48.74 $km^2$ and a projected population of 216,783,400 as at 2022 census (National Population Commission Report, 2024).

On 10 September, 1884, Queen Victoria signed a Treaty of Protection with the King and Chiefs of Akwa Akpa, known to Europeans as Old Calabar. This enabled the United Kingdom to exercise control over the entire territory around Calabar, including Bakassi. Today, Calabar is a large metropolis with several towns like Akim, Ikot Ansa, Ikot Ishie, Kasuk, Duke Town, Henshaw Town, Cobham Town, Ikot Omin, Obutong. Since the 16th century, Calabar had been a recognized international seaport, shipping out goods such as palm oil. During the era of the Atlantic slave trade, it became a major port in the transportation of African slaves and was named Calabar by the Spanish. By the 18th century, most slave ships that transported slaves from Calabar were English, with around 85% of these ships being owned by Bristol and Liverpool merchants. Old Calabar (Duke Town) and Creek Town were crucial towns in the trade of slaves in that era (Falola, 2007). The first British warship to sail as far as Duke Town, where she captured seven Spanish and Portuguese slavers, may have been Comus in 1815.

The city is home to the first social club in Nigeria, The Africa Club. It hosted the first competitive football, cricket and field hockey games in Nigeria. Among the city's firsts were the first Roman Catholic Mass (held at 19 Bocco Street, Calabar - 1903) and the oldest secondary school (Hope Waddell Training Institution - 1895) in eastern Nigeria. The school later graduated Nnamdi Azikiwe, who was elected as the first President of Nigeria (Daniel, 2019)

The city has an international museum, a botanical garden, a Free Trade Zone/Port, an international airport and seaport, an integrated sports stadium complex, a cultural centre, one of the most prominent universities in the country-the University of Calabar, a slave history park and several historical and cultural landmarks. It also has several standard hotels, resorts and amusement parks. The former Liberian warlord Charles Taylor lived in the old colonial palace in the city, under an agreement that led to the end of his county's civil war, before fleeing extradition to Liberia in March 2006 (Daniel, 2019). The Cross River State Annual Christmas Festival held every year attracts thousands from within and beyond Nigeria. The festival, includes music performance from both local and international artists. Other annual events include the Calabar Carnival, a boat regatta, fashion shows, a Christmas Village, traditional dances and the annual Ekpe Festival.

The study population comprises of residents of Calabar Municipal between ages of 18 years and above, both males and females. According to the National Population Census, Calabar Municipal has a population of about 216,783,400 people. Sample size of 200 respondents, comprising 100 males and 100 females of different occupations and educational backgrounds was used for the study. A simple random sampling technique was used to select the sample. This technique involves drawing the 200 sample elements of the population giving each element an equal chance of being selected. This was done by lottery. Thus, the selection of samples was done by or through writing in a piece of paper "Yes" and "No" and enclosed in a basket, properly shuffled. Respondents were asked to choose and those who pick "Yes" were qualified to participate as respondents in the research.

The major instruments for data collection in this study was the questionnaire tool. The questionnaire contains both opened-ended and closed-ended multiple choice questions. It helped in getting the views of the respondents on the conditions of street hawking and psychological wellbeing of students in our society and also helped to analyze the study

quantitatively. The questionnaire tool was divided into two sections: section A comprised the demographic data of the respondents while the second part (section B) was on the substantive issues of the study (i.e the variables of the study).

For the purpose of this research data was derived from both primary and secondary sources. The primary sources involved the administration of a well-structured questionnaire on the sample size which help to generate firsthand information on the views of the respondents on the issue of poverty and youth development. While the secondary source includes: internet, radio commentary, book, articles, journals, and newspapers. The data collected for this study was analyzed using frequency tables and simple percentage, while chi-square was used in testing of hypotheses generated and used for this study.

Formula:

$X^2 = \frac{\Sigma(F0-Fe)^2}{Fe}$

Where;

$X^2$ = Chi-square

$\sum$ = Summation sign

Fo = Frequency observed

Fe = Frequency expected

DF = Degree of freedom

***Interviews***

## Data presentation

**Table 1: Socio-demographic data of the respondents**

| S/N | Demographic Variables | Variables | Frequency | Percentage |
|---|---|---|---|---|
| 1 | Sex | Male | 80 | 40% |
| | | Female | 120 | 60% |
| | **Total** | | **200** | **100%** |
| 2 | Age | 16-25 | 155 | 77% |
| | | 26-35 | 32 | 16% |
| | | 36-45 | 8 | 4% |
| | | 46-Above | 5 | 2.5% |
| | **Total** | | **200** | **100%** |
| 3 | Marital status | Single | 88 | 44% |
| | | Married | 101 | 50.5% |
| | | Divorced | 0 | 0 |
| | | Widowed | 11 | 5.5% |
| | **Total** | | **200** | **100%** |
| 4 | Religion | Christian | 194 | 97% |
| | | Muslim | 6 | 3% |
| | | Traditional African Religion | 0 | 0 |
| | **Total** | | **200** | **100%** |
| 5 | Educational level | Primary | 19 | 9.5% |
| | | Secondary | 79 | 38% |
| | | Tertiary | 97 | 48.5% |
| | | No formal education | 8 | 4% |
| | **Total** | | **200** | **100%** |
| 6 | Occupation | Civil servant | 58 | 29% |

| | | | |
|---|---|---|---|
| | Farmer | 7 | 3.5% |
| | Student | 34 | 17% |
| | Business man/woman | 54 | 27% |
| | Unemployed | 47 | 23.5% |
| **Total** | | **200** | **100%** |

The above table shows that 40% of the respondents were male, while 60% of the respondents were female. Also evident from the table above indicates that 28.5% of the respondents were between the ages of 12-16,48.5% were between the ages of 17-21, 21% were between the ages of 22-36, while 5.5% were between the ages of 37 years and above. 44% of the respondents were single, 50.5% were married, and 5.5% were widowed. Furthermore, 97% of the respondents were Christians, while 3% were Islam. 9.5% of the respondents had primary education, 38% had secondary education, 48.5% had tertiary education, and 4% had no formal education. 29% were civil servants, 3.5% were farmers, 17% were students, and 27% were business men and women, while 23.5% were unemployed.

## Hypothesis

$H_0$: There is no significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality.

$H_I$: There is significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality.

**Table 2: Observed responses**

| **Variable** | **Sex** | | **Total** |
|---|---|---|---|
| | **Male** | **Female** | |
| Strongly Agreed | 31 | 35 | 66 |
| Agreed | 15 | 50 | 65 |
| Disagreed | 20 | 25 | 45 |
| Strongly Disagreed | 14 | 10 | 24 |
| **Total** | **80** | **120** | **200** |

Source: Field survey, 2024.

Cell 1= $\frac{66\ X\ 80}{200}$ = 26.4

Cell 2= $\frac{66\ X\ 120}{200}$ = 39.6

Cell 3= $\frac{65\ X\ 80}{200}$ = 26

Cell 4= $\frac{65\ X\ 120}{200}$ = 39

Cell 5= $\frac{45\ X\ 28}{200}$ = 18

Cell 6= $\frac{45\ X\ 120}{200}$ = 27

Cell 7= $\frac{24\ X\ 80}{200}$ = 9.6

Cell 8= $\frac{24\ X\ 120}{200}$ =14.4

**Table 3: Determination of Chi-square analysis of respondents**

Substitute into the formula; $X^2 = \frac{\Sigma(F0-Fe)^2}{Fe}$

| Cell | O | E | O-E | $(O - E)^2$ | $\frac{(Fo-Fe)^2}{Fe}$ |
|---|---|---|---|---|---|
| 1 | 31 | 26.4 | 4.6 | 21.16 | 0.8015 |
| 2 | 35 | 39.6 | -4.6 | 21.16 | 0.5343 |
| 3 | 15 | 26 | -11 | 121 | 4.6538 |
| 4 | 50 | 39 | 11 | 121 | 3.1026 |
| 5 | 20 | 18 | 2 | 4 | 0.2222 |
| 6 | 25 | 27 | -2 | 4 | 0.1481 |
| 7 | 14 | 9.6 | 4.4 | 19.36 | 2.0167 |
| 8 | 10 | 14 | -4.4 | 19.36 | 1.3444 |

$X^2 = \frac{\Sigma(F0-Fe)^2}{Fe}$

=0.8015 + 0.5343 + 4.6538 + 3.1026 + 0.2222 + 0.1481 + 2.0167 + 1.3444

=12.8236

**Result**

Level of Significance= 0.05

Degree of freedom (R-1) (C-1).

df= (4-1) (2-1) = 3

Critical Value = 7.82

Calculated value=12.8236

From the data analyze above, the result shows that the calculated value of 12.8236 is greater than the critical value of 7.82 at 0.05 level of significance with degree of freedom of 3. With this result, the null hypothesis which state that “there is no significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality" was rejected, while the alternate hypothesis which states that; "There is significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality” was accepted.

**Findings and discussions**

Evidence of the study revealed that the study was comprised of 40% of male and 60% of the respondents were female. Also evident from the study indicates that 28.5% of the respondents were between the ages of 12-16, 48.5% were between the ages of 17-21,21% were between the ages of 22-36, while 5.5% were between the ages of 37 years and above. 44% of the respondents were single, 50.5% were married, and 5.5% were widowed. Furthermore, 97% of the respondents were Christians, while 3% were Islam. 9.5% of the respondents had primary education, 38% had secondary education, 48.5% had tertiary education, and 4% had no formal education .29% were civil servants, 3.5% were farmers, 17% were students, and 27% were business men and women, while 23.5% were unemployed. This implies that the majority of the respondents were females. 17-21 years bracket were seen as constituted the majority of the respondents. It was also revealed that the majority of the participants were married, and have obtained first degree. Evidence from the study also showed that the Christians constituted the majority of the respondents. This could be because Calabar South is a Christian dominated region.

This research examined examine ageism and coping strategies among the elderly in Calabar Municipality of Cross River State. This study examined thoroughly the concept of ageism, and also its influence of coping strategies among the elderly. The hypothesis which states that there is no significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality was rejected after data analysis in table 5. This result shows that there is significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality. This finding correlates with the view of Hirsch, Macpherson, & Hardy (2000),who noted that older workers face substantial barriers to entry in many occupations and also that age bias can lead to ageist discourse, expressed ageist attitudes, and discriminatory practices based on age.

**Summary**

The aim of this study was to examine ageism and coping strategies among the elderly in Calabar Municipality of Cross River State. To achieve the purpose of this study, adequate literature review was done and three hypotheses were formulated. Two theoretical perspectives were used. These theories were the Intergroup contact theory by Gordon Allport. The second theory used in the study was the Social Identity Theory (SIT), developed by Tajfel and Turner. The research design adopted in this study was survey research design. A sample of two hundred (200) respondents were randomly selected for this study. The main instrument used for data collection was questionnaire. The questionnaire was divided into the two sections; section A and section B. Section A consist of the bio-data of the respondents, while section B consist of the actual questionnaire that consisted of nineteen (19) items in numbers. The Likert type of response scale was used with a four-points scale that rate from strongly agreed to strongly disagreed.

Furthermore, the hypothesis formulated to guide this study was tested using Chi-square statistical tool to determine whether to reject or retain the null hypothesis. This hypothesis was tested at 0.05 level of significance. After testing the hypothesis, the null was rejected. The result shows that: “There is significant relationship between workplace ageism and coping strategies among the elderly in Calabar Municipality”. Strong societal beliefs and practices causing stereotyping of older persons and discrimination against them are consigning large segments of the population of older adults to poor health, diminished cognitive ability, social isolation and boredom. At the structural level, evidence indicates that ageism leads to denied access to health services and treatments, older persons' exclusion from health research, devalued lives and lack of work opportunities. At the individual level, ageism causes older persons to experience reduced longevity, poor quality of life, poor social relationships, risky health behaviors, mental illness, cognitive impairment and physical illness.

Ageism is a vital factor that influences coping strategies among the elderly. The results of the study revealed that coping strategies among the elderly is influenced by internalized ageism. It was also confirmed that there exists a significant relationship between workplace ageism and coping strategies among the elderly. And that there is relationship between interpersonal ageism and seeking spiritual comfort among the elderly in Calabar Municipality.

**Recommendations**

Based on the result of these findings, the following recommendations are suggested:

1. From very young ages and for all educational levels, Social Workers should organize activities aimed at spreading awareness of different types of characteristics in the aging process. Making an intervention among the youngest populations will guarantee to all of society's future generations that they are no longer gripped by anxiety about what the future holds for them.

2. It will also be necessary to address those individual characteristics that are fundamental to a successful outcome for the aging process, such as self-esteem, self-efficacy, and locus of control.

3. There should be public enlightenment so that people can adopt preventive behaviors, seek medical treatment, and no longer believe in negative stereotypes about inevitable declines in health due to aging. In this way, it will be possible to avoid the dramatic effects of the internalization of stereotypes, with positive effects on the physical [70] and mental health of the elderly.

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