Commentary

Developing and adapting the 'Facts on ageing quiz' for Malta

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Abstract

One universal measurement scale of ageism constitutes the *Facts on Aging Quiz* (FAQ) which consists of 25 true-false statements for dissemination in the United States context. This short communication included two objectives - namely, to develop and update the FAQ for the Maltese context, and to explore the perceptions and knowledge of Maltese older persons on ageing in general and ageism in particular. Following a fact-checking exercise that resulted in seven amendments in the most recent FAQ version, the modified FAQ was completed by 372 community-dwelling older adults in Malta. The mean percentage of correct responses was 56.4%. The three quiz items that received most accurate responses related to 'law abiding', 'injuries at home', and 'fear of crime'. This implied that respondents held an unrealistically high perception of later life as a period of excessive frailty and vulnerability since such positive responses are much higher than actual incidences of medical care attention due to falls at home and being a victim of crime in later life. Conversely, the items on 'volunteers', 'living contexts', and 'poverty' garnered the least correct responses to re-affirm how Maltese older persons perceive later life as a period of increased frailty and vulnerability, and hence, manifest strong degrees of 'internal ageism'.

1. Introduction

As countries all the over world experience unprecedented numbers and percentages of older people in their total populations, ageism has been increasingly recognised as a public health issue, and as one of the most prevalent forms of stereotyping, prejudice and discrimination (World Health Organization, 2021). One pervasive measurement scale of ageism constitutes Palmore's (1980, 1981) *Facts on Aging Quiz* (FAQ) which consists of 25 true-false statements for dissemination in the United States context. Following criticism that the matter of respondents' guessing successfully the correct answers constitutes a key weakness in this scale, to the extent that Miller and Dodder (1980) added a third possible answer of 'don't know', Palmore (1988) advocated the conversion of the FAQ to a multiple-choice format. This was completed by Harris and Changa (1994), and subsequently endorsed by Palmore himself for reducing the chances of guessing the correct answer and limiting the measurement error for average and above average respondents (Harris, Changas & Palmore, 1996).

Although many researchers have commended the strengths and advantages that Palmore's FAQ's multiple-choice version brings to the measurement of ageism (Ayalon, 2019), diverse countries have unique features that disallows its adoption and use in a 'lock, stock and barrel' manner. The issue of timing may also be a potential problem since "responses that were correct at one time may become incorrect as policies and practices evolved with time in company with demographic shifts" (Helmes, 2016, p. 72). In fact, Palmore's FAQ was

adapted for other countries than the United States. Following Luszcz's (1982) and Pennington's et al.,'s (2001) attempts to produce Australian and New Zealand variants respectively, Pachana, Helmes, and Gudgeon (2013) discovered other statements and answers that were unsuitable to the Australian context in the early 2010s and amended as much as nine items. For instance, references to 'African Americans' and 'Supplementary Security Income' were exchanged with 'Indigenous Australians' and 'Aged Pension' respectively. Moreover, the term 'in reference to public office' was reworded to 'being elected or appointed to a government position' since 'public office' is an American term and irrelevant to Australia. More recently, Helmes (2016) adapted Pachana al., (2013) multiple-choice version to Canada by making four changes to the scoring keys of four items.

This short communication included two objectives. The first is to report upon the development and updating of the most recent multiple-choice FAQ (Helmes, 2016) to provide a validated scale for the measurement of ageism in Malta. This intervention is especially warranted for the Maltese demographic context which includes a distinctively aged population. In 2020, Malta included a population of 516,100 - of whom 97,418 (44,729 men and 52,689 women) are aged 65-plus (18.9% of the total population) (National Statistics Office, 2021). The second goal is to explore the perceptions and knowledge of older persons in Malta on ageing in general and ageism in particular.

2. Methods

2.1. Procedure

The version of the multiple-choice FAQ that was used for adaptation was the Canadian FAQ variation (Helmes, 2016). This version was selected on the basis that, at the time of carrying out this study, it was the most recently published version. A fact-checking exercise of Helmes (2016) Canadian FAQ resulted in seven central amendments:

- The terms 'elderly' and 'aged' were changed with 'older persons' as this is the nomenclature used by the United Nations and the World Health Organization, as well as Maltese policy makers and academics.

- Malta does not include any First Nations or Indigenous people. The nation's ethnic minority consists of third country nations outside the European Union who generally work in precariat employment. Hence, items 6, 18, and 22 were edited accordingly.

- Since Malta includes complete health coverage for all Maltese citizens, item 8 was edited to 'What is the percentage of the national expenditure that is spent on the health of older persons?'

- Items 9 and 10 were edited as Malta's social security system is referred locally by the term 'public pension'.

- Item 15 declared that when 'comparing widows with widowers among older persons', 'there are more than 5 times as many widows as widowers'. However, this is incorrect for the Maltese context where the right answer is that 'there are more than twice as many widows as widowers' (Formosa, 2015).

- Item 21 posited that the 'rate of poverty among older persons' is 'lower than among those under 65'. However, in Malta the correct answer is 'higher than among those under 65'. Malta's National Statistics Office (2019) reported that while the rate of poverty for persons aged 18 years and under and others aged in the 18-64 year bracket was 21.4% and 13.3% respectively (average = 13.3%), for older persons it was 25.4% (national average = 16.8%).

- Item 24 noted that 'when the last child leaves home, the majority of parents... have higher levels of life satisfaction'. Since the Maltese nation is characterised by a 'southern model of welfare' (Darmanin, 2006), whereby the family emerges as an extremely tightly knit community (Sammut Scerri et al., 2019), the correct response was amended to 'suffer from the "empty nest" syndrome'.

A copy of the revised form is reported in the appendix. The verified correct answer is indicated by an Asterix for each item.

2.2. Participants

Respondents who completed the Maltese FAQ version consisted of a convenience random sample of 372 community-dwelling older adults. The only selection criterion applied was a willingness to participate and being aged 60-plus. The respondents (200 women and 172) recorded a mean age of 71.2 years ($SD = 7.97$; range 61 to 86). Since Malta is a bilingual country, the quiz was translated by a professional translator into Maltese so that respondents could choose whether to answer either the English or Maltese version. Consent was implied through return of the completed forms. The

study was successfully reviewed by the Faculty for Social Wellbeing's (University of Malta) Research Ethics Board.

3. Results

Table 1 presents the proportion of respondents who gave the correct answer, as well as the 95% confidence intervals.

This Maltese sample obtained a mean of 56.4% (95% CI: 0.52 to 0.61) in terms of correct answers. The three items that received most accurate responses included items 14 on law abiding, four on injuries, and thirteen on fear of crime - with a 91%, 90% and 90% positive response rate respectively. Conversely, items 19 on volunteers, 20 on living contexts, and 21 on poverty were answered correctly by only 11%, 12%, and 13% of respondents respectively.

Item number and content	Mean proportion correct	95% Confidence Interval
1. Height	0.86	0.75 - 0.89
2. Illness limitation	0.86	0.76 - 0.91
3. Illness frequency	0.80	0.71 - 0.88
4. Injuries	0.90	0.82 - 0.94
5. Absenteeism	0.55	0.44 - 0.61
6. Life expectancy	0.60	0.51 - 0.63
7. Gender life expectancy	0.75	0.66 - 0.84
8. Health expenditure	0.49	0.39 - 0.56
9. Maltese public benefits	0.41	0.33 - 0.49
10. Maltese public pensions	0.43	0.36 - 0.51
11. Income	0.51	0.41 - 0.51
12. Crime victims	0.45	0.36 - 0.54
13. Fear of crime	0.90	0.82 - 0.94
14. Law abiding	0.91	0.83 - 0.95
15. Widows	0.55	0.46 - 0.64
16. Interest in politics	0.39	0.33 - 0.46
17. Appointments	0.56	0.46 - 0.57
18. Proportion of third country nationals	0.49	0.40 - 0.59
19. Volunteers	0.11	0.03 - 0.19
20. Living contexts	0.12	0.01 - 0.18
21. Poverty	0.13	0.04 - 0.20
22. Poverty of Third country nationals	0.69	0.63 - 0.74
23. Reduced activity	0.66	0.46 - 0.76
24. Children leaving	0.59	0.48 - 0.68
25. Widowed rate	0.39	0.29 - 0.47

Table 1. Mean number of correct item responses and 95% confidence intervals

Discussion

This adaptation of the FAQ to the Maltese social context required amendments to seven items in comparison to the four required adaptations in the Canadian version (Helmes, 2016), nine changes in each of Luszcz's (1982) and Pachana's (et al., 2013) adaptations for Australia respectively, and one change in Pennington's (et, al. 2001) for the New Zealand alternative. This suggests that the majority of items concerning *factual-relevant* data in Palmore's and other recent versions of the FAQ in some English-speaking and Commonwealth countries are truthful, and that intra-continental demographic shifts are also more or less similar. Changes were, however, necessarily in the *culturally-relevant* items as different countries conceptualise differently the process of ageing and the social position that ageing holds, with both the structural impetus and subjective experience of later life emanating from specific norms and value orientations. The mean percentage of correct answers was 56.4%, a proportion higher than the recent Canadian (54.3%), (Helmes, 2016), Australian (51.5%) (Pachana et al., 2016) and United States (41.0%) (Harris et al., 1996) data. Although the reason underlying this promising result is not obvious, it may be due to the fact that Malta "punches above its weight" as far as ageing policy is concerned (Formosa & Scerri, 2020, p. 1384). Malta was one of the first countries whose government included a Parliamentary Secretariat (Junior Ministry) responsible for older persons in 1987, elevated in November 2020 to a Ministry for Senior Citizens and Active Aging in November 2020, and more recently, to a Ministry for Active Aging in March 2022.. Malta is also one of a very select countries that include national strategies on both active ageing and dementia care (Formosa, 2017), so that Maltese citizens (together with Swedish nationals) hold the record of the longest lifespan spent in good health among all European Union countries (Organization for Economic Co-operation and Development & European Union, 2018).

The FAQ is, at best, a survey of perceptions of ageism. Consequently, it is an excellent starting point for the systematic inquiry into ageism on behalf of the group of respondents compiling the answers. On one hand, the fact that three items that received most accurate responses centred on law abiding, injuries at home, and fear of crime implies that older persons recognised correctly that, compared with younger persons, they are at greater risk of sustaining injuries in the home, fear of crime among older persons is higher than among younger persons, and that most law-abiding adults are persons aged 65-plus. Yet, this also implies that respondents held an unrealistically high perception of later life as a period of excessive frailty and vulnerability since such positive responses are much higher than actual incidences of medical care attention due to falls at home and being a victim of crime in later life. Indeed, in a national study on frailty held in 2019 amongst Maltese persons aged 60-plus the question 'did you fall in the past six months?' as replied in the negative by 85.4% of respondents - with the remaining 12.0%, 0.8%, 1,3% and 0.5% replying 'once', 'twice', 'three times' and 'four times' respectively (Salem, 2020). Moreover, the latest *Crime Annual Report* for Malta found that the main age cohort that is most victimised pertains to people in the 40-59 age bracket, followed by persons 20-29 years, 30-39 years, and finally, the 60-plus cohort respectively (Formosa, 2019). On the other hand, items 19 on volunteers, 20 on living contexts, and 21 on poverty were answered correctly by about only one-tenth of respondents. The incorrect results of the former two items illustrate a strong degree of internal ageism amongst respondents as they believed that volunteering decreases with ageing when 50.1% of registered volunteers in Malta are aged 50-plus and that the majority of old people live either alone or in residential long-term care facilities when as much as 59.6% of persons aged 60-plus live in the community together with their spouses (Formosa, 2015). The third incorrect result was unexpected since the fact that the high poverty rates amongst older persons is a frequent news item in the local mass and social media. Two possible inferences are suggested for this outcome. First, this erroneous marking could be due to a selectivity bias in that community organisations for older persons tend to include physically and cognitively healthy individuals in higher socio-economic status brackets, and hence, relatively detached from living at-the-risk of poverty lifestyles. And secondly, older persons may engage in 'denial' as far as their financial situation is concerned to lessen potential levels of distress and anxiety following the negative impact of mandatory retirement on their income security (Formosa, 2021).

4. Conclusion

The development and updating of Palmore's FAQ to measure ageism in Malta and evaluate the knowledge of Maltese older persons on ageism is certainly beneficial and valuable from a cross-cultural gerontological perspective. Of course, the study reported herein is characterised by

a number of limitations as the FAQ was not developed using accepted methods of test construction and further replication samples would be needed to confirm these findings before the generalisation of results could be recommended since the sample represented members in community organisation targeting older persons which may be somewhat atypical of community-dwelling older Maltese persons. However, this and other similar exercises are necessary so that gerontological scholarship does not fall in the pitfalls of academic imperialism, becoming dominated by Western philosophies and modes of practice, and Eurocentric hegemonies as a way of knowing, seeing and understanding its subject matter. One also augurs that the Maltese FAQ version is disseminated amongst other sectors of the local population and all those sectors of the workforce employed in the field of ageing and/or working with older persons.

5. Acknowledgements

6. Funding

7. Conflicts of Interest

The author reports no conflicts of interest.

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Appendix

Please circle the letter marking the correct response to the following questions and statements.

1. In old age, a person's height

A Does not change
B Only appears to change
C* Tends to decline
D Depends on how active one is

2. Compared with younger persons, more older persons (65 or over) are limited in their activity by which type of illness?

A Acute illnesses (short term)
B Colds and flu
C Infections
D* Chronic illnesses

3. Which type of illness do older persons have less frequently than younger persons?

A Chronic illness
B Arthritis
C Stroke
D* Acute illness

4. Compared with younger persons, older persons have

A* More injuries in the home
B About the same number of injuries in the home
C Fewer injuries in the home
D Twice the likelihood to be injured in the home

5. Older workers' absenteeism rates

A Are higher than among younger workers
B Cannot be trusted
C Are about the same as among younger workers
D* Are lower than among younger workers

6. The life expectancy of third country nationals at age 65

A Is higher than that of whites
B* Is lower than that of whites
C Is about the same as that of whites
D Has not been determined

7. Men's life expectancy at age 65 compared with women's

A* Is lower
B Is dropping
C Is about the same
D Is higher

8. What percentage of the national expenditure is spent on the health of older persons?

A About 15 to 25 percent
B Nearly 50 percent
C* About 75 to 85 percent
D Nearly 100 percent

9. Public pension benefits

A* Automatically increase with inflation
B Are not subject to change
C Must be adjusted by parliament
D Are often cut back to balance the deficit

10. The Maltese public pension:

A* Guarantees a minimum income for the disadvantaged older persons
B Provide extra income for all elderly
C Supplement the income of older persons in nursing homes
D Pay medical expenses for older persons

11. As for income

A The majority of older persons live below the poverty level.

B Older persons are the poorest age group in our society.

C* Older persons get their proportionate share of the nation's income.

D The income gap between older and younger people is widening.

12. Compared with younger persons, rates of criminal victimisation among older persons are

A Higher

B* Lower

C About the same

D Steadily increasing

13. Fear of crime among older persons

A* Is higher than among younger persons

B Is about the same as among younger persons

C Is lower than among younger persons

D Is not significant

14. The most law abiding adults are

A Those in their 20 s

B Those in their 30 s

C Those 45 to 65

D* Those over 65

15. Comparing widows with widowers among older persons

A Their numbers are about equal.

B* There are more than twice as many widows as widowers

C There are more than 5 times as many widows as widowers

D There are more than twice as many widowers as widows

16. The age group who have the greatest interest in political matters are

A* People over 65

B People aged 55 to 64

C People aged 40 to 54

D People aged 20 to 39

17. Being elected or appointed to a government position is

A Rare among those over 65

B* More frequent among those under 65

C More frequent among those over 65

D Similar in frequency among older and younger persons

18. The proportion of third country nationals among the aged is

A* Growing

B Declining

C. Staying about the same

D. Small compared with other minority groups

19. Participation in voluntary organisations usually

A* Does not decline among healthy older persons

B Declines among healthy older persons

C Increases among healthy older persons

D Is highest among healthy youth

20. The majority of old people live:

A Alone

B In long-stay institutions

C* With their spouses

D With their children

21. The rate of poverty among older persons is

A Lower than among those under 65

B* Higher than among those under 65

C The same as it is for other age groups

D High as a result of their fixed incomes

22. The rate of poverty among aged third country nationals is

A Less than that of whites

B About the same as that of whites

C* Greater than that of whites

D No different to other Indigenous age groups

23. Older persons who reduce their activity tend to be

A Happier than those who remain active

B* Not as happy as those who remain active

C About as happy as others

D Healthier

24. When the last child leaves home, the majority of parents

A Have serious problems of adjustment

B* Have higher levels of life satisfaction

C Try to get their children to come back home

D Suffer from the "empty nest" syndrome

25. The proportion widowed among older persons

    A Is gradually decreasing
    B* Is gradually increasing
    C Has remained the same in this century
    D Is unrelated to longevity

The Maltese version of the above FAQ can be sought directly from the author (marvin.formosa@um.edu.mt)