



GLOBAL
CAMPAIGN
TO COMBAT
AGEISM

GLOBAL REPORT ON
AGEISM
EXECUTIVE SUMMARY

INTRODUCTION

Age is one of the first things we notice about other people.

Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations.

Ageism takes on different forms across the life course. A teenager might, for instance, be ridiculed for starting a political movement; both older and younger people might be denied a job because of their age; or an older person might be accused of witchcraft and driven out of their home and village.

Ageism damages our health and well-being and is a major barrier to enacting effective policies and taking action on healthy ageing, as recognized by World Health Organization (WHO) Member States in the *Global strategy and action plan on ageing and health* and through the Decade of Healthy Ageing: 2021–2030. In response, WHO was asked to start, with partners, a global campaign to combat ageism.

The Global report on ageism was developed for the campaign by WHO, the Office of the High Commissioner of Human Rights, the United Nations (UN) Department of Economic and Social Affairs and the United Nations Population Fund. It is directed at policymakers, practitioners, researchers, development agencies and members of the private sector and civil society. This report, after defining the nature of ageism, summarizes the best evidence about the scale, the impacts and the determinants of ageism and the most effective strategies to reduce it. It concludes with three recommendations for action, informed by the evidence, to create a world for all ages.

THE NATURE OF AGEISM

Ageism refers to the **stereotypes** (how we think), **prejudice** (how we feel) and **discrimination** (how we act) directed towards people on the basis of their age. It can be **institutional**, **interpersonal** or **self-directed**.

Institutional ageism refers to the laws, rules, social norms, policies and practices of institutions that unfairly restrict opportunities and systematically disadvantage individuals because of their age. Interpersonal ageism arises in interactions between two or more individuals, while self-directed ageism occurs when ageism is internalized and turned against oneself.

Ageism starts in childhood and is reinforced over time. From an early age, children pick up cues from those around them about their culture's stereotypes and prejudices, which are soon internalized. People then use these stereotypes to make inferences and to guide their feelings and behaviour towards people of different ages and towards themselves.

Ageism often intersects and interacts with other forms of stereotypes, prejudice and discrimination, including ableism, sexism and racism. Multiple intersecting forms of bias compound disadvantage and make the effects of ageism on individuals' health and well-being even worse.

THE DETERMINANTS OF AGEISM

- **Factors that increase the risk of perpetrating ageism against older people** are being younger, male, anxious about death and less educated.
- **Factors that reduce the risk of perpetrating ageism** against both younger and older people are having certain personality traits and more intergenerational contact.
- **Factors that increase the risk of being a target of ageism** are being older, being care-dependent, having a lower healthy life expectancy in the country and working in certain professions or occupational sectors, such as high-tech or the hospitality sector. A risk factor for being a target of ageism against younger people is being female.

THE SCALE OF AGEISM

Ageism pervades many institutions and sectors of society, including those providing **health and social care**, the **workplace**, the **media** and **the legal system**.

Health-care rationing on the basis of age is widespread, and older adults tend to be excluded from research and data collection efforts. Older and younger adults are often disadvantaged in the workplace. People get angrier about crimes committed by younger offenders, rather than older, and see these crimes as more serious transgressions. Ageism also shapes how statistics and data, on which policies are based, are collected.

Globally, one in two people are ageist against older people. In Europe, the only region for which we have data, one in three report having been a target of ageism, and younger people report more perceived age discrimination than other age groups.

THE IMPACT OF AGEISM

Ageism has serious and far-reaching consequences for people's health, well-being and human rights.

For older people, ageism is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline. Ageism reduces older people's quality of life, increases their social isolation and loneliness (both of which are associated with serious health problems), restricts their ability to express their sexuality and may increase the risk of violence and abuse against older people. Ageism can also reduce younger people's commitment to the organization they work for.

For individuals, ageism contributes to poverty and financial insecurity in older age, and one recent estimate shows that ageism costs society billions of dollars.

THREE STRATEGIES TO REDUCE AGEISM

Three **strategies to reduce ageism** have been shown to work: **policy and law**, **educational activities** and **intergenerational contact interventions**.

1

POLICY AND LAW

Policies and laws can be used to reduce ageism towards any age group.

They can include, for example, policies and legislation that address age discrimination and inequality and human rights laws. Strengthening policies and laws against ageism can be achieved by adopting new instruments at the local, national or international level and by modifying existing instruments that permit age discrimination. This strategy requires enforcement mechanisms and monitoring bodies at the national and international levels to ensure effective implementation of the policies and laws addressing discrimination, inequality and human rights.

2

EDUCATIONAL INTERVENTIONS

Educational interventions to reduce ageism should be included across all levels and types of education, from primary school to university, and in formal and non-formal educational contexts.

Educational activities help enhance empathy, dispel misconceptions about different age groups and reduce prejudice and discrimination by providing accurate information and counter-stereotypical examples.

3

INTERGENERATIONAL CONTACT INTERVENTIONS

Investments should also be made in intergenerational contact interventions, which aim to foster interaction between people of different generations.

Such contact can reduce intergroup prejudice and stereotypes. Intergenerational contact interventions are among the most effective interventions to reduce ageism against older people, and they also show promise for reducing ageism against younger people.

THREE RECOMMENDATIONS FOR ACTION

These recommendations aim to help stakeholders reduce ageism. Implementing them requires political commitment, the engagement of different sectors and actors and context specific adaptations. When possible, they should be implemented together to maximize their impact on ageism.

1

Invest in evidence-based strategies to prevent and tackle ageism.

Priority should be given to the three strategies supported by the best evidence: enacting policies and laws, and implementing educational and intergenerational contact interventions. To make a difference at the level of populations, these strategies must be scaled up. Where such interventions have not been implemented before, they should be adapted and tested, and then scaled up once they have been shown to work in the new context.

2

Improve data and research to gain a better understanding of ageism and how to reduce it.

Improving our understanding of all aspects of ageism – its scale, impacts and determinants – is a prerequisite for reducing ageism against both younger and older people. Data should be collected across countries, particularly in low- and middle- income countries, using valid and reliable measurement scales of ageism. But the top-most priority should be developing strategies to reduce ageism. The evidence base for the effectiveness of strategies is developing, but it still falls short of what is needed. Existing strategies should be

CONCLUSIONS

It is time to say no to ageism.

This *Global report on ageism* outlines how to combat ageism and, hence, contribute to improving health, increasing opportunities, reducing costs and enabling people to flourish at any age.

If governments, UN agencies, development organizations, civil society organizations and academic and research institutions implement strategies that are effective and invest in further research, and if individuals and communities join the movement and challenge every instance of ageism, then together

we can create a world for all ages.

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