ADJUSTMENT OF SENIOR CITIZONS

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Abstract

Currently, India has the second-largest senior population in the world, and it is expected that this population will continue to grow by the year 2050. However, India lacks the necessary knowledge and resources to maintain the health and wellbeing of the elderly population, so it is necessary to study the issues that senior citizens face on a daily basis. The present study aims to find out the adjustment problems of senior citizens. Sample consisted of 80 aged subjects. Out of them 40 male and 40 female participants. Age ranges of the aged sample from 60-65 years. Shamshad –Jasbir Old age Adjustment Inventory was administered to collect the data. Result revealed that there is significant difference in overall adjustment of aged male and female respondents. Male have better adjustment than females. Also, there is significant difference in health, home, social, marital, emotional, and financial adjustment of the respondents.

Key Words: Adjustment, Senior citizens.

Introduction:

Old age is the closing period in the life span. Aging is a natural, continuous and Universal phenomenon. According to the 2011 Population Census, there are 53 million females and 51 million males who are at least 60 years old living in India. According to a report released by Help Age India and the United Nations Population Fund, there will be 173 million elderly people worldwide by 2026. An individual who is an Indian citizen and has reached the age of sixty or more is referred to as a "senior citizen" in accordance with the law.

In Indian society old man and women are recognized as advisors for the young generation. But this concept is reducing to a great extent due to decrease in joint families and busy scheduled of the young generation. Due to this situation aged people have many adjustment problems.

A large segment of aged people finds it difficult to accept that aging in a natural process. Old age is a sign of decline both physically and mentally. Aged people are found to be confused, dependent and insecure, on the other side we also find old people who are active, healthy, satisfied, independent and secured in many respects. Due to better living conditions and better health care, most people do not show mental and physical sign of aging even during their middle sixties or even the early seventies (Elizabeth2004).
The problems of aged vary from person to person and culture to culture. Problems of aged can be biological, psychological, social or economical, all of which are interactive in nature. Acceptance of aging process, adjustment to decreasing physical strength, adjustment to retirement and reduced income, adjustment to death of spouse and friends, adjustment to new generation are some of the development task of old age life. Cumming and Henry (1961), explains that elderly person’s welcome disengagement since it relives them of roles and responsibilities; they have become less able to fulfill. Haringhurst (1976) predict that people who remain active physically, mentally and socially will adjust better to aging.

Adjustment is a process involving both mental and behavioral responses by which an individual strives to cope with inner needs, tensions, frustrations and conflicts and to bring harmony between these inner demands and those imposed upon him by the world in which he lives, if the conflicts are solved to satisfy the individual is considered adjusted.

Adjustment in old age is difficult because of the limited capacity of the aged, their diminishing energy and decline mental abilities. The degree of success depends upon the individual’s adaptability. Studies show that in India, majority of the elderly are not in a position to lead an economically independent life (Dutta, 1989). Alex comfort (1976) has charged that the concept of oldness is used to expel people from useful work. To understand the aged, it is necessary to probe into their problems and understand their physical and mental state and assist them to adjust to the social conditions in which they dwell. Many research has been done to study the problems of old age (Agnihotri 1976, Dutta1989, Hussains 1985). A person with good adjustment has a high standard of living, wise decisions, and consistent behavior. People who struggle to adapt are more prone to experience anxiety or sadness (Gupta & Kohil, 2011). Kotwal & Prabhakar (2009) showed that the elderly was looked after by their spouses when they fell ill. It was observed that though most of the elderly were living in joint families still the spouses looked after each other when they fell ill this may be due to the growing generation gap.

Many researchers studied adjustment problems of aged people. Joseph and Nair (2013) examined the adjustment and spirituality in old age. This study consisted 383 senior citizens from Kerala. Result showed that poor adjustment status for the aged persons residing in old age homes. The females were found to be more spirituality oriented than the males. Apart from this, males were significantly higher level in all the areas of adjustment as compare to females. Barik and Panda (2014) studied gender differences and adjustment of rural elderly. The findings of the study shows that the male elderly have higher adjustment in the area of health, home, social, marital, emotional and financial than the female elderly. A study conducted by Bhattacharyya et al. (2013) examined 200 elderly individuals living in nuclear families in Calcutta. The results showed that gender, age, and family income were significantly related to elderly adjustment. Female individuals aged 65-70 with higher family incomes had better adjustment compared to males aged 71-75 with lower family incomes. Shweta
(2017) studied the adjustment problems of old age. The finding stated that male persons have better level of adjustment as compared to females.

Aging is an unavoidable phenomenon, which has its own set of challenges to overcome. According to the 2011 census, there are 104 million senior people in India. As a result of the current ageing scenario, there is a need for all aspects of care for the senior citizens namely, socio economic, financial, health and shelter. Problems in any of these areas have an impact on the quality of life in old age. Keeping this in view the present study was carried out to highlight the problem and its effect on adjustment of senior citizens.

**Objectives:**

1. To find out the gender difference in overall adjustment of male and female senior citizens.
2. To investigate the difference in different areas of adjustment of male and female senior citizens.

**Hypotheses:**

1. There is no significant gender difference in overall adjustment of senior citizens.
2. There is no significant difference in different areas of adjustment of male and female senior citizens.

**Method:**

**Sample:**

The study was conducted on a sample of 80 senior citizens from Jaysingpur city. The sample consisted of 40 male and 40 females; age range from 60-65 years old. Researcher personally approached to the participants and requested them to fill the questionnaire as per the instructions laid down in the questionnaire. Purposive sampling method was used to collect data. First the information of study was given to the participant and the test was administered. After completing the questionnaire, it collects from participants and thanked for their cooperation.

**Tools:**

**Shamshad –Jasbir Old- age Adjustment Inventory (1995)**

It was used to measure the adjustment of the respondents. This inventory consist of 125 statements with Yes, No and ? alternatives. The inventory includes six areas of Adjustment namely Health, Home, Social, Marital, Emotional and Financial. Each area consist some statements of the inventory like Health area-26, Home- 25, Social- 21, Marital- 17, Emotional- 21, Financial-15. Test –retest Co-efficient of Old –age Adjustment Inventory is 0.93 and validity of the inventory have been reported to be good.
Result:
Table No.1. Showing mean, SD and t-value of male and female aged sample on overall Adjustment.

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40</td>
<td>98.96</td>
<td>12.91</td>
<td></td>
<td>3.70**</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>88.23</td>
<td>8.09</td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance

Table showing the mean, SD and t-value on overall Adjustment of male and female aged people. It indicates that mean score of aged male is 98.96 and 88.23 of aged female. The obtained t value is 3.59 which is significant at 0.01 level. It shows that there is significant difference in overall adjustment of male and female. Men are better adjusted than women. Previous research work has also revealed that during old age female are less adjusted than male in overall adjustment.

Table No.2 Showing mean, SD and t-value of Male and Female sample in different areas of Adjustment

<table>
<thead>
<tr>
<th>Adjustment Area</th>
<th>Gender</th>
<th>Mean</th>
<th>SD</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Male</td>
<td>20.27</td>
<td>3.44</td>
<td>3.61**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>17.67</td>
<td>3.01</td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>Male</td>
<td>20.90</td>
<td>3.52</td>
<td>4.13**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>17.60</td>
<td>3.10</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Male</td>
<td>16.80</td>
<td>3.79</td>
<td>3.34**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>14.46</td>
<td>2.34</td>
<td></td>
</tr>
<tr>
<td>Marital</td>
<td>Male</td>
<td>13.30</td>
<td>3.10</td>
<td>3.38**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>11.10</td>
<td>2.79</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Male</td>
<td>16.90</td>
<td>2.80</td>
<td>3.61**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>14.66</td>
<td>2.66</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Male</td>
<td>10.0</td>
<td>2.22</td>
<td>5.93**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>7.33</td>
<td>1.75</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance
Table 2 depicts the mean, SD of male and female respondents and t-value for their different areas of adjustment. It shows that the mean of male and female contributor’s is 20.27 and 17.67, SD is 3.44 & 3.01 respectively in area of health adjustment and obtained t-value is 3.61 which are significant at 0.01 level. The table reveals that the mean for male and female participants is 20.90 and 17.60, the SD in the region of the home adjustment is 3.52 and 3.10, respectively, and the calculated t-value is 4.13, which is significant at the 0.01 level.

In the domain of social adjustment, the averages for men and women are 16.80 and 14.46, respectively, with SDs of 3.79 and 2.34. A t-value of 3.34 is obtained and is significant at the 0.01 level. The average marital adjustment for elderly persons is 13.30 for males and 11.10 for females, with SDs of 3.10 and 2.79, respectively. The t value is 3.38, and at the 0.01 level, it is significant.

The mean of the male and female participants on the emotional adjustment domain is 16.90 and 14.66, respectively, with SD of 2.80 and 2.66. At the 0.01 level, the calculated t value of 3.61 is significant. In terms of financial adjustment, the average contributions from men and women are 10 and 7.33, respectively, with SDs of 2.22 and 1.75. At the 0.01 level, the t value of 5.93 is significant.

Table no.2 clearly stated that there are differences in all the area of adjustment with respect to senior citizens. Males are more adjusted than females in all the areas of adjustment.

Discussion:

The present study aims to find out the adjustment problems of senior citizen’s having the age of 60-65 years. Two hypotheses were framed for the study. Researcher selected 40 male and 40 female senior citizens for the study. The purpose of the study is to find out the adjustment problems of senior citizens. Table no.1 depicts the mean difference in the level of overall adjustment of senior citizens. The findings stated the level of overall adjustment is higher in male senior citizens than female senior citizens. Result supported the former studies of Joseph and Nair (2013), Shweta (2017).

Another aim of the study is to investigate the difference in different areas of adjustment of aged male and female senior citizens. Table no. 2 illustrates difference in different areas of adjustment of senior citizens. It clearly indicates that male participants have higher level of adjustment than their counterparts in all the areas of adjustment. This finding supported to earlier studies of Joseph and Nair (2013), Barik and Panda (2014), Shweta (2017). Differences in above areas of adjustment have proved that there is male dominated patriarchal society and a secondary situation of female respondents in our society. Males are more adjusted on above area than females. In our society, the males are enjoying a better position than the females in financial, social and cultural aspects. They are more active, have more social contacts and a wider network of friends than the females. The females in our culture are traditionally bound to the family, have less friends and social contacts. As the sample is drawn from semi-urban areas, male dominance is more pronounced. The women who
participated in this study were housewives and had secondary education or less. For this reason, women adjustment may also be lower than men.

Conclusions:

There is significant difference in over all adjustment between male and female sample. Male senior citizens are highly adjusted than female senior citizens.

There is significant difference in health, home, social, marital, emotional and financial areas of adjustment of senior citizens. Men are greatly adjusted than women.

References:


