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## ADJUSTMENT PROBLEMS OF ELDERLY URBAN MALES

**Dr. Ranjan Kumar<sup>1</sup> and Dr. Ram Dhyani Rai<sup>2</sup>**

<sup>1</sup>Assistant , H.R. College, Amnour , (Jai Prakash University, Chapra).

<sup>2</sup> Professor & Head , P.G. Department of Psychology , Jai Prakash University, Chapra.

### ABSTRACT:

The study was conducted on a sample of 200 elderly males – 100 rural and 100 urban – of age range from 60 to 70 years drawn randomly from Siwan and Saran Districts of Bihar. With the objective of investigating into the effect of residential area on adjustment problems in the areas of home, health, social, emotional, financial, marital and overall 'Shamshad – Jasbir Old Age Adjustment Inventory' was administered on rural and urban subjects. The comparison of adjustment scores of rural and urban subjects in measured areas of adjustment revealed that urban group is significantly higher than rural group on social adjustment problems. Rural group is significantly higher than urban group on emotional, financial and marital adjustment problems. There does not exist significant difference between the two groups on home, health and overall adjustment problems.



**KEYWORDS:** Adjustment, Elderly, Males, Rural, Urban.

### INTRODUCTION & OBJECTIVES

Old age or senescence is the closing period in the life span. It is a period when people move away from previous more desirable periods of usefulness. Age sixty is usually considered the dividing line between middle age and old age. This age is characterized by certain physical and psychological changes. The effects of these changes determine to a large extent whether elderly man and woman will make good or poor personal and social adjustments. The

characteristics of old age are for more likely to lead to poor adjustment and unhappiness than to good adjustment and happiness. People are never static. They constantly change. During the early parts of life, the changes are evolutionary in that they lead to maturity of structure and functioning. In the latter part of life, by contrast, they are mainly involutinal, involving a regression to earlier stages. These changes are the natural accompaniment of what is commonly known as "aging". They effect physical as well as mental structures and functioning. The period during old age when

physical and mental decline is slow and gradual and when compensations can be made for these declines is known as senescence – a time of growing old or of aging (Armstrong, 1978). People may become senescent in their fifties or not until their early or late sixties, depending upon the rate of physical and mental decline. There have been propounded different theories of aging to explain its course. But all theories fall under two headings – stochastic theories and programmed theories. Stochastic theories, also known as wear and tear theories of aging, suggest that

we grow old because of cumulative damage to our bodies from both external and internal sources. Because such damage is not completely repaired, we simply “wear out” over time. One such theory emphasizes the role of radicals – atoms that are unstable because they have lost electrons. According to this theory, these highly unstable particles are continuously produced by body metabolism; once formed, they react violently with other molecules in cells, thus producing damage. When this damage affects DNA, free radicals can interfere with basic aspects of cell maintenance and repair. The theory proposes that this damage cumulates over times, thus producing the declines associated with aging.

Another stochastic theory stresses the effects of damage to our DNA produced either because cell division somehow “goes wrong” or by external causes such as viruses or toxins in the environment. As the number of cells damaged by DNA deterioration increases, we age and our internal systems gradually decline.

According to the programmed theories of aging, every living organism contains a kind of built-in biological clock that regulates the aging process. Where is this clock located? Very recent findings suggest that it may involve, at least in part, strips of DNA that cap the ends of our chromosomes – telomeres (Gladwell, 1996). Each time a cell divides, the telomere becomes shorter; when this shortening reaches some critical point, the cell can no longer divide, and this may contribute to the aging process.

Other programmed theories stress the fact that our immune system seems to “wind down” over time and that our endocrine system, and the neural areas that control it, declines with increasing age. These systems regulate many basic processes (e.g. our metabolism); so as they decline, our vitality drops too.

Whatsoever might be the causes of aging, it is an admitted fact that all persons who have been born shall grow old and die sooner or later. Due to better living conditions aging may be deferred; and, it is being deferred by dint of better medical facilities. Consequently, life expectancy and longevity has increased not only in other countries of the world but also in India. The proportion of individual above 60 years of age is consistently increasing in population. This increase of older people in population and different problems related to them are arresting the attention of social thinkers, social planners, politicians, psychologists, sociologist and researcher of the whole world including India (Kumar & Rai, 2011; Mukherjee et al, 2005; Paswan et al, 2005; Rai & Das, 2004; Agarwal, 2003; Chadha and Easwar Moorthy, 2001).

Adjustment is a continuous process. Madigan (1962) states, “Since the demands of our environment are many and varied, effective living is a complex cycle of ceaseless inner-outer adjustment”. Coleman (1960) states, “The process by which an organism attempts to meet the demands placed upon it by its own nature and by its environment is called adjustment”. Scheneiders (1965) has also emphasized this aspect of adjustment. “We can define it most simply as a process involving both mental and behavioural 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 placed upon him by the world in which he lives”.

The childhood, adolescence and adulthood – all have their own problems arising out of various demands and stressful situations. The problem of aged persons many have some common boundaries but the way they see problems faced by them differ from people to people. The same situation may not carry equal intensity of threat and stress to all the persons. Reactions to threats depend upon the person’s perception of himself and that of stressful situations and taxing demands. Tolerance developed within the person during his previous life years also plays a major role in his adjustive mechanisms to unhealthy life situations. Perception of self and stressful situations, tolerance capacities ad different other adjustive mechanisms employed by elderly people are the end product of different personal and environmental variables. Among environmental variables, residential area, caste belongingness, education, personal income and family structure are very important variables.

In old-age a person becomes physically and mentally weak. Physical and economic dependency on others increases. With increasing age there is marked decline in life satisfaction and well being of elderly people. Elderly people are saddled with burdens and devitalized by losses. Thirty percent of the

elderly persons have mental health problems and nearly eighty five percent have bodily change (Hussain, 1998). Multiple deprivations crowd the evening of their lives. The loss may be of the spouse, of children, friends or the loss of a limb, of health, status, self-esteem, mental faculty or income. After retirement there may develop a sense of isolation and extreme passivity which extremely affects life satisfaction and adjustment of elderly people.

When physical and mental disabilities of chronic nature develop in elderly people, they become more and more dependent on family members for their caring and protection. In such situations, if they are neglected by the family members, they feel tortured and alienated. In ancient India elderly people had a honoured place in the family. Due to family disorganization, they are being marginalized in decision making and family affairs. Further, financial dependency on children also aggravates the problems of aged people. It has been established by different studies that elderly people receive neglect and abuses of different nature from their daughter-in-laws who think that expenditure of their husband's earning on elderly people is wastage of money. They wish their quick death. This situation is prevalent in a majority of urban and nuclear families.

The objectives of the present investigation are to find out variations on adjustment problems of elderly males in the area of home, health, social, emotional, marital, financial and overall due to variation of their residential area.

**In the light of the objectives of the investigation the following hypotheses were formulated :-**

- 1) The rural elderly group will be significantly lower than the urban elderly group on home adjustment problems.
- 2) The rural elderly group will be significantly lower than the urban group on health adjustment problems.
- 3) The rural elderly group will be significantly lower than the urban elderly group on social adjustment problems.
- 4) The rural elderly group will be significantly higher than the urban elderly group on emotional adjustment problems.
- 5) The rural elderly group will be significantly higher than the urban elderly group on marital adjustment problems.
- 6) The rural elderly group will be significantly higher than the urban elderly group on financial adjustment problems.
- 7) The rural elderly group will be significantly lower than the urban elderly group on overall adjustment problems.

**METHOD**

**SAMPLE :** - The study was conducted on a sample of 200 subjects, all males, having age range from 60 to 70 years. Out of this sample of 200 subjects, 100 elderly males were primarily living in the rural areas and 100 elderly males were primarily living in towns. The sample was drawn from rural and urban areas of Siwan and Saran Districts of Bihar.

**TESTS USED :** - For measuring adjustment problems of elderly urban and rural males "Shamshad – Jasbir Old Age Adjustment Inventory (SJOAI), 1995" was used. This inventory consists of 125 items and measures adjustment in home, health, social, emotional, marital, financial and overall areas. High score on the inventory signifies better adjustment or lower adjustment problems and lower score signifies poor adjustment or higher adjustment problems.

The score on different dimensions of adjustment of elderly urban and rural males were calculated and compared. 't' test was run to test the significance of mean differences on different dimensions of adjustment.

**RESULTS AND DISCUSSION**

Residential area has been found significantly influencing social, emotional, marital and financial adjustment problems of elderly males whereas this variable insignificantly influences home, health and

overall adjustment problems of subjects. On comparing subjects on home adjustment problems it has been found that rural elderly males have obtained slightly higher mean home adjustment score than their urban counterparts. The difference between the two means is insignificant because the obtained 't' ratio=1.101747 (Table – 1) is very lower than the required value for significance at .05 level. It appears that urbanization lowers to some extent home adjustment and increases home adjustment problems of elderly people but the disadvantages of rural areas also lower their home adjustment and increases their home adjustment problems. It is also probable that elderly persons whether living in urban areas or in rural areas are facing somewhat equal strength of home adjustment problems. If urban elderly persons are being neglected in their homes, as pointed out by Monga et al (2005), rural elderly persons are also being neglected in their homes. Consequently, home adjustment problems of both groups are higher. However, it is evident that urbanization does not significantly increase home adjustment problems of elderly males.

**Table - 1**  
**Showing Means, S.Ds and 't' ratio of Home Adjustment Scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	15.66	4.956562	100	198	1.101747	NS
Urban	15.02	4.1194174	100			

The picture is somewhat the same on health adjustment problems. On this dimension of adjustment rural subjects have obtained insignificantly higher mean score than their urban counterparts (Table – 2) which signifies that rural subjects are facing insignificantly lower health adjustment problems than their urban counterparts. It appears that the advantage of pollution free air and water in rural areas has been counterbalanced by better medical facilities in urban areas. Due to this counterbalanced effect residential areas has not succeeded in producing significant variation on health adjustment scores of rural and urban elderly males. Our findings does not appear to be supporting the findings of Reddy and Sunitha (2007) and Chatterjee (1993) who reported their rural subjects higher on physical and mental health.

**Table - 2**  
**Showing Means, S.Ds and 't' ratio of Health Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	15.88	3.640824	100	198	.7989182	NS
Urban	15.44	4.13236	100			

But we find a different picture on turning towards social and emotional adjustment problems (Tables – 3 &4). Rural subjects have obtained significantly higher mean social adjustment score than their urban counterparts. It signifies that rural subjects are facing significantly lower social adjustment problems than their urban counterparts. It appears that physical weaknesses accompanied by apprehension of accident is preventing urban elderly males from mixing with their friends and relatives. Furthermore, their prolonged tendency of selfishness and self-centredness might be also preventing them from social engagements. On the other hand, rural society is a simple society characterized by positive social traits. Positive social traits of rural elderly males might be improving their social skills and lowering their social adjustment problems. But multi-dimensional and complex reaction patterns which make urbans emotionally mature has benefited them even in twilight phase of life. Consequently, urban elderly males have been found displaying significantly higher emotional adjustment and lower emotional adjustment problems than their rural counterparts. Rurals constitute a disadvantaged group in comparison to urbans. Symmonds (1968) and Langmeir (1972) have reported

that deprivational conditions result in hardening of emotional feelings and insecurity. Hardened emotional feelings lead to poor emotional adjustment. It is due to this that rural elderly persons have displayed significantly higher emotional adjustment problems than their urban counterparts. It appears that rurals have not succeeded in fashioning their emotional expression due to absence of interaction with different sorts of people. This fact might have also contributed to higher emotional adjustment problems of rurals in comparison to urbans.

**Table - 3**  
**Showing Means, S.Ds and 't' ratio of Social Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	14.80	3.103224	100	198	4.1908957	.01
Urban	13.02	2.899931	100			

**Table - 4**  
**Showing Means, S.Ds and 't' ratio of Emotional Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	11.60	3.1796226	100	198	4.5619873	.01
Urban	13.70	3.3286632	100			

Urban elderly males have been found significantly higher than rural elderly males on marital and financial adjustment and significantly lower than those on marital and financial adjustment problems (Tables - 5 & 6). It appears that urbans have been more conscious of their rainy days than rurals. They appear to have saved more or less for their old-life. In addition to this, they might have properly planned the utilization of their saving. On the other hand, rurals might have not saved sufficient money for their old-age or might have not planned properly the direction of utilization of their savings. These factors might have contributed to higher financial adjustment problems of rural elderly males in comparison to urban elderly males. The better financial adjustment status of urbans has been found casting its vivid impact on their marital adjustment. Due to better financial position they would be successfully meeting out the increased cost of rejuvenation which increases mutual attraction between couples. Mutual attraction is a very potent variable of marital adjustment. On the other hand, rural either due to ignorance or due to financial handicap would not be enjoying the advantages of rejuvenational devices. This might be hampering their marital adjustment and increasing their marital adjustment problems. Kent (1975) reported that rural society discourages physical intimacy among older people. Due to this cultural influence elderly people living in rural areas might not be gratifying their sexual urges and needs. Dissatisfaction of sexual needs might be increasing their marital adjustment problems. However, it is evident that urbanisation improves financial and marital adjustments of elderly males and lowers their financial and marital adjustment problems.

**Table - 5**  
**Showing Means, S.Ds and 't' ratio of Marital Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	10.22	2.7643444	100	198	3.9411943	.01
Urban	11.80	2.9034462	100			

**Table - 6**  
**Showing Means, S.Ds and 't' ratio of Financial Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	9.26	3.1404458	100	198	2.5839277	.05
Urban	10.36	2.874091	100			

But on comparing the two groups on overall adjustment (Table -7), we find that urbanization has brought slight variation. Although urbans have higher mean overall adjustment score than rurals but the difference between the two means is insignificant. It appears that significantly lower emotional, marital and financial adjustment problems of urban elderly males have been counterbalanced by insignificantly lower home and health and significantly lower social adjustment problems of rural elderly males. However, it is evident that urbanization does not bring significant variation on overall adjustment problems of elderly males.

**Table - 7**  
**Showing Means, S.Ds and 't' ratio of Overall Adjustment scores**

Groups	Means	S.Ds	N	df	't' ratio	Level of Significance
Rural	77.40	14.234167	100	198	1.101747	NS
Urban	79.35	14.660405	100			

## CONCLUSIONS

On the basis of above results and discussion the following conclusions can be drawn :-

- 1) Urban group faces insignificantly higher home adjustment problems than rural group.
- 2) Urban group faces insignificantly higher health adjustment problems than rural group.
- 3) Urban group faces significantly higher social adjustment problems than rural group.
- 4) Urban group faces significantly lower emotional adjustment problems than rural group.
- 5) Urban group faces significantly lower marital adjustment problems than rural group.
- 6) Urban group faces significantly lower financial adjustment problems than rural group.
- 7) Urban group faces insignificantly lower overall adjustment problems than rural group.

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