



CONTRIBUTORS OF ADJUSTMENTAL PROBLEMS IN ELDERLY WOMEN

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ABSTRACT	This study is aimed to assess the Adjustmental problems in 640 elderly women in two social groups (SC & BC), covering the age groups of 60-70 years. Influence of sociodemographic variables and contribution of psychological variables to adjustmental problems in the sample were examined by using multiple Regression Analysis. Result show that psychological variables viz., feelings of alienation, income, physical health, feelings of security and widowhood were the significant contributants to problems of adjustment.
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Introduction:

Old age is supposed to be a period of opportunity and time of enjoyment, but for many it is fraught with social, psychological and physical problems. Changes in post menopausal phase often, bring decline in general health and appearance in many elderly women. Apart from this, several direct and indirect conditions contribute to wellbeing in women. Especially, elderly widows suffer from the compounded effects of aging, disability and widowhood that increase their economic, social, familial, psychological problems of adjustment. As a consequence, many aged women are subjected to severe stress that has a telling effect on their physical and mental well-being (Jamuna, 1992, 2000; 2007).

Rosenmayr (1975) conceived a term called cumulative deprivation of specific groups of older people. Due to lifelong socialization processes, class specific attitudes and lack of social encouragement they are deprived of minimum benefits on par with other age counterparts. As a consequence, some elderly especially widows, become economically weaker, socially isolated and less initiative to leave their poor living environment.

As the Indian society is basically divided on the basis of the social class older women in the downtrodden social strata suffer added insults and ignominy. The problems and needs of this vulnerable group are unique. They constitute a disadvantaged minority with limited social and financial resources. Consequently, they depend upon public services that are available to them in order to meet at least their partial needs. As Butler (1975) stated, being old, female and that too a widow represents a peculiar type of multiple jeopardy and dependent self-infliction. Thus the cumulative influence of age and social class disadvantages make the economic situation of older women look particularly bleak (Jamuna, 1992; 2007).

In an Indian study by Anantharaman (1981) on self assessment of physical health found to be an important correlate of adjustment in old age. The elder persons who were found to be active with high levels of education from upper social class were the important predictors of self-reported physical health (Anantharaman, 1990). Ramamurti (1986, 1989a) reported that irrespective of clinical

health status, one's positive perception of health was an important determinant of life satisfaction with present life. Jamuna (1989a) in a study on elderly women found that favourable self perception of one's health was an important contributant to adjustment. According to Sterns and Cohen et al. (1985) adaptation is the ability to meet individual's biological, psychological and social needs in a continuously changing environment. Maladjustment is a failure on the part of the individual's adaptation to the demands to meet basic needs. Livson (1975, 1981) and Mass and Kuypers (1974) viewed adaptation as an aspect of personality. Kalish (1971) stated that individual adjustment is a function of social role expectations and cognitive function.

Problems in old age generally accompany the physical, physiological and psychosocial changes. The adaptation to these problems depend upon one's personal and social resources. Eisdorfer (1979) stated that the aged themselves are subjected to a range of cognitive and emotional problems associated with disorders characterized by cognitive loss by affective diseases and by disorders of projection.

The intensity of problems vary from one life state to another and one group to another group. This is due to greater differences in their initial social situations and biographically created conditions. How effectively an aged person meet her needs largely depends upon one's physical, financial, psychological and social resources and this becomes an important determinant of well-being in later years. Social gerontology to date has focused on problems faced by the aged and losses in social roles that occur with aging. There is for eg. extensive literature on various aspects of elderly men and women and elderly in general, but no comprehensive study on older women's adjustment and psychosocial status (Ramamurti & Jamuna, 1984, 1995; 2010; 2016). In view of this, the present study was planned to examine the adjustmental problems of aged women across various socio-demographic subgroups.

Method:

The problems of adjustment were assessed by Problem Inventory for the elderly. It was originally developed for the elderly as part of a Ph.D. programme (Ramamurti, 1968). This was prepared on the lines of Mooney Problem checklist to be applicable to middle aged

and older individuals (35+). This inventory was subsequently modified and used in two ICSSR Projects (Ramamurti, 1972, 1989). The Problem Inventory covers five areas viz., (a) home and family (b) economic (c) personal (d) social and (e) miscellaneous. An adapted version of Deans Alienation scale (1961) was used to measure alienation in the sample. Feelings of security was assessed by security-insecurity Inventory (Ramamurti, 1989). A simple item was used to assess the self rated physical health. Further information on family status, income level, locality, marital status and other bio-data details were collected by Personal Data Form.

Sample for the study:

For the present study a multistage random sample consisting of 640 women in the age groups of 60-70 in social (BC and SC) and economic groups (low and middle income) were drawn from rural and urban areas of Chittoor and Nellore Districts. The entire sample was drawn from the electoral lists available at the District Head Quarters. The details of the sample are given in Table 1.

At each village, first the list of persons belonging to different categories (SC and BC women in each village or towns) with equal number in rural and urban low income and middle income groups were drawn from the electoral list and then elderly women in households were picked up at random.

Results and (Discussion:

The problems of adjustment viz., caste wise, income wise, locality wise and age group wise were analyzed. The mean problems of adjustment as experienced by each of these groups were computed. The results pertaining to the problems of adjustment of different caste, locality and age groups are presented in Table 1. It is evident from the results of the mean difference in adjustment problems (BC & SC groups) (Table - 1) between caste groups was not significant. With regard to differences in problems of adjustment among income groups, it is seen that the low income groups (19.18) had significantly more problems than the middle income group (14.24). Similarly the urban elderly women (23.64) had significantly more problems than the rural elderly (17.24). Also the old-old had significantly more problems (19.40) than the young-old (13.83). The above results are in the expected direction except the difference between the caste groups.

Table 1: Means, SDs and t values of Problems of Adjustment of Different Caste, Income, Locality and Age Groups.

S.No.	Group	N	Mean (SD)	t value
1.	Caste		Mean	0.38
	Backward	320	16.32(5.91)	
	Scheduled	320	16.91(5.59)	
2.	Income			3.25**
	Middle Income	320	14.24(4.24)	
	Low Income	320	19.18(5.95)	
3.	Locality			3.80**
	Rural	320	17.24(3.76)	
	Urban	320	23.64(3.55)	
4.	Age			2.48**
	Young – Old	320	13.83(4.19)	
	Old-old	320	19.40(5.79)	
**P<0.01 @Not Significant				

As a next step the predictors of problems of adjustment among elderly women belonging to Backward and Scheduled caste groups were analysed separately and are in Table-2.

Table – 2: Summary of MRA (Step-wise) of Determinants of Problems of Adjustment Among Backward Caste Elderly Women

Sl. No.	Variable entered / removed	Multiple R ²	Increase in R ²	F value
1.	Feelings of Alienation	0.4413	0.441	205.33
2.	Income	0.4609	0.019	135.57
3.	Physical Health	0.5366	0.075	91.20
4.	Marital Status	0.5457	0.009	75.44

The MRA analysis elderly women belonging to backward caste (Table - 2) shows that the independent variables put together accounted for about 55 per cent of the variance to the problems of adjustment. In this feelings of alienation alone contributed 44 per cent, variable income accounted around two per cent, physical health about eight per cent and marital status accounted less than 1 per cent.

MRA analysis of the determinants of problem of adjustment of SC elderly women in SC groups are placed in Table-4.

Sl.No.	Variable entered / removed	Multiple R ²	Increase in R ²	F value
1.	Income	0.2813	0.281	124.47
2.	Marital Status	0.3974	0.116	10.4.52
3.	Feelings of Security	0.4581	0.061	89.05
4.	Feelings of Alienation	0.4922	0.034	76.33
5.	Physical Health	0.5172	0.025	67.25

It is clear from the above that the income contributed the maximum variance of 28 per cent in the total variance of 51 per cent in the problems of adjustment of elderly women followed by marital status (about 11 per cent) and intensity of safety and security need (6 per cent). The remaining variables alienation and physical health accounted 3 per cent and 2.5 per cent of variance each.

From the foregoing results of table-3 and 4 it is observed that alienation physical health were the most important determinants of problems of adjustment in older women in backward caste groups. In women belonging to scheduled caste groups, income and marital status were the critical determinants of problems of adjustment. In both the caste groups income has entered as second. It shows that financial status determine the problems of adjustment in elderly women. It is evident from several Western and Indian studies that the most frequently mentioned problems of old age were feelings of isolation, and alienation (Ramamurti & Jamuna, 1995, 2010, 2015). The objective or subjective feelings of isolation necessarily determines the severity of problems of adjustment in old age. Several researchers discussed that the isolation could be due to emotional loss, social and physical circumstances.

MRA results pertaining to BC elderly women clearly demonstrate that the feelings of alienation was found to be a significant determinant of problems of adjustment followed by income level. It could be because of increased feelings of social estrangement, powerlessness, meaninglessness, normlessness and isolation with advance age and changing socio cultural contexts. These feelings generally accelerate the feelings of worthlessness, despair and dejection with oneself and in turn contribute to the problems of adjustment. This will happen when she feels less cared for and when there is an emotional separation due to loss of her spouse or close associate or when children left home and in the absence of emotional support from other members. Reduction of status due to the stigma attached to old age and widowhood may increase feelings of alienation and problems of adjustment. This is supported by the fact that the reported problems of adjustment in the areas of family (3.17) and social (2.77) among elderly women in BC group slightly higher than their SC counterparts. Therefore, it is understandable that alienation was the most significant contributant with 44% of contribution to the problems of adjustment among BC elderly women.

Evidently the elderly coming from the low income groups with financial constraints directs the quality of their adjustment. These constraints in addition to the concerns of growing and therefore it could be reasonable to expect that the low income groups may have more problems of adjustment. The urban elderly had reported more problems compared to the rural elderly. It is possible that the rural elderly usually live a simple life and often times may

not have many requirements. Urbanisation gets people used to a fast life. Also, most of the urban elderly women may be people who would have lost regular income when they were economically active. For the elderly women in villages being used to an agricultural self employment there may not be a sudden loss of income and status. The old-old (above 70 years of age) suffer more from health problems, functional limitations, especially vision and eye-hand coordination etc. (eg., Jamuna, 1992; Ramamurti, 1972; Ramamurti & Jamuna, 1992). With age, major significant changes in the family such as marriage of children and mobility of children away from the house etc., result in more problems of adjustment. Also, due to loss of spouse, death of peers contributes to a sense of emotional loss and cause maladjustment. All these could be expected to contribute to a greater number of problems of adjustment among the old-old than among the young-old. The observed differences between the age groups are understandable in view of the aforementioned possibilities. Since most of the BC and SC groups were of comparable economic status, comparable age groups and rural urban locales, their problems are liable to be similar. Obviously, their caste identity as such has not affected the problems experienced by them. In other words, the SC, BC caste group membership has not specially added to the problems experienced by the individuals.

The findings imply that there is an urgent need to organise the elderly women, particularly the widows among them and plan and execute for them some income generating programmes. This would enable them to earn some money that would supplement the maintenance expense. This sort of support may reduce feelings of burden, dependency and increase self worth and dignity. Also it would automatically push up their social and familial status.

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