

A Study of Social Adjustment among Elder People Living in Home and Old Age Home

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ABSTRACT

As per the Indian tradition, families have been described to provide social security to old age members of the family. Today changing family structure is caused increased problems of old age people. Emerging prevalence of nuclear families in recent years, the old rich family members are exposed to psychological, physical and financial insecurity. The study paper provides insight into the social and economic conditions of problems of the oldest people residing in the city and assists the scope for social work intervention for old age people. sampling collection 60 male and 60 female, total sampling collection 120. Social Adjustment among elder people living in home and old age home. Social Adjustment constructed and standardized by DR Ashwin Jansari (2015) was used. The results were statically analysed using 2 X 2 X 2 ANOVA Test. No significant difference is found in the social adjustment of elderly people living in old age homes and living at home. There is a significant difference between elderly male and female and elderly with less than three children and those with more than three children in terms of total adjusted earnings.

Keywords: *Social Adjustment, Elder People, Old Age Home*

The aging population is a global phenomenon, with an increasing number of older adults facing unique challenges related to social adjustment. As individuals transition into their later years, they often experience significant life changes, such as retirement, loss of loved ones, and declining health, which can impact their ability to adapt to new social environments and maintain meaningful relationships. The living arrangements of elder people, whether in their own homes or in old age homes, can significantly influence their social adjustment and overall well-being. This study aims to investigate and compare the social adjustment among elder people living in their homes and those residing in old age homes. By examining factors such as social interaction, emotional support, and participation in community activities, the research seeks to identify the key determinants of successful social adjustment in later life.

The study employs a mixed-methods approach, combining quantitative and qualitative data collection techniques. Standardized assessment tools will be used to measure social adjustment, while semi-structured interviews will provide in-depth insights into the lived

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experiences of elder people. The sample will consist of older adults from diverse socio-economic backgrounds, ensuring a representative and inclusive study population.

The findings of this research are expected to contribute to the existing body of knowledge on aging and social adjustment, highlighting the unique challenges and opportunities faced by elder people in different living arrangements. The study also aims to inform policy decisions and interventions aimed at promoting social inclusion and enhancing the quality of life for older adults. By shedding light on the complex interplay between living arrangements and social adjustment among elder people, this research serves as a valuable resource for healthcare professionals, social workers, and policymakers dedicated to supporting the well-being and social integration of the aging population.

The elderly population in India faces a myriad of challenges that impact their well-being and quality of life. As the country experiences demographic shifts and rapid socio-economic changes, the problems faced by aged individuals have become increasingly pronounced. From economic insecurities to health issues, social isolation, lack of respect, and inadequate infrastructure, the elderly in India encounter a range of difficulties that require urgent attention and comprehensive solutions.

Economic Problems: One of the primary concerns for the elderly in India is economic insecurity. With retirement, many individuals lose their regular source of income, leading to financial dependence on savings or family members. A significant portion of the elderly population in India, approximately 65%, relies on others for their livelihood, highlighting the pressing need for robust social security systems and pension schemes to support aging individuals.

Health Issues: Aging is often accompanied by a decline in physical health, making elderly individuals more susceptible to various health conditions such as heart problems, diabetes, arthritis, and more. The escalating healthcare costs in India pose a significant challenge for the elderly, as many struggle to afford essential medical treatments and medications, exacerbating their health-related concerns.

Social Isolation: The breakdown of the traditional joint family system in India has led to increased social isolation among the elderly. With the rise of nuclear families and changing societal dynamics, many aged individuals find themselves alone at home, lacking social interactions and support systems. This isolation can contribute to feelings of loneliness, depression, and a sense of disconnect from the community.

Lack of Respect and Abuse: Regrettably, instances of elderly individuals not receiving the respect they deserve and facing abuse, whether physical, mental, or emotional, are not uncommon in India. Family members, including children, sometimes fail to treat the elderly with dignity and care, leading to distressing situations where older individuals are subjected to mistreatment within their own homes.

Inadequate Infrastructure: India grapples with a shortage of old age homes, healthcare facilities tailored to the needs of the elderly, and essential infrastructure to support aging individuals. The lack of appropriate facilities and services hampers the ability of the elderly to lead comfortable and dignified lives in their later years, underscoring the urgent need for improved infrastructure and support systems.

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The challenges faced by the elderly in India are multifaceted and require a holistic approach to address effectively. By strengthening social security mechanisms, enhancing healthcare provisions, fostering respect for the elderly, and investing in age-friendly infrastructure, India can create a more inclusive and supportive environment for its aging population. It is imperative for the government, civil society, and communities to collaborate in addressing these issues and ensuring that the elderly receive the care, respect, and support they deserve in their golden years.

REVIEW OF PAST STUDIES

Widow Life Problems and Implications of Organizational Efforts. (Padhiyar, Manu K. Year - 2004) There are many problems in the life of a widow. It becomes difficult for them to live life after widowhood. And the widows, where they are employed, the people of the organization have also been found to laugh and make fun of the widows, so they have to deal with reasons like fear, anxiety, depression, anxiety, missing their partner, etc.

Studies on Social Adjustment of Widows and Widowers (Amin, Amelia Harrell Year-2009)
Sample: Widows and widowers aged 50 to 70 years. Widows doing housework- 60. Retired widowers- 60. Total sample – 120. Tools: Social Adjustment Research Test Dr. Harkant D. Badami.

Studies conclude that the social of widows doing housework is found to be very poor. And in them physical and mentally broken. And social among retired widowers tool Adaptation has also been found to decrease in adjustment. Gas total sample. Research assumptions are somewhat acceptable that creative and creative behaviour both have a profound effect on individuals in relation to them.

Reciprocity on Women's and Men's Perceptions of Adjustment and Goal Attainment A study on impact. (Mishra Shruti, Shukul Shraddha Year-2007)

Sample: Total widows and widowers aged 60 to 70 years. 200 women widows and 200 men widows, 400 in total sample. Adjustment and goal attainment have a strong effect on creativity. The assumptions of the research become somewhat acceptable that both constructive and creative behavior have a very profound effect on individuals in relation to it.

R. Samuel et al. (2016) done a study on elderly to assess Cognitive impairment and reduced quality of life among old-age groups in Southern Urban India: home-based community residents, free and paid old-age home residents in Chennai. A total of 499 elderly from three old-age groups were interviewed in this cross-sectional study (173 elderly home-based community-dwellers, 176 paid-home and 150 free-home residents). All the participants were interviewed for their socioeconomic condition, medical morbidity, self-reported worry and anxiety, disability and QOL. Mean age of participants were 72.5 (5.6) years, 69.9 (6.2) years and 66.5 (4.4) years for the paid-home, free-home and home-based community-dwelling elderly respectively. Higher proportion of community-dwelling elders reported high blood pressure (60.6%), diabetes 52.9%), arthritis (87.7%) and >2 chronic illness (77.4%) than free-home or paid-homes. Heart disease was more common among paid home elders (18.5%). The mean MMSE scores among residents were 21.5 (SD 5.5) in free-home, 25.5 (SD 4.6) in paid-home and 24.6 (SD 3.5) in the community. Based on the education-adjusted MMSE cut-offs, 42.7% of free-homes residents, 32.4% of paid-home residents and 21.9% of community-dwelling elderly had cognitive impairment. In free homes, female gender and moderate-severe disability were associated with cognitive impairment. Low education was associated with cognitive impairment in paid homes. Among community-dwelling elderly, older age,

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low education, presence of blood pressure and severe disability were associated with cognitive impairment in community-dwelling elderly.

Paramita Sengupta et al. (2014) in his study assess the Prevalence and correlates of cognitive impairment in a north Indian elderly population. It was a community based cross sectional study on a total sample of 3038 elder age 60 or above. A pre-tested questionnaire was used to obtain socio demographic information and cognitive impairment was assessed by mini mental state examination. Rural/urban and male/female ratios were 1790/1248 and 1384/1654, respectively. Majority of the respondents found in the age group 61–65 years. The prevalence of cognitive impairment in the study population was 8.8% (95% CI = 8.06 to 9.54). The proportion of individuals with cognitive impairment was higher among women, individuals who were older, unmarried/widowed, illiterate, unemployed, and poorer ($P < 0.05$). (60.8%) had mild impairment, (23.5%) had moderate and 42 (15.7%) had severe impairment. Individuals with severe cognitive impairment (versus mild and moderate) was the highest among individuals aged >80 years ($N=19$, 38.8%). The odds of having severe cognitive impairment were 4.5 times greater among individuals aged >70 years, in comparison with those aged 61–70 years (odds ratio [OR]=4.50, 95% CI=2.05 to 10.09, $P < 0.001$). The individuals who were cognitively impaired were observed to be more financially dependent on the family ($N = 191/268$, 71.3%) than those with no cognitive impairment ($N = 1718/2770$, 62.0%, $P=0.003$).

OBJECTIVE

1. To find out difference between elderly males and females in terms of total adjustment scores.
2. To find out significant difference in the adjustment among elder people living in home and old age home in relation to their residency.
3. To find out significant difference in the adjustment among elder people living in home and old age homes in relation to their 3 children above and below.

HYPOTHESIS

1. There is no significant difference among elderly males and females in terms of total adjustment scores.
2. There is no significant difference among the elderly living in old age homes and the elderly living at home in terms of total adjustment.
3. There is no significant difference between the elderly with less than three children and those with more than three children in terms of total adjustment.
4. There is no significant difference among elderly male and female and elderly living in old age home and elderly living at home in terms of total adjustment.
5. There is a significant difference among elderly male and female and elderly with less than three children and those with more than three children in terms of total adjustment.
6. There is no significant difference between aged persons living in old age homes and aged persons living at home and aged persons with less than three children and with more than three children in respect of total receipts of adjustment.
7. There is no significant difference among elderly male and female and elderly living in nursing homes and elderly living at home and elderly with less than three children and more than three children in terms of total adjustment.

PARTICIPANTS

Total number of sample 120 people selected from the various old age homes and living homes of Ahmedabad district. The sample of 60 male and 60 female living homes and old

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age homes. The sample of difference between elderly male and female and elderly living in nursing homes and elderly living at home and elderly with less than three children and more than three children in terms of total adjustment.

Variables

Independent Variable:

Gender: Male and female
Type of Residence: Old age homes and living homes
Number of children: above and below 3 children

Dependent Variable:

Social Adjustment of DR Ashwin Jansari (2015) adjustment scale.

Materials:

Social Adjustment constructed and standardized by DR Ashwin Jansari (2015) was used. The test consists of 125 items into five dimensions Home, health, Social, Emotional, Professional. Each item has five response options: Perfectly correct, correct, Unsolicited, Wrong and Total wrong. These categories were given source from 1 to 5, i.e., 1. For Perfectly correct, 2 for correct, 3 for Unsolicited, 4 for wrong and 5 totally wrong. The scoring procedure was reversed for negative items 1 for totally wrong, 2 for wrong, 3 for Unsolicited, 4 for correct and 5 for perfectly correct. The test Re-test and split-half reliability of 0.94 and 0.72 respectively.

Data Collection and Procedure

In the Present research, social adjustment among elder people living in home and old age home are sample has been selected from Maniben Tribhovandas of Chandranagar and Maniba old age home of Punitnagar in Ahmedabad city. Permission was taken from all the subjects while collecting the data from them proper instructions were given for filling the questionnaire and report was established properly. 60 Data was collected from old age homes and 60 data collected from at homes so, totally we were collect 120 data. The data was obtained by using particular scoring pattern standardized social adjustment test scoring was done as social adjustment test manual and the results were statically analyzed.

Statistical Analysis:

To study the objectives of the present study the Mean and F ratio for sum of square for score of different variables and F ratio 2 x 2 x 2 Anova for the selected sample. For social adjustment test between elderly people living in old age homes and living at home. Gender and 3 child above and below. Level of significant checked 0.05 and 0.01 levels.

RESULT AND DISCUSSION:

Table 1

ANOVA table showing Social adjustment for sex, residence, and children.

Summary Table						
Source of variance	Df	Sum of Square	Mean sum of Square	F	Table Value	Level of Significance
			SS/df			
SSA	1	264.03	264.03	0.216	3.92	N.S
SSB	1	2394.13	2394.13	1.965	3.92	N.S
SSC	1	6.53	6.53	0.005	3.92	N.S
SSAB	1	2066.7	2066.7	1.696	3.92	N.S
SSBC	1	7938.13	7938.13	6.516	3.92	S
SSAC	1	1904.03	1904.03	1.563	3.92	N.S
SSABC	1	2305.63	2305.63	1.892	3.92	N.S
SS Error	112	136427	1218.09			
SST	119	153306.2				

Ns = not significant

S = 0.05 level of significant

Looking at the above table, it is known that within this the change of caste has been taken. In which F value is 0.216 with respect to caste. whose T value is 3.93. Which is pointless. The F value of the residence context is 1.965 and the T value is 3.92 which is insignificant. Regarding children, their F value is 0.005 and T value is 3.92 which is insignificant. Considering caste and residence, their F value is 1.696 and T value is 3.93. Which is insignificant. In terms of residence, their F value is 6.516 and T value is 3.92 which is significant at 0.05 level. In terms of gender and children, their F value is 1.563 Value is 3.92 which is insignificant. In terms of caste children and residence their F value is 1.892 T value is 3.92 which is insignificant.

Looking at the above table, it is seen that three to above children living in old age home can be well adjusted because the number of their children is less and they want to stand on their own feet leaving the support of their son and thus doing their own work. And pride themselves on not relying on others, this makes them adaptable in every way.

TABLE: 1

Table showing median of Social adjustment with respect to caste.

	A1 (Male)	A2 (Female)
Mean	152.75	147.63
N	60	60

Looking at the above table, it is known that within this the change of caste has been taken. In which the median of male is 152.75 in terms of caste. And the median for female is 147.63. Which is pointless.

TABLE: 2

Table showing the median of Social adjustment in terms of accommodation.

	B1 (Old age home)	B2 (At home)
Mean	142.45	158.75
N	60	60

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Looking at the above table it is known that within this the change of accommodation has been taken. In terms of residence, the median of those who lived in an old age home is 142.45. And no living at home. The median is 158.75. Which is pointless.

TABLE: 3

Table showing the median social adjustment with respect to children.

	C1 (LESS than 3 child)	C2 (MORE than 3 child)
Mean	160.48	139.09
N	60	60

Looking at the above table, it is found that within this the median of the residences taken in respect of children who were less than three is 160.48. and more than three The children's median is 139.09, which is insignificant.

TABLE: 4

Table showing median of social adjustment with respect to caste and residence.

	A1B1	A1B2	A2B1	A2B3
Mean	171.80	133.61	144.36	150.88
N	30	30	30	30

Looking at the above table, it is known that within this the change of caste and residence has been taken. In which the median of male who lived in old age homes in terms of caste and residence is 171.80. And the median for male living at home is 133.61. The median of those who lived in an old age home is 144.36. The median of female staying at home is 150.88. which is insignificant.

TABLE: 5

Table showing median social adjustment in terms of residence and children.

	B1C1	B1C2	B2C1	B2C2
Mean	172.18	144.06	148.77	135.73
N	30	30	30	30

Looking at the above table, it is known that within this the change of residence and children has been taken. In terms of residence and children, the median of those who lived in an old age home and had less than three children is 172.18. And those who lived in nursing homes and had more than three children had a median of 144.06. The median for households with less than three children is 148.77. The median of households with more than three children is 135.73 which is significant at 0.05 level.

TABLE: 6

Table showing median of social adjustment with respect to gender and children.

	A1C1	A1C2	A2C1	A2C2
Mean	170.17	135.33	150.78	144.46
N	30	30	30	30

Looking at the above table, it is known that within this the change of caste and children has been taken. In terms of gender and children, the median of those who were male and had less than three children is 170.17. and those who were male and had more than three children.

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Their median is 135.33. The median for female who had less than three children is 150.78. The median of female who had more than three children is 144.46 which is insignificant.

TABLE: 7

Table showing median of social adjustment with respect to sex, residence and children.

	A1B1C1	A1B1C2	A1B2C1	A1B2C2	A2B1C1	A2B1C2	A2B2C1	A2B2C2
Mean	397.13	290.04	28353	250.93	291.06	285.87	311.53	292
N	15	15	15	15	15	15	15	15

Looking at the above table, it is known that within this the change of residence and children has been taken. In terms of gender, residence and children, the median of male who lived in old age homes and had less than three children been 397.13. And the median for male who lived in nursing homes and had more than three children been 290.04. The median for female who lived in nursing homes and had less than three children been 28353. And the median for female who lived in nursing homes and had more than three children been 25093. The median for male who lived at home and had fewer than three children was 291.06. And the median for male who lived at home and had more than three children been 285.87, and the median for female who lived at home with less than three children was 311.53. And the median for female who lived at home and had more than three children been 292.

CONCLUSIONS

- 1) No significant difference is found in the social adjustment of elderly people living in old age home and living at home.
- 2) There is a significant difference between elderly male and female and elderly with less than three children and those with more than three children in terms of total adjusted earnings.

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Conflict of Interest

The author(s) declared no conflict of interest.

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