



Adjustment of Senior Citizens with Regards to Gender and Area of Residence

DR. APURVA SOLANKI
Assistant Professor,
Shri V. R. Patel Arts College, Thara

1. Introduction

Aging is a natural process of increasingly getting older. It is a reality which is universal. Different authors define that in different ways. Generally speaking, 'aging' has three broad dimensions and each is associated with a different dimension. Such are: (1) Physiological aging (2) Psychological aging (3) Social aging

Hess (1976) describes aging as "an unavoidable and irreversible biological life process. Handler (1960) argues that 'age is the deterioration of a mature organism resulting from time-dependent, essentially irreversible changes intrinsic to all members of a species, so that, over time, they are increasingly unable to cope with the stresses of the environment, thereby increasing the stresses of the environment thereby increasing the probability of death'".

Since 'aging' is a process, defining the term 'aging' is very difficult. There is no single definition that is accepted globally unanimously. When a boy of 15 considers a managed 30-year-old, the latter treats a managed 50-year-old, and so forth. So, there's no clear definition of who we can consider ageing. Taking an example in this context, Poplin (1978) says that "a 55-year-old is 'old' to a 15-year-old but young to an 80-year-old. And we've all known people who are 'old' at 40 and still are 'young' at 75. Chronological age is often a poor criterion for differentiating between old and young. The old ones are those categorizing society as old people. Atchey (1972) also points out that distinguishing between the young and the old isn't easy. But according to Collin's sociology dictionary, it is the last part of the course of life of the individual, associated with declining faculties, low social worth and detachment from It is a social structure rather than a biological stage, because its beginning means very historically and culturally.

Disorders of adjustment are hugely common. An adjustment disorder is characterized by the development of behavioral symptoms such as school behavioral problems, anxiety, social conflicts or withdrawal, fighting, work problems, academic problems, depression, or physical complaints, in response to a particular stressor or stressors in your environment (Piaget & Baird, 1977). Simply put, if you experience significant stress, and because of that stress, you develop psychological symptoms that are greater than expected due to the stress, and this causes impairment in some major functioning of your life, then you have an adjustment disorder. Main functioning of life would include school adjustment, work adjustment, social adjustment, legal problems, family adjustment or physical health.

2. Statement of the Problem

The main objectives of this research are to study Adjustment of senior citizens of patan, (NORTH GUJARAT) with regards to gender and area of residence. The exact research problem is "Adjustment of Senior Citizens with regards to gender and area of residence.

3. Objectives

1. To study and compare adjustment, of male and female senior citizens.
2. To study and compare adjustment, of Urban and Rural senior citizens.
3. To study the interaction effect between gender and area of residence of senior citizens with respect to adjustment of senior citizens.

4. Hypothesis

Ho₁: There will be no significant difference between male and female senior citizens with regards to their adjustment.

Ho₂: There will be no significant difference between Urban and Rural senior citizens with regards to their adjustment.

Ho₃: There will be no significant interaction effect between gender and Area of Residence of senior citizen with regard to adjustment.

5. Sample

The random sampling technique was used for the selection of the sample. The sample was taken from the senior citizen club and old age home of patan (North Gujarat) The total sample was categorized as under:

Are of Residence	Gender		Total
	Male	Female	
Urban	30	30	60
Rural	30	30	60
Total	60	60	120

6. Variables

In present research gender and area of residence of senior citizens were taken as independent variables and adjustment was taken as dependent variable.

7. Tools

Shamshad-Jasbir old age adjustment inventory (SJOAI) (1995) is used for the purpose of study. This inventory consists of 125 statements with Yes – No? The inventory includes six areas of Adjustment Health-26, Home-25, Social-21, Marital-17, Emotional-21, and Financial-15. Scoring is done area wise and in total adjustment Higher score indicate better adjustment.

8. Reliability

Following the analysis of the items, the next step taken by the investigators was to determine their reliability, in the absence of a psychometric tool of little significance. The two modes of co-efficient reliability (odd-even and test retest) were calculated on a sample of 100 cases. In the case of retest reliability, the same test was administered to the same group at an interval of three weeks. The co-efficient correlation was calculated between the two sets of scores.

9. Validity

Following the discovery of the reliability, a step was taken to assess the validity of the test, which refers to whether the test measures that-aspect of the measurement for which the present test was validated on a sample of 100 cases using a construct validation procedure (convergent and discriminatory validation techniques indicated by Campbell, 1960). The adjustment inventory was validated against self-concept, ego-strength, and anxiety scores by applying the product moment correlation. This step was taken on the assumption that the higher the adjustment, the better the self-concept, the higher the ego-strength and the lower the anxiety.

10. Scoring

Responses given by the tastes were scored with the help of the score key. However, the Score Stencils for each of the six areas are available for convenient score on the Answer sheet. One score must be assigned to the keyed response. The keyed response was someplace in terms of ' Yes' and someplace in the form of ' No.' No score should be given in response to the undecided category. One score was to be given to the response in the direction of adjustment and 0 (Zero) to the response in the direction of the misalignment. Thus, the higher score indicates a better adjustment. The sum of the scores in different areas provided for a measure of the overall adjustment.

11. Procedure

The Adjustment Inventory by Shamshad-Jasbir Old-Age Adjustment Inventory (SJOAI) were administered individually. After completion of the data collection, the response of each respondent of each tool was scored as per the scoring key of each tool.

12. Statistical Analysis

To know the main and interaction effects of Gender, Area of Residence of senior citizens on scores of adjustment checklist two-way Analysis of Variance was used.

13. Results and Discussions

Table 1: Results of Analysis of Variance of Adjustment of senior citizens of Various Groups Senior Citizens

Source of Variation	Sum of Square	df	Mean Sum of Square	F	Level of Significance
A	307.328	1	307.328	18.030	0.01
B	574.592	1	574.592	33.710	0.01
A x B	30.752	1	30.752	1.804	NS
Error	8454.480	496	17.045		
Tss	9367.152	499			

Table 2: Mean score of Adjustment variable A (gender)

	A ₁ Male	A ₂ Female
Mean	8.66	10.81
N	60	60

Table 1 shows the analysis of variance of Adjustment of senior citizens in relation to gender and area of residence of senior citizens. F ratio of gender of senior citizen on Adjustment was 18.03 which significant. It means male senior citizens were significantly differ then female senior citizen on Adjustment. Table no .2 Shows the mean scores of male senior citizen on Adjustment was 8.66 and mean score of female senior citizen on Adjustment was 10.81 it indicates that significant difference was existed between male and female senior citizens on Adjustment. Here female senior citizen have better Adjustment then male senior citizen.

Table 3: Mean score of Mental Health of variable B (Area of residence)

	B ₁ Rural	B ₂ Urban
Mean	10.52	8.95
N	60	60

F ratio of area of residence of senior citizen on Adjustment was 33.71 which significant at 0.01 it means urban senior citizens were significantly differ then rural senior citizen Adjustment. Table no.3 shows the mean scores of rural senior citizens on A-Health Adjustment area was 10.52 and average scores of urban senior citizens were 8.95. it indicates that significant difference was existed between urban and rural senior citizens on Adjustment. Here rural senior citizen has better Adjustment then urban senior citizen.

Table 4: Mean score of mental health variable A x B (Gender x Area of Residence)

		A ₁ (Male)	A ₂ (Female)
B₁(rural)	Mean	9.70	11.34
	N	30	30
B₂(urban)	Mean	7.63	10.27
	N	30	30

The F ratio for area of residence and gender of senior citizens was 1.804 which was not significant. It means area of residence and gender of senior citizens did not interact significantly with the adjustment of old age-A-Health Adjustment. Table No. 4 shows average scores of male rural senior citizens on age adjustment was 9.70, mean rural female scores were 11.34, mean urban male scores were 7.63 and urban female scores were 10.27. It indicates that there was no significant interaction effect on Adjustment between area of residence and gender of senior citizens.

14. Conclusions

- 1 Significant difference was existed between male and female senior citizens on adjustment. Here female senior citizen have better adjustment then male senior citizen.
- 2 Significant difference was existed between urban and rural senior citizens on adjustment. Here rural senior citizen has better adjustment then urban senior citizen.
- 3 Significant interaction effect was not found between the gender and area of residence of senior citizens on the adjustment.

Reference

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