Adjustment patterns and anxiety in community-dwelling elderly: Exploring the gender differences

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Abstract

Background*: The changing life style and urbanization adversely affect the lives of most elderly people today, making them prone to anxiety and requiring lot of adjustments.* ***Aim****: The study aimed to explore the gender differences in the adjustment patterns and anxiety of the community-dwelling elderly.* ***Method****: A sample of 100 subjects, including 50 males and 50 females, aged between 65 and 75 years was selected. They were assessed using a semi-structured proforma, Bell's Adjustment Inventory and Sinha's Anxiety Scale.* ***Results****: Both the groups had adjustment problems and an average to high anxiety levels. Elderly females had significantly higher anxiety levels as well as higher adjustment problems in home, health and emotional subscales, while males had significantly higher social adjustment difficulties.* ***Conclusion****: More research on psychological health of elderly especially in their socio-cultural context is needed so as to evolve practical and effective preventive and remedial strategies.*

Keywords*: Elderly, Adjustment, Anxiety, Gender differences*

Introduction

Aging, the process of growing old regardless of chronological age, is a natural, continuous and universal phenomenon. For many people it comes as a phase of tranquility and serenity, as a phase of life in which a human being can still grow towards completion of his personality and inner values. But it can also be a phase of life which is marked by physical and mental instability, proneness to disease and a steady escalation of misery and suffering.

The problems of old age have gained importance in the contemporary society due to the rapid increase in the number of elderly people. The problems of aged vary from person to person and culture to culture, yet there are certain shared problems across cultures and geographical locations. Problems of aged can be biological, psychological, social or economical, all of which are interactive in nature.[1] The urbanization and rapidly changing family values have made the position of elderly especially vulnerable, resulting in loneliness and increased death anxiety.[2]

Kulshrestha[3] explained that the adjustment process is a way in which the individual attempts to deal with stress, anxiety, tensions and conflicts to meet his or her needs. In this process, the individual either makes efforts to

maintain harmonious relationship with environment or changes his behaviour to fit one's need.

The adjustment of the aging person depends upon the degree to which his personal and environmental circumstances offer opportunities or pose as threats to the satisfaction of his needs.[4] Failure to adapt can result in bitterness, withdrawal, depression and anxiety.[5-7] The stresses and vulnerabilities unique to the aging process viz. chronic physical problems, cognitive impairment and significant emotional losses[8] may further contribute to anxiety.[8,9] The need for studying the adjustment patterns and anxiety in old age in Indian context is being increasingly felt.

The present study aimed to explore the gender differences in the adjustment patterns and anxiety of the community-dwelling elderly

Materials and Method

The study sample consisted of 100 participants, which were selected from an urban community of Rohtak, Haryana. It was a sample of convenience selected by approaching the participants at their house. Participants were selected if aged between 65 and 75 years, free of any significant medical illness or infirmity, were able to communicate well and understand instructions. Exclusion criteria included presence of a debilitating illness, having difficulty in understanding the guidelines and those not ready for consent. An informed consent was taken from all the participants and confidentiality has been ensured.

After the socio-demographic details, the participants were assessed with the following instruments:

- Bell adjustment inventory[10] : It is a self administered test consisting of 160 items, has five separate measures of personal and social adjustment viz.

home, *health*, *social*, *emotional* and *occupational* adjustment. Since most participants were not working, occupational adjustment was not included for the present study. Each statement has three alternatives: Yes, No or "?" for uncertain. The scores were obtained by using scoring stencils. The possible score for each subscale ranges from 0-32. Low scores are indicative of better adjustment, except in case of *social* subscale where high scores are indicative of better adjustment.

- Sinha Anxiety Scale[11] : It is also a self administered test consisting of 100 Yes/ No statements. The possible score ranges from 0-100. The total score is indicative of anxiety measure of the subject. High scores indicate high level of anxiety. The split half reliability has been found to be 0.92 and validity 0.72 with Taylor's scale.

The appropriate instructions were administered individually for both the tests. It was ensured that the participants had understood the method of responding to both the questionnaires. The scales were administered one by one and it was ensured that each participant responded to every item of both the scales. Thereafter, scoring was done according to the manual.

The data was subjected to statistical analysis, using Independent samples t-test to evaluate group differences.

Results

Out of the total 100 participants, there were 50 males and 50 females , all belonging to urban background. The mean age of male participants was 69.02 ± 2.61 years and that of females was 68.78 ± 2.25 years, with no significant difference.

Both male and female subjects had

unsatisfactory adjustment in the *home, health and emotional* subscales, but an average adjustment in *social* subscale. Table 1 shows that the females had significantly poorer adjustment on all subscales, except *social* subscale, compared to male subjects.

Table 2 shows that female participants had significantly higher anxiety scores than male participants. Overall, both males and female groups had average to high anxiety levels.

Table 1: Gender differences in adjustment

Subscales	Males(n=50)	Females(n=50)	t-value
Home	13.70 ± 2.99	15.26 ± 3.31	2.47[*]
Health	9.98 ± 1.43	10.02 ± 1.73	3.27[**]
Social †	12.78 ± 2.47	14.18 ± 1.88	3.19[**]
Emotional	14.74 ± 2.67	17.84 ± 3.69	5.06[**]

[*]$p < 0.05$; [**]$p < 0.01$; Max. possible subscale score: 32
[†]In *social* subscale, lower scores are indicative of poorer adjustment, unlike rest three subscales, where higher scores indicate poorer adjustment.

Table 2: Gender differences in anxiety

	Males (n=50)	Females (n=50)	t-value
Anxiety Score	34.12 ± 8.43	39.84 ± 10.63	2.98[**]

[**]$p < 0.01$

Discussion

The study explores an important area pertaining to mental health of the elderly residing in community. Though both males and females subjects were found to have adjustment problems, elderly females were facing more adjustment problems in *home, health* and *emotional* areas compared to the elderly male subjects. This is in line with the earlier study by Sijuwade and colleagues[13,14] Elderly females suffer multiple problems attributable to gender, widowhood and old age[12] and are at a particularly disadvantaged position. Unsatisfactory home relations, health constraints, emotional isolation, fear, expectations and communication

gap are a few reasons leading to a lot of adjustment problems. The female-specific issues add further complexity to the age-related bio-psycho-social factors. It is further argued that women receive different treatment in old age and are more likely to be economically weaker compared to other age categories or the males[12].

On *social* subscale the female subjects showed better adjustment as compared to male subjects. There is a positive effect of social and religious activities on wellbeing and life satisfaction. Females may benefit from these positive effects , as they engage more often in these activities compared to males.[15]

The anxiety levels of both the groups was found to vary between average and high. Old age is often viewed as a problematic period of one's life which brings numerous biological, economical, psychological and social problems. These problems aggravate the problems of stress, anxiety, helplessness and insecurity in old people. The higher anxiety levels in females could be due to many other factors that characterize the everyday lives of women, such as economic dependence, lack of autonomy, and gender roles. Baghchi[16] reported a higher prevalence of depression and anxiety-related disorders among women.

The study has several limitations. It cannot be generalized to rural subjects. The role of confounding factors such as socio-economic status, income, education etc has not been studied. Since it was a non-random community sample, it is possible that the subjects having higher mental health problems may have been more willing to participate. The study revealed some important differences in the adjustment patterns and anxiety levels of elderly males and females, which needs to be investigated further. Further, the assessments have been carried out by using comprehensive instruments.

More research on psychological health of elderly especially in their socio-cultural context is needed so as to evolve practical and effective preventive and remedial strategies.

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