Chapter-5

Summary
Conception of ageing and position of the aged forms an integral part of the institutional and ideological culture of a society. In the traditional Indian value system the authority of the elders and sanctity of tradition were both supported in opposition to rationality and the right of individual conscience. The scriptures, the Epics, the Vedas-in sum, all the religious and literature eulogise parents as Gods. Thus, respect reverence for parental authority were embedded in the young that they could not think of differing from or protesting against them. The Hindu value system helps the continuance of the joint family by minimising conflicts in matters of religious practice; Brahmanic Hinduism emphasis ritual correctness.

Thus in traditional Indian society all the important attributes like social status, occupation and content of interpersonal relationships were within the same caste and the joint family. The traditional value system supports the authority of elders and upholds the sanctity of tradition. The general plan of life taught in the Vedas divided a man’s life into four stages: Brahamcharya (Student life), Grahstha (Married life), Vanaprastha (Life of retirements) and Sanyasa (The life of renunciation).

Historically, the joint family system has been considered characteristic of Indian life. Under this system as many as three
generations live together at any time in the same dwelling. Traditionally, the Indian economy has been one in which overwhelming majority of population depended directly on agricultural and allied occupations. The caste system forms one of the basic structural features of Indian society. The territorial unit within which an individual lived his entire life in the village. Cast and kinship were the basic structural components of the village. Thus the whole of individual's life span was encircled by the concentric zones of family, caste and the village community, the major social control being exercised by religion through its precepts and its executive-cum-judiciary bodies and the policy and economy being relegated by two other institutions, the village Panchayats and the inter-caste economic relationship respectively (Kulkarni).

Indian society, however has been undergoing rapid transformation under the impact of several forces. consequently, the traditional values and institutions are in the process of adaptation and have often led to sharpening of intergenerational differences.

**The Selection of research problem.**

The life expectancy in India has increased from 32 years since independence and improvement in health services will further push up the longevity in future. The number of persons 60 in (1901, was about 12 million, in 1951 which increased to about
20 million representing a 67 percent increase. In 1971, the number rose to 33 million and according to the 1981 census (5 percent) sample it is about 43 million. In 1991 this is expected to increase to about 51 million. In 1991 this is expected to increase to about 51 million representing about 155 percent increase over 1951. The main reason for longevity is the increase in life expectancy at birth from 23 years for males and 59.8 years for female projected for the period 1991-94. The marital status of the population 60+ shows a fairly large proportion of the population that has widowed status, the incidence of which as may be expected is much higher among females than males (Govt. of India, 1982).

The traditional Indian family has been projected as well integrated kinship unit with the father occupying the position of authority. The member of the unit who share the various routines, problems and joys of family living have strong feeling of mutual obligation during crises and regard of self interest as being antithetical with the welfare of the family. Their respect for the wisdom of the eldest male permits him and his spouse to make decisions which affect each and every member of the unit (Kapadia, 1966).

*Marulasiddaiah (1969)* in his study of Makunti village of
Karnataka state found that *no* sooner the son gets married than he wants to live separately and set up his own family. Of the 300 families there are hardly 18 joint families and those too are riddled with quarrels. The older people are losing grip on the young persons. They feel that neither are they properly cared for when ailing nor well fed and clothed by their sons and relatives. *Gangrade* (1978) in his study of intergenerational conflict in India found that majority of young prefer nuclear type of families. While a majority of parents still prefer joint families. The students (98 percent) want to honour their commitments and obligation to their parents and nearest extended family members. This favourable attitude is not nearly as strong on the question of giving assistance to relatives, which was approved by only 64 percent of students. There are 72 percent students and 63 percent parents who feel that parental authority is on decline and their sons no longer obey them.

The wage earning sections of the middle classes comprise members who pursue a variety of occupations, in industry, bureaucracy and professions in the formal sector of urban industrial economy. The value system of this section tends to be influenced by their western-oriented education. Some of the sociological studies on family which proposed that family in India is develop-
ing in the direction of nuclear family are based on investigation in one section of Indian society. Interpersonal relations in the area of authority and decision-making are not based on the principle of seniortiy. Generally, senior members of the family become dependants on the junior earning members (Haribabu, 1984).

Mehta (1974) studied the attitudes and problems of divorced Hindu women reveals that nuclear family pattern of domestic life is the most preferred way of living. However, supporting of parents was considered to be a moral duty of children. All the respondent further stated that the nuclear family could not be relied upon in times of distress to support individuals on a long term basis and that this support had to be self-generated by women themselves. De Souza’s (1982) study of respondents’ perception of consistency of status in the family indicates that out of 296 old women and men, 50 percent were of the view that their status had not changed because of old age, of whom 59.30 percent were men and 41.70 percent were women. On the other hand out of 143 respondents who were of the view that their status deteriorated 39.3 percent were men and 56.4 percent were women. In general, both old men and women (55 percent) were of the view that the children do not show them the same
respect they themselves had for their parents (De Souza, 1982).

The old men and women stated that they experienced emotional distress such as loneliness, the feeling of not being wanted and depression. In general, women experience a higher level of loneliness, the feeling of not being wanted, and depression than men. The old people draw on their religious resources to cope with their emotional problems. The concept of Karma promotes adjustment because events take on the character of inevitability over which the individual has no control. The family developmental cycle brings about changes in the status and roles of both men and women because there is a transition from the role of provider to that of dependent. The degree of dependency varies according to the economic situation of the old people and in general it is characterised by a loss of role and limited participation in decision-making in the social, economic and cultural spheres of family activity. Thus the status of the elderly reveal that the factor determining the status of the elderly were his/her economic status, health status, intrafamilial interactions and the attitude of family members.

Older people often enjoy the time they spend with friends more than the time they spend with family members. The openness and excitement of relationships with friends help older men
and women rise above worries and problems. Friendship give older people a sense of being valued and wanted and help them deal with the changes and crises of ageing.

Thus the researcher select the following research problem-

*A Study of Attitude towards Ageing, stress, adjustment and coping strategies of older people.*

**Objective of the present study :-**

Following are the objective of the present study-

1. To study the significant difference of attitude towards ageing between male and female elders.

2. To study the significant difference of attitude towards ageing between elders and senior elders.

3. To study the significant difference of attitude towards ageing among good, average and poor adjusted elders.

4. To study the significant difference of attitude towards ageing among different psychological states related elders.

5. To study the significant difference of attitude towards ageing among good, average and poor coping strategies related elders.

6. To study the significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
7. To study the significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.

7.01. To study the significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.

7.02. To study the significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.

7.03. To study the significant effect of gender (male & female) and social adjustment (good, average & poor) on attitude towards ageing.

7.04. To study the significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.

7.05. To study the significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.

7.06. To study the significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.
8. To study the significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.

8.01 To study the significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.

8.02 To study the significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.

8.03 To study the significant effect of gender (male & female) and depression state (high, average & low) on attitude towards ageing.

8.04 To study the significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.

8.05 To study the significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.

8.06 To study the significant effect of gender (male & female) and guilt state (high, average & low) on attitude
towards ageing.

8.07 To study the significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing.

8.08 To study the significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. To study the significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

10. To study the significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

10.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude
towards ageing.

10.03 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
social adjustment (good, average & poor) on attitude
towards ageing.

10.04 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
marital adjustment (good, average & poor) on attitude
towards ageing.

10.05 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
emotional adjustment (good, average & poor) on attitude
towards ageing.

10.06 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
financial adjustment (good, average & poor) on attitude
towards ageing.

11. To study the significant effect of gender (male & female) and
types of elders (elders & senior elders) and different
psychological states (high, average & low) on attitude towards
ageing.
11.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing.

11.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.

11.03 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing.

11.04 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.

11.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.

11.06 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
guilt state (high, average & low) on attitude towards ageing.

11.07 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
extroversion state (high, average & low) on attitude
towards ageing.

11.08 To study the significant effect of gender (male &
female), types of elders (elders & senior elders) and
arousal state (high, average & low) on attitude towards ageing.

12. To study the significant effect of gender (male & female),
types of elders (elders & senior elders) and coping strategies
(good, average & poor) on attitude towards ageing.

**Hypothesis of the present study :-**

Following null hypothesis have been formulated in the light of
above objecties-

1. There is no significant difference of attitude towards ageing
between male and female elders.

2. There is no significant difference of attitude towards ageing
between elders and senior elders.

3. There is no significant difference of attitude towards ageing among good, average and poor adjusted elders.

4. There is no significant difference of attitude towards ageing among different psychological states related elders.

5. There is no significant difference of attitude towards ageing among good, average and poor coping strategies related elders.

6. There is no significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.

7. There is no significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.

7.01. There is no significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.

7.02. There is no significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.

7.03. There is no significant effect of gender (male & female) and social adjustment (good, average & poor)
on attitude towards ageing.

7.04. There is no significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.

7.05. There is no significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.

7.06. There is no significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.

8. There is no significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.

8.01 There is no significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.

8.02. There is no significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.

8.03 There is no significant effect of gender (male & female)
and depression state (high, average & low) on attitude towards ageing.

8.04 There is no significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.

8.05 There is no significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.

8.06 There is no significant effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing.

8.07 There is no significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing.

8.08 There is no significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. There is no significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.
10. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

10.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing.

10.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing.

10.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

10.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and
emotional adjustment (good, average & poor) on attitude towards ageing.

10.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing.

11. There is no significant effect of gender (male & female) and types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

11.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing.

11.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.

11.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude
towards ageing.

11.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.

11.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.

11.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing.

11.07 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing.

11.08 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing.
12. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

**Importance of the present Study.**

Today, the more developed countries of the world have become the aged societies. The process of ageing of population has set in developing countries and if the United Nations Population Projections (1985) are any indication of the shape of things to come then, these countries will have a vast majority of the world’s older persons at the turn of the century. In a recent study it was observed that the demographic transition to an older population structure is proceeding fast in many developing countries. By the year 2025, the proportion of elderly to the total population is projected to be more than 12 percent. In that year nearly 71 percent of the world’s elderly population are likely to be found living in the developing countries.

This global phenomenon also afflicts India. The process of population ageing in India is still in an early phase and is expected to gain momentum in the course of the next century. The period between 1951 and 1981, the aged population has doubled. According to the 1981 census, there were approximately 43 million persons who had attained the age of 60 or more. The
estimates arrived at by the expert committee on population projection of the aged population in India in 1991 is 54.84 million. Since 1961 one has observe a steady increase in the proportion of old person and the growth rate of the aged population (for both sexes) has always outstripped that of the rest of the population.

The ageing of the population has many profound social and economic implications. The process of ageing affects all social groups and indeed every type of social relationship, in all societies. It should be emphasised that the issues of population ageing are not related only to the elderly but are also related to other age sector of the population. Furthermore, the problems of ageing are related to apart from the question of increasing cost of social security and medical care, education, labour force, migration, level of human investment and stability of the family as an institution. With increasing awareness of ageing, the need to study its repercussions and assess various policy options and priorities is assuming great importance. In countries like India which contain diverse populations, the population explosion will no doubt worsen the problems of ageing.

Differential access to social and economic opportunities available to cultural, linguistic, religious, racial or ethnic groups
is also likely to intensify competition and conflict among them. Such social tensions and conflicts would adversely affect the elderly who, in general are more vulnerable than younger persons to social and economic hardships.

The present study is an attempt to study the attitude towards ageing, stress, adjustment and coping strategies of older people. The present study would be valuable in policy and decision concerning ageing problems and fulfil the motto of the UN Assembly (1992) on ageing “Add life to years”. It also includes efforts to enhance a sense of well being, quality of life and happy or successful ageing.

**Research Methods and Procedures**

The sample, the design, methods and procedures of the study have been discussed with regard to the following heads-

**Sample**

In the present study 300 elders (age 51-60 years) and 300 senior elders (age 61-70 years) of ORAI city selected in the sample. The 300 male and 300 female elders selected through stratified random sampling technique. Elders in the range of middle low socio-economic status class were included in the sample. A schematic breakup of the sample is shown below-
Design and Variables Involved

The present study is an exploratory nature in which the independent variables have already occurred and research starts with the observations of dependent variables. The independent variables are studied in respect of their possible relation that effect on dependent variable. An ex-post-facto research design was considered suitable for the present study.

There are two types of variables in the present study-

1) Independent Variable-

Gender (Male & Female)

Types of Elders (Elders & Senior Elders)

Adjustment (Good, Average & Poor)

Stress as different psychological states

(High, Average & low)

Coping Strategies (Good, Average & Poor)
II) Dependent Variable

Attitude Towards Ageing

It was desirable that other critically relevant variables would be adequately controlled. In this context family size and its composition, socio-economic status and health status are some crucial variables.

The Tools used

The following tools were used in the present study

i) Shamshad-Jasbir Old Age Adjustment Inventory

By Shamshad Hussain & Jasbir Kaur

ii) Eight State Questionnaire

By Curran & Cattel and Others

(iii) Attitude Towards Ageing Scale

By Dr. Taresh Bhatia & Dr. Prabhaker Rai

(iv) Coping Styles Scale

By Dr. Taresh Bhatia & Dhiraj Gupta

The collection of Data

Administration of psychological tests is a technical process. It needs a clear grasp of the process and its various facts. The respondee needs suitable motivation to take up the test in right earnest and express their real feelings in a frank and straightforward manner. The administrator needs to earn the confidence
of the respondees and has to satisfy them for the worth utility of
the administration to them and to others through them.

The subjects of the present study were selected from
prescribed population. The selected elders were administered four
tests and requested to answer the questions sincerely and truthfully.
They were assured that the responses would be kept confidential.

The Statistical Technique Used

The first purpose of the present study was to compare the
attitude towards ageing between male and female, between elders
& senior elders, among good, average & poor adjusted elders,
among different psychological states and among good, average &
poor coping strategies related elders. The mean and standard
deviation of each group were calculated.

The comparison between different groups were made on the
basis of critical ratio with 0.05 and 0.01 levels of confidence
considered significant. Hypothesis from 1 to 5 were tested by
applying critical ratio.

Another purpose of the present study was to find out the
effect of gender (male & female), types of elders (eleders &
senior elders), adjustment (good, average & poor), coping strategies
(good, average & poor) and different psychological states (high,
average & poor) on attitude towards ageing, for this purpose
analysis of variance was calculated.

(324)
The Data Analysis & Discussion

The results have been presented according to the following scheme. A mention of this may facilitate to understand the whole view of the work done-

Part A- Overall comparison of the attitude towards ageing between male and female elders.

Part B- Overall comparison of the attitude towards ageing between elders and senior elders.

Part C- Overall comparison of the attitude towards ageing among good, average and poor adjusted elders.

Part D- Overall comparison of the attitude towards ageing among different psychological states related elders.

Part E- Overall comparison of the attitude towards ageing among good, average and poor coping strategies related elders.

Part F- The effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.

Part G- The effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.

Part H- The effect of gender (male & female) and different
psychological states (high, average & low) on attitude towards aging.

Part I - The effect of gender (male & female) and coping strategies (good, average & low) on attitude towards ageing.

Part J- The effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

Part K The effect of gender (male & female), types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

Part L The effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

Conclusion

The following are the conclusions of the present study-

1. The female elders have significantly more positive attitude towards ageing than male elders.

2. The senior elders have significantly positive attitude towards ageing than elders.
3. The elders of good adjustment (health, home, social, marital, emotional & financial) have significantly more positive attitude towards ageing.

4. The elders of low psychological states as anxiety, stress, depression, regression, fatigue, guilt and extroversion have significantly more positive attitude towards ageing.

5. The elders of good coping strategies have significantly positive attitude towards ageing than average & poor coping strategies related elders.

6. The gender (male & female) and types of elders (elders & senior elders) significantly effect the attitude towards ageing but the interaction effect of gender and types of elders do not significantly effect the attitude towards ageing.

7. The gender (male & female), adjustment (good, average & poor) and their interaction significantly effect the attitude towards ageing.

8. The health, home, social, marital, emotional and financial adjustment of elders significantly effect the attitude towards ageing.

9. The different psychological states as stress, depression, regres-
sion, fatigue and guilt (high, average & low) significantly effect the attitude towards ageing.

10. The interaction effect of gender (male & female) and psychological states as regression and arousal significantly effect the attitude towards ageing.

11. The gender (male & female), coping strategies (good, average & poor) significantly effect the attitude towards ageing but their interaction do not significantly effect the attitude towards ageing.

12. The interaction effect of gender, types of elders and adjustment significantly effect the attitude towards ageing.

13. The interaction effect of gender, types of elders and coping strategies (good, average & poor) significantly effect the attitude towards ageing.

14. The interaction effect of gender, types of elders and stress state (high, average & low) do not significantly effect the attitude towards ageing.