Chapter I

Introduction
1.1. Introduction

Ageing is a normal part of the life span. It is associated with a gradual reduction in the reserve capacities of most of the organ systems of the body. In other words, we can define ageing as a process characterized by progressive decline in all physiological functions. Ageing begins with conception and terminates with death. We may retard ageing or accelerate it, but we cannot arrest it while life goes on. Ageing is a phenomenon which we have to accept. Like every other period in the life span, old age is characterized by certain physical and psychological changes. The effects of these changes determine, to a large extent, whether elderly men and women will make good or poor personal and social adjustment.

In every stage of life, we have problems. Life without problems may not be worth living so we cannot say that only old age is problematic. But it is conceivable that the problems that we face in old age may be more severe than the ones that we are required to face when we are young or in middle age, or it is also possible that we are less prepared to face the problems in old age and hence we think that they are overwhelming. We will have to admit that old age has unique problems. It has serious connotations on social, economic, emotional and spiritual planes. This is true for every human being on earth. As age advances, lot of physical, mental and social changes take place. Physical conditions may restrict movements, social changes may force dependency and
mental conditions may lead to depression and anxiety. Poverty and economic insecurity may aggravate the situation, if the ageing person is not sufficiently supported to lead a positive life, his/ her life may become miserable for himself and for others.

While ageing is a universal problem and no country can escape it, different countries have felt its impact differently based on their socio-cultural and economic characteristics. Ageing has not been as serious in the developing countries as in the developed countries; it is going to be a major issue in these countries. Detailed projection made by the U.N population division shows a massive demographic shift, taking place in both the developed and the developing countries. According to these projections, the proportion of the population aged 60 and above in the more developed countries will grow from 11 percent in 1950 to over 22 percent in 2025. In parallel, less developed countries will see the percentage of the old people in their population rise from an average of 7 percent in 1950 to over 11 percent in 2025. The actual proportion may vary from country to country depending upon their level of development and the extent of investment in health care system.

Nearly 20 years have been added to the average life expectancy worldwide in the past 50 years, a direct outcome of control of communicable disease, better environmental and personal hygiene and nutrition, marked advances in diagnostic and therapeutic measures, better and potent drugs, anesthesia and surgical skills, improved health delivery systems and socio-economic development, reduced fertility and sound technology resulting in lower infant/maternal morbidity. The average life expectancy at birth is expected to reach 73 years in 2020 compared to 66.5 years in 2000. In 1950’s the average life expectancy was 46.5 years.

The trends in India are alarming. India with an elderly population of nearly 76 million, constituting 7.7 percent of the total, is amongst the top 10
nations in this category. In India, the age expectancy was 62 years as per the 1991 census. During the last five decades, life expectancy at birth has doubled from 32 to 64 years. The absolute number of elderly persons has more than tripled during the same period. By the year 2020, it is estimated that the population of the elderly will increase to 142 million, or about 11 percent of the country’s population. The ‘grey’ population is getting more mature. Today about 10 percent of the population over 60 years of age is in the age bracket of 80 years and this will rise to 25 percent by the year 2050. Increase in the number of aged in these countries alone would not make them problematic. Added to this is the fact that in these countries unitary families are the rule and extended families are rather exception.

In the primitive societies, security of the members of the family and clan was very important for which elders assisted by the young were responsible, thus wisdom of the elders and physical strength of the young combined to guide and continue the family and the clan. The older members in the family were then looked after in their old age and also provided nursing care. This was considered as the moral and social responsibility of the members of the family, an expression of gratitude of the younger generation towards their elders, for what they had done for them in bearing, rearing, educating, training and protecting them. The care of the aged also arose out of the fact that they had through their hard work and thrift created assets, property and other means of production, leading to employment and income generation for the younger generation to survive.

The traditional Indian family structure used to provide the required environment for comfortable living of the elderly. The extended family usually consists of two generations living together where in the elderly used to have a different status in household. But with a rising number of nuclear families, the elderly seems to have been deprived of certain needs which are not adoptable to them. The demographic alteration accompanied with the change in the family
system, economy, community structure, increased pace of migration, urbanization, industrialization and westernization have significantly influenced the lives of aged in the families. However, the family no longer remains the unit for providing emotional security, care and protection to the older persons. Moreover, the death of the joint family in many urban households has rendered this passage of life more painful. So the old have lost whatever privileges they enjoyed under the traditional stratification system without gaining anything in the wake of modernization.

The aging people undergo social, economic and psychological insecurity, rising out of retirement and services. Mandatory retirement at prescribed age is interpreted as deprivation and denial of one’s right to work till one’s capacity, requirement and will. Pothen (1990) postulated that retirement affects men more severely than women. Willigen and chadha (1990) are of the opinion that if old are to be prevented from being de-humanized they need to be given due respect and must be provided for to meet their needs the benefit of a welfare programme is to reach the target group in its best form if old are involved at multiple stages of preparation of plans, execution and evaluation.

International Congress of Gerontology held on 14th June, (1989) in Mexico, proceedings have highlighted the role of several variables contributing to good adjustment in old age. The proceedings were based on a study which was conducted in Chittoor district and the sample consisted of 300 women between age group of 60 to 64 years drawn by multistage random sampling and data was analyzed by multiple regression analysis. It was found that positive self-regard, satisfaction with role activity, satisfaction in husband-wife relationship, good health was found to be significant contributors to good adjustment in old age. Mahinder (1988) discusses fear of retirement, loss of finance, status and companionship as socio-psychological accompaniments of aging. National Conference of Association of Gerontology held on 2nd, November (1984) in Tirupati Highlighted the relationship between adjustment and socio-economic
status of aged. These findings were based on a study conducted in four major
cities of Maharashtra. The sample consisted of 545 retired persons. An
adjustment inventory for older people and SES was used for collecting
information. The results showed that as persons rose in socio-economic ladder,
their adjustment is better. Study further revealed that social adjustment was
worst affected among all other areas of adjustment which was indicative of
retired persons gradual withdrawal from social life. Trivedi (1981) found that
alienation and financial difficulties that old people undergo need to be
countered by introducing retirement preparation; setting up houses for the old,
ensuring their representation in social functions and creating opportunities for
their re-employment welfare programme and social security system for the aged
people in the light of social change. The White House Conference on ageing
(1971) revealed that when old age income is adequate and secure can be the
aged. When income is high the aged are expected to lead a meaningful, self-
respecting and independent lives.

Though according to international conventions those above the age of 64
years are considered to be ‘old’, in Indian context it is more meaningful to
consider 60 as the cutoff point. In 1991 the project share of the elderly (60+)
was about 7 percent. The proportion of the elderly as per 2001 census increased
to about 8 percent. This proportion is bound to grow rapidly in the coming
years. The same phenomenon of older population increasing, at faster rate is
seen in Jammu and Kashmir State too. The proportion of aged (60 and above
years) in Jammu and Kashmir State has increased. In 1961 it was 5.07 percent
and in 1977 and 1981 it was 5.55 percent and 5.75 percent respectively. While
as in 1991 it was 5.78 percent. Further the census of 2001 reveals that the
proportion of aged (60+) has increased up to an alarming level of 6.57 percent.
The males constitute 6.7 percent, females 5.2 percent in the age group of 60-74
years and 1.7 percent males and 1.4 percent females in the age group of 75
years and above.
1.2. Need and Importance of the Study

With a rapid increase in the population all over the world, ageing and the aged have come to be given greater recognition by the biological scientists, social scientists, government agencies and social workers. Medical and biological scientists were the first to acknowledge the special nature and problems of the aged. To a greater extent the Indian society is gradually changing from the agrarian to the industrialized one, from small town to metropolis. This has caused growth and redistribution of the population, with changing proportions of the young and old with a striking increase in longevity. With the result, there has been a far-reaching change in the economic system, and the family system. All of them have made tremendous impact on social institutions in regard to care of aged. Although in the immediate past the care of the elderly has been mainly a responsibility of the families. The family support and care of the elderly are unlikely to disappear in the near future. The old age problems are generally neglected and avoided. This may be due to the fact that a senior age group is supposed to take care of themselves mostly on the basis of long and wide range of experience. Perhaps old people need no attention because their own experience of life has grown them above their trials and created a desirable balance. But this is not true actually old age has its own peculiar adjustment problems which mostly originate in old age itself and need immediate care before they become acute. In addition to this the aged are more sensitive to problems than young and have to face difficulties without sharing them with others.

The elderly face a number of problems which range from absence of ensured and sufficient income to support themselves and their dependents, to ill health, absence of social security, to loss of social role and recognition, problems of adjustment and the non-availability of opportunities for creative use of free time. After going through a number of related studies, it was found that attempts have been made to study demographic trends, profile projection,
changing role of the family in their care, the impact of urbanization and housing on elderly, religion, the psychological and health problems, their socio-economic status, crime and violence against elderly, utilization of time and skills, aged in relation to the broader political process and power, law and the role of government programmes and voluntary organizations and also that of old age homes in the care of elderly. Among many of these problems, health issues and medical care are considered to be a major concern for the large majority of the elderly.

Researches are also necessary on the living conditions of the elderly, their adjustment problems, needs and evaluation of existing policies and programme for their betterment and care. This stage of life cycle has received a low priority from researchers. The changing status and needs of the aged in rural area, especially those who do not own productive assets, need to be investigated in greater detail.

Some studies on the adjustment and value pattern of the aged people in India are available only on a few areas. However, no comprehensive study has been attempted earlier to understand the adjustment and values of the elderly people and to focus on different factors that determine their adjustment and values. The studies on old age have not as yet been taken up in a big way by researchers in Kashmir. In the present study it was attempted to focus on cluster of adjustment and value items in aggregate as against couple of areas studied in the past by various researchers from time to time. The main purpose of the present investigation was to measure adjustment and value patterns of old age subjects, compare male and female old age subjects and to compare rural and urban old age subjects in their adjustment and value orientation.

1.3. Statement of the Problem

The status of the old people in Kashmir is not much different from what it was in other parts of India. The old are generally respected. The old were
never a burden to the family. They contribute their mite to the family income. The wisdom and experience of the old was an asset to the community. Hence it was natural that the old were accorded a high status. But things have changed. As the grip of our socio-cultural and traditional values are loosing, old age is rapidly emerging as a big problem here. We have had the traditions of respecting our old men and old women, but as the westernization spreads and strengthen here and everywhere, old people are put on their own care.

Traditional values emphasizing the importance of old in the family and society are at a discount. The younger generation is more and more exposed to situation and values that portray the old man and women as of no importance to them and to society. Naturally, he does not find any rational in obeying the old even in respecting their individuality. The attitude is fast spreading in our society. As a result, the old who were the kingpin of authority in the family and society find it difficult to reconcile to the new situation and consequent emotional problems are developing among them. Moreover the death of the joint family in many households has made the life of old people painful.

The present study was undertaken in the described age group (60 and above) for evaluation of certain areas of adjustment and values. The areas of adjustment included: Health, Home, Social, Marital, Emotional and Financial and the areas of value included: Theoretical, Economic, Aesthetic, Social, Political and Religious

1.4. Objectives of the Study
The following objectives were formulated for the study:

1. To analyze the demographic background of the respondents.
2. To identify old aged male and female subject in Rural/urban settings.
3. To measure adjustment patterns of the old age subjects.
4. To measure value patterns of old age subjects
orientation.

1.5. Definition of the Terms and Variables

*Aged:*

The final period of life is old age, though it does come to all. Physiologically, old age is said to have arrived to an individual when general decline or debilitating diseases have resulted in extreme frailty, disablement or invalids. Psychologically; the mental processes have slowed down and the individual turns to self-contemplation, retrospection and concern over the meaning of life. There is distinct awareness of old age and the approach of death. Activities becoming greatly curtailed and there is increased voluntary withdrawal and abandonment of independent living. The term ‘aged’ has been defined by various thinkers. Some of the definitions are as under:

According to Benyaklef (1991) “a man ages biologically as a continuing process, socially as perceived by the members of the society, economically when retired from the work force and chronologically one grows older with time”.

To Biren and Renner (1977) “aging is essentially a change phenomenon which occurs in mature genetically representative organism living under representative environmental conditions, as they advance in chronological age”.

Handler (1960) “defines ageing as the deterioration of mature organism resulting from time-dependent and irreversible changes intrinsic to all members of the species. With the passage of time they are increasingly unable to cope with the stresses of the environment and head towards decay eventual death”.
Comfort (1956) defines “ageing as a change in behaviour of the organism which comes about with the increase in chronological age and which leads to a decrease in adjustment and hence in fitness, and so to say, for survival”.

For the purpose of the present study, “aged” refers to the subjects falling in the age group of 60-90 years. This age range has been further stratified into four groups viz; young old age, old age, very old age and extreme old age group as follows:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-65yrs:</td>
<td>Young old</td>
</tr>
<tr>
<td>66-75yrs:</td>
<td>Old age</td>
</tr>
<tr>
<td>76-85yrs:</td>
<td>Very old age</td>
</tr>
<tr>
<td>86 and over:</td>
<td>Extremely old age</td>
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**Adjustment:**

Adjustment is the process in which an individual learns certain ways of behaviour through which he enters into a relationship of harmony with its environment. Thus, he tries to lead a life acceptable to society. In its simplest form, the term adjustment means that we should accommodate ourselves in order to fit certain demands of our environment. It also deals with how we make such accommodation and how successful we will be in finding solution of our problems. Adjustment as a concept has been defined and interpreted by various thinkers. Some of the definitions are as follows:

According to Norman Tallent (1989) “adjustment refers to changes in our ways of behaving to meet the changing demands of our environment.”

Lazarus (1976) defines “adjustment in the fallowing words;
“Adjustment consists of the psychological process by means of which the individual manages to cope with various demands and process of life”.

In the Eysencks Encyclopedia of Psychology (1975) “adjustment refers to; a state in which the needs of the individual on one hand and claims of the society on the other are fully satisfied”.

Encyclopedia Britannica (1974) interprets the term “adjustment as; the process of behaviour by which men and animals as well, maintain an equilibrium between their needs and the demands and obstacles of their environment”

Crow and crow (1974) Defines “adjustment in fallowing words; adjustment refers to an individuals characteristic of habitual understanding of reactions to and manners of solving problems, situations which he experiences”.

According to Shaffer and Shoben (1956); “adjustment is the process by which a living organism maintains the balance between his needs and circumstances that influences the satisfaction of his needs”.

In the words of Lehner and Kube (1955) “adjustment is the continuous process of interaction between us and our environment and it is the effectiveness of an individual’s efforts to meet his needs”.

The above definitions were taken into consideration before an operational definition for the present study was framed. For the present study “Adjustment” refers to subjects’ adjustment in six significant areas of life viz., health, home, social, marital, emotional and financial as measured by Shamshad Hussain and Jasbir kour Old Age Adjustment Anventory (SJOAI -1994).
Values:

Values are guides to human behaviour, values affect and shape human personality and influence the adjustment of the individual. Generally speaking, values indicate a person's direction of preferences for things to be evaluated. Values are guides that determine action, attitude towards objects and situations, presentation of self, evaluation, judgment, comparison of self with others and also attempts to influence others. Values may be derived from self, society, culture and also from ideas, experiences, and human interaction. Values has been defined by various thinkers, some of the definitions are as follows:

A popular definition of value given by Rokeach (1973) is that “a value is an enduring belief that is a specific mode of conduct or end state of existence in personality or society preferable to an opposite or converse mode of conduct or end state of experience”

Raths et. al (1966) writes that “persons have experiences; may come certain general guides to behaviour. These guides tend to give direction to life and may be called as values”.

Young (1964) says that “values represent objects towards which we direct our desires and attitudes. Through socialization we invest them with moral or ethical rationalizations. Such moral justifications make possible actions which people with other cultural conditioning may not understand closely related to values or ideals which represent long range drives or ends towards which we may strive. Ideals, growing out of the cultural norms of a society are anticipatory projections into the further conduct of the individual or the group”.

According to Mukherjee (1964) “values can be defined as a directive quality of adjustment of organism to the environment at the dimension of human evolution towards greater individuality and openness of self and purposive direction of self and environment”.

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The above definitions were taken into consideration before an operational definition for the present study was formulated. In the present study the operational definition of “Values” refers to subjects’ values or evaluative attitudes, basic interests or motives in personality – theoretical, economic, aesthetic, social, political and religious as measured by G. W. Allport, D. E. Vernon and G. Lindzey’s study of values (1980).