

Social adjustment among elderly women in an urban setting

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The study addresses aged women in an urban setting. Increased life expectancy has ensured high proportion of elderly females among the aged as well as in general population. Socio-cultural factors that weigh against females in patriarchal social structure persist during old age, too. Also, age-related degenerative changes at the physical and mental levels seem to affect adjustment of aged women. Added to this, features characterizing urban living appear to enhance loneliness and alienation among them. Against this backdrop, the present has been conducted to understand the adjustment of the aged women in family and neighbourhood.

The main objectives of the study has been (1) to study the demographic status and socio-economic background of aged women in a metropolis; (2) to ascertain the level of social adjustment among them; (3) to study the health status of older women in relation to their adjustment in the family and neighbourhood; (4) to examine the linkage between their social adjustment and their acceptance by family and neighbourhood; (5) to analyze social adjustment among aged females in terms of their sense of security; and (6) to find out the relation between social adjustment and life-satisfaction among them.

The study is descriptive in approach. Sample area is CPWD colony of Pushp Vihar, Saket in South Delhi. Sample size is 350 females aged 60 years and above living in the family — whether natural or adopted. Simple random sampling has been done. A Social adjustment Scale has been developed and standardized. Structured interview schedule has been used.

Findings show that a typical aged female in an urban setting is 'young-old' (60-62 years). She is a widow and lives with her son, daughter-in-law and two grandchildren. She has not been to school and has been a housewife (non-worker) in her prime of life. Nonetheless, the fulfilment of basic needs, generally, is not a problem with her. But, what bothers her is the shrinkage of her erstwhile roles, mainly on account of the presence of her daughter-in-law. Health-wise, her vision has somewhat gone down and she has some ailments like diabetes and gynaecological problems. She is quite capable of maintaining her activities of daily-life independently. Given congruent relations with family members and neighbours, she feels secured, contented, happy and free from loneliness, tension and anxiety. Should she have qualities like good communication skills, adaptation, realistic expectation, empathy, optimism, acceptance of ageing and social changes, tolerance, sharing and caring, she is able to forge a bond of harmonious relationship with the family and neighbourhood.

Social work intervention strategies:

There is a need to create awareness among aged females about healthy life-style. Counselling services for the aged and their family on mental health issues is required. Self-help groups are needed for dealing with psycho-social problems like loneliness. NGOs should take up sensitization programmes to enable aged females to enhance their skills for better adjustment. Day care centers are required to expand both in number and quality. Resident Welfare Associations could increase elderly women's participation in various community affairs. Detailed data-base on the elderly is required to make reasonable policies and programmes.