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RESEARCH ARTICLE

GERONTOLOGICAL ADJUSTMENT OF OLD PEOPLE AND THEIR WELL-BEING

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ABSTRACT

The present study was conducted to assess the relationship of specific satisfaction in biogerontology and social gerontological and medical gerontology .The study is based upon sample of 120 elderly (60 nuclear family and 60 joint family) and the age rang 60-80 year. and used the social support scale measuring over life satisfaction and support the family members. The study revealed that majority of elderly had low social support and those which nuclear family elderly reported for low joint family having higher social support the finding financial, health, social and personal domain. The result revealed that significant in nuclear family was highly significant. The test was applied to check difference social support of elderly people in nuclear family and joint family .The ANOVA method used to check the difference.

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INTRODUCTION

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Define ageing in terms of the biology; referring to "the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age (Doshi Dhara, 2013). "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the construction by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of age. (Khumer, 2014) In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meaning of age are more significant such as the role assigned to older people ;in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible. "(Egidia, 2013) Aging of the population is the defined as increase in the proportion of population aged 60 year and above. The elderly person is dynodes as a person who has completed 60 year or more. The United Nations generally uses age 60 as the lower limit to define elderly population .The national practices, however, vary in defining the aged. In development countries where considerable ageing in population has occurred, and where people are healthier and where life expectancy is very high (75 year and above) the elderly is defined as a person of 65 and over. The censor of India although provides data on aged 60 years and above. India demographer while studying the demographic and socio-economic aspects as an indicator of ageing (Vance, 2011). Demographers and sociologists sometimes categories the elderly in three groups;

- Young old aged 60-69;
- Old age 70-79 and
- Oldest old aged 80 years and above.

In developed countries the elderly are generally categorised in following age statements:-

- Aged 55-65 as young old.
- Aged 60-85 as old and
- Aged 85 years and above oldest old

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Demographic Transition: As per censes 2001.The number of older persona in 2001 was 70.6million (6.9%) which was projected to be 83.5 million in 2006 (7.5%). As per the projections the percentage of older person will be 94.8 million in 2011 (8.3%).118 million in 2016,(9.3%) 14.37 million in 2021(10.7%) and 173.1 million in 2026 (12.4%). The growth of population of the elder person snows upward trend.

Population 60+

Gerontology: From the Greek γέρων, *geron*, "old man" and -λογία, *-logia*, "study of"; coined by Ilya Ilyich Mechnikov in 1903) is the study of the social, psychological, cognitiveand biological aspects of aging. It is distinguished from geriatrics, which is the branch of medicine that specializes in the treatment of existing disease in older adults. Gerontologists include researchers and practitioners in the fields of biology, nursing, medicine, criminology, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, architecture, geography, pharmacy, public health, housing, and anthropology. Biogerontology is the sub-field of gerontology concerned with the biological aging process, its evolutionary origins, and potential means to intervene in the process. It involves interdisciplinary research on biological aging's causes, effects, and mechanisms. Conservative biogerontologists such as Leonard Hay flick have predicted that the human life expectancy will peak at about 92 years old social gerontology is concerned with changes in the social characteristics, circumstances, status, an d roles of individuals over the second half of the life span; with the nature an d processes of adjustment, personality development, an d mental health in the ageing individual; a n d with the biological an d psychobiological processes of ageing in so far as they influence social capacity and performance in later life. Geriatric Medicine and Gerontology is to provide the highest quality clinical care to improve the health of older adults and society by creating, translating, and disseminating knowledge through education and research.

Study Area: Lucknow district of Uttar Pradesh was selected as the study area. The urban and semi-urban areas and selected the old age home–Aastha old age home and Sanjeevani Foundation (Charitable) Trust and Sava Sanklp old age home and residing in their home male and female aged group (60-80) year.

- Sample technique was purposive randam sampling
- The sample size of the study was restricted up to 120 sample. 30 male and female living in old age home and 30 male and female living residing in their home. The main tools were used in the study was Predesigned questionnaire, and Hospital Anxiety and depression scale (MSPSS) and spiritual well-being scale (SWB).
- Independent variable was age, Gender, Residing in their home etc.
- Dependent variable was social and spiritual well-being in older people.

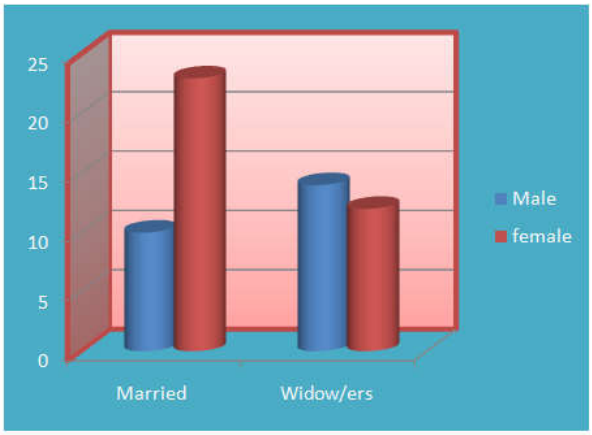

Fig.1.1. Marital status old age home of elderly

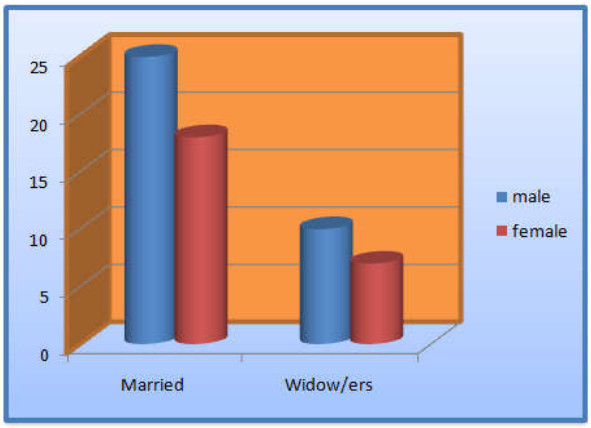

Fig.1.2. Marital status residing in their home of elderly

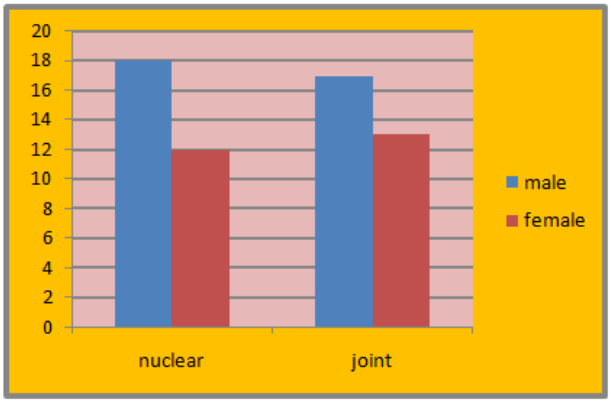

Fig. 2.2. Types of family residing in their home of elderly

Table 1. Distribution of respondent according to marital status (N=120)

Working profile	Old age Home (N=60)			Residing in their Home (N=60)		
	Male(N=30) f (%)	Female(N=30) f (%)	Total	Male(N=30) f (%)	Female(N=30) f (%)	Total
Married	10 (28.6)	23 (56.1)	33	25 (71.4)	18 (43.9)	43
Widow/ers	14 (58.3)	12 (63.2)	26	10 (41.7)	7(36.8)	27

(Figure s in parenthesis indicates percentages)

Ho.1 There is no significant relationship between well-being and health profile of elderly across gender

S.No	Parameter	Male Mean±SD	Female Mean±SD	'F'	'P'
1.	Allergy	2.37±.780	2.40±.718	.059	.808
2.	Asthma	2.28±.761	2.02±.725	3.863*	.002
3.	Diabetes	2.50±.770	2.35±.777	.963**	.000
4.	Eye diseases	2.85±.404	2.63±.637	.948	.028
5.	Cardiovascular diseases	2.10±.602	2.03±.780	.974**	.000
6.	Liver diseases	2.43±.698	2.22±.715	2.821	.096
7.	Stomach/bowel diseases	2.83±.493	2.70±.619	1.704	.194
8.	Lung diseases	1.98±.770	2.25±.680	4.045	.047
9.	Cancer	2.07±.252	2.03±.258	.513	.475

(P<0.05=Level of highly significant)

Table 4. Correlation of social support and spiritual well-being across age

Ho: There exists no significant relationship between age of elderly , social support and spiritual well-being

		Social support	Spiritual well- being
60-70yrs	Social support	1	
	Spriritual well-being	.211	1
		.119	
71-80yrs	Social support	1	
	Spriritual well-being	.445**	1
		.000	

**Correlation is highly significant the 0.01 level.

Table 5. Correlation of social support and spiritual well-being across residence

Ho 2. There exists no significant relationship between residence of elderly, social support and spiritual well-being

Old age home		Social support	Spiritual well-being
	Social support	1	
	Spriritual well-being	.443**	1
		.000	
Residing in their home	Social support	1	
	Spriritual well-being	.095	1
		.477	

**Correlation is highly significant the 0.01 level

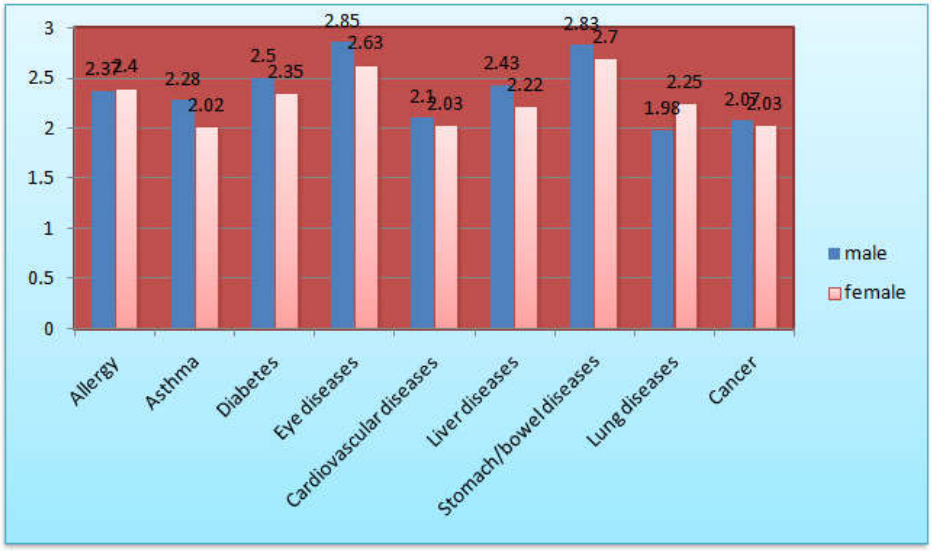

Fig. 3. Distribution of the respondent on the basis of suffer from disease

RESULTS

It can be noted from the above table that 28.6 and 56.1 percent of male and female respondents in old age are married. It can also be observed be that 58.3 percent male and 63.2 percent female respondent respectively are widow/-ers live in old age home. 71.4 and 43.9 percent of male and female respondents in old age are married. It can also be observed be that 41.7 percent male and 36.8 percent female respondent respectively are widow/-ers residing in their home. From the above table in can be observed that 51.4 percent respondent belonged to nuclear family where as 67.6 percent of female respondents belong to nuclear family .Also it can be seen that 26.1 percent of male respondent and 43.5 percent of female respondent belonged to joint family response to old age home elderly. And 48.6 percent respondent belonged to nuclear family where as 32.4 percent of female respondents belong to nuclear family.

Also it can be seen that 73.9 percent of male respondent and 56.5 percent of female respondent belonged to joint family response to residing in their home elderly. Result depicted in table no-4.6.3 depicts that the P value calculated more than 0.05, which should that there was significant difference between age of respondent and impact of suffering from disease Result also revealed that of the parameter significant (.000). It mean that there is difference between age of respondent and suffering disease in old age. Hence the result revealed F test was found significant between age of respondent and suffering disease in old age .which mean null hypothesis was rejected, which mean suffering disease in old age dependent or influenced by age. The above table 4.7.1 showed that age had positive relationship with each other and also showed that the social support and spiritual well-being had positive relationship with other. It mean that if age was high then social support and spiritual well-being also high. Also there was a highly significant difference between social support and spiritual well-being. There was no significant difference between 60-70 and 71-80 age with spiritual well-being. The Null hypothesis was rejected. The finding of this study are at par with the study conducted by Cacioppo, (2002) which showed that respondents with age higher social support and higher spiritual well-being.

The above 4.7.2 showed that the residing in their home and old age home had positive relationship with each other and also showed that the social support and spiritual well-being had positive relationship with each other. It mean that if social support was high then spiritual well-being also high .Also there was a highly significant difference between social support and spiritual well-being of old age home and residing in their home .The finding of this study are at par with the study conducted by Hawkley, (2007) which showed that respondents with higher social support had higher spiritual well-being at every place.

Conclusion

The age of 60-65, roughly equivalent to retirement ages in most development countries is said to be the beginning of old age. There were significant difference in gerontological adjustment well-being among residing in old age home and residing in their home. There were negative correlations are seen between older people.

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