

Interrelation between social adjustment and quality of life among elderly

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ABSTRACT

The influence of social adjustment on quality of life among elderly of northern Karnataka and Jaintia hills, of Meghalaya was studied on a sample of 200 elderly urban and rural men and women. Self-administered scales *viz.*, Social adjustment scale (Singh and Khandelwal, 1971), Quality of life inventory scale for the aged (Frisch, 1994) and Socio-economic status scale (Aggarwal *et al.*, 2005) was used as measures. Results revealed that elderly of Jaintia hills had significantly better spouse adjustment than elderly of northern Karnataka. Age and gender had significant influence on social adjustment among elderly of northern Karnataka region where in male young-old elderly had significantly better adjustment compared to old-old and oldest-old as well as in case of spouse adjustment among elderly of Jaintia hills. SES had significant influence in all areas of social adjustment, except interpersonal among elderly of Jaintia hills region. All the dimensions of social adjustment were significantly associated with quality of life of elderly among both regions.

Key Words : Social adjustment, Socio-economic status, Quality of life

INTRODUCTION

Ageing is a process which takes place during the entire life span of the organism. It is process naturally, universally, and inevitably in one's life. The human life consists of different stages such as childhood, adolescence, adulthood and old age. Old age is known as a closing period in the human life span. Ageing literally refers to the effects of age; it means the various effects or manifestation of old age. In this sense it refers to various kind of deterioration in the organism due to various changes; changes might be biological, psychological and social which might impact overall quality of life of elderly. Quality of life (QOL) is a holistic approach that not only emphasizes on individuals' physical, psychological, and spiritual functioning but also their connections with their environments and opportunities for maintaining and promoting better adjustment in life. Studies addressing determinants of QoL such as the presence of multi-morbidities (Garin *et al.*, 2014)

behavioral issues, higher levels of alcohol use, smoking (Saatcioglu *et al.*, 2008) or active lifestyle. In addition to this, social factors have also been shown to influence QoL in the ageing process: examples of this include social and family relationships (Netuveli *et al.*, 2006) and socioeconomic status. Further, health and functional status, social support, especially family support, friends' support, and social relations are among the important factors affecting the QOL of elderly people (Sparks *et al.*, 2004).

Social adjustment refers to those relationships which involve the accommodation of the individual to circumstances in his social environment for the satisfaction of his needs or motives. Social and cultural adjustments are as important as physiological adjustments. People need to be comfortable in their surroundings and to have their psychological needs (such as love or affiliation) met through the social networks they inhabit. Better social adjustment lead to better health outcome and well-being. Good relationships protect elderly from

insecurity and psychosocial risk and hence are important for a good quality of life (Chong *et al.*, 2006). The lack of meaningful social contacts also leads to withdrawal from social community. Good social support, both material and emotional support, is an important element in healthy ageing. Lack of such important elements in one's life may lead to susceptibility and poor quality life especially among elderly people. Hence, the study was taken up to know the social adjustment and its associated factors among elderly population and its influence on quality of life of elderly of northern Karnataka and Jaintia hills region of Meghalaya.

METHODOLOGY

Population and sample :

The population for the study consisted of elderly aged 60 years and above from northern Karnataka and Jaintia hills, region of Meghalaya. The total sample comprised of 200 elderly men and women from urban and rural areas of both regions. In each region, 100 elderly men and women was randomly drawn; and in each region 50 elderly men and women were recruited from rural and 50 elderly men and women from urban areas of both regions. From rural areas, two villages of each districts and in each village, 25 elderly men and women was randomly drawn. From urban areas, 50 elderly men and women were drawn randomly from Old age homes and 50 elderly men and women thorough door to door survey.

Procedure of data collection :

For urban sample, selected old age homes were contacted and permission was taken for recruitment of elderly men and women in both the regions. While rural sample was drawn through door to door survey. Each sample was interviewed in their home/old age centers. The interview took around 15-20 minutes.

Measures :

Social adjustment :

The Social Adjustment Scale (Singh and Khandelwal, 1971) was used to assess social adjustment among aged people. The scale consists of five components. These components were family, spouse, interpersonal, relations, health, and finance. Each area has five positive statements and five negative statements. The scale consists of a total of fifty statements, rated on a 5 point scale from "Strongly agree" to "strongly disagree". For positive statements item is rated from five to one, 5 stands for

"strongly agree" and 1 stands for "strongly disagree" and for negative statements, a reverse scoring was done. The categorization of the raw scores for each component as given by the tool is shown below

Scores	Interpretation
10-12	Very Low Social Adjustment
12-16	Low Social Adjustment
16-43	Moderate Social Adjustment
43-48	High Social Adjustment
48-50	Very High Social Adjustment

Quality of life :

Quality of life inventory scale (QOL; Frisch, 1994) was use to assess quality of life among elderly. This scale consists of 32 statements. The statements are based on 16 areas of life *i.e.*, health, self-esteem, goal and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighbourhood, and community. Each areas consists of two questions; first question measures how important certain aspects are to one's life (such as "work", "money", "and health) and the second question measures how satisfied one is with the above mentioned areas. In general, elderly satisfaction was based on how well their needs, goals and wishes were being met in important areas of life. The scores range from 0 to 2 for first question (e.g. How important is health to one's happiness) in which 0 stands for "not important", 1 for "important" and 2 for "extremely important". Another score range from -1 to -3 (dissatisfied) and +1 to +3(satisfied) for second question (e.g., how satisfied are you with your health) in which -1 stands for "a little satisfied", -2 for "somewhat dissatisfied", and -3 for "very dissatisfied". While +1 stands for "a little satisfied", +2 for "somewhat satisfied" and +3 for "very satisfied". The categories were made as very low (0-36), low (37-42), average (43-57) and high (58-77) as per the norms.

Socio-economic status :

Socio-Economic Status Scale (Aggarwal, 2005) was used to assess socio-economic status of elderly. This scale consists of 22 statements which assess education, occupation, monthly per capital income from all sources, possessions, number of children, number of earning members in family, education of children, domestic servants in home, possessions of agricultural land and non- agricultural land along with animals and social status

of the family. SES was categorized as poor (16-30), lower middle (31-45), and upper middle (46-60).

Statistical analysis:

ANOVA and t-test was used to know the differences in social adjustment between elderly of both regions and between age, gender, SES. Pearson’s product moment correlation coefficient analysis was carried out to assess the degree of relationship between social adjustment and quality of life.

RESULTS AND DISCUSSION

The distribution of quality of life of elderly by levels is presented in Fig. 1a and 1b. It was observed that majority of elderly of both urban elderly of Dharwad and rural northern Karnataka were in average level and one third was in low and very low level (Fig. 1a). Among the urban and rural elderly of Jaintia hills, majority belonged to high level and one third belonged to low and very low level (Fig. 1b). In both the regions, urban elderly had better score than rural elderly, indicated that the urban elderly had better quality of life than rural elderly.

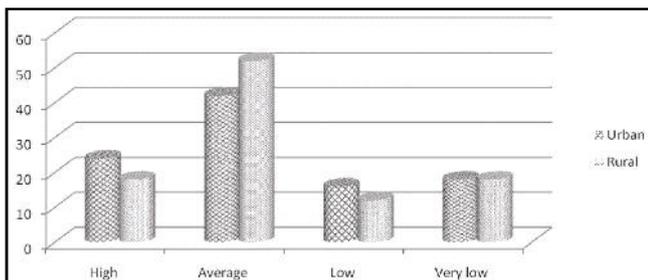


Fig. 1a : Percentage distribution of elderly of northern Karnataka by level of quality of life

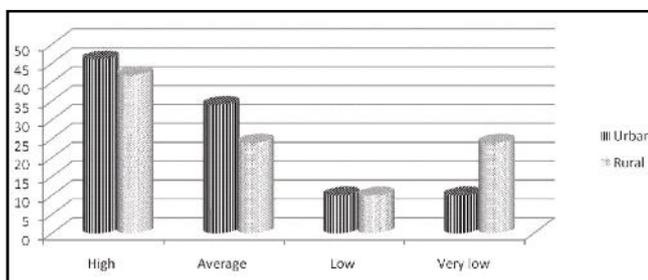


Fig. 1b : Percentage distribution of elderly of Jaintia hills by level of quality of life

On statistical analysis it was found that there was no significant difference on mean scores between social adjustment and regions (Table 1) except in spouse

adjustment wherein the mean scores of Jaintia hills was higher; indicated that elderly of Jaintia hills had significantly better spouse adjustment than elderly of northern Karnataka. This may be a reason that higher proportions of widows (58 %) were found among the elderly of northern Karnataka against their counterparts (34 %).

Table 1: Comparison of mean scores of social adjustment of elderly of northern Karnataka and Jaintia hills

Regions	Social adjustment		
	Mean	SD	t-test
Family Adjustment			
Northern Karnataka	35.05	5.01	0.11 ^{NS}
Jaintia Hills	35.14	6.11	
Spouse Adjustment			
Northern Karnataka	29.91	5.57	4.49*
Jaintia Hills	33.36	5.28	
Interpersonal Adjustment			
Northern Karnataka	36.36	4.83	0.99 ^{NS}
Jaintia Hills	37.10	5.70	
Health Adjustment			
Northern Karnataka	29.76	6.00	1.36 ^{NS}
Jaintia Hills	30.78	4.43	
Finance Adjustment			
Northern Karnataka	34.44	5.58	1.54 ^{NS}
Jaintia Hills	35.83	7.04	

*=0.05 level of significance, NS-Non-significant

However in both regions most of the elderly were in moderate category of social adjustment in terms of family, interpersonal, health and finance adjustment; indicated the similarities between and within the cultural groups in terms of social adjustment. Schwartz *et al.* (2006) highlighted the similarities as well as differences between and within the cultural groups and the quality of the resulting quality of life depended not only on the kind of support but also on the cultural background with its underlying value orientations and traditions.

The results (Table 2) revealed that there was a significant difference between areas of social adjustment (family, spouse and health) among the age group of northern Karnataka where in young-old elderly had significantly better adjustment compared to old-old and oldest-old elderly. While in case of Jaintia hills region, only in spouse adjustment wherein young-old elderly had significantly better adjustment than old-old and oldest-old elderly.

This clearly indicated that young-old elderly had

Table 2: Comparison of mean scores of social adjustment of elderly of northern Karnataka and Jaintia hills by age

Age cohorts' (years)	Social adjustment			
	Northern Karnataka		Jaintia hills	
	Mean (SD)	F-test	Mean (SD)	F-test
Family Adjustment				
Young-old(60-74)	36.01(5.15)	4.31*	35.07(6.25)	1.19 ^{NS}
Old-old(75-84)	33.26(4.58)	CD=1.36	36.61(6.77)	
Oldest-old(85+)	32.33(2.29)		33.31(3.77)	
Spouse Adjustment				
Young-old(60-74)	31.17(5.45)	6.41*	35.27(6.15)	3.49*
Old-old(75-84)	26.73(5.65)	CD=1.49	34.18(5.45)	CD=1.45
Oldest-old(85+)	28.44(1.66)		33.51(5.51)	
Interpersonal Adjustment				
Young-old(60-74)	36.52(5.29)	0.21 ^{NS}	37.22(5.41)	0.15 ^{NS}
Old-old(75-84)	36.21(3.98)		37.25(5.91)	
Oldest-old(85+)	35.44(3.08)		36.37(6.52)	
Health Adjustment				
Young-old(60-74)	31.27(6.14)	8.80*	30.92(4.29)	1.97 ^{NS}
Old-old(75-84)	25.69(4.57)	CD=1.57	31.51(4.91)	
Oldest-old(85+)	28.66(1.87)		28.87(3.51)	
Finance Adjustment				
Young-old(60-74)	36.33(5.74)	0.70 ^{NS}	36.50(6.57)	0.53 ^{NS}
Old-old(75-84)	34.78(5.76)		35.43(7.49)	
Oldest-old(85+)	34.07(5.53)		34.87(7.69)	

*=0.05 level of significance, NS-Non-significant

better adjustment against their counterparts in both the regions. The possible explanation could be that as age increases the rate of social contacts is declined and especially during later stage (85 years and above) of development. Cornwell (2011) reported that older adults have substantially lower rates of social contact than young-old and oldest-old elderly especially among women. Similarly, Ahmed and Hafeez (2011) indicated that the older individuals' social participation was significantly associated with chronological age of older adults attributed to the reduced participation in social life.

There was no significant difference on mean scores (Table 3) between gender and areas of social adjustment in both the regions, except in spouse, interpersonal and health of elderly of northern Karnataka. Noticeably, the male elderly had better social adjustment than female elderly in all the areas of social adjustment in both regions. Bothra and Dasgupta (2011) showed no significant difference between gender and social adjustment. However, Ahmed and Hafeez (2011) stated that the older individuals' social participation and adjustment was significantly associated with gender as observed in case of northern Karnataka group.

Table 4 shows that there was a significant difference between levels of SES on social adjustment in terms of

family and finance in case of elderly of northern Karnataka group where in the mean scores of lower middle SES were significantly better in cohesion, spouse and finance adjustment compared to poor and upper middle SES. This could be a reason that elderly of lower SES were those elderly living with their family members and most (50 %) of the upper middle SES elderly were living in 'Old age Homes' and were those whom none were left to look after them. This argument was in line with Dubey *et al.* (2011) who stated that those elderly who got support from their family members had better adjustment compared to those living alone. While in case of Jaintia hills a significant difference was observed in all areas except interpersonal adjustment. It was found that elderly from upper middle SES had significantly better social adjustment than lower middle and poor SES. Yamato (2004) observed that elderly Japanese with high SES would not depend on children financially and majority of them were self reliant for livelihood.

Regarding the correlation between quality of life and social adjustment, it was found that there was a significant positive correlation between social adjustment and quality of life of elderly in both the regions (Table 5) indicated higher the social adjustment higher was the quality of life. A similar correlation was also found by Calistir *et al.*

Table 3: Comparison of mean scores of social adjustment of elderly of northern Karnataka and Jaintia hills by gender

Gender	Social adjustment			
	Northern Karnataka		Jaintia hills	
	Mean (SD)	t-test	Mean (SD)	t-test
Family Adjustment				
Male	36.00(5.49)	0.97 ^{NS}	34.35(5.78)	0.85 ^{NS}
Female	34.79(4.88)		35.49(6.26)	
Spouse Adjustment				
Male	32.85(5.51)	2.81*	33.61(5.81)	0.31 ^{NS}
Female	29.12(5.35)		33.24(5.07)	
Interpersonal Adjustment				
Male	38.85(4.47)	2.74*	36.35(6.03)	0.87 ^{NS}
Female	35.69(4.66)		37.43(5.56)	
Health Adjustment				
Male	32.38(5.10)	2.30*	31.61(5.19)	1.26 ^{NS}
Female	29.06(6.05)		30.40(4.26)	
Finance Adjustment				
Male	36.38(5.54)	1.81 ^{NS}	37.74(6.67)	1.84 ^{NS}
Female	33.92(5.51)		34.97(7.08)	

*=0.05 level of significance, NS-Non-significant

Table 4: Comparison of mean scores of social adjustment of elderly of northern Karnataka and Jaintia hills by Socio-economic status

Socio-economic status	Social adjustment				
	Northern Karnataka		Jaintia hills		
	Mean (SD)	F-test	Mean (SD)	F-test	
Family Adjustment					
Poor	35.03(5.17)	3.08*	30.90(4.11)	14.47*	
Lower middle	35.96(4.48)		36.22(5.53)		CD=1.52
Upper middle	32.80(4.69)		38.54(6.62)		
Spouse Adjustment					
Poor	28.25(6.39)	2.81 ^{NS}	30.63(3.37)	7.21*	
Lower middle	31.13(4.43)		34.02(5.21)		CD=1.40
Upper middle	29.00(4.12)		35.63(6.16)		
Interpersonal Adjustment					
Poor	35.22(4.64)	1.04 ^{NS}	36.40(6.33)	1.53 ^{NS}	
Lower middle	36.84(4.89)		36.68(5.07)		
Upper middle	36.61(4.92)		38.95(5.97)		
Health Adjustment					
Poor	28.62(6.39)	1.01 ^{NS}	28.43(3.86)	8.04*	
Lower middle	30.55(6.76)		31.27(3.92)		CD=1.16
Upper middle	29.23(5.15)		32.90(4.92)		
Finance Adjustment					
Poor	30.67(4.07)	10.06*	33.73(6.40)	21.40*	
Lower middle	35.69(5.67)		33.79(6.18)		CD=1.67
Upper middle	36.19(4.91)		43.13(4.49)		

*=0.05 level of significance, NS-Non-significant

Table 5 : Correlation coefficients between social adjustment and quality of life of elderly of Northern Karnataka and Jaintia hills

Sr. No.	QOL	Social Adjustment					
		1	2	3	4	5	6
1.	Quality of life	1	0.43**	0.42**	0.37**	0.41**	0.41**
2.	Family	0.43**	1	0.46**	0.27**	0.46**	0.17*
3.	Spouse	0.42**	0.46**	1	0.25**	0.48**	0.22**
4.	Interpersonal	0.37**	0.27**	0.25**	1	0.40**	0.42**
5.	Health	0.41**	0.46**	0.48**	0.40**	1	0.24**
6.	Finance	0.41**	0.17*	0.22**	0.42**	0.24**	1

Above the line represents correlation coefficient of northern Karnataka group

Below the line represents correlation coefficient of Jaintia hills group

** Significant at the 0.01 level@

* Significant at the 0.05 level@

(2006) that the elderly people with social security had a higher quality of life and the elderly people without social security had a lower average quality life. The earlier studied conducted by Das and Satsangi (2008), Askham *et al.* (2007) also reported a significant positive correlation between social adjustment, quality of life and subjective well being among elderly Indians.

Conclusion:

The study concluded that social adjustment of elderly decreased as age increased; noticeably oldest-old elderly women, elderly with poor SES and those elderly living alone were at risks of low level of social adjustment and quality of life. There is a need for intervention programs at the societal and family levels for providing a friendly environment at home and at community levels, a need for providing opportunities for better participation of elderly in day to day life activities at various levels for enhancing self-esteem and better quality life.

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