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Health Adjustment Problems among the High and Low Educated Aged People

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Abstract—*Old age is a challenge for society and self. Every aged person faces lot of problems like decline in sensory motor abilities, physical, mental, social and psychological maladjustment, orientation to death, depression, dementia, pain, etc. In other words, aged person faces physiological difficulties in life. Many conditions give rise to psychoneurotic problems in day-to-day life. Higher levels of education are associated with better health adjustment. Educational status has long been related to health; those higher in the fled of academic hierarchy typically enjoy better health than do those below. Education is an important source of health inequity. The purpose of this present study is to examine the health adjustment problems among the aged persons belonging to different levels of education- low education (10th passed) and high education (post-graduate & above). The sample for the study consisted of 30 aged persons (age range: 61-68 years) from low education background (N=17) and high education background (N=17) living in Udaipur District of Rajasthan. All selected persons were pension holders. Health adjustment levels of the aged persons are assessed through Mohsin and Shamshad (1987) Adjustment Inventory. T-value is used for analysis of data. Result indicates non-significant difference between high and low educated aged people on health adjustment problems. In other words, aged person's academic background does not contribute to their health adjustment problems. Therefore, this result clearly shows that low educated aged people and high aged people have equal health adjustment level.*

Keywords*: Adjustment, Aged people, Health, Education, Socio-economic Status.*

1. INTRODUCTION

Adjustment refers to the behavioral process of balancing conflicting needs, or needs challenged by obstacles in the environment. Successful Adjustment is also called being 'well adjusted' and is critical to mental health (Adjustment, Encyclopedia Britannica). Colloquially, being well-adjusted is defined as a person who "is reasonable and has good judgment, their behaviour is not difficult or strange (*Sandler, 1988).*" It is important to remember that adjustment is a continuum, not a simple dichotomy; people can fluctuate and be adept at adjusting in different circumstances. Successful adjustment with health is crucial to having a high quality of life.

Health means a specific situation of physical, mental and social well-being, and it never concentrates only to conditions of the absence of disease and infirmity. Therefore, the concept of health is not restricted to the biological conditions of the body rather it is extended to the cultural domain. Health adjustment problems occur when there is an inability to make a normal health adjustment to some need or stress in the physique environment and body. Humans and animals regularly adjust (includes health adjustment) to their environment. For example, when they are stimulated by their physiological state to seek food, they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus. Those who are unable to adjust well are more likely to have clinical anxiety or depression, as well as experience feelings of hopelessness, difficulty concentrating, sleeping problems and reckless behavior (Adjustment, Encyclopedia Britannica).

Socio-economic status has long been related to health; those higher in the social hierarchy typically enjoy better health than do those below (*Adler et.al, undated). Education* is a basic component of socio-economic status. Better education is always helpful for improving the quality of life. Without gating the education it cannot be imagined for socio-economic life of human. Socio-economic status (includes education) is an important source of health inequity, as there is a very robust positive correlation between socioeconomic status and health. This correlation suggests that it is not only the poor who tend to be sick when everyone else is healthy, but that there is a continual gradient, from the top to the bottom of the socio-economic ladder, relating status to health. Parents with a low socioeconomic status cannot afford many of the health care resources which is the reason that their children may have a more advanced illness because of the lack of treatment (*Bradley, undated).* This phenomenon is often called the "SES Gradient" or according to the World Health Organization the "Social Gradient". Lower socioeconomic status has been linked to chronic stress, heart disease, ulcers, type 2 diabetes, rheumatoid arthritis, certain types of cancer, and premature aging. There is debate regarding the cause of the SES Gradient (Socio-economic status, Encyclopedia Britannica). Researchers see a definite link between economic status and mortality due to the greater economic resources of the

wealthy, but they find little correlation due to social status differences (*Leigh et.al, undated).* Other researchers have found that socioeconomic status strongly affects health even when controlling for economic resources and access to health care *(Wilkinson and Pickett, 2009).* Most famous for linking social status with health are the Whitehall studies—a series of studies conducted on civil servants in London. The studies found that although all civil servants in England have the same access to health care, there was a strong correlation between social status and health. The studies found that this relationship remained strong even when controlling for health-affecting habits such as exercise, smoking and drinking. Furthermore, it has been noted that no amount of medical attention will help decrease the likelihood of someone getting type 2 diabetes or rheumatoid arthritis—yet both more common among populations with lower socioeconomic status. There is no significant relationship between SES and stress during pregnancy, while there is a significant relationship between husband's occupational statuses. Also, there is not significant relationship between income and mother's education and the rate of pregnancy stress *(Shishehgar, et. al. 2014).*

Education also plays a role in income and social hierarchy. Median earnings increase with each level of education. As conveyed in the chart, the highest degrees, professional and doctoral degrees, make the highest weekly earnings while those without a high school diploma earn less. Higher levels of education (i.e. more income, more control, and greater social support and networking) are associated with better economic and psychological outcomes.

Old age is a challenge for society (Bhandari *et.al*, 2002) and self (Sinha, 1983). Every aged person faces lot of problems like decline in sensory motor abilities (Pandey and Narain, 2007), economic, physical, mental, social and psychological maladjustment (Pandey and Narain, 2007), retirement (Pandey and Narain, 2007), living arrangements (Pandey and Narain, 2007), institutionalization (Pandey and Narain, 2007), orientation to death (Pandey and Narain, 2007), depression (Pandey and Narain, 2007), dementia (Bhandari and et. al., 2002), guilt feeling, worry, pain, helplessness (Savla and Davey, 2004), social isolation (Kumar and Srivastava, 2007; Shyam and Yadav, 2002; Sinha, 1983), memory problems (Lalitha and Jamuna, 2006), etc. Aged person faces physiological, psychological and social difficulties in life (Pandey and Narain, 2007). It has been seen that aged persons are less engaged in economic activity. So they feel less power and status in family as comparison to young persons (Batra and Bhaumik, 2004). Khan (2003) also said that aged people feel loss of power and productivity and, therefore feel stressed, anxious and hyper-tensed. Pant (2003) also reported that availability of spouse, healthy family relationship, prominence in the family, constructive leisure activities and social support are indicator of aged person's poor adjustment. Sharma (2003) reported that widowhood, economic dependency, lack of proper food and clothing, lack of progressive work are barriers for aged persons. These conditions give rise to psychoneurotic problems such as anxiety reactions, sadness, depression, phobic reactions, hysterical reactions, tension, hypochondrias symptoms, neurasthenic symptoms, emotional upset, etc. in day-to-day life. The individual is said to exhibit neurotic behavior if he frequently miss-evaluates adjective demands, becomes anxious in situations that most people would not regard as threatening and tends to develop behavior patterns aimed at avoiding rather than coping with his problems (Coleman, 1976). Above findings suggest that person faces physiological difficulties in life and many conditions give rise to psychoneurotic problems in day-to-day life.

Few studies have been conducted by different researchers on the role of psycho-social factors of old aged problems. Kumar (2005) found that rich aged persons feel more anxious than financially poor aged persons. Singh (2006) also said that socio-economically rich aged person is better in health status, adjustment, social support and use of leisure time than socio-economically poor aged. Sonar and Prasad (2004) also found that elderly who have own property get recreation; make a good relation and do not live isolate. Shyam and Yadav (2002) studied depression and concluded that residence (i.e. institutionalized and non-institutionalized aged) affect the aged person's self-esteem and depression. Jacob (2003) observed that adjustment of aged person depends on living arrangement and family life satisfaction. Kumar (2005) also said that death of spouse is a predictor of behavioral problems among aged. Aged person's life satisfaction depends on their health status, finance condition, children affection, religious activity, use of leisure time, social support (Adeyeno, 2004) and good relation with another person (Sonar and Prasad, 2004).

Review of literature indicates that few studies have been conducted on role of psycho-social factors in problematic behavior of aged. Therefore, the purpose of this present study is to examine the health adjustment problems among the aged persons belonging to different levels of education- low education and high education.

2. METHOD

Sample

The sample of 34 aged persons with age group of 61-68 years are selected on incidental-cum purposive sampling method from different rural areas of Udaipur district (Raj). The subjects are pensioners of Rajasthan state government. The equal numbers of samples are selected for the both group. Metric passed or below are selected for selected for the low educated aged group and their quantitative number are only seventeen. They are retired from the post of clerk, peon, BLO and third grade teacher under different departments of government of Rajasthan while pass out of post graduate and above qualification (i.e. Ph.d., M.Ed., etc.) are considered for high education background. They are retired from the post of

lecturer/first grade teacher, second grade teacher, assistant, OS and administrative officer of the government of Rajasthan. All selected samples are from Udaipur distract of Rajastahn. Their numbers are also 17. In other words, All selected persons are pension holders are senior citizen (61-6 8) and they are numerically equally in both groups.

Tools Used

The following tools were used:-

(1) PERSONAL INFORMATION SHEET: A Personal Information sheet (prepared by researchers) was used to gather general information of subjects. It contained items like name, age, sex, qualification (academic status) , etc.

(2) BELL ADJUSTMENT INVENTORY: This standardized scale has been adapted by Mohsin and Shamshad (1987). It measures the adjustment level of health, home, social and emotion. But, only health adjustment is assessed as per decided aim of the present study. Numbers of items are 31for the assessing of health adjustment of this inventory and possibilities of obtained marks are from zero to thirty. High scores on the dimension of health area indicate health maladjustment and health problems. Reliability are calculated through split half (odd vs. even) and test-retest method and found to be .804 and .824 respectively. The Test has also been shown to have sufficient validity.

3. PROCEDURE

For this study, data is collected through interview method. After personally establishing rapport with each aged person, all the information and related data are collected from low and high educated aged persons. Though the time was not fixed, but it took approximately 30 minutes to collect data from each subject. In case of confusion the subject was given help by researchers. T-value is used for statistical analysis.

4. RESULTS AND DISCUSSION

Table 1: Comparison of the low educated and high educated aged people for health adjustment scores.

Group	N	Mean	SD	t-value (df=30)	p-value
Low educated aged people	17	17.65	2.25	1.278	p>.5
High educated aged people	17	16.27	3.69		

Table-1 shows that there is no significant difference in low (Mean= 17.65) and high (Mean= 16.27) educated aged people on health adjustment of Mohsin Shamshad's Adjustment Inventory as the t-value is insignificant. It implies that low educated aged group and high educated aged group are similar in health adjustment of Mohsin Shamshad's Adjustment Inventory. Result indicates non-significant difference between high and low educated aged people on health adjustment problems. In other words, aged person's academic background does not contribute to their health adjustment problems. Therefore, this result clearly shows that low educated aged people and high aged people have equal health adjustment level.

Present findings are both supportive and contradictory to results of other studies. Shekhawat (2014) found that urban residing aged people are more educated and they maintained and sincere for their health due to awareness, special provisions for health check up through government schemes, daily morning walk and regular exercise. Shekhawat (2014) focused on educational level of aged people and concluded that well being depends on aged people's educational background. Jha (2008) found that educational status significantly affect the aged person's interpersonal relationship. He also observed that education is a factor responsible for broken relationship of aged person. Lalitha and Jamuna (2006) also found that memory problems in aged person are significantly related to their education. Lalitha and Jamuna (2006) found that loss of memory and other memory problems in aged person are affected by their education. Sonar and Prasad (2004) found that education is important for better health of aged person.

5. CONCLUSION

Aged person's academic background doesn't affect health adjustment of aged person. Low educated (10^{th} and below passed) and High educated (post-graduate and above) aged people were found to be equal on health adjustment.

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