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RESEARCH ARTICLE

A COMPARATIVE STUDY OF MARITAL ADJUSTMENT OF MALES AND FEMALES IN OLD AGE.

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Abstract

Marital Adjustment is the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other. The purpose of the present study was to compare the marital adjustment of males and females in old age. Therefore, a comparative study was conducted with the help of marital adjustment questionnaire developed by Dr. Parmod Kumar and Km. Kanchana Rohatgi. The sample comprised of 60 persons (30 male and 30 female) above the age of 50. Results reveal that marital adjustment in old age is better in males as compared to females. So for a good marital relation marital adjustment is essential.

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Introduction:-

Old age is defined as age of retirement that is 60 years and above. Improvement in health care technology has resulted in increased life expectancy. In India the elderly constitute about 7 percent of the total population and by 2016 the number is likely to increase to 10 percent. The problems of elderly are confined not only to their increasing numbers, but also include mental stress and physical incapability, felt by them. The scenario is changing and creating its impact on elderly. According to National sample survey Organization, 36.7% of 70 Million elderly want to shift to old homes because they can't manage alone. Saraswati (1976) concluded in his study that the old age has started emerging as the social problem in Indian Society due to the socio-cultural changes brought about by Industrial revolution.

Marital adjustment has long been a popular topic in studies of the family, probably because the concept is believed to be closely related to the stability of a given marriage. Well-adjusted marriages are expected to last for a long time, while poorly adjusted ones end in divorce. Simple as it seems, the notion of marital adjustment is difficult to conceptualize and difficult to measure through empirical research. After more than half a century of conceptualization about and research on marital adjustment, the best that can be said may be that there is disagreement among scholars about the concept, the term, and its value. In fact, several scientists have proposed abandoning entirely the concept of marital adjustment and its etymological relatives (Lively 1969; Donohue and Ryder 1982; Trost 1985).

Scientists have long been interested in understanding which factors contribute to success in marriage and which to failure. As early as the 1920s, Gilbert Hamilton (1929) conducted research on marital satisfaction by using thirteen clusters of questions. In 1939, Ernest Burgess and Leonard Cottrell published Predicting Success or Failure in Marriage, in which they systematically discussed marital adjustment. They defined **adjustment** as "the integration of the couple in a union in which the two personalities are not merely merged, or submerged, but interact to complement each other for mutual satisfaction and the achievement of common objectives". Researchers have not agreed upon the use of any one term. To describe the seemingly same phenomenon, some have used the terms

“marital quality,” “marital satisfaction,” and “marital happiness.” Obert Lewis and Graham Spanier have defined marital quality as “a subjective evaluation of a married couple’s relationship” (1979, p. 269)—a concept similar to that of “marital adjustment. Since Burgess and Cottrell’s formulation, scientists have examined extensively the factors constituting marital adjustment. Although there has been no consensus among researchers, factors constituting marital adjustment include agreement, cohesion, satisfaction, affection, and tension. Agreement between spouses on important matters is critical to a well-adjusted marriage. Though minor differences may broaden their perspectives, major differences between the spouses in matters such as philosophy of life, political orientations, and attitudes toward gender roles are detrimental to marital adjustment. In addition, agreement on specific decisions about family matters must be reached in good accord.

Marital cohesion refers to both spouses’ commitment to the marriage and the companionship experienced in it. In a well adjusted marriage, both spouses try to make sure that their marriage will be successful. They also share common interests and joint activities. In a well-adjusted marriage, both spouses must be satisfied and happy with the marriage. Unhappy but long-lasting marriages are not well-adjusted ones. Spouses in well-adjusted marriages share affection, and it is demonstrated as affectionate behavior. Finally, the degree of tension in a well-adjusted marriage is minimal, and when tension arises it is resolved amicably, probably in discussion, and the level of tension and anxiety is usually low.

If marriages in general affect personal adjustment in a positive fashion, it is likely that well-adjusted marriages lead to well-adjusted lives. Past research shows just this, though the findings should be cautiously interpreted. Some people tend to favorably answer “adjustment” questions, whether the questions are about their marriages, their personal lives in general, or their subjective health. The apparent positive relationship may be spurious. Nevertheless, if the psychological adjustment is a composite of the adjustments in various aspects of life (i.e., marriage, family, work, health, friendship, etc.), high marital adjustment should lead to high psychological adjustment. In addition, positive effects of well-adjusted marriages on physical health may be accounted for, in part, by psychosomatic aspects of physical health.

The past recognition of old man or woman in the family, neighborhood and community as mentor has been reduced to great extent in modern Indian life and therefore old man or woman perceives low social worth or self esteem in certain family situations.

Several studies reported that a large number of old men and women badly need health care, financial assistance, social recognition and counselling services to cope up with stress for overcoming ‘death anxiety’, ‘sense of isolation’, feeling of social deprivation due to negligence, “feeling of disability and dependency”, “low social esteem and lethargic feelings” [Dutta 1989, Saha 1984, Ananthraman 1982, Agnihotri 1976 & Rammurti 1962]. Keeping in view, the adjustment problems of old persons which have taken place with time, the present study was undertaken – to study the **Marital Adjustment of males and females in Old Age.**

Objectives:-

1. To study the marital adjustment of males.
2. To study the marital adjustment of females.
3. To compare the marital adjustment of males & females in old age.

Materials And Methods:-

Sample -

This study was carried out to find out the marital adjustment problems of aged persons. For this purpose a sample of 60 married old persons (30 males and 30 females) was selected randomly from Udaipur district of Rajasthan. The sample selected was so that their spouse is alive and residing with them. Their age ranges from 50 to 70 years.

Questionnaire -

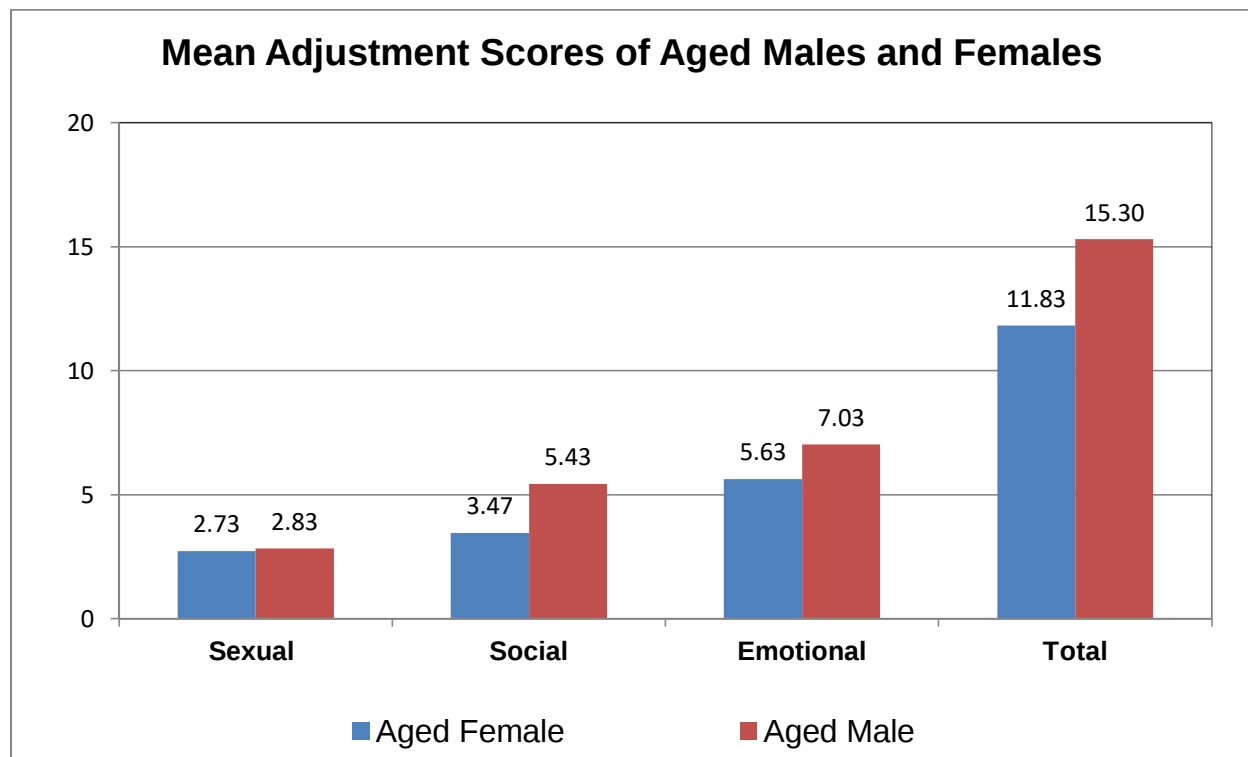
Marital Adjustment Questionnaire by Dr. Parmod Kumar and Dr. (Km.) Kanchana Rohatgi was used for the present study. The questionnaire consists of 25 items which measure three dimensions of marital adjustment namely, sexual, social and emotional. The respondents have to response on yes/no option. The higher the score the better is the adjustment.

Statistical Analysis:

Comparison was done between two groups and results were analyzed by using Mean, S.D. & 't' test, as statistical tools. All the calculations were done with the help of SPSS version 17.0.

Results & Discussion:-**Table 1:-Comparing Marital Adjustment of Aged Females and Aged Males**

Dimensions of Marital Adjustment		Sexual	Social	Emotional	Total
Aged females	Mean	2.73	3.47	5.63	11.83
	S.D.	0.83	1.36	1.33	2.10
	N.	30	30	30	30
Aged males	Mean	2.83	5.43	7.03	15.30
	S.D.	0.87	1.59	2.31	2.49
	N.	30	30	30	30
MD		0.10	1.97	1.40	3.47
T		0.45	5.15	2.88	5.82
Significance		N.S.	0.01	0.01	0.01



The above table and graph indicate that the mean scores of aged females on sexual adjustment dimension of marital adjustment were found to be 2.73 while for aged males it is 2.83. The mean difference was 0.10 and the t value was found to be 0.45 which is non-significant. It infers that there is no significant difference between sexual adjustment dimension of marital adjustment between aged females and aged males.

The above table and graph indicate that the mean scores of aged females on social adjustment dimension of marital adjustment were found to be 3.47 while for aged males it is 5.43. The mean difference was 1.97 and the t value was found to be 5.15 which are significant at 0.01 levels. It infers that there is significant difference between social adjustment dimension of marital adjustment between aged females and aged males. The mean scores indicate that aged males possess better social adjustment in comparison to aged females.

The above table and graph indicate that the mean scores of aged females on emotional adjustment dimension of marital adjustment were found to be 5.63 while for aged males it is 7.03. The mean difference was 1.40 and the t value was found to be 2.88 which are significant at 0.01 levels. It infers that there is a significant difference between emotional adjustment dimension of marital adjustment between aged females and aged males. The mean scores indicate that aged males possess better emotional adjustment in comparison to aged females.

The above table and graph indicate that the mean scores of aged females on total adjustment dimension of marital adjustment were found to be 11.83 while for aged males it is 15.30. The mean difference was 3.47 and the t value was found to be 5.82 which is significant at 0.01 level. It infers that there is a significant difference between total adjustment dimension of marital adjustment between aged females and aged males. The mean scores indicate that aged males possess better total adjustment in comparison to aged females.

It has been proved from some studies that the males in the age group of 40-50 years are slightly better emotionally adjusted than the females of this age group. This could be probably because firstly, women's have too much work load; looking after the house, small children, cooking etc. and also their professional role. Men in India seldom help their wives in their work, & secondly, as women physically age earlier than men, therefore, their middle age also starts earlier bringing along with its emotional problems.

Lug Y.C. (1953) worked on marital adjustment and concluded that marital could have been at its optimum when husband and wife both are agreed or ready to perform his/her own task. Dutta (1989) & Saha (1984) also observed low social worth and self esteem, feeling of social deprivation due to negligence, sense of isolation and poor adjustment in the society in old people living in old age homes than who were living with their families.

Across many different studies and measures, men have been shown to have more frequent and more intense sexual desires than women, as reflected in spontaneous thoughts about sex, frequency and variety of sexual fantasies, desired number of partners, liking for various sexual practices, and other measures. No contrary findings (indicating stronger sexual motivation among women) were found. Hence we conclude that the male sex drive is stronger than female sex drive.

Barik & Panda studied the gender differences and adjustment of elderly. The sample comprised of 100 elderly people (50 male and 50 female) of rural area of Kendujhar district, Odisha in the age group of 60 – 75 years. The findings of the study shows that the male elderly have higher adjustment in the area of health, home, social, marital, emotional and financial than the female elderly.

Sharma [1980], Nayar [1987] also reveal problems like loneliness, isolation and neglect faced by elderly people in today's society. So there should be a joint effort on the part of government and non-government organization to aware about various plans and scheme meant for the elderly. Further, counseling with the elderly and their family member is needed for better adjustment in old age.

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