



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2018; 4(5): 257-260
www.allresearchjournal.com
Received: 20-03-2018
Accepted: 24-04-2018

Dr. Priya Bir
Associate Professor,
Department of Psychology,
Aditi Mahavidyalaya
University of Delhi, Delhi,
India

Gender differences in the coping strategies of the elderly and their attitude towards old age

Dr. Priya Bir

Abstract

Context: The elderly population needs constant interventions to make their lives better and knowing intricate details can improve quality of interventions provided.

Aims: The objective of this study was to know if there are statistically significant differences between the coping strategies used by male and female elderly and know if there was a significant (gender) difference between their attitudes towards old age.

Settings and Design: A sample of 300 people (147 males and 153 females, aged 60-80 years) was randomly selected from 3 localities of West Delhi. Inferential statistics using T test was conducted.

Methods and Material: Quantitative methodology was used for the purpose of this study. Two instruments- Coping strategies scale and attitude towards old age schedule were used to be filled by the participants.

Statistical analysis used: SPSS was used to conduct T test analysis to find significant differences.

Results: It was found that the male elderly tend to use both confrontation and escape coping strategies more than females whereas the female elderly resort more to seeking interpersonal help as a coping strategy. Additionally, the female elderly have a more positive attitude towards old age as compared to the male elderly, thus indicating a significant difference.

Conclusions: Gender seems to impact the attitude elderly have towards old age. More specifically, older females have a more positive outlook than older males. In terms of coping too, the 2 groups differ on the strategies of escaping, confrontation and seeking interpersonal help, with females being more likely to seek help and males being more likely to engage in the other two.

Keywords: Coping strategies, attitude towards old age, gender differences, elderly

Introduction

The progressive aging of population in the 20th century, which is, approximately 420 million people above the age of 60 years estimated to be 6.9% of the total world population is a triumph for the human species. The definition of the term “elderly” varies from society to society and has undergone modifications over the passage of time. In most of the demographic studies age limit for the elderly is fixed at 60 or 65+ age group. In this study also the aged population is defined as 60 and above in conformity with “International Plan of Action on Aging”-UN (1991). The aim is to understand gender differences in the coping strategies they use and gender differences in their attitude towards old age.

To cope means “to deal successfully with a difficult situation or bad luck”. Coping in old age refers, especially, to the ability to face and deal successfully with the various hardships one is confronted with in old age, as late life is often seen as a time of great, often uncontrollable stress^[1] making coping strategies used by them relevant.

Coping strategies are very individualistic and depend largely on the personality of the individual. It is less likely that the older individuals cope with the problems in more passive ways rather than trying to master the situation. An alternative explanation for age differences in the amount of reported stress may be that older individuals cope in a different way than their younger counterparts.

There has been sufficient research done on the coping strategies of the elderly. Researchers have examined the effects of psychological response and gender in coping with late life widowhood. Men who report feeling upset or selfish are more likely to be coping, as are women who report being comfortable alone.

Correspondence

Dr. Priya Bir
Associate Professor,
Department of Psychology,
Aditi Mahavidyalaya
University of Delhi, Delhi,
India

There are two-way interactions between coping and response and gender and response. Gender differences were found in psychological responses [2]. Elderly women found neither a shortage of strategies used by them nor an over reliance of drugs in handling ageing [3].

Cognitive coping strategies seemed to play an important role in relation to depressive symptoms in late life. Elderly persons with more depressive symptoms are reported to use acceptance, rumination and catastrophizing to a significantly higher extent and positive reappraisal to a significantly lower extent than those with lower depression scores. [4]

It has also been seen that coping becomes increasing effective with age for both men and women. He distinguishes between "mature" and "immature" coping strategies, suggesting that the number of mature strategies increase with age [5].

Most of the researchers point towards the qualification of coping strategies. They discuss the importance of having more or less coping strategies or clustering them into a few clusters according to their orientations. However, one point which predominantly emerges is that coping strategies depend on the age, gender, physical health, circumstances, social network and decision-making powers available to the elderly.

Attitudes are associations between all objects (virtually any aspect of the social world) and evaluations of those objects. Attitudes are important for two basic reasons. Firstly, they strongly influence social thought and secondly, they influence behavior. Throughout the life span, individuals have age related attitudes. The concepts people have of their own old age, built up in the early years of life are based more on cultural stereotypes than on personal experiences with the elderly. These affect their attitudes not only towards elderly people but also towards themselves, as they grow older. As these effects are negative, it contributes to their dread of old age and a negative self-concept [6].

Even today, negative attitudes towards aging and the aged persist. Feeling useless and unwanted, elderly people develop feelings of inferiority and resentment-feelings that are not conducive to good personal or social adjustment. A common connotation is that as the population ages, it will lose vitality and energy, and be devoid of color and sparkle [7]. Yet a number of studies of successful aging have challenged this notion. Nonetheless, the negative stereotyping of old age continues even among scientists in large part because of the persistent focus of medical research on disease and disability.

There has been a focus on the views held by middle-aged people towards old age. Qualitative methods provided a rich source of multidimensional perception. These included poor health, loss of mobility, changes in appearances and isolation [8].

It has been noted that women perceive old age as a time of greater loss, however, they felt more strongly that ageing brought wisdom and that their life had made a difference. Men, on the other hand felt more strongly that physical problems did not hold them back from doing what they wanted to do and believed in passing on their experiences to others, which made them look at their life meaningfully [9].

The concept of successful aging has been introduced by debunking the myths associated with old age and discussed innovations in the ability to delay or reverse some of the negative aspects of aging. These myths are that the elderly are sick and sedentary, sexless, senile and impoverished. Perhaps the most persistent myth of old age is that mental

decline is normal part of aging [10]. However, research indicates that the loss of memory associated with usual aging is reversible and perhaps avoidable.

The above-mentioned studies discuss perceptions towards old age, negative attitudes, myths; stereotypes, intergenerational differences and misconceptions attributed to the concept of old age and the elderly, Researches have shown a very clear trend towards a positive relation between the attitudes towards old age and the physical and psychological well-being of the elderly.

Methodology

The objective of this study was to understand gender differences in coping strategies used by the elderly and the gender differences in their attitudes towards aging. The data for the same was collected from a sample of 300 urban elderly, from 60- 80 years of age. Out of these 147 were male and 153 were female subjects. The tools used included the Coping strategies scale- which was developed by West Brook (1979). The author developed a multidimensional scaling procedure. The scale contains 30 ways of coping with stressful situations with a five-point response category, ranging from 'always true' to 'never true' and are scored as 5,4,3,2 and 1 respectively, except for item no. 3, which is scored in the reverse order. Thus, six scores are obtained, one for each of the following 6 clusters or dimensions- Confrontation or action, escape or avoidance, seeking interpersonal help, optimism, fatalism and control. Another instrument was- Attitude towards old age schedule which was developed by E. Palmore in 1977, It is widely used and accepted as a test of knowledgeable aging and attitude towards aging [11]. The 24 statements of schedule are designed to assess the perception, attitudes and knowledge that the aged possess about aging. For the purpose of scoring, the statements in the schedule are marked as true or false. Statement numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 19, 20 and 22 are given 1 point when marked 'false' and statement numbers 8, 10, 16, 17, 18, 21, 23 and 24 are given 1 point when marked 'true'. The total of these scores gives attitude towards old age. Higher the score, better the attitude towards old age.

For data collection, three localities of west Delhi were selected for data collection, these are Pacshim Vihar, Vikas Puri and Janakpuri. Then, the voter's list was collected from the concerned constituency office. Systematic random sampling technique was followed whereby according to the voter's list every 5th house with elderly occupant (s) was selected. The information was collected through face-to-face interaction sessions. After filling up the questionnaire, an interaction session of half an hour to one hour was held with each respondent. In a few exceptional cases, the researcher had to leave behind the schedule for completion but this was done only after the interaction.

For data analysis, the data was entered systematically in Microsoft Excel. The SPSS software was used to analyze the data, using inferential statistics. 'T'- tests and 'f'- tests were computed to determine significant differences in coping strategies and attitude towards old age based on gender. Means and standard deviations were computed for each of the selected variables chosen for investigation.

Results

Table 1 shows that with relation to various coping strategies adopted by the elderly in their daily life, there are statistically significant differences at 0.01 level between the

male and the female elderly in the coping strategies of escape or avoidance and in seeking interpersonal help. The two groups differ at .05 level of significance in the coping strategy of confrontation or action. Further, no statistically significant differences are observed between the males and the females in the coping strategies of optimism, fatalism and control.

A look at the mean scores indicates that the male elderly have higher scores in the coping strategies of confrontation or action as well as in escape or avoidance whereas females are found to be higher in the coping strategies of seeking interpersonal help. Though no statistically significant scores are found in the other coping strategies, the males have scored higher on fatalism and control in comparison to the female elderly.

In the same table, the two groups differ statistically and significantly at .01 level of significance on attitude towards old age. The higher mean scores of the male elderly indicates poor attitude towards old age in comparison to their female counterparts.

Table 1: Gender differences in coping strategies and attitude towards old age

Variables	Male=147		Female=153		t-value
	Mean	S.D.	Mean	S.D.	
Coping Strategies					
Confrontation or action	24.45	7.29	22.41	7.55	2.38 **
Escape or avoidance	11.19	3.91	9.98	3.84	2.7**
Seeking interpersonal help	18.84	3	20.86	4.43	3.33**
Optimism	18.59	5.91	18.74	4.91	0.23
Fatalism	8.16	3.15	7.77	2.66	1.15
Control	9.64	2.59	9.2	2.44	1.52
Attitude Towards Old Age	9.51	3.48	8.3	2.72	3.34**

SD=standard deviation

** .01 level of significance

* .05 level of significance

Discussion

The objective of the [resent study was to understand if there are significant gender differences in the coping strategies used by the elderly and their attitude towards old age. The participants were ranged from 60-80 years of age with 147 males and 153 females based in West Delhi.

While comparing the coping strategies, it was seen that the males and the females differ significantly from each other on the coping strategies of confrontation, escape or avoidance and seeking interpersonal help. The male elderly resort more to both confrontation and escape coping strategy as compared to the females, whereas the females use seeking interpersonal help coping strategy more than their male counterparts.

The findings echo the normal observations and beliefs that, males being the dominating members of the society are more used to power positions and therefore they are expected to be more action oriented. At the same time, they also tend to be escapists when stressors confront them. It has also been suggested that depression in the aged leads them to use more avoidance coping strategy. These result findings also complement another study which reported that elderly women resorted to resignation and aggression as coping with frustration less than men [12]. It has also been found that women are using seeking interpersonal help coping strategy more than the men. Females over the ages show a trend of relatedness. They thrive in a web of connectedness when confronted with problems and stress. Women show more

tendencies to share and are known to pour their heart out to friends, and relatives, who so ever they have, confidence in [13].

While talking to the researcher, a female elderly pointed out, that in times of stress, the males of the house find it most convenient to walk out and stay away from home for long periods of time. They can afford to do so as their absence makes no difference in the smooth running of the house. The females have no such luck. They have to stay back at home, look the problem in the face and resolve the matters with the help of other family members, therefore the less use of escape coping strategy. This interesting observation gives an insight into the use of different coping strategies by the different genders.

The male elderly are also using fatalism and control coping strategy more than females, though there are no statistically significant differences between the two.

The males and females differ significantly from each other on their attitude towards old age, where, the female elderly very clearly have a better attitude towards old age as compared to their counterparts. A possible explanation could be embedded in the preparedness for old age. Since the elderly women spend most of their lives at home, they are more or less prepared for their old age. It does not come as a shock or a complete change over for them. It is a gradual transition and they remain where they earlier were. However, for the males, who have spent most of their lives outside home, in places of work, power and position, with a social circle of co-workers and friends, old age comes as a bolt from the blue. They retire and are forced to spend the rest of their lives in an unfamiliar domain named "home". This has a negative impact on their attitude towards old age. Another explanation, which is related to the earlier one could lie in the kind of social support enjoyed by the males and females. The aged women with their background of staying at home and keeping busy with household chores, family members, children and grand-children and religious activities find it easier to step into the threshold of old age. Whereas, the males who have been away from home develop their social support primarily outside home with their friends, colleagues etc. After retirement, it becomes difficult to start afresh and build upon new social ties and therefore the resultant poor attitude towards old age. Moreover, Aged women suffer more from anxiety feelings with negative attitude towards life, and therefore the resultant poor attitude towards old age [14].

Limitations of the study

In the present research, some of the critical issues concerning the older people have been discussed. However, there are certain lacunae that need to be looked into. At the onset, the sample size is not large enough to be truly representative of the population. Only urban population was taken into consideration and that too from a few localities of Delhi. A longitudinal and qualitative analysis would have helped this study further. The variable of coping strategies is a very broad one, studying it from different perspectives and viewpoints would have been fruitful.

Conclusion

The aim of the study was to find out if there are statistically significant differences based on gender in the coping strategies used by the elderly and their attitude towards old age. The study found that the male elderly tend to use both confrontation and escape coping strategies more than

females whereas the female elderly resort more to seeking interpersonal help as a coping strategy. It also indicates that the female elderly have a more positive attitude towards old age as compared to the male elderly.

In terms of implication, this research can be used in policy making and in designing interventions for the elderly. Moreover, males and females are different groups of the elderly with different needs, attitudes and different coping mechanisms and hence, would need different kinds of interventions to benefit them- something that this research has shed light on. For further research, this study can be made longitudinal and supplemented with qualitative analysis to get more insight into the problems of the aged. A few more relevant variables should be added to the list of the present variables like comparison between the rural and the urban elderly, between physically fit and challenged elderly, between elderly co-residing with families and those living alone, between widow-widowers and those with living spouses.

References

1. Paper published from Ph. D thesis of Dr. Priya Bir(author of this paper)
2. Rodin J. Health control and aging. In M.M. Baltes and P.B. Baltes (Eds.), *The Psychology of Control and Aging*, Hillsdale, NJ. Lawrence Erlbaum 1986, 139-165.
3. Bennett KM, Hughes GM, Smith PT. Psychological response to later life widowhood: Coping and the effects of gender. *Journal of Death and Dying* 2005;51(1):33-52.
4. Voyer P, Laberge S, Rail G. Elderly women show neither a shortage of strategies nor an over-reliance on drugs in handling aging. *Journal of Women and Aging* 2005;17(1-2):83-88.
5. Kraay V, Pruyboom E, Garnefski N. Cognitive coping and depressive symptoms in the elderly: A longitudinal study. *Aging and Mental Health* 2002;6(3):275-281.
6. Vaillant G, *The Wisdom of Ego*. Cambridge, MA: Harvard University Press 1993.
7. Hurlock EB. *Developmental psychology*. New Delhi: Tata Mc Graw Hill Publishing Company Ltd. 2000.
8. Jeste DV. Feeling fine at a hundred and three: secrets of successful aging. *American Journal of Preventive Medicine* 2005;28(3):323-324.
9. Sherman SR. A view from the middle: Images of old age held by middle aged persons, their families and society. From the World Congress of Gerontology Abstract 1993, 183-189.
10. Kalfoss M. Gender Differences in Attitudes to Ageing among Norwegian Older Adults. *Open Journal of Nursing* 2016;6:255-266.
11. Wetle T. Successful aging: new hope for optimizing mental and physical well-being. *Journal of Geriatric Psychiatry* 1991;24(1):3-12.
12. Palmore EB. Physical, mental and social factors in predicting longevity. In. E.B. Palmore (Ed.), *Normal Aging*. Durham: Duke University Press 1985.
13. Dhillon PK. *Psycho-Social Aspects of Aging in India*, New Delhi: Concept Publishing 1992.
14. Voyer P, Laberge S, Rail G. Elderly women show neither a shortage of strategies nor an over-reliance on drugs in handling aging. *Journal of Women and Aging* 2005;17(1-2):83-88.

15. Soodan KS. *Aging in India*, Calcutta: Minerva Association Publications 1975.