

GENDER DIFFERENCES IN EMOTIONAL ADJUSTMENT AMONG ELDERLY RESIDENTS OF OLD AGE HOMES IN GUJRANWALA

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Abstract

Introduction: Gender has a significant impact on how people perceive and manage life in institutional settings, but there are other characteristics that also influence emotional adjustment in old age. This study investigated the emotional adjustment of senior citizens in a Gujranwala, Pakistan, assisted living facility.

Literature Review: While previous studies have shown the difficulties older persons encounter, few have thoroughly examined the emotional disparities based on gender in residential care, especially in Pakistan.

Methodology: A man and a woman, were selected through purposive sampling and then interviewed in semi-structured interviews using a qualitative design based on thematic analysis.

Results: The research study found nine essential themes which influenced how people adapted emotionally during their time in the study. The research identified nine major themes which affected emotional adjustment through physical health and identity and peer support and emotional control and familial desertion and social disengagement.

Discussion: The research revealed that men isolated themselves while struggling to manage their emotions, whereas women sought social connections, which facilitated their emotional adaptation. The study revealed different patterns of identity development and purpose discovery, and coping strategies between male and female participants within the institutional environment.

Conclusion: This research shows that aging brings many emotional challenges and that care for the elderly should take gender differences into account. It also points to the need for more studies and stronger support systems that meet the specific emotional needs of both men and women living in residential homes.

INTRODUCTION

Aging is a natural process of life that brings many changes in health, social roles, and emotions. For many elderly people in Pakistan, moving from their family homes to old age homes can be emotionally difficult. Emotional adjustment here means how well

older adults can adapt to new situations with mental and emotional strength. This adjustment is influenced by many factors, and gender is one of the most important. In Pakistani society, men and women have different roles, which may affect how

they handle changes in later life. This research focuses on how gender differences (independent variable) affect emotional adjustment (dependent variable) among elderly people living in old age homes in Gujranwala. The goal is to understand how elderly men and women deal with emotional changes in these homes and what different patterns or feelings they go through. Their emotional experiences will be thoroughly examined utilizing a qualitative method that employs theme analysis.

The number of senior people in Pakistan is increasing quickly (Noreen, Abdullah, & Lalani, 2022). In the past, the joint family structure provided care for the elderly. However, fewer individuals are available to care for the elderly because many families are becoming nuclear these days (Parshad & Tufail, 2014). Because of this, there are now more older people living in old age facilities, which raises questions regarding their mental health. Current research has already touched on the issues of older individuals in old age homes, e.g., isolation and loss of identity (Shahid & Tariq, 2023; Salah ud Din, Jabeen, & Batool, 2024). The quantitative research of Salah ud Din et al. (2024) gave general trends but not the richer type of understanding of individual emotional experience that qualitative research can yield. While a bit of effort has been made on the physical care and daily needs of the elderly in institutions, no effort has been made towards understanding the gendered emotional differences in Pakistan. Minimal effort has been made to understand how older women and men cope emotionally in such institutions, particularly in urban towns like Gujranwala. This is a clear research gap that this study attempts to fill.

This study aims to help improve our understanding of emotional well-being in elderly care settings. By focusing on gender, we can better support elderly men and women emotionally and design more effective support systems for them. Specifically, it explores how elderly males and females experience emotional adjustment in old age homes in Gujranwala, and what key gender-specific emotional themes emerge from their lived experiences, that emerge from their lived experiences.

Literature Review

Moreover, ageing affects family and mental health. The issue of geriatric emotional adjustment is more in the focus of attention particularly among the countries like Pakistan, where family set up is getting changed at a fast pace. Scholars have tried to make sense of this issue in numerous ways. For example: "People strive to preserve emotional and mental well-being as they age" (Atchley 2000, Continuity Theory). That means if something disrupts a person's sense of who they are – and moving into assisted living may do this – it can result in emotional stress. Role theory and activity theory are two other theories that provide light on this problem. According to role theory, older adults may experience emotional distress when they are no longer able to fulfil their typical responsibilities, such as being a parent or family leader. Activity theory states that older persons are happier when they continue to be mentally and socially engaged. Gender affects how these theories are applied since men and women have different responsibilities and expectations in society.

Emotional changes in later life are influenced by gender. According to Manzo (2003), older persons experience a variety of changes that impact their sense of social connectedness. Because they are accustomed to close family roles, women may experience emotional difficulties. Losing their freedom or feeling less valuable can be difficult for men.

According to the research of Shahid and Tariq (2023), they found that most elder women in Punjab felt excluded as well as emotionally abandoned when they were shifted to assisted home. As reported by Salah ud Din et al. (2024) There was also emotional and financial hardship for elderly residents, although this analysis did not explore potential gender-based differences in these challenges. There is a gap in these studies and that is how men and women differ from one another, despite their feelings of exhaustion being identical.

Tiwari, Pandey & Singh (2012) noted that an experience of breaking into a foreign environment or being suddenly put into such environment alone brings about more emotional pain to old people. As a result, feelings such as sadness, fear and loneliness are common (Kourkouta et al., 2015). Family structures have become increasingly difficult for

older people in Pakistan. Elders now feel marginalised in families that are more interested about personal aspirations" (Parshad & Tufail, 2014). This frequently pushes elders to reside in old age homes and the emotional adjustment for them become even harder. Similar changes are happening in other countries. In India, Datta (2017) found that old age homes are now also used by middle-class families. These homes were once only for the poor. This shift brings new emotional challenges, especially when elders expected to live with family.

Noreen et al. (2022) sounded an alarm that Pakistan's old population is multiplying rapidly. We need to prioritize emotional care for everyone in America. Ahmad (2020) also noted that older individuals, especially those in poor health, were not receiving sufficient emotional support. Useful comparisons also emerge from studies in other countries. In contrast in China, Zhan, Liu, Guan and Bai (2006) found that older parents frequently found their way to an old age home as they had no family or money. They echoed the importance of taking care of one's emotional health as well as one's physical health. Chochinov et al. (2002) showed that feeling as though one is a burden can be profoundly damaging to mental health.

In Western countries, researchers Bernard et al. (2007) and Reed et al. (1998) looked at how building design, space, and social settings affect emotional health. These environmental factors also influence how men and women adjust differently. In short, while emotional adjustment has been studied in many ways, there's still a lack of focus on how men and women experience it differently, especially in South Asia. Most studies either talk generally about mental health or focus on the design of old age homes. Very few look at gender differences in cities like Gujranwala. This study will help fill that gap by listening closely to the emotional stories of elderly men and women

Methodology

The research has used a quantitative approach to investigate that how gender differences are playing their role in life style adjustment of old age people residing within old age homes. The purpose was to investigate how elderly men and women cope with emotional stress in this context, as well as the role of

gender in coping, needs, and adjustment. Thematic analysis was the methodology used to identify recurring themes in their responses.

Participants

The study included two elderly participants: one male and one female. They were chosen using purposive sampling, which means they were selected because they had experiences that matched the topic of the study. Both participants were from the same old age home in Gujranwala, Pakistan. The requirements to take part were: being 60 years or older, able to speak Urdu well, and willing to take part in a face-to-face interview. The study had a small sample size on purpose, because the goal was to go deep into the topic, not to collect general results.

Data collection

The data for these were gathered by semi-structured interviews. The interviews were carried out by university students for an educational project. The intention was not to stick to a rigid protocol. Interviews were conducted in an unstructured way whereby members felt at ease with the process. The students eased the prepared questions in these casual conversations.

The interviews were of approximately 30 min duration and were in Urdu. In all, there were eight questions; half of them addressing gender differences and the other half tackling emotional adjustment. Interviews were conducted in a quite private room to help participants talk frankly. Post-interview, the students listened to their interviews and extracted answers penned post conversation. These answers were then grouped for the research questions.

Data Analysis

The students used thematic analysis to study the responses. This method helps identify repeated ideas or patterns in the data. After writing down the interviews, the data was read several times to understand the meaning. Key points were marked, turned into codes, and grouped into main themes.

The students watched as both the men and women discussed their feelings, difficulties in dealing with them, and how they sought to cope. "That allowed us to understand the role gender may play in emotional adjustment" to an old-age home.

While the sample was tiny, the personal narratives were revealing. The emotional experiences of the participants and how gender could affect such experience was made apparent by thematic analysis. This may contribute to how the feelings of elderly men and women can be better appreciated by future researchers and caregivers.

Ethical Considerations

The students first elucidated the aim of the study to their respondents before conducting the interviews. They were told that participation was voluntary and they could withdraw at any time. Both participants provided written and verbal informed consent. In addition, the head of the old age home granted permission to perform this research. Participants were uncomfortable with video recording so only audio was recorded and only with their permission. All notes and recordings were kept in a secure

manner and will be destroyed upon completion of this study. These aliases were used to preserve participants' anonymity. The study was conducted under the guidance of a university professor, and attention was paid that at the time of interview, participants did not have emotional disturbance.

Result

Thematic analysis was applied to interview results from one male and one female resident in an old people's home where questions relating to gender differences in emotional adjustment were posed. From their responses, relevant statements and codes were extracted and categorized into 9 main themes. Table 1 shows the emic codes of these key statements while Table 2 provides an insight on how these codes combined into themes. The relationships between themes are depicted in a thematic map (Figure 1).

Table 1
Codebook

Line No.	Participant	Code	Significant Statement (Roman Urdu)
1	A	Chronic Illness Impact	"6 saal pehle mujhe stroke hua tha... daayan paer, haath aur chehre ka aik hissa kaam nahi karta."
2	A	Medication Burden	"Har roz dawai leta hoon , har mahine takriban 10 hazaar rupay ki dawaiyan khata hu."
3	A	Religious Coping	"Aksar lete rehta hoon, dua karta hoon... zinda hoon, yehi sab se bari baat hai."
4	A	Work Identity Loss	"Saudi Arabia mein guzare... sab kuch un ke liye qurbaan kiya... ab sirf dawaiyan leta hoon."
5	A	Abandonment by Family	"Jab mujhe stroke hua... mere betay mujhe yahan chor gaye."
6	A	Loss of Social Role	"Nahi, mein kisi ki madad nahi kar sakta... chalna mushkil hai... apne kamray se bahar kam hi nikalta hoon."
7	A	Preference for Isolation	"Na mein kisi ko tang karta hoon, na koi mujhe... akele rehna hi behtar lagta hai."
8	A	Absence of Close Bonds	"Yahan mera koi qareebi dost nahi... mein dil ki baat kisi se nahi karta."
9	A	Betrayal and Emotional Shutoff	"Pichhle chay saal se... kabhi koi milne nahi aaya... umeed rakhna hi chor di."
10	A	Emotional Withdrawal	"Jab udaas hota hoon... bas akela baithta hoon ya dua kar leta hoon."
11	A	Silent Management	Anger "Bas chup ho jaata hoon... sab kuch andar hi reh jaata hai."

Line No.	Participant	Code	Significant Statement (Roman Urdu)
12	A	Nostalgia as Emotional Anchor	"Jab mein kaam karta tha... lagta tha ke zindagi ka koi maqsad hai... ab to sab kuch khatam ho gaya hai."
1	B	Past Domestic Conflict	"Jab main ghar mein hoti thi to udher meri bahoein har waqt lerti rehti thi."
2	B	Dependence on Sleep Medication	"Main sleeping tablet leti thi, mujhe unke baghair neend nahi aati thi."
3	B	Emotional Relief in Institution	"Main koi tablet use nahi karti... yahan mujhe sukoon milta hai."
4	B	Physical Health Limitation	"Meri aankhon ka kuch masla hai..."
5	B	Light Daily Participation	"Jo bartan mein khana khati hoon woh dho leti hoon."
6	B	Peer Interaction as Coping	"Dosri auraton ke paas ja kar baith jaati hoon, thori bohot baatein kar leti hoon."
7	B	Limited Functional Support	"Jitni himmat hoti hai, utna haath bata deti hoon."
8	B	Absence of Close Friendship	"Nahi, koi khaas dost to nahi bana... sab apne kaam mein lagay rehte hain."
9	B	Emotional Sharing Brings Relief	"Dukh sukh baant lein to acha lagta hai."
10	B	Initial Adjustment Struggles	"Jab main yahan pehli baar aayi thi... har waqt ghar yaad aata tha."
11	B	Emotional Adaptation Over Time	"Ab teen mahine ho gaye hain, ab thoda thoda sukoon milne laga hai."
12	B	Family Connection as Comfort	"Meri beti bhi mere se milne aati hai, usse mil kar dil ko tasalli milti hai."
13	B	Silent Anger Management	"Gussa aa bhi jaaye to main chup ho jaati hoon."
14	B	Contrast Between Settings	"Ghar mein mahaul alag tha... yahan dil ko sukoon milta hai."
15	B	Joy in Positive Interactions	"Jab Bau hamare paas aata hai... hansii aati hai... khushi hoti hai."

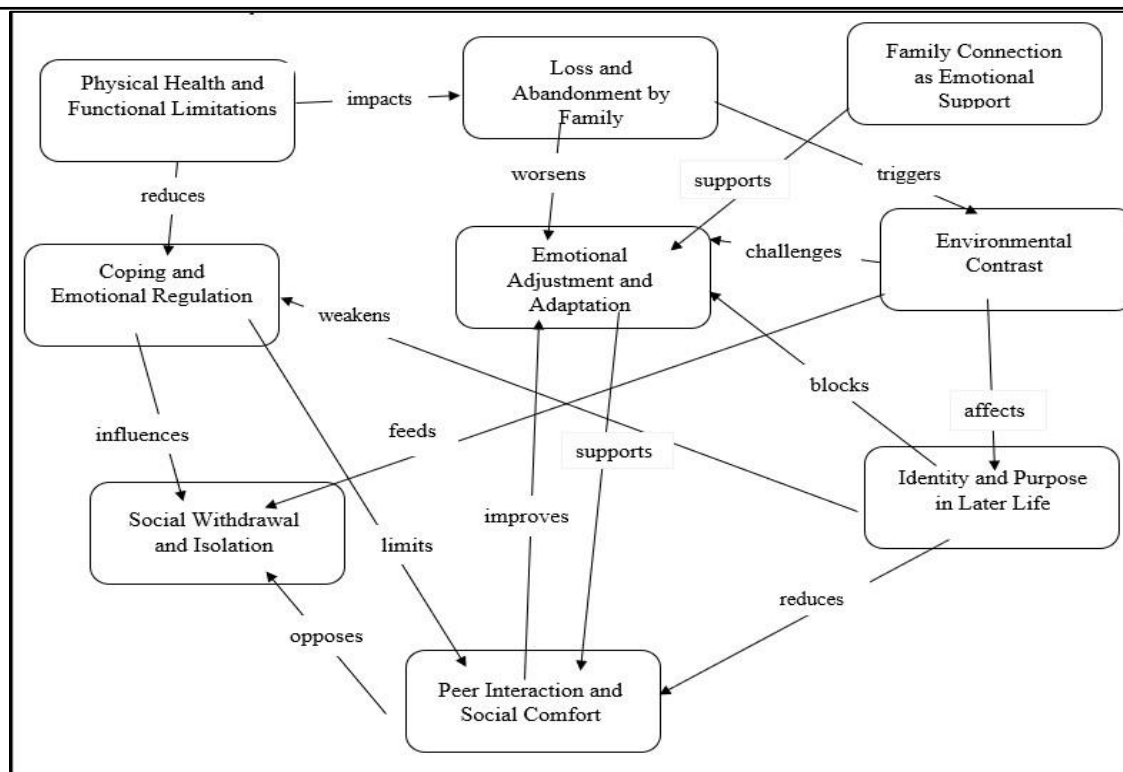
Table 2
Thematic Clusters and Code

Themes	Clustered Codes
1. Physical Health and Functional Limitations	- Chronic Illness Impact (Male)
	- Medication Burden (Male)
	- Physical Health Limitation (Female)
	- Dependence on Sleep Medication (Female)

2. Loss and Abandonment by Family

Themes	Clustered Codes
	<ul style="list-style-type: none"> - Abandonment by Family (Male) - Betrayal and Emotional Shutoff (Male) - Past Domestic Conflict (Female)
3. Social Withdrawal and Isolation	<ul style="list-style-type: none"> - Absence of Close Bonds (Male) - Preference for Isolation (Male) - Absence of Close Friendship (Female)
4. Coping and Emotional Regulation	<ul style="list-style-type: none"> - Religious Coping (Male) - Emotional Withdrawal (Male) - Silent Anger Management (Both) - Emotional Relief in Institution (Female)
5. Identity and Purpose in Later Life	<ul style="list-style-type: none"> - Work Identity Loss (Male) - Loss of Social Role (Male) - Light Daily Participation (Female) - Limited Functional Support (Female)
6. Peer Interaction and Social Comfort	<ul style="list-style-type: none"> - Peer Interaction as Coping (Female) - Emotional Sharing Brings Relief (Female) - Joy in Positive Interactions (Female)
7. Emotional Adjustment and Adaptation	<ul style="list-style-type: none"> - Initial Adjustment Struggles (Female) - Emotional Adaptation Over Time (Female) - Nostalgia as Emotional Anchor (Male)
8. Family Connection as Emotional Support	<ul style="list-style-type: none"> - Family Connection as Comfort (Female)
9. Environmental Contrast	<ul style="list-style-type: none"> - Contrast Between Settings (Female)

Thematic map



Discussion

The study investigated the role of gender in emotional adjustment among elderly subjects living in an old age home. The introductory part described that shifting family patterns, rising life span and the dearth of eldercare facilities in Pakistan have led to greater prevalence of old age homes. It was revealed that international literature had addressed emotional and social adjustment of elderly but there is a dearth in the study exploring gender differences among these domains in Pakistan. A qualitative design with purposeful sampling was employed for which, an Unstructured Interview Guide' was used and two elderly one male and one female from old age home in Gujranwala were interviewed. Through semi-structured interviews and thematic analysis, the study intended to explore: 1) how these participants make sense of their emotional adaption during male-to-female sex reassignment, as related to gender. Nine themes emerged from the findings and were described visually as links in a thematic map (Figure 1).

The thematic map (Figure 1) illustrate that how different aspects of elderly people's lives are interlinked and contribute in term of adjustment

emotions. One of the initial topics was Physical Health and Limitations. The man had paralysis and required medication at regular intervals, while the woman suffered from eye problems but was able to carry out small tasks. Like on the map, health issues made both less able to cope with stress and emotions. This is consistent with prior research (e.g., Atchley, 2000) indicating that physical decline in old age interferes with emotional well-being and adjustment. Loss and Abandonment by Family Loss and abandonment by family was also a prominent theme for male participant who had been abandoned by his wife and children following a stroke. This contributed to his emotional pain and isolation. It also led to differences in Environmental Contrast, which is the degree of contrast between living at home and living in an old age home. The woman was initially sad but gradually became at peace, illustrating that men and women adapt entirely differently. The map indicates that family abandonment rendered the change in environment more difficult and emotional adjustment less likely. Participants also emotional adjusted in various manners. The male opted for Social Withdrawal and Isolation, keeping quiet on his own. He did not form

close bonds. The female, however, engaged in mild conversations and felt comfortable Engaging In Peer Interaction and Social Comfort, particularly with women peers and staff. This suggests that where women may speak to others about their feelings, men may keep quiet.

Coping and Emotional Regulation showed more gender differences. The woman coped by praying, talking, and adjusting to the routine. The man mostly stayed quiet. These coping methods were connected to their Identity and Purpose in Later Life. The man, who had supported his family for years, felt he had no purpose now. The woman began to find a new purpose through social contact and small tasks. The map shows that a weak sense of purpose makes it harder to cope and connect with others, while a stronger identity helps with adjustment.

Emotions and Adaptation served as the theme. It was exacerbated by poor health, loss and a harsh environment but ameliorated by social support and coping skills. The map is clear: Emotional adjustment breeds social bonds, which then serve to reduce loneliness, creating a helpful cycle. For the man, a broken sense of purpose blocked this cycle. For the woman, however, the cycle was more dynamic; coping with others and some family visited helped her to adjust more decently over time, since positive experiences foster emotional improvement even in institutions

The woman found relief from her loneliness when she spent time with other people. Feeling thoroughly discouraged and alone, she worked her defenses as usual, stopping to talk to other inmates at the dining table instead of sitting wretchedly against an uninviting wall. Social connections not just gave her comfort, but also enabled her to avoid the necessity of withdrawing. The lack of these interactions for the participant's male counterpart may in turn have exacerbated his sense of isolation. The work by Andrews & Phillips (2005) supports the idea that the social environment can influence both adjustment and loneliness in old age.

Another significant theme was Family Connection as an Emotional Resource. The female participant received visits from her daughter periodically, which made her feel valued and facilitated the adjustment. The male participant had no-family contact, which increased his level of emotional distress. This

supports the idea that even small doses of family support can be powerful in a small amount of time for older adults. These findings echo those of Zhan, Liu, & Guan (2006), who emphasized the stabilizing role of family contact.

Environmental contrast was significant as well. The man struggled with adapting to institutional life after living with family. The woman initially experienced discomfort but eventually found tranquillity in the routine. This theme related to almost every other theme, as the combination of family loss made the contrast more acute while emotional support and social comfort reduced its impact. The environmental contrast served as a challenge to the participants' emotional adjustment, that was harder for some to adopt.

Conclusion

The present study examined gender differences in emotional adjustment among older adults living in long-term care. Thematic analysis revealed that the two participants faced different emotional challenges related to personal narrative, coping strategies, and social networks. The male subject experienced a profound loss of meaning and was somewhat more socially isolated, while the older female had adapted more favourably to life in the facility and derived some solace from her daily routine and relatively light socialization. Health issues, familial support, social bonding, and the environment were also important factors in their adjustment. These findings provide a substantial contribution to knowledge for those in health, social, and political systems who respond to the mental health needs of older adults.

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