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Study of Depression and Self-Esteem Problems among Old Age Persons

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I. INTRODUCTION

Ageing is a natural process. In the words of Seneca. Old age is and recently, old age is an incurable disease but more recently, old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called gerontology. The care of the gerontology is social gerontology are geriatrics. There is an ample scope for research into the into the degenerate and other diseased of old age, their treatment in hospital and general practice, and finally into preventive geriatrics and the epidemiology of conditions affecting the aged, our knowledge about the aging process is incomplete the change takes place during old age are simile cataract glaucoma, nerve deafness, osteoporosis affecting mobility, failure of special senses and change in mental outlook. Psychiatric care of elderly people can be more interesting than that of younger patients successful treatment of elderly patients requires a demanding mileage of psychological medical, social political, and managerial skills and epitome of modern medicine .About 450 million people alive today suffer from mental problems according to estimates given in WHO, s world Health Report 2001. One person in every four will be affected by a mental disorder at same stage of his or her life. The theme of world Mental Health Day in 2013 was older adults, that of 2012 was depression, and 2014s was Schizophrenia. Given that the term Mental Health is commonly (miss) used or (miss) interpreted as referring to mental illness ,together with negative conations associated with health and old age ,later life may well seem to be synonymous with mental health problems . Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being people with a depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating remembering details or making decisions and may contemplate, attempt or comment suicide. Insomnia, excessive sleeping, fatigue aches. Pains digestive problems or reduced energy may also be present depressed mood is a feature of some psychiatric syndromes such as major depressive disorder but it may also be a normal reaction to life events such as bereavement a symptom of some bodily ailments or a side effect od some drugs and medical treatment. Old persons with depression symptoms have poorer functioning compared to those with chronic medical conditions. Such as lung disease the perception of poor health the utilization of medical services and health care costs. Depression reflects a range of biological and social factors and it may be difficult to diagnose in older people as it is presentation may differ from that of younger people. Older people tend to under report depressive symptoms and may not acknowledge being sad, down or depressed. This could be due to age, shame and lack of understanding for the disorder or a belief in not talking about depression or admitting to not coping. Often, common depressive symptoms (such as a loss of interest in life, lack of enjoyment in normal activities, apprehension, poor sleep, persistent thoughts of death, chronic unexplained pain, poor concentration or impaired memory) or incorrectly attributed to old age, dementia or poor health. Too frequently, family, friends and doctors interpret these symptoms in that way as well, with the result that depression in old age may go undetected and untreated for a long time. Depression in old age is often accompanied by memory changes which become the main focus for intervention rather than the depressive illness. Treatment of the underlying depression can usually improve memory if there is no corresponding dementing process as well. Symbolic and real losses are the psychological basis of many depression. Old age represents a period of life where losses are cumulative and frequent.

The world's population is aging rapidly between 2015 and 2050 the proportion of the world's older adults is estimated to almost double from about 12% to 22%.in absolute terms, this is an expected increase from 900 million to 02 billons people over the age of 60. Older people face special physical and mental health challenges which need to be recognized. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders)and 66% of all (disability adjusted life year days) among over 60s is attributed to neurological and mental disorders. This aspect of human suffering needs to be highlighted in academic works. In fact human beings especially old age persons are suffering from various psycho – social problems. With the help of this study we can fulfil that role if a genuine effort to sort out the problem of old age persons with understanding and compassion.

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II. SELF-ESTEEM

Self-esteem self-identification, self-respect is parts of every one's life. self-esteem can be defined as how we value our selves and it affects our trust and relationship in every part of our daily life .In contrast, self-esteem refers to a reflection of central negative views about self and it is important not only for adults but also for children and elderly people .Self-esteem may predict the depression later in the life of an individual particular in the older age. Aging is a critical and crucial stage of human development which is contrary to the common belief, not only the end of life but also a natural process of life. Ageing is the outcome of the natural course of time that leads to physiological, mental and social changes and is not limited to a specific group, and everybody will gradually experience it. Self-esteem is the belief in one's ability to think, confidence in ones right for achievement, happiness and worthiness, and expression of the needs and desires .Self-esteem is closely associated with a person's mental image about oneself as well as the coping style. The results of indicated that a positive image about one's body creates a sense of worthiness in the person, and conversely, the mental image that is undergone a change leads to changes in the sense of worthiness.

There are various views about self-esteem and its effects on social psychological development, along with Ericson's view about psychosocial development, owing to strong theoretical grounds, has been attracted by many researches. Various domestic and international studies have investigated self-esteem and the factors associated with it in the elderly. Reported that the increase of self-esteem in all age groups, especially the elderly is directly related to optimism, positive affect and a sense of social support, and is inversely correlated with negative affect .Found out that the elderly with health behaviors such as physical activity are more probable to successfully spend their ageing period. In line with these views, a primary objective of caring for the elderly is helping them to preserve maximum independence in a safe environment to promote their life quality and to minimize the healthcare costs by preventing physical injuries.

III. REVIEW OF LITERATURE

The following research studies are:-

Revista Brasileria de Epidemiologia et al (2016) the study assessed the prevalence of depression and associated factors among Brazilian elderly in Arroia Trinta Southern Brazil during home visits a questionnaire was administrated to all people aged 60 or elderly living in the municipality in 2013. The Geriatric Depression Scale short form (GDS-15) was used. The X2 test was performed to compare proportions and poission regression with robust adjustment of variance in the multivariate analysis. The effect measure applied was the prevalence ratio. The prevalence of depression among 552 (out of 568) elderly studied was 20.4% (95% C1 17.3 – 23.8) . An adjusted analysis conducted according to a predefined hierarchical model showed higher prevalence ratios of depression among females, single people those with lower household income smoker and those who had been hospitalized in the 12 months preceding the interview. Engaging in leisure time activities such as dances and religious activities or regular physical activity were protective factors for depression .Results from this study demonstrate the need of proper treatment and management of this condition at the community level.

Rio de Jeanery .et al (Nov. 2016) The study sought to investigate the association between the scores for quality of life (QoL) and self- esteem among the elderly in an urban community . A cross sectional, quantitative and analytical household survey was conducted with 1,691 elderly persons resident in an urban area in a country in Minas Gerias state the World Health Organization Quality of Life BREF (WHOQOL-BREF),the world health organization quality of life OLD(WHOQOL-OLD) questionnaire and the Rosenberg Self-Esteem Scale were used in this study . A descriptive statistical analysis and a linear regression model ($P<0.05$) were conducted. The results revealed that the social relationships domain (71.19) and the topic of death and dying (74.30) had the highest mean scores among the elderly; while the lowest mean scores were the environment domain (60.39) and the topic of social participation (63.06). The self-esteem scores showed an average of 9.3 +- 4.09. Associations were evident for the lower scores of quality of life in all the WHOQOL-BREF domains and WHOQOL-OLD aspects (expect death and dying) with lower levels of self-esteem ($p<0.001$). The results provide data that contribute to a better understanding of the aspects that influence the QoL of the elderly due to reduced self-esteem, thus providing information for the development of health strategies.

Sandep Grover .et al. (2015) to review the existing literature on depression among elderly arising from India. Most of the literatures that are available are in terms of prevalence of depression community based studies involving 70 to 7,150 elderly subjects report prevalence rate varying from 8.9% to 62.16% clinic based studies involving 50 to 5,260 participants report prevalence rates ranging from 42.4% to 72 % .Studies have reported depression to be more common among females. Other demographic factors that have been associated with depression among elderly include being unmarried, divorced or widowed elderly, residing in rural locality, being illiterate increasing age lower socioeconomic status and unemployment. Depression has also been shown to be associated with various psychological factors lifestyle and dietary factors, and presence of chronic physical illness . There are limited data on

various therapeutic interventions. Available data suggest usefulness of pranayama, cognitive behavior therapy, and electroconvulsive therapy. The view of data suggests that prevalence of depression among elderly in India is high .However, there is a lack of data on symptom profile and limited data is available on various therapeutic interventions for the management of depression in elderly from India. There is urgent need to conduct large metacentric studies to fill the void in research.

Jafari Franak et al. (2012) Self-esteem is viewed the most decisive factor in the psychological development of the elderly. This study was performed to assess self-esteem among the elderly referring to the elderly consulting unit of the health care centers in Kermanshah, Iran .A cross sectional study was completed with elderly respondents visiting the consulting unit of health care services in Kermanshah, Iran. The samples were selected through convenience sampling. Rosenberg self-esteem scale (RSC) was used to gather the required data. Data were analyzed by using both descriptive (frequency, mean, median and standard deviation) and inferential statistics (chi square and independent t -test). The findings a mean of 35.63 +- 5.25 for self-esteem (66.2%) among the elderly. A statistically significant difference was reported between the mean of self-esteem and career ($p<0.001$), marital status ($p<0.04$), history of health problems ($p<0.04$), residence ($p<0.001$), education ($p<0.001$) and income ($p<0.001$). The finding of this study indicated that approximately one third of the elderly had a low self-esteem, which is indicative of the need to promote the self-esteem of the old person in order to reduce their physical, psychological and social problems. Thus, it is necessary for the healthcare authorities to provide the elderly with financial, social and psychological support.

Gerben J. Westerhof; et al. (2012) To study the aging self, that is, conceptions of one's own aging process, in relation to identity processes and self-esteem in the united states and the Netherlands. As the liberal American system has a stronger emphasis on individual responsibility and youthfulness and positive perceptions of one's own aging process are more important in the United States than the Netherlands. Three hundred and nineteen American and 235 Dutch persons between 40 and 85 years participated in the study. A single question on age identity and the personal experience of aging scale measured aspects of the aging self. The identity processes and Rosenberg's Scale measured self-esteem. As expected, the self enhancing function of youthful and positive aging perceptions is stronger in the liberal American system then in the social democratic Dutch welfare system. The aging self should therefore be studied in the cultural context.

Archana Sing et al. (2009) the elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which result in an inability to activity participated in the community activities. With advancing it is inevitable that people lose connections with their friendship networks and that they find it more friendships and to belong to new networks the present study was conducted to investigate the relationships among depression, loneliness and sociability in elderly people.

Alaphilippe D (01 Sep 2008) Self-esteem is an important aspect of the adaptive processes at all stages of life, but especially in older adults. It is linked to the quality of adaptation, well-being, life satisfaction and health .Self-esteem is not related to chronological age, but to the people's quality of social integration and adaptive capacities to cope with life events, including physical and cognitive decline. Thus the aging process does not necessarily results in self-esteem decrease, regardless of the decline in many areas of mental activity. Measures of the self-esteem and interpretation of the pertaining results vary according to various theoretical models. However, the sociocognitive strategies at play for maintaining a high level of self-esteem should be stressed. Social psychology has shown the importance of the others in such a regulation through group belonging, or psychological processes such as social comparison or causal attribution. Such as perspective underlines the importance of social and institutional environment for the regulation of a positive self value and hence the interest of talking into account the self-esteem construct while talking with older adults.

Nguyen H. et al (2006) conducted a study reveals the relationship between the age aspects and depression. Results indicates a reasonable degree of stability among adults under 70 years of age. However there were significant age related increases in somatic symptoms and lack of well-being after approximately 70 years of age where as symptoms related to depressed affect the interpersonal problems and remained stable. The addition of co morbid physical illness to the analysis did not reduce the association between age and depressed symptoms.

IV. SIGNIFICANCE OF STUDY

Aging merely stands for growing old but no one knows when old age begins .The biological age of a persons is not identical with the chronological age .Years wrinkle the skin, but worry, doubt, fear, anxiety and self-distrust wrinkle the soul, in this age of modern science and the technology we are losing our axis of balance and harmony at all levels i.e. Physical, mental, emotional

especially for the old age who are institutionised. With the passage of time certain changes takes place in old age. The important one the old age people facing in their life is the psychological problem in addition to physical problems. The main psychological problems are mental changes emotional disturbances, irritability, social maladjustment depression and even suicidal thoughts. So we need some measures. The science of spirituality has been recognized as a science of health and healing for managing various psycho physiological problems of man, it provides a systemic approach to understand the root causes of our psycho physiological problems such as fickleness of mind, depression, tremor, breathing disturbances etc. are well documented and provides healing and purifying for such conditions in old age. It provides a permanent solution and the inner disturbances of man are managed using yoga techniques. The first report of the inquiry, promoting Mental Health and well-being in later life focused on older people and the ways in which mental health in older age can be sustained or improved. The second report focuses on those older people who do experience mental health problems and on the adequacy of the support and services that are available to them. The prevalence of old age depression problems among old people over 65 is 15% in the general practice patients and > 30% in residential home. Depression and self-esteem problems are under identified by health care professionals and older people themselves and stigma surroundings mental illness makes people reluctant to seek up. Depression has an impact on physical health and vice versa .for example health conditions such as heart disease have higher rates of depression than those who are medically well conversely untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease

V. METHODOLOGY

A. *Objectives*

1) To study the depression and self-esteem in relation to old age persons.
2) To study the relationship between depression and self-esteem with respect to old age in people.
3) To study the gender difference in depression and self-esteem with respect to old age in people.
4) To compare the depression and self-esteem with respect to old age people.

B. *Hypothesis*

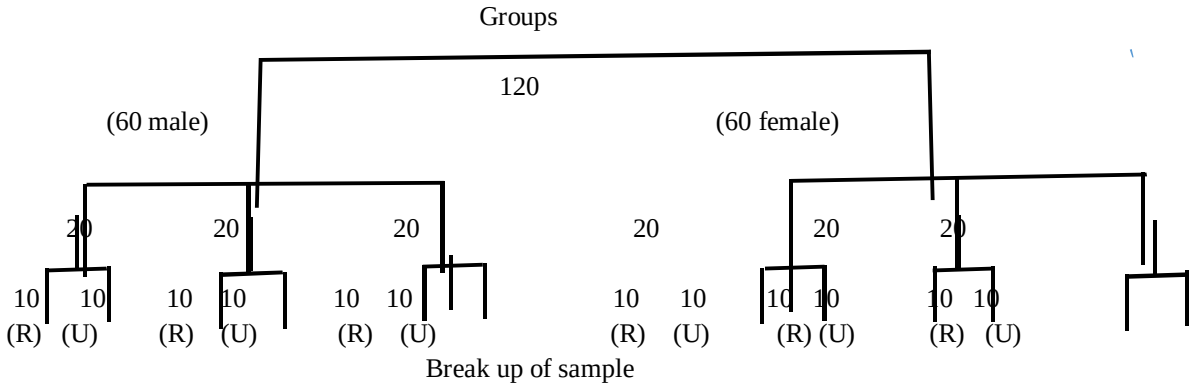
1) There will be no significant difference between depression and self-esteem.
2) There will be no significant difference between male and female among old age persons.
3) There will be no significant difference between depression and self-esteem of rural and urban in old age persons.

Present study will consists of 120 old aged persons residing in rural and urban areas. The participants will be collected through purposive sampling techniques. The detailed description of the sample is as:-

1) Sample

The data will be collected from old age centers and locally available. A total 120 old age persons ***(both male and female)*** including with urban and rural will be selected through purposive sampling techniques. The sample will manipulated by using geographical variables gender parent occupation types of social management and locality.

2) Breakup of sample is as under



Break up of sample

R:-rural
U:-urban

3) Tools used

The Geriatric Depression Scale (GDS)

Description of the scale/test

4) The Geriatric Depression Scale (GDS) by Lenore Kurlowicz, (1999)

a) WHY: Depression is common in late life, effecting nearly five million Americans aged 65 older. Both major and minor depression are reported in 13% of community dwelling older adults , 24 % of older medical outpatients and 43 % of both acute care and nursing home dwelling older adults Contrary to popular beliefs ,depression is not a natural part of aging . Depression is often reversible with prompt and appropriate treatment. However, if left untreated, depression may result in the onset of physical, cognitive and social impairment as well as delayed recovery from medical illness and surgery, increased health care utilization and suicide.

b) Best Tool: While there are many instruments available to measure depression, *the Geriatric Scale* (GDS), first created by *Yesavage et al.*, has been tested and used extensively with the older population .It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt on the day of administration. Scores of 0 – 9 are considered normal, 10 – 19 indicate mild depression and 20 – 30 indicate severe depression.

c) Target Population: The *GDS* may be used with healthy, medically ill and mild to moderately cognitively impaired older adults. It has been extensively used in community, acute and long-term care settings.

d) Validity / Reliability: The *GDS* was found to have a 92% sensitivity and a 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research.

e) Strengths and Limitations: The *GDS* is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores.

5) Rosenberg Self Esteem Scale (RSES)

This scale is used for evaluating individual self-esteem, was investigated using item response theory. This scale is developed by Dr.Morris Rosenberg in 1965.

Factors analysis identified a sing common factor, contrary to some previous studies that extracted separate self-confidence and self-depreciation factors. A uni dimensional model for graded item responses was fit to the data. A model that constrained of 10 items.

A 10 item scale that measures global self-worth by measuring both positive and negative feeling about self.

All items are answered using 4 point Likert scale formant ranging from strongly agree to strongly disagree the pattern of functioning of the item was examined with respect to their content ,and observations are offered with complications for validating and developing future personality instruments.

VI. DATA ANALYSIS AND INTERPRETATION

Data analysis provides a general depiction of the type of statistics used in study and a brief description of data organization method.

Table: 4.1: shows the gender wise distribution of the respondents.

	Frequency	Percent
Male	60	50
Female	60	50
Total	120	100.0

The above table shows the gender wise distribution of the respondents. The table shows that50% were males and 50% were females.

Table 4.2: shows the area wise distribution of the respondents.

	Frequency	Percent
Rural	60	50
Urban	60	50
Total	100	100.0

The above table shows the area wise distribution of the respondents. The table shows that 50% of respondents were from rural area and 50% of respondents were from urban area.

A. Statistical Analysis of Data

Mean comparison table

Gender	N	Mean	St. Deviation	t-value	Significant level
Male	142	15.70	2.868	0.401	NS
Female	161	15.52	5.122		

The above table shows that mean comparison between male and female on their self-esteem. The result revealed that there is no significant difference between male and female (old age people) on self-esteem.

Group	N	Mean	Std. deviation	T value	Level significant
Rural	159	15.36	2.869	1.910	NS
Urban	139	15.63	3.746		

This table shows the mean comparison between rural and urban old age people on their self-esteem and depression . The result revealed that there is no significant difference between rural and urban old age people on self esteem and depression.

VII. RESULT AND CONCLUSION

The present focus depression and self-esteem among old age people. The investigator was used simple random sampling technique for this study, given the taboo associated with depression; the investigator for her own feasibility collected the data from psychiatry of Srinagar and composite regional center bemina Srinagar.. Given the nature of study, a total of 120 old age person (60 male and 60 female).the sample was manipulated by using the geographical variables viz, gender and locality. In order to access the tools the investigator used the simple screening instrument for depression *The Geriatric Depression Scale (GDS) by Lenore Kurlowicz, (1999,* self-esteem scale is developed by *Dr. Morris Rosenberg in 1965.*

VIII. CONCLUSION

1) The study found that old depression is positively correlated with self-esteem among olg age person.
2) This study found that there is no significant mean difference between male and female old age person on their depression.
3) The study found that females are more prone to depression as compared to males in old age.
4) It was found that there is no significant difference between rural and urban old age person on self-esteem; therefore both rural and urban old age person have same level of self esteem
5) The study found that there is no significant difference between male and female old age person on self-esteem ;therefore both male and female old age person have same level of self esteem
6) The major reason of depression and low self-esteem is abandonment by their family and loved ones in their old age
7) Old persons are also vulnerable to elder abuse including physical, sexual, psychological, emotional, financial and material abuse abandonment neglect and serious losses of dignity and respect.

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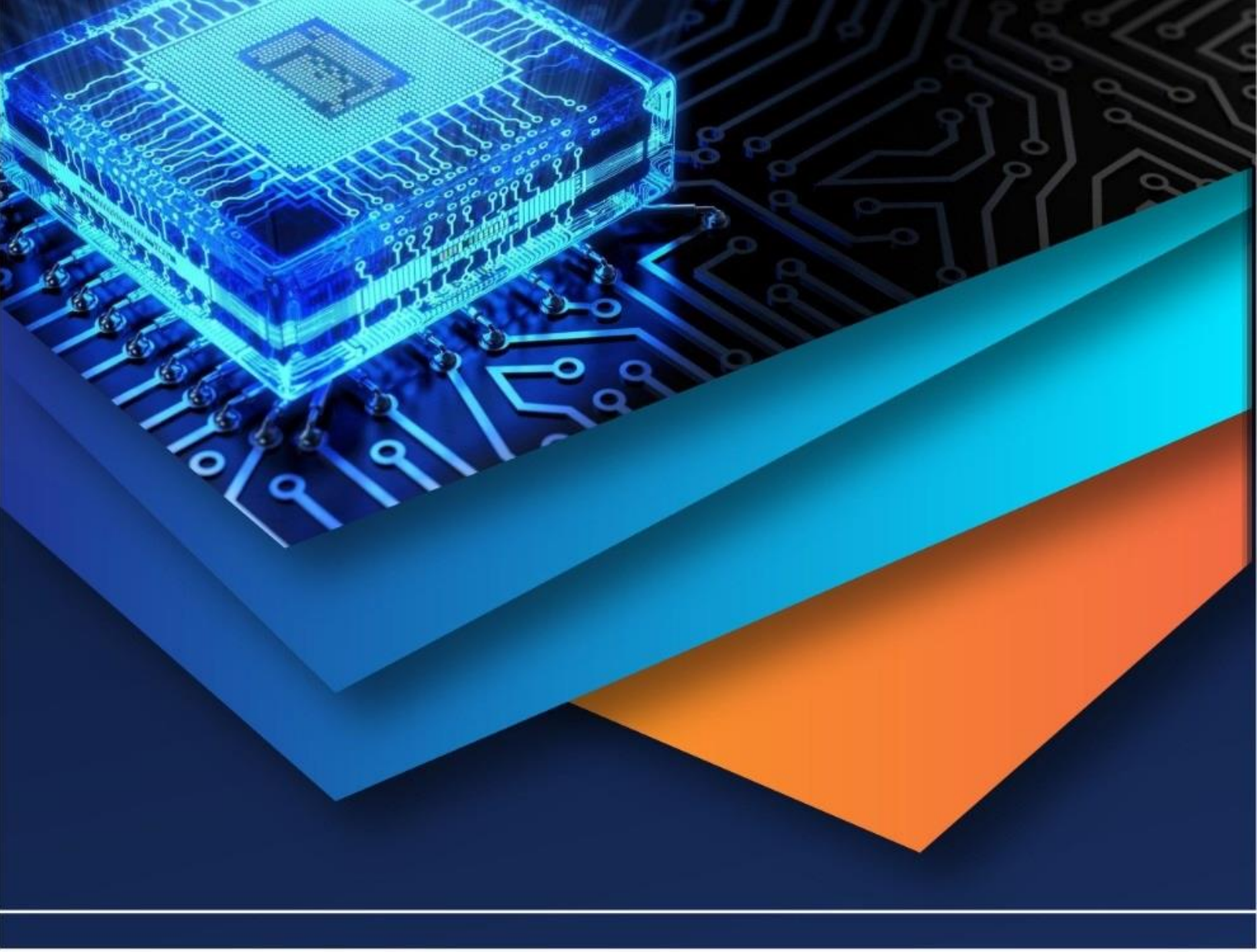

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