

Loneliness and Self Esteem among Elderly Residing In Old Age Homes

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Abstract

Background

Modernization in India has influenced the wellbeing of people in various ways. The concept of tradition joint family in Indian society that was based on love, care, affection is gradually disappearing. This transformation in life has led to the belief in nuclear family rather than joint family. The world population continues to grow older and people tend to live longer. The number of elderly population is rising rapidly. Elderly people are moving from family home to an institution, in view of change in informal relations. This has been associated with an increased risk of experiencing loneliness and low self-esteem negatively affecting their physical and mental health. This study is aimed to determine the level of loneliness and self-esteem among the elderly residing in old age homes.

Materials and Methods

In this descriptive study, 50 elderly residing in old age homes belonging to the age group above 60 years were conveniently selected.

Results

The findings of the study revealed that majority of the elderly have average self-esteem and moderate level of loneliness.

Conclusion

The study findings revealed that there is a need to understand aspects that influence wellbeing of the elderly by providing information on development of health strategies.

Key Words

Elderly, loneliness, self-esteem, old age homes

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I. Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and social conditions. Old age has been viewed as a problematic period of one's life. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated. This may lead to the development of psychology at shunning the company of others.

Loneliness is growing rapidly among elderly and having greater impact on health. It is one of the three main factors leading to depression and important cause for suicide and suicide attempt. Loneliness is a subjective, negative feeling related to persons own experience of deficient social relations. It is strongly associated with all causes of mortality. Many individual characteristics of individuals have found to be significantly correlated with loneliness. Among these characteristics are demographic and socio economic factors such as age, gender, etc. Research studies have indicated that social isolation and loneliness have negatively affected both physical and mental health particularly among older adults. Further being embedded within a social network is thought to promote health enhancing behaviours and to increase ones sense of control and self-esteem, key factors in promoting wellbeing. Social and productive activities are as effective as fitness activities in lowering risk of death, enhanced social activities may also help to increase the quality and length of life. Participation in leisure, social, cultural and spiritual activities facilitates older people to maintain self-esteem.

Now days, the role of families in care of older person has declined due to structural changes which have taken place in the Indian society and the concomitant disintegration of the joint family system, which results in the rejection or neglect of the aged.

Old age homes are a need of today as the life styles are changing fast and diminishing acceptance of family responsibilities towards ones elders. Older people are in need of vital support for their overall quality of life. People go to institutions mainly because they have no relatives to care for them. Thus, the individuals who see alternative accommodation due to loneliness, relocation of congregate style accommodation may increase their social contact and have a appositve impact on their wellbeing.

The interest in researching this topic gained more weight from our personal observations that even though there are previous studies about alleviating loneliness, improving self-esteem among elderly residents; little light to Indian care institutions was found thus the interest to study how social factors can alleviate these variables among institutionalized elderly in Udupi was undertaken.

The main aim of this study was to identify the level of loneliness, self-esteem and find the association between level of loneliness, self-esteem with selected variables among elderly residing in old age homes of Udupi.

II. Materials and Methods

2.1 Research design and research approach

A descriptive survey design was used to assess the loneliness and self-esteem among elderly residing in old age homes. The study adopted a quantitative research approach. The selection of research approach is the basic procedure for conducting a research enquiry. Study was conducted among 50 elderly above 60 years who are residing in old age homes.

2.2 Target population

This study incorporated all the 50 elderly above 60 years of age residing in three old age homes located in the district. The researcher assumed that elderly living in these old age homes were abandoned by their caretakers.

2.3 Sampling techniques and selection criteria: The study subjects were chosen using non-probability purposive sampling technique, who fulfilled the inclusion and exclusion criteria.

Inclusion criteria:

Elderly staying in old age homes.

Elderly above 60 years

Elderly willing to participate in the study.

Exclusion criteria:

The elderly suffering with psychological problems and cognitive impairment such as dementia and Alzheimer's disease.

2.4 Data collection instruments

To meet the objectives of the study, based on the review and discussion with field experts, tools such as socio demographic proforma, elderly loneliness assessment scale and standardized Rosenberg's self-esteem scale to assess the self-esteem were used to collect information from the elderly people. The content validity of the tools was established by validation done by seven experts along with consent form and evaluation criteria. There was 100 percent agreement for all the items in the tools hence, no modifications were made. After content validation, bilingual language experts translated the tools to local language. The reliability of elderly loneliness assessment scale was established using test retest method and the reliability was 0.73. The standardized Rosenberg Self-esteem scale internal consistency was 0.77.

2.5 Procedure for Data Collection

Prior to the data collection written permission was obtained from the concerned administrators of the old age homes. Informed consent was obtained from the elders and reassurance was given on the confidentiality of the information. Demographic proforma, elderly loneliness assessment scale and standardized Rosenberg's self-esteem scale were administered to the elders. The data collected was subjected to analysis.

2.6 Statistical analysis

Data was analysed using SPSS version 20. The obtained data was analysed using descriptive and inferential statistics. Chi-square test were performed to test for differences in proportions of categorical variables between two or more groups. The level $P < 0.05$ was considered as the cut-off value or significance.

III. Result

3.1 Demographic Characteristics of the Elderly

The frequency and percentage distribution of the elderly residing in old age homes revealed that out of 50 samples, majority (48%) of their aged ranged from (81 to 90) years. Twenty-eight percentage of their age was from (71-80) years. The percentage distribution of elderly according to their gender revealed that highest percentage (70%) of elderly are females and least percentage (30%) are males. Majority of the elderly (64%) are

married, (36%) are single, and none of them were widowers and divorced respectively. Majority (42%) were the residents of old age homes for the past 1-5 years, whereas (24%) of them were staying for (5-10) years, only (14%) of them were staying for less than a year.

All the elders have undergone regular health check carried out by the caretakers of the old age homes.

Older adults were likely to suffer or have illness or disability. About three quarters of the elderly had at least one disease like diabetes mellitus, hypertension, and cardiac disease, arthritis, bronchial asthma. Thirty six percent of them were free from illness.

Most (85%) of them are not aware of duration of illness and medicine intake (45%) for more than 6 years.

3.2 Level of Loneliness Perceived by Elders

The findings of the study revealed that majority (86%) of the senior citizens were having loneliness, which lead to negative perception towards old age. Fourteen percent of them didn't perceive loneliness.

The level of self-esteem of the elderly was low among (54%) of them and average self-esteem was reported by 46 percent of them.

There was no significant association between loneliness, self-esteem and age, gender, education, marital status, duration of stay in old age home, presence of illness.

IV. Conclusion

Loneliness is considered has a biggest health risk factor among elderly. It can adversely affect the quality of life of elderly if appropriate strategies are not undertaken to combat it. This study has shown a high prevalence of loneliness among elderly residing in old age homes. Loneliness can be reduced and self-esteem can be enhanced by initiating social support system at old age homes.

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