

PSYCHOLOGICAL CHALLENGES OF ELDERS IN GONDAR CITY, NORTH WEST ETHIOPIA

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ABSTRACT

Elders in Ethiopia are vulnerable to diversified psychological problems due to multifaceted challenges like elderly abuse, stereotypes, myths and lack of psychosocial support. As a result, they are triggered to develop versatile psychological problems. The main objective of this study was to examine psychological challenges (anxiety, depression, self-esteem and loneliness) among elders who were residing in Gondar City. For this purpose, 124 study participants were selected using snowball sampling technique. In order to assess the level of self-esteem, Rosenberg self-esteem inventory was used. Anxiety and depression were assessed using depression symptoms inventory and loneliness was assessed through UCLA Loneliness Scale. Then, analysis was made using t-test, ANOVA and correlation. The study revealed statistically significant sex difference on anxiety ($p < 0.05$) but not on self-esteem, depression and loneliness ($p > 0.05$). Concerning marital status statistically significant difference was found on self-esteem, loneliness, anxiety, and depression ($p < 0.05$). In addition, significant variation was detected with type of primary care givers on self-esteem, loneliness, anxiety and depression ($p < 0.05$). Regarding, educational status, statistically significant variation was seen on loneliness and depression ($p < 0.01$) but not on self-esteem and anxiety ($p > 0.05$). Self-esteem was statistically significant inverse relationship with age ($p < 0.01$), and direct relationship with income level ($p < 0.01$). Furthermore, age was statistically significant relationship with loneliness, ($p < 0.01$), anxiety ($p < 0.05$) and depression ($p < 0.01$). Based on the findings researchers concluded that regardless of the variation in sex elders are vulnerable to psychological problems; independent life, marital status, age and income level are associated with psychological problems.

Keywords: Anxiety; Depression; Elders; Loneliness; Self-esteem

INTRODUCTION

It is known that a certain socio-cultural context consists of individuals with having diversified developmental stages. Among those, the list proportion goes to the aged people. The aged band of 65 years or more is certainly very broad. It includes a range of 30-40 years. Hence, this final stage of life can be sub divided in to age groups as young old (65-80 years), old (80-90 years) and very old 90 years and above, is increasing (Dazuka & Dalbert, 2000).

Due to urbanization, industrial development that they advance in science and technology, and modern way of life people is nowadays able to live longer. Various reports and studies verify that the number of older persons in the world is growing at unprecedented rate. According to UN (2004) estimation, the number of people aged 60 and above was 200 million in 1950, 590 million in 2000 and is projected to reach 2.1 billion in 2050. A study conducted by Waters (2008) revealed that the proportion of elderly people is around 14 percent of the world's population and of all elders in the world, around 62% are living in developing countries. Studies indicated that within ten years since 2008, the numbers of elders has been increasing as the number of children under the age of five years old (UN, 2004; Waters, 2008). HAI (2001) and UN (2004) also stated that the most rapid rise in elderly population is taking place in developing countries.

In Ethiopia, due to serious shortage of data, it is difficult to provide detailed analysis about the socio-economic and psychosocial conditions of older persons. However, in terms of numbers, sample studies conducted in some of the regional states (South Nations Nationality and People, Amhara and Afar) and reports of the Central Statistics Agency (CSA) pertaining to older persons have shown meaningful profile. According to the census in 1984, the number of people aged 60 and above was 2.7 million and it is projected to reach 5.3 million by 2020. As indicated in the report of Ethiopian annual statistical abstract published in July, 2006, 3.2% of people were aged 65 and above. Likewise, out of the total of 12.2 million of urban dwellers 538,800 and out of 62.9 million rural dwellers 2.8 million people were older persons (MOLSA, 2006).

UN report in 2004 and other recent study by HAI (2008) described that for the less developed world increasing of older people is a reflection of the improvements in health care and nutrition in the earlier stages of human development (i.e. in the stage of child hood, adolescence, youth and a little in adulthood). However, in Sub-Saharan countries including Ethiopia, ageing related issues have a little priority in many governmental and non-governmental sectors. The focus of the majority of research efforts in Sub-Saharan regions has been in the area of child care, adolescent delinquency, prenatal care, and related topical issues. But very little attention has been given for the issue of elders (HAI, 2001; MOLSA, 2006; Mpho, 2009).

Although their proportion is increasing elders are unrecognized and highly vulnerable to multi-faced problems (UN, 2004). A study which was conducted in Sub-Saharan countries stated that older people are adversely affected by economic, physiological and psychosocial challenges (HAI, 2001). There are also many myths and stereotypes about elderly as senile, rigid in through and manner, having old fashioned morality and skills, greedy forgetful, asexual, unattractive and even useless, etc. All these myths and stereotypes called ageism that leads prejudice against the elderly (Lalghlin, 2008; KAHS, 2007).

One more factor that might make them neglected is that the living and working conditions elderly people. Their living complexity and other diversified reasons, institutions for the elderly people are a large mercy for their family and elderly people. However, as soon as they enter institutions, they face diversified behavioral problems (Auasi, 2009). In Ethiopian case no opportunities are available to be institutionalized even in severe cases; rather they are forced to be beggars and began to lead their life on streets.

As a result of all those factors, in developing countries including Ethiopia (in the absence of well organized psychosocial support services), elders are leading their life with multidimensional problems. All those factors directly or indirectly may trigger them to develop psychological problems. In line with this, earlier studies indicated that elders are vulnerable to multi behavioral and/or

psychological problems such as anxiety, depression, loneliness, dementia, and low self-esteem (UHSO, 1990).

Ethiopia is one among the developing countries in the world with 44.2% of its population is living below poverty line where disease, absence of good governance and lack of psychosocial support are some among the many problems facing the country in general and older persons in particular (MOLSA, 2006). In such challenging socio-cultural context, through life long cumulated knowledge and experience older persons can maintain the continuity traditions and culture of the society. In addition, they can also contribute a lot in the development of their country. For these reasons the elderly in Ethiopia are treated with respect and love. As it is indicated by MOLSA, elders get strong support and assistance from their family and the community in the time of need. As to the observation of the researchers elder in north western part of Ethiopia are perceived by the society as: respected, advisors and conflict resolvers.

However, when families or communities themselves face problems, it is difficult for older persons to get the usual support and assistance (MOLSA, 2006). In line with this, globalization, modernization and urbanization are eroding social values and norms related with the treatment of senior citizens that the earlier generation had (Dubey, Bhasin, Gupta & Sharma, 2011).

Despite the positive outlooks of the society towards older people, stereotypes and myths about aging called ageism conjure up negative images of older adults. Earlier studies stated that 'ageism is to old age as 'racism' is to skin color (Laeghlin, 2008; KAHSO, 2007). Other more problems of older people include different types of abuse (i.e. physical abuse, psychological abuse, social abuse and financial abuse).

All these are among the factors that lead elders to develop psychological and/or behavioral problems. As to the observation of the researchers, elders who are residing both in rural and urban areas, literate and illiterate, retirees and those who are in-service, and other adults are manifesting different types of psychological and/or behavioral problems. Non-elder adults in the community are also usually witnessed the psychological problems associated with ageing as feeling of loneliness, a sense of self blame, stressful, anxious, depressive, deterioration in sensation, energy and memory, decline in alertness, imaginative abilities, low in self-confidence, self-esteem and self-concept, becoming greedy, forgetful, disobedient, and rigid.

Similarly, research findings obtained from previous studies stated that significant number of elders faced by a number of psychological problems. Ageing (becoming a member of senior citizen) has significant relationship with behavioral problems mainly with anxiety, depression, dementia, and low performance of working memory, loneliness, self-esteem and anxiety (Akman, nd). Besides, elders who are living in a socio-cultural context where most of its population is living below poverty line where stereotypes and myths are undermining could make them develop problems including anxiety, depression, low self-esteem, loneliness.

Those psychological problems of elderly could have significant association with socio-demographic characteristics. Those psychological problems are highly prevalent among elders with having low socio-economic status losing their spouse in death. One more problem related to aging is that as a result of dependency for the need of care and support supposed to have its own contribution to develop diversified psychological problems (feeling of dependency, loneliness, depression and low self esteem).

On the other hand, some findings obtained from previous studies indicated that the influence of socio-demographic variables including age is modest and explains only a small portion of individual differences in psychological well-being. In line with this, as far as the influence of age is concerned, recent studies suggest that well-being may even improve with age even in the band of old age due the capacity to better control of affects, personality factors and adaptation to changes on the part of the aged (Dzuka & Dalbert, 2000).

Although psychological and socio-emotional problems of elders are studied (Akman, 2004; Samman & Loura, 2003) in the western world and in Sub-Saharan countries including Ethiopia, psychological problems of elders specifically on the level of anxiety, depression, self-esteem and loneliness are not investigated in the area of Gondar where no attention has been given to them.

Rather, some of the studies have been undertaken in the western culture where providing psychosocial care and support, and financial security are expected. So that very little is understood in detail on psychological problems of elders in Ethiopia specifically in the area of Gondar. Moreover, variation in psychological problems of elders as a result of place of residence, gender difference, socio-economic and other socio-demographic status still remain unclear.

Thus, it is vital to conduct a research on empirical basis to assess psychological problems that are induced as a result of poverty, ageism and eroding culture of natural support as a result of growing urbanization and modernization. Thus, taking those problems in to consideration, the study was tried to assess psychological problems (anxiety, depression, self-esteem and loneliness) among urban and rural dweller elders of Gondar area. Therefore, the main objective of the study was to address age related psychological problems associated with different demographic characteristics (age, sex, marital status, educational background and income level). More specifically, the study was aimed to achieve the following specific objectives.

- To examine sex difference on psychological problems (self-esteem, anxiety, depression, and loneliness) in old age.
- To find out the variation on psychological problems (self-esteem, anxiety, depression, loneliness) in relation to their demographic variables (marital status, educational level and primary care giver) among the elderly.
- To see if there exists significant relationship between elders' age and income level with their psychological problems (self-esteem, anxiety, depression and loneliness).

METHODS

Design

In order to meet the stated objectives, cross-sectional descriptive survey design was employed. For this design quantitative data was collected through questionnaire and analyzed with a combination of both descriptive and inferential statistics.

Variables

In order to meet up the specific objectives of the study, four dependent variables (anxiety, depression, self-esteem and loneliness) were considered as indicators of psychological problems. The independent variables of the research were demographic variables (sex, age, marital status, income level, educational status and type of primary care giver).

Location

The study was conducted in Gondar city where elders are leading their life as of the rest elders in the entire areas of the country. It is to be found in North-West Ethiopia, which is 735 km away from Addis Ababa, the capital.

Population and Sampling Elders whose age was greater or equal to 60 years old who were residing in Gondar city were the target population for the study. Thus, 124 participants were selected using snow-ball or network sampling method since it is not easy to have stable sampling frame as a result of inconsistent mortality rate. The rationale behind in the preference of applying snow-ball sampling method is that it is applicable when there is no sampling frame. The profile of the participants displayed in Table 1 below.

As can be seen in Table 1 above the majority 89(71.8%) of study participants were males and the rest 35(28.2%) were females. In relation to their educational status, most of them were illiterate 71(57.3%) followed by those who can read and write 20(16.1%). The rest

proportion of study participants were those who have attended secondary schools 19(15.3%), and completed college diploma and above 14(11.3%). Regarding marital status of study participants, almost half 64(51.6%) of them were married, 34(27.4%) widowhood, 17(13.7%) divorced and small proportions 9(7.3%) were separated.

Table 1: Demographic Characteristics of Study Participants

Variable	Characteristics	N	%
Sex	Male	89	71.8
	Female	35	28.2
Educational Status	Illiterate	71	57.3
	Can read write	20	16.1
	Secondary School	19	15.3
	College diploma and above	14	11.3
Marital status	Married	64	51.6
	Divorced	17	13.7
	Separated	9	7.3
	Widowhood	34	27.4
Primary care giver	Partner	15	12.1
	Child/children	50	40.3
Source of income	Both partner and children	48	38.7
	Non-relatives	6	4.8
	On streets	5	4.0
	Private business	24	19.4
	Pension/salary	29	23.4
	Help from others	66	53.2
	Begging	5	4.0

Concerning the primary care givers of participants, 50(40.3%) respondents' care givers were their children followed by both partner and children 48 (38.7%). Further their partners alone were considered as their primary care giver for small proportion 15(12.1%) of study participants. The other small number 6(4.6%) of participants got primary care from non-relatives. In extreme case 5(4%) of them were homeless who were living on the streets.

Data Gathering Tools

In order to realize specific research objectives quantitative data gathering tools were employed. So as to gather socio-demographic information from study participants, questionnaire consisted of items regarding study participants' age, sex, educational background, primary care giver, marital status, and income level was developed by researchers. In addition, the researchers were adapted three psychological inventories; after they made the necessary procedures for validation they administered it for data collection. More specifically, Depression Symptoms Inventory (DSI) that consisted of anxiety symptoms inventory as a sub-scale, Rosenberg Self-esteem Inventory (SEI), University of California and Los-Angeles (UCLA) loneliness scale. The detail of each instrument is presented as follows:

Depression Symptoms Inventory (DSI)

DSI which was revised by Tedla (1996) is the most widely used psychological instrument for measuring the symptoms of depression in both clinical and non-clinical settings. DSI consists of 25 items and most of the items were from Hopkins Depression Symptoms Inventory (HDSI). Because of this he called the scale as Tedla-Hopkins depression symptoms inventory. According to Tedla (1996), the inventory constitutes two sub scales namely, anxiety subscale (constituting items from 1-10) and depression subscale (constituting items from 11-25). The psychometric properties of the instrument were computed in non-clinical settings and employed on Ethiopians in USA. Beside this, the author of the instrument stated that the reliability which was computed among Ethiopians in America for the scales were quiet high. Thus, the Chronbach's alpha value for anxiety, depression and both in combination were reported to be 0.89, 0.89 and 0.94 respectively (Tedla, 1996). Originally for all items of anxiety and depression item total correlation that

determines the strength and weakness of the items exceeds 0.3 (Tedla, 1996). Therefore, the researchers were thinking an advantage in preferring this instrument to collect data by conducting the reliability of the test; because, its applicability was thoroughly tested among Ethiopians in America.

Self-esteem inventory (SEI)

Rosenberg's self-esteem inventory is a ten item Likert scale with items answered on a four point scale - from strongly agrees to strongly disagree. The original sample for which the scale was developed consisted of 5,024 study participants with having age range from adolescents to old age. It is widely used scale to measure the level of individuals' self-esteem all over the world (Wylie, 1974).

Inventory on Loneliness (UCLA Loneliness Scale)

A 20-item scale developed by Russell (1996) designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Russell evaluated the psychometric properties of the UCLA Loneliness Scale (Version 3). Originally it was validated among: college students, teachers, and the elderly, analyses of the reliability, validity, and factor structure of this new version of the UCLA Loneliness Scale were intensively examined. Results indicated that the measure was highly reliable, both in terms of internal consistency (coefficient of α ranging from .89 to .94).

The current researchers adopted these instruments via forward and backward translation and pilot test. Hence, it was found that the reliability coefficient for the instruments as a whole ranged from 0.72 to 0.84. In specific for SEI scale $\alpha = 0.84$, UCLA loneliness scale $\alpha = 0.72$, ASI scale $\alpha = 0.81$, DSI scale $\alpha = 0.79$.

Data Analysis Procedures

The description of results on demographic information of study participants was analyzed using descriptive statistics. In order to examine sex difference on the result of the mean scores obtained from anxiety, depression, self-esteem and loneliness scales independent sample t-test was employed. The variation of elders' psychological problems (anxiety, depression, self-esteem and loneliness) in terms of marital status, educational background, and types of primary caregiver one way analysis of variance (ANOVA) was computed. Further, to see the association of these psychological problems (anxiety, depression, self-esteem and loneliness) with age and income level Pearson product moment correlation (r) was employed. All the analyses were done with the help of SPSS version - 16 and significant differences were checked at alpha 0.05 and 0.01.

Ethical Considerations

Before starting the data collection, consent was obtained from study participants. Then, they were insured that their names and other personal details remain anonymous. In addition, the interests of participants were maintained with respect to time and place of participation. Besides, respondents were ensured with respect to their right to withdraw during participation as well. They were also being told to have the right to demand for canceling their responses just after participation. Since personal feelings /psychological problems/ are relatively sensitive issue, privacy was maintained during data collection.

Table 2: Independent t-test Comparison of Psychological Problems by Sex

Variables	Male (N=89)		Female (N=35)		df	t
	M	SD	M	SD		
Self-esteem	21.88	4.65	20.17	4.35	122	1.87
Loneliness	35.97	13.26	41.11	15.63	122	-1.85
Anxiety	19.9	4.71	22.00	5.14	122	-2.18*
Depression	30.37	8.31	32.20	6.66	122	-1.16

* $p < 0.05$

As it is clearly presented in Table 2 above, statistically significant difference was not found in between men and women study participants on the level of self-esteem ($t = 1.87$, $df = 122$, $p > 0.05$) and loneliness ($t = -0.85$, $df = 122$, $p > 0.05$) and depression ($t = 1.16$, $df = 122$, $p > 0.05$). In contrast, the result of the study revealed that

there was statistically significant sex difference on the level of anxiety. That is the mean score of females were significantly higher than males ($t = -2.18, df = 122, p < 0.05$).

RESULTS

The major objective of this study was to examine psychological problems of elders (self-esteem, anxiety, and depression) who were residing in Gondar city. Therefore, this chapter generally deals with the presentation of the result based on the formulated specific research objectives.

To examine the relationship between psychological problems (self-esteem, loneliness, anxiety and depression) of study participants in relation to other demographic characteristics such as age, income level and number of children, Pearson product moment correlation was computed and the result is depicted in Table 3 below.

Table 3: Correlation Matrix of Psychological Problems by Demographic Variables

Variables	Self-esteem	Loneliness	Anxiety	Depression
Number of children	-0.15	0.02	0.04	0.17
Income	.24**	0.01	-0.02	-0.04
Age	-.43**	.24**	.20*	.27**
Self-esteem		-.75**	-.55**	-.62**
Loneliness			.61**	.77**
Anxiety				.66**

* $p < 0.05$ ** $p < 0.01$

As can be seen in Table 3 above, the study revealed that some

demographic variables of study participants had considerable relationship with psychological problems. Regarding to the age of study participants with self-esteem, statistically significant inverse relationship was detected ($r = -0.43, p < 0.01$). But, it had direct relationship with loneliness ($r = 0.24, p < 0.01$), feeling of anxiety ($r = 0.20, p < 0.05$) and depression ($r = 0.27, p < 0.01$); In addition, study participants' income level had statistically significant direct relationship with self-esteem ($r = 0.24, p < 0.01$). However, the study indicated nonexistence of relationship with loneliness ($r = 0.01$), anxiety ($r = -0.02, p > 0.05$) and depression ($r = -0.04, p > 0.05$).

Furthermore, regarding to another demographic variable that is number of children statistically significant relationship had not been found with self-esteem ($r = -.15, p > 0.05$), loneliness ($r = .02, p > 0.05$), anxiety ($r = .04, p > 0.05$) and depression ($r = .17, p > 0.05$).

A specific objective stated as examining psychological problems (self-esteem, loneliness, anxiety and depression) of elders in relation to their demographic characteristics such as marital status, educational status and type of primary care giver is portrayed in a comparative way. To see the significance of mean difference in terms of their marital status with respect to the level of self-esteem one way ANOVA was computed and the result is depicted in Table 5 below:

As can be seen in Table 4 above, statistically significant difference was found in the level of self-esteem among married, divorced, separated and widowhood participants ($F_{(3,120)} = 7.99, p < 0.05$). Further analysis via Tukey post-hoc analysis indicated that significantly higher mean score on self-esteem was observed among married elders as compared to separated and widowhood with mean difference of 5.00 and 3.79 respectively. The details can be inferred in Table 5 below.

Table 4: Summary of ANOVA for Psychological Problems by Marital Status

Variables	Married (N=64)		Divorced (N=17)		Separated (N=9)		Widowhood (N=34)		df	F
	M	SD	M	SD	M	SD	M	SD		
Self-esteem	23.1	4.63	20.8	4.5	18.1	3.6	19.3	4.48	120(3)	7.99*
Loneliness	32.89	11.7	39.29	14.6	51.22	23.1	41.35	11.78	120(3)	6.94*
Anxiety	19.39	4.8	19.35	3.87	24.33	4.53	22.12	4.8	120(3)	6.8*
Depression	28.17	6.33	31.41	7.93	35.33	8.18	34.56	8.67	120(3)	6.79*

* $p < 0.05$

($F_{(3,120)} = 4.89, P < 0.5$) and depression ($F_{(3, 120)} = 6.79, p < 0.05$) among married, divorced, separated and widowhood study participants.

Similarly, the computed ANOVA revealed that there was statistically significant variation on loneliness ($F_{(3,120)} = 6.94, p < 0.05$), anxiety

Table 5: Tukey's Post-Hoc Multiple Comparison of Psychological Problems by Marital Status

Variables	Marital Status Category (I)	Marital Status Category (J)		
		Divorced	Separated	Widowhood
Self-esteem	Married	2.29	4.99*	3.79*
	Divorced		2.71	1.50
	Separated			-.21
Loneliness	Married	-6.40	-18.33*	-8.46*
	Divorced		-11.93	-2.06
	Separated			9.87
Anxiety	Married	0.04	-4.95*	-2.73
	Divorced		-4.98	-2.77
	Separated			2.22
Depression	Married	-3.24	-7.16	-6.39*
	Divorced		-3.92	-3.15
	Separated			0.78

* $p < 0.05$

loneliness was existed due to significantly higher mean score among separated and widowhood as compared to married respondents with mean difference of -18.33 and -8.46 respectively.

Similarly, significant variation on anxiety among four categories of marital status was due to statistically significant higher mean score was existed among separated study participants as compared to

In order to know the specific groups contributing to significant difference observed among the four marital status categories of the participants on loneliness, anxiety and depression test of Tukey Post-Hoc multiple comparison was used. Thus, results of test in Table 5 above depicted that statistically significant difference on

married with mean difference of -4.95. Regarding the variation on depression among four categories indicated that statistically significant variation was due to the least mean score by widowhood

study participants as compare to married with mean difference of 6.39.

Table 6: Elders Psychological Problems of Elders by Educational Status

Variables	Illiterate (N=71)		Can read and write (N=20)		Secondary School (N=19)		College diploma and above (N=14)		df	F
	M	SD	M	SD	M	SD	M	SD		
Self-esteem	20.46	4.76	22.6	2.72	23.26	3.60	21.86	6.2	3(120)	2.60
Loneliness	38.3	13.68	31.4	7.34	29.2	11.8	50	16.28	3(120)	8.69**
Anxiety	20.77	5.75	19.9	2.85	18.32	2.45	22.86	3.96	3(120)	2.60
Depression	31.68	7.63	30.7	9.94	25.4	5.14	34.57	5.81	3(120)	4.68**

* $p < 0.05$

** $p < 0.01$

The variation with respect to educational status on psychological problems (self-esteem, loneliness, anxiety and depression) as the result depicted in Table 6 above indicated statistically significant difference was not found among the four groups of research participants (illiterate, those who can read and write, secondary school level and those who attained college diploma and above) on self-esteem and anxiety ($F_{(3,120)} = 2.60, p > 0.05$).

In contrast, the computed one way ANOVA revealed that statistically significant difference was detected among the four groups of study

participants (illiterate, those who can read and write, those who attained secondary school and those who attained college diploma and above) on loneliness ($F_{(3,120)} = 8.69, p < 0.05$) and depression ($F_{(3,120)} = 4.68, p < 0.05$).

In order to locate the exact group contributing to significant difference which was existed on loneliness and depression, Tekey Post-Hoc analysis of multiple comparison was computed and specific mean difference were depicted in Table 7 below.

Table 7: Tukey Post-Hoc Multiple Comparison of Psychological Problems by Educational Status

Variables	Educational Status Category (J)			
	Educational Status Category (I)	Can read and write	Secondary school	College Diploma and above
Loneliness	Illiterate	7.43	9.62*	-11.17*
	Can read and write		2.19	-18.60*
	Secondary school			-20.79*
Depression	Illiterate	0.98	6.26*	-2.89
	Can read and write		5.28	-3.87
	Secondary school			-9.15*

* $p < 0.05$

As can be seen in Table 7 above, statistically significant variation on loneliness was due to higher mean score by those study participants attained college diploma as compared to illiterates and those who can read and write with mean difference of 11.17 and 9.62 respectively. Furthermore, statistically significant mean variation was due to the list mean score on loneliness by those who attained secondary school as compared to those who attained college

diploma and above with mean difference of 20.79. Similarly, on the level of depression, those participants who attained college diploma and above scored significantly higher man score as compared to those who attained high school with mean difference of (-9.15) and those respondents who attained high school scored less mean score on depression as compared to illiterates with having a mean difference of 6.25.

Table 8: Summary of ANOVA for Psychological Problems of Elders by Primary Care Giver

Variables	Partner (N=15)		Children (N=50)		Partner and Children (N=48)		Others (N=6)		On Street (N=5)		df	F
	M	SD	M	SD	M	SD	M	SD	M	SD		
	Self-esteem	21.47	4.9	19.16	3.9	23.69	4.49	22.5	2.74	20.2		
Loneliness	34.0	12.9	43.08	15.36	32.46	11.5	36.83	11.13	39.4	13.4	3(120)	3.981*
Anxiety	21.13	3.25	21.78	4.76	18.9	5.17	19.67	4.97	22.0	5.0	3(120)	3.33*
Depression	29.47	5.68	34.34	8.67	27.79	5.59	31.0	5.58	36.2	7.76	3(120)	3.28*

* $p < 0.05$,

** $p < 0.01$

As it is presented in Table 8 above, regarding psychological problems of study participants in relation to the type of their primary care giver, the result clearly indicated that statistically significant difference was found among five types of primary care giver categories (those who were living with their: partner, children, both children and partner, other non-relatives and those who were living on the street) on self-esteem ($F_{(3,120)} = 7.34, p < 0.01$), loneliness ($F_{(3,120)} = 3.98, p < 0.05$), anxiety ($F_{(3,120)} = 3.33, p < 0.05$) and depressions ($F_{(3,120)} = 3.28, p < 0.05$).

To identify the specific categories of care givers contributing to significant differences observed among the five categories of study participants, Tukey Post-Hoc analysis of multiple compressions was computed. Thus the result in Table 9 below portrayed that statistically significant difference was existed on self-esteem among participants who were living with their partner and both partner and children as compared to those who were living with their children with mean difference of 4.16 and -2.99 respectively.

Table 9: Tukey Post-Hoc Multiple Comparison of Psychological Problems by Primary Care Giver

Variables	Primary Care Giver Category (I)	Primary Care Giver Category (J)			
		Children	Both Partner and children	Others	On street
Self-esteem	Partner	-2.99*	-2.22	-1.03	1.27
	Children		-4.16*	-3.34	-1.04
	Both partner and children			1.19	3.48
	Others				2.30
Loneliness	Partner	-9.08*	1.54	-83	5.4
	Children		10.62*	6.25	3.68
	Both partner and children			-4.38	-6.94
	Others				-2.57
Anxiety	Partner	0.65	2.24	1.47	0.07
	Children		2.88*	2.11	0.22
	Both partner and children			0.77	-3.10
	Others				-2.33
Depression	Partner	-4.87	1.68	-0.53	-0.73
	Children		-6.55*	3.34	4.14
	Both partner and children			-3.21	-4.1
	Others				0.80

* $p < 0.05$

Similarly, Tukey Post-Hoc analysis revealed that significantly higher mean score on loneliness was observed among study participants who were living with their children and those who were living with both partner and children as compared to those who were living with their partner with mean difference of -9.08 and 10.62 respectively. Further, Tukey Post-Hoc mean comparison revealed that significantly higher mean score on anxiety and depression was scored by those who were living with their children as compared to those who were living with both partner and children with mean difference 2.88 and -6.55.

DISCUSSION

The earlier comparative studies on sex difference conducted on psychological problem (self-esteem, loneliness, anxiety and depression) of elders seem to be inconsistent. Concerning the value towards oneself/self-esteem, a study which was conducted in Britain stated that women had lower levels of self-esteem than men in old age (McMullin & Cairney, 2004). In contrast, a study conducted among American elders by Orth and Erol (2011) found out that female elders' self-esteem was significantly higher than male counter parts. Even though the result of the current research was not indicated statistically significant variation on self-esteem by sex, male study participants scored higher mean score as compared to female counter parts, implying that male elders are better in self-esteem as compared to female elders. It also seems to be supported by a reviewed study by Robins et al. (2002) stated that the tendency for men to have higher self-esteem than women is now a well-replicated finding.

Concerning sex difference with respect to loneliness and depression, the study revealed the higher mean score for female participants as compared to males but the variation was not statistically significant. In this regard, the earlier studies came up with inconsistent findings. For example Perlman and Peplau (1998) pointed out that no difference on loneliness among male and female elders. Similarly, a study conducted in India revealed that there is no statistically significant sex difference with respect to loneliness (Singh & Misra, 2009; Singh & Kiran, nd). In few studies where the difference was obtained, men tended to have higher in loneliness than women (Marangoni as cited in Singh & Misra, 2009). Likewise, this study point out insignificant variation on depression in relation to sex which is consistent with the study conducted by Singh and Misra (2012) reporting no significant variation among elderly men and women on depression.

Regarding elder's anxiety; the previous studies confirmed that its prevalence is very high in latter years of life due to multifaceted worry about their health, family, financial situation and mortality (Gauthier, 2005). According to Gauthier, these worries are more likely to arise when they feel that their physical and mental capabilities are diminishing and significant variation was existed

between men and women elders in manifesting anxiety; in which women elders are twice as likely to suffer in anxiety and depression as compared to men counter parts. Congruent with, the present study discovered statistically significant difference among men and women elders in relation to anxiety that is women scored higher mean value as compared to men elders. This is also consistent with the study conducted by (Baldwin, 2008). The rationale behind those researchers suggested that females seem to be sensitive to worry for day to day routines than men.

The earlier findings seem to be inconsistent with the present on the relationship between age and self-esteem in old age. Jaquish and Ripple as cited in Robins et al., (2012) found that adults report somewhat lower self-esteem in late adulthood than in middle

adulthood. In line with this finding, the result of the current study revealed that there was statistically significant inverse relationship between the age of elders and their self-esteem; implying that as the age of elders increase their self-esteem significantly declines. In similar fashion, a study in Britain stated that the level of self-esteem declines for both men and women in old age (McMullina & Cairneyb, 2004). In addition, studies conducted by Triggeman and Lynch as cited in Robins et al. (2012) strengthen the present study. However, there are the past literatures that indicated positive relationship between age and self-esteem in old age. Robins et al. (2012) found the highest levels of self-esteem in the oldest cohort (age 75 and older). Further, several studies have failed to find significant age differences, including Trimakas and Nicolay's cited in Robins et al., (2012). In this regard Robins et al. argued that reflecting the lack of consistency in previous findings, researchers reviewing the literature on self-esteem and aging have failed to reach conclusions on whether it increases, decreases, or remains stable in old age.

Concerning another psychological problem, this study identified statistically significant direct relationship between age of the elderly and loneliness. It does mean that as the more elders deteriorate they feel loneliness. This finding is consistent with the previous studies by Heikkinen et al. cited in Perlman and Peplau (1998) explained that as people grow old, the likelihood of experiencing age-related social losses. Such losses may impede the acquisition of desired relationships, resulting in a higher incidence of loneliness. The death of spouse and friends and social disengagement after leaving work or a familiar neighborhood are some of the ever-present life-changing events contributing to loneliness in older people. Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses (Perlman and Peplau, 1998). This may be due old people lose connection with their friendship networks and that they find it more difficult to initiate new friendships in order to belong to new networks (HAL, 2009). In addition, the present study demonstrated consistent finding with the previous studies in that there existed

statistically significant relationship in between the age of participants with anxiety and depression. It means that as age increases their level of anxiety and depression also increases in old age. In supporting this, Kennedy (1996) has demonstrated that the prevalence of anxiety and depression symptoms increases with age. In line with this Koropecjy-Cox (nd) stated that low income; negative life events, loneliness and social isolation in early and middle life are considered as triggering factors for depression in later life.

The earlier studies on the relationship between self-esteem and income level stated that elders who have lower income level and occupational status tend to have lower levels of self-esteem than their respective counter parts (McMullin & Cairney, 2004). In line with this, some longitudinal studies confirmed that prospective relationship between self-esteem and educational status, occupational status and income level (Robins et al., 2012). Kammeyer-Mueller et al. cited in Robins et al. (2012) also found that self-esteem predicted from educational status and socio-economic status. Judge and Hurst (2008) found that positive self-evaluations predicted higher occupational status and salary in the entire adulthood and become stronger with increasing age. Consistently, as can be inferred from result section the current study also revealed statistically significant positive relationship in between self-esteem and income level. Once again, this finding also supported by Robins et al. (2002) stated that SES has significant relationship with self-esteem in old age.

However, the present study was not indicated significant relationship between income level and some other psychological problems (loneliness, anxiety and depression) which is inconsistent with the earlier studies. It could be probably due to the perceived outlook of income not as a means for social barrier that hinders social interaction and probably they provided due attention in spiritual devotion rather than worrying on their income level.

As one can infer from the result, statistically significant difference among four marital status categories (married, divorced, separated and widowhood) study participants on self-esteem, loneliness, anxiety, and depression. Further analysis via Teky post-hoc group comparison indicated that significantly higher mean score on self-esteem was observed among married elders as compared to separated and widowhood. It implies that widowhood and separated elders are having deteriorated self-esteem than married elders. This argument is consistent with the past finding which stated that family loss of spouse leads to have recurrent bereavement accompanied with reduced physical ability and a shift from economic independency to dependency triggered them to decline in their self-esteem (Fillenbaum (1984); Gowri as cited in Kamal, 2011).

The result of the present study revealed that both widowhood and separated elders scored significantly higher mean value on loneliness as compared to married elders. Among the four categories of marital status on the level of anxiety, separated elders, and on depression widowed elders scored significantly higher mean value as compared to married elders. It means that widowhood and separated elders feel more loneliness than married elders. Consistently the earlier studies confirmed that older people often have to contend with significant stressful life changes such as loss of a spouse (Kivela & Pahkala, 1991). Old age studies on depression suggested that sex and marital status are usually associated with the condition of females and those who are widowed, divorced or separated showing increased risk of depression when compared with other population (Stephenson-Cino et al. as cited in Osborn et al, 2003). It is also substantiated by Koropecjy-Cox (nd) stated that both men and women in old age being formerly married is related to greater loneliness, anxiety and depression. Singh and Kiran (2013) also pointed out that loneliness is a particularly relevant issue in relation to elderly widows, whose rates of mortality illness and depression exceed from those of their married counter parts; every woman who loses a husband through death experience a painful period of bereavement often accompanied by sever loneliness, depression, restlessness and anxiety.

It is also indicated by Beckman and Houser as cited in Koropecjy-Cox (nd) parental status is more salient for widows than married

women in influencing social isolation, anxiety and depression; widowed and separated mothers were significantly less depressed, less lonely, and less socially isolated than childless widows, but no such differences were found among married women.

Regarding the variation of psychological problems in relation to five categories of elders' living condition in terms of their primary care giver (i.e. elders who were living with their: partner, children, both children and partner, other non-relatives and on the street), the study verified statistically significant difference on self-esteem, loneliness, anxiety and depressions. Further analysis by Tukey Post-hoc inter mean comparison clearly indicated that the existing significant difference on self-esteem was due to the highest mean score of those elders who were living with their partner, and both children and partner. On the other hand, significantly higher mean score on loneliness was observed among study participants who were living with their children and those who were living with both partner and children. Further, significant variation on anxiety and depression was due to the highest score of those who were living with their children as compared to those who were living with both partner and children. In this regard the previous study stated that elders who are living with their partner/maintained marital status, perceived social network, reciprocal affective support explained a significant amount of variance in psychological well-being (Israel, Hogue & Gorton, 1984).

However, those elders who were living with their children scored the highest mean score on loneliness, anxiety, depression and the least score on self-esteem. In this regard Abdi (2013) pointed out that contemporary society wrestles with who will take care of the elderly mainly because in recent times there has been a disruption in the reciprocal relationship between parents and children. He further explained that in developing societies such as Ethiopia, many of the traditional family patterns are breaking down. Sometimes children are unable to look after the elderly people due to their desire for education, due to internal migration or external immigration, working conditions and the hunt for better living, might make them neglect elderly people. Furthermore, Abdi (2013) stated that young adults may not have the resources to take care for the elderly. Nowadays, older persons are encountered with various problems which eventually expose them to begging due to the absence of the necessary family and community support. Hence it is common to see that older persons who have the knowledge and skill to help not only themselves but others are facing serious problems and resort to begging (MOLSA, 2006). The report of MOLSA is substantiated by this study since 4.03% of the study participants were leading their life on the streets.

Regarding the variation on psychological problems in terms of educational status demonstrates the non-existence of significant difference among illiterate, those who can read and write, secondary school level and those who attained college diploma and above on self-esteem and anxiety which is inconsistent with the earlier study by Orth and Erol (2011) stated that there is prospective relationship between self-esteem and educational status. Elders who have lower educational level and occupational status tend to have lower levels of self-esteem than their respective counter parts (McMullin & Cairney, 2004). Even though the finding rejected the significant difference in the level of self-esteem among those four groups, which is inconsistent with the previous finding, illiterates' mean score (20.46) is slightly lower than the mean score of college diploma and above (21.86).

In contrast, statistically significant difference was detected among the four groups of the respondents (illiterate, those who can read and write, those who attained secondary school and those who attained college diploma and above) on loneliness and depression. Teky Post-Hoc analysis on loneliness was due to higher mean score by those study participants attained college diploma. Similarly, on the level of depression those participants who attained college diploma and above scored significantly high man score as compared to other groups. On the contrary to this finding, Fillenbaum (1984), and Jane-Liopis and Gabilonda (2008) pointed out that educational status, income level, and occupational status are predictors of positive psychological well-being. This could be probably due to the

cumulative effect of the incongruence in between their educational status and perceived comfort in their entire life.

CONCLUSIONS

Based on the findings obtained, the following major conclusions are inferred.

- Sex difference on self-esteem, loneliness and depression in old age was not statistically significant. In contrast, statistically significant sex difference was obtained on the level of anxiety. It implies that in the degree of valuing oneself, in the sense loneliness and in manifesting symptoms of depression, there is no difference between men and women in old age. But women elders manifest significantly higher level of anxiety than men.
- Some demographic variables of study participants do have considerable relationship with psychological problems. In this regard, age of elders has statistically significant inverse relationship with self-esteem; and it has direct and significant relationship with loneliness, anxiety and depression. In addition, income has significant direct relationship with self-esteem. But it does not have significant association with loneliness, anxiety and depression. It does mean that as age increases the level of self-esteem declines, and loneliness, anxiety and depression rise.
- With respect to the variation of psychological problems in relation to marital status of elders, there is statistically significant difference on self-esteem, loneliness, anxiety and depression. The variation on self-esteem is due to higher mean score among married elders as compared to widowhood and separated; implying that being married in old age is vital to have better self-esteem. In addition, the variation of loneliness in marital status is due to significantly higher mean score among separated and widowhood as compared to married. Further, disparity on anxiety and depression are due to the significantly higher mean score by separated and widowhood elders respectively. It does mean that married elders are better in psychological adjustment.
- Regarding self-esteem, loneliness, anxiety and depression in relation to educational status of elders, there is statistically significant difference on loneliness and depression by educational status (illiterate, those who read and write, those who attain secondary school, and college diploma and above). The variation on loneliness and depression is due to higher mean score by those participants who attained college diploma; implying that educated elders are more vulnerable to loneliness and depression. On the other hand, there is the absence of statistically significant variation on self-esteem and anxiety in terms of educational status.
- Psychological problems of the participants in relation to the type of their primary care giver, there is statistically significant difference among five types of primary care giver categories (those who were living with their: partner, children, both children and partner, other non-relatives and those who were living on the street) on self-esteem, loneliness, anxiety, and depression. The study indicated that the variation is as a result of those elders who are living with their children scored the highest mean score on loneliness, anxiety, depression and the least score on self-esteem.

Indeed, most of the findings of this study are consistent with the previous studies which were conducted in different nations demonstrating the existence of significant relationship between demographic variables and different psychological problems. However, this finding is inconsistent with the previous studies stating the existence of significant difference on self-esteem and anxiety by educational status is rejected. This inconsistency of the result with previous researchers is a new perspective of this study.

Recommendations

Based on the findings and the conclusions drawn, the following recommendations are made:

- Psychosocial support/intervention package for elders need to be produced. Thus, concerned governmental and non-governmental organizations are recommended to launch

different programs including awareness creation duties and age sensitive life skills trainings by using professional experts.

- In the activities of recommended psychosocial support priority need to be given for oldest old elders since the study indicated that they are highly vulnerable to psychological problems.
- Since elders who are living with their children (children as primary care givers) are more vulnerable to psychological problems, hence awareness creating program need to be provided for those primary care givers and individuals who are living with elders by the concerned social workers.
- As much as possible elders are highly recommended to lead their independent life with their partner since those elders who are married and those who considered their partner as a primary care giver do have better psychological adjustment.

REFERENCES

1. Abdi Ayana (2013). *Who takes care of the Elderly in Ethiopia when reciprocal relationships breakdown?* Master's Thesis; Department of Sociology, Lund University
2. Akmal, R. (2002). Socio-emotional and psychological problems of retired of elderly in Haryana: A comparative view. *Human Ecology Journal* 13(6): 455-458.
3. Akman, J. (nd). *The Developmental Psychology of Aged Persons*. Psychology volume 2; Joruge Washington University, Washington, D.C., USA.
4. CSA (2006). *Central Statistics Authority of Ethiopia*, Addis Ababa
5. Dazuka, J., & Dalbert, C. (2000). Well-being as a psychological indicator of health in old age: A research agenda. *Studia Psychologica Journal* 42(2): 61-70
6. Dubey, A., Bhasin, S., Gupta, N., & Sharma, N. (2011). A study of elderly living in old age home and within family. *Study Home Community Science*, 5(2):93-98
7. Fillenbaum, G. (1984). *Center for the study of aging and human development*. Duke University. Medical Center, Durham, Nc, USA
8. Gauthier, J. (2005). Anxiety disorders in the elderly. Laval University
9. HAI. (2001). Elderly abuse in the health care services in Kenya. *East African Medical Journal*, 96(5): 274-278.
10. Jané-Llopis, E., & Gabilondo, A. (Eds). (2008). Mental health in older people. *Consensus paper*. Luxembourg: European Communities.
11. KAUSA. (2007). *Psychosocial needs of the elderly - Kansas Association of Homes*. Retrieved from www.kausa.org/files/public/PsychosocialNeeds
12. Kamla, R. (2011). A Study of elderly living in old age home and within family. *Study Home Community Science*; 5(2):93-98
13. Koropecjy-Cox, T. (nd). Loneliness and depression in middle and old age: are the childless more vulnerable? *Population Aging Research Center*; University of Pennsylvania
14. Lehghlin, D. (2008). *Psychosocial issues and ageing*. Life span health research school of population and health.
15. McMullin, J., & Cairney, J. (2004). Self-esteem and the interaction of age, class, and gender. *Journal of Aging Studies*; 18(1): 75-90
16. MOLSA. (2006). *National plan of action on older persons*. Addis Ababa, Ethiopia
17. Mpho, L. (2009). *Old age pension as social security institute: The case of Botswana*; University of Botswana Printing Press.
18. Orth, U., & Erol (2011). Self-Esteem Development: Longitudnal Study. *Journal of Personality and Social Psychology*; 101(3):607-619
19. Perlman, D., & Peplau, L. (1998). *Loneliness: A source book of current theory, research and therapy*. New York.
20. Robins, R., Orth, U., & Widamam, F. (2012). Life-Span Development of Self-Esteem and Its Effects on Important Life Outcomes. *Journal of Personality and Social psychology*;
21. Robins, R., Trzesniewski k., Tracy, J., Gosling, S., & Petter, J. (2002). Global Self-Esteem Across the Life Span. *Journal of Psychology and Aging*; 17(3):423-434.

22. Russell, D., Peplau, L., & Ferguson, L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.
23. Samman, E., and Laura, K. (2013). *Old age, disability and mental health: data issues for a post 2015 framework*. The overseas development institute, UK; retrieved from www.odi.org.uk.
24. Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial Psychology Journal*; 18(1)
25. Singh, B., & Kiran, U. (2013). Loneliness among elderly women. *International Journal of humanities and Science invention*; 2(2):2319-7714
26. Tedla Wolde Giorgis.(1996).*Understanding and surveying depression, alcohol and drugs a personal guide for Ethiopians*. Washington,D.C., USA.
27. UHSO. (1990). *Gerontology*. Health careers and issues. Retrieved from <http://www.ph.ucla.edu/uhso>.
28. UN. (2004). World population prospects: The 2004 Revision. Highlights. Retrived from www.un.org/esa/population/
29. Waters, R. (2009). *A Profile of global aging*. Washington,D.C., USA.
30. Wylie, R. (1974). *The self-concept. Revised edition*. Lincoln, Nebraska: University of Nebraska Press.