INTRODUCTION

Aging is not a disease, but the final stage of normal life. “Old age is an incurable disease”. “You do not heal old age”, “You protect it”, “You promote it”, and “you extend it”.

The World Health Organization (WHO) postulates three components in its definition of health - the mental, the physical, and the social components. Edward J. Stiegitz defines aging “as the element of time living”. According to him “Aging is a part of living”. Aging begins with conception and ends with death. Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities, and a shift in economic status moving from economic independence to economic dependence upon others for support. Define aging in terms of the biological; referring to “the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age”. The world elderly population in the last 50 years from 1950 to 2000 had increased from 8 to 9.9 percent of total population. The proportion of elderly population is expected to increase from 9.5 percent in 1955 to 14.6 percent in 2025. According to 2001 census, in India, there are about 75 million (7.3%) elderly people. It is expected to be around 179 million by 2051 and 340 million in 2061. The population of elderly in India (over 60 years) ranks second in the world (Sharma, 1992). The main reason for this is the gradual increase in joint family system is disappearing, which was usually considered as the symbol of love and affection. It has created serious problems for the senior citizens. Besides physical inability, they are having various health problems such as depression, loneliness and adjustment problems. People go to institutions mainly because they have no relatives to care for them. Consequently, their dependency on old age homes is increasing now a day. Old age homes are a need of today as the life styles are changing fast and diminishing acceptance of family responsibility towards one’s elders. 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 traditional sense of duty and obligation of the younger generation towards their older generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of adequate social security system on the other (Gormal, 2003). The expectancy of life in India is much less than 60 years. Psychologically too, most Indians appear to consider themselves old earlier than the chronological age of 60 years and the Indian women regard themselves to be old even much earlier (Montross et al., 2006). Depression is a mental illness in which a person experiences deep, unshakable sadness and diminished interest in nearly all activities. People also use the term depression to describe the temporary sadness, loneliness, or blues that everyone feels from time to time. It is the most common
“psychiatric disorder and fourth major causes of disease worldwide” (World Health Organization (WHO); 2001) and is “the most common ‘mental disorder’ (APA, 2013). Depression in old age is quite complex and it is much difficult in diagnosis due to medical illnesses, dementia syndromes and heterogeneity of patients in the population.

Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. There are several psychological and social factors that have been linked to increased individual life expectancy and quality of life in older adults. Psychological well-being has been examined as an indicator of successful adaptation during old and very old age. Psychological well-being studied extensively as there is a need to improve the state of mental conditions of people. Researchers find a large number of people are getting affected by mental health problems. Researchers find a large number of people are getting affected by mental health problems.

REVIEW OF LITERATURE

Chalise (2014) conducted a study in 2014 indicates that many elderly living in the Briddashrm are suffering from depression. Finding indicates that the prevalence of depression was 57.8%. Among them 46.7% had mild, 8.9% had moderate and 2.2% had severe depression. There should be some interruption from the concerned authorities so that depression can be reduced which will support to the well-being and quality of life of elderly Ranjan, S., et al. (2013) conducted a study on old age homes of Nepal. One hundred fifty elderly people residing in old age homes of Nepal were selected randomly for study which reveals that 47.33% of population had depression. Among the depressed population, 70.42% had mild depression and 29.58% had severe depression.

NEED OF THE STUDY

The elderly citizens are in need of urgent attention. They do not need our pity, but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, pain and misery. The present study is an attempt to find out the level of depression and psychological well-being among old age people residing in old age homes, with the following objective in view.

OBJECTIVES

The present study was undertaken with the following main objectives:-

- To measure the level of depression among males and females residing in old age homes.
- To measure the state of psychological well-being among males and females residing in old age homes.
- To examine the extent of relationship between depression and psychological well-being.

HYPOTHESIS

Based on the above cited objectives, following hypotheses were formulated.

- There is no significant difference in depression among males and females residing in old age homes.
- There is no significant difference in psychological well-being among males and females residing in old age homes.
- There is no correlation between depression and psychological well-being.

METHODOLOGY

The present study is based on an urban sample of 60 individuals aged 60 years and above. Out of these 30 were elderly males and 30 were elderly females. The data were collected from selected old age homes of Jaipur city, Rajasthan. Descriptive survey method was employed to collect data with the help of two selected questionnaires i.e., Beck’s Depression Inventory (BDI-11) and Ryff’s Psychological Well-being Scale. Random sampling technique was used to select sample for the study.

The data were collected in the months of February and March 2015. The data, thus, obtained was analyzed according to the respective manuals of the questionnaires. The results have been presented in the form of numbers and percentages with the help of diagrams.

RESULT AND DISCUSSION

The problems of the aged vary from society to society and have many dimensions in our country. The Indian family has traditionally provided natural social security to the old people. However, in more recent times, the traditional role of the family is being shared by institutions such as old age homes. After collecting data from the concerned institutions the scoring of the obtained data was done according to the manuals. Relevant statistical tools were applied and result tables were drawn. The interpretations of the results obtained are as follows.

According to TABLE 1 the result obtained on the basic area of depression reveals a significant difference among elderly males and females.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SEM</th>
<th>t-ratio</th>
<th>df value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td>30</td>
<td>19.33</td>
<td>11.56</td>
<td>2.11</td>
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<td>-4.83</td>
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<td>FEMALES</td>
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<td>32.97</td>
<td>9.78</td>
<td>1.78</td>
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<td>0.01</td>
</tr>
</tbody>
</table>

*Source: Old age homes of Jaipur

The elderly females received high mean score of 32.7 as compared to elderly males 19.33 with the standard deviation 92.61 and 129.222. The t-ratio was -4.91 that were significant at 0.01 levels. It means elderly females are more depressive as compared to elderly males living in old age homes. So we can say that the first hypothesis was not accepted.

According to TABLE 2 the result obtained on the basic area of psychological well-being reveals a significant difference among elderly males and females. The elderly males received higher mean score150.933 as compared to elderly females 131.867 with standard deviation 812.796 and 495.516. The t-value was 2.88, significant at 0.01 levels. Result show that elderly males fill more psychological well-being as compared to elderly females. So we can say that our second hypothesis was also not accepted.
TABLE 2: Showing Mean, Variance, t-ratio and df value of psychological well-being of elderly males and females.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SEM</th>
<th>t-ratio</th>
<th>df value</th>
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<td>46</td>
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</table>

*Source: Old age homes of Jaipur

TABLE 3: Showing Mean, SD, SEM and Correlation between depression and psychological well-being among elderly males and females.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Variables</th>
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<th>Mean</th>
<th>SD</th>
<th>SEM</th>
<th>&quot;r&quot;</th>
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<tbody>
<tr>
<td>MALES</td>
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<td>FEMALES</td>
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</table>

*Source: Old age homes of Jaipur

CONCLUSION

Stressful family relationships and lack of family care precipitates the elder’s poor psychological well-being. Sixty percent of respondents stated that they felt neglected by the family members. Therefore, it may be concluded that there is a significant difference between depression and psychological well-being among elderly males and females. While correlation between depression and psychological well-being among elderly males and females reveals that there is positive correlation among elderly males and a negative correlation among elderly females.