

Elderly and Depression

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A study to determine the perceived depressive feelings experienced by elderly clients above the age of 60 years living with their family members in a selected area of Udupi District, Karnataka.

Abstract

It is believed that it is 'normal' for the elderly persons to become depressed and many cases aren't recognized and thus lead to untold misery for the sufferers and their families. We have found that majority of the clients under study were females belonging to low socio economic status, uneducated and unemployed. Majority of the clients had moderate depression (58%), and about 19% of them had severe depression. The problems related to subjective depressive feelings were investigated through a structured questionnaire surveyed among 100 elderly clients in Udhyaya Village of Udupi district. We conclude that there is a significant relationship between family - friend relationships and depressive feelings of aged people.

Introduction

The number of the elderly people is increasing in almost every country. In last three decades, the elderly population has grown twice as fast as the rest of the population. In India 3.8% of the population accounts for people above 65 years of age. It is expected

that by 2030 elderly population will account for 21.8% of the total population. It is not surprising that the societal attitude continually nurtures the feelings of low self-esteem, helplessness and hopelessness that become more pervasive and intense with advanced age.

Depression is a complex syndrome that manifests in a variety of ways by the older people showing that they are unhappy and disappointed. The process of ageing also tends to create psychological and social problems for the individual and for the society. The degree of adaptation to the fact of ageing is crucial to one's happiness. Failure to adapt can result in depression. The ageing individual's adaptive coping strategies may be seriously challenged by major stresses such as financial problems, physical illness, change in body functioning, an increasing awareness of approaching death, and the numerous losses the individuals experience during the period of life. The ageing process typically experience increases isolation from family ties, personal and social relationships, and often suffers psychological effects from abrupt retirement at a fixed age. Thus it was evidently

felt the need to identify the subjective depressive feelings of the elderly clients so that future intervention could be planned or recommended to improve the quality of life of the elderly population.

The main objective of the present study was to determine the perceived depressive feelings of the elderly clients as measured by a structured questionnaire. This was followed by finding out the association between perceived depressive feelings and selected variables such as age, education, occupation and socio-economic status. The final objective was to find out the most significant depressive feeling among elderly.

Hypotheses of the study

- ♦ There will be significant association between perceived depressive feelings and selected demographic variables.
- ♦ There will be an association between family-friend relationship and the perceived depressive feelings of the elderly.

Methodology

An explorative survey approach was adopted for the study in order to identify the subjective depressive feelings from the 100 clients from

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Udhyavara village, which is about 10 km from Manipal, using a non-probability convenience sampling. The tools used were the demographic proforma, modified Shrivastava Socio-economic Status Scale and the structured questionnaire consisting of 32 questions pertaining with negative and positive feelings of the individual. Individual scoring 0-10, 11-21, and 22-32 belonged to mild, moderate and severe depression respectively.

Results and Discussions

Majority of the elderly clients 50% were between the age groups of 60-69 years, 63% among them were females; 80% were married; 80% of them had their education level below S.S.L.C. and about 65% of them belonged to low socio-economic status. Out of the 100 elderly clients 16 were hypersensitive and under medication.

Association between perceived depressive feelings and selected variables

Chi-Square obtained for demographic variables: age (38.24), gender (4.96), education (8.61), occupation (8.46) and socio-economic status (5.735). Among these findings there was significant relationship between age, sex and education with perceived depressive feelings

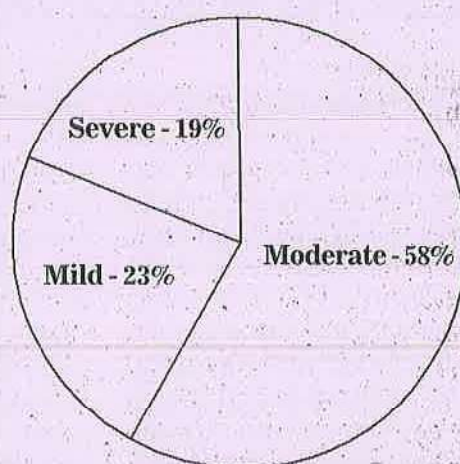
but it was independent of occupation and socio-economic status.

Association between family friend relationship and perceived depressive feelings

Chi-Square obtained for family friend relationship and perceived depressive feeling of elderly (10.843) was significant at 0.05 level of significance. Hence there was a strong association between family friend relationship and perceived depressive feelings of elderly. Rao (1996) conducted a study to determine the relationship between age distribution and depression. A total of 500 cases were examined in a series using the standard psychiatric assessment, physical examination and routine auxiliary investigation. It was found that majority of instances of first attack clustered in the age group between 41 and 60 years and the total prevalence of depression in individual over 65 years was 26%.

Edward and Chapman (2004) developed a conceptual model - ProM Well model, which describes the importance of promotion of wellness among older adults. It also explained the mental wellness of the elderly by

promoting communication that would support, contemplate, care, cope and converse. It was also found that communication reduces the feeling of loneliness and can improve mental wellness.



The above Figure depicts representation in the form of Pie diagram showing depressive subjective feelings of elderly clients. The data also shows that 58 had moderate depression, 23 had mild depression and 19 clients had severe depression, which needed medical help.

The findings of the study also showed that 71 felt bored, 70 easily tired, 68 felt that it has affected their activities and 67 felt hopelessness about their future and also felt worthless and unhappy by 63 years which clearly shows that the prob-

Table

S. No.	Score of Social Dimension	f	Mild Depression	%	Moderate Depression	%	Severe Depression	%	X ²	Df
1.	< 2	40	15	37.5	22	55	3	7.5	10.8	2
2.	2-4	60	8	13.3	36	60	16	26.7		

lems both physical and psychological are being neglected by the family members at times that the elderly population miserably suffers from depression and thereby decreasing their productivity to the society. It also clearly shows that clients had more of physical and psychological than spiritual or social problems though these also existed.

The data presented in Table indicates that out of 100 samples, 40% <2 for social dimension out of which 37.5 had mild depression, 55% had moderate depression and 7.5 had severe depression. Majority 60% got a score between 2-4 and out of which 13.3% had mild depression, 60% moderate depression and 26.7% had severe depression. Hence a significant relationship was found between the family friend relationships and perceived depressive feelings of the elderly clients. During the process of data collection the researchers on interaction with the individuals found some of the deeper most feelings, which were expressed but authentically not analyzed statistically.

Some of the expressed feelings are as follows:

- ◆ They felt the warmth of some one being interested to know their problems and communicate the same to the family members, which they were unable to do so freely with their children, emphasizing the need for professional

help and liaison.

- ◆ Financial crisis was the expressed feelings of 40 patients who felt that they had lost decision making and authority in the family.
- ◆ 10 clients expressed that they do not get what they would like to eat at times and forced to eat only what they are being served which was insufficient too.
- ◆ 15 clients reported that when they suffer from any illness they would not be taken to the hospital even after asking for it saying that it is old age problem and their feelings and pain would be neglected.
- ◆ 11 clients expressed the feeling of committing suicide as they were useless to the family and felt that they were deeply neglected and at times left alone in the house when rest would go out causing social isolation for the elderly.
- ◆ 4 elderly clients expressed that when children would stay out of station they would not leave enough foodstuff and money for them.

Conclusion

The above literature, research questionnaire and the expressed feelings clearly depict that the elderly in our society are neglected of their physical, psychological and social needs which is a major dimension of any human development. It is an awakening situation for all of us,

as individuals and health professionals to go deeper into the society to bring about issues and problems faced by the older population and to bring about changes that can fulfill the needs of the elderly. One should not forget the truth that all of us are going to go through the same process. Incidence of depression is a major factor hampering the society and its growth.

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