

APPRAISAL OF PSYCHOSOCIAL PROBLEMS IN GERIATRIC PERSONS OF A
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ABSTRACT

Background: Ageing in society is now world wide phenomenon. In this country we had a tradition of respect for the aged, a tradition that is also prevalent in all ancient countries. Unfortunately that picture is no longer there and the wind of change is blowing in our country also. The new generation is running with hectic schedule and creating a gap between older generation and new generation. This gap is increasing and creating a wider spectrum of socio-psychological problem. **Aim:** To overview the demographic and cultural profile and depression status of elderly. **Methods:** Field survey method was used and samples of 240 individuals aged 60 years and above were selected. The sample was drawn from two service villages (Bariasanpur and Barai) of Rural Health Training Centre of the Department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi. Any individual who was in the age group of 60 years and above was regarded as a study subject. The study subjects were interviewed with the help of a pre- designed and pre- tested schedule which contained two components as information on demographic, cultural profile and attitude toward ageing in first part and in the second part was information about depression status of elderly with the help of **Yesavage Geriatric Depression Scale**. **Results:** Out of 240 aged persons interviewed, 134 (55.9%) were male. Majority (68.3%) of elderly individuals in the study were between 60-69years. With the increase in age the proportion of elderly decreased. It was observed that more than half (59.6%) of the study individuals were either dissatisfied or unhappy with the life and description of life variable is significantly associated with age group (χ^2 : 6.41, $P < 0.01$). The perception of ageing deteriorated from bad to worst with advancement of age. More than three fourth of individuals (81.6%) perceived their health as having deteriorated (mild to severe degree) More than half (55%) had normal sleep. The disturbance in the sleep increased gradually and steadily with increase in the age. Over two third of the female subjects were either not satisfied or unhappy with the status of their present life ($\chi^2=6.73$ $p<0.01$). Similarly higher proportion of the females also considered their health to have deteriorated. Sleep disturbance were also more common among females. No gender difference existed in the proportion of individuals perceiving ageing as bad or worse. Age, educational status and caste were significantly associated with percent prevalence of depression. **Conclusion:** Population of higher age (80 year and above), having no education and belongs lower socio strata are at high risk of depression.

KEYWORDS: Psychosocial, Depression, Geriatric, Rural.

INTRODUCTION

Ageing in society is now worldwide phenomenon. There is no concrete definition of ageing and it is still hazy. In Ayurvedic Medicine, old age is defined as natural disease i.e. **Swambhavoja** by Charak, Sushruta and other exponents whereas modern scientists have defined ageing as a gradual decline in adoptive mechanism of the individual to the environmental changes. According to current classification the "ELDERLY" are the people between 60 and 74 years, "AGED" over 75 years including the "LONGEVEOUS" of 90 years and above.

Technological advancement of Medicine by facilitating contraception and reducing morbidities has resulted in the upward trend for "**Index of ageing**". In India there were 12 million people above the age of 60 years in 1901. Corresponding number in the year 1951, 1991 and 2001, 20 million, 56 million were and 77 million respectively.^[1,2] By the year 2020 India is likely to be among the top ten countries globally having the largest population of aged.^[3]

In this country we had a tradition of respect for the aged, a tradition that is also prevalent in all ancient countries. Unfortunately that picture is no longer there and the wind

of change is blowing in our country also. The new generation is running with hectic schedule and creating a gap between older and new generation. This gap is increasing and creating a wider spectrum of socio-psychological problem. The loss of spouse, the passing away of old friends and relatives makes the old older and lonely in this vicious cycle. Gradual reduction of working roles generates a sense of uselessness and disrespect.

Besides, the aged are more likely to suffer from physiological stress. In a society where public knowledge of a visit to psychiatrist is considered an embarrassment the psychological problems are kept under wraps, and the mental health of the aged is hardly considered a priority. Every problem is dismissed as mere sensitivity. The psychological problems of the elderly do not always stem from neurological factor. In fact most of their problems are reality oriented and stem from practical considerations. Depression, anxiety and lack of adjustment are some of the major problems of the elderly.

In view of the increased longevity, when people tend to live longer and psychological problems are likely to become predominant the importance of proper research is being gradually realized. Hence the present study was under taken to overview the demographic and cultural profile and depression status of elderly.

MATERIAL AND METHODS

Field survey method was used and a sample of 240 individuals aged 60 years and above was selected. The sample was drawn from the list of 518 elderly individuals enumerated old from two service villages namely "Bariasanpur" and "Barai" of Rural Health Training Centre of the Department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Any individual who was in the age group of 60 years and above was regarded as a study subject. In the selected villages all effort were made to get a comprehensive list of person aged 60 years and above. The age assessment was made as much as possible with the help of local event calendar and some other pillars of age assessment such as life events like birth, death, marriage, school entry. Thus the study universe of 518 elderly people was listed. From the list every alternate individual was selected for the study. Thus a total of 256 individuals were selected out of which only 240 could be interviewed.

The study subjects were interviewed with the help of a pre- designed and pre- tested schedule which contained two components. The first part sought information on demographic, cultural profile and attitude toward ageing and the second part was used to collect information about depression status of elderly with the help of **Yesavage Geriatric Depression Scale**. Some subjective individual

characteristic related to attitude toward ageing were also elicited, scored and categorized in a three point scale like "very happy, happy and unhappy".

RESULTS AND DISCUSSION

Pass Time Activities

Out of 240 aged persons interviewed 134 (55.9%) were male and 106 (44.1%) were female. Majority (68.3%) of elderly individuals in the study were between 60-69 years. With the increase in age the proportion of elderly decreased. The proportion of females between age group 60-69 years was slightly higher (68.9%) than males (67.9%). Majority of study subjects (65.1%) were married and living with their spouse. With the increase in age the percentage of widow/widower increased steadily.

Table 1: Profile of the study subject according to their pass time activities.

Activities	Categories	Distribution	
		No.	%
Religious Activities	Daily	84	35.0
	Often	133	55.4
	Never	23	09.6
Reading Newspaper	Yes	57	23.8
	No	183	76.2
Watching TV	Yes	67	27.9
	No	173	72.1
Playing with Grand Children	Yes	190	79.2
	No	50	20.8
Help in Household activities	Yes	195	81.3
	No	45	18.7

Almost 90% of the elderly population engaged themselves in the religious activities. About one fourth of the study subjects were reading newspaper (23.8%) and only 28% of the study population watched television. The low viewership could be due to poor availability of the television (20.5%) in the rural areas as reported by NFHS- 2(1998-99).^[4]

Old age is generally considered as the phase of life bringing along with it a myriad of the physical, social and mental problems. This perpetuates very strong negative feelings towards the inevitable process of ageing.

Change in attitude with age towards ageing

In this study it was observed that more than half (59.6%) of the study individuals were either dissatisfied or unhappy with the life (Table 2). The perception of ageing deteriorated from bad to worst with advancement of age. Worse perception increased from 6.7% in the age group 60-69 years to 40% in the age group >80 years. More than three fourth of individuals (81.6%) perceived their health as having deteriorated (mild to severe degree). The perception of severe deterioration in their health rose from 1.8% in the age group 60-69 years to staggering 30% in >80 years old.

More than half (55%) had normal sleep. The disturbance in the sleep increased gradually and steadily with

increase in the age (41.5%, 51.8% and 55% in the age group 60-69, 70-79 and >80 years respectively).

Table-2: Attitude towards ageing in the study population according to their age.

Variable	Categories	60-69 yrs (n=164)		70-79 yrs (n=56)		≥ 80 yrs (n=20)		χ^2	p
		No.	%	No.	%	No.	%		
Description of Life	Very happy	04	2.4	01	1.8	01	5.0	$\chi^2 = 6.41$, df = 1 p<0.01	
	Satisfied	62	37.8	23	41.1	06	30.0		
	Not satisfied	80	48.8	24	42.8	08	40.0		
	Unhappy	18	11.0	08	14.3	05	25.0		
Perception of Ageing	Bad	153	93.3	41	73.2	12	60.0		
	Worst	11	6.7	15	26.8	08	40.0		
Perception of Health	As good as before	38	23.2	06	10.7	--	--		
	Mild deterioration	123	75.0	41	73.2	14	70.		
	Severe deterioration	03	1.8	09	16.1	06	30.0		
Sleep	Normal	96	58.5	27	48.2	09	45.0		
	Initial phase disturbed	15	9.2	05	8.9	02	10.0		
	Maintenance phase disturbed	53	32.3	24	42.9	09	45.0		

Attitude towards ageing in two sexes

Gender wise attitude toward ageing is presented in the table 3. It is evident that the negative attitude and perception were stronger among female as compares to males. Over two third of the female subjects were either not satisfied or unhappy with the status of their present life ($\chi^2=6.73$ p<0.01). Similarly higher proportion of the

females (92.5% Vs 73% in the males) also considered their health to have deteriorated. Sleep disturbance were also more common among females (35% among females as against 57.6% in males) However, no gender difference existed in the proportion of individuals perceiving ageing as bad or worse.

Table 3: Attitude towards ageing in the study population according to Gender.

Variable	Categories	Male		Female		χ^2	p
		No.	%	No.	%		
Description of Life	Very happy	03	2.2	03	2.8	$\chi^2 = 6.673$, df = 1 p<0.01	
	Satisfied	62	46.3	29	27.4		
	Not satisfied	57	42.5	55	51.9		
	Unhappy	12	9.0	19	17.9		
Perception of Ageing	Bad	114	85.1	92	86.8		
	Worst	20	14.9	14	13.2		
Perception of Health	As good as before	36	26.9	08	7.5		
	Mild deterioration	90	67.1	88	83.0		
	Severe deterioration	08	6.00	10	9.5		
Sleep	Normal	87	64.9	45	42.4		
	Initial phase disturbed	12	9.0	10	9.4		
	Maintenance phase disturbed	35	26.1	51	48.2		

Prevalence of depression by age, literacy, caste

Depression is an important problem in the elderly population. There is significant mortality and morbidity associated with ageing depression. It is shown in table 3

that severity of depression increased significantly with increase in age, with an over all prevalence of depression 72.5%.

Table 4: Prevalence of depression according to age, literacy and caste.

Variable	Categories	No	Percent prevalence of Depression			
			No depression Score <5	Mild Depression Score 6-9	Moderate Depression Score >10	
Age(Yrs)	60-69	164	34.7	45.7	19.6	$\chi^2 = 13.78$; df = 2; p<0.001
	70-79	56	10.7	58.9	30.4	
	>80	20	15.0	30.0	55.0	
Educational Status	Literate	25	76.0	12.0	12.0	$\chi^2 = 40.86$; df = 2; p <0.001
	Just Literate	51	37.26	58.86	5.88	
	Illiterate	165	17.07	50.00	32.93	
Caste	General	43	44.19	41.86	13.95	$\chi^2 = 8.86$; df = 2; p <0.02
	Backward	155	26.45	46.45	27.10	
	Schedule	39	15.38	53.85	30.77	

***Note** – Presence of depression and its severity was diagnosed by the scores obtained by the subjects as per Yesavage Geriatric Depression Scale.

An ICMR study carried out on subjects of 60 years and above revealed that 43% of the study subjects suffered from depression (ICMR1996).^[5] In another study Tannock and Kalana (1995)^[6] indicated a steady increase of minor depression in the old age and very steep increase in the people aged 80 years and above.

The relationship of depression with literacy was also studied. It revealed that depression increased significantly with lowering of education and social class. Prevalence of depression rose steeply from 24% among the literates to 62.7% and 82.9% among just literate and illiterates respectively. Caste wise prevalence of depression showed that it was 55.8%, 73.6% and 84.7% in the subjects of general, backward caste and schedule caste respectively.

Philep *et al* (1991)^[7] observed that the prevalence of major depression among elderly Australian nursing home residents was 9.7%, severe depression was found in 6.1% and 6.7% each suffered from moderate to mild depression. They concluded that social environment was significantly related to the depression symptoms.

The higher prevalence of depression among the elderly can be attributed to various factors. Depression symptoms were found to be associated with increase in age (Aoba, 1991)^[8] Further being female and presence of factors like lower income, physical disabilities, cognitive

impairment and lack of social support enhance chances of being depressed (blazer *et al* 1991).^[9]

Another study (Hawkins *et al* 1998)^[10] suggested that older subjects who were free of or low in depression had few or no physical disability, were in higher self esteem, no complain of disease and also higher educational attainment.

Norrier *et al* (1990)^[11] reported in a study that depression increased sharply and then remained elevated in widowed sample. Post bereavement depression was associated with higher financial pressure, higher stress, fewer new interest and lower social support.

Various socio – demographic correlation of depression in the late life include female sex, divorced or separated marital status, lower income or educational level, inadequate social support and recent negative and unexpected life events. (Koeing *et al* 1988)^[12]

Relationship of Depression with Sleep Disorder

This relationship was studied (table-5), and results revealed that depressed individuals had a significantly higher proportion of sleep disorders [$\chi^2 = 20.81$; $df = 1$; $p < 0.001$]. Maintenance phase disorder of sleep was more common (97.37%) than initial phase disorder (20.6%) in depressed individuals although it was not statistically significant [$\chi^2 = 0.015$; $df = 1$; $p < 0.90$].

Table 5: Relationship of depression with sleep disorders.

Sleep disorder	No depression		Mild depression		Moderate depression		Total	
	No	%	No	%	No	%	No	%
Initial phase sleep disorder	03	04.54	14	12.28	05	08.33	22	09.17
Maintenance phase sleep disorder	11	16.67	35	30.70	40	66.67	86	35.83
No sleep disorder	52	78.79	65	57.02	15	25.00	132	55.00
Total	66	27.50	114	47.50	60	25.00	240	100.00

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