A CROSS SECTIONAL SURVEY TO ASSESS THE LEVEL OF DEPRESSION ON AMONG ELDERLY IN OLD AGE HOME

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ABSTRACT

Worldwide, there were 703 million older people aged 65 or over in 2019. South-Eastern and Eastern Asia were houses to the largest number of the world's older population (260 million), followed by Europe and Northern America (over 200 million) (Nations. U, 2019). By 2030, the number of people in 60 years or over ratio will be increased to 1 in 6. At this time, the share of the 60 years and over population will rise from 1 billion in 2020 to 1.4 billion. Objective: Assessing the level of depression among elderly and associate the demographic variables with the level of depression. Methodology: This study was a cross sectional descriptive study design conducted among elderly in selected old age homes, Tamilnadu. The samples for the present study consisted of elderly residing in old age home and who fulfil the inclusion criteria. A total of 30 samples were selected by using purposive sampling technique. Geriatric Depression scale used collect the data by adapting the interview technique. Results: The majority of the elderly had low depression (83.30%), and lowest percentage of them of had moderate depression (16.70%). There was significant association between pre-test level of depression and demographic variables such as type of old age home (χ^2 =4.714, p=0.039). Conclusion: The study reveals that majority of the elderly had low depression. Thus, on the basis of findings the authors conclude to nurse led intervention may be advised for elderly residing old age home to improve the Depression.

Key Words: Depression, old age home, elderly, Chi-Square,

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INTRODUCTION

Elderly or old age comprises ages nearing the mean lifespan of human beings. The boundary of old age couldn't be mentioned because every society has its own boundaries for the elderly (Jayalakshmi, 2011).

The Elderly got fear being left alone at the mercy of the home's administration that may or may not consider meeting their individual needs. As aging progresses, each senior faces unique problems. While some suffer from geriatric problems, others get stressed about having to adjust to a new environment and also with fellow residents who come from different backgrounds. (Boves, 2021)

Depression is a silent killer, especially among older adults, due to its distressing morbidity and mortality rate. (Bency, K., 2021). Late-life depression assails about 6 million Americans ages 65 and older. But only 10% get treatment. The likely reason is that older people frequently display symptoms of depression differently. Depression in the elderly is also often confused with the effects of multiple illnesses and medicines used by them. The National Institute of Mental Health thinks depression in people 65 and older is a major public health problem. (Bruce, 2020).

Geriatric depression is an emotional and mental disorder affecting older adults. Feelings of sadness and occasional "blue" moods are normal for the elderly during the depressive episode. Depression in older adults can reduce the quality of life, and it increases the risk of suicide. (Healthline, 2017). According to a recent government survey in India, 30 percent of the 103 million people above the age of 60 display symptoms of depression. It is estimated that 8.3 percent of the country's elderly population has probable major depression. This means one in every 12 elderly persons in the country has had depression. (Downtoearth, 2021)

OBJECTIVES

- 1. To assess the level of Depression on among elderly in old age home.
- 2. Find the association between demographic variables and level of Depression on among elderly in old age home.

HYPOTHESIS

1. There will be a significant association between level of Depression and selected demographic among elderly.

METHODOLOGY

This study was a cross sectional descriptive study design conducted among elderly in selected old age homes, Tamilnadu. The samples for the present study consisted of elderly residing in old age home and who fulfil the inclusion criteria. A total of 30 samples were selected by using purposive sampling technique. Before starting the data collection formal permission was taken from old age home managing authority for the data collection. After obtaining the permission the investigator met the subjects and establish the rapport with them and assessed the elderly depression using geriatric depression scale and the method used collect the data was interview technique.

DESCRIPTION OF THE TOOL

Section A: Demographic Variables

This section consists of demographic variables which includes Age in years, gender, educational status, religion, previous occupation, last acquired salary, pensioner type of old age home, visit of family members to old age home, co-morbidities.

Section B: Geriatric Depression Scale

Geriatric Depression will be assessed by Geriatric Depression Scale-15 (GDS-15). A short form GDS consisting of 15 questions, it was developed in 1986. Of the 15 items, 10 indicated the presence of depression when answered positively, while the rest (question numbers 1, 5, 7, 11, 13) indicated depression when answered negatively. Score of 0-4 are considered normal, depending on age, education, and complaints; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression.

Content Validity and Reliability of the tool

The seven experts were asked to review the quality of scale and rate the items in terms of relevance, clarity, simplicity, and ambiguity in the content evaluation form. After obtaining feedback from all experts, the tool was gathered and analysed, and necessary modifications tool were done before collecting the data. The internal consistency showed the tool was reliable with r value of 0.91. Reliability was calculated using Cronbach alpha reliability formula.

RESULTS

Descriptive statistics and inferential statistics have computed the results by using SPSS software, version 24. The analyses of the data from the study are presented under the following headings:



SECTION A: DISTRIBUTION OF ELDERLY BASED ON DEMOGRAPHIC VARIABLES.

SECTION B: DESCRIPTION OF LEVEL OF DEPRESSION AMONG ELDERLY

SECTION C: ASSOCIATION OF LEVEL OF ON DEPRESSION AMONG ELDERLY WITH SELECTED DEMOGRAPHIC VARIABLES.

SECTION A: DISTRIBUTION OF ELDERLY BASED ON DEMOGRAPHIC VARIABLES.

Table 1: Sample Characteristics

N= 30

ample Characteristics		N= 30		
DEMOGRAPHIC VARIA	BLES	f	%	
Age in years	60 – 65 years	13	43.3	
	66 - 70 years	8	26.7	
	71 – 75 years	6	20.0	
	Above 76 years	3	10.0	
Gender	Male	22	73.3	
	Female	8	26.7	
Educational Status	Primary	6	20.0	
	Secondary	9	30.0	
	Higher secondary	12	40.0	
	Graduate	3	10.0	
Religion	Hindu	18	60.0	
	Christian	8	26.7	
	Muslim	4	13.3	
Previous Occupation	Private employee	12	40.0	
	Government employee	6	20.0	
	Self-employment	4	13.3	
	Home maker	8	26.7	
Last acquired Salary	5000 – 10,000	8	26.7	
	10.001 – 15,000	12	40.0	
	15,001 – 20,000	4	13.3	
	Above 20,001	6	20.0	
Pensioner	Yes	6	20.0	
	No	24	80.0	
Type of old age Home	Private home	20	66.7	
	NGO	10	33.3	
Visit of family	Daily	0	0.0	
members to old age	Once a week	23	76.7	
home	Once a month	7	23.3	
	Never	0	0.0	
Co-morbidities	Hypertension	8	26.7	
	Diabetes Mellitus	16	53.3	
	Kidney failure	3	10.0	
	Others	3	10.0	

Table 1 depicts that the highest percentage of elderly were belongs to age group between 60-65 years (43.30%). The majority of elderly were male (73.30%). The highest percentage of elderly had higher secondary education (40.00%). The majority of elderly were belongs to Hindu religion (60.00%). The highest percentage of elderly was private employee (40.00%). The highest percentage of elderly had monthly income between Rs 10,000-8 15,000 (40.00%). The majority of elderly were not pensioner (80.00%). The majority of elderly

were residing in private old age home (66.70%). The majority of family members visiting the old age home once a week (76.70%). The highest percentage of elderly was having diabetes mellitus (53.30%).

SECTION B: DESCRIPTION OF LEVEL OF DEPRESSION AMONG ELDERLY



Figure 1: Level of Depression among elderly

Figure 1 depicts that highest percentage of the elderly had low depression (83.30%), and lowest percentage of them of had moderate depression (16.70%).

Table 2: Description of Mean, SD and Mean percentage of depression score among elderly. N=30

Depression	Max Score	Mean	SD	Mean %
	15	6.56	2.34	43.7

Table 2 portrays that out of the maximum attainable score (15) the overall mean \pm SD among elderly was 6.56 \pm 2.34 which was 43.7 % of total score.

SECTION C: ASSOCIATION OF LEVEL OF ON DEPRESSION AMONG ELDERLY WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 3: Association between level of depression and demographic variables among elderly. N=30

Demogra	phic Variables	Total	Below Mean (10)	Above Mean (20)	Chi-square Test
Age in	60 – 65 years	11	4	7	χ2= 0.173
years	66 - 70 years	10	3	7	P=0.917
	71 – 75 years	5	2	3	Df= 3 Not Significant
	Above 76 years	4	1	3	Not Significant
Gender	Male	20	6	14	χ2= 0.321
	Female	10	4	6	P=0.583 Df= 1 Not Significant
Educational	Primary	8	5	3	χ2= 4.333
Status	Secondary	7	2	5	P=0.114
	Higher secondary	15	3	12	Df= 2 Not Significant
Religion	Hindu	20	6	14	χ2= 2.101
	Christian	5	3	2	P=0.349
	Muslim	5	1	4	Df= 2 Not Significant

Demographic Variables		ographic Variables Total		Above Mean (20)	Chi-square Test
Previous Occupation	Private employee	20	5	15	χ2= 2.405 P=0.300
	Government employee	3	2	1	Df= 3 Not Significant
	Self-employment	2	1	1	
	Home maker	5	2	3	
Last	5000 – 10,000	5	2	3	χ2= 0.451
acquired Salary	10.001 – 15,000	20	6	14	P=0.798 Df= 3
	15,001 – 20,000	2	1	1	Not Significant
	Above 20,001	3	1	2	
Pensioner	Yes	3	2	1	χ2= 1.666
	No	27	8	19	P=0.196 Df= 1 Not Significant
Type of old	Private home	21	6	15	χ2= 4.714
age Home	NGO	9	4	5	P=0.039 Df= 1 Not Significant
Visit of	Once a week	18	7	11	χ2= 0.625
family members to old age home	Once a month	12	3	9	P=0.429 Df= 1 Not Significant
Co-	Hypertension	12	5	7	χ2= 1.767
morbidities	Diabetes Mellitus	14	3	11	P=0.413 Df= 2
	Others	4	2	2	Not Significant

The data presented in Table 3 portrays that the association between pre-test level of depression among elderly and the demographic variables. Pearson Chi-square test was used to calculate the association. There was significant association between pre-test level of depression and demographic variables such as type of old age home (χ^2 =4.714, p=0.039). Hence null hypothesis (H₀₁) was rejected for type of old age home and null hypothesis is accepted for other characteristics.

DISCUSSION

The highest percentage of elderly was belonging to the age group between 60-65 years (43.30%). The findings of Maldonado Briegas, et al. (2020), are comparable to the present study where 93% of them were under the age group of under 65 years. Elderly living status, educational level, chronic disease, social support, daily life function, and loneliness were the influencing factors of depression, and it could significantly predict 63.4% of the variation in depression level. Therefore, the research concluded that the nurse must understand the elderly depression level, influencing factors and increasing the sense of value and meaning of life, and reducing feelings of loneliness and depression.

CONCLUSION

The present study was conducted to assess the depression among elderly residing selected old age homes of Tamilnadu. The study reveals that majority of the elderly had low depression. Thus, on the basis of findings the authors conclude to nurse led intervention may be advised for elderly residing old age home to improve the depression.

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REFERENCES

- 1. Boves, S., (2021). Top 6 Reasons why we need old age homes in India. Available from Old Age Home Top #6 Reasons Why We Need Old Age Homes in India (aurumliving.com)
- 2. Bruce, D.F., (2020). Depression in older people. Available from Depression in Older People: Symptoms, Causes, Treatments (webmd.com)
- 3. Downtoearth, (2021). Health ministry survey flags depression symptoms in every third senior citizen in India. Available from Health ministry survey flags depression symptoms in every third senior citizen in India (downtoearth.org.in)
- 4. Jayalakshmi S, Chakrabarti S and Gupta N (2011) Situation analysis of the elderly in India. Central Statistics Office Ministry of Statistics & Programme Implementation. Government of India.
- 5. Maldonado Briegas, J. J., Sánchez Iglesias, A. I., Ballester, S. G., & Vicente Castro, F. (2020). The well-being of the elderly: memory and aging. Frontiers in Psychology, 11, 778.

