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Depression among Geriatric Population in Gomati District, Tripura

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ABSTRACT

According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% of the total population of India in 2011. Mental health among the elderly is an area that is largely undiscovered. Depression is not yet perceived as an important health problem among the geriatric population in India, though it is the most common psychiatric disorder among them. There are few population-based studies which have addressed this problem. Aging is considered a chain of psychological, psychosocial, and physiological changes, which further predisposes elderly to develop mood disorder like depression. Some of the chief causes for depression are loneliness, health issues, financial insecurity, lack of social interaction and absence of a geriatric friendly environment. Early diagnosis of depression in the elderly is half the battle won. Several measures need to be taken to provide the elderly with social recognition, health insurance schemes, geriatric clinics and facilities for social gatherings and above all tender love and care. Hence, the present study was conducted to identify and compare depression of elderly among urban and rural population in Gomati District, Tripura. The study was carried on 120 geriatric people with the help of brief questionnaire in which the respondents were asked to respond to 30 questions by using Geriatric Depression Scale (GDS) to determine the depression. Finding shows that out of 120 respondents 19.2 per cent are free from depression, where as 80.8 per cent elderly are suffering from depression. But the depression level remains statistically insignificant which indicate that depression of elderly living in rural areas are not significantly different from that of elderly living in urban areas. A significant statistical association has been observed between depression and age of the participants ($p<.05$), and gender ($p<.01$).

Key Words : Depression, Mental health, Geriatric population, Rural, Urban

INTRODUCTION

Today people are living longer as a result of better control of deadly and infectious disease, healthier lifestyle, balanced diet and economic growth. Hence, the global geriatric population is increasing as the life expectancy rate of elderly is rising up. Old age is the closing period in the life span, when people 'move away' from previous, more desirable periods or times of 'usefulness'

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(Hurlock, 1981). According to Population Census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in India comprising 53 million females and 51 million males. The proportion of elderly people has been increased from 5.6% in 1961 to 8.6% of the total population of India (Census Report, 2011). Elderly people are at higher risk of developing some mental health problems. Mental health among the elderly is an area that is largely unexplored and studied in India. There are few population-based studies which have addressed this problem. Aging is considered as a chain of psychological, psychosocial, and physiological changes, which further predisposes elderly to develop mood disorders like depression. According to World Health Organization (2018), depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks. Depression is not yet perceived as an important health problem among the geriatric population in India, though it is the most common psychiatric disorder among them. Since depression can speed up physiological declines of the elderly, an accurate diagnosis, prevention, and treatment could help many elderly to live longer and remain more active (Papalia *et al*., 2004).

With a change in social scenario and cultural traditions in India, the elderly people who were receiving respect in family as well as in society are increasingly facing lot of problems. The social and physical environment in which people live is an important potential risk factor in depression, but it has not been studied extensively in older populations. Some of the chief causes for depression in this stage of life are loneliness, health issues, financial insecurity, absence of geriatric friendly environment and of adequate social interaction. There have been a number of studies which shows that depression in elderly is not a part of aging, but a disorder which can be treated or prevented by addressing the risk factors leading to it (Amonkar and Mankar, 2015). In view of the preceding theoretical discussion, a research need has been envisaged to identify and compare depression of elderly (both female and male) among urban and rural population in Gomati District, Tripura.

Objectives:

1) To study the prevalence of depression among geriatric population both in urban and rural areas of Gomati District, Tripura;
2) To find out the difference of depression level among elderly living in urban and rural areas.
3) To examine difference of depression level in terms of gender.
4) To identify relationship between depression and increasing age.

METHODOLOGY

Sample :

A sample of 60 rural elderly and 60 urban elderly of Gomati District, Tripura was included in this study on random sampling basis. In both the sample, 50 per cent respondents were female. Out of total 120 selected elderly people, one are those (N=70) whose age ranged from 60-70 years and others (N=50) having more than 70 years of age. The elderly persons who did not show their willingness or did not give their consents for participation in the study were not included for the study.

Tools :

Data were collected by using Geriatric Depression Scale (Long Form). The Geriatric Depression

Scale (GDS) was first created by Yesavage *et al*. (1983). The GDS Long Form is a brief (30-item) questionnaire in which participants were asked to respond by answering 'yes' or 'no' in reference to how they felt over the past week. The GDS was found to have 92% sensitivity and 89% specificity when evaluated against diagnostic criteria. In a validation study comparing the Long and Short Forms of the GDS for self-rating of symptoms of depression, both were successful in differentiating depressed from non-depressed adults with a high correlation ($r = .84$, $p < .001$). According the long form of this scale the score ranges from 0-9 is considered as normal, 10-19 is mild depressive and 20-30 is severe depressive. The Bengali version of the scale was adapted and used by the authors. The reliability and validity co-efficient of the local adaptation was 0.80 and 0.76, respectively.

Hypothesis:

The following hypotheses were formulated.

1) The level of depression of rural elderly would not differ significantly from the urban elderly.
2) Female elderly people would not differ significantly from the male elderly.
3) The level of depression would not differ significantly between elderly person of more than 70 years and less than 70 years.

RESULTS AND DISCUSSION

A total of 120 elderly people were interviewed. Majority (58.3%) of them was in the age group of 60-70 years, and 76.7% were married. In terms of education, 10.8% respondents were illiterate, 30% acquired primary education, 52.5% were achieved secondary education, and 6.7% were above higher secondary education.

Table 1 shows that out of 120 respondents, 19.2 per cent are free from depression, where as 80.8 per cent elderly are suffering from depression, whether it is mild or severe. The Table 1 also shows that out of 60 respondents in rural areas 47 (78.3%) are suffering from depression, whereas, it is 50 (83.3%) in the urban areas. It can be said that compare to urban areas the access to the health care facilities the rural areas is meagre not only in Tripura, but also in India. But the depression level remains insignificant which indicate that depression of elderly living in rural areas are not significantly different from that of elderly living in urban areas. Therefore the first null hypothesis is accepted.

Table 1 : Chi-square value between the depression score of elderly living in rural and urban areas

Depression	Rural areas (N=60)	Urban areas (N=60)	Per cent (N=120)	$\chi 2$	Significant level
Normal	13	10	23 (19.2%)		
Mild Depressive	26	27	53 (44.2%)	0.521	Insignificant
Severe Depressive	21	23	44 (36.6%)		

Table 2 shows the Mean, SD score and t-value of depression. The entire mean shows the prevalence of depression among the female and male elder people. The result also infers that females are significantly depressed ($p<.01$) than males. Hence the second null hypothesis has been rejected.

Table 2 : Mean, SD and t value of depression scores of female and male elderly

Variables	Mean	SD	t -value
Female	17.9	6.89	3.1*
Male	14.3	5.93	

*p < .01

Table 3 shows the Chi-square value between the depression score of elderly of 60 to 70 years and above 70 years of age. The Chi- square in depression score is significant at .05 levels which indicates that elderly persons with more than 70 years of age are significantly depressed than aged less than 70 years. So, the third null hypothesis has also been rejected.

Table 3 : Chi-square value between the depression score of elderly of 60 to 70 years and above 70 years of age

Depression	60-70 years (N=70)	Above 70 years (N=50)	Total (N=120)	$\chi 2$	Significant level
Normal	17	06	23		
Mild Depressive	34	19	53	7.19	at .05 level
Severe Depressive	19	25	44		

Discussion :

In this study, based on Geriatric Depression Scale (GDS), the prevalence of depression among the people aged 60 years and above was 80.8 per cent (Table 1) which was very high. It is found from the studies conducted in India and other countries that the prevalence of depression varies between 6.0% - 53% (Sherina *et al*., 2005). Data of the present study also reveals that elder persons living in urban areas were more depressed than rural areas. It was 78.3% in rural areas and 83.3% in urban areas though found statistically insignificant. The findings of the study of Amonkar *et al*. (2015) found lower prevalence rate of depression (31%) among elder persons living in urban area of Maharashtra, India. Females were found to be significantly (*p<.01) more depressed than that of the male elderly persons in the present study (see Table 2). Increased prevalence of depression among the elderly females may be due to lack of financial support, family negligence, physical dependency, status in family and feelings of loneliness. The study of Swarnalatha (2013) shows that the prevalence of depression was significantly more in elderly females (56.5%) than in the male subjects (37.5%) which also supports the present findings. Almost all over the world, depression is two to three times higher among elderly women (Vafaei *et al*., 2016). Similarly, Barry *et al*. (2008) also found that the burden of depression is disproportionately higher among older women than men. Researchers across the world have consistently reported that older women are more likely to be exposed to social and economic factors associated with depression than their male counterpart. In the current study, it is found that the depression and increasing age is positively related. The prevalence of depression was found to increase with increasing age. The difference in the prevalence of depression between the different age groups was found to be statistically significant (Table 3). Few reasons for the increase in the prevalence of depression after the age of 70 years may be due to an increased emotional, economical and physical dependency, loss of the spouse, lack of mental support and negligence by the family members, loss of self esteem. This finding is corroborated with other previous studies (Thilak *et al*., 2016; Swarnalatha, 2013).

Conclusion :

The present study had shown the prevalence of mild depression among the elderly is 44.2%, while severe depression is 36.6%. Our study concludes that there is higher prevalence of depression during later years of life. The prevalence of depression among geriatric population had a significant association with gender and with increasing age. Economic insecurity along with lack of family support is the root cause for many psychological disorders like depression. Adequate measures should be taken to detect and to treat this psychiatric disorder in elderly population by specialized psychiatric professionals. There is also a need to create awareness among family members about the supportive care for geriatric population. It is hoped that the truer picture of depression among the elderly in India will emerge out and will help in the delivery of better services. Last, but not the least is the health and wellbeing of any society in general depends on the wellbeing of elderly population. Let us hope that all stakeholders shall look into the problems of elderly people and play their respective roles for a better society.

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