

Depression and Attitude towards Life of Elderly Population Living in Old Age Homes and Selected Communities of Bhopal City: A Comparative Study

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Abstract

The population of the elderly age group is increasing rapidly in India. This has been attributed to the increased life expectancy. Projection by United Nation say that by 2050 more than 20% of the population in India will be above 60 years. Lack of social security and inadequate facilities for health care, rehabilitation and recreation has imposed many problems in our society. Present study has been conducted with the objective to determine and compare the psychosocial health status of elderly persons living in Old Age Homes of Bhopal city with those living in field practice area under Urban Health and Training Centre of Peoples College of Medical Science and Research Centre, Bhopal.

Material Methods: A cross-sectional comparative study was done in Old Age Homes in Bhopal city & field practice area under Urban Health & Training Centre (UHTC) of Peoples College of Medical Science and Research Centre, Bhopal. A Total of 224 elderly subjects were included from the Old Age Homes of Bhopal city. Another group of the 200 study participants were taken from the adopted community at Urban Health & Training Centre (UHTC) Peoples college of Medical Science and Research Centre as a comparison group. All the elderly (60 years of age and above) included in present study were subjected to personal interview with the help of a predesigned and pretested Performa. Assessment of functional status like Activity of Daily Living (ADL) was done with use of Barthel Index (BI). An Abbreviated short version a self-report scale of the Geriatric Depression Scale (GDS) was used to assess the psychological status.

Results: 90 (45.0%) of the subjects in the community were having happy attitude towards life than old age homes 65(32.5%), statistically significant difference ($p < 0.05$) was obtained between attitude toward life residence of old age homes and community. No significant association found between depression status and age of elderly in old age homes and in the community was not significant statistically ($p > 0.05$)

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Introduction

Ageing is a natural process. Old age should be regarded as a normal, inevitable biological phenomenon. [1] Government of India adopted 'National Policy for senior citizen 2011. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. [2] United Nations world Assembly on Aging (1972) considered 60 years to be the threshold of an old age; has divided old age in to "young old" group (60 to 74 years of age) and "old old" group (75 years and above).

In 1950, there were 205 million persons aged 60 years or over in the world. By 2012, the number of

older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion. [3] The changing demographic scenario and population projections of India indicate that the growth rate of India's older adults is comparatively faster than the other regions of the world. The share of the population of older adults to that of total population in India has grown from 5.3% in 1951 to 6% in 1981; 6.8% in 1991; 7.4% in 2001; 7.5% in 2006; and is projected to be 12.4% by 2025). [4]

The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in near future. The projections for next five censuses till the year 2051 are: 133.32 million (2021), 178.59 (2031), 236.01 million (2041) and 300.96 million (2051). Along with rising numbers, the expectancy of life at birth is also consistently increasing indicating that a large number of people are likely to live longer than before. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 21 percent of the Indian population will be 60+ by 2050.

The older generation, dependent on children for old age care is now increasingly looking towards old age homes and long-term institutional facilities in the old age, elderly face many problems. [5] They become economically dependent on their families for their basic needs and health care as most of the elderly have various types of disorders, many times more than one. The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation and recreation. Pension and social security is restricted to those who have worked in the public sector or organized sector of industry. [6] All this has impact on the mental and social health of the elderly in our community and in OAH.

The National Center for Health Statistics of USA has defined "Old Age Homes" (OAH) or "Homes for the elderly" as, "resident facilities with three or more beds that provide nursing or personal care to the aged or chronically ill or destitute or needy person". Mostly OAHs are maintained by civic bodies to provide shelter for destitute, requiring nursing or infirmary care. There is no Indian version of the definition of "Old Age Home", as the concept of old age care and long-term care is still in the phase of evolution. [7]

It is imperative that the health status of elderly residing in OAH (Old Age Home) & in the community should be appraised. Present study is an attempt to study the health status and psychosocial profile of the elderly population in old age homes and selected community of Bhopal city.

Material Methods

The present study is a cross-sectional comparative study carried out in Old Age Homes in Bhopal city & field practice area under Urban Health & Training Centre (UHTC) of Peoples College of Medical Science and Research Centre, Bhopal. Study permission was taken from Institution ethical committee. The purpose of the study was explained to study subjects and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study.

A Total of 224 inhabitants were enrolled in Old Age Homes of Bhopal city. Out of these 24 subjects could not be involved in the study either due to terminal illness or who did not give consent to participate in the study. Thus finally 200 subjects from Old Age Homes were selected for the study. Another group of the study participants are all the elderly from the adopted community at Urban Health & Training Centre (UHTC) Peoples college of Medical Science and Research Centre were enlisted and out of these same numbers that is 200 subjects were selected randomly as a comparison group. Thus, finally a total of 400 subjects constituted the study population.

All the elderly (60 years of age and above) were included in present study. Those who were not available for study because of temporary migration and houses of whom were permanently locked or have transferred their residence or elderly who cannot be contacted after three successive visits to their homes as well as those terminally ill were excluded from the study.

All the elderly selected for the study either at Old Age Homes of Bhopal city and field practice area of Urban Health & Training Centre (UHTC) of Peoples College of Medical Science and Research Centre, Bhopal were subjected to personal interview with the help of a predesigned and pretested Proforma. A pilot study was carried out for pretesting the Proforma for validation and necessary modifications.

Detailed information of study subjects like name, age, sex, religion, marital status, education, occupation, living arrangement, type of family, socioeconomic condition, addiction and psychosocial problems was collected. The past history of diabetes mellitus, hypertension, asthma, and cataract, and treatment history was asked. Wherever medical records were available, the diagnosis was obtained from the written medical records, and supportive history was taken.

Assessment of functional status like Activity of Daily Living (ADL) was done with use of Barthel Index (BI). The BI is a 10-item instrument viz bowel, transfer, bladder, mobility, grooming, dressing, toilet, stairs, feeding, bathing, measuring disability in terms of a person's level of functional independence in personal activities of daily living.⁸²

An Abbreviated short version a self-report scale of the Geriatric Depression Scale (GDS) was used to assess the psychological status. The 15 items are identified in the scale - life satisfaction, happy, interest, good spirit, afraid, helpless etc to evaluate the GDS.

All the study subjects were clinically examined. The height, weight, body mass index, pulse, blood pressure was recorded. The elderly was also evaluated for vital signs if any e.g. the icterus, clubbing, pallor and cyanosis etc. Height was

measured in the standing position with bare foot against the stadiometer and was calculated to the nearest 0.5cm.

Weight was recorded with a portable type weighing machine and standardized every week with standard weight. The weight was recorded to the nearest half kilogram. The elderly subjects were weighed with minimal possible cloth. Blood pressure was measured with mercury sphygmomanometer.

Each elderly was examined system wise. Inspection, palpation, percussion and auscultation done according to the standard guidelines.⁷⁸ Each elderly

was examined thoroughly and different morbidities observed in the various systems were recorded. The Referral Service was provided at People’s Medical College Hospital and medicine was distributed for common health problems to elderly person during the study period.

Data Analysis:

The data collected was first coded and then transferred on to a MS Excel sheet from which it was tabulated, analyzed and statistically evaluated.

Table 1: Distribution of Elderly According to attitude toward life

Attitude toward Life	Residence (n-400)		Total (%)
	Old Age Homes (%)	Community (%)	
Happy	65 (32.5)	90 (45%)	155 (38.7%)
Unhappy	135 (67.5%)	110 (55%)	245 (61.2%)
Total	200 (100.0%)	200 (100.0%)	400 (100.0%)

$X^2=6.58$ p value= 0.010

Table 1 shows that in old age homes 65 (32.5%) were having happy attitude towards life whereas 135 (67.5%) were having unhappy attitude towards life as compared to community with higher number of elderly 90 (45.0%) were having happy attitude towards life whereas 110 (55.0%) were having unhappy attitude towards life, there was Significant difference (p<0.05) between attitude toward life and residence of elderly person.

Table 2: Distribution of Elderly According to Depression status and their Gender

Residence	Gender	Depression (n-400)				p value
		Normal	Mild	Moderate	Severe	
		No (%)	No (%)	No (%)	No (%)	
Old Age Homes	Male	35 (46.7%)	25 (45.5%)	40 (72.7%)	10 (66.7%)	p = 0.008
	Female	40 (53.3%)	30 (54.5%)	15 (27.3%)	5 (33.3%)	
Community	Male	60 (70.6%)	35 (67.3%)	27 (65.9%)	14 (63.6%)	p = 0.907
	Female	25 (29.4%)	17 (32.7%)	14 (34.1%)	8 (36.4%)	
Total		160 (40.0%)	107 (26.75%)	96 (24.0%)	37 (9.25%)	

Table 2 shows distribution of elderly according to depression status, in the old age homes moderate and severe depression were higher among males 40(72.7%) and 10(66.7%) then females 15(27.3%) and (33.3%),as compared to community mild, moderate and severe depression were higher among males 35(67.3%),27(65.9%),and 14(63.6%) than

females 17(32.7%),14(34.1%) and 8(36.4%) respectively, there was significant association found between depression status and sex of elderly , In old age homes elderly males had more depression then females (X² - 11.938 P value – 0.008).

Table 3: Distribution of Elderly According to Depression status and their age

Residence	Age	Depression (n-400)				p value
		Normal	Mild	Moderate	Severe	
		No (%)	No (%)	No (%)	No (%)	
Old Age Homes (n-200)	60-70 Yr	35 (34.3%)	29 (28.4%)	26 (25.5%)	12 (11.8%)	p= 0.219
	71-80 Yr	31 (37.8%)	22 (26.8%)	26 (31.7%)	3 (3.7%)	
	81 & above Yr	9 (56.2%)	4 (25.0%)	3 (18.8%)	0 (0.0%)	
Community (n-200)	60-70 Yr	70 (42.4%)	42 (25.5%)	34 (20.6%)	19 (11.5%)	p = 0.970
	71-80 Yr	11 (40.7%)	8 (29.6%)	5 (18.5%)	3 (11.1%)	
	81 & above Yr	4 (50.0%)	2 (25.0%)	2 (25.0%)	0 (0.0%)	

Table 3 shows distribution of elderly according to their age and depression, in the old age homes in the age group of 60-70 years, 29 (28.4%) mild depression was common, followed by moderate

depression 26(25.5%) ,in the age group 71-80 years, 26 (31.7%) moderate was common, in the age group of 81 & above, 4 (25.0%) mild depression, as compared to community in the age group 60-70

years, 42 (25.5%) elderly had mild depression, followed by 34 (20.6%) moderate depression, in the age group of 71-80 years, 8 (29.6%) elderly were had commonly mild depression, in age group of 81 & above mild and moderate depression was similar (25.0%), there was no association found between depression status and age of elderly in old age homes($X^2 - 8.270$ P value -0.219), and in community($X^2 - 1.336$ P value -0.970).

Discussion

The finding of the present study was similar with the following authors. P.K Goel et al (2003) [8] reported that 55.1% of elderly were sad attitude towards their lives and 44.9% were having happy attitude. In the present study, most of the elderly female was having sad attitudes toward life than elderly males the common reasons being loneliness, death of spouse, illness. N Singh et al (2009) [9] observed that the attitudes of 42.2% elderly towards life were favorable, 32.7% elderly had neutral attitude and 25.1% elderly had unfavorable attitudes towards life.

The finding of the present study was not accordance with the following authors. Lena et al (2009) [10] revealed that 47.9% felt unhappy in life, 48% of the respondents felt sad. S. Gupta et al (2003) [11] 87.2% males and 81.2% female's cases were found happy attitude toward life. While 12.1 males and 16.2% females had unhappy attitude towards life.

In the present study among 200 elderly studied in old age homes 25 (45.5%) male and 30 (54.5%) female had mild depression, 40 (72.7%) male and 15 (27.3%) female had moderate depression whereas 10 (66.7%) male and 5 (33.3%) female had severe depression according to geriatric depression scale as compared to community 35 (67.3%) male and 17 (32.7%) female had mild depression, 27 (65.9%) male and 14 (34.1%) female had moderate depression whereas 14 (63.6%) male and 8 (36.4%) female had severe depression. In the old age homes elderly male had more depression than female ($p < 0.005$).

The findings of the present study were accordance with the following studies. P .Sengupta et al (2007) [12] reported that among 165 elderly studied, 35 (21.2%) suffered from depression, with possibility of depression in another 52 (31.5%) and 78 (47.3%) were normal. Saroj et al (2007) [13] revealed that out of 60 respondents, 16 (26.67%) were normal, 23(38.33%) were in moderate depression and 21(35.00%) were in severe depression.

The findings of the present study were not accordance with the following studies. Thilakvathi Subramanian et al (1999) observed that 27% were normal, 7% were border line and 66% were depressed. Depression was found to be more in females 75%.V B. Singh et al (2005) [14] revealed

that depression was diagnosed in 32 (27.6%) patients out of whom 24 were of mild severity and rests 8 were of moderate severity. Depression tends to be diminishing with advancing age.

In old age both in living in old age homes and community there are special problems which are different from those of younger person, Isolation from society and hopelessness are the important agonizing problems of old age and so they are more prone to depression.

Conclusion

In the community more number of elderly 90 (45.0%) were having happy attitude towards life than old age homes 65(32.5%), there was Significant difference ($p < 0.05$) between attitude toward life residence of old age homes and community. In the old age homes 40(72.7%) and 10 (66.7%) males were suffering from moderate and severe depression then females 15(27.3%) and (33.3%), as compared to community mild, moderate and severe depression were higher among males 35(67.3%), 27(65.9%), and 14(63.6%) than females 17(32.7%), 14(34.1%) and 8(36.4%) respectively. There was significant association found in old age homes between depression status and sex of elderly ($X^2 - 11.938$ P value - 0.008). There was no significant association found between depression status and age of elderly in old age homes and in the community.

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