

A study about depression and stress among older people

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Abstract

The main purpose of this research was to find out the mean difference between old age home and residing in their home in depression and stress among older people. The total 120 elderly (60 elderly in old age home and 60 residing in their home) of age range 60-80 year. The research tool for hospital anxiety and depression scale (HADS) and Use the scale Dr. shruti narain (2014) Stress scale (SS-LVNS) was used and the test was applied to check the depression and stress well-being and the ANOVA method used to check the difference. Result reveals that significant difference in stress and depression well-being –old age with respect to both old age with respect to both old age home and residing in their home. While the difference between stress and depression well-being reveals and the elderly people who live in old age home suffer from stress and depression and residing in their home elderly people live with family and happy and significant difference were found in stress and depression well-being in old age.

Keywords: Depression well-being, Stress, old age, elderly people live in old age home, elderly people live in residing in their home

1. Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Define ageing in terms of the biology; referring to “the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age.” old age has been viewed, as problematic period of one’s life and this is correct to same extent. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated. This may lead to the development of psychology of shunning the company of others.

Old age homes are a need of today as the life-styles are changing fast and diminishing acceptance of family responsibilities towards one’s elders. Older people are, therefore, in need of vital support their overall quality of life. The above studies demand that we should understand the concept of old age homes thoroughly and evaluating psychosocial status of senior citizen and related factors

Edward J. Stieglitz defines aging “as the elements of time living.” According to him “aging is a part of living.” Aging begins with conception and terminates with death. Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing.

Depression is a common problem among older adults. Studies have found that about 15% of those over age 65 experience symptoms of depression that cause them distress and make it hard for them to function. In late life, depression affects

primarily those with medical illnesses. Depression not only makes a person feel physically ill, but actually makes physical health worse and increases mortality. Late-life depression prevents a person from enjoying things he or she used to find pleasure in and can affect memory and concentration

Depression is one of the most common psychological conditions during the normal course of life with so much of losses and disappointments. Depression itself refers to a heterogeneous set of phenomenon ranging from simple mood swings to severe affective state. Geriatric depression is a major health hazard with devastating outcomes. According to Kalpan and Shadock 15 to 20% of old population may experience depression. Depression in old age is quite complex and it is much difficulty in diagnosis due to medical illnesses, dementia syndromes and heterogeneity of patients in the population. Arriving at an accurate diagnosis requires clinicians to differentiate between depression and after match of stroke, other types of brain injuries and illnesses. The changes in brain that underline depression remain elusive and researchers continue to grapple with clues to find its biological underpinnings and causes.

The several changes in daily life resulting from the aging process, due to physical, mental or social alterations elderly subjects’ experience, become a threat to bio psychosocial equilibrium, thus constituting a stress factor that is capable of stimulating behavioural and neurovegetative responses as an adaptation to stressor events:

The current definition of stress comprises an adaptive physiological response to a given environmental or internal demand posed on the subject organism, being the stressor the factor that triggers stress activation, while stress reactivity is the response set mobilized by the organism.

There are changes and stressors that come with each life stage. Childhood holds the stresses of school, bullying, and meeting

your parents’ expectations. The teenage years are full of hormonal tumult as you struggle to become an adult. The stresses of young adulthood vary. For some people, it’s juggling college and work in order to get the career that you want; for others, it’s starting a family and providing for your little ones. Middle age brings the stresses of trying to balance caring for older to adult children and aging loved ones, as well.

Late life is often seen as a time of great, often uncontrollable, stress (Rodin, 1986). Older people are often coping with chronic illness and disability, the loss of friends and family members, and their own impending mortality. However, Paykel (1983) found that the elderly report fewer stressful life events than do the young. Aldwin (1990) argued that most life event inventories sample problems which are more relevant to younger age groups, such as marriage, divorce, starting new jobs, or having children. Inventories which include items more relevant to older adults, such as retirement or divorce of children, tend to show few age differences in the amount of stress reported. Thus, older people may report the same number of life events, although the type of event may vary according to life stage (Murrell Norris, & Hutchins, 1984; Teri & Lewinsohn, 1982).

2. Objectives of the Study

- Assessment of anxiety and depression among elderly.
- To assess the effect of stress for elderly.

Hypothesis

- There is no significant relationship between anxiety and depression of elderly across age.
- There exists no significant impact on the stress of elderly.

3. Materials and Methods

The present study aim at purposive random sampling of wellbeing in old age, health profile social support, from deprived communities like, Education level marital status, working status, age. The practices they follow from as independent variable which affect and alter the dependent variable. Therefore the proposed study intends to study the well-being in old age.

4. Result

Study Area

Lucknow district of Uttar Pradesh was selected as the study area. The urban and semi-urban areas and selected the old age home –Aastha old age home and Sanjeevani Foundation (Charitable) Trust and Seva Sanklap old age home and residing in their home male and female aged group (60-80) year.

- The sample size of the study was restricted up to 120 samples. 30 male and female living in old age home and 30 male and female living residing in their home. Sample technique was purposive random sampling. Multistage sampling technique was followed in the present study.

Tools and techniques

To carry out the present study, the following tools were used to measure various parameters. The main tools were used in the study was Predesigned questionnaire, Use the scale Care Services And Health Care Use, Hospital Anxiety and depression scale (HADS), Use the scale Dr. shruti narain (2014) Stress scale (SS-LVNS)

- Independent variable was age, Gender, Residing in their home etc.
- Dependent variable was Health domain and stress well-being in older people.

Procedure

The samples of this study were personally and individually contacted and data was obtained through face-to face interview. The duration of data collection were spread over a period of two months (60 days). The obtained responses were scored and statistically analyzed.

Methods of data collection

The data for the present research was collected personally through interview method. A pilot study was conducted on 10% of the sample to validate the data collection instrument and requisite changes in the schedule were made. Visits were made to the selected areas in order to establish a rapport and to ensure full co-operation form the identified sample.

Table 1: Assessment of anxiety and depression among elderly.
Ho: There is no significant relationship between anxiety and depression of elderly across age. (N=120)

S. No.	Parameter	60-70	71-80	F	P
1	Feel tense ‘wound up’	3.00±1.170	2.98±.932	.007	.933
2	Enjoy things I used to enjoy	2.76±1.065	2.90±.987	.596	.442
3	Sort of frightened feeling	2.59±1.155	2.92±1.029	2.790	.098
4	Laugh funny side of things	3.19±.826	2.94±.885	2.636	.107
5	Worrying thoughts my mind	2.95±.926	2.98±.820	.894**	.000
6	Feel cheerful	2.66±1.101	2.76±.953	.301	.584
7	Ease feel relaxed	2.69±1.079	2.63±1.059	.096	.757
8	Feel slowed down	3.00±1.000	3.00±.951	.000	.970
9	Sort of feeling ‘butterflies’ stomach	2.26±1.001	2.47±1.051	.900**	.000
10	Lost interest appearance	2.29±1.185	2.52±1.052	1.192	.277
11	Feel restless move	2.98±.868	2.95±.858	.039	.844
12	Enjoyment to things.	2.78±1.044	2.85±1.038	.173	.679
13	Sudden feelings panic.	2.59±1.109	2.52±1.127	.118	.732
14	Enjoy good book radio television	3.29±.991	3.76±.935	6.988	.009

(P<0.05=Level of not significant)

Result depicted in table no -1.depicts that the P value calculated more than 0.05, which should that there was highly significant difference between age of respondent and Anxiety and Depression of elderly. Result also revealed that majority of the parameter significant (.000). It mean that there is difference between age respondent and Anxiety and

Depression.Hence the result revealed F test was found significant between age of respondent and Anxiety and Depression of Elderly. Which mean null hypothesis was rejected, which mean that Anxiety and Depression of elderly dependent or influenced by age.

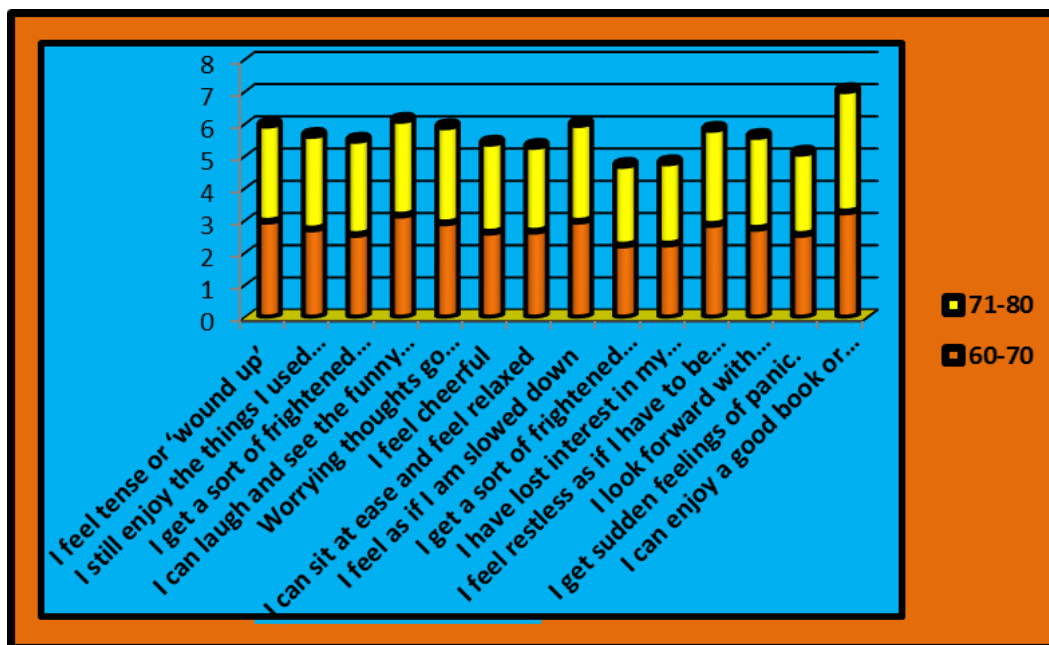


Fig 1: Distribution of the respondent anxiety and depression of elderly across- age.

Table 2: Assessment of stress among elderly.

Ho: There exists no significant relation between stresses among elderly. Across- Age.

S. No	Statement	60-70 Mean ± SD	71-80 Mean ± SD	T	p
1.	Perceive study as a burden	1.00±.000	1.54±.508	4200.000**	.000
2.	Lose your self control over discussion happening pertaining to any topic	1.75±.442	1.65±.485	2.148	.149
3.	Get more angry than required	1.62±.496	1.92±.272	43.261**	.000
4.	Start yelling and screaming when angry	1.85±.368	1.58±.504	19.032**	.000
5.	Intolerant being frequently questioned by your parents	1.92±.272	1.82±.496	43.267**	.000
6.	Unable to get to sleep for long despite going to bed	1.92±.272	1.58±.504	52.910**	.000
7.	Find yourself lagging behind	1.85±.368	1.58±.504	19.032**	.000
8.	Struggle to maintain pace with time.	1.94±.272	1.50±.510	63.021**	.000
9.	Find yourself tensed	1.85±.368	1.54±.508	21.930**	.000
10.	Performance decorating in any work	1.85±.368	1.73±.452	4.248	.045
11.	Feel guilty	1.62±.496	1.50±.510	1.406	.241
12.	Feel ashamed a number of times	1.85±.368	1.65±.485	11.030*	.002
13.	Differentiate between good and bad	1.77±.430	1.77±.430	.000	1.000
14.	A responsible child	1.77±.430	2.00±.000	61.224**	.000
15.	Feel yourself as weak/incapable	1.92±.272	1.62±.496	43.267**	.000
16.	Regret your life so far	1.46±.508	1.88±.326	34.667**	.000
17.	Unable to pay attention to your work	1.69±.471	1.81±.402	3.685	.061
18.	Find yourself unsuccessful	1.38±.496	1.42±.504	.298	.588
19.	Smoke or take alcohol	1.38±.496	1.23±.430	5.469	.023
20.	Difficult to take quick decisions	1.69±.471	1.69±.471	.000	1.000
21.	Work under time pressure or deadline pressure	1.54±.508	1.77±.430	9.524*	.003
22.	Feel physical restlessness after studying short while	1.62±.496	1.81±.402	9.268*	.004
23.	Anxious/worried about the future	2.00±.000	1.50±.510	1.830**	.000
24.	Friends often pressurize you to behave in the same manner as they do	1.85±.368	1.31±.471	7.308	.009
25.	Feel lack of concentration	1.85±.368	1.73±.452	4.248	0.45
26.	Feel that your parents expect more than required	1.69±.471	1.69±.471	.000	1.000
27.	Finish your work as per deadline/within time frame	1.54±.508	1.69±.471	3.822	.056
28.	Find the same work that once interested you boring now	1.85±.368	1.65±.485	11.030*	.002

(P<0.05=Level of highly significant)

Result depicted in table no- 2- depicts that the P value calculated more than 0.05, which should that there was highly significant difference between age of respondent and stress among elderly. Result also revealed that majority of the parameter highly significant (.000). It mean that there is difference between age of respondent and social support among elderly Hence the result revealed t test was found not significant. It mean there is highly significant difference between age and stress among elderly.

This mean that –Null hypothesis is rejected.

5. Discussion

Old age is usually discussed in connection with the different types of problems encountered by the aged and the welfare measures associated with providing them a better quality of life. It has been observed that physical diseases, psychological illness and adjustment problems are quite common during this phase of life. People in general are approachensive and speak about the difficulties that they face during the fag end of their lives. In aged physical changes include wrinkling of skin, stopped posture, flabbiness of muscles, decreased vision and hearing, a decreased efficiency of cardiovascular system. The theme of this age period is loss, which may be identified like loss of physical abilities, loss of intellectual processes, loss of work role and occupational identification (Retirement), loss of intimate ties, such as death of spouse, friends and other acquaintances. The major adjustment to be made includes adjustment to physical changes, retirement, loss of spouse and post-child rearing period (Empty nest syndrome), and grand parenthood. If favorable factors such as satisfaction of needs, retention of old friendships, positive social attitudes, etc. are present, they Foster ego integrity of the person. However without adequate support to sustain and bear the losses the older adult (Aged) is unalterable to a profound sense of insecurity. Despair and disgust can take over the person, including the feeling, time is running outland there are no alternatives possible at this late date. Serious personality breakdown in old age may lead to criminal behavior or suicidal tendencies. Elderly people need better physical health care and psychological care to nourish their well-being. Due to frail health condition, lack of adequate care and acorn by the family members, negligence by care givers, busy life schedule due to urbanization, elderly people are getting neglected. As a result they, become more vulnerable to physical and mental ailments. Institutional are is not just enough to rejuvenate their dormant mind and spirit. They need hospice care which includes keeping the old men and women at home in a conducive family environment and nursing them. In fact, hospice care is designed to provide palliative care and emotional support to dying patients and their family members [12]. We have witnessed renewed interest in home care for dying patients. Home care appears to be the care of choice for a substantial 50% of terminally ill patients [13]. Primary health care centers should have geriatric outpatient and inpatient facilities. Medicine or medical care alone will not guarantee wellness. Home using is recommended as it will be more beneficial and effective in keeping the aged people happy and content. They will enjoy better mental health and psychological well-being. Talking to the elderly people, keeping them engaged through activities, providing them with nutritious food with a touch of love and concern will definitely be a human approach to make them feel good, optimistic help

them developing a zest for life. Successful coping to stress in old age leads to good mental health, satisfaction, happiness and better quality of life [14]. Government policies and provisions for helping the senior citizens should be strictly implemented and monitored so that the benefits will reach them without much delay. Moreover, they rightfully deserve these benefits. Aberrations should be immediately brought to the notice of the Government and other agencies for quick redressed.

6. Conclusion

There were significant difference in depression and psychological well being among adult and aged. There were - 0.73 negative correlations are seen between depression and psychological well-being. It is clear that age-related differences in the stress and coping process can be attenuated by the use of interviews and that many of the differences are reflective of changes in social roles which in turn affect the nature of the problems faced in late life. This study has revealed that majority of the inhabitants in this old age home were elderly suffer from stress and majority of respondent feel depression. And whose elderly live in with family and social support was good feel happy. More than half of the participant expressed a moderate stress wellbeing as per test scores. Other socially constructed meaning of age are more significant such as the role assigned to older people ;in some cases it is the loss of roles accompanying physical decline which is significant in defining old age.

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