Exploration of Common Mental Health Problems Encountered by the Elderly Persons and the Facilities Provided by the Family in a Selected Rural Area of Meghalaya

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Abstract

An elderly period is the critical period which requires special attention to adapt to the changes of life. Depressive and anxiety disorders are common among elderly people, yet these problems go undetected because they are often mistakenly considered a part of the aging process. The

problems of elderly range from absence of ensured and their dependents, to ill health, absence of social security, loss of social role and recognition, and non-availability of opportunities for creative use of free time. Inadequate support from the care givers leads to lack of moral, emotional and physical support for elderly**.** The investigator conducted a descriptive study to explore the common mental health problems encountered by the elderly persons and the facilities provided by the family in a selected rural community of Meghalaya to identify the occurrence of common mental health problems among the elderly. Investigators adopted a descriptive survey design where 100 samples of aged 60 years and above were selected by convenient sampling technique from rural community of Bajengdoba area, Dist: East Garo Hills, Meghalaya. Data was collected with the help of Short Anxiety Screening Test, Geriatric Depression Scale and structured Interview Schedule. The finding of the study reveals that the overall prevalence of anxiety and depression was 19% and 83% respectively. The participants have reported very high physical (37%), psychological (32%) and social support (47 %) while the economic support is found to be low (49%). There was a significant association ($p < 0.05$) of anxiety with education level and per capita income of elderly person whereas depression was statistically associated with education, per capita income and occupation of the elderly person. Significant association was found between common mental health problems and the level of physical support, social support and economic support provided by the family for the elderly person. Anxiety and depression in elderly is a serious thing that should be the concerned of the family and society. So, more Community-Based studies should be conducted.

Keywords: Anxiety, Depression, Elderly Person, Common Mental Health Problems.

Introduction

Aging- the normal process of a time related change begins with birth and continues throughout life. According to Erik-Erikson, this stage is a culmination of many intra psychic and interpersonal changes [1]. A high prevalence of mental disorder is seen in old age [2]. The Indian aged is currently the second largest in the world [2]. Increase in life expectancy has resulted in an increasing number of elderly persons which contribute to 7% of India's population. With emerging changes in our social and cultural values, the elderly who are economically

unproductive are sadly neglected, making them vulnerable to have physical and mental morbidity, besides having psychosocial problems [3,4]. Among the various mental disorders of old age depression and anxiety are the commonest problem observed in the community [3,2].

According to the United Nation's projection, by the year 2050, every third person in the universe, will be aged 60 years and above and by the year 2020, Globally India will be among the top ten countries with the largest population of the elderly [5].Today aging is a concern of the whole world and they demand that society should not only ensure independence and participation, but also provide care, fulfillment and dignity. Old age is the closing period of the life of an individual. It is a period when people move away from their more desirable period or times of usefulness [6].Limited understanding of factors, influencing their quality of life is largely responsible for the elderly being denied a dignified existence. After all, the last stage of life holds as much potential for growth and development as earlier stages [7].

Currently, India is entering the grey revolution. The proportion of those who would be aged 60years and above is estimated to be 7.7% for the year 2000, and this proportion are expected to reach 12.6% in 2025. The Indian aged population is currently the second largest in the world (8). Rao and Madhavan [9] highlighted that depression is becoming a public health problem and have shown that well designed interventions are capable of reducing the incidence of depression and anxiety .Newman et al carried out a study in Edmonton, on a community sample of people over 65 years of age, found the rate of depressive disorders as 11.2%.In India, the principal mental disorders of later life are mood disorders (predominantly depressions) and dementia (10).

Old age is associated with various physical disabilities which lead to dependency on others for daily activities. This dependency on others leads to depression. Negligence by family members is one of the most important factors for depression among elderly persons. Study showed that lack of affection and care were precipitating factors for depressive illness in elderly.

Late life depression is associated with sex, marital status, literacy, socio-economic status and family care. These factors should be addressed while formulating health services for elderly persons [3]. Though depression and anxiety is the commonest mental health problem in old age, very few community-based studies had been conducted in India, to understand the problem. No similar study had been conducted in the past among the geriatric population in the selected rural community of Meghalaya. With this background, the present study was attempted to address the situation and determine the prevalence of common mental health problems of the elderly population.

Objectives

The study aimed to :

1. Identify the occurrence of common mental health problems encountered by the elderly

2. Explore the facilities provided by the family for elderly

3. Identify association between common mental health problems and facilities provided by the family for the elderly with selected factors.

Materials and Methods

The research approach adopted was non-experimental survey approach with descriptive survey design. The Research variable was common mental health problems and facilities provided by the family members who were assessed among elderly person available in selected rural community of Meghalaya.

The study was conducted selected community of Bajengdoba area, Dist: East Garo Hills, Meghalaya. The population under study consisted of 100 elderly who were 60 years and above, enlisted in election voter list and were living with family members are selected by non probability Convenient sampling technique from selected community of Bajengdoba area, Meghalaya and who were willing to participate in the study. The instrument used for data collection was a structured interview schedule on background information, Standardized Short Anxiety Screening Test, Standardized Geriatric Depression Scale and Structured interview
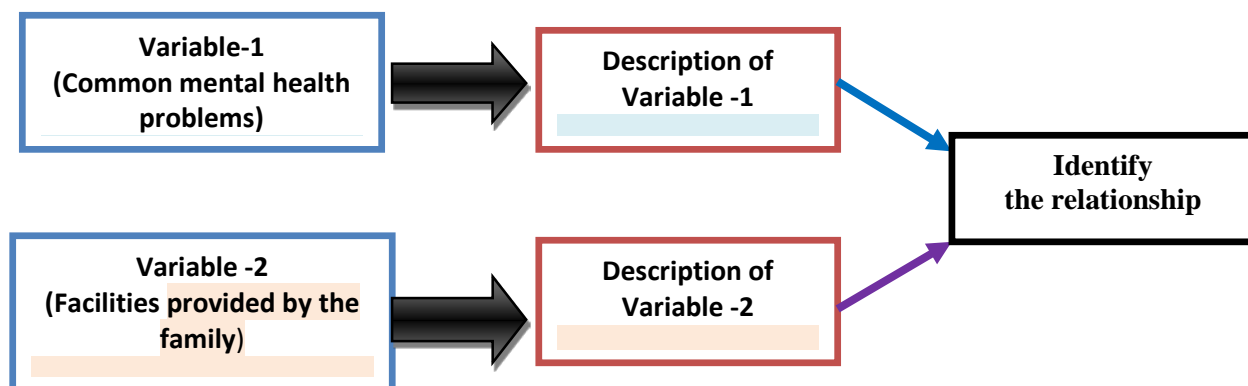
Fig. (5). Schematic Representation of the Research Design

schedule on Facilities provided by the family for elderly. The investigator established the content validity of the tools by submitting the tool to nine experts of various Departments out of which, one was from Department of Public Health, one from Department of Behavioral Sciences, two from Department of Nursing, two from Department of Psychiatry, and three from Department of Psychology. The experts were interested in the problem area and most of them agreed on the content and organization of the items. The Garo versions were prepared and language validity was established by retranslating it back to English language with the help of language expert. Few Garo words were simplified for clarity.

Data Collection Procedure

The data for the study were collected from the selected area of Bajengdoba, East Garo Hills, Meghalaya.

1. Formal administrative permission was sought from the Sub-Divisional Officer

2. The investigator first enlisted the names of the participants who met the criteria of the selection for the study. They were from the voters' list of selected area which was used as a sampling frame. Then the investigator started study with the participants enlisted in the list. A total of 100 participants were selected from the list for the present study.

3. The home setting was selected with a total of 100 elderly persons according to the suitability

4. of the time of the participants for the final study

5.

Results and Discussion

Description of sample the characteristics:

In the present study, out of 100 participants, about 44% of the participants belonged to the age group of 71-80 years among which 54% of the participants were females and most of the participants (91%) were Christians. Majority of the participants (68%) were married and 39% of the participants were illiterate. About 58% of the participants lived on household work. Thirty six percent of the participants reported as their per capita income to be in the range of Rs.2001-3000.Most of the participants (94%) lived in nuclear type of families and about 45% of the participants were having more than 4 children.

Description of the occurrence of common mental health problem

Table (1): Prevalence of   common mental health problem   N=100

Common Mental Health Problem		f
Anxiety	Positive	29
	Negative	16
Depression	Present	83
	Absent	17

Note: All categories of data are not mutually exclusive.

The data highlights that out of 100 participants, 55% of the participants were suffering from borderline anxiety disorder and only 16% of the participants were without any symptoms of anxiety disorder. The data further reveals that, most of the participants (83%) screened positive for depression whereas only 17% were found to have no depression.

The data reveals that, out of 100 participants majority of the females   (55.17% and 59.03%) were more likely to suffer from anxiety and depression respectively. The prevalence of anxiety was found higher (44.82%) in age group of 60-70 years whereas in case of depression, age group of 71-80 years suffered more (45.78%) from depression. The data highlights that;

Description of the category of participant in relation to the prevalence of common mental health problem in elderly.

Table (2). Category of participants in relation to prevalence of anxiety and depression

N= 100

Sl. No.	Category of participants	Common Mental Health Problem			
		Anxiety (n= 29)		Depression (n= 83)	
		f	%	f	%
1	**Sex**				
	Male	13	44.82	34	40.96
	Female	16	55.17	49	59.03
2	**Age**				
	60- 70 years	13	44.82	34	40.96
	71-80 years	11	37.93	38	45.78
	81-90 years	05	17.24	09	10.84
	Above 90 years	-	-	2	2.40
3	**Educational status**				
	1Illiterate	07	24.13	38	45.78
	Primary	11	37.93	24	28.91
	Secondary	06	20.68	19	22.89
	Graduate	05	17.24	01	2.40
	Post graduate	-	-	-	-
4	**Occupation**				
	Household work	16	55.17	57	68.67
	Service	11	37.93	10	12.04
	Family business	02	6.8	14	16.86
	Others specify	-	-	02	2.40

prevalence of anxiety was more (55.17 %) with lower level of education i.e primary level, whereas percentage of depression was found higher (45.78 %) with illiterate elderly participants. The data further reveals that, the elderly on household work were more likely to suffer from anxiety (55.17%), whereas in case of depression this percentage goes up to 68.67%.

The data reveals that, 69% of the married elderly participants suffered more from anxiety
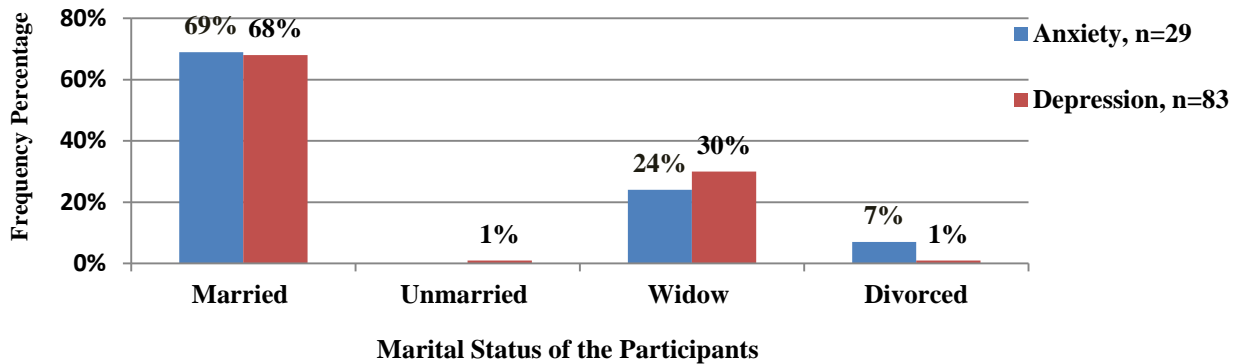
Fig (2) Category of anxiety and depression in terms of marital status.

and none of the unmarried was suffering from anxiety, whereas 68% of the married participants suffered more from depression and only one percent each of unmarried and divorced were suffering from depression.
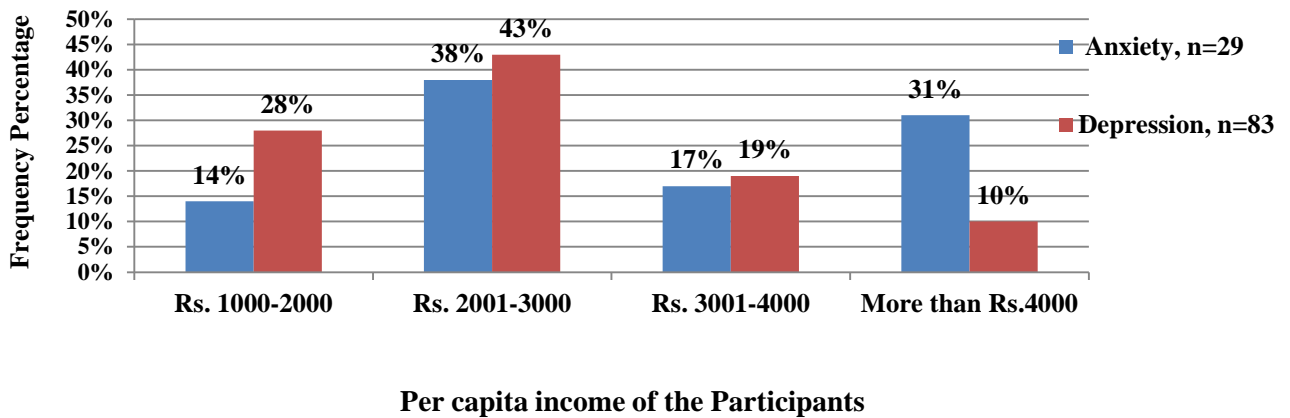
Fig (3) Category of anxiety and depression in terms of per capita income.

The data shows that, prevalence of anxiety was higher (38 %) in participants with income range of Rs 2001-3000 and only 14% of the participants with income range of Rs 1000-2000 were suffering from anxiety but in the case of depression this percentage goes upto 43% with income range of Rs 2001-3000 and only ten percent with income of more than Rs.4000 were suffering from depression.

Type of family of the Participants
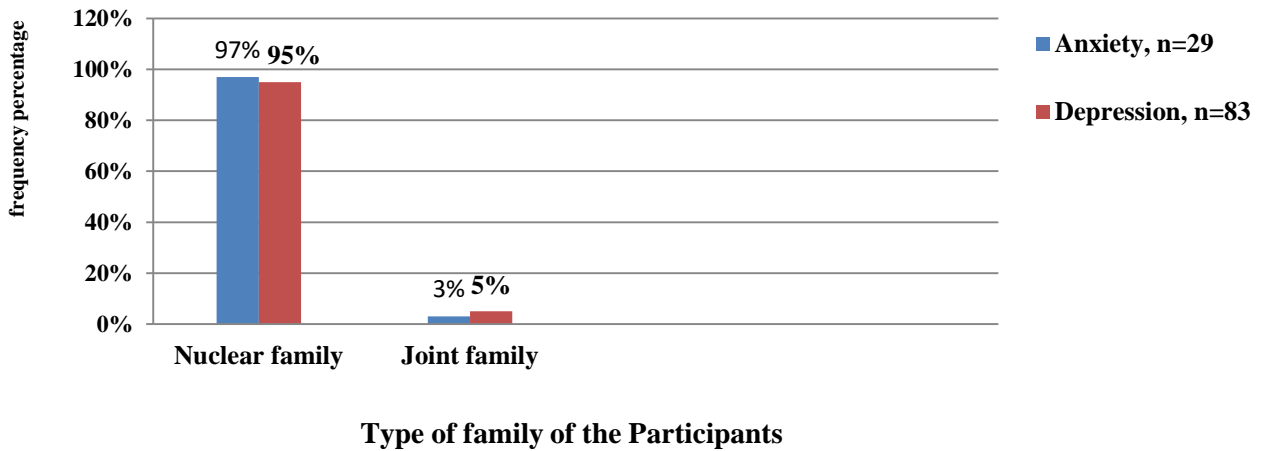
Fig(4) Category of anxiety and depression by their type of family.

The data shows that, 97% of the participants belonging to nuclear family suffered more from anxiety and only three percent from the joint family were found to have anxiety, and in case of depression 95% of the participants of nuclear family suffered more from depression than in joint family system (5%).

Description of the facilities provided by the family for the elderly

Table (3) Facilities provided by family for the elderly

N=100

Family Support	Physical Support	Psychological Support	Social Support	Economic Support
	f	*f*	*f*	*f*
Very high	37	*32*	07	11
High	23	*15*	47	13
Moderate	24	*28*	34	27
Low	16	*25*	12	49

Note: All categories of data are not mutually exclusive and exhaustive.

The data reveals that out of 100 participants, 37% of the participants reported having very high physical support from the family and 16% reported having low support. The data shows that, a

very high level of psychological support was reported among 32% and only 25% reported having low psychological support from the family. The data further reveals that maximum no. of participants (47%) received high social support whereas only 12 % were reported having low social support. The data also shows that, the economic support was low in 49% as only 11% received a very high economic support from the family.

Description of Association between common mental health problems and the selected factors.

Table (4) Association between anxiety and selected demographic variables of the elderly

N=100

Sl no.	Demographic Variables	Anxiety			df	χ^2	*p*-value
		Negative	Borderline	Positive			
1	**Education**						
	Illiterate	08	25	06	8	20.26*	15.51
	Primary	05	14	12			
	Secondary	02	15	06			
	Graduate	01	01	05			
	Post Graduate	-	-	-			
2	**Marital status**						
	Married	13	35	20	6	9.84	12.59
	Unmarried	01	01	-			
	Widow	02	19	07			
	Divorced	-	-	02			
3	**Occupation**						
	Household work	11	31	16	6	10.93	12.59
	Service	02	08	11			
	Family Business	02	10	02			
	Others	01	06	-			
4	**Per capita income**						
	Rs.1000-2000	07	15	03	6	13.41*	12.59
	Rs. 2001-3000	03	22	12			
	Rs.3001-4000	05	12	05			
	> Rs. 4000	01	06	19			

*$p < 0.05$.

The data reveals that there was statistically significant association between anxiety and selected demographic variables such as education, and per capita income.

Table (5) Association between depression and selected demographic variables of elderly

N=100

Sl No.	Demographic Variables	Depression		df	$\chi2$	p-value
		Present	Absent			
1	**Education**					
	Illiterate	38	01	4	21.78*	9.49
	Primary	24	07			
	Secondary	19	04			
	Graduate	02	04			
	Post Graduate	-	01			
2	**Marital status**					
	Married	56	12	3	3.87	7.82
	Unmarried	01	01			
	Widow	25	03			
	Divorced	01	01			
3	**Occupation**					
	Household work	56	02	3	37.00*	7.82
	Service	10	11			
	Family Business	14	-			
	Others	03	04			
4	**Per capita income**					
	Rs.1000-2000	23	02	3	17.77*	7.82
	Rs. 2001-3000	35	02			
	Rs.3001-4000	17	05			
	> Rs. 4000	08	08			

*$p < 0.05$

The data shows that there was a significant association between depression and selected demographic variables such as Education, Occupation, and Per capita income.

Description of Association between common mental health problems and facilities provided by the family.

Table (6) Association between anxiety and facilities provided by family for the elderly.

N= 100

Sl no.	Facilities provided	Anxiety			df	χ^2	p-value
		Negative	Borderline	Positive			
1	**Physical support.**						
	Very high	10	15	12	6	17.3*	12.59
	High	04	11	08			
	Moderate	01	21	02			
	Low	01	08	07			
2	**Psychological support.**						
	Very high	09	17	05	6	12.16	12.59
	High	02	11	03			
	Moderate	01	14	13			
	Low	04	13	08			
3	**Social support**						
	Very high	-	03	04	6	7.83	12.59
	High	06	31	10			
	Moderate	07	15	12			
	Low	03	06	03			
4	**Economic support.**						
	Very high	-	07	03	6	4.33	12.59
	High	01	08	04			
	Moderate	04	15	09			
	Low	11	25	13			

*$p < 0.05$

The data shows that there was no statistically significant association between anxiety and facilities provided by family such as Psychological, Social, and Economic Support.

Table 7: Association between depression and facilities provided by family for the elderly.

N=100

Sl No.	Facilities provided	Depression		df	χ^2	p-value
		Present	**Absent**			
1	**Physical support.**					
	Very high	27	10	3	7.55	7.82
	High	19	04			
	Moderate	24	-			
	Low	13	03			
2	**Psychological support.**					
	Very high	23	08	3	3.92	7.82
	High	15	01			
	Moderate	25	03			
	Low	20	05			
3	**Social support**					
	Very high	02	05	3	21.92*	7.82
	High	41	06			
	Moderate	31	03			
	Low	12	-			
4	**Economic support.**					
	Very high	06	04	3	8.19*	7.82
	High	09	04			
	Moderate	23	05			
	Low	45	04			

*$p < 0.05$

The data reveals that there was statistically significant association between facilities provided by family such as Social, and Economic Support with depression in elderly.

Discussion

The present study found anxiety and depression to be significantly higher in females, age group of 60-70 years, illiterate with a lower level of education and per capita income that range from Rs.2001-3000. Most of them are married, living on household work and live in nuclear types of families. The study findings were consistent with the observations made by Taqui et al

[10] Chowdhury and Rasania [11] who found depression to be significantly higher in females, age group of 60 years and above, subjects living in nuclear family system, illiterate, unemployed and low socio-economic class.

The present study reveals that majority of the participants have reported very high physical (37%), psychological (32%) and social support (47 %). However, the economic support provided by the family is found to be low (49%).The study conducted by Munshi et al [12] found that persons with family support were less prone to depression as against the persons without family support and depression was 3 times higher in the people without family support 60% against 20%.

The present study found a statistically significant association between anxiety and selected demographic variables, such as education, and per capita income. A significant association is also found between depression and selected demographic variables such as education, occupation, and per capita income. The findings of the present study was supported by the study of Taqui et al [10] who found low level of education to be directly associated with depression in the elderly participants. A low level of education makes it difficult for an individual to accomplish certain tasks satisfactorily in the society. So the elderly who face such problems were at a greater risk of suffering from depression.

The present study also highlights a statistically significant association between anxiety and the physical support provided by family for the elderly. A statistically significant association is also found between facilities such as social and economic support with depression in elderly. Leung et al [13] revealed that less emotional support and more criticism from the family were associated with more depressive and anxiety symptoms. Taqui et al and Barua et al [10,14] found that Social support programs are helpful in anxiety and depression of the elderly to ensure their well-being. Multiple other problems or financial burdens are much more bearable by the elderly if family support is present.

Conclusion

The prevalence of anxiety and depression was found to be 29% and 83% respectively. Majority of the subjects reported very high physical, psychological and social support except the economic support which was found to be low. A statistically significant association was found between anxiety and selected demographic variables such as education, and per capita income. A significant association was also found between depression and selected demographic variables such as education, occupation, and per capita income. There was a significant association between anxiety and the physical support provided by family for the elderly. A statistically significant association was found between facilities such as social and economic support with depression in elderly.

Limitation and Recommendations

The sample is delimited in the response of the elderly on questions related to psychological support, because it was not the actual response of the participants due to presence of some family members during the interview. In view of the findings and limitations of the present study following recommendations are offered for further research. A similar study can be replicated on a larger sample, can be conducted in different setting, survey of the factors that influence the common mental health problems of the aged can be undertaken, compare the common mental health problems of the institutionalized aged and community living aged can be carried out.

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