IMPACT OF AGE, GENDER AND SOCIAL SUPPORT ON DEPRESSION AMONG COMMUNITY DWELLING ELDERLY

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Abstract: *Old age is also associated with a number of problems. These problems are either due to old age or as a result of interactive effect of social and economic problems. Depression is a common psychological problem among elderly, but it is not a normal part of aging, it connected with feeling of unhappiness, losing attention or happiness, guilty feeling or low self-worth, sleep disorder, appetite, exhausted feeling, and poor attention. Social support is one of the important factors that play a major role in maintaining well-being among elderly. This study is an attempt to examine the impact of gender, age and social support on depression among community dwelling elderly in a sample of 360 communities dwelling elderly with the age group of 60-65, 66-70 and 71-75 years living in Ranga Reddy dist .Telangana State. To asses depression Geriatric Depression Scale-GDS-15 Telugu version was used and perception of social supports would be measured by Social Supports Inventory for the Elderly. Results found that there is no gender difference in experiencing of depression, high depression was found in 71-75 years compare to other groups of 60-65 and 66-70 years and also found that who had low social support experiencing high depression. It found that depression has been increasing with increasing age and social support has influence on depression among community dwelling elderly.*

Key Words: *Depression, Social Support, Unhappiness, Guilty , Exhausted Feeling, Appetite.*

1. INTRODUCTION:

Ageing is a universal and inevitable developmental phenomenon followed by more changes in dominos of physical, psychological and social. Biological aging refers to regular changes that occur in mature genetically representative organism living under representative environmental conditions as they advance in chronological age [1]. The elderly population is growing faster than the total population throughout the world. The proportion of the elderly population in India rose from 5.6% in 1961 to 7.5% in 2001 and it will rise to 9% by 2016 by [2]. The Indian elderly population is currently the second largest in the world [3].

In the Indian culture, the elderly must depend on their family members for economic, social and psychological support. Moreover the elderly pass their leisure time happily, especially with their grand children ie family members. Living arrangements are an important component of the overall well-being of the elderly. Family care is the main source of social protection for the elderly. Now-a-days in India too as in western countries, old age homes are increasing. Some elderly persons, even though they like to stay in their family, are forced to stay in the old age homes. Studies have been conducted on different aspects comparing their well-being, life satisfaction etc in India and all the studies revealed that life satisfaction was higher among the non-institute living elderly group when compared to the institutional living elderly.

Depression in elderly creates many troubles in shipping out behavior of daily living. In other words, there is on increased need on others and health care systems. They have also viewed that depression in later life has serious consequences including increased health cost, distress on care givers, amplified disabilities and increased morbidity and suicide. Loss of a spouse takes a heavy toll on health and is one of the primary causes of depression. Being left alone often prevents many older persons from enjoying life. Use of multiple medicines, retirements, financial crisis, fear of death, bereavement etc. worsen the situation. [4] Has observed that those who are divorced or separated are more likely to be depressed than those who are married. Moreover, women are more likely to be depressed than men. Marital status and sex have consistent effect across countries, even through the overall rate of depression differs.

Social support is closely associated with the concept of social network, the ties to family, friends, neighbors, and other important persons. Within the concept of social network, social support is the potential of the network to provide support. Social support has mainly separated in to structural and functional domains. Elderly regularly frequency of contact with friends or family, voluntary organizations or associations, religious services and other community service known as structural social support and functional social support includes happiness with such areas as spoken and physical appraisal, material help with tasks, communication of helpful information and guidance and social companionship [5][6].

Social relationships, extending from social isolation to social support, have long been concerned in the risk factors for depression among elderly. Social support is a multi factorial construct. It includes measurement of recognition, perception, structure, and behavior. Social isolation, detachment and impaired social support have been related with moderate and severe depressive symptoms among elderly [7].

The most vital findings included perceived support and also called emotional support. Perceived social support has proved to be among the most robust indicator of aged depressive symptoms [8]. [9] study found that there is a significant relationship between social support and depressive symptoms and symptoms on all dimensions of social support, including size of social network, composition of social network, frequency of social contact, satisfaction of social support, emotional support, and helping others. However, again, satisfaction with support was a more important predictor of depression than the other objective measures of network relationships. The outcomes consequences of low social relationships can be influence more depression among elderly, because the lack of a friend or a confidante can contribute to suicidal behavior in elders. Elders may keenly feel the effects of loneliness. Loneliness has been defined by one group as the absence of a sense of integration into the social environment or as a lower level of perceived emotional togetherness in social interactions. Elders who are lonely are more depressed and experience less togetherness than those who are not lonely. The risk of depression caused by a lack of contact with friends was a major risk factor but also change the relationship between handicap and depression. Maintenance of depression was predicted by low levels of social support and social participation, rather than by disablement [10].

[11] Study showed almost twice as high prevalence of depression for women than men. They also found that sex differences in association with risk factors were small, but females were considerably more exposed to risk factors than men. Risk factors for men were: not being or no longer being married, low income and low emotional social support received. For women, the risk factors constituted of: not being or no longer being married, having completed lower level of education, lower income, one or more chronic physical illnesses and one or more functional limitations.

2. OBJECTIVES:

Keeping in the context of fore going observation a need was felt to examine depression among community dwelling elderly with the following objectives.

- To examine the level of depression among male and female community dwelling elderly.
- To examine the level of depression among different age groups viz.., 60-65, 66-70 and 71-75 years community dwelling elderly.
- Te examines the level of depression among community dwelling elderly in relation to social support.

2.1 Hypothesis

Keeping the fore said objective, the following hypotheses were farmed.

- Gender of the community dwelling elderly would significantly influence their depression.
- Age of the community dwelling elderly would significantly influence their depression.
- There would be significant difference in depression among community dwelling elderly with low and high social support.

3. MATERIALS :

Research Tools: To collect the information related to hypothesis the study we require one personal data form and two questionnaires.

3.1. Personal Data Form (PDF): Personal Data form (PDF) to seek information on relevant socio-demographic characteristics of participants.

3.2. Depression was assessed by using **Geriatric Depression Scale** [12] developed by Yessavage and standardized by Jamuna .D (2013) as a part of ICSSR. The 15 item GDS-15 has been translated to Telugu, the regional language and was administered to 30 Indian older adults (N = 30; 60-70 years) with an interval of 10 days. The test-retest reliability of GDS-15 was 0.87.

3.3. Perception of social supports was measured by a standardized tool of Social Supports Inventory [13] for the Elderly by Ramamurti, P.V. and Jamuna, D. (1991).standardized by Jamuna .D (2012) a part of ICMR.

4. METHOD:

For purposes of the present study, the sample was selected by random sampling method in Ranaga Reddy District, Telangana State, India .The total sample of 360 community dwelling elderly consists of 120 community dwelling elderly with age group of 60-65 years which were 60 were male and 60 were female , 120 elderly with age group of 66-70 years which were 60 were male and 60 were female and 120 elderly with age group of 71-75 which were 60 were male and 60 were female community dwelling elderly.

4.1 Procedure

The present study was conducted in Ranga Reddy Dirt of Telangana State. India. They were informed about the broad purpose of the study and were requested to cooperate to complete the study, then given Personal Data form (PDF) to seek information on relevant socio-demographic characteristics of participants and to examine the depression "Geriatric Depression Inventory (GDS - 15) " and to assess the perception of social support "Social Supports Inventory" was given . It was also made clear to them that their responses and identity would be kept confidential.

5. RESULTS AND DISCUSSION:

After collecting required data from community dwelling elderly the scoring of the obtained data was done according to the manuals. Appropriate statistical test like mean, standard deviation "t" test used. The interpretations of the results obtained are as follows.

Table 1: Showing **the Mean, SD and "t" value of depression in relation to gender .**

Gender	N	Mean (SD)	t-value
a. Male	180	1.73(.446)	1.484 @ (a-b)
b. Female	180	1.79(.408)	
Note : ** indicate that it is significant at <0.01; * indicate that it is significant at <0.05; @ indicate that No Significance			

Table 1 shows the depression scores of male and female community dwelling elderly, male mean depression score is 1.73 and female mean depression score is 1.79. To know whether there are any differences among male and female community dwelling elderly depression level t test was conducted, pertaining t value 1.48(for a df of 358) which is not significant, indicating that there are no gender difference in experience of depression among male and female community dwelling elderly .Thus the hypothesis " The gender of the community dwelling elderly would significantly influence their depression" is rejected.

Table 2 : Showing the Mean, SD and "t" values of depression among different age groups of community dwelling elderly.

Age	N	Mean(SD)	t-value
a.60-65	120	1.63(.484)	2.268*(a-b)
b.66-70	120	1.77(.425)	2.397*(b-c)
c.71-75	120	1.88(.322)	4.710**(c-a)
Note : ** indicate that it is significant at <0.01; * indicate that it is significant at <0.05; @ indicate that No Significance			

Table 2 shows the depression score in relation to their age. The mean depression score of the community dwelling elderly whose age is between 60-65 is 1.63, 66-70 is 1.77 and for the age group between 71-75 is 1.88, among these three groups the community dwelling elderly who's age is between 71-75 have experienced more depression compared to the other community dwelling elderly of 66-70and 60-65 age group. This shows that the aged between 71-75 have experienced more depression compared to the other two groups .To know whether there are any significant differences among groups , t test carried out and the t values is 2.26 (for a df of 238) for the community dwelling elderly of 60-65 and 66-70 which is significant at 0.05 level , indicating that the two groups differ significantly among themselves in the depression .Similarly the t value of depression score between the community dwelling elderly age group 66-70 and 71-75 is 2.39 (for a df of 238) which is significant at 0.05 level . The t value between age group 71-75 and 60-65 is 4.71 (for a df of 238) which is also significant at 0.01 level. When we observed the mean difference scores of community dwelling elderly it is found that the depression has increased with the age .The community dwelling elderly age group of 71-75 has obtained highest depression score compared the other two groups. Thus the hypothesis " the age of the community dwelling elderly would significantly influence their depression" is accepted.

Table 3: Showing the Mean, SD and "t" value of depression in relation to social support

Social Support	N	Mean(SD)	t-Value
a. Low social support	197	1.84(.370)	3.804**

b. High social support	163	1.67(.472)	
Note : ** indicate that it is significant at <0.01; * indicate that it is significant at <0.05; @ indicate that No Significance			

According to table 3 results the depression scores among elderly in relation to social support is as follows elderly with low social support depression score is 1.84 and community dwelling elderly with high social support depression score is 1.67. The t value pertaing to the above two means score is 3.80 (for a df of 358) which is significant at 0.01 level, indicating that there are a significant difference in experience of depression among elderly with low social support and high social support .Thus the hypothesis "There would be significant difference in depression among community dwelling elderly with low and high social support" is accepted.

6. FINDINGS:

Based on the obtained results the following are major findings pertaining to depression among community dwelling elderly.

- There is no gender difference in experience of depression among community dwelling elderly.
- The elderly between 71-75 have expressed more depression compare to other three groups of community dwelling elderly . It was found that depression increase with increasing age among community dwelling elderly.
- There was a significant difference in depression level was noticed between low social support and high social support among community dwelling elderly. Low social support receiving elderly have experiencing more depression compare to who are receiving high social support .It found that by increasing social support depression will decrease among community dwelling elderly.

7. RECOMMENDATIONS:

In view depression in community dwelling elderly, a future study with large representative samples (across late years of life) would throw more light and go a long way in understanding psychological problems of mental health. The data output would be highly useful for mental health care policy for older adults.

8. CONCLUSION:

When we observe the contribution of age, gender and social support variables on outcome variable depression among community dwelling elderly, it was found that there is no gender difference in experiencing of depression among community dwelling elderly. High depression was found in 71-75 years compare to other groups of 60-65 and 66-70 years and also found that high depression among elderly who have low social support. It found that depression has increased with increasing age and lack of social support as has influence on depression among community dwelling elderly.

REFERENCES:

1. Birren, J.E., & Schaie, W. (2006). *Handbook of Psychology of Aging*. New York: Academic Press.
2. Kandpal SD, Kakkar R, Aggarwal P. Mental and social dimensions in geriatric population: Need of the hour. Indian J Community Health 2012;24:71-2.
3. The World Health Organization. Mental Health. Available from: http://www.who.org. [Last cited on 2013 Aug 12].
4. Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, et al. (1996) Cross-national epidemiology of major depression and bipolar disorder. JAMA 276: 293-299.
5. Cobb, S. (1976). Social support as Moderator of Life Stress. Psychosomatic Medicine (38), 300-314.
6. Cutrona, C.E. (1996). Social support in couples: Marriage as a resource in times of stress. California: Sage Publications Inc.**[7].**Blazer DG. Depression and social support in late life: a clear but not obvious relationship. Aging Ment Health 2005; 9(6):497–9.
7. Bruce ML. Psychosocial risk factors for depressive disorders in late life. Biol Psychiatry 2002;52(3):175–84.
8. Chi I, Chou KL. Social support and depression among elderly Chinese people in Hong Kong. Int J Aging Hum Dev 2001;52(3):231–52.
9. Prince MJ, Harwood RH, Thomas A, et al. A prospective population-based cohort study of the effects of disablement and social milieu on the onset and maintenance of late-life depression. The Gospel Oak Project VII. Psychol Med 1998;28(2):337–50.
10. Sonnenberg, C. M., Beekman, A. T., Deeg, D. J., & van Tilburg, W. (2000). Sex differences in late-life depression. *Acta Psychiatrica Scandinavica*, *101*(4), 286-292.
11. Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M.B., & Leirer, V.O. (1983).Development and validation of a geriatric depression screening Scale a preliminary report.Journal of Psychiatric Research, 17, 37-49.
12. Ramamurti, P.V. and Jamuna, D. (1991). Social Supports Inventory for the Elderly, Journal of Psychological Researches, Vol. 35, 133-136.