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THE PREVALENCE OF DEPRESSION AMONG THE ELDERLY PERSONS LIVING IN OLD AGE HOMES AND LIVING WITH FAMILIES IN URBAN AREAS.

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Abstract: Depression in old age is a growing public health issue that causes morbidity and has a negative impact on quality of life. Depression in the elderly is underdiagnosed and undertreated since it is not yet recognized as a public health issue. The elderly's mental health is influenced by their physical and social environments. As a result, the study was designed to assess and compare depression among elderly people who live in old age homes (OAHs) and those who live with their families in urban areas. The purpose of the study is to assess the prevalence of depression among the elderly people living in old age homes and living with families in urban areas. The sample consists of 100 elderly people in the age range of 65-75 years. Out of them 50 males and 50 females. Half of them were living in old age homes (OAHs) and the other half in families. Sample was selected through purposive sampling. Both males and females participated in the study. The data was collected online through a google form questionnaire. Geriatric Depression Scale (GDS-15) was used to measure the depression level of the participants. As a result, the t-tests were interpreted to find the gender difference between the 2 variables of depression. Significant gender difference between males and females was found in depression.

Also, the prevalence of depression is more among elderly females as compared to than elderly males.

Index Terms **- Depression, Risk Factors, Elderly person, Old age homes, Family.**

I. INTRODUCTION

Depression (major depressive disorder) is a widespread and significant medical condition that has a negative impact on how you feel, think and act. It is, fortunately, also curable. Depression produces unhappiness and/ or a loss of interest in previously appreciated activities. It can cause a slew of mental and physical issues, as well as a reduction in your capacity to operate at work and at home. In terms of its prevalence, as well as the pain, dysfunction, morbidity and economic cost it causes depression is a serious public health concern. Women are more likely than men to suffer from depression. The point prevalence of unipolar depressive episodes is estimated to be 1.9 percent for men and 3.2 percent for women in the Global Burden of Disease report, with a one-year prevalence of 5.8 percent for men and 9.5 percent for women. If current demographic and epidemiological trends continue, the burden of depression is expected to rise to 5.7 percent of the overall burden of disease by 2024, making it the second biggest cause of disability-adjusted life years (DALYs), behind only ischemic heart disease. Depression has always been a topic of concern for researches in India due to the high morbidity. Several writers have attempted to investigate its prevalence, nosological difficulties, psychosocial risk factors such as life events, symptomology in the cultural context, comorbidity, psych neurobiology, treatment, outcome, prevention, impairment and burden. Some of the research also attempted to address concerns affecting youngsters and the elderly.

Depression, a modern-day silent killer, is expected to overtake smoking as the second-leading cause of morbidity by 2024, according to WHO, there are about 264 million people suffering from depression across the age spectrum. According to a global meta-analysis of 74 research, the prevalence of depressive disorders ranges from 47 to 16 percent. These studies covered 487,275 senior people, with the Indian population having greater rate of geriatric depression (21.9 percent).

Geriatric depression is a mental and emotional condition that affects senior citizens. Sadness and occasional "blue" feelings are quite normal. However, long-term depression is not a normal component of growing older. Subsyndromal depression is more prevalent in older persons. This type of depression does not necessarily match all of the major depression criteria. If left untreated, it can develop into serious depression. Depression affects older persons' quality of life and raises their risk of suicide.

The rapid development of India's economy has delivered both a blessing and a burden in the form of increased lifespan and lower quality of life for those extra years lived. Mental health is one of the primary determinants of quality of life, and it is now well documented that 'Psychiatric morbidity' grows with age and is thus more prevalent in the geriatric group than in the non-geriatric group. Loneliness, neglect, abuse and poverty are some of the prevalent social issues that elderly people confront, putting them at risk for psychiatric illness.

The phenomena of the family's shifting function, which had previously served as a support system for the elderly, is adding gasoline to the fire. The development of nuclear families, along with a decrease in the social value of the elderly, has resulted in an increase in the number of "old age homes" in India. The lack of family support for institutionalized elderly people was first concerning, but recent research has shown that this is not the case.

A family history of depression is another significant risk factor. One is more likely to experience symptoms of depression if others in the family also have depression or another type of mood disorder. Estimates suggest that depression is approximately 40% determined by genetics.

II. REVIEW OF LITERATURE

Supa Pengpid & Karl Peltzer (2022). In this study Prevalence and correlates of major depressive disorder among a national sample of middle-aged and older adults in India, MDD was found to be present in 7.6% of people in the previous 12 months, with 8.1 percent of women and 7.0 percent of males, and 8.2 percent of people aged 60 and more. Food insecurity. 3-6 episodes of prejudice, ill-treatment, victim of violent crime, catastrophe exposure, unsafe home/neighborhood, poor childhood health, hypertension, stroke, cigarette use, and physical pain were all positively linked with MDD in the final adjusted model. MDD was adversely linked with being male, married, having a high socioeconomic level, residing in a city, having a high spirituality/religiosity, having health insurance, and having a medium social network.

Saurabh Kumar, Sharon Joseph and Athul Abraham (2021). They conducted a study that the persons who live in old age homes (OAHs) appear to be outwardly abandoned by the community, and depression is readily disregarded in such people, particularly in older people with comorbidities. To improve quality of life, early detection and treatment are critical.

Kumar A. Raj D. Gupta A et al (2021). This study determined that with over 264 million individuals worldwide suffering from depression, it is one of the most frequent illnesses. The prevalence of depression in India has been estimated by much research in the older population, with results ranging from 6% to 62%. The goal of this study was to use a Geriatric Depression Scale (GDS) to assess the prevalence of depression in the older population and to investigate the relationship between various sociodemographic variables and depression in the elderly.

Rosswel Jongte B. Sangna et.al (2018). It conducted a study with the objective to determine the prevalence of depression and found out that the prevalence was 29.145 in this study. In univariate analysis, age, education, marital status, health, type of family, health condition and limitation of daily activities were found to be significantly associated with depression. In multivariate analysis age was found to be significantly associated with depression.

M. Bhuvnesh Kumar (2018). This research study estimated the prevalence of depression and assessed the factors associated with it in the elderly persons. The result indicated that the depression was associated with nuclear family conflicts in the family and low intensity work.

Shakeer Kahn P (2017) The rise of nuclear families, combined with a decrease in the social value of the elderly, has resulted in an increase in the number of 'Old age homes', where older people are also prone to depression, with a lack of family support being the primary cause.

Sandeep Grover and Nidhi Malhotra (2015). They conducted a study on depression among elderly persons in India, and found that the prevalence of depression among elderly in India is high and it is more among females. Other demographic factors associated with depression are unmarried, divorced or widowed elderly, residing in rural locality, lower socio-economic status and unemployment.

Ankur Barua et.al (2010) This study determined the median prevalence rate of depressive disorder in the elderly population of India and various other countries in the world and found that the proportion of the depressed elderly population in India was significantly higher than the rest of the world.

Swarnalatha N. (2009) This research was conducted to assess the prevalence of depression among the elderly and to determine the epidemiological factors which are associated with depression and found that the prevalence of depression was positive associated with increasing age, the female sex, illiteracy, a low socio-economic status who were living alone, those who were economically partially dependent and those who wore totally dependent for their daily living.

III. RESEARCH GAP

Currently, there is a lack of comprehensive data comparing the prevalence of depression among elderly persons living in old age homes to those living with their families in urban areas. This gap in research makes it challenging to develop specific interventions tailored to each living situation. Without this information, mental health professionals cannot fully address the unique needs of these groups.

IV. PROBLEM STATEMENT

There is a pressing need to investigate and compare the prevalence of depression among elderly persons residing in old age homes and those living with families in urban areas. Existing studies have primarily focused on general mental health issues in the elderly, but there is limited comparative research that specifically addresses how these different living situations affect depression rates. This lack of targeted data impedes the development of tailored interventions that can effectively address the unique needs of each group.

3.1Population and Sample

The sample for this study would consist of elderly people who belong to the age group of 65 to 75 years. The sample size of the study is 100. The sampling technique used was simple random sampling method. Simple random sampling is a fundamental sampling method used in statistical research to select a subset of individuals from a larger population.

3.2 Data and Sources of Data

The data was collected using Google form. The informed consent, socio-demographic details were collected through the form, the form was accepting responses until the required sample of 100 had responded. The form was circulated via social media platforms like WhatsApp and Facebook for obtaining the responses from the required sample.

Once the data was collected, the responses were transferred on to excel, relevant data were only accepted and the total score for each scale was manually calculated for males and females, OHAs and family. The final scores were then transferred onto SPSS software. The missing data and outliers were cleared for the data followed by normality testing for all variables before proceeding with the analysis.

Tools used for Data Collection are

1. The Geriatric Depression Scale (GDS)

3.3 Theoretical framework

Although there are several theories on depression calculating in the academic world concerning the origin, causes and the onset of depression, only two theories are used in this proposal on the basis of depression. the first theory is “the behavioral model of depression” and the second one is “the object loss theory”.

The Behavioral Model of Depression: The origin of the depression resides in the person-behavior-environment interaction. This theory is of the view that people's behavior is a combination of their action and reaction to the environment.

The Object Loss Theory: Depression explains the occurrence of depression from the viewpoint of a traumatic separation from a significant object of attachment. This theory dwells on two main important principles, the first being loss during childhood as a predisposing factor for adult depression. the second being the separation in adult life as a precipitating stress factor for the occurrence of depression.

I. RESEARCH METHODOLOGY.

The method of a research work is the collection of procedures used by the investigator to make it as scientific and valid as possible. As a result, the method used, as well as the measures and techniques used for data collection and analysis, are critical to the success of any research. The main purpose of this chapter is to describe how the study was carried out and to present the various steps taken by the investigator in carrying out the study, such as sample/participant selection, instruments used to collect data, data collection procedure, statistical analysis, and so on.

Objective:

- To determine the prevalence of depression among elderly persons living in old age homes in urban areas.
- To determine the prevalence of depression among elderly persons living with families in urban areas.
- To compare the depression rates between the two groups and identify significant differences.
- To explore the factors contributing to depression in both living arrangements.
- To develop recommendations for mental health interventions tailored to each living situation.

Hypothesis:

- Ho: There is no significant difference in the prevalence of depression between elderly persons living with family and old age homes.

H1: The prevalence of depression among the elderly females will be more in comparison to the elderly males.

Research Design:

- Independent Variable: Living arrangements, Social support, Environmental factors and coping mechanisms.
- Dependent Variable: Depression
- Depression (Major Depressive Disorder) is a widespread and significant medical condition that has a detrimental impact on how we feel, think, and act. Sadness and/or a loss of interest in previously appreciated activities are symptoms of depression. It can cause a wide range of mental and physical issues, as well as a reduction in a person's ability to function at work and at home.
- Geriatric depression is a mental and emotional condition that affects senior citizens. Sadness and occasional "blue" feelings are quite normal. Long-term depression, on the other hand, is not a normal component of aging.

V. RESULTS AND DISCUSSION

5.1 Results of Descriptive Statics of Study Variables

The result of the study after analyzing the total sample of 100 with 50 females and 50 males between the age group of 65-75 years by using sample t-test This research study was conducted to assess the prevalence of depression among elderly persons living in old age homes and living in families in urban areas. The result revealed that there is no significant difference between the family and old age homes in terms of depression. As per the statistical analysis there was a significant difference between elderly males and elderly female in depression.

Table 5.1
Showing the mean, Standard Deviation, skewness, kurtosis on the measure of the variance of depression male and female.

	N	Mean	Standard Deviation	Skewness	Kurtosis
Depression	**100**	**15.23**	**4.624**	**-1.30**	**-1.190**

Ho There is no significant difference in the prevalence of depression between elderly persons living with family and old age homes.

Table 5.2

	Depression				T-Value (p=0.058)
	Males (n=50)		Females (n=50)		
	Mean	SD	Mean	SD	
Scores	**13.10**	**4.175**	**17.39**	**4.45**	**-7.031**

This table shows the mean, SD, and t score levels of depression among male (N=50, mean 13.10, SD 4.175) and females (N=50, Mean 17.39, SD=4.45) and -7.031 is the t value. Since the p value is less than 0.05. It is concluded that there is a significant difference between the males and females in terms of depression.

Table 5.3

Living Place	Depression				T-Value (p=0.058)
	Family (n=50)		Old age homes (n=50)		
	Mean	SD	Mean	SD	
Scores	**13.85**	**4.45**	**16.58**	**4.58**	**6.3399**

This table shows the mean, SD, and t score of levels of depression among elderly persons living in family (N=50 mean 13.85, SD 4.45) and those living in Old age homes (N=50 mean = 16.58, SD=4.58) and 6.3399 is the t value. Since the p value is greater than 0.058. It is concluded that there is no significant difference between the elderly people living in family and old age homes in terms of depression.
Thus, the null hypothesis is not rejected.

Discussion

The study title "The prevalence of depression among the elderly persons living in old age homes and living with families in urban areas" aimed to investigate the differences in males and females in the age group 65-75 years and above on the selected variables. The study hypothesized that there would be significant relation between the two variables and gender differences in the level of old age homes and families among older males and older females. The scales used to measure the depression level of geriatric people (GDS). The analysis of the data was performed using the SPSS 15 software where the data cleaning, tests of normality and t-test were done as per the requirement of the study. These findings show the need for proper care by the family members as well as the people around the elderly person. Besides counseling the elderly is also more important in preventing depression.

Table 4.1 statistics of Skewness and Kurtosis reveal the presence of outliers in depression. In table 4.2 displays the mean, SD, and t score of levels of depression among males and females. Thus, it shows that there is a significant difference in elderly males as compared to the elderly female in terms of depression. Table 4.3 displays the statistics for old age homes and families. Thus, Ho There is no significant difference in the prevalence of depression between elderly persons living with family and old age homes.

Total of 100 elder people that satisfied the study criteria were approached during the period of the study. Hence, Ho has been proved to be the null hypothesis in the prevalence of depression between elderly people living with family and old age. H1 in elderly females the depression is higher where mean is 17.39 and

standard deviation is 4.45. And in elderly males mean is 13.10 and standard deviation is 4.175 respectively. Hence the prevalence of depression is more in elderly females than elderly males.

5.1 Major Findings

There is a significant difference among elderly male and elderly females in levels of depression. this contradicts the findings of previous longitudinal studies which have stated that there is no gender difference between elderly males and elderly females in depression.

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