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# Depression among old age people

**Dr.Chandrakanth Jamadar**

Associate Professor of Psychology, Government College (Autonomous) Kalaburgi-05,Karnataka

## Abstract

Aging is the result of numerous internal biological and psychological changes that occur in a genetically mature body. Gradually, these modifications have a negative impact on the organism's ability to survive and adapt, which leads to the eventual occurrence of death. The scientific study of aging, or gerontology, is a vastly complicated and multifaceted field. It explores every aspect of the aging process, looking at the internal mechanisms as well as the outside influences and interactions that affect this trip.

Throughout this study, the researcher aimed to learn more about the prevalence of depression in different age groups, with a special emphasis on retired public and private sector workers. In addition, the study sought to identify differences in depression symptoms between the sexes in the senior population. By examining these aspects, the study adds to our knowledge of the intricate relationship between aging and mental health and illuminates the varied dynamics that exist among various aging demographic groups.

**Keywords:** Ageing, depression, anxiety, mental health

## Introduction

The incredible increase in life expectancy may be termed as one of the biggest triumphs of human civilization, but it has also posed as one of the toughest challenges to be met by modern society. The term “old” is always related to physical incapacity, biological deterioration and psychological disabilities. In the Indian context, there are three different trends that are seriously threatening the chances of meeting the needs of the aged. These are: a rapidly growing elderly population, the gradual erosion of the traditional joint family system and the inability of the government to sustain the incremental burden of pension expenses for its own employees. Hence, the possibility of government support for any other section of the elderly population in the society may be ruled out **(Vaidyanathan, 2003).** With sustained reduction in mortality and fertility rates combined with increased life longevity, the size of the young cohorts has reduced while the size

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of old cohorts has increased. As a direct consequence the process of population ageing **(Alam, 2008)** has started globally and can be visualized in India too. According to Population Census of India, the population of persons with age 60 years and above (elderly hereafter) was only 24 million in 1961 which increased more than thrice in next four decades. Their share in the total population has also risen from 5.6 percent in 1961 to 7.5 percent in 2001 **(Irudya Rajan, 2008)**. This rise in ageing population depicts the success story of development process in India on different fronts like advancement in the medical sciences and technology, continuous improvement in living standards, increase in the accessibility of healthcare services, introduction of maternal welfare and childcare programs, better basic education, and successful vaccination programs. But at the same time the steady and sustained growth in the population of this stratum have also posed myriad of challenges to the policy makers. Despite recent developments **(WHO, 1998)**, the basic biological mechanisms involved in the ageing process remain largely unknown. What we do know is that:

1) Ageing is common to all members of any given species;
2) Ageing is progressive; and
3) Ageing involves deleterious mechanisms that affect our capacity to perform a number of functions.

Ageing is a highly complex and variable phenomenon. Not only do organisms of the same species age at different rates, but the rate of ageing varies within the single organism of any given species. The reasons for this are not fully known. Some theorists argue that individuals are born with a particular amount of vitality - the ability to sustain life - which continually diminishes with advancing age. Environmental factors also mediate the length of life and time of death **(Dychtwald, 1986).** With the process of ageing, most organs undergo a decline in functional capacity and in their ability to maintain homeostasis. Ageing is a slow but dynamic process which involves many internal and external influences, including genetic programming and physical and social environments **(Matteson, 1988)**. Ageing is a lifelong process. It is multidimensional and multidirectional in the sense that there is variability in the rate and direction of change (gains and losses) in different characteristics for each individual and between individuals. Each period of life is important. Thus it follows that ageing should be viewed from a life course perspective.

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In order that successful ageing does not seem an oxymoron, the concept of ageing must be viewed from three dimensions: decline, change, and development. The term "ageing" can connote decline, and decline is not successful. After age 20 our senses slowly fail us. By age 70 we can identify only 50% of the smells that we could recognize at 40 **(Dolty et al, 1984)**. Our vision in dim light declines steadily, until by age 80, few of us can drive at night **(Woodruff et al, 1997)**. Ageing seems to be a whole array of irreversible biological and psychological changes that occur in a genetically mature organism, with the passage of time, affecting adversely its survival and adjustment potency and eventually leading to death. Gerontology, the study of ageing is a tremendously varied and complex field, encompassing all the processes which are a part of ageing experience, as well as those which intrude upon, and affect, that experience. Since investigators frequently consider different dependent variables in their research on ageing. It is useful to differentiate three aspects of ageing. These aspects may be "biological", "psychological" or/ and "social".

**World population of aged**

According to a recent report published by **WHO (2007)** the world population is likely to see an increase of 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 billion in 2050. This increase is equivalent to the total size of the world population in 1950. The aged population is likely to increase accordingly. **The above figures clearly highlight the need for focusing on the health needs and welfare of the aged- who are going to be a sizable portion of the population.** The twenty first century is characterized by the successes of modern science which have brought about apparently unlimited materialistic achievements. While people enjoy better health and remarkable means of healing which allow them to live to a much longer age, longevity and the increasing number of elderly have produced new social problems **(Buckwalther et al. 2003).** Figure 1 illustrate that the current expected age of survival for men and women all over the world is ever increasing; it has become clear that many of the surviving people with higher ages are in fact not in good shape, either socio-economically or physically **(Lipsitz, 2004).**

**Fig. 1: The Senior Boom**

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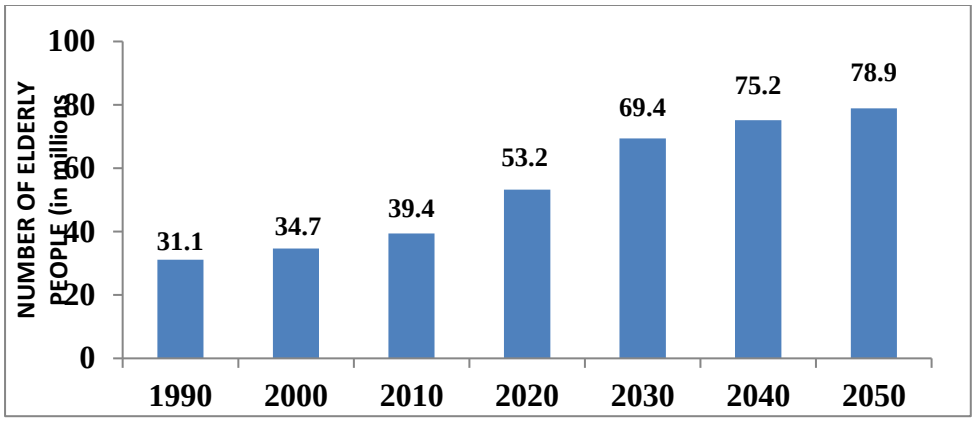


**Source:** Physiological complexity, ageing and the path to frailty **( Lipsitz, 2004)**

The World Health Organization **(WHO, 2002)** defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Among the many concerns of humankind, the ability to lead a life free from illness or disability during old age is a dominant one. Health is thus a key factor to livability. For older persons, health determines their ability to perform their roles adequately, be they of an economic, community or family nature. Ageing is not a disease and does not necessarily corroborate with drastic changes in mental fitness. Today emphasis is there on active and healthy ageing. However, because the modern world gives emphasis to active ageing, retirement is often seen as a traumatic and degrading experience, especially for those who are weak in terms of finances, health, family support and social involvement. It can also adversely affect those who formerly held very prestigious jobs. The loss of a highly valued occupational identity leads to a sudden identity crisis, feeling of inferiority in social interactions, a vacuum in daily routines, a decreased level of contentment and poor adjustment, which altogether accelerate physical and psychological complications, and often result in early demise. This however can be prevented if regime for healthy ageing is followed **(WHO, 2002).** Thus it is very important to focus on the needs and health requirements of the aged.

## Methodology

**Statement of the problem:** "Depression among Geriatric"

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**Aim of the research:** The general aim of the present investigation has been to know about depression of Geriatric.

**Objectives of study**

1. To assess and analyze the depression male and female ageing.
2. To find out the depression in different age group.
3. To know the depression among government and non government retired people.

**Hypothesis related to the studies.**

1) There is significant difference in depression among male and female aged people.
2) Male and female respondent differ significantly in their depression scores.
3) The responses with a different background differ significantly in their depression score.
4) Respondent were working in government and non-government sector differ significantly in their depression scores.
5) There will be significant interaction between, age, gender and education, for depression scores.

**Variables**: Independent variable: Gender and Age and Dependent variable: depression.

**Samples:** 100 sample from Old age home Mysore, male 50 and female 50.have been selected by using the Random sample methods.

**Tools:** The Geriatric depression scale (GDS); Lenore kurolowics(1986).

While there are many instruments available to measure depression .The Old depression scale (GDS) first created by yesavage. etc, has been tested and used extensively with the older population .The GDS long form is a 30 –items questionnaire is which participants are asked to respond by answering yes or no in reference to how they felt over the past week, a short form GDS Consisting of 15questions was developed was developed in 1986 question from the long form GDS which had symptoms invalidation studies were selected for the short version of the 15items ,10indicated the presence of depression when answered positively while.

The rest (question number is 1, 5, 7, 11,13) indicated depression when answered negatively. Scores of 0-4 are considered normal depending on age, education, and complaints; 5-8 indicate mild depression: The short form is more easily used physically ill and mildly to moderately demented patients who have short attention spans and 1or feel easily fatigued it takes about 5to 7

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minutes.

**Statistical Analysis:**

According to the plan already prepared unvaried and multi variable table were drawn variable have been so arranged that definite interface regarding to presence or absence of actual relationship hypotheses may be drawn, In order to arrive a different concussion statically methods have been applied but greater reliable has been applied but greater has been placed on statistical methods descriptive (Mean,SD and F-test) .regards as we use the mean.

## Result and Discussion

**Table No: 1 .**Showing mean,SD and F-value of depression of different age group. (N=100).

| GROUP | MEAN | SD | F-VALUE |
|---|---|---|---|
| 60-69 | 5.73 | 3.79 | * 6.658 |
| 70-89 | 8.27 | 3.42 | |
| 90+ | 9.25 | 1.7 | |
| TOTAL | 7.29 | 3.73 | |

*significant at 0.01 level

The table shows the depression in different Old age group .The Old age group the mean of depression is 5.73, 8.27, 9.25 and 7.29 respectively. The calculated f-value is 6.658; it shows that there is a significant difference in depression of different age group Therefore, the hypothesis is accepted.

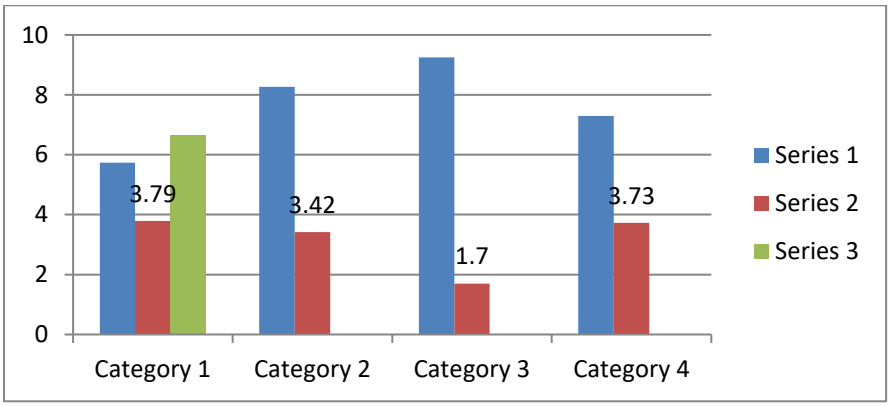


**Table No: 2.**Distribution of difference in the men and women depression of old age people (N=100).

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| GENDER | MAN | S-D | F-value |
|---|---|---|---|
| Men | 7.76 | 3.993 | 1.261 |
| Women | 6.82 | 3.439 | |

The table shows that the depression of the mean of depression of ageing. The mean of depression of men and women is 7.76 and 6.82 respectively and the SD men and women for the same is 3.99 and 3.43 is respectively. The calculated f-value is 1.261it is not significant .Therefore the hypotheses is rejected.

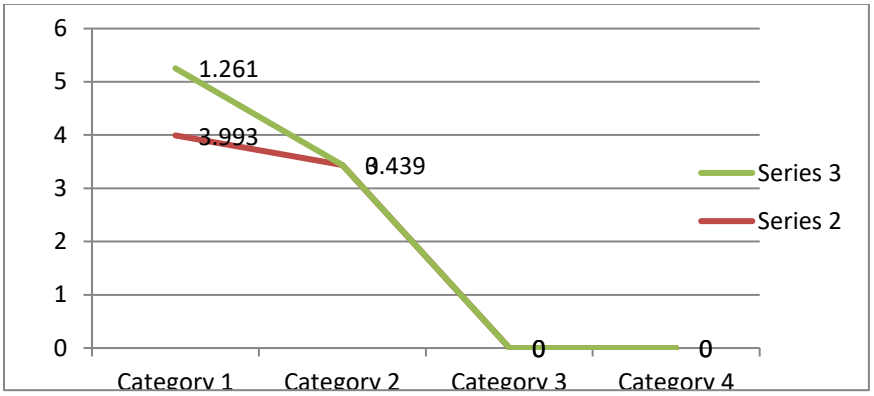


**Table No: 3**. Distribution of respondent according their education in depression (N=100).

| Education | MEAN | S.D | F-value |
|---|---|---|---|
| SSLC | 7.65 | 3.64 | 1.479 |
| PUC2 | 6.87 | 4.24 | |
| Degree | 6.00 | 3.50 | |
| others | 7.89 | 3.73 | |

The table shows that their depression .The mean score of SSLC, PUC and degree is 7.65, 6.87, 6.00 and other mean is 7.89 are respectively. Where are the SD is 3.64.4.24, 3.50and 3.73 is respectively .The calculated f-value is 1.479 it is not significant. It shows that there is no difference of SSLC, PUC degree and others. Therefore the hypothesis is rejected.

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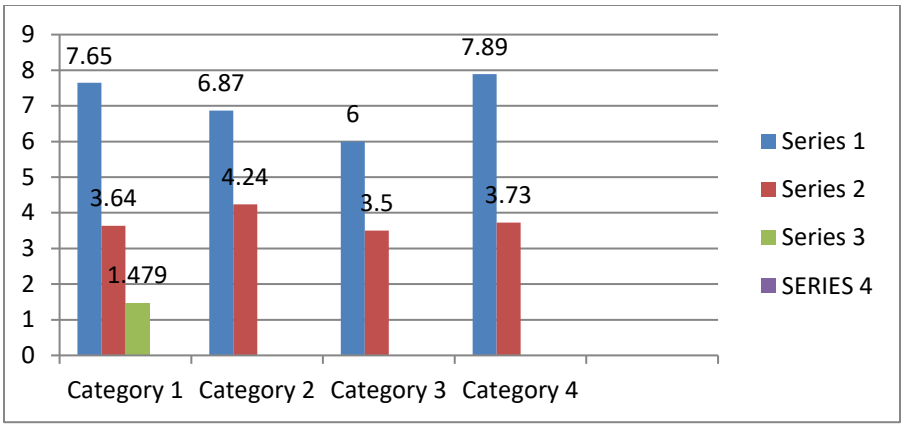
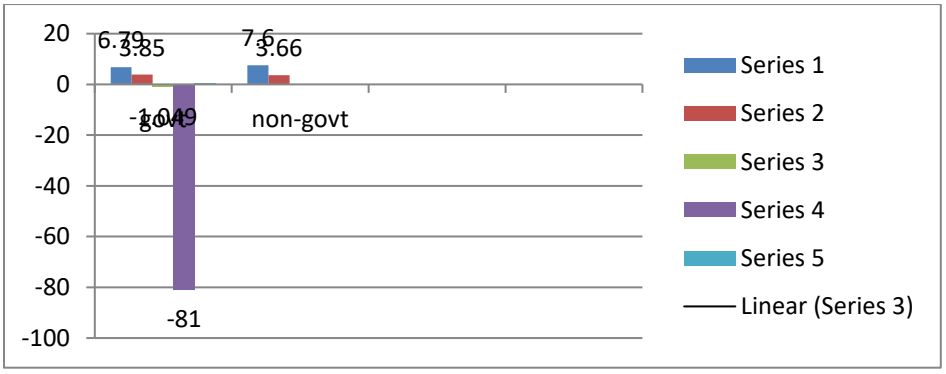



**Table No: 4.**Showing mean,SD and t-value of depression of Govt. and non-government retired people(.N=100)

| Occupation | MEAN | S-D | t-value |
|---|---|---|---|
| Govt. | 6.79 | 3.85 | 1.049 |
| Non-Govt. | 7.60 | 3.66 | |

Above table shows that the Government and non Government old age people depression. The mean score of depression of Government and non Government retired people is 6.79 and 7.60 is respectively. Where as the SD is 3.85 and 3.66 is respectively. The f-value is 1.04 it is not significant. Therefore, the hypothesis is rejected.




## Summary and Conclusion

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This old of subsistence from old age own source of income of interaction gender and Education, occupation Male and Female different old age group, Government and non-government old age group common problem overcrowding is increasing although not alarming.

The generally prepare the master plan for the planning and zoning of the 'residents' but in practice the plans are partially implemented. Because of this some problems are tackled while other problem remains neglected.

The learning experience in social work includes broadly four areas our city Mysore they face the problem of Homes and feel lonely. The reason that care of their basic requirement such as food, accommodation, shelter and medical facilities. Many of the residents came to the Homes because they had nowhere to the were too poor to support themselves financially or too old to work to earn a living.

The findings from this study have ample scope in the field work. Since the destitute elderly find the basic facilities provided in these homes adequate. The staff could turn their attention to enabling the residents to become economically reproductive. The skills at the healthy residents could be further enhanced and could effectively utilize their expertise by imparting their skills to resident's old age homes.

The planning of the city does not mean the physical planning alone. The social planning needs to be given equal attention. The initiative of a Shanthidhama in managing the OAPS was found to be practical and cost – efficient as it had brought down operational costs in brief this initiative.

## Conclusion

Considerable differences show up between age groups, suggesting that depressive experiences vary over the course of aging. According to this, there may be differences in the elements that affect mental health according on one's stage of life. This emphasizes the need for therapies that are specifically designed to meet the needs of each age group. Regarding gender, the research finds no statistically significant variation in the incidence of depression between males and females in the senior population. The results cast doubt on preconceived notions or prejudices regarding gender-based differences in the outcomes of mental health care for the elderly by highlighting a

 

degree of parity in the expression of depression symptoms. Moreover, the study reveals that there is no significant difference in depression ratings across male and female participants, underscoring the need of identifying and resolving mental health issues. Furthermore, there is no significant difference in the prevalence of depression between retired government employees and those from non-government industries, according to the study. This suggests that the elderly's mental health results may be more significantly influenced by their retirement status than by their particular employment history.

## REFERENCES

1) Banerjee, saradendu (1983). Problems of old: psychoanalytic perspective. Samiksa, Pp-37, 3-14.

2) Bankar, lewellys F (1951) .physical changes in old age and their effects upon mental attitudes. In George Lawton. New goals for old age. New York: Columbia University, Pp-43-52.

3) Barron, Milton l.,(1952). Research on the social disorganization of retirement. American social disorganization of retirement. American sociological review, Pp-17, 479-482.

4) Barron, Milton (1961) the aging American: an introduction to social gerontology and geriatrics. New York: Thomas y. Crowell Company, Pp-98-102.

5) Bartus, Raymond et.al (1982). The cholinergic memory dysfunction science,Pp- 217, 408-417.

6) Benumbs teven k, and boxely, Russell L.(1983). Depression and age identification. Journal of clinical psychology, Pp- 39, 584-590.

7) Berger, dale, young, Jeffry (1982).Aging in the inland empire: a need assessment survey of older persons in sun Bernardino country, California. Catalog of selected documentation in psychology, Pp- 12, 31-32.

8) Bighorn, forest j (1983). The urban elderly – a study of life satisfaction. New Jersey: Allen held and osmium.Pp-132-154.

9) Bernard, harlot w.(1978). towards better personal adjustment. New York: mc graw-hill Book Company, Pp-87-98.

10) Bhattacharjee, P.J (1982). population growth and socio-economic development of India. The journal of family welfare, Pp- 28, 41-48.

11) Bhatia, h.s.(1983). Aging and society: a sociological study of retires public servants",

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 UGC CARE Listed ( Group -I) Journal Volume 11, Iss 12, 2022

Udaipur, aria's book center publisher,Pp-76-99.