

DEPRESSION AND WELLBEING IN ELDERS LIVING IN INSTITUTION AND HOME

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ABSTRACT

Aging starts in birth, and ends in death. Depression refers among the elderly's most serious illnesses. Depression is often linked to the threat or actual breakup of affective bonds, particularly when institutionalization occurs, and supports Fernandes (2002). As a result, the overall physical, psychological and social health of an elderly person deteriorates (Kabatova, et. al. (2014). Hence, the depression negatively impacts health. Good living conditions (for example, accommodation, employment) are essential to well-being. This study was conducted on the sample of 120 elderly people i.e. 60 elderly living at home and 60 elderly living at institutional in Jaipur city. The present study uses the P.G.I. General Well-being measure developed by Dr. Santosh K. Verma and Ms. Amita Verma in (2009) and the Geriatric Depression Scale (GDS) – The tool was developed by Sherry A. Greenberg, NYU. The study revealed that the elderly living at home were having more depression as compared to elderly living at institution. Overall female elderly persons were having more depression than that of male elderly persons. It was found that elderly living in institution were having better wellbeing as compared to elderly living at home and the male elderly were having better wellbeing as compared to female.

Keywords: Ageing, Depression, Home, Institution, Wellbeing.

INTRODUCTION

Aging is not a disease, but the final stage of normal life. “Old age is an incurable disease”. “You do not heal old age”, “You protect it”, “You promote it”, and “you extend it”. Anderson (2002). Ageing bring along a number of changes in the physical, psychological, hormonal and the social conditions. Aging starts in birth, and ends in 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.

RISKS OF OLD AGE

With aging, the risk of developing chronic diseases and disability increased. They are more likely to suffer from mental and psychological distress, in addition to physical health problems. Prajapati

& Banker (2011). The disintegrating structure of joint family, rapid industrialization and urbanization and changing social values together have created serious problems for the aged. If they ceased to be active participants they are regarded as an unnecessary burden. Reasonable quality of the housing is important for everyone regardless of age. Few factors have the same potential to promote the well-being of the elderly as housing of a suitable size which offers protection, comfort and the opportunity to choose between privacy and community interaction. Jogsan & Dhara (2013).

DEPRESSION

Depression is one of the most common psychological disorders, with too much suffering and frustration during the normal course of life. Jogsan & Dhara (2013). Depression belongs to the elderly's most serious illnesses. Depression is not diagnosed and treated more frequently at an older age. As a result, the overall physical, psychological and social condition is degraded. of an elderly person. Kabatova, et. al. (2014).

The elderly have been reported to be vulnerable to psychological problems, of which depression is the most common. Indeed, Indian elderly face a multitude of psychological, social, and physical health issues. As the age increases, there is an rise in morbidity and functional loss, the involvement of a number of depressive factors and the incidence of various life events such as t's death. life events like the death of the spouse, retirement and interpersonal difficulties with family members, poverty and loneliness. Such conditions have a significant effect on elderly people's psychological statuses, rendering them vulnerable to depression. Swarnala N. (2013).

RISK OF DEPRESSION

Depression is a mental disorder in which a person experiences intense, unshakable depression and a diminished interest in almost all activities. A research by Max et al. (2005) showed that there was a significant contribution to the impact of depression on mortality from the existence of perceived loneliness. Thus, in the latest, depression is only associated with death when there are feelings of isolation. Depression is an problem which often goes hand in hand with loneliness. In certain cases depressive symptoms including withdrawal, anxiety, lack of motivation and depression mirror and disguise the isolation symptoms.

FACTORS AFFECTING DEPRESSION AMONG ELDERLY

Prasko (2012) lists other stressful factors that are often potentially correlated with depression such as loss (of a family, friends, frequent interaction with children, employment, physical health, independence), relationship disputes (with a partner, children, other near people), learning to take on a new role in life (retirement, social change) and social isolation.

WELL BEING IN OLD AGE

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being.

FACTORS INFLUENCING WELL-BEING IN THE ELDERLY LIVING (ROJPAISARNKIT, 2016)

- 1. Personal factors:** The seven variables of the personal factors are: gender, age, occupation, marital status, education, health problems, and social and religious activities.
- 2. Predisposing Factors:** Only one variable represented the predisposing factor, i.e., attitude toward life.
- 3. Enabling Factors:** Three variables of enabling factors comprised relationship with the community, physical health status and ability to perform daily activities.
- 4. Supporting Factors:** In this study, only one variable represented the supporting factor, i.e., family relationships.

HELP FOR DEPRESSED SENIORS (ROBINSON, 2017)

- Find ways to stay engaged
- Healthy habits matter
- Know when to seek professional help

Dhara & Jogsan (2013) did a report on "Old Age depression and psychological well-being." Test shows a major difference in depression and psychological well-being, both among adults and the elderly. Whereas the co-relationship between depression and psychological well-being indicates negative correlation of -0.70.

Maktha and Kumar (2015) conducted a "Study on Level of Depression among Elderly Residing in an Old Age Home in Hyderabad, Telangana". Results showed that the respondents' mean age was 67.4 ± 4.7 years, with a majority in the 66-70 age group (61 percent) and 55 percent were males. The median score for depression was 21.64. 39 (48 per cent) elderly clients had moderate depression and 23 (29 per cent) had mild mood disturbance. Depression prevalence was significantly correlated with increased age; in females; and with length of stay in old-age homes. Chalise (2014) published a report on "Elderly Depression in Briddashram (old age home)." Analysis indicates the depression rate was 57.8%. Of these, 46.7 percent were mild, 8.9 percent moderate and 2.2 percent extreme depression.

Wasim and Fatma (2015) conducted study on "Psychological Well-Being and Depression Among Inhabitants of Old Age Homes of Jaipur, Rajasthan". Test shows that both elderly males and females have a major difference in depression and psychological health. Whereas the association between depression and psychological well-being between the elderly males and females shows positive correlation with the elderly males and a negative correlation between the elderly females.

Srisailamaiah, Suresh, et. al. (2016) conducted a study on "Depression and Psychological Well-Being among Living Institutionalized and Non- Institutionalized Elderly". Test showed substantial disparities in depression and psychological well-being between institutionalized and non-institutionalized elderly people. While the co-relationship between depression and psychological well-being reveals a negative correlation of -0,68.

OBJECTIVES-

- ✓ To explore the depression among elderly people living in institution and home.
- ✓ To find out the depression among elders gender wise.
- ✓ To study well being of elders living in institution and home.
- ✓ To study well being in elders gender wise.
- ✓ To study the correlation between depression and wellbeing among elderly.

HYPOTHESES-

Ho1. There will be no significant difference in depression level of elderly people living in institution and home.

Ho2. (a) There will be no significant difference in depression among elders gender wise.

(b) There will be no significant difference in depression among elders gender wise living in home and institution.

Ho3. There will be no significant difference in well being of elderly people living in institution and home.

Ho4. (a) There will be no significant difference in well being among elders gender wise.

(b) There will be no significant difference in well being among elders gender wise living at home and institution is rejected.

Ho5. There will be no significant difference between depression and well being among elderly.

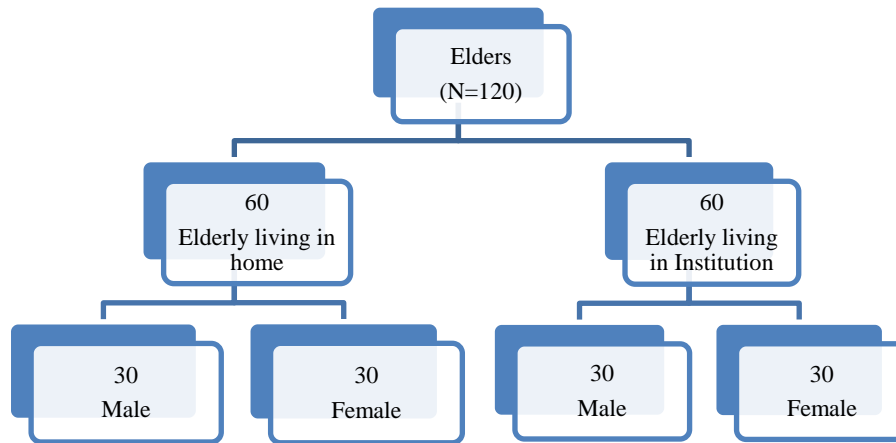
LOCALE OF THE STUDY-

The study will be conducted on elderly people living in homes and institutions in Jaipur. Institutions selected for the present study is -

- Shree Ram Old age home, Chaksu

SAMPLE-

This study was conducted on the sample of 120 elderly people i.e. 60 elderly living at home and 60 elderly living at institutional. The subjects were further divided in 30 males and 30 females in each group. The samples were collected by using random sampling method.

SAMPLE DESIGN-**INCLUSION CRITERIA-**

- All elders for age 60+ were selected for study.
- All elders living in unpaid old age homes were selected for the research.

TOOL DESCRIPTION-

1. P.G.I. General Well-being measure was developed by Dr. Santosh K. Verma and Ms. Amita Verma in (2009). It consists with 20 items
2. The Geriatric Depression Scale (GDS) – The tool was developed by Sherry A. Greenberg, NYU .The tool comprised of 15 items,

STATISTICAL ANALYSIS-

The data was tabulated and analysed using SPSS where mean, standard deviation, t-test and correlation were used to analyse the collected data.

RESULTS AND DISCUSSION-

Table 1 Depression among Elderly Living in Home and Institution

Group	N	Mean	S.D	t-value
Home	60	7.60	5.74	2.21*
Institution	60	5.68	3.46	

*Significant at .01 level

From the above table (1) it is clear that elderly living in institution are having more depression with mean of 7.60 as compared to elderly living at home with mean of 5.68. The t value of 2.21 indicated significant difference between both groups on the dimension of depression. It might be

because elderly living at home are living with their family and can have an emotional and social support but elderly living at institution may not have social and emotional support. So, elderly in institution feels sadness, emptiness and loneliness. Mcdougall, Matthews, et. maintained the same result. Al.(2007) a report on the incidence and symptomatology of depression in the elderly living in institutions in England and Wales found that the prevalence of depression in those residing in institutions was 27.1% (95 % CI 17.8–36.3) compared with 9.3% (95 % CI 7.8–10.9) in those living at home.

Hence, Ho1. There will be no significant difference in depression level of elderly people living in home and institution is rejected.

Graph 1 Mean of Depression among Elderly Living in Home and Institution

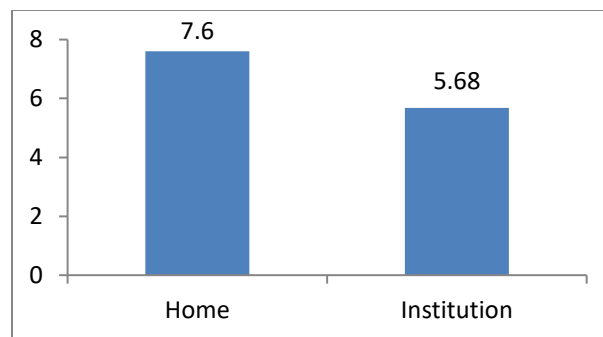


Table 2 Depression Among Elderly Gender Wise

Group	Male			Female			t-value
	N	Mean	S.D.	Number	Mean	S.D.	
Home	30	5.0	4.34	30	6.93	3.15	1.97*
Institution	30	5.87	5.68	30	9.33	5.34	2.43*

*Significant at .01

From the above table (2) it is clear that male elderly persons are having slight difference in depression with mean score of 5.0 (home) and 5.87 (institution) as compared to females. In females who are living at home have lower depression with mean score of 6.93 as compare to females living in institution with mean score of 9.33. The t value of 1.97 indicates significant difference between two groups (male and female living at home) and the t value of 2.43 also indicates significant difference between both groups (male and female living in institution). This might be because the males get engaged with other elder people living in institution, they try to forget and leave there sadness, pains of living separate from their children and family. They make themselves involve in other activities. But females do not make themselves engage in activities and thinks frequently about their family and children.

Hence, Ho2. There will be no significant difference in depression among elders gender wise is rejected.

Graph 2: Mean of Depression among Elderly Gender Wise

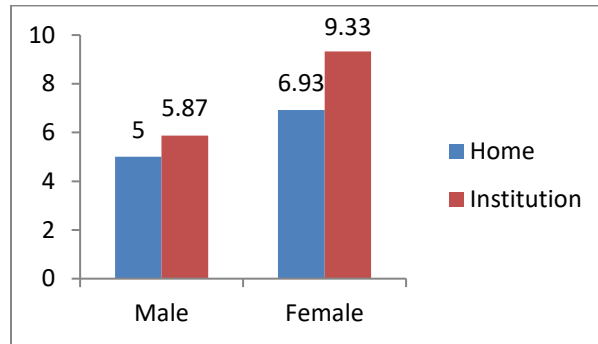


Table 3 Well Being among Elderly Living in Home and Institution

Group	N	Mean	S.D	t-value
Home	60	14.3	4.45	2.56*
Institution	60	16.1	3.14	

*Significant at .01

This table indicates that well being among elderly living in home were having better wellbeing with mean score of 16.1 as compared to elderly living in institution with mean score of 14.3. The t value of 2.56 indicated significant difference between both groups on the dimension of well being.

Hence, Ho3. There will be no significant difference in well being of elderly people living in institution and home is rejected.

Graph 3: Mean of Well Being among Elderly Living in Home and Institution

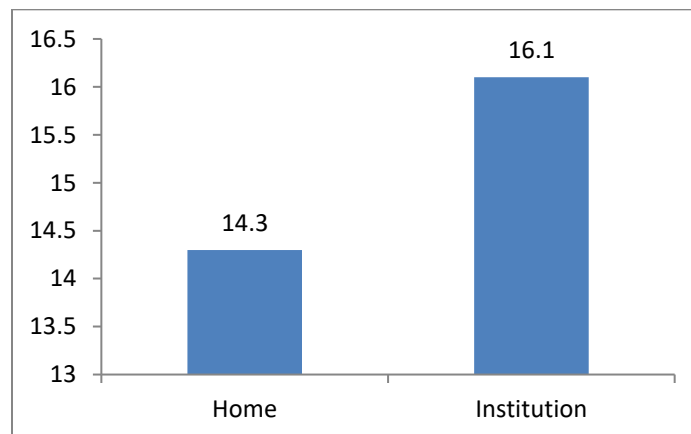


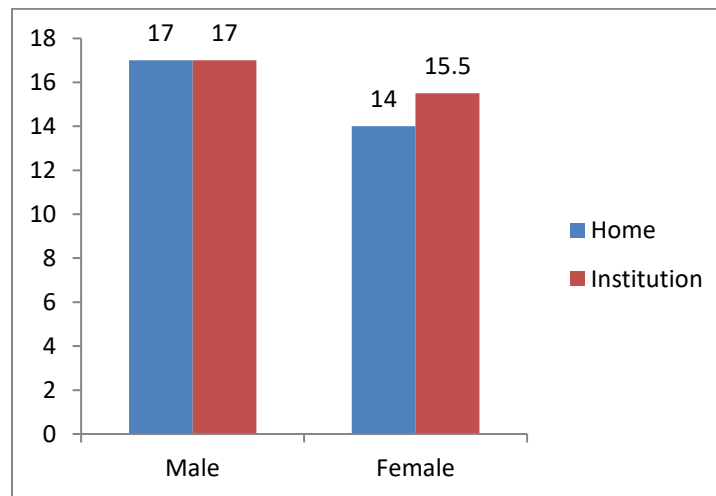
Table 4 Well Being among Elderly Living in Home and Institution Gender Wise

Group	Male			Female			t-value
	N	Mean	S.D	Number	Mean	S.D.	
Home	30	17.0	3.68	30	14.0	3.45	3.25*
Institution	30	17.0	2.70	30	15.5	2.18	2.36*

*Significant at .01

From the above table (4) it is clear that male elderly persons are having same depression with mean score of 17.0. But there is significant difference between female elderly persons living at home and institution with mean score of 14.0 and 15.5 respectively. The t value of 3.25 indicates that there is a significant difference between two groups (male and female living at home). Similarly, t value of 2.36 also indicates that there is a significant difference between two groups (male and female living in institution).

Hence, Ho4. (b) There will be no significant difference in well being among elders gender wise living at home and institution is rejected.

Graph 4 Mean of Well Being among Elderly Living in Home and Institution Gender Wise**Table 5 Correlation between Depression and Well being among Elderly**

Group	N	r	Significant
Depression	120	-.575	.01
Well being			

The above table shows the correlation between depression and wellbeing among elderly. It is clearly shown that depression is a key factor to determine the wellbeing. The correlation value “-.575” clearly shows that if depression increases the well being will decrease in elders.

Hence Ho5. There will be no significant difference between depression and well being among elderly has been rejected.

CONCLUSION-

The aim of the study is to examine the Depression and Wellbeing in Elder Living in Institution and Home. The elderly living at home are having high depression as compared to the elderly living in institution. Elderly in institution are happier as compared to those who are in home and as a result they are sadness, emptiness and loneliness. In overall depression among elderly, female elderly persons were having more depression than the male elderly persons. There is significant difference among elderly gender wise. Male elderly persons are having slight difference in depression as compared to females. There is significant difference in well being of elderly people living in institution and home. The wellbeing in elderly living in institution was more as compared to the elderly living at home. There is significant difference in well being among elders gender wise. The male elderly persons were having high wellbeing as compared to female elderly. There is no significant difference in well being among elders gender wise.

Thus we conclude that elderly living at home were more depressed as compared to elderly living in institution. This can be because elderly living at institution may have inmates with whom they can spend time but elderly persons living at home were having more depression because they may be living in a nuclear family and there may be working daughter in law or family members who may not be able to spend time with elderly persons.

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