

Depression and Psychological Well-being of Aged Men Staying with their Families and in Old Age Homes

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Abstract:

Introduction: Old age is the final stage of human life which cannot be changed or reversed. It brings about not only physical changes but psychological, emotional and social changes. Besides health issues, elderly persons face many problems like loneliness, adjustment issues, loss of work role, occupation identification, etc. The present study was taken up to observe ranges of Depression and Psychological Well-being of aged male staying with their families and in old age homes.

Methods: A descriptive analytical study design was used for 100 aged men (age ≥ 60) staying with their families and 100 aged men staying in old age homes. Survey and interviews were carried out to find out the ranges of depression and wellbeing of the respondents in both the groups. The analysis of the data was done by using 'Z' Test.

Results: Based on the findings it was concluded that 64% of aged men staying in old age homes and only 15% of aged men staying with their families experience severe depression, their Mean Scores being 75.09 and 68.8, respectively. Results also showed that only 14% of aged men staying in old age homes and 30% of aged men staying with their families experience good psychological well-being with their Mean Score being 67.93 and 77, respectively.

Conclusion: The study revealed that there was significant difference in the ranges of depression and well being of the aged men staying with their families and aged men staying in old age homes. The aged men living in old age homes experienced severe depression and low range of psychological well-being compared to the aged men staying with their families.

Key Words: Aged Men, Depression, Well-being, Families and Old Age Homes.

1. INTRODUCTION:

Old age is the last stage of human life. It brings about a lot of changes not only physically and psychologically but also emotionally in the individual. Though old age cannot be healed, it can be protected, promoted and extended^[1]. Many problems are brought about during this period of developmental stage. Besides physical disability elderly people undergo various problems like loneliness, depression, health issues, adjustment issues, etc. The theme of this age period is loss, which may be identified like loss of physical abilities, loss of intellectual processes, loss of work role and occupational identification, loss of intimate ties, such as death of spouse, friends and other acquaintances^[2]. It is a known fact that elderly people need special attention from the family members during this period of their life. In India, family is the primary organization which looks after and takes care of their elderly, providing them not only material and psychological support, but also love and affection. The Indian family system is often held at high position for its qualities like support, strength, duty, love and care of the elderly. The responsibility of the children for their parents' wellbeing is not only recognized morally and socially in the country, but it is the legal code in many states in India^[3]. The past few decades have witnessed decrease in joint family system in urban areas due to rapid modernization, urbanization and globalization. This has led to the younger generations' and family members' diminishing sense of responsibility to look and care for their elders, thus disintegrating their sense of duty towards the elderly. The urban family is undergoing change in its traditional roles largely due to the impact of migration, changes in occupation, high level of education, urbanization and breaking up of joint family^[4]. For these reasons persons falling under this group are most vulnerable and are at the mercy of their family. This has led to the elderly being ignored, not well cared for, neglected, unloved, abused and dumped in old age homes. Hence, due to these socio-demographic changes, elderly people shift to old age homes^[5].

Depression is a feeling of continuous deep sadness, decreased interest in activities which were previously enjoyed by the person. It is a mental disorder that is pervasive in the world and affects us all^[6]. The WHO emphasized that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased

energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration^[7]. It is one of the most common mental illness or disorder which once diagnosed can be cured with psychiatrist's help. Normal human beings sometimes do experience depression in their normal course of life. Old age depression is not very easy to analyze and diagnose due to other medical illnesses and mental disorders suffered by the elderly. Geriatric depression is a multi factorial disorder as it is caused by a combination of factors (genetic, biological, psychosocial) which contribute to the occurrence of the disorder at varying degrees^[8]. The elderly person's quality of life is reduced due to the fact that they are depressed and it remains undiagnosed. Geriatric depression is a mental and emotional disorder affecting older adults, it can reduce quality of life and increase risk of suicide^[9]. The elderly person is unable to function properly in the daily routine due to geriatric depression. Depression can cause great suffering and leads to impaired functioning in daily life^[10].

Psychological well-being is a combination of positive mental state like happiness and optimal effective functioning of a person's individual and social life. It is also about lives going well. It is the combination of feeling good and functioning effectively^[11]. Psychological wellbeing also encompasses economic security, emotional security, spirituality, family support, social support, good health, etc. Thus the definition of well-being is grouped into three categories. Firstly, wellbeing is defined by external criteria such as virtue or holiness. In this normative definition, wellbeing is not thought as a subjective state but rather as one possessing some desirable qualities. Secondly, social scientists have focused on the question of what leads people to evaluate their lives in positive terms. This definition of wellbeing has come to be labeled life satisfaction and relies on the respondents to determine what good life is. Thirdly the meaning of wellbeing comes closest to the way the term is used in everyday discourse and denotes a preponderance of positive over negative effect, which emphasize pleasant emotional experiences^[12].

2. AIM OF THE STUDY:

To analyze depression and psychological wellbeing of aged men staying with their families with that of aged men staying in old age homes.

3. OBJECTIVES OF THE STUDY:

- To examine the range of depression of aged men staying with their family and aged men staying in old age homes.
- To examine the range of the psychological well-being of aged men staying with their family and aged men staying in old age homes.

4. HYPOTHESIS:

- There is no significant difference between the range of depression experienced by aged men staying in old age homes and aged men staying with their families.
- There is no significant difference between the range of psychological wellbeing of aged men staying in old age homes and aged men staying with their families.

4.1 SAMPLE:

The target number of respondents for the research was 200, comprising of 100 aged men staying in old age homes and 100 aged men staying with their families. The respondents were in the age group of 60 to 80 years.

5. METHODOLOGY:

The main focus of the present research was to understand, assess and analyze the range of depression and psychological wellbeing experienced by aged men staying with their families and aged men staying in old age homes. For this 100 aged men staying with their families and 100 aged men staying in old age homes were selected. A total of 200 men and their range of depression and psychological wellbeing were studied. The range of depression experienced by the respondents was divided into four parts based on especially designed scale that denoted- normal range, mildly depressed, moderately depressed and highly depressed. Similarly, the range of psychological well-being experienced by the respondents was also divided into four parts based on especially designed scale that denoted- good, fair, moderate and poor psychological well-being.

6. ANALYSIS:

The aim of the study was to examine the depression and wellbeing of the aged men staying in old age home and with their families. The data collected for this was analyzed using relevant mathematical and statistical techniques, that is, Percentages, Mean, Standard Deviation and 'Z' test.

Table 1
Range of Depression experienced by Aged Men staying in Old Age Homes and Aged Men staying with their Families

Sr.No.	Depression Scores	Aged Men staying in Old Age Homes				Aged Men Staying in Families				'Z' Cal
		Frequency	%	Mean	SD	Frequency	%	Mean	SD	
1.	Normal Range (20-35)	07	7%	32.43	1.62	59	59%	23.56	1.56	2.22
2.	Mildly Depressed (36-50)	09	9%	47.56	2.30	13	13%	40.85	0.96	2.06
3.	Moderately Depressed (51-65)	20	20%	62.15	2.16	13	13%	54.23	2.05	2.22
4.	Severely Depressed (66-80)	64	64%	75.09	3.81	15	15%	68.8	2.42	2.19
	Total	100				100				

The above table indicates the range of depression experienced by the aged men staying in old age homes and the aged men staying with their families. It is observed that only 7% of the respondents staying in old age homes and 59% of the respondents, staying with their families experienced normal range of depression. Similarly, 64% of the respondents, staying in old age homes and only 15% of the respondents, staying with their families experienced severe depression. The calculated mean values show that the respondents staying in old age homes (75.09 ± 3.81) experienced severe depression than the respondents staying with their families (68.8 ± 2.42).

The calculated Z value is more than the tabular Z value for the respective groups with respect to the range of depression experienced by both the groups of respondents. Hence the alternative hypothesis, "there is a difference between the range of depression experienced by the aged men staying in old age homes and the aged men staying with their families" is accepted.

Table 2
Range of Psychological Well-being among Aged Men staying in Old Age Homes and Aged Men staying with their Families

Sr. No.	Psychological Well-being	Aged Men staying in Old Age Homes				Aged Men staying with their Families				'Z' Cal
		Frequency	%	Mean	SD	Frequency	%	Mean	SD	
1.	Good Psychological Well-being (66-80)	14	14%	67.93	1.77	30	30%	77	1.55	-2.80
2.	Fair Psychological Well-being (51-65)	18	18%	56.44	3.85	21	21%	63.52	1.32	-2.20
3.	Moderate Psychological Well-being (36-50)	27	27%	39.81	4.18	37	37%	46.76	2.07	-2.74
4.	Poor Psychological Well-being (20-35)	41	41%	26.97	4.77	12	12%	34	0.85	-2.14
	Total	100				100				

From the above table it is seen that 30% of the aged men staying with their families and only 14% of the aged men staying in old age homes experienced good psychological well-being whereas 12% of the aged men staying with

their families and 41% of the aged men staying in old age homes experienced poor psychological well-being. The calculated mean values show that the respondents staying with their families (77 ± 1.55) experienced good psychological well-being than the respondents staying in old age homes (67.93 ± 1.77).

The calculated Z value is more than the tabular Z value for the respective groups with respect to the range of psychological well-being experienced by both the groups of respondents. Hence the alternative hypothesis, “there is a difference between the range of psychological well-being experienced by the aged men staying in old age homes and the aged men staying with their families” is accepted.

7. DISCUSSION:

From Table 1, it was inferred that the loss of physical activity, intellectual processes, work-role and occupational identification (Retirement), absence of co-workers and friends, and in some cases loss of spouse are the main causes of depression in elderly people. Despair and disgust at losing control over situations due to poor physical health too leads to depression. The aged male who live with their families too experience a notable degree of depression. In the Indian culture the male is the “Karta”(Head) of the family and is supposed to provide protection and care to the family. He is ‘in control’ of all the situations at home and expects the family to have unquestionable respect and loyalty towards him. Due to industrialization and modernization, the typical Indian family is not what it used to be once. Children get busy fulfilling their ambitions, not realizing the importance of giving some time and attention to the aged parents. The aged father, who is no longer an earning member, is now unable to assert his authority nor is able to express his opinion in family matters. Panic and stress become the order of the day, leading to helplessness and depression. When the aged male is sent to an old age home, his depression worsens as it becomes apparent to him that his “utility” is over and he is being shunned by people whom he loved and cared for most. Elderly subjects living in old age homes are more affected in terms of depression than to community dwelling elder subjects^[13].

Table 2 indicates that, aged males, staying with their families have better level of psychological wellbeing than aged males staying in old age homes. With advancing age, comes retirement, loss of occupational activity and occupational identity, and economic loss, besides this there is a gradual loss of health, loss of social contacts and to some extent loss of spouse. Despite all this, he draws his satisfaction whilst being in the midst of the family members. His contribution towards his family in the form of small gestures, if acknowledged, gives him a sense belonging and satisfaction. The aged male living in the old age home suffers from great sense of dejection as he literally feels ‘dumped’ into a place that is totally unfamiliar to him. He feels deserted by his family who once treated him with love and respect. He is troubled in adjusting with his changed status. Besides this, he is unable to adjust with the environment of the old age home and its inmates. Elderly persons residing in the non-institutions have better psychological well-being as the elderly are provided better social interactions and relationships, care from the family, medical facilities and financial independence when compared to the elderly living in institutions^[14].

8. CONCLUSION:

Owing to reasons like old age related health issues, retirement, abandonment by the children, decline in traditional values, etc. the elderly men living in old age home experienced poor psychological well- being than compared to the elderly men living with their families. It was also concluded that due to loneliness, loss of economic activity, loss of social contacts, the incidence of depression was higher in elderly men living in old age homes than compared to the elderly men living with their families. Thus an inference can be drawn that there is a significant difference between the range of depression and psychological well-being experienced by aged men staying in old age homes and aged men staying with their families.

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