



Gender Differences in Depression among Institutionalised and Non-Institutionalised Elderly

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ABSTRACT

Depression among elderly is a more common problem than people might think. However, it must be emphasized that depression is not a part of the normal aging. The age of 60 or 65 years in most developed countries is said to be the beginning of old age. The study aims to find gender differences in Depression among institutionalised and non institutionalised elderly. The sample consisted of 120 institutionalised and 120 non-institutionalised elderly who were further divided into 60 male elderly and 60 female elderly from both the sectors. Geriatric Depression scale developed by Yesavage et al consisting of 30 yes/no questions was administered to the sample. The data collected was statistically analyzed using two way ANOVA and post hoc t test. Results indicated that Depression was higher among institutionalized elderly compared to non institutionalised elderly. No significant gender differences emerged in depression.

KEYWORDS: Depression, Institutionalised elderly and Non-institutionalised elderly

INTRODUCTION

Old age in human beings is the final stage of the normal life span. Old age is frequently defined as 60 or 65 years of age or older.

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.

Depression among elderly is a more common problem than people might think. Depression in seniors does not have to be confused with temporary down moods, sad feelings, and lethargy caused by disturbing or upsetting events. Depression is characterized by a persistent down mood that does not improve over time and interferes with the normal functions and activities.

The symptoms of depression in the elderly often include: anxiety, irritability, sadness, lack of good mood, lack of interest or incapacity to feel pleasure in normal activities, persistent, vague or unexplained physical complaints, appetite and weight changes, sleep disturbance such as daytime sleepiness, difficulties falling asleep, multiple mid-night awakenings or early morning awakening, lack of energy and increased fatigue, discouragement, hopelessness, and worthlessness feelings, excessive or inappropriate guilt, memory problems and difficulties concentrating, social withdrawal and isolation, negligence about personal care, confusion, delusions and hallucinations.

Depression among elderly can be caused by Psychological factors like unresolved traumatic events or experiences from childhood or late life, previous history of depression, body image problems caused by amputations, cancer surgery, or heart attack, fear of death, difficulties adjusting with challenging situations or conditions such as the loss of family members or close friends, loss of independency, or changes in housing and living conditions

Environmental factors like loss of one's social network, family members and friends, retirement, social or physical isolation, and decreased mobility as a result of a medical condition can also cause depression among elderly.

Physical factors like suffering from certain medical conditions such as Parkinson's, Alzheimer's, cancer, diabetes and stroke, certain medication such as: pain medication, high blood pressure drugs, hormones, heart medication, chemotherapy agents, arthritis drugs tranquilizers or anti anxiety drugs, neurotransmitter's imbalance, vascular changes in the brain, chronic or severe pain and substance abuse can also lead to depression. Depression, if not diagnosed or treated, decreases the person's quality of life and could lead to fatal consequences such as suicide.

OBJECTIVES

1. To identify the difference in Depression among institutionalised and non- institutionalised elderly.
2. To analyse gender differences in Depression.

HYPOTHESES

1. There is no significant difference in Depression among institutionalised and non- institutionalised elderly.
2. There is no significant gender difference in Depression.

REVIEW OF LITERATURE

Kanwar (1998) did a study to identify the gender differences in depression, loneliness and social support among 120 elderly (60 institutionalized and 60 non-institutionalized) with an equal number of males and females. Results revealed institutionalization led to higher depression among females. No significant differences were evident between males and females on depression, loneliness and social support.

Shyam et al (2000) conducted a study to assess depression, wellbeing, health, self esteem, life satisfaction and social support among 30 institutionalized and 30 non institutionalized elderly, from the study it was found that institutionalized persons were less depressed compared to their non institutionalized counterparts.

Gopal et al (2009) did a descriptive study among elderly population aged above 60 years living in old age homes and in the community. 50 cases from each group were interviewed using a structured questionnaire using GDS (Geriatric Depression Scale) which is widely accepted for assessing the depression among the elderly. Data was analyzed statistically using a t-test for significance. Data was analyzed by comparing depression status among elderly, living in old age homes and in the community. Age wise, sex wise and occupation wise distribution of depression was also analysed. Depression was found to be more in inmates of old age homes. On sex wise analysis depression was found to be more among females.

Singh and Misra (2009) conducted a study on sample of 35 male elderly and 20 female elderly with the age ranging from 60 to 80 years residing in Delhi. Beck's depression inventory was administered. Results showed no significant gender differences in elderly men and women with respect depression.

METHOD:

Design:

The study adopts a 2*2 factorial design because there are two independent variables and one independent variable domicile has two levels institutionalisation and non-institutionalisation, the other independent variable gender has two levels males and females. Thus influence of these two independent variables on dependent variable

depression is seen in the present study.

Sample:

The sample for the present study consisted of 240 elderly from Mangalore and Udupi district of Karnataka. Convenient sampling method was used.

Table 1
Composition of sample

Groups	Institution	Non institution	Total
Male elderly	60	60	120
Female elderly	60	60	120
Total	120	120	240

Definition of terms:

Elderly:

Conceptual definition:

Men and women of age 60 years and above are referred as elderly.

Operational definition:

Men and women of age 60 years and above are referred as elderly.

Domicile:

Conceptual definition:

A place of residence

Operational definition:

A dwelling place where elderly live which in the present study is classified into two types institutionalised and non institutionalised.

Institutionalisation:

Conceptual definition:

Institutionalisation refers to multi residence housing facility for elderly people who cannot take care of themselves anymore and need a little extra help.

Operational definition:

Institutionalisation refers to elderly residing in old age homes.

Non institutionalisation:

Conceptual definition:

Non institutionalisation means not committed to an institution.

Operational definition:

Non institutionalisation refers to elderly residing in their own homes alone or with their spouses and children.

Depression:

Conceptual definition:

Depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time (Zieve et al, 2008).

Operational definition:

Depression refers to feeling worthless, sad, hopeless, helpless and emptiness in life as measured by Geriatric Depression scale.

Test:

Geriatric Depression scale (Yesavage et al , 1983)

The Scale consists of 30 yes/no questions and is widely used in screening depression among the elderly population.

Scoring:

Questions 1, 5, 7, 9, 15, 19, 21, 27, 29 and 30 if marked 'no' gets a score of 1 and questions 2, 3, 4, 6, 8, 10, 11, 12, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26 and 28 if marked 'yes' gets a score 1. Total depression score is obtained by summing the marks of each question.

Reliability and Validity:

The validity and reliability of the tool have been supported through both clinical practice and research. In a validation study comparing the long and short forms of the Geriatric Depression scale for self-rating of symptoms of depression, both were successful in differentiating depressed from non-depressed adults with a high correlation of 0.84.

Procedure: To collect data from institutionalised elderly, permission was taken from various old age homes and elderly were personally ap-

proached and for the sample of non institutionalised sector elderly residing in their homes were approached. Geriatric Depression scale was administered to the elderly as per the instructions in the manual and were thanked for their co-operation.

RESULTS AND DISCUSSION:

Table 2
ANOVA for Gender differences on Depression among institutionalised and non institutionalised elderly.

Source of Variation	Sum of squares	df	Mean squares	F
Domicile	319.704	1	319.70	6.50*
Gender	36.038	1	36.038	0.73 NS
Interaction effect	158.438	1	158.43	3.22 NS
Error	11605.11	236	49.174	
Total	47963.00	240		

*p< .05, NS: Not Significant

Table 2a
Mean, Standard deviation and t value on Depression among institutionalised and non institutionalised elderly.

Domicile	N	Mean	SD	t value
Institutionalised	120	13.38	6.902	2.54*
Non - institutionalised	120	11.07	7.178	

*p< .05

An inspection of the Table 2 reveals that the F ratio of 6.501 is significant at 0.05 level for Domicile; hence the null hypothesis that there is no significant difference in Depression among Institutionalised and Non institutionalised elderly is rejected.

Table 2a shows post hoc analysis t test for institutionalised and non institutionalised elderly. Mean score for institutionalised elderly is 13.38 and SD is 6.902 and the obtained mean for non institutionalised elderly is 11.07 and SD is 7.178. The obtained t value 2.54 which is significant at 0.05 level which reveals that institutionalised elderly have higher depression compared to non institutionalised elderly.

Results are similar to the study conducted by Gopal et al indicating that Depression was found to be more in inmates of old age homes. But the results are against the results conducted by Shyam et al which revealed that institutionalized persons were less depressed compared to their non institutionalized counterparts

F ratio of 0.733 is not significant for gender, hence the null hypothesis that there is no significant gender difference in depression among institutionalised and non institutionalised elderly is accepted.

The results of the present study are similar to the study conducted by Kanwar which also revealed no significant differences between males and females on depression and also according to the study conducted by Singh and Misra indicating that no significant gender differences in elderly men and women with respect to depression. Results of the present study are contradictory to the study conducted by Gopal et al which revealed that depression was more in females compared to males.

The F ratio of 3.222 for interaction is also not significant, hence does not reveal a significant difference.

FINDINGS:

1. Institutionalised elderly have higher depression compared to non institutionalised elderly.
2. Male and female elderly do not differ in depression.

SCOPE FOR FURTHER STUDY:

1. Research on Depression in relation to other variables like physical and Psychological health, loneliness, financial problems can be done.
2. Comparative research on Depression among elderly and middle aged, with youngsters can be undertaken.

REFERENCES

- Birren, J.E. (1996). Encyclopedia of gerontology. San Deigo: Academic press. | Gopal, V., Veena, G., Vijayan, S., & Nambootiri, R V. (2009). Depression among elderly living in old age homes and in other domiciles in Trivandrum corporation area- A comparative study. Paper presented at 2nd national conference on students medical research. Retrieved on February 20, 2012 from http://www.commedtvm.org/natcon2009/natcon_2009/papers/natcon_abs_74.html | Irwin, M. (2008). Sleepless nights can trigger depression bouts among elderly. Retrieved on January 1, 2009 from http://www.thaindian.com/news_portal/india_news/sleepless-nights-can-trigger-depression-bouts-among-elderly_100102350.html. | Kanwar., Priya., & Chadha, N.K. (1998). Psycho-social determinants of institutionalized and non institutionalized elderly: An empirical study. Indian journal of Gerontology, 1998, 12, 27-39. Abstract obtained from Indian Psychological abstracts and reviews, 1999, 6. Abstract No.396. | Shyam., Radhey., Yadav., Sudesh., Sharma, O.P., & Sharma, P. (2000). A study of well being amongst institutionalized and non institutionalized elderly. Indian journal of Gerontology, 2000, 14, 144-151. Abstract obtained from Indian Psychological abstracts and reviews, 2002, 9. Abstract No.397. | Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. Industrial Psychiatry journal, 2009, 18, 51-55. Retrieved on February 15, 2012 from <http://www.industrialpsy.chiatry.org/text.asp?2009/18/1/51/57861> | Yesavage, J.A. (1982). Geriatric depression scale. Retrieved on December 11, 2008, from http://en.wikipedia.org/wiki/Geriatric_Depression_Scale. | Zieye, D., Juhn, G., Eitz, D.R., Kelli, A.S., & Voorhees, B.W.V. (2008). Depression. Retrieved on December 29, 2008, from <http://www.nlm.nih.gov/medline/plus/ency/article/003213.htm#Definition>.