

THE PREVALENCE OF DEPRESSION AMONG ELDERLY PEOPLE LIVING IN A SELECTED VILLAGE OF KANNIYAKUMARI DISTRICT.

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ABSTRACT

The prevalence of depression in community settings is highly essential for early intervention. This descriptive cross-sectional study was undertaken to identify the prevalence of depression among elderly people residing in a selected village of Kanniyakumari District. A sample size of 100 elderly participants aged 60 years and above was selected through non-probability purposive sampling. Data collection was done using a demographic profile and standardized Geriatric Depression Scale. The results showed that the majority of participants, 35%, were in the age group of 66–70 years and that 64% of them were males. The majority, 88%, had chronic illness. It was found that 60% of the elderly had mild depression and 40% did not show any depression. No cases of moderate or severe depression were found. Chi-square analysis showed a significant association between depression and the presence of chronic illness, and no association with age, gender, or marital status was observed. This study concludes that mild depression is common among older adults and calls for routine screening and early supportive intervention. There is also a need to enhance community mental health programmes and chronic disease management to improve the psychological status and overall life satisfaction of older adults.

Keywords:

Elderly, Depression, Prevalence, Geriatric Mental Health, Geriatric Depression Scale.

Background of the study:

Depression is a major public health concern among the elderly population, associated with significant disability, poor quality of life, and increased mortality rates. This burden of depression among older adults is escalating and emerging as a more serious concern with the recent worldwide growth of the aging population. Evidence from recent systematic reviews and meta-analyses reflects considerable variation in its prevalence, estimated to range from about 19% to over 35% worldwide. These variations are influenced by geographic place of residence, screening methods, and characteristics of study populations. Early detection, support systems, and appropriate intervention are much needed to reduce the impact of depression and to enhance well-being among the elderly.

Higher prevalence rates of depression among older adults are more often reported in developing countries and in groups with low socioeconomic status, chronic health problems, or poor social support. Depressive symptoms are easily missed or misunderstood in the elderly because they often appear in atypical forms or together with age-related physical disorders. This leads to underdiagnosis, delayed treatment, and unfavorable clinical outcomes. The high prevalence and broad consequences of later-life depression underscore the urgent need for routine mental health screening, timely intervention, and customized support services. Better awareness and access to care can make a significant difference in improving the well-being of elderly people globally.

Need for the study:

- Overall, global estimates of the prevalence of depression are reported at 19.2% among the elderly. The global prevalence for major depressive disorder was 13.3%. Other metaanalyses report average global rates of about 31.7%, with higher rates in developing countries.
- Estimate the prevalence of depression among Indian elderly to be 32.9%. A large-scale review yielded a median prevalence of 21.9%. Rural elderly with multiple chronic conditions have a prevalence of 38.3%, compared to 28.9% in urban areas.
- In Tamil Nadu: Studies from rural Tamil Nadu report the prevalence rates of depression to range from 19.9%, 33.8% (mild/moderate) and 10.8% (severe), and as high as 67.5% in some large rural samples. Even in urban and mixed settings, the rates are high in Tamil Nadu, with some studies reporting 56.8% in males and 79.2% in females.

Statement of the Problem

A study to assess the prevalence of depression among elderly people living in a selected village of Kanniyakumari District.

Objectives

1. To find the prevalence of depression among the elderly people living in a selected village of Kanniyakumari District.
2. To correlate the prevalence of depression with selected demographic variables such as age, gender, marital status, and health status.

Hypothesis

H1: There is a significant relationship between the level of depression and selected demographic variables in terms of elderly people .

Operational Definitions

- Prevalence: the total number of depression cases existing among elderly living alone in the selected village on the date of data collection, as a percentage.
- Depression: A psychological condition involving feelings of dejection, malaise, and disinterest in any activity, disturbed sleep patterns, fatigue, and other psychological or physical manifestations, measured by a standardized tool, such as the Geriatric Depression Scale.
- Elderly people: Male or female 60 years and above, staying alone or with a spouse or family in their house in the selected village

Assumptions

- Elderly people may be more prone to depression because of a lack of social support.
- Depression can be diagnosed with a valid standardized screening tool.
- Socio-demographic factors can make a difference in the development of depression among elderly individuals.

Research Approach

A quantitative, descriptive survey approach.

Research Design

A descriptive cross-sectional research design.

Variables

- Independent Variable: Elderly People.
- Dependent Variable: Level / prevalence of depression.
- Demographic Variables: Age, gender, marital status, health problems.

Setting

A selected village is Thottavaram , Kanniyakumari District, Tamil Nadu, India.

Population

- Target Population: All elderly individuals aged 60 years and above in Kanniyakumari District.
- Accessible Population: Elderly individuals aged 60 years who living in the selected village.

Sample Size

Sample size is 100

Sampling Technique

Non-probability purposive sampling technique.

Inclusion Criteria

- Elderly individuals aged 60 years and above.
- Individuals who can understand and respond to questions.
- Elderly willing to participate and provide consent.

Exclusion Criteria

- Elderly with known psychiatric illness under treatment.
- Individuals who are critically ill or unable to respond.
- Elderly not available during data collection period.

Data Collection Tool

- Section A: Demographic proforma.
- Section B: Standardized Geriatric Depression Scale

Data Collection Procedure

- ▶ The formal permission to conduct the study was obtain from the Principal of Bethlehem college of nursing and selected Village President .
- ▶ Sample were selected through a Non-probability purposive sampling technique based on inclusion and exclusion criteria.

► After providing general instructions, verbal consent will obtain from the participants. As researcher, I was collected the demographic data variables from the participants. A pre-test will conduct using Questioner method.

Plan for Data Analysis

- **Descriptive statistics:**
 - Mean, Standard deviation, frequency, percentage to determine prevalence.
 - Classification of mild, moderate, or severe depression.
- **Inferential statistics:**
 - Chi-square test to determine association between depression and demographic variables.
 - p-value < 0.05 considered significant.

Result:

Table :1 Frequency percentage and distribution of samples among elderly individuals living in a selected village.

| S.No | Demographical Variable | Frequency | Percentage |
|------|-----------------------------|-----------|------------|
| 1 | Age | | |
| | a. 60 Years – 65 Years | 25 | 25% |
| | b. 66 Years –70 Years | 35 | 35% |
| | c. 71 Years –75 Years | 20 | 20% |
| | d. 76 Years –80 Years | 12 | 12% |
| | e. Above 80 Years | 8 | 8% |
| 2 | Gender | | |
| | a. Male | 64 | 64% |
| | b. Female | 36 | 36% |
| 3 | Marital Status | | |
| | a. Married | 97 | 97% |
| | b. Unmarried | 1 | 1% |
| | c. Widowed / Separated | 2 | 2% |
| 4 | Presence of Chronic Illness | | |
| | a. Yes | 88 | 88% |
| | b. No | 12 | 12% |

Table: 1 described about the frequency, percentage distribution of demographic variable. Distribution of the subject by age revealed that majority of the subject, i.e. out of 100 Elderly people 35(35%) are in age of 66 Years –70 Years, Gender revealed that majority of the subject, i.e. out of 100 Elderly people 64(64%) are in Male, As per the finding of the study, the majority of the subject, i.e. out of 100 Elderly people 97(97%) of them were Married, with regards Presence of Chronic Illness out of 100 Elderly people 88(88%) are having Chronic Illness.

Table2-Frequency percentage and distribution of samples on the level of Depression among elderly individuals living in a selected village.

| S.No | Score | Interpretation | n | % |
|------|-------|---------------------|----|--------|
| 1 | 0–4 | No depression | 40 | 40.00% |
| 2 | 5–8 | Mild depression | 60 | 60.00% |
| 3 | 9–11 | Moderate depression | 0 | 0.00% |
| 4 | 12–15 | Severe depression | 0 | 0.00% |

Table-3 Comparison of level of Depression among elderly individuals living in a selected village.

| S.No | Level of Depression | Mean | SD |
|------|---------------------|------|------|
| 1 | Pre Test | 4.89 | 1.97 |

Table 4: Association between level of Depression and demographic variable

| S.No | Demographical Variable | No depression | | Mild depression | | Chi Square |
|------|------------------------|---------------|---|-----------------|---|------------|
| | | n | % | n | % | |
| 1 | Age | | | | | |

| | | | | | | |
|---|-----------------------------|----|-----|----|-----|--------------------|
| | a. 60 Years – 65 Years | 12 | 12% | 13 | 13% | 9.5 df-4 |
| | b. 66 Years –70 Years | 8 | 8% | 27 | 27% | |
| | c. 71 Years –75 Years | 8 | 8% | 12 | 12% | |
| | d. 76 Years –80 Years | 6 | 6% | 6 | 6% | |
| | e. Above 80 Years | 6 | 6% | 2 | 2% | |
| 2 | Gender | | | | | 1.04 df-1 |
| | a. Male | 28 | 28% | 36 | 36% | |
| | b. Female | 12 | 12% | 24 | 24% | |
| 3 | Marital Status | | | | | 0.75 df-2 |
| | a. Married | 39 | 39% | 58 | 58% | |
| | b. Unmarried | 0 | 0% | 1 | 1% | |
| | c. Widowed / Separated | 1 | 1% | 1 | 1% | |
| 4 | Presence of Chronic Illness | | | | | 4.04 df-1 S* |
| | a. Yes | 32 | 32% | 56 | 56% | |
| | b. No | 8 | 8% | 4 | 4% | |

The above table 4 , predicts that there is statistically significant association with the, prevalence of depression among elderly people with their demographic variables Presence of Chronic Illness. Non significant are Age, Gender, Marital Status

Discussion

The present study was conducted to estimate the prevalence of depression among elderly people living in a selected village. The demographic results indicated that the majority of the participants belonged to the 66–70 year age group (35%), and the majority of them were males (64%). Most of the elderly were married (97%), indicating that companionship was there, but emotional support may vary even after marriage. Further, a considerably high percentage (88%) of participants were suffering from chronic illnesses, which may be one of the reasons for increased psychological distress. In terms of the level of depression, 60% of the elderly showed mild depression and 40% had no depression. None of the participants fell into moderate or severe depression, which indicates that the symptoms of depression are present but at a mild yet significant level. This draws on the requirement for early intervention in order to avoid escalation.

Association analysis showed a statistically significant relationship between depression and chronic illness, which suggests that physical health is the key to emotional well-being.

However, there has been no significant association between depression and demographic variables such as age, gender, and marital status. This means that depression among older adults may arise outside of the influence of these social-demographic parameters but is strongly associated with health-related concerns.

Conclusion:

The present study concludes that mild depression is widespread among the elderly in the selected village. A sizeable percentage of the participants showed depressive symptoms, indicating the importance of routine psychiatric screening. Chronic illness showed significant association with depression, which indicates the major role of physical health in overall emotional well-being. This early detection and intervention strategy will help to ensure a better quality of life in the elderly population.

Recommendations:

1. Regular mental health screening amongst the elderly should be conducted at the community and primary health care levels.
2. Health education programs related to coping strategies, stress management, and emotional support should be organized.

3. Management of chronic diseases should be prioritized, as the two conditions strongly link with depression.
4. Family members should be encouraged to spend quality time with the elderly and give them emotional support.
5. Community-based recreational programs like group activities, yoga, and social gatherings should be encouraged to improve social interaction.
6. Training in early detection and referral of depressive symptoms should be provided to nurses, caregivers, and health workers.

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