"A COMAPARITIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING GERIATRIC DEPRESSION AMONG THE MALE AND FEMALE ELDERS AGED BETWEEN 60-80 YEARS IN SELECTED RURAL AREAS OF TUMKUR AT KARNATAKA STATE."

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Abstract

The elderly population will increase to 12% of the total population by 2025, 10% of whom would be bedridden, requiring utmost care. Geriatric Depression is sometimes linked to physical symptoms. Key brain chemicals influence both mood and pain. Treating depression has been shown to improve co-existing illnesses. The symptoms of depression affect every aspect of elder life, including their energy, appetite, sleep, and interest in work, hobbies, and relationships. Depression Impacts on Daily Life and Without treatment, the physical and emotional turmoil brought on by depression can derail careers, hobbies, and relationships. Depressed people often find it difficult to concentrate and make decisions. They turn away from previously enjoyable activities, including sex. In severe cases, depression can become life-threatening. The study showed that there exists more knowledge in female elders than male elders. Through the analysis it is evidenced that none of the male samples had adequate knowledge and 20% of female samples had adequate knowledge.

Introduction

Geriatric Depression is the primary symptoms of depression are a sad mood and/or loss of interest in life for elderly people. Activities that were once pleasurable lose their appeal. Person

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may also be haunted by a sense of guilt or worthlessness, lack of hope, and recurring thoughts of death or suicide.

WHO report, patients over 55 years with depression have a four times higher death rate than those without depression.1 WHO says around 4%-6% of elderly people experience some form of maltreatment at home. [2]

Life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back.[3] Mental disorders induce functional disability, disturb rehabilitation, burden the health system and impair life-quality of old patients and their relatives. Geriatric patients are characterized by suffering from multiple diseases, being acutely at risk in the case of somatic disorders. Among all mental disorders faced by the elderly, depression is the most common one.[4]

The United Nations Population Fund found the number of over-60s will increase from around 100 million today to more than 300 million by 2050 and warned the government to prepare for the additional strain this will put on families and health and welfare services. It also predicted the number of over-80s will increase sevenfold.[1]As of yet, there is no lab test for depression. To make an accurate diagnosis, doctors rely on a patient's description of the symptoms. Life situations may lead to be isolated.[6] As age advances there is increased morbidity and functional loss, also presence of a variety of depressive factors and occurrence of varying life events, greatly impact on one's psychological status, making them more prone to depression. Ageing is a universal process. [7]

Need For The Study

The elderly population in India accounts for 7.4% of the total population in 2001 and both the share and the size of **the elderly population is increasing** over time and is projected to increase from 5.6% in 1961 to 12.4% of population by the year 2026.[8]the **elderly face psychological problems.** Reasoning becomes slower, memory is impaired, enthusiasm decreases, cautiousness increases, and sleep patterns are altered. **Mental illness is also much higher among old people.**[9]

The report by the "United Nations Population Fund" warned that **India's current hospital and welfare services are insufficient** for the strain they will face as the pace of population ageing increases." These findings underline that with a growing elderly population in the country there is a need to strengthen geriatric care services. Even though **attention has paid to the medical problems of the elderly their psychological problems will be neglected by their caregivers.** The community-based mental health studies in India have revealed that the point of prevalence of depressive disorders in elderly Indian population varies between 13-25%.[10-11].Elderly have **difficulty in recognizing depression and/or reporting it** to their care providers. This is the reason why very few of the cases are detected or treated.

However, even the normal physical and emotional stresses that go along with aging can be risk factors for mental illnesses like anxiety and depression. It's important to be aware that some medical problems can cause depression in older adults and the elderly, either directly or as a psychological reaction to the illness. The untreated depressed elderly people have significant clinical and social implications as these disorders decrease an individual's quality of life and

increases dependence on others. Even investigator also observed risk factors as discussed above among elders for depression during community postings and through life exposure.

Statement Of The Problem

"a comparative study to assess the knowledge regarding geriatric depression among the male and female elders aged between 60-90 years in selected rural areas of Tumkur at Karnataka state."
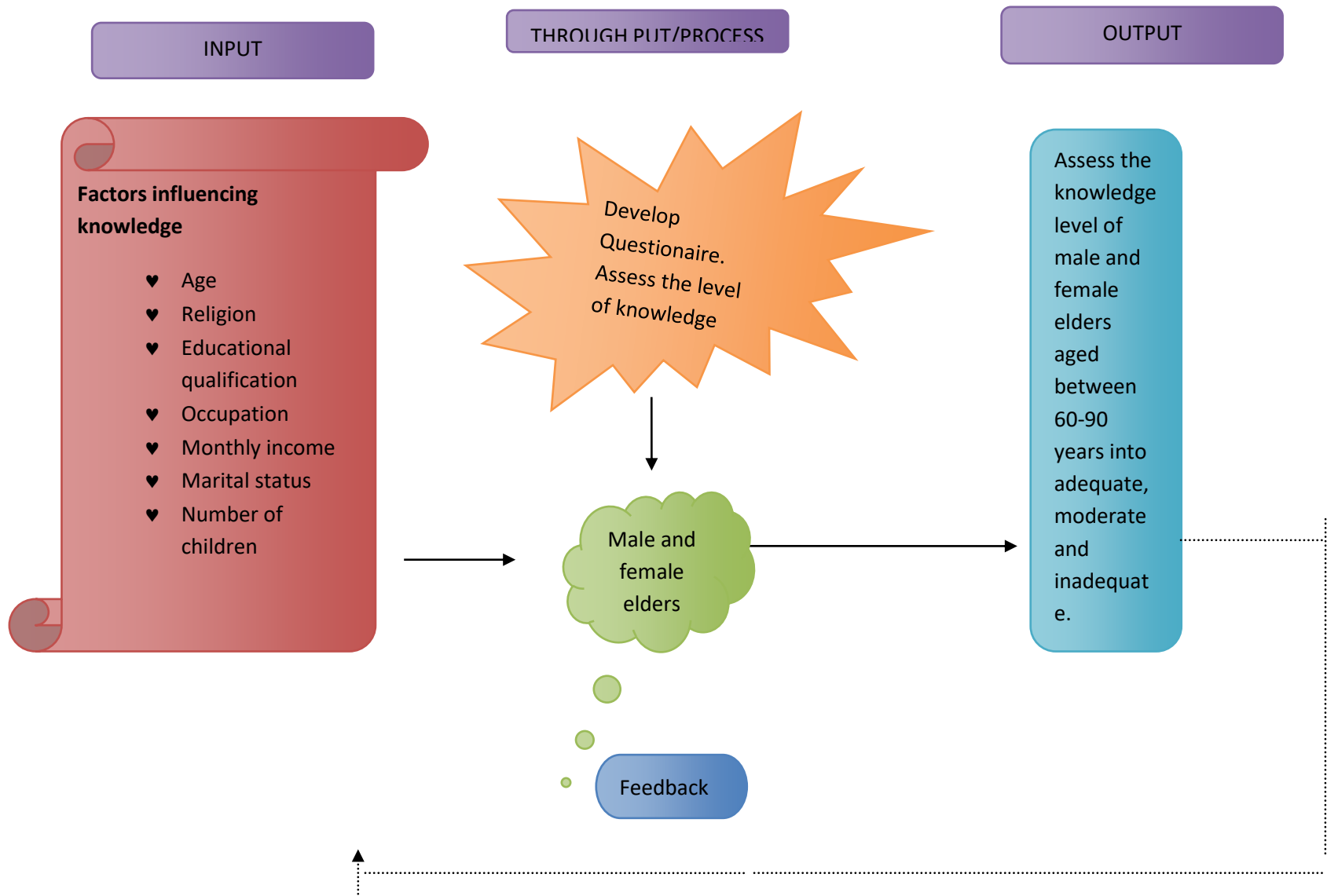
Research Hypothesis

H$_1$:- There will be significant difference between the knowledge of male and female elders aged between 60-90 years regarding Geriatric depression.

H$_2$:- There will be a significant association between demographic variables with the knowledge of male and female elders aged between 60-90 years regarding Geriatric depression.

Conceptual Framework

The conceptual framework selected for the study was based on **general systems theory** with input, throughput, output and feedback. This theory was introduced by **Ludwig von Bertalanffy.**

INPUT

THROUGH PUT/PROCESS

OUTPUT

Factors influencing knowledge

- ♥ Age
- ♥ Religion
- ♥ Educational qualification
- ♥ Occupation
- ♥ Monthly income
- ♥ Marital status
- ♥ Number of children

Develop Questionaire. Assess the level of knowledge

Male and female elders

Feedback

Assess the knowledge level of male and female elders aged between 60-90 years into adequate, moderate and inadequate.
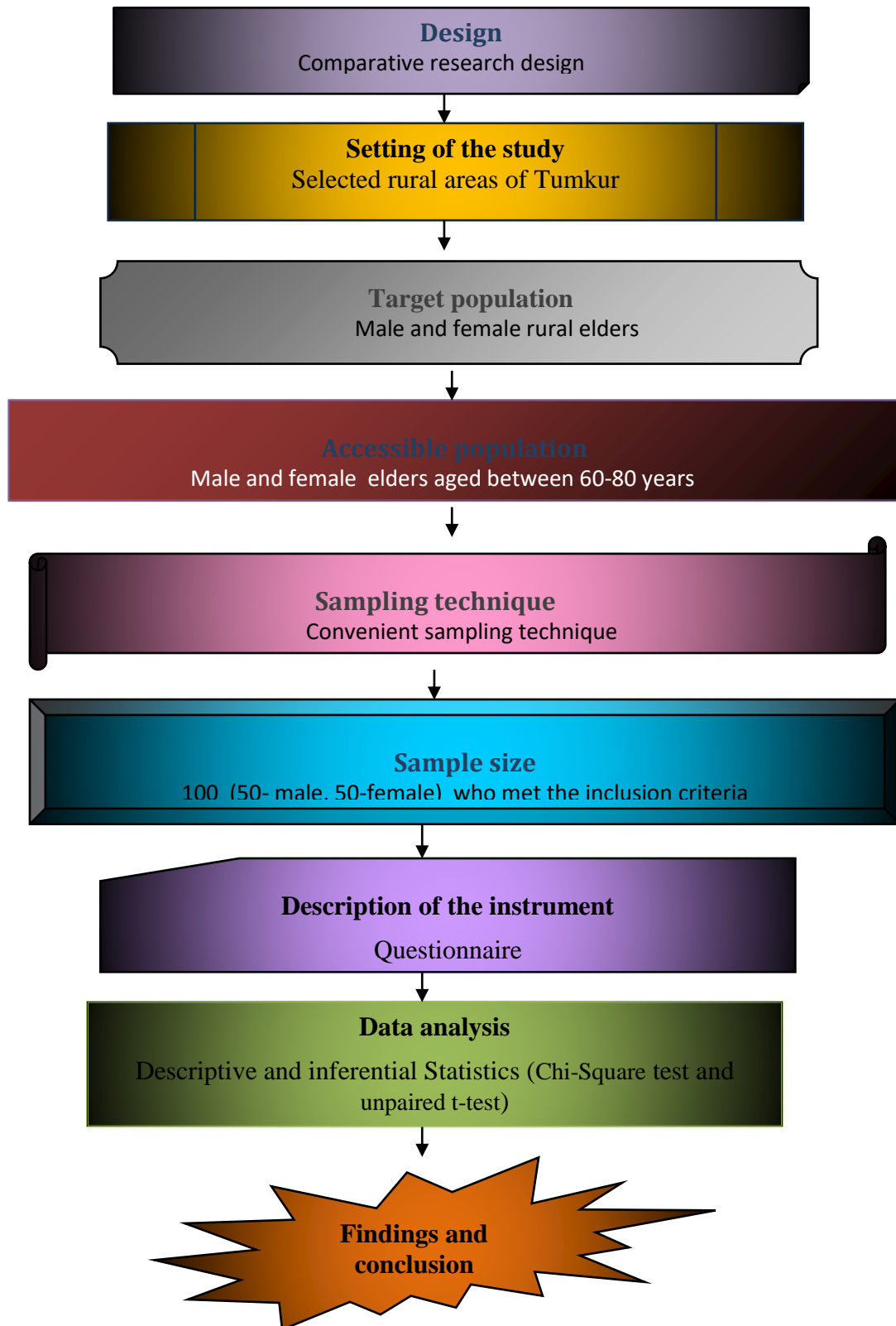
FIGURE – 1 CONCEPTUAL FRAME WORK BASED ON GENERAL SYSTEMS MODEL BY LUDWIG VONBERTALANFFY

Not included in the study

Research Methodology: A "quantitative approach" is used in the study and "Comparative research design" is adopted for the present study.

FIGURE-2:SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

Design
Comparative research design

Setting of the study
Selected rural areas of Tumkur

Target population
Male and female rural elders

Accessible population
Male and female elders aged between 60-80 years

Sampling technique
Convenient sampling technique

Sample size
100 (50- male. 50-female) who met the inclusion criteria

Description of the instrument
Questionnaire

Data analysis
Descriptive and inferential Statistics (Chi-Square test and unpaired t-test)

Findings and conclusion

Variables :-Demographic Variables: Age, Religion, Education, Occupation, Family income, marital status, Number of children,.**-Dependant Variables**: Knowledge of male and female elders regarding Geriatric depression.

Setting of the study: The present study was conducted at selected rural areas of Tumkur.

Population : In the present study population includes the male and female elders aged between 60-8- years residing in selected rural areas of Tumkur.

Sample: The sample size consists of 50 male and 50 female elders who satisfied the inclusion criteria.

sampling technique: In the present study non-probability convenient sampling technique was adopted to select the sample.

sampling criteria: The following criteria are set to select samples.

Inclusion Criteria

➢ Elders aged between 60-80 years residing in rural area of, Tumkur.

➢ Elders aged between 60-80 years who understand Kannada or English.

Exclusion Criteria

➢ Who are not willing to participate in the study

➢ Who are not available during data collection

Data collection tool : The present study is aimed at assessing the knowledge regarding geriatric depression among Elders aged between 60-80 years residing in rural areas of Tumkur. Thus a structured questionnaire was prepared to assess the knowledge and used for data collection.

The Tool

This interview schedule consists of two parts.

PART 1 :

This section seeks information on socio-demographic data. It consists of 7 items. The interview schedule was used to the samples who met the inclusion criteria to collect data about demographic variables such Age, Religion, Education, Occupation, Family income, marital status, Number of children.

PART 2 :

This is self-structured questionnaire, comprising of 31 multiple choice questions related to knowledge regarding geriatric depression.

plan for data analysis

Data will be entered to Master Data sheets. Descriptive and inferential statistics will be used for analysis of data and the significant findings.

Descriptive Statistics

- Frequency and percentage will be used to describe the distribution of women according to their demographic characteristics.

- Mean, Mean score percentage and Standard Deviation will be used for assessing the knowledge.

- Unpaired t test will be used for comparing the knowledge of urban and rural women

Inferential Statistics

- Chi – square test will be used to determine the association of demographic variables with knowledge level.

RESULTS

SECTION I: DEMOGRAPHIC CHARACTERISTICS OF MALE AND FEMALE ELDERS

**TABLE 2: Distribution of male and female elders based on the demographic variables**

Variables	Rural women		Urban women	
	Frequency	(%)	Frequency	(%)
Age				
60-70 years	17	34	14	28
71-80 years	18	36	14	28
81-90 years	15	30	22	44
Religion				
Hindu	27	54	26	52
Muslim	15	30	14	28
Christian	8	16	10	20
occupation				
Govt Employee	4	8	14	28
Private employee	10	20	23	46
House wife	16	32	9	18
Daily wages	20	40	4	8
Income				
less than 1000rs	26	52	1	2
1001-3000	20	40	5	10
3001-5000	4	8	19	38
5001 and above	-	-	25	50
qualification				
illiteracy	9	18	1	2
primary	21	42	9	18
secondary	19	38	18	36
graduation	1	2	12	24
post graduate	-	-	10	20
marital status				
married	41	82	40	80
unmarried	9	18	10	20
No of children				
None	13	26	8	16
One	8	16	19	38
Two	18	36	14	28
three and above	11	22	9	18

TABLE 3: Overall knowledge scores of the male and female elders.

N = 100 (R = 50, U = 50)

Knowledge	Inadequate (Less than 50%)		Moderate (51-75%)		Adequate (76-100%)	
	Frequency	%	Frequency	%	Frequency	%
Male elders	37	74	13	26	-	-
Female elders	8	16	32	64	10	20

FIGURE 12: KNOWLEDGE LEVEL OF RURAL WOMEN
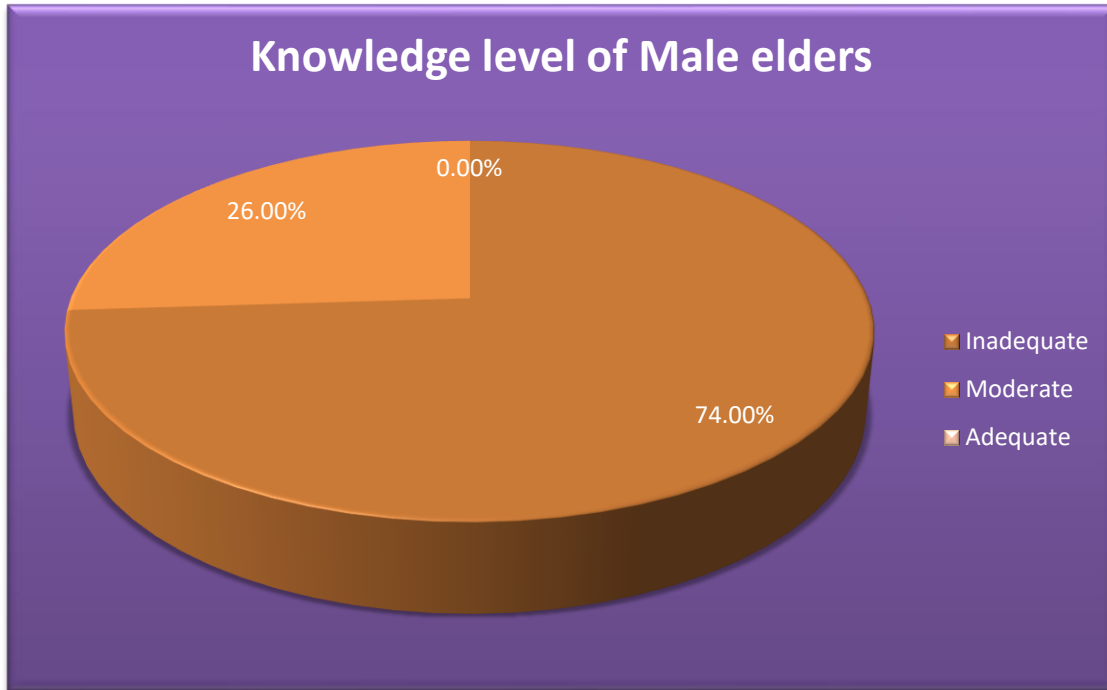
The above picture depicts that 74% of the male elders have inadequate knowledge ,26% have moderate knowledge and 0% have adequate knowledge regarding **geriatric depression**.

FIGURE 13:KNOWLEDGE LEVEL OF URBAN WOMEN
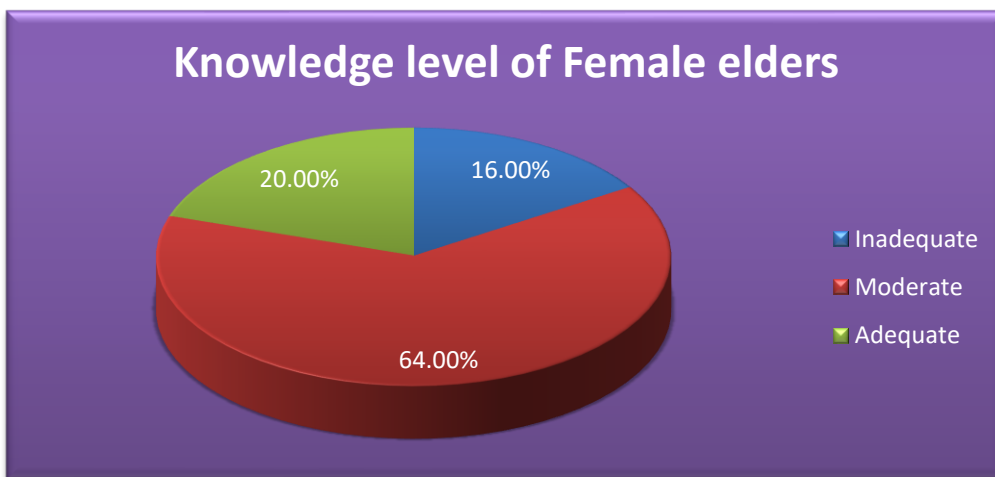
The above picture shows that 20% of female elders have adequate knowledge,16% have inadequate knowledge and 64% have moderate knowledge regarding **geriatric depression**.

SECTION –IV

ASSOCIATION OF LEVEL OF KNOWWLEDGE WITH SELECTED DEMOGRAPHICAL VARIABLES

TABLE 8: Association of knowledge scores of male elders with the demographic variables.

N = 50

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
1.Age in years						
60-70 years	7	10				
71-80 years	7	11	0.776	2	5.991	NS
81-90 years	8	7				
2.Religion						
a.Hindu	10	17				
Muslim	7	8	1.686	2	5.991	NS
Christian	5	3				
3. occupation						
Govt Employee	1	3				
b. Private employee	6	4	2.516	2	5.991	NS
c House wife	8	8				
d Daily wages	7	13				
4.Income						
less than 1000rs	9	17				
1001-3000	12	8				
3001-5000	1	3	4.593	1	3.841	S
5001 and above						
5.qualification						
Illiteracy	**5**	**4**				
b primary	9	12				
c secondary	7	12	6.167	2	5.991	S
d graduation	**1**	**-**				
e post graduate						
6.marital status			0.595	1	3.841	NS
a married	17	24				
b unmarried	5	4				
7.No of children						
a. none	6	7				
b. one	3	5	0.173	3	7.815	NS
c. two	8	10				

d. three and above	5	6				

TABLE shows that monthly income and educational qualification have significant association with knowledge of male elders regarding geriatric depression. Variables such as age,religion, occupation, marital status, number of children, have no significant association with knowledge regarding geriatric depression.

TABLE 9 Association of knowledge scores of female elders with the demographic variables.

N = 50

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
Age in years						
60-70 years	4	10				
71-80 years	9	5	3.776	2	5.991	NS
81-90 years	9	13				
Religion						
a.Hindu	9	17				
Muslim	6	8	3.680	2	5.991	NS
Christian	7	3				
occupation						
Govt Employee	5	9				
b. Private employee	9	14	12.546	3	7.815	S
c House wife	6	3				
d Daily wages	2	2				
Income						
less than 1000rs	1	-				
1001-3000	2	3				
3001-5000	7	12	4.863	1	3.841	S
5001 and above	12	13				
Qualification						
Illiteracy	**-**	**-**				
b. primary	4	6				
c. secondary	7	5	20.043	4	9.488	S
d. graduation	7	11				
e. post graduate	4	6				
6.marital status						
a. married	19	21	0.994	1	3.841	NS
b. unmarried	3	7				
7.No of children						
a. none	2	6				
b. one	9	10	2.697	3	7.815	NS
c. two	8	6				

d. three and above	3	6				

Table shows that educational qualification, occupation and monthly income have significant association with knowledge of female elders regarding geriatric depression. Variables such as age ,religion, marital status, number of children, have no significant association with knowledge regarding geriatric depression.

Sig- significant (P value: P<0.05),NS- not significant (P value: P > 0.05)

Microsoft word and Excel have been used to generate graphs, tables etc.

Discussion

The findings of the study have been discussed with reference to the objectives and hypothesis stated in the information and findings of the other studies.

Section I: Describes the demographic variables of the male and female elders.

1. Female elders samples

Majority of the subjects 44% (22) were in the age group of 81-90 years. Majority of the study samples were Hindus 26 (52%). Almost 36%(18) had secondary education an about 24% (12) were graduates. Most of the women 46%(23) were private employees. Most of the subjects 38%(19) were having a family income of more than 5000. Most of the subjects 80%(40) were married. About 38%(19) were having single child.

 2. Male elders samples

Majority of the subjects 36% (18) were in the age group of 71-80 years. Majority of the study samples were Hindus 54 (27%). Almost 42%(21) had primary education and about 38% (19) were graduates. Most of the women 40%(20) were doing jobs for daily wages. Most of the subjects 52%(26) were having a family income of less than 1000. Most of the subjects 82%(41) were married. About 36%(18) were having two children.

Section II: Assess the knowledge scores among male and female elders regarding geriatric depression.

From the present study, after the tabulation and analysis it is evidenced that none of the male samples and 10 (20%) female samples had adequate knowledge regarding geriatric depression. 13(26%) and 32(64%) respectively from male and female elders had moderate knowledge and assessed that 37 (74%) samples from male and 8(16%) samples from female had inadequate knowledge regarding geriatric depression.

Section III: Comparison of knowledge scores among female and male elders regarding geriatric depression

Table shows that there were significant differences in the knowledge scores among male and female elders. The study showed that there exists more knowledge in female elders than male elders.

Section IV: Association between demographic variables with knowledge scores of male and female elders regarding geriatric depression.

In male elders monthly income and educational qualification have significant association with knowledge regarding geriatric depression. Variables such as age, religion, occupation, marital status, number of children, have no significant association with knowledge regarding geriatric

depression. In female elders educational qualification, occupation and monthly income have significant association with knowledge of female elders regarding geriatric depression. Variables such as age, religion, marital status, number of children, have no significant association with knowledge regarding geriatric depression.

Conclusion

It's very necessary to educate especially elder population regarding depression and it management.   Whether individual is 18 or 80, don't have to live with depression. Elderly people depression can be treated, and with the right support, early diagnosis, treatment, and self-help strategies   can make feel better and live a safe, happy and vibrant life. Elders lives have changed over the centuries. The study findings showed that the female elders are having more knowledge than male elders regarding geriatric depression and there are some demographic variables associated with knowledge regarding geriatric depression..

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