

“Mental Health status of elderly persons in rural area of India.”

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Abstract:

Introduction: Increase in life expectancy results in an increasing numbers of elderly persons which contributes to 7% of India's population. With emerging changes in our social and cultural values, the elderly who are economically unproductive are sadly neglected. It is recognized that the elderly are prone to psychic disorders through vicissitudes such as social isolation, malnutrition, economic and emotional depression and so on. Hence the study was conducted to assessing the mental health status of the elderly persons in rural area.

Methods: A cross sectional study was conducted in 6 Primary Health Centers (PHCs) in India among elderly persons who were 60 years and above. 20% of all elderly persons from all the villages in one selected PHC were included by systematic random sampling method. (total 494). All these peoples were examined clinically & necessary information was collected from them. Their mental health status was assessed with the help of General Health Questionnaire 12 (GHQ 12)

Results: 41.3 % elderly persons were having poor mental health status. Female sex, illiteracy, low socioeconomic status, widowhood, lack of hobby, physical dependence & lack of family care & affection are the factors associated with poor mental health status of elderly persons.

Conclusion: This study has revealed that geriatric psychiatry is important public health problem in India.

Key words: elderly people, mental health status, rural area.

Introduction: Aging is considered as natural and universal process. It is regarded as an inevitable biological phenomenon. Elderly people are suffering from various physical, mental, social and economical problems. Increased life expectancy of an average Indian has resulted in increasing numbers of elderly persons which contributes to 7% of India's population. ⁽¹⁾

Ageing in Indian culture though considered disability, does not carry the connotation of becoming “Useless mouth to be fed”. The Indian value system prescribes respect, reverence and physical care for elderly from their children. With emerging changes in our social and cultural values, the elderly who are economically unproductive are sadly neglected. It is recognized that the elderly are prone to psychic disorders through vicissitudes such as social isolation, malnutrition, economic and emotional depression and so on.

Incidence of mental illnesses increases with increasing age. The onset of these disorders follows closely the occurrence of some traumatic events. All these events can be classified as various kinds of losses such as bereavement, moving away of children, loss of status,

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retirement from job, threatened loss through physical illness and illness of the spouse.⁽²⁾

Geriatric psychiatry will be increasingly important in the years to come as a public health problem in India. Improved health care promises longevity, but social and economic conditions like poverty, the breakup of the joint family system and poor services especially for the aged, poses a potential threat to them.

The present study had undertaken to assess the mental health status of elderly persons in rural area & to study the socioeconomic factors associated with it.

Material & Methods:

A cross sectional study was conducted among elderly persons above 60 years in Ahmednagar district of Western Maharashtra in India.

Study area comprised of 100 villages in 6 Primary Health Centers (PHCs) of Ahmednagar District.

The study sample included one PHC which was selected by random sampling method (lottery method) among six PHCs.

The population of the selected PHC was 43,520. Enlisting of all elderly persons from all the villages in selected PHC were done using Anganwadi workers survey records & Village Panchayat record.

A 20% elderly people were selected from this record using systematic random sampling which formed the study sample (total 494).

A pilot study was done on 21 subjects to test the pre-designed proforma. Then necessary modifications were done in the proforma before conducting the final study. Each study subject was interviewed with prestructured & pretested questionnaire and their clinical examination was done. Their mental health status was assessed with the help of General Health Questionnaire 12 (GHQ 12).³

Goldberg (1970) designed a questionnaire, an instrument to identify psychiatric illnesses in general practice, mainly non-psychotic psychiatric disorders. It is a self administered questionnaire and provides information about the present mental state. This screening test was found to be of high reliability and known validity³. The initial format of 60 questions was made shorter, in such a way that fewer respondents could refuse it. Thus by excluding questions relating to physical health, Goldberg himself modified and prepared more acceptable 30,20 and 12 item questionnaire.^{4,5} The 12 item questionnaire (GHQ-12) was used in this study which has 95% sensitivity and 88%.specificity .⁵

The collected data was analysed, tabulated and to establish association, Chi-square test was applied to the data.

Observation & Results:

Total population of the study area was 43,520 and elderly aged 60 year and above was 2,541 (5.84%, the reference population). Out of total 2,581 elderly persons surveyed in the study population, 1,175 were male (46.24%) and 1366 were female (53.76%). Out of these 2,581, total 494 elderly persons (19.14%) participated in study (study sample). Maximum number of elderly persons was in the age group of 60 - 65 (30.20%) and 65-70 year (33.80%). Out of 494 respondent, 204 (41.3 %) were not mentally sound. The various factors associated with mental health status of elderly persons are shown in table no.1, 2, & 3.

Most of the respondents were Hindu (82 %) by religion followed by Muslims (12.8 %), Buddhist (2.2 %), christens (2 %) & Jain (1 %). There was no significant association between religion & mental health status of the respondents.

Most of the respondents were having some kind of addictions. 61.7 % respondents were having addiction of tobacco chewing, 7.9 % were having addiction of smoking, 2.4 % were alcoholics % 12.6 % were pan chewers.

Only 31.2 % respondents were having no addictions. 50.6 % addicted people were having poor mental health & only 21 % non addicted persons were having poor mental health. This difference was statistically significant. ($p < 0.01$).

Discussion:

In our study 41.3 % elderly people were not mentally sound at the time of survey. Watts's S C et al⁶ reported psychiatric morbidity of 48% among older persons by GHQ-12 method. Similar results (53%) were also obtained by Berardi et al⁷.

In our study the mental health was associated with lower educational status of the respondent. Kim JM et al⁸ in his study revealed that 54.2% psychiatric patients were illiterate and 29.4% were educated up to primary level only. V. Ramachandran et al⁹ & D.C. Satija et al¹⁰ and Venkoba Rao et al¹¹ also reported similar results. As age advances there is a need to change one's life style, & attitude. For literate persons it is easy to accept this change as compared to illiterate ones.

The mental health was poor among females than males. Widowhood was also significant cause for poor mental health. Tellez Zento et al¹² also reported the same observation. Widowhood may be the major factor responsible for this. In India, life expectancy of females is more & culturally they marry with husband older to them. So in this age group the widowhood is more common among females than males which may lead to poor mental health.

Widowed, divorced or unmarried state leads to the feeling of loneliness, lack of purpose and dissatisfaction in life coupled with loss of income and changes in living arrangements may be responsible for the poor mental health. V. Ramchandran et al⁹ also revealed that separated or divorced respondents were associated with late life depression.

Mental health was poor in working elderly persons as most of the working elderly belonged to lower socioeconomic status and labourer. V. Ramchandra et al⁹ in their study showed that 77.5% of subjects in depressed group and 64.4% in normal group were retired or unemployed and difference was significant at 5% level.

The low socio-economic status results in multiple stresses such as inadequate diet, housing and medical care as well as family and community disorganization and its combined impact leads to poor mental health.

Old age is associated with various physical disabilities which lead to dependency on others for daily activities. This dependency on others leads to depressive feeling. Berardi et al¹³, Oslin D W et al¹⁴ also reported the similar findings.

Negligence by family members is the most important factor for depression among elderly persons. Post Felix et al¹⁵, and Zisook S et al¹⁶ also showed that lack of affection and care were precipitating factors for depressive illness in elderly in their study.

Conclusion:

This study has revealed that geriatric psychiatry is important public health problem in India. Female sex, illiteracy, low socioeconomic status, widowhood, lack of hobby, physical dependence & lack of family care & affection are the factors associated with poor mental health status of elderly persons. Taking these points into consideration, geriatric psychiatry should be included in the primary health care services.

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