



SOCIAL SUPPORT AND DEPRESSION AMONG COMMUNITY DWELLING ELDERLY

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ABSTRACT

Aging is the process of getting older and is characterized by changes in the biological, psychological and social functioning of an individual. A significant feature of these changes is marked by decline and deterioration. In old age, there are some changes takes place in the human brain, this changes leads to change the elderly behavior and also observed psychological problems like depression. Depression is a very important public unhealthiness among older adults within the everywhere the world. Social support remains one of the most important and essential constructed in psychology and gerontology .Social support gives one a feeling of being loved, cared for, and esteemed valued and belonging to a network of communications and mutual belongingness. The aim of this study to examine the social support and depression among community dwelling elderly. For purpose of the present study, a total elderly sample of 150 was taken out of which male and female elderly were living in the community in Ranga Reddy dist of Telangana State. Appropriate tolls were used and t test and correlation statistical test were used ,results shows that There was a significant deference found in depression and social support among elderly across subgroups of socio demographic variables with respect , age , economic status ,locality of residence .There was a negative correlation found between depression and social support .it shows that low social support high depression and high social support impact low depression among community dwelling elderly

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INTRODUCTION

Ageing is referred to as a progressive worsening of physical and psychological functions in the post reproductive period. Parallel to this, the adaptability of the organism to various stressors decline and make the individual vulnerable to the disease and dependency. The quest for unraveling the mysteries of aging phenomenon at cellular, molecular and genetic basis is still continuing with an objective to postpone or minimize the effects of aging, towards a livelier longevity (Ramamurti & Jamuna, 2010).

One of the recent phenomena which are attracting the global attention is ageing population. Over half of the world's elderly population reside in Asia and this is especially so in China and India. The temporal shift from high to low levels of fertility and mortality resulted in the transformation of the age structure of the population leading to population aging. Among the countries, China is projected to have the largest absolute estimated increase of nearly 160m in the number of persons aged 60+ by 2025. Similar to this trend, the increase in India's 60+ populations is estimated to be about 160m by 2030 which will be 23% of increase in its total population (Census of India, 2011).

In the words of Cobb (1976), social support gives one a feeling of being loved, cared for, and esteemed valued and belonging to a network of communications and mutual belongingness. Over the past quite a few years, the prevalence of depression has been on the rise due to demographic shifts to urban and suburban areas and loss of small community support, rapid social and changes in financial status that appear outside the scope of individual control, sedentary lifestyles and earlier pubescence. More than a dozen epidemiologic studies around the world have presented data suggesting that depression has become more common and has been on the rise in the last half century (Kessler et al., 2005).

Paramita, Anoop (2015) examined the prevalence of depression and associated variables among elderly living in the rural and urban area of tertiary care institution in Ludhiana. The influence of depression symptoms among elderly under study was 8.9 per cent. Elderly people living in Urban, female, old oldage, nuclear family, and poor economic status and cognitive impairment were found to be relation with depression, even after controlling for other factors and the trend toward urbanization and nucleation of the families, depression among the aged adults is likely to become a illness demanding public health problem status in the near future. The care of the elderly, including their mental health care, requires to be brought on the national health care agenda Harandi, Taghinasab & Nayeri (2017) examined the size effect of the

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relationship between social support and mental health status among aged in Iran. Social support is a very important influencing factor that can influence mental health status of elderly. Study found that higher social support, especially for women elderly.

Gudor, Wu, Liyun and Ethelyn (2017) examined the role of social support on depression Filipino immigrants aged 65 and older living in the Southeastern region of Virginia. Findings highlight the positive impact of strong social support on the low depression.

Zhao, et all (2018). Studied the prevalence of depression symptoms, is associated between loneliness and depression, social support influencing on depression whether direct or indirect among elderly in Jinan City, China. Results shown the relationship between loneliness and depressive symptoms was partially mediated by resilience. A part from the indirect influence of mediation methods was moderated by social support. High social support influence indirect effect of loneliness on depressive symptoms through resilience was weaker. The incidence of depression among the nursing home elderly could not be neglected. Results suggest that interventions, such as improving resilience and social support, may help break the link between loneliness and depression among the elderly.

Objectives

In the context of fore going observation a need was felt to analyze the influence of social support on depression among community dwelling elderly with the following objectives.

- To study depression among elderly across socio demographic subgroups among community dwelling elderly.
- To study social support across socio demographic subgroups among community dwelling elderly.
- To examine the co relation between social support and depression among community dwelling elderly.

Hypotheses

Keeping the fore said objectives the following hypotheses were framed

Hypotheses Related to a Set of Socio Demographic Variables on depression among Community dwelling elderly

1. Male and female elderly would be differ significantly on depression
2. Elderly people with different age groups viz.,60-65, 65-70 and 71-75 would differ significantly on depression
3. Elderly with poor, middle class and high class economic status would differ significantly on depression
4. There would be significant difference in living in Urban and rural areas in experience of depression among elderly.

Hypotheses Related to a Set of Socio Demographic Variables on depression among Community dwelling elderly

1. Male and female elderly would be differ significantly on social support
2. Elderly people with different age groups viz.,60-65, 65-70 and 71-75 would differ significantly on social support
3. Elderly with poor, middle class and high class economic status would differ significantly on social

support

4. There would be significant difference in living in Urban and rural areas in social support among elderly.

There would be correlation between social support and depression among community dwelling elderly.

Sample

For purpose of the present study, a total elderly sample of 150 was taken out of which were male and female elderly living in the community in Ranga Reddy dist of Telangana State.

Research Tools

1. Depression was assessed by using Geriatric Depression Scale developed by Yessavage and standardized by Jamuna .D (2013) as a part of ICSSR.
2. Perception of social supports would be measured by a standardized tool of Social Supports Inventory for the Elderly by Ramamurti, P.V. and Jamuna, D. (1991).standardized by Jamuna .D (2012s a part of ICMR.

Procedure

The present study was conducted in urban and rural area of Ranga Reddy Dist of Telangana State. India. These study done in two sessions; the first session was used to develop rapport with elderly living in the community. They were informed about the broad purpose of the study and were requested to cooperate. In the second session each subject was met in person and was given the “Daily Geriatric Depression Inventory (GDS - 15) and Social Support Inventory” The total process about the inventories was explained to elderly clearly. It was also made clear to them that their responses and identity would be kept confidential. It was checked that all the questions are answered by the respondents.

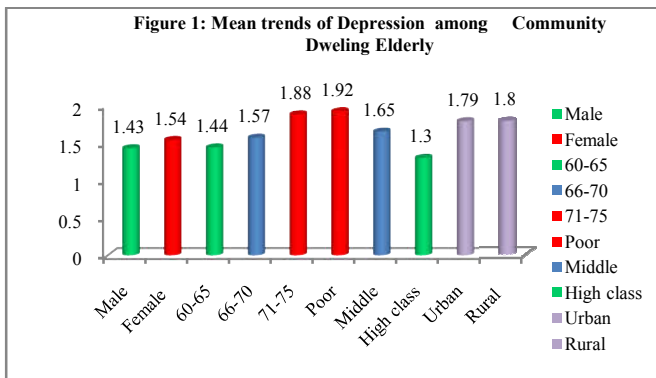
RESULTS AND DISCUSSION

After collecting required data from elderly people living in urban and rural areas the scoring of the obtained data was done according to the manuals. Appropriate statistical tests like mean, standard deviation “t” test and the Karl-person ‘r’ method used to check the correlation. The interpretations of the results obtained are as follows.

Table 1 Mean, SD and “t” values on depression across Socio Demographic Variables among Community dwelling elderly.

S.No	Category	N	Mean (SD)	t value
Gender				
1	a. Male	75	1.43(.286)	1.05 @(a-b)
	b. Female	75	1.54(.208)	
Age Group				
2	a. 60-65	50	1.44(.499)	4.58**(a-b)
	b. 66-70	50	1.57(.235)	2.497*(b-c)
	c. 71-75	50	1.88(.322)	3.40**(c-a)
Economic Status				
3	a. Poor	80	1.92(.279)	4.26**(a-b)
	b. Middle Class	40	1.65(.479)	3.45**(b-c)
	c. High Class	30	1.30(.462)	6.45**(c-a)
Locality of Residence				
4	a. Urban	75	1.79(.258)	1.327@ (a-b)
	b. Rural	75	1.80(.224)	

**P<0.01; * P<0.05; @ Not Significant



According to table 1 results obtained on depression among male and female community dwelling elderly indicate that elderly male have depression mean score of 1.43 and elderly female mean score was 1.54. the t value pertaining to the below two means score is 1.05 % which is not significant, this indicating that there is no gender difference in experience of depression among male and female community dwelling elderly. Thus the hypothesis “Male and female elderly would be differ significantly on depression” is rejected.

The depression score in relation to their age. The mean depression score of the community dwelling elderly whose age is in between 60-65 is 1.44, 66-70 is 1.57 and for the age group between 71-75 is 1.88 among these three groups the community dwelling elderly who’s age is between 71-75 have experienced more depression compared to the community dwelling elderly of 66-70 and followed by the 60-65 age group. This shows that the aged between 71-75 have experienced more depression compared to the other two groups. To know whether there are any significant difference among groups t test carried out and the t values have the community dwelling elderly of 60-65 and 66-70 as 4.58 which is significant at 0.01 level, indicating that the two groups differ significantly among themselves in the expression of depression. Similarly the t value of depression score between the community dwelling elderly age group 66-70 and 71-75 is 2.497 which is significant at 0.01 level. The t value between age group 71-75 and 60-65 is 3.40 which is significant at 0.01 level. When we observed the mean difference score of community dwelling elderly it is found that the depression has increased with the age. Thus the hypothesis “Elderly people with different age groups viz., 60-65, 65-70 and 71-75 would differ significantly on depression” is accepted.

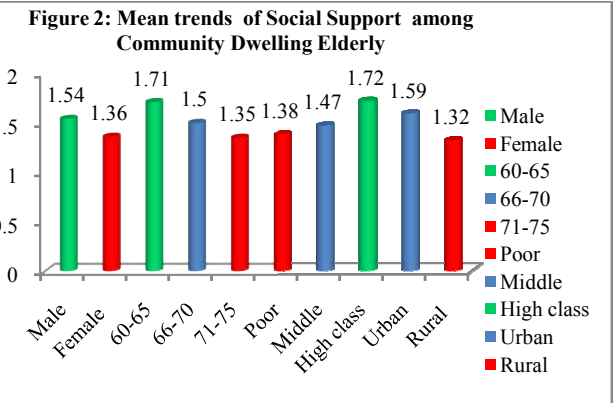
The depression score in relation to their economic status. The mean depression score of the community dwelling elderly who’s economic status with poor mean score is 1.92, middle class economic status elderly mean score 1.65 and high class elderly mean score is 1.30 among these three groups community dwelling elderly who have poor economic status have expressed more depression followed by the middle class and high class economic status. This shows that poor economic status elderly express more depression compared to two different groups, to know whether any significant difference between three groups t test carried out obtained t values have community dwelling elderly with poor and middle class economic status is 4.26 which is significant at 0.01 level, indicate that the two groups differ significantly among themselves. Similarly the t value of depression score between the community dwelling elderly middle and high class economic status is 3.45 is significant at 0.01 level. High class and poor economic status elderly t value is 6.45 is significant at 0.01

level. When we observed the mean difference score of community dwelling elderly it is found that the depression has increased with low economic status. Thus the hypothesis “Elderly with poor, middle class and high class economic status would differ significantly on depression” is accepted.

Obtained on depression mean score among community dwelling elderly living in urban and rural areas indicate that urban elderly mean score is 1.79 and rural elderly obtained mean score is 1.80. The t value pertaining to below two mean score is 1.32 which is not significant, this indicates that there is no difference in expression of depression among elderly in relation to locality of residence. Thus the hypothesis “There would be significant difference in living in Urban and rural areas in experience of depression among elderly” is rejected.

Mean, SD and “t” values on Social Support across Socio Demographic Variables among Community dwelling elderly

S.No	Category	N	Mean (SD)	t value
Gender				
1	a) Male	75	1.54(.499)	3.545**
	b) Female	75	1.36(.482)	
Age Group				
2	a) 60-65	50	1.71(.494)	3.42**(a-b)
	b) 66-70	50	1.50(.502)	0.77@(b-c)
	c) 71-75	50	1.35(.500)	0.65@(c-a)
Economic Status				
3	a) Poor Economic status	80	1.38(.488)	1.411@(a-b)
	b) Middle Class	40	1.47(.502)	3.058**(b-c)
	c) High Class	30	1.72(.453)	4.577**(c-a)
Locality of Residence				
4	a) Urban	75	1.59(.493)	5.379**
	b) Rural	75	1.32(.466)	



According to table 2 results obtained on social support among male and female community dwelling elderly indicate that elderly male have social support mean score of 1.54 and elderly female mean score was 1.36. the t value pertaining to the above two means score is 3.54 % which is significant at 0.01 level, this indicating that there is significant gender difference in social support among male and female community dwelling elderly. Thus the hypothesis “Male and female elderly would be differ significantly on social support” is accepted.

The social support score in relation to their age. The mean social support score of the community dwelling elderly whose age is in between 60-65 is 1.71, 66-70 is 1.50 and for the age group between 71-75 is 1.35 among these three groups the community dwelling elderly who’s age is between 60-65 have more social support compared to the community dwelling

elderly of 66-70 and followed by the 70-75 age group. This shows that the aged between 60-65 have more social support compared to the other two groups. To know whether there are any significant difference among groups t test carried out and the t values have the community dwelling elderly of 60-65 and 66-70 as 3.42 which is significant at 0.01 level, indicating that the two groups differ significantly among themselves in social support. Similarly the t value of social support score between the community dwelling elderly age group 66-70 and 71-75 is 0.77 which is not significant. The t value between age group 71-75 and 60-65 is 0.65 which is not significant. When we observed the mean difference score of community dwelling elderly it is found that the social support has decreased with the age. Thus the hypothesis "Elderly people with different age groups viz., 60-65, 65-70 and 71-75 would differ significantly on social support" is accepted.

The social support score in relation to their economic status. The mean social support score of the community dwelling elderly who's economic status with poor mean score is 1.38, middle class economic status elderly mean score 1.47 and high class elderly mean score is 1.72 among these three groups community dwelling elderly who have high economic status have high social support followed by the middle class and high class economic status. This shows that poor economic status elderly have low social support compared to two different groups, to know whether any significant difference between three groups t test carried out obtained t values have obtained community dwelling elderly with poor and middle class economic status is 1.41 which is not significant, indicate that the two groups differ not significantly among them self. Similarly the t value of social support score between the community dwelling elderly middle and high class economic status is 3.05 is significant at 0.01 level. High class and poor economic status elderly t value is 4.57 is significant at 0.01 level. When we observed the mean difference score of community dwelling elderly it is found that the social support has increased with economic status low economic low social support and high economic high social support. Thus the hypothesis "Elderly with poor, middle class and high class economic status would differ significantly on social support" is accepted.

Obtained on social support mean score among community dwelling elderly living in urban and rural are indicate that urban elderly mean score is 1.59 and rural elderly obtained mean score is 1.32. The t value pertaining to below two mean score is 5.37 which is significant at 0.01 level, this indicate that there is significant difference in social support among elderly in relation to locality of residence. Thus the hypothesis "There would be significant difference in living in Urban and rural areas in social support among elderly" is accepted.

Table 3 Showing the correlation between Social Support and Depression among Community dwelling elderly

Variables	N	Correlation
Social support Depression	360	-0.85

According to table 3 obtained scores on depression and social support correlation value is -0.85 is negative value, it shows the correlation between negative if elderly receive low social support indicate result high depression and high social support shows low depression among elderly. Thus the hypothesis "There would be correlation between social support

and depression among community dwelling elderly" is accepted.

Major Findings of the study

- There was no significant difference was found in depression between male and female among community dwelling elderly.
- A significant difference in level of depression was noticed between age groups i.e., between 71-75 and 60-65 years elderly. The elderly people with age group of 71-75 years have higher level of depressive symptoms than the 60-65 year.
- High depression found in low economic status elderly high economic status elderly have less depression
- There was no significant difference was found on depression between living in rural and urban locality among community dwelling elderly.
- There was a significant difference in depression level was noticed between low social support and high social support among community dwelling elderly.
- Male and female elderly have significant difference in social support, male have high social support compare to female.
- A significant difference in social support was noticed between age groups i.e., between 71-75 and 60-65 years elderly. The elderly people with age group of 71-75 years have low social support than the 60-65 year. And 60-65 elderly receive high compare to two age groups.
- Significant difference was found in economic status high social support among high economic status elderly and low social support among poor elderly.
- There is no difference was found in social support elderly living in urban and rural elderly.
- Negative correlation was found between depression and social support. High social support indicate low depression low social support effect high depression.

CONCLUSION

There was a significant difference found in depression and social support among elderly across subgroups of socio demographic variables with respect, age, economic status, locality of residence. There was a negative correlation found between depression and social support. It shows that low social support high depression and high social support impact low depression among community dwelling elderly.

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