A Comparative Study of Elderly People Staying in Old Age Home and Elderly People Staying with their Family with Respect to Anxiety and Depression

Chanchal Rajput

Assistant professor (Psychology), M. P. M. M Bhiwani Affiliated to M.D University

ABSTRACT:
The disintegrating system of joint family, rapid industrialization and urbanization and changing social values have together caused serious problems for the aged. Old age homes are a need of today as the lifestyles are changing fast and diminishing acceptance of younger generations towards family responsibilities and one’s elders. Therefore, older people are, in need of vital support for their overall quality of life. Present study tried to compare the psychological factors such as anxiety and depression among elderly in both the situations. Tools such as Beck Depression Inventory by Aaron T. Beck and State Trait Anxiety Inventory by Charles Spielberger were administered to a sample of 60 elderly people. Male and female elderly people above 60 years of age were taken into consideration belonging to urban bhiwani region. Results revealed that there is a significant difference between elderly people staying at old age home and at home with family on two-dimensional (both state & trait anxiety) anxiety (t= 2.39) and depression (t= 4.11). Thus with an attempt to understand the situation of people staying at old age home, this study contributes to assessing variables related to mental health and in future may try to focus on tapping the various strategies for suitable rehabilitation of the collected sample.

Keywords: Industrialization, Urbanization, Anxiety, Depression, Rehabilitation.

INTRODUCTION
The changing demographic scenario and population projections of India indicate that the growth rate of Indian older adults (aged 60 years and above) is comparatively faster than other regions of the World. Since recent past, due to marked increase in life expectancy, rise in number and proportion of older adults the population of older adults is increasing at a fast pace. In India at present, older adults constitute 7.6% of total population. Within three decades, the number of older adults has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 and is expected to triple in the next four decades i.e., 316 million. This clearly reveals that the growth rate of Indian older adults is comparatively faster than in other regions of the World. The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011. Rapid growth in percentage and proportion of older adults in the country is associated with major consequences and implications in all areas of day-to-day human life, and it will continue to be so. As a
result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration. Traditionally, the family has been the primary source of care and material support for the older adults throughout Asia. And, the Indian family system is often held at high position for its qualities like support, strength, duty, love, and care of the elderly. The responsibility of the children for their parents’ wellbeing is not only recognized morally and socially in the country, but it is a part of the legal code in many states in India. But urbanization, modernization, industrialization, and globalization have brought major transformations in the family in the form of structural and functional changes. As a result of these socio-demographic changes, older adults at times are forced to shift from their own place to some institutions/old age homes. This segment of population is more vulnerable to health-related problems including mental health problems. Various prevalence studies have reported mental health problems among older adults to be very higher than other age groups. The available literature indicates that there are few efforts to understand the morbidity and the needs of such elderly people.

Concepts under study:
**Anxiety:** Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. (APA).

David Barlow defines anxiety as “a future-oriented mood state in which one is not ready or prepared to attempt to cope with upcoming negative events,”

Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder. Anxiety can be either a short-term "state” or a long-term "trait”.

It occurs in situations only perceived as uncontrollable or unavoidable, but not realistically so.

**Depression:** In psychology, a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. A person who is depressed usually experiences several of the following symptoms: feelings of sadness, hopelessness, or pessimism; lowered self-esteem and heightened self-depreciation; a decrease or loss of ability to take pleasure in ordinary activities; reduced energy and vitality; slowness of thought or action; loss of appetite; and disturbed sleep or insomnia. (DSM-5)

Related review of literature:
Though the researchers collected many studies relevant to the concepts only few of them have been added for the present research paper.

**Dubey A. et.al (2011).**

The research” A Study of Elderly Living in Old Age Home and Within Family Set-up in Jammu”, was conducted to understand the feeling of the elderly residing in the old age homes and within the family setup in Jammu. The sample size of 60 consisting both the groups of elderly women selected using the purposive sampling technique. The tools used were a specially designed Interview schedule and observation technique. Non-working status of these women and above 60 years of age was criteria for sample selection. Results of the study revealed that most of the elderly felt the attitude of the younger
generation is unsatisfactory towards them especially those who were in old age homes in terms of getting respect, love and affection from the family members instead they were considered as burden for others while women living in the families had a positive attitude towards old age.

**Goud AA, NikhadeNS. (2015).** The study” Prevalence of depression in older adults living in old age home” A cross sectional study was carried out in two old age homes in Ahmednagar district, Maharashtra. Total eighty participants living at old age home in the age group of 60 to 85 years were included in this study. The tool administered was Geriatric Depression Scale (GDS) questionnaire. Conclusion of the study was that; the prevalence of depression was higher in elderly living in old age home. Percentage of depression in females was more than men and found to be increasing with increase in age.

**Praveen Kumar et. al. (2016).** The aim of the study “Depression and anxiety among the elderly persons from institutional and noninstitutionalized settings in the field practice area of a tertiary-care institute, Andhra Pradesh: a comparative study” is to check the common psychiatric conditions such as depression and anxiety among the elderly population which most often go untreated or unrecognized, owing to the lack of knowledge and misperceptions about these conditions leading to decreased quality of life. The sample size consisted of total of 112 elderly persons, 56 from old-age home and 56 from the community in the field. The tools used were Geriatric Depression Scale (GDS) and Hamilton Anxiety scale. The result indicated that prevalence of depression was more among institutional elderly persons compared with those from the community. Prevalence of anxiety was almost equal among the elderly population from institutional and noninstitutionalized settings.

**Tiwari S.C. et.al. (2012).** The current study “Mental health problems among inhabitants of old age homes: A preliminary study”, was an exploratory study conducted at Lucknow old age home. The sample consist of 45 people above 60 years of age. The tools used for the test were Survey Psychiatric Assessment Schedule (SPAS), Mini Mental State Examination (MMSE), Mood Disorder Questionnaire (MDQ), and SCAN-based clinical interviews. The result of the study revealed that depression (37.7%) was the most common mental health problem followed by anxiety disorders (13.3%) and dementia (11.1%).

**STATEMENT OF THE PROBLEM**

To compare elderly people staying in old age homes and elderly people staying with their family with respect to anxiety and depression.

**SIGNIFICANCE OF THE STUDY**

The phenomenon of population ageing (defined as increase in the median age of the population) is already a major social and health problem in the developed countries. The life expectancy of an average Indian has increased from 54 years in 1981 to 64.6 years in 2002. Improved healthcare promises longevity but social and economic conditions, such as poverty, break up of joint families, and poor services to the elderly, pose a psychiatric threat to them. The feeling of loneliness along with the natural age-related decline in the physical and physiological functioning make the elderly more prone to psychological disturbances. Functional dependency is common among elderly people and many would need assistance in their activities of daily living. Long-term care has become one of the major problems facing an aging society. So present study tries to measure anxiety and depression in elderly people which can further used for selecting various strategies for suitable rehabilitation of the collected sample.
OBJECTIVES OF THE STUDY
1. To compare anxiety level of elderly people staying at old age homes and elderly people staying with their family.
2. To compare depression level of elderly people staying at old age homes and elderly people staying with their family.

RESEARCH DESIGN
In the present study between group design has been used.

HYPOTHESES:
1. There will be a significant difference between elderly people staying in old age home and elderly people staying with their family with their level of anxiety.
2. There will be a significant difference between elderly people staying in old age home and elderly people staying with their family with their level of depression.

Table of Sampling: Purposive sampling method has been used to collect the expected sample.

<table>
<thead>
<tr>
<th>Sampling Group</th>
<th>N</th>
<th>Age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly people staying at old age homes</td>
<td>30</td>
<td>60 and above</td>
</tr>
<tr>
<td>Elderly people staying with their family</td>
<td>30</td>
<td>60 and above</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

Two tests were administered on the sample with their due consent and confidentiality of the results. The state-trait anxiety inventory is used to assess anxiety and Beck depression inventory for measuring depression. After finishing all the data collection, the data were analyzed statistically and the Mean, SD, and ‘t’ score were calculated for all the two selected research variables.

RESULTS AND DISCUSSION:
Table No 1.1: Comparison of means on Anxiety between elderly people staying in old age homes and elderly people staying with their family.

<table>
<thead>
<tr>
<th>Sample group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>‘t’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly people staying at old age home</td>
<td>30</td>
<td>84.63</td>
<td>24.23</td>
<td>2.39*</td>
</tr>
<tr>
<td>Elderly people staying with their family</td>
<td>30</td>
<td>70.57</td>
<td>21.16</td>
<td></td>
</tr>
</tbody>
</table>

* significant at a 0.01 level.
Discussion: Table 1 depict ‘t’ value of anxiety level between elderly people staying in old age home and elderly people staying with their family. The (t = 2.39) which has been proved significant. So the hypothesis that there is a significant difference between elderly people staying in old age home with their level of anxiety has been accepted. It means that compare to elderly people staying with their family, anxiety level is higher for elderly people staying at old age home. This is to some extent quite natural due to old age these people are lacking confidence and coping ability with day to day problems. Age is an important factor which make them dependent and this may also have related with their emotional instability. So the score goes along with the above explanation.

Table No 1.2: Comparison of means on Depression between elderly people staying in old age home and elderly people staying with their family.

<table>
<thead>
<tr>
<th>Sample group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>‘t’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly people staying at old age homes</td>
<td>30</td>
<td>28.70</td>
<td>10.68</td>
<td>4.11</td>
</tr>
<tr>
<td>Elderly people staying with their family</td>
<td>30</td>
<td>17.87</td>
<td>9.68</td>
<td></td>
</tr>
</tbody>
</table>

* significant at a 0.01 level.

Discussion: --Table 2 depict ‘t’ value of depression level between elderly people staying in old age home and elderly people staying with their family. The (t = 4.11) which has been proved significant. So the hypothesis that there is a significant difference between elderly people staying in old age home with their level of depression has been accepted. It means that compare to elderly people staying with their family, depression level is higher for elderly people staying at old age home which reflects hopelessness, worry and lack of desire to live. More prominently it is due to lack of love, warmth and attention of their immediate family members.

CONCLUSION:
There is a significant difference between elderly people staying in old age home and elderly people staying with their family with their level of anxiety.
There is a significant difference between elderly people staying in old age home and elderly people staying with their family with their level of depression.

LIMITATIONS AND SUGESTIONS
A large sample size would be recommended for reliable and conclusive results. Geographic area has covering limited region. Used test were self-report inventory which may have their own limitations for the exact assessment of trait. Different variables pertaining to mental health like wellbeing, gender vulnerability, dementia, socio-economic background, literacy rate impact can be explored.
References: