

Psycho-Social Wellbeing of Older Persons in Kerala

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Abstract

Demographic transition brings in many challenges to the population, and one of the most important of those issues is the increasing numbers of the elderly population. In 2010 there were about 524 million aged people, which is about 8 per cent of the world population. This figure is expected to increase to about 1.5 billion in 2050, that is about 16 per cent of the population. The increase in the elderly population during the twenty-first century will mostly be happening in developing countries. India is also experiencing the ageing of the population, though at varying intensities in the states. As per the 2011 census results, 12.6 per cent of Kerala's population was above 60 years of age, as against 8.6 per cent in India. Population ageing is an inevitable outcome of age structural transition. The problems among the elderly are diverse. Support received from other members of the family or society is an essential determinant of physical and mental health, wellbeing and safety of the elderly. Studies suggested that psychological and sociological factors have a significant influence on the well being of elderly. As ageing increases, there are reports of offences committed towards older people, mostly by family members. Elder abuse and neglect are two such social offences, which adversely affect the wellbeing of older adults. Feeling of depression is a significant indicator of psychological well-being of elderly. The aim of the present study is to assess the psycho- social well being of elderly in Kerala. The study is based on primary data collected from old aged individuals and their family members from three districts, namely Thiruvananthapuram, Thrissur and Kozhikode. Uni-variate and bi-variate analysis were performed to analyse and interpret the data. It

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is found that below one-fifth of elderly reported the experience of some form of abuse. Among the different forms of abuse, verbal abuse is the most common type followed by economic and emotional abuse. Women experience a higher prevalence of any kind of abuse than men. The highest proportion of elderly who reported abuse is those who live alone. Around one-tenth of the elderly have experienced neglect. Living with family members is a prime factor that reduces neglect towards the elderly. The GDS: SF (Geriatric Depression Scale Short Form) consisting of 15 questions requiring "yes" or "no" answers was used to assess depression among the study population. The findings showed that the highest per cent of severely depressed elderly is seen among those of age 80+ and there is no sex difference in the level of depression among the elderly. It is also seen that being without a spouse is a risk factor for the feeling of depression among the elderly. Results from this study suggest that the living arrangements of the elderly are strongly associated with the psycho-social well beng of the elderly. Elderly living alone as well as those living with members other than spouse or children are more likely to suffer from the poor status of mental health. It is suggested that social and kin relations is an important contributing factor for enhancing the psycho-social well-being of elderly. Social interaction should be provided within the home environment for meaningful engagement and emotional support.

Introduction

In demographic terms, population is said to be ageing when the proportion of people in the older age range increases and the share of children and youth decreases, resulting in an ascending median age (UN,2019). Ageing is a highly complex and variable phenomenon. It is multidimensional and multidirectional in the sense that there is variability in the rate and direction of change in different characteristics for each individual and between individuals. The longevity within the older population itself is increasing the number and proportion of people at very old ages. The process of ageing

is complex and as a personal change, is the decline of an individual in physical and mental aspects.

The spectacular performance in demographic indicators of Kerala has received global attention to the state. State-wise data on elderly population reveal that Kerala has the highest proportion of older people as per Census of India, 2011. Kerala is an ageing society wherein population ageing is proceeding at a very fast pace. As a result of high old-age dependency ratio, the social welfare of a country gets hampered. The ageing process is characterized by disproportionate growth of very old. In the future, every household in Kerala will have to take care of an aged mother or father or both. The elderly, especially the older women, represent the fastest-growing age group in the population of Kerala. The incidence of widowhood among older women is higher in Kerala as compared to India as a whole. The present situation in Kerala is that most of the aged people are left alone, which are raising various socio-economic problems.

Ageing can bring about unique health issues. Heart disease, respiratory diseases, hypertension, stroke, cancer, and diabetes are the most common and costly chronic health conditions among the elderly. The most common cognitive impairment facing the elderly is dementia, the inability to perform cognitive functions. Sensory impairments, such as vision and hearing, are wide spread among older persons. The link between ageing and disability is a biological fact as the risk of disability increases with increase in age. An unhealthy lifestyle and negligence towards the physical activity in old age increases the burden of psychological distress among the older adults (Bhandari, 2020). There also exists inequality in the prevalence of mental health disorders across different socioeconomic groups within a population. A study in India indicates a higher prevalence of depression among the poorest and the uneducated men and women. (Shidhaye, 2010). Abuse of the older population is gaining greater recognition as a serious health and social problem for our society. Abuse of the elderly is not a new phenomenon, however it has emerged as a social problem and it is recognized as a stressful

experience which has been found to have harmful effects on mental health, with depression, anxiety and post-traumatic disorder being reported as the most prevalent psychological consequences.

An increase in the older population will lead to an urgent need for eldercare. Family and adult children are continuing to take the responsibility of looking after the elderly. An overburdened family member who cannot cope with caring demands of the elderly may create an environment which is conducive to abuse. The growth of individualism and desire for independence and autonomy of the young generation affect the status of the elderly. The experience of abuse, neglect and feeling of depression in their day to day life of the elderly may ruin their psycho social well being.

Objective of the study

The present study which is a part of the MUDRA Study (Multi-Dimensional Research on Population Ageing in Kerala, Project Work report submitted to ICSSR, Delhi) aims to analyse the risk factors for the psychological well being for older persons in Kerala.

Data and Methods

The research design for the study was predominantly quantitative and the primary data were collected from old aged individuals and their family members. The sample size of old aged persons to be included in the study is obtained using the formula

$$n = D * Z^2 \frac{p(1-p)}{d^2}$$

Where D=Design effect, p=Percentage of old aged persons reporting poor health status, z=z-score corresponding to the desired confidence interval, and d=the level of precision.

By assuming 95% confidence interval, a precision of 5% and a design effect of 2, the sample size of 453 from three districts, namely Thiruvananthapuram, Thrissur and Kozhikode was covered. These districts are selected from the three zones, namely South, Central and North, based

on the percentage of the aged population. Adequate representation of both male and female old aged persons from urban and rural areas was ensured. The indicators used to analyse the social wellbeing are Elder Abuse and Neglect towards elderly whereas psychological wellbeing by prevalence of depression. The psychological wellbeing of the elderly is analysed with the help of Depression Scale. The GDS:SF (Geriatric Depression Scale Short Form) consisting of 15 questions requiring “yes” or “no” answers was used to assess depression among the study population. GDS-15 is known to be a valid screening tool to assess depression among the elderly.

Depression among the elderly is a significant public health problem, and it decreases an individual’s quality of life and deteriorates mental health. People with depression suffer from cognitive impairment, inability to carry out daily routines and family responsibilities. They are less satisfied with their social and personal life in their old age. Worry, feelings of uselessness, sadness, pessimism, fatigue, inability to sleep, and difficulty in getting things done are common symptoms of depression in older adults. A collection of depressive symptoms characterizes the depression among the elderly. The GDS:SF (Geriatric Depression Scale Short Form) consisting of 15 questions requiring “yes” or “no” answers was used to assess depression among the study population. GDS:SF questions relate to mood, rather than the physical symptoms frequently reported by older adults. Based on scores, the elderly were classified into three ‘normal’, mild depression and severe depression.

Table 1 Age- sex composition of the study population

Age	Sex		Total
	Male(%)	Female(%)	
60-69	144 (63.7)	82 (36.3)	226 (49.9) (100.0)
70-79	89 (54.9)	73 (45.1)	162(35.8) (100.0)
80+	31 (47.7)	34(52.3)	65(14.3) (100.0)
Total	264 (58.3)	189(41.7)	453(100.0)

Through the study, 453 elderly were interviewed, of which 264 (58.3%) were men and 189 (41.7%) were women. It is seen that majority of the elderly

belongs to the 60-69 age group (49.9) followed by 70-79 (35.8 %). Around 14 per cent of the elderly belonged to 80 years and above age group (Table1). In this sample, the mean age of the elderly is 70.3 years, with a standard deviation of 7.3 years, and the age ranges from 60 to 93 years. There is not much variation in the average age of male and female respondents.

Analysis

With the biology of aging, the elderly sometimes become physically weak that renders them dependent on others for support for small needs like household tasks, and sometimes for assistance with basic functions like eating and toileting. Social issues influence an older person's risk and experience of illnesses and may affect their day to day life.

Elder abuse

As per WHO, elder abuse is "a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. According to WHO, five per cent of seniors world wide are experiencing some form of abuse. Abuse can be physical, verbal, psychological or financial. Elder abuse is associated with significant adverse health outcomes and is an important public health problem. Figure 1 shows that 17.2 per cent of the elderly in the present sample reported the experience of some form of abuse. Among the different forms of abuse, verbal abuse (11.7%) is the most common type followed by economic (9.1%) and emotional abuse (6.0%). Physical abuse is also reported by 2.2 per cent

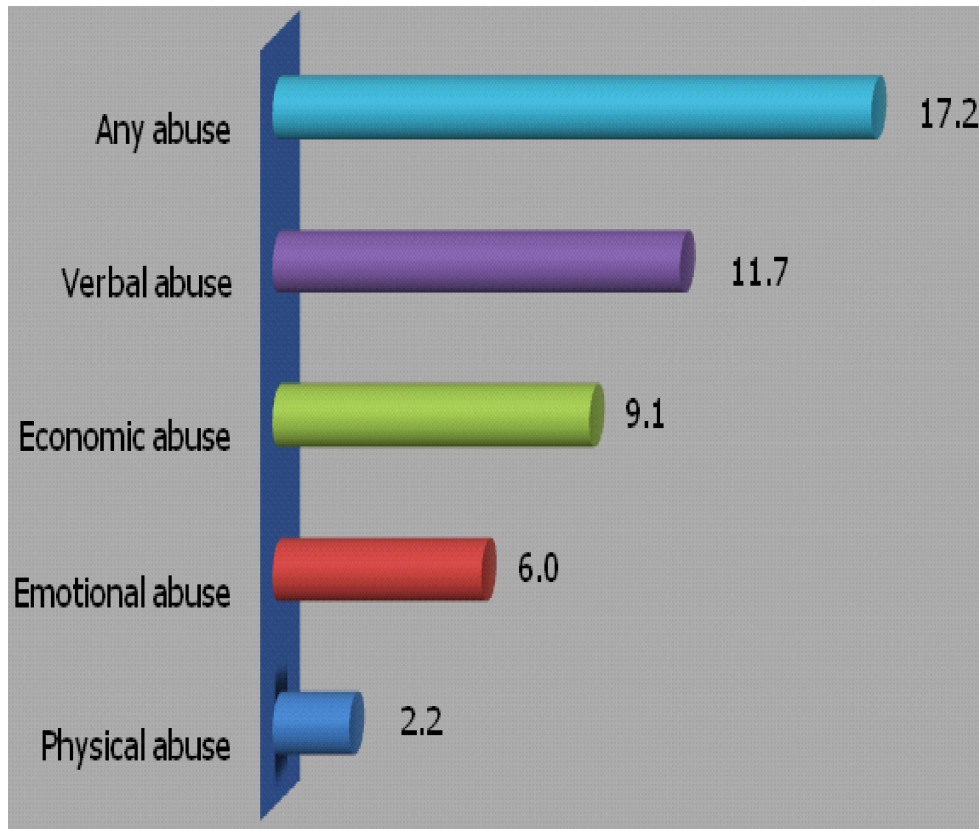


Figure 1 Elderly by the experience of different types of abuse

When comparing the different age groups, the prevalence of any form of abuse is the highest in the 80+years age group (27.7%) followed by 70-79 years (19.1%) and 60-69 age group (12.8%). Women experience (20.1%) higher prevalence of any kind of abuse than men (15.2%). Figure 2 shows that 11.6 per cent of the currently married, 25.3 per cent of widowed and 38.9 per cent of other category faced abuse indicating that living with a spouse is a prohibitive factor for the elderly being abused. Elderly who are living in rural areas have more experience of abuse (19.3%) than their urban counterparts (15.5%). In the living arrangement categories, living alone has the highest percentage of elderly who faced abuse (47.1%) followed by living with other relatives or unrelated persons (31.6%). About half of the elderly who live alone have the experience of elder abuse.

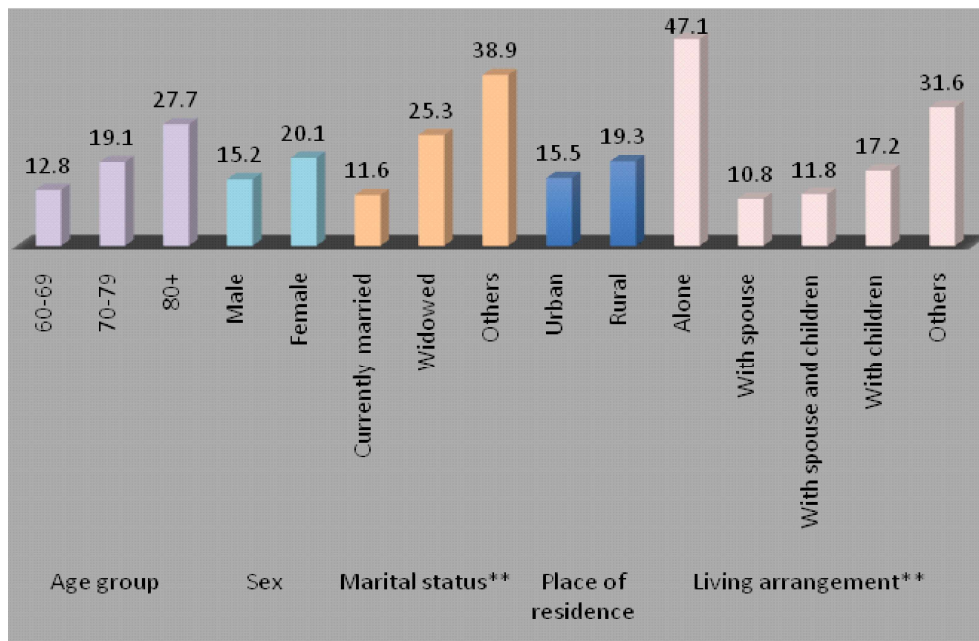


Figure 2 Elder abuse by background characteristics

Neglect towards the elderly

Neglect towards the elderly occurs when a caregiver does not provide for an elder's safety or their physical and psychological needs. The present study reveals that 10.8 per cent of the surveyed elderly faced neglect from others. Figure 3 shows that neglect is the highest among the elderly who are in the 80+ years age group (24.6%) followed by around 10 per cent in the 70-79 age group and about eight per cent in the 60-69 age group. The proportion of females who experienced neglect is higher (13.8%) than that of males (8.7%), indicating that females are more vulnerable to neglect than males. Marital status of the elderly is a determinant in experiencing neglect as it is evident that elderly who are neither currently married nor widowed experience neglect in greater extent (44.4%) than currently married (6.0%) and widowed (16.0%). About 14 per cent of the rural elderly faced neglect, whereas it is 8.4 per cent in urban areas, indicating that neglect towards the elderly is more in rural areas. It is seen that there is a substantial difference in the proportion of elderly who experienced neglect across living

arrangement categories. A higher percentage of elderly who are living alone and live with other relatives or non-relatives have reported neglect (26.5% and 26.3% respectively) in comparison with the elderly living with their spouse (8.1%) and living with children (12.6%). It can be inferred that living with their family members is a prime factor that reduces neglect towards the elderly.

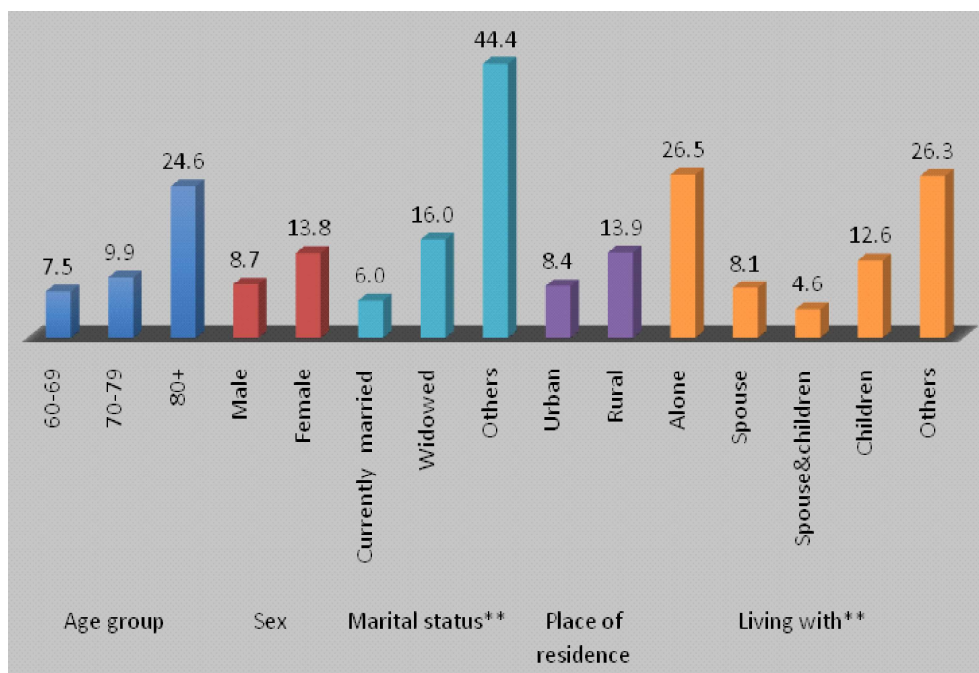


Figure 3 Neglect towards elderly by their background characteristics

Restrictions from family members

Due to age, older people lose their social contacts, and they are confined to their home and are likely to be lonely and isolated. They face discrimination and restriction for their activities. In most cases, discrimination is deliberately imposed by family members or others in society. Table 2 shows that about four per cent elderly faced restrictions for meeting their guests at their home and a similar per cent of elderly have ever been separated from their spouse due to the external pressure from their children or other relatives. In the present sample, 5.5 per cent of the elderly reported that they had

faced restrictions from other family members in speaking with friends or relatives.

Table 2 Restrictions from family members

Faced restrictions to meet their guests at home	4.0%
Elderly by ever been separated from spouse due to the pressure from other family members	3.8%
Faced restrictions from family members to speak to friends or relatives	5.5%

An enquiry of the periodicity of visiting outside the home in the last week prior to the survey reveals that almost thirty per cent of the elderly had never got the chances for visiting outside their home (Fig 4). But at the same time, a similar percentage of the elderly had got chances of more than two times in a week. Visiting outside the home once in a week is reported by 26.7 per cent.

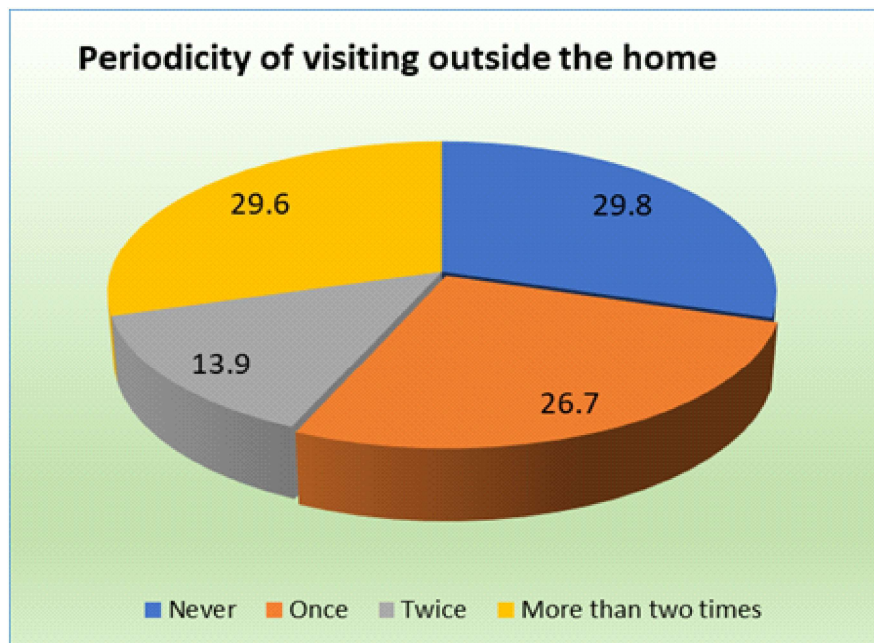


Fig. 4 Elderly by periodicity of visiting outside the home

From figure 5, it is seen that about 41.5 per cent of the elderly frequently get opportunities to go out for attending family events. About 17 per cent of the elderly admitted that they never got such freedom to go out.

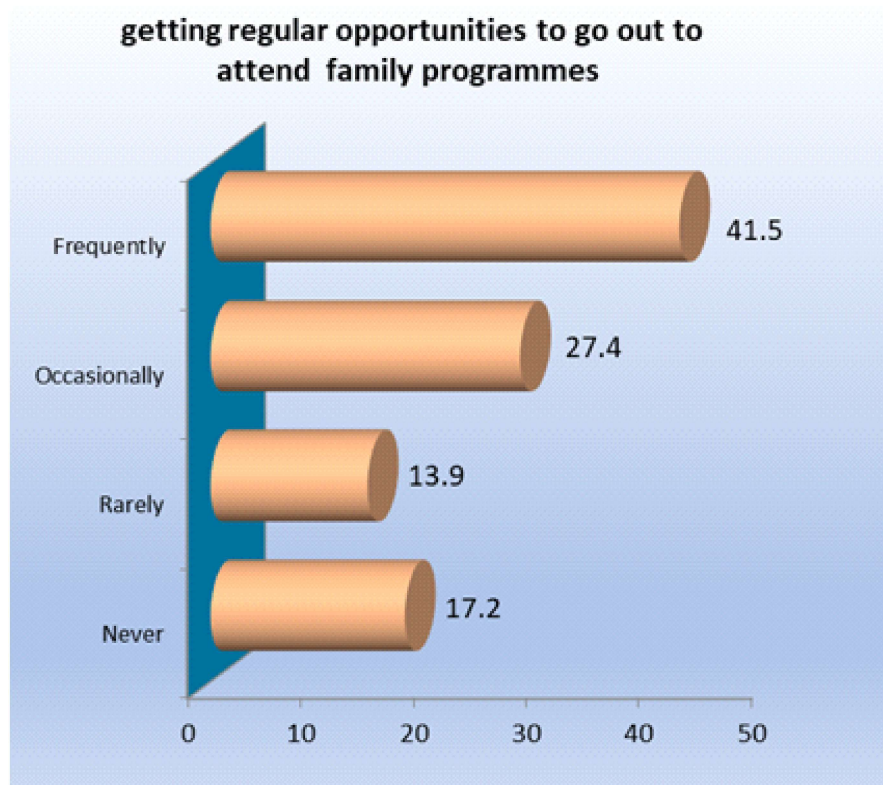


Fig. 5. Elderly by getting regular opportunities to go out to attend family programmes.

Depression among Elderly

Depression among the elderly is a significant public health problem, and it decreases an individual's quality of life and deteriorates mental health. People with depression suffer from cognitive impairment, inability to carry out daily routines and family responsibilities. They are less satisfied with their social and personal life in their old age. Worry, feelings of uselessness, sadness, pessimism, fatigue, inability to sleep, and difficulty in getting things done are common symptoms of depression in older adults. A collection of

depressive symptoms characterizes the depression among the elderly. The GDS:SF (Geriatric Depression Scale Short Form) consisting of 15 questions requiring “yes” or “no” answers was used to assess depression among the study population. GDS:SF questions relate to mood, rather than the physical symptoms frequently reported by older adults. Based on scores, the elderly were classified into three ‘normal’, ‘mild’ depression and ‘severe’ depression. Fig. 6 reveals that one out of seven (14.8%) elderly have severe depression, and about 30 per cent have mild depression.

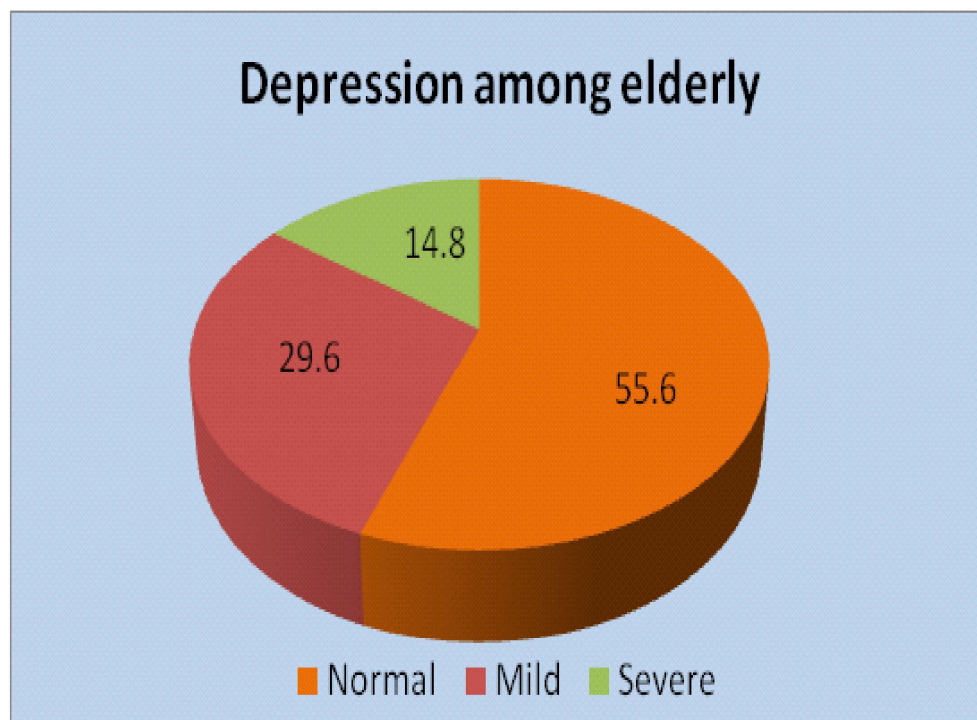


Fig. 6 Elderly classified by the level of depression

Prevalence of depression by background characteristics

The percentage of people with severe depression is 7.1 per cent in the age group 60-69, and this percentage substantially increases to 36.9 per cent in the age group 80 +years (Fig 7). On the other hand, the prevalence of mild depression is almost the same in 60-69 and 70-79 age groups.

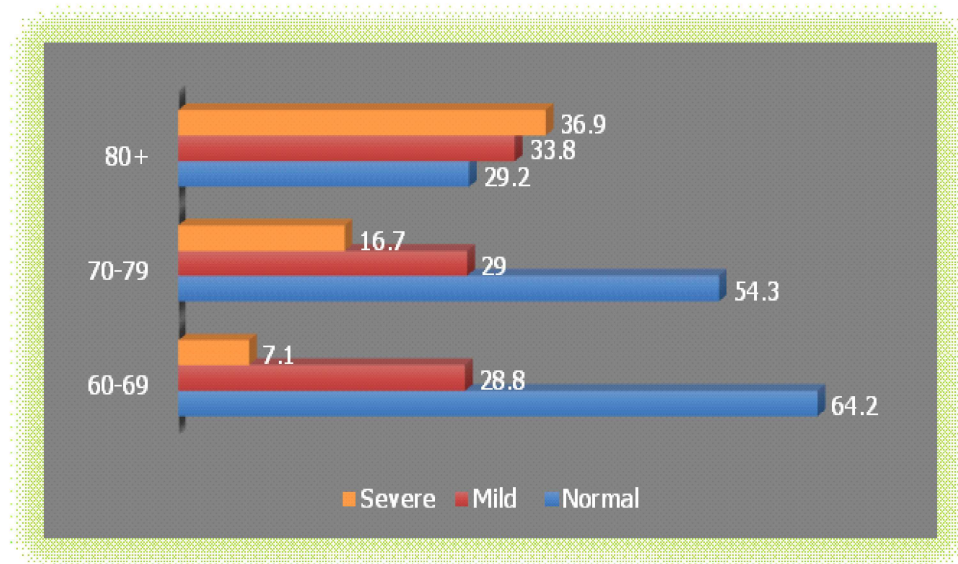


Fig. 7 Distribution of elderly by depressive status and age

There is no sex difference in the level of depression among the elderly. However, about 15 per cent of the female elderly had severe depression, whereas it was 14.4 per cent for males (Fig 8).

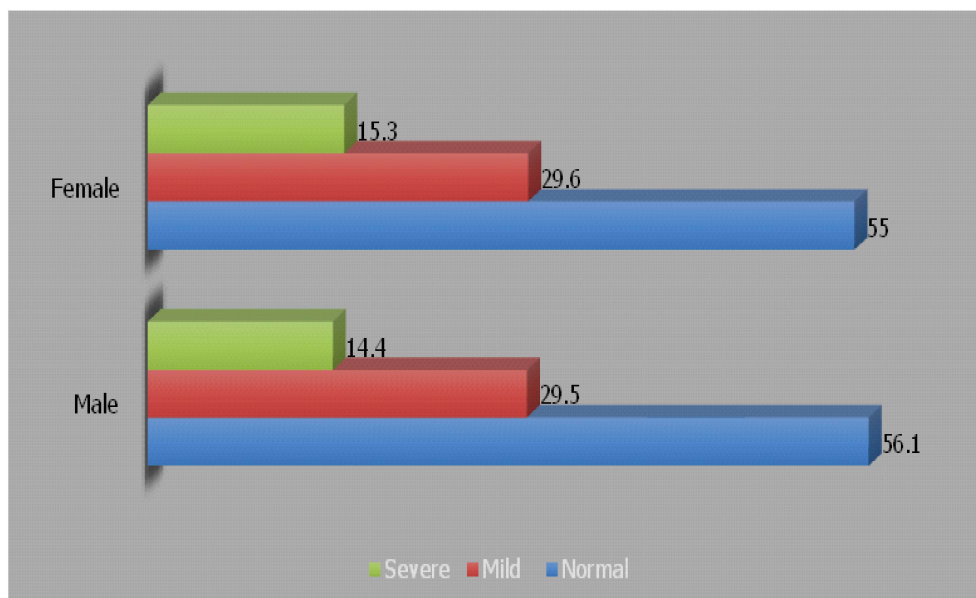


Fig. 8 Distribution of elderly by depressive status and sex

Compared with married elderly (12.3%), widowed (18.0%) and others (27.8%) are more likely to have severe depression (Fig 9). It is seen that being without a spouse is a risk factor for depression among the elderly.

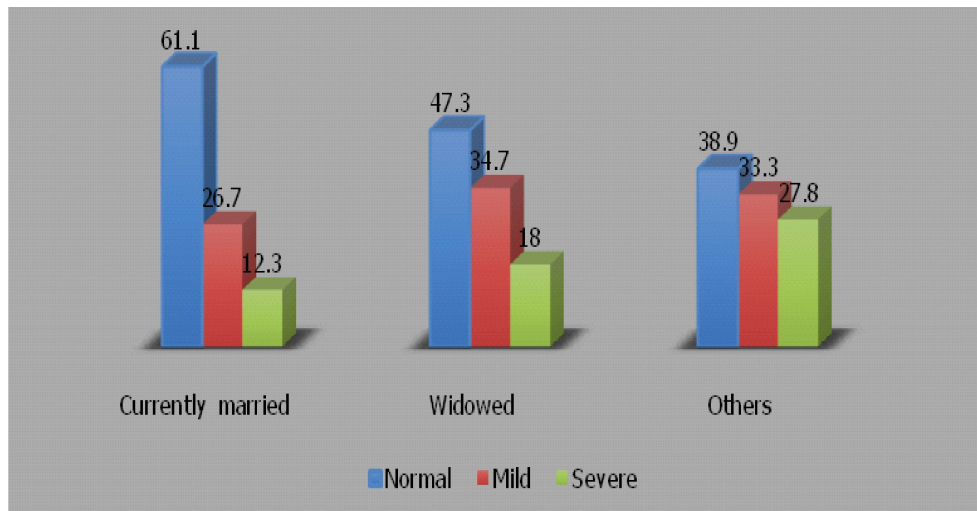


Fig. 9 Distribution of elderly by depressive status and marital status

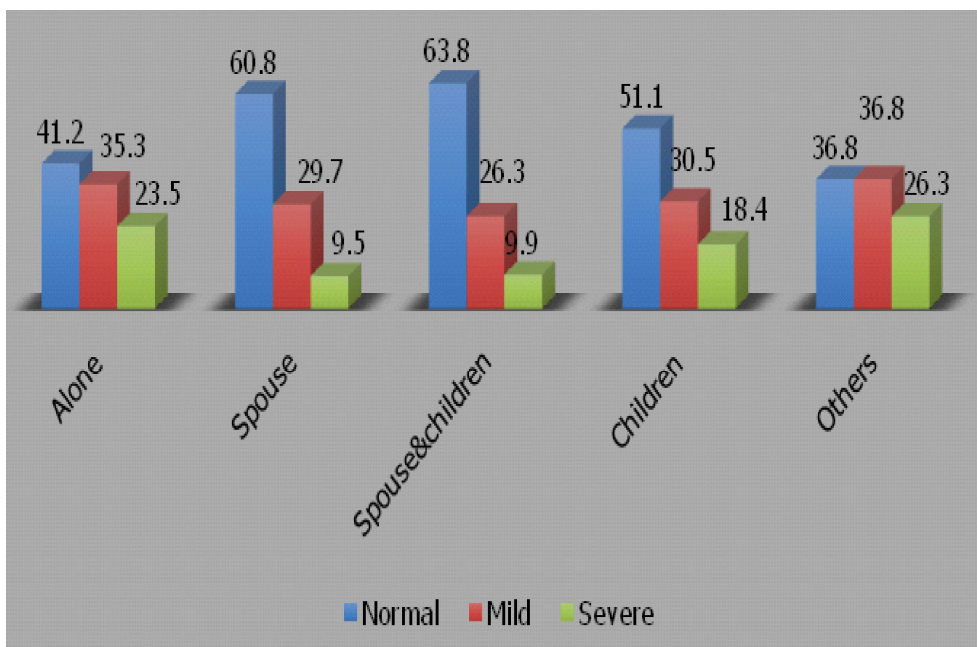


Fig. 10. Distribution of elderly by depressive status and living

arrangement

The prevalence of depression varies with the living arrangement of the elderly. Elderly who live alone (23.5%), live without either spouse or children (26.3%) and live without a spouse but with children (18.4%) have a higher risk of having severe depression (Fig 10). This pattern is the same in the case of elderly with mild depression also.

Effects of background characteristics on the prevalence of depression

Logistic regression is employed to find out the effect of various background characteristics on the prevalence of depression among the study population. The dependent variable is coded as 0 for normal and 1 for mild/severe depression. Living arrangement, gender, place of residence and functional ability are found as strong predictors in explaining the prevalence of depression. Table 3 reveals that females are at more risk for the prevalence of depression than their counterparts (1.37 times). While considering the pattern of living arrangement, it is seen that elderly who are living alone are at more risk of having the feeling of depression compared to those in other categories. It is also seen that rural residents are more (1.62 times) prone to the feeling of depression than their urban counterparts. Functional ability is found as a reducing factor for the prevalence of depression among the elderly.

Table 3 Effects of background characteristics on the prevalence of depression

Variables	Odds Ratio	Sig.
Age - 60-69(r)		
70-79	0.970	0.901
80+	1.70	0.151
Marital status- currently married(r)		
widowed	1.60	0.168
others	1.28	0.688
Living arrangement – alone (r)		

with spouse	0.24	0.008
with spouse and children	0.27	0.008
with children	0.37	0.02
others	0.748	0.667
Sex – Male (r)		
female	1.37	.004
place of residence - Urban(r)		
rural	1.62	.025
IADL - low (r)		
Medium	0.57	.120
High	0.22	.001
Working status - yes(r)		
Working status - no	1.23	.487
Taking care of household chores - yes(r)		
Taking care of household chores - no	1.470	.136

Conclusions and suggestions

The present study found that being women, widowed, living alone and living in rural areas have significantly enhanced the chances of occurrence of social evils like abuse and neglect. Elderly living alone as well as those living with members other than spouse or children are more likely to suffer from the poor status of mental health. It is suggested that social and kin relations is an important contributing factor for enhancing the psycho-social well-being of elderly. Social interaction should be provided within the home environment for meaningful engagement and emotional support. Involvement of the family, through an integrated family-centric policy, may better ensure the well-being of the older adults. Deterioration of traditional values and the degradation of joint family system have an adverse

impact on the provision of care and support for the elderly. Older people are part of the family and society. Therefore issues of population ageing should be incorporated as part of the education in the school curriculum. Depression may lead to psycho-social disability, social exclusion and poor quality of life. Social integration and provision of services of mental health clinics are needed in the community. It is seen that being without a spouse is a risk factor for the feeling of depression among the elderly, especially in the case of women. By providing adequate and effective intervention in the domains of financial security, care and support by the family and social integration, it is possible to improve mental health among women. Awareness should be provided to the elderly about the various services that are made available by the government of Kerala for the welfare of the older people. Mental wellbeing is essential to improve self-concept, self-esteem, autonomy, and independence among the elderly.

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