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Assessment of depression and adopted coping strategies among senior citizens living in selected block of Bankura, West Bengal

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Abstract

A descriptive survey was conducted to assess Depression and adopted coping strategies among senior citizens living in Bankura block 1, Bankura, West Bengal. The study was aimed to assess the level of Depression and coping strategies adopted by senior citizens. 106 participants were selected by simple random sampling. Standardized Geriatric Depression Scale- SF was used to assess level of Depression and standardized brief COPE Scale was used for measuring adopted coping strategies. The study results depicted that majority (70.76%) of senior citizens had Depression in which 9.44% of senior citizens had severe Depression followed by 28.30% moderate Depression, 33.02% mild Depression. About 22.64% of senior citizens were having poor adopted coping strategies followed by 59.43% average and only 17.93% good. Depression was negatively correlated ($r = -0.886$) with adopted coping strategies at 0.001 level of significance.

Keywords: Depression, adopted coping strategies, senior citizens

Introduction

Aging is a universal, natural process where continuous unrecoverable changing of health status is occurred. So, it can be regarded as ineluctable natural miracle ^[1]. Due to normal aging of the brain, deteriorating physical health and cerebral pathology, the overall prevalence of mental and behavioral disorders tends to increase with age ^[2].

Depression refers to psychological experience characterized by sadness, loss or anger that interferes with person's daily living for weeks or longer. Depression in advance age frequently co exists with other medical illness and disabilities accompanied by loss of key social support system due to the death of a spouse, loneliness, restricted personal autonomy and financial dependency. If depression left untreated, it can have significant clinical and social implications in the lives of the elderly ^[3].

Coping consists of the individual effort required to get relief from depression or any destabilizing situation. It is a multidimensional dynamic process that raises a number of responses and encompasses the individual's interaction with their environment, using mechanisms to manage an impending threat and difficult life situations ^[4]. Coping strategies may be adopted by senior citizens from two angles, one as a personality trait and another is a changing life event in relation to present situation. Previous experiences also act as a guide to deal with the stressful situation of present. So, it can be stated as multi-dimensional depending on the present situation, available resources, and ability to cope up.

In the world, depression has been considered as most disabling clinical disease because it is the single largest contributor to global disability (7.5%, 2015) and a major contributor to suicides (approximately 800,000 annually) ^[5]. In India depression among senior citizens (60 years or above) constitute 8.6% of the total population (India census 2011), which is projected to reach 19% by 2050 ^[6].

According to WHO, people worldwide are living longer. Today most people can expect to life into 60 years and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population. In 2010, an estimated 524 million people were aged 65 years and above which is about 8% of the world's population. Between 2015 and 2050, the world's population over 60 years with nearly double from 12% to 22% ^[7].

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There is no exception in West Bengal, India about this phenomenon of population aging in the country where elderly population contains 8.5% of the total population. There are 74,90,514 persons above 60 years of age (51.4% males and 48.6% females) and residing 68% people in rural areas and 32% in urban areas [8].

About 322 million people (4.4%) of the world's population affected with depression with the worldwide prevalence range 10-20% varying with cultural contribution [9]. According to WHO Global Burden of Disease report 2004, depression was the leading cause of burden of disease during 2000-2002, ranked as third world wide. It is projected to reach second place of the disability adjusted life years ranking worldwide by the year 2020 and first place by the year 2030 [10].

In spite of growing awareness on mental health, there is little focus about aging individual about their mental health and wellness so, till now depression among elderly is not perceived as imperative issue as because of ignorance of symptoms and not proper utilization of health care facilities. Thus, it remains still as iceberg phenomena.

With this view kept in mind and based on previous research studies along with own practical working experience the investigator felt that it was essential to assess the level of depression and find out adopted coping strategies among senior citizens to emphasize more concern about the mental health issues of geriatric population for early detection, social control and prevent complications of depression.

Statement of the problem

Assessment of Depression and adopted coping strategies among senior citizens living in selected block of Bankura, West Bengal

Objectives of the Study

1. To assess the level of Depression of senior citizens.

Result and Discussion

Findings related to the level of Depression of senior citizens n=106

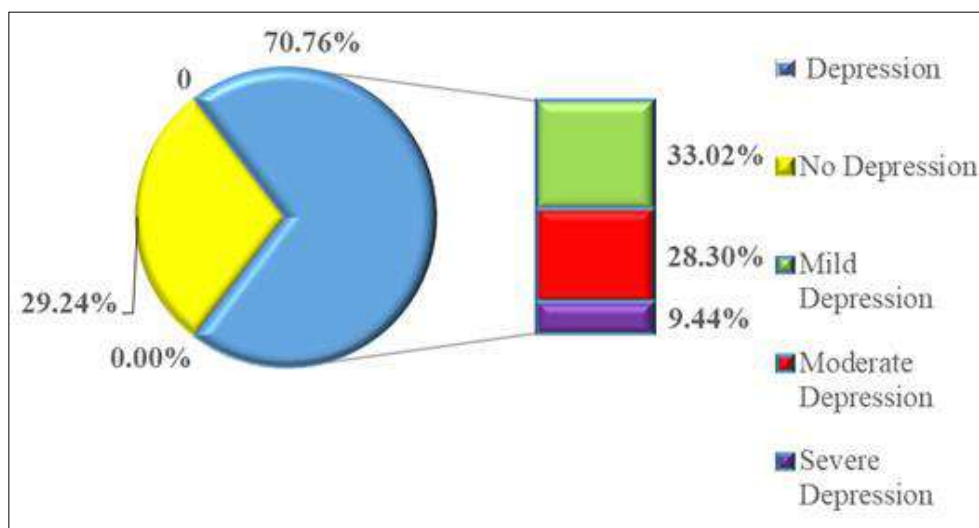


Fig 1: Bar of pie showing the distribution of senior citizens according to Depression and level of Depression.

Data presented in the figure 1 shows that majority (70.76%) of senior citizens were suffering from Depression. Data also showed that 9.44% of senior citizens had severe Depression

2. To find out the coping strategies adopted by senior citizens.
3. To ascertain relationship between Depression and adopted coping strategies.
4. To determine the association between Depression and adopted coping strategies with selected demographic variables.

Materials and Method

A descriptive survey was conducted by using quantitative research approach among senior citizens aging 60 years and above residing in Bankura block 1, Bankura, West Bengal and they were selected through simple random sampling. A semi structured validated (CVI-1) interview schedule was prepared which was contained by eleven (11) items to find out demographic data that includes age in years, gender, educational status, marital status, occupation, type of family, socio-economic status, availability of care giver, addiction status, type of familial support, presence of chronic illness. Level of Depression was assessed by using standardized Geriatric Depression Scale- Short form that contains 15 statements (CVI-1) with reliability- 0.78 by KR-20 method. Adopted coping strategies were assessed by using standardized Brief COPE scale that contains 28 statements (CVI-1) with reliability 0.96 by Cronbach's alpha. Ethical clearance was taken from Institutional Ethics Committee, BSMC&H and administrative approval was obtained from the CMOH of Bankura, BMOH of Bankura block 1. Data were collected from participants using separate code number through home visiting. Interview scheduled was used where self- introduction was given and purpose, nature of the study was explained to all participants. Rapport was established and maintained. Informed consent was taken from each participant, confidentiality and anonymity were assured. All information were recorded separately.

followed by 28.30% moderate Depression and 33.02% mild Depression.

Findings related to adopted coping strategies of senior citizens

Table 1: Distribution of senior citizens in terms of adopted coping strategies n=106

Coping level	Score range	Frequency (f)	Percentage (%)	Mean	Standard deviation (SD)
Poor	28-56	24	22.64	66	14.088
Average	57-84	63	59.43		
Good	85-112	19	17.93		

Data presented in table 1 revealed that majority (59.43%) of senior citizens were having average adopted coping strategies followed by 22.64% of senior citizens were

having poor adopted coping strategies and 17.93% of senior citizens were having good adopted coping strategies.

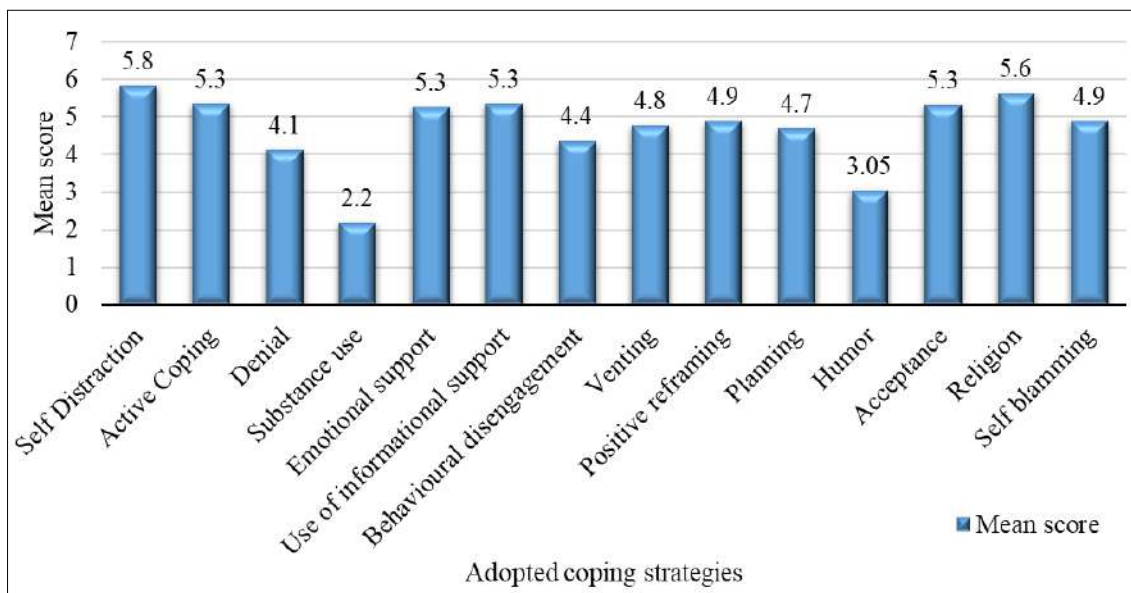


Fig 2: Area wise mean score of adopted coping strategies of senior citizens n=106

Data presented in figure 2 showed that senior citizens used substance (mean 2.2) as adopted coping strategies minimum time whereas, self-distraction (mean 5.8) used maximum time as adopted coping strategies.

Findings related to correlation between Depression and adopted coping strategies of the senior citizens

H_{01} : There is no significant correlation between Depression and adopted coping strategies of the senior citizens at 0.01 level of significance.

H_1 : There is a significant correlation between Depression and adopted coping strategies of the senior citizens at 0.01 level of significance.

Table 2: Correlation between Depression and adopted coping strategies of the senior citizens n=106

Variables	Mean	'r' value	p value
Depression	7.415	-0.887 <	0.00001
Adopted coping strategies	66		
df (104), $p < 0.001$			

Data presented in table 2 revealed that there was significant statistical correlation between Depression of senior citizens and their adopted coping strategies ($r = -0.887$, $p < 0.001$, $df = 104$) as evident from calculated 'r' value. So, null hypothesis was rejected and alternative hypothesis (H_1) was accepted.

Hence it can be concluded that Depression of senior citizens was negatively correlated with their adopted coping strategies at 0.001 level of significance.

Findings related to the association between Depression of senior citizens with their selected demographic variables

There was significant statistical association between Depression of senior citizens and their gender ($\chi^2 = 6.7$, $p = 0.009$ at $df = 1$), educational status ($\chi^2 = 33.9$, $p = 0$ at $df = 1$), occupation ($\chi^2 = 25.4$, $p = 0.000001$ at $df = 1$), type of family ($\chi^2 = 9.2$, $p = 0.002$ at $df = 1$), socio- economic status ($\chi^2 = 41.2$, $p = 0$ at $df = 1$), type of familial support ($\chi^2 = 9.499$, $p = 0.002$ at $df = 1$) at 0.01 level.

There was no significant association between Depression of senior citizens with their age, marital status, availability of care giver, addiction status and presence of chronic illness.

Findings related to the association between adopted coping strategies of senior citizens and selected demographic variables

There was significant statistical association between adopted coping strategies of senior citizens and their educational status ($\chi^2 = 15$, $p = 0.0005$ at $df = 2$), occupation ($\chi^2 = 9.8$, $p = 0.007$ at $df = 2$), socio-economic status ($\chi^2 = 19.2$, $p = 0.00006$ at $df = 2$), type of familial support ($\chi^2 = 24.2$, $p = 0.000005$ at $df = 2$) at 0.01 level.

There was no significant association between adopted coping strategies and their age in years, gender, marital status, type of family, availability of caregiver, addiction status, and presence of chronic illness.

Discussion related to other studies

The present study findings were supported by the following studies:

Discussion related to Depression of senior citizens

The present study was supported by the study (published in 2021) of Bincy K, Logaraj M, Balaji Ramraj conducted in India to assess depression and associated factors among the older adult. Here the researchers identified majority (67.5%) of senior citizens had depression ^[11].

The present study was supported by the study (published in 2019) of Saha Rajib, Mullick Tanjib Hassan conducted in West Bengal, India to find out prevalence of depression and correlation of depression among geriatric population living in urban slum area. Here, the researcher identified more than half (59.1%) of geriatric slam had depression ^[12].

In the present study, the researcher identified majority (70.76%) of senior citizens had depression.

The present study was supported by the study (published in 2016) of Jain R Swapnil, C Alka, Radhey, Shabana. The researchers highlighted in their study on depression and its determinants in Maharashtra, India that 48.8% of respondents had depression and among them 28% of respondents had mild depression followed by 19.7% moderate depression and 1.1% severe depression ^[13].

In the present study, the researcher observed that majority (70.76%) of senior citizens had Depression in which, about 33.02% of senior citizens had mild depression followed by 28.30% moderate depression and 9.44% severe depression.

Discussion related to adopted coping strategies among senior citizens.

The present study was supported by the study of Mulik Manda Shankar, Mohite Vaishali, Hiremath Prabhuswami, Katti Anagha (published in 2016) conducted Indian research to assess level of stress and depression and coping strategies adopted by senior citizens. Here the researchers highlighted that majority (58%) of senior citizens were using coping strategies sometimes and minimum (30%) of senior citizens were using coping strategies always ^[14].

In the present study the researcher highlighted that majority (59.43%) of senior citizens had average adopted coping strategies followed by 22.64% poor adopted coping strategies and 17.93% good coping strategies.

Discussion related to correlation between Depression and adopted coping strategies

The present study results depicted that there was negative strong (-0.886) correlation between Depression of senior citizens and their adopted coping strategies at 0.001 level of significance.

The present study finding was supported by the study of Raut Nitin B, Singh Shipra, Subramanyam AA, Pinto C, Kamath RM, Shanker S (published in 2014) conducted in Indian to assess loneliness, depression and find out coping mechanism in elderly. The researchers observed that coping strategies were negatively correlated with depression at 0.05 level of significance.¹⁵

Discussion related to association between Depression with selected demographic variables

The present study was supported by the study (published in 2019) by SahaRajib, MullickTanjib Hassan conducted in West Bengal, India to find out prevalence of depression and

correlation of depression among geriatric population living in urban slum area. Here, the researchers found there was significant association between age, marital status, type of family, socio-economic status, chronic illness with depression at 0.05 level ^[12].

In the present study, the researcher showed that gender, educational status, marital status, occupation, socio-economic status, of senior citizens were associated with depression at 0.01 level of significance.

Conclusion

The aim of the study was to assess the level of Depression and to find out the coping strategies adopted by senior citizens. The following conclusion were drawn from the study findings that more than two third (70.76%) of senior citizens had Depression and majority (59.43%) of senior citizens were adopting average coping strategies. There was negative strong (-0.886) correlation between Depression and adopted coping strategies at 0.001 level of significance. For the community health nursing this finding will be helpful to arrange depression screening camp to diagnose clinical depression among senior citizens and based on geriatric mental health survey, counselling can be done for adapting good coping mechanism. Along with this the findings also have several implications in nursing education, nursing administration and nursing research.

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The author indebted to respected Jerome A Yesavage for allowing to use the standardized Geriatric Depression Scale (SF) for assessing level of Depression of respondents and respected Charles S Carver for allowing public use as free tool Standardized Brief COPE Scale. This tool was used to measures adopted coping strategies of respondents.

Conflict of Interest

Not available

Financial Support

Not available

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