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Influence of demographic variables on mental health of elderly in Dharwad district, Karnataka

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ABSTRACT

The study was conducted on influence of demographic variables on mental health of 80 male and 80 female elderly of Dharwad district in Karnataka state. The study was emphasized on to know the association between male and female elderly wrt mental health and to know the relationship between demographic variables and mental health of elderly. Results revealed that nearly 50 per cent of the elderly had very poor mental health status. As age and education increased the mental health status of an elderly decreased. But mental health status increased with the increase in income and size of family.

Keywords: Elderly; demographic variables; mental health; relationship

INTRODUCTION

Hurlock (1981) stated that old age is the closing period in the life span. It is a period when people move away from previous more desirable periods or times of usefulness. Strehler (1962) proposed four criteria of aging viz ageing is universal, aging is progressive and continuous process, aging is intrinsic to the organism and aging is degenerative.

According to WHO participation in light and moderate physical activities may delay the functional decline. Thus an active life improves mental health and contributes towards managing disorders. There is evidence that physically active elderly people present lower prevalence of mental diseases than non-active elderly people.

Mental health problems are more in old age period. These problems during old age are characterized by depression, loneliness, anxiety and psychological distress. Thus mental health refers to emotional and psychological well-being along with other aspects of health that enable a person to lead a productive and fulfilling life. Mental health is a psychological

state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment.

The problems during old age period are special and unique. In the Indian society gradually the problems of the aged related to health, support system, finance and socio-psychological aspects are becoming the challenges to the society and government. Earlier studies show that there is high incidence of both physical and mental health problems among the aged. The mental health problems of the aged are more acute than the physical. According to Wykle and Musil (1993) biological, psychological and social factors act as multiple determinants of mental health adjustment in old age. In India very few studies have been conducted on this perspective.

In the context of the importance of the subject the present study has been undertaken to explore the influence of demographic variables on mental health of elderly in Dharwad district and elicit suggestions to overcome these problems.

METHODOLOGY

The present study was conducted in Dharwad district of Karnataka. The population of the study was 160 elderly people (80 male and 80 female) who were above 60 years. Dharwad city and two villages namely Tirlapur and Byahatti of Dharwad district were purposively selected. Elderly people who were living in the families with their children were contacted by Snowball technique and responses were recorded individually.

Personal information schedule included age, caste, education and size of the family. To assess the mental health status of elderly mental health inventory developed by Jagadish and Srivastava (1983) having six dimensions viz positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitude and environmental mastery was used. It contained 54 statements out of which 37 statements were negative and 23 positive. Each statement had 4 alternative answers like always, most of the time, sometime and never. The scoring of positive statements was 4, 3, 2 and 1 and of negative statements was 1, 2, 3 and 4 and the score ranged from 54 to 196. Higher score indicated better mental health.

RESULTS and DISCUSSION

Table 1 shows that most of the respondents were in the age group of 60.70 years (46.90%); belonged to upper caste (71.25%); had studied up to PUC (41.90%); were married (54.50%) and had income between Rs 20000 to Rs 49999 (54.40%).

Data given in Table 2 depict that the mental status of majority of male and female respondents (81.20 and 68.80%

Table 1. Demographic characteristics of the respondents in Dharwad, Karnataka

Characteristics	Male (n= 80)	Female (n= 80)	Total (n= 160)
Age (years)			
60-70	41 (56.25)	34 (42.50)	75 (46.90)
71-80	27 (33.80)	25 (31.30)	52 (32.55)
81-107	12 (15.00)	21 (26.30)	33 (20.65)
Gender			
Male	80 (50.00)	80 (50.00)	160 (50.00)
Female	80 (50.00)	80 (50.00)	160 (50.00)
Caste			
Upper cast	54 (67.50)	60 (75.00)	114 (71.25)
OBC	22 (27.50)	18 (22.50)	40 (25.15)
Dalit	4 (5.00)	2 (2.50)	6 (3.75)
Tribal	-	-	-
Education			
Illiterate	24 (30.00)	38 (47.50)	62 (38.80)
Up to PUC	31 (38.80)	36 (45.00)	67 (41.90)
Graduation	19 (23.80)	6 (7.50)	25 (15.60)
Post-graduation	6 (7.50)	-	6 (3.80)
Family size (members)			
Small (2-5)	38 (47.50)	40 (50.00)	78 (48.75)
Large (>5)	42 (52.50)	39 (48.80)	81 (50.65)
Marital status			
Having partner	72 (90.00)	37 (46.30)	109 (54.50)
Widow	-	43 (53.30)	43 (26.65)
Widower	8 (10.00)	-	8 (5)
Income per month (Rs)			
>50000	11 (6.90)	3 (3.80)	14 (8.80)
20000-49999	36 (22.50)	51 (63.80)	87 (54.40)
10000-19999	22 (13.80)	15 (18.80)	37 (23.10)
5000-9999	9 (5.60)	7 (8.80)	16 (10.00)
2500-4999	1 (1.20)	2 (2.50)	3 (1.90)
1000-499	1 (1.20)	2 (2.50)	3 (1.90)
<1000	-	-	-

Figures in the parentheses indicate percentage

respectively) was very poor wrt positive self-evaluation. Similar was the case with perception of reality wherein 56.20 per cent male and 77.50 per cent female respondents and group-oriented attitude wherein 43.80 per cent male and 86.30 per cent female respondents had very poor mental status. In general all the respondents fell under the

Table 2. Distribution of elderly on mental health under different dimensions in Dharwad, Karnataka

Dimension	Mental health										χ^2
	Very good		Good		Average		Poor		Very Poor		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Positive self-evaluation	-	2 (2.50)	3 (3.80)	-	4 (5.00)	5 (6.20)	8 (10.00)	18 (22.50)	65 (81.20)	55 (68.80)	6.929*
Perception of reality	-	-	-	-	5 (6.30)	7 (8.80)	30 (37.50)	11 (13.20)	45 (56.20)	62 (77.50)	11.839*
Integration of personality	-	-	-	2 (2.50)	13 (16.20)	12 (15.00)	27 (33.80)	41 (51.30)	40 (50.00)	25 (31.20)	8.384*
Autonomy	-	1 (1.3)	29 (36.30)	42 (52.50)	37 (46.30)	33 (41.30)	11 (13.80)	4 (5.00)	3 (3.80)	-	9.876*
Group-oriented attitude	-	-	-	-	5 (6.20)	1 (1.20)	40 (50.00)	10 (12.50)	35 (43.80)	69 (86.30)	31.782**
Environmental mastery	-	-	-	2 (2.50)	10 (12.50)	5 (6.50)	40 (50.00)	47 (58.50)	30 (37.50)	26 (32.50)	4.516^{NS}
Overall mental Health	-	-	-	3 (3.80)	6 (7.50)	1 (1.30)	23 (28.80)	37 (46.30)	51 (63.80)	39 (48.80)	11.438*

NS= Non-Significant, *Significant at 0.05 level, **Significant at 0.01 level, Figures in the parentheses indicate percentage

Table 3. Relationship between demographic variables and mental health among elderly in Dharwad, Karnataka

Demographic variable	Component						
	Positive self-evaluation	Perception of reality	Integration of personality	Autonomy	Group-oriented attitude	Environmental mastery	Mental health
Age	-0.165*	-0.086	-0.146**	0.072	0.146*	0.054	-0.111*
Education	-0.107	-0.130	-0.079	-0.106	-0.175*	-0.185*	-0.170*
Income	0.076	-0.150	-0.128*	0.034*	-0.168*	-0.178*	0.151*
Size of family	0.646**	0.659**	0.674**	0.661*	0.680**	0.014	0.129*

*Significant at 0.05 level, **Significant at 0.01 level

categories of poor and very poor mental status.

Earlier Carmell and Bernstein (2003) found that elderly men had more significant decline in psychosocial well-being as compared to women because they had significant decline in the sense of control. Nagaratnamma and Vimala (2002) revealed that significant differences were observed in well-being and mental health between men and women. They also explained that factors contributing to the well-being of males were different from that of females. Bala and Asthana (2008) revealed that gender has significant effect on life satisfaction; so life satisfaction of elderly people varied with respect to gender and social support.

Asthana (2009) conducted a study on social support and well-being among elderly and reported no significant difference regarding well-being of male and female elderly. Latiffah et al (2005) showed that gender was significantly associated with psychological well-being and more number of males had good psychological well-being compared to female elderly.

The results of (Table 3) revealed that the age and mental health were negatively related in case of positive self-evaluation, perception of reality, integration of personality and overall mental health but in case of group oriented attitude it was positively related. It indicates that as age of elderly increases the mental health status decreases. This result is also supported by the wok of Patil (2000) who revealed that age was significantly related to psychological distress and attitude in both sexes. Bennett (2005) also observed that age contributed negatively to the psychological well-being among elderly.

The education and mental health status were negatively related in case of autonomy, environmental mastery and overall mental health which shows that autonomy, environmental mastery and overall mental health status decreased with the increase in education level. It is supported by the study of Waddell and Jacobs-Lawson (2010) who revealed that illiterate elderly had much lower rate of depression as compared to literates. However Chen and Short (2008) found that education was positively associated with well-being.

The income and mental health were negatively related in case of integration of personality, group oriented attitude and environmental mastery whereas in case of autonomy and overall mental health these were positively related. It implies that as income level increases the mental health status also increases. The results are in accordance with the results of Revicki et al (1990). Vijaykumar and Reddy (1993) reported that poor economic status had an adverse effect on depression among the elderly.

There was positive correlation between size of family and mental health wrt different dimensions meaning thereby that mental health improved with the increase in family size.

The results are in accordance with the results of Taqui et al (2007) who revealed that those who lived in nuclear families system were more likely to have depression than those who lived in joint family system. Ramachandran et al (1981) reported that mental illness was higher in old age while living in nuclear family.

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