

## Mental health of rural elderly\*

A. H. MORAB, V. S. YADAV AND P. B. KHADI

Department of Human Development and Family Studies  
Rural Home Science College University of Agricultural Sciences  
Dharwad - 580 005, Karnataka, India  
E-mail: mashwini352@gmail.com

(Received: October, 2011 ; Accepted: September, 2014)

**Abstract:** The study was conducted on mental health of elderly. The sample consisted of 40 male and 40 female elderly selected from two villages namely Tirlapur and Byahatti of Dharwad district in Karnataka state. The study emphasized on relationship between demographic variables and mental health of elderly and to know the mental health status and their dimension of elderly. Mental health inventory by Jagdish and Srivastav (1983), personal information schedule was used to collect data on status of mental health and the relationship between demographic variables and mental health of elderly. Results revealed that half (56%) of the elderly had very poor mental health status. Among rural area their significant difference between male and female elderly on mental health. It is interesting to note that however size of family was significantly and positively related to mental health.

**Key words:** Demographic variable, Income, Mental health, Size of family

### Introduction

The United Nations has designated 1999 as the International Year of Older Persons. In the twentieth century especially after the 1950's a change in the world age pyramid occurred. The ageing process that previously was restricted to developed countries is taking place in developing more quickly.

Old age is generally the chronological age, a universal phenomenon and a challenge to everyone, who reaches it irrespective of occupation, skill or learning (Tungdin *et al.*, 2002). In most gerontological studies, persons above sixty years of age are considered as old. The population projection made by the UNESCO indicated that the proportions of the aged above sixty likely to go up from 7.1 per cent in 1991 to 12.3 per cent in 2025 in India alone. There is a need to pay proper attention to quality of life of old persons. In almost all the countries of the world, elderly women outnumber elderly men.

Rapid ageing trends present new challenges to government families and the elderly themselves, (Ramachandran and Radhika, 2006). The problem of senior citizens has become a social problem in Indian society. The changes in the demographic structure during the last few decades in developing countries have made the aged a socially more noticeable section (Bhatia, 1983). Moreover, modern society has undergone a vast transformation due to breaking up of joint family system, technological revolution and attitude of younger generation towards old people. All these have accelerated the problem of elderly. The economic inadequacy of the nuclear family system is resulting in the neglect of its members. The traditional roles are slowly being replaced with insignificant roles after retirement. The problems experienced by aged are more acute, who are economically dependent solely on the families.

According to WHO health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. The concept of mental health includes objective well-being, perceived self-efficacy, autonomy, competence,

intergenerational dependency and recognition of ability to realize one's intellectual and emotional potential. People with mental health problems often have worse physical health, as well as worse self-perceived health, than those without mental health problems. Mental health and other physical health conditions have separate but additive effects on well-being. Individuals with both mental health and physical health problems are at particular risk. The physical problems are at particular risk. The physical problem can complicate mental health of individuals. In the context of importance of the subject, the present study has been undertaken to explore the status of mental health of elderly in Dharwad city and elicit suggestions by the elderly to overcome the problems.

### Material and methods

The present study was conducted in Dharwad district. The population of the study was elderly people who were above 60 years residing in two villages namely Tirlapur and Byahatti of Dharwad district were purposively selected for convenience of researcher. Elderly people were contacted by snowball technique. The elderly people selected who were living in the family with children and responses were recorded individually. Totally 80 elderly were from two villages. In each group 40 were females and 40 were male respondents. To collect information about elderly personal information schedule was used and to assess mental health of elderly Mental Health Inventory developed by Jagdish and Srivastav (1983) was used. It has six dimensions *i.e.* positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitude and environmental mastery. It contains 54 statements out of which 37 statements are negative and 17 statements are positive. Each statement has alternative answers like always, most of the time, some time and never. Scoring for positive statement was 4, 3, 2 and 1 and negative statement scoring was 1, 2, 3 and 4. The total score ranges from 54 to 196. High score

\* Part of M. H.Sc. thesis submitted by the first author to the University of Agricultural Sciences, Dharwad-580 005, India

indicate better mental health. To analyze the data correlation, chi-square and t-test was used.

### Results and discussion

Among the respondents most of the respondents belong to the age group 60-70 year of age group and only 27.25 per cent of age group belongs to more than 80 year of age group, equal per cent respondents are male and female elderly. With regard to caste 55 per cent of rural respondents belong to upper caste, forty two per cent belongs to OBC and very few *i.e.* 6 per cent from dalit community. Interestingly 52 per cent of rural elderly had no education, one third of them studied up to PUC and only 12 per cent had education up to graduation. With regard to size of family 60 per cent of the respondents belong to small family size and 40 per cent of the respondents belongs the large family size. Half of the elderly belongs to the income of 20000 to 49999 per month category and no one belongs to the income of less than 1000 per month.

It is clearly evident from Table 1 that the mental health status of elderly was very poor in two third of the sample, and very negligible percent of the elderly had average and good mental health and their dimensions. Interestingly it was note that there was no significant association between male and female elderly on mental health and positive self evaluation, integration of personality and environmental mastery. But the chi-square of rural elderly was significant associated with perception of reality, autonomy and group oriented attitude.

The results in Table 2 indicates that there was no significant difference between rural male and female elderly on mental health, positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery. Asthana (2009) conducted a study on social support and well being among elderly and revealed that no significant

difference regarding well being of male and female elderly which is contradictory to the result of present studies. The results of this study is supported by the results of Carmell and Bernstein (2003) who 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. Similarly, Nagaratnamma and Vimala (2002) revealed that significant difference was 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.

The results in Table 3 indicates that the coefficient of correlation between age and positive self evaluation, integration of personality and over all mental health was -0.165, -0.146 and -0.111 which was negatively and significantly correlated; that of mean age and group oriented attitude was 0.146 which was positively and significantly correlated. This indicates that age and mental health was negatively and significantly related in case of positive self evaluation, perception of reality, integration of personality and over all mental health, but in case of group oriented attitude it was positively significant. It implied that the coefficient of correlation between age and mental health was negatively and significantly correlated. It is indicated that as an age of elderly increases the mental health status decreases. These results of the present study are supported by the results of Patil (2000) who revealed that age was significantly related to psychological distress and attitude among both sexes. Further, study of Bennett (2005) also supports the present function which revealed that age was negatively contributed to the psychological well being among elderly.

Table 1. Distribution of elderly on mental health

Mental health and dimensions	Very good		Good		Average		poor		Very poor		X <sup>2</sup>
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Positive self-evaluation	-	1 (2)	1 (2)	-	2 (5)	3 (7)	3 (7)	7 (17)	34 (85)	29 (72)	1.872 <sup>NS</sup>
Perception of reality	-	-	-	-	2 (5)	4 (10)	19 (47)	4 (10)	19 (47)	32 (80)	13.763 <sup>**</sup>
Integration of personality	-	-	-	1 (2)	6 (15)	6 (15)	15 (37)	18 (45)	19 (47)	15 (37)	1.743 <sup>NS</sup>
Autonomy	-	-	15 (37)	21 (52)	21 (52)	17 (42)	4 (10)	2 (5)	-	-	2.088 <sup>*</sup>
Group oriented attitude	-	-	-	-	3 (7)	-	23 (57)	6 (15)	14 (35)	34 (85)	21.29 <sup>**</sup>
Environmental mastery	-	-	-	1 (2)	6 (15)	2 (5)	23 (57)	21 (52)	11 (27)	16 (40)	4.017 <sup>NS</sup>
Over all mental health	-	-	-	1 (2)	3 (7)	1 (2)	10 (25)	16 (40)	27 (67)	22 (55)	4.123 <sup>NS</sup>

NS- Non-significant, \*significant at 0.05, \*\* Significant at 0.01

Figures in the parenthesis indicates percentage

Table 2. Comparison between male and female elderly on mental health and dimensions (N=80)

Mental health and dimensions	Male		Female		t-value
	Mean	SD	Mean	SD	
Positive self-evaluation	20.75	4.65	22.15	4.39	0.89 <sup>NS</sup>
Perception of reality	18.30	2.52	18.12	2.94	1.15 <sup>NS</sup>
Integration of personality	27.37	4.11	28.27	4.20	1.39 <sup>NS</sup>
Autonomy	18.55	2.18	18.15	2.39	1.42 <sup>NS</sup>
Group oriented attitude	24.05	2.94	23.15	3.05	0.30 <sup>NS</sup>
Environmental mastery	23.15	2.93	13.22	1.94	2.65 <sup>*</sup>
Over all mental health	132.17	13.64	128.37	14.93	1.67 <sup>NS</sup>

NS- Non-significant, \*Significant at 0.05

Figures in the parenthesis indicates percentage

The coefficient of correlation between education and positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery and over all mental health was -0.107, -0.130, -0.079, -0.106, -0.175, -0.185 and -0.170 respectively which was negatively related but significant in case of group oriented attitude environmental mastery, over all mental health. This may be because of as a level of education increased the individual had less time to get along with others, less participation in recreation activities, less adjustment in nature etc. Increases level of education lower the expectation, achievement congruence of the respondents and support of the family members in later year of life. This may be due to decline in cognitive ability, physical strength, retirement

Table 3. Relationship between demographic variables and mental health of elderly

(N= 80)

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, \*\* Significant at 0.01

discrepancy and family support, which in turn result in decreased of mental health status. This result is supported by the study of Vishal *et al.* (2010) who revealed that illiterate elderly had much lower rate of depression as compared to literates. The result of present study is in contrast with Chen and Short (2008) who revealed that education was positively associated with positive well-being and negatively associated with negative well-being.

The coefficient of correlation between income and positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery and over all mental health was 0.076, -0.150, -0.128, -0.034, -0.168, -0.178 and -0.151 which was negatively related but significant in case of integration of integration of personality, group oriented attitude, environmental mastery but positively and significantly related to autonomy and overall mental health. It implies that as a income level increases the mental health status also increases. This may be because of higher the income more facilities in the family less financial and other problems in turn creates better mental health. The results are in accordance with the results of Revicki *et al.* (1990) who expressed that people with lower income were less satisfied, those who had multiple source of assistance were more satisfied. Similarly, study conducted by Kumar and Reddy (1993) also revealed that poor economic status had an adverse effect on depression among the elderly.

The coefficient of correlation between size of family and positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery and over all mental health was 0.646, 0.654, 0.674, 0.661, 0.680, 0.014 and 0.129 which was positively and significantly related, only in case of environmental mastery it was not significant. It implies that as a size of family increased the mental health status of an elderly also increased. This may be because of more members in the family greater the care of elderly, greater support received by the members of the family, less loneliness, elderly always in a happy mood to spend time with others will in turn create better mental health status of elderly. The results are in accordance with the results of Taqui *et al.* (2007) who revealed that those who are living in nuclear family system are more likely to having depression than those who are living in joint family system. Study conducted by Ramachandran *et al.* (1981) revealed that mental illness was higher in old age, subject living in nuclear family. It was conducted with a sample of 181 elderly people. Hence, there was significant relationship between mental health and selected demographic variables. So hypotheses one was rejected.

Finally, the study concludes that more than half of elderly had very poor mental health status. There was a negative and significant relationship between age, education, income and mental health, but size of family was significantly and positively related to mental health.

## Reference

- Asthana, M., 2009, Social support and well being among elderly. *J. Comm. Guid. Res.*, 26(2): 115-121.
- Bhatia, H. S., 1983, Ageing and society - A sociological study of the retired public servants. The Arya's Book Centre Publishers, Udaipur, p. 25.
- Bala, S. and Asthana, M., 2008, Social support and life satisfaction : a cross gender perspective. *Indian Psy. Rev.*, 70(6): 153-160
- Bennett, K. M., 2005, Psychological well being in later life; the longitudinal effects of marriage, widowhood and marital status change. *Int. J. Geriatr. Psychiatry*, 20: 280-284
- Carmell, S. and Bernstein, J. H., 2003, Gender differences in physical health and psycho-social wellbeing among four age groups of elderly people in Israel. *Int. J. Aging Hum. Dev.*, 56: 113-31.
- Chen, S. and Short, C., 2008, Dimensions of psychological well-being and personality in military Aircrew : a Preliminary Study. *Indian J. Aerospace Med.*, 51(2): 17-27.
- Jagdish and Srivastava, A. K., 1983, Mental Health Inventory. Manavaigyanik Parikchhan Sansthan. U.H.B.-S2 Sanjay Nagar Colony, Chowkaghat-Varanasi (U.P.).
- Kumar, S. A. and Reddy, K. R., 1993, Problems of retired persons. *J. Man in India*, 73(3): 241-249.
- Nagaratnamma, B. and Vimala, T. D., 2002, Factors contributing to well being and mental health of the aged men and women. *J. Comm. Guid. Res.*, 19(1): 9-14.
- Patil, P. B., 2000, The Psycho-social scenario of the aged. *Ph.D. Thesis*, Univ. Agric. Sci., Dharwad. India
- Ramachandran, V., Menon, M. S. and Ramamurthy, B., 1981, Family structure and mental illness in old age. *Indian J. Psy.*, 23(1): 21-26.
- Ramachandran R, Radhika R., 2006. Problems of elderly women in India and Japan. *Indian J Gerontology*, 20: 219-234.
- Revicki, L. L., Lobben, J. and Seman, T. E., 1990, Strain, social support and mental health in rural elderly. *J. Aging and Health*, 18(6): 814-836.
- Tungdim, M. G., Kapoor, S., Kapoor, A. K., 2002, Morphophysiological changes amongst high attitude aged. *Indian J Gerontology*, 16: 329-343.
- Taqui, A. M., Itrat, A., Qidwai, W. and Qadri, Z., 2007, Depression in the elderly: Does family system play a role? A cross sectional study. *BMC Psychiatry*, 57(7): 1471-1483.
- Vishal, F. M., Waddell, E. L. and Jacobs-Lawson, J. M., 2010, Predicting positive well-being in older men and women. *Intl. J. Aging Hum. Dev.*, 70: 187-197.