

Social Support and Mental Health of the Elderly in South India



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Overview

- Introduction
- Objectives
- Data and methods
- Results
- Implications

Older people in India

- Supporting, loving and respecting the elderly is traditionally rooted in the family and society
- Elderly, in turn, take care of grand and great grand children
- Consulted for making crucial decisions
- In some communities, head of big extended family

Older people in India

- Isolation & feeling of loneliness and hopelessness are the significant agonizing problems of elderly
- Older adults with limited social support were 3.6 times more likely to die within next five years than those with extensive support
- Elderly are the victims of poor mental health - important cause for morbidity and mortality among elderly

- To study the
 - social support received by elderly
 - mental health concerns of the elderly
 - association between key variables

- Pilot cross sectional study in Udupi Dist, Karnataka
- Convenience sampling used
- Sample Size – 100 elderly
 - 50 in communities
 - 50 in old age homes
- Inclusion criteria
 - Those who are able to understand and respond to the interview

- Pre-tested semi-structured interview schedule was used including
 - Multidimensional Scale of Perceived social support (Zimmet, 1988)
 - The possible range for all items is 7-84
 - High Acuity: 69-84
 - Moderate Acuity: 49-68
 - Low Acuity: 12-48
 - General Health Questionnaire (Goldberg, 1978)
 - Range is 0 - 12
 - ≤ 4 – no emotional disorder
 - ≥ 5 – Probable emotional disorder
- Ethical concerns
 - Permissions were obtained from the authorities
 - Consent was obtained

Socio-demographic details

Results

Variables		Participants Community	Participants Old Age Home
Age	Mean Age	70.7 years (SD = 6.33)	75.4 years (SD = 8.82)
Gender	Male (%)	20	48
	Female (%)	80	52
Religion	Hindu (%)	82	8
	Christian (%)	12	84
	Muslim (%)	2	4
	Others (%)	2	0

Socio-demographic details

Results

Variables		Participants Community	Participants Old Age Home
Marital status	Single (%)	4	42
	Married (%)	30	20
	Widowed (%)	60	34
	Separated (%)	2	0
Education status	Illiterate (%)	34	10
	Primary schooling (%)	42	52
	High School (%)	16	22
	Higher Secondary and / or Above (%)	6	12

Living condition

Results

Feeling about present living condition	Participants Community N = 50	Participants Old Age Home N = 48
Very Happy (%)	2	25
Happy (%)	48	58.3
Neutral (%)	4	4.2
Unhappy (%)	42	10.4
Very unhappy (%)	4	2.1

Social support (SS)

Results

Variables	Participants Community	Participants Old- age- home	Total
Perceived social support (Mean)	45.31	40.2	42.73
<i>High acuity (%)</i>	10	6	8
<i>Moderate acuity (%)</i>	24	22	23
<i>Low acuity (%)</i>	56	64	60

Mental health (MH)

Results

Variables	Participants Community	Participants Old- age- home	Total
Mental health status (Mean)	6.00 ¹	4.29 ¹	5.16
<i>No emotional disorder (%)</i>	34 ²	54 ²	44
<i>Emotional disorder (%)</i>	66 ²	36 ²	51

¹ Statistical differences were tested through t- test $p < .05$

² Statistical differences were tested through chi-square-test, $p < .05$

Comparing scores of SS & MH according to selected socio-demographic variables

Variables	Social support (Mean)	Mental health status (Mean)
Sex		
Male	43.50	3.48**
Female	42.30	6.12**
Partner		
Present	41.51	5.29
Absent	46.13	4.8
Religion		
Hindu	43.22	6.00*
Other religions	42.32	4.45*

* t- test $p < .05$

** t- test $p < .001$

Implications

- Social support was found to be low among participants of both groups, however, there is no significant difference
- Low social support was associated with poorer mental health
- However, elderly in old age homes enjoyed better mental health status
- Religious affiliation and gender found to be associated with mental health

Implications

- Policies need to emphasis on enhancing social support for elderly
- More in-depth large scale studies need to be done
- Tailor-made integrated programs need to be developed in
 - Community care model
 - Residential care model
- Empowering / facilitating elderly
 - to develop social networks around them
 - to approach retirement period differently

Limitations

- Not a representative sample
- Difficulty in meeting elderly
- Response bias
- Missing values

Elderly woman....

Mrs Gupta, 65, belonged to an extremely rich family. For fifteen long years she took care of her bedridden husband single handedly. She is mother of 5 well educated and well earning children. Some of them live in the vicinity. They all were willing to contribute monetarily towards her welfare but could/did not provide emotional/moral support that she required the most. She also developed severe mental depression and was treated. To keep herself occupied she had started teaching adolescent girls in the neighbourhood. However, she still feel lonely and neglected.

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Thank you



Best wishes to all from Manipal