A study to assess level of depression among elderly in the view to develop an information booklet in selected of Aurangabad city, Maharashtra

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Abstract
Statement: A study to assess level of depression among elderly in view to develop information booklet in Selected of Aurangabad City, Maharashtra.
Objective: 1.To assesses depression level among the elderly person. 2. To find out the association between study findings with their selected demographic variables. 3. To develop an information booklet regarding management of depression for elderly.
Research methodology: A cross sectional survey approach with descriptive research design was used. 50 elderly residing in selected area of Aurangabad city were selected by using purposive sampling technique. A 15 items Geriatric Depression Scale (GDS) questionnaire was used for data collection.
Results: There was highest percentage 74% of them were in mild level of depression, 26% of them were in moderate level in depression
Conclusion: The study depicted that elderly having mild level of depression. Information book-let play an important role in providing information for others.

Keywords: assess, depression, elderly, and information booklet

Introduction

In the course of the most recent 70 years, future has expanded in India. In 1951, future upon entering the world was 36.7 years and according to the new information of 2012, it is accounted for to be around 67 years. Resultantly, the extent of the old populace in India has ascended from 5.6% in 1961 to 8.5% in 2011, and it will additionally ascend to 9% by 2016. The Indian old populace is at present the second-biggest on the planet. Projections are being made that India will house 300 million older by 2050 and the old will frame 19% of the all-out populace. Age is a significant determinant of emotional wellness. Advanced age is a time of progress when one needs to bargain with actual maturing as well as with the difficulties influencing mental and social prosperity. Because of typical maturing of the cerebrum, disintegrating actual wellbeing, and cerebral pathology, the by and large predominance of mental and conduct issues will in general increment with age. Handicap emerging because of different diseases, dejection, and absence of family support, confined individual self-rule, and monetary reliance are other significant contributing components for the higher commonness of mental and conduct issues. Among the different mental problems, discouragement represents the best weight among the old. Despondency diminishes a person's personal satisfaction and builds reliance on others. On the off chance that downturn is left untreated; it can have critical clinical and social ramifications in the existences of the older. Early acknowledgment, determination, and inception of treatment for discouragement in more established individuals present freedoms for improving their personal satisfaction, forestalling enduring or unexpected passing, and keeping up ideal degrees of capacity and autonomy. Early analysis and successful therapy of despondency in advanced age can likewise prompt a critical decrease in mortality because of self-destruction and clinical ailments, and medical services costs. In spite of the fact that India is the second-most crowded country on the planet as far as the old populace, there has been small examination on sadness in the older, and none of the survey articles has endeavored to arrange the accessible writing. In this foundation, this audit of the article endeavors to take a gander at the accessible writing emerging from India as for discouragement in the older [1].

Despondency is less common among more established grown-ups than among more youthful grown-ups however can have genuine outcomes. Over portion of cases address the principal beginning in later life. Despite the fact that self-destruction rates in the old are declining, they are as yet higher than in more youthful grown-ups and all the more firmly connected with discouragement. Discouraged more seasoned grown-ups are less inclined to embrace full of feeling manifestations and bound to show psychological changes, substantial side effects, and loss of interest than are more youthful grown-ups. Hazard factors prompting the improvement of late-life gloom probably include complex connections among hereditary weaknesses, intellectual diathesis, age-related neurological changes, and distressing occasions. A sleeping disorder is a frequently neglected danger factor for late-life despondency. We recommend that a typical pathway to wretchedness in more seasoned grown-ups, paying little mind to which inclining chances are generally noticeable, perhaps abridgment of day by day exercises. Going with self-basic reasoning may compound and keep a discouraged state. Balancing the expanding predominance of certain danger factors in late life are age-related expansions in mental strength. Other defensive variables incorporate advanced education and financial status, commitment in esteemed exercises, and strict or

otherworldly inclusion. Medicines including conduct treatment, psychological social treatment, intellectual biblio-therapy, critical thinking treatment, brief psychodynamic treatment, and life audit/memory treatment are compelling yet excessively inconsistently utilized with more established grown-ups. Preventive mediations incorporating instruction for people with constant sickness, conduct actuation, intellectual rebuilding, critical thinking abilities preparing, bunch backing, and life audit have likewise gotten support [2].

Review of Literature
The extensive review of the literature has been done and arranged in the following headings,
▪ Literature review related to depression
▪ Literature review related to intervention to depression
▪ Literature review related to depression in elderly

Research Methodology
Research Approach
Cross Sectional Survey Approach.

Research Design
Non Experimental Descriptive study design

Setting of the study
Study was conducted in selected areas of Aurangabad city.

Sample Size
50 elderly as per inclusion criteria

Sampling Technique
Non probability purposive sampling technique was used.

Setting
Selected Community area of Shivajinagar, Aurangabad.

Inclusion Criteria
1. Participants aged 60 years and above.
2. Willing to participate in the study

3. Who are permanent residents of Aurangabad city?
4. Both gender i.e. male and female

Exclusion Criteria
1. Those who are not willing to participate in a study.
2. Those who are not able to read and write Marathi and English.
3. Elderly person with mental illness

Tool and technique
Structured questionnaires were used for data collection. The questionnaires comprises of two sections.
Sections-A = deals with demographic data of participants
Section-B = comprises of a scale known as Short Geriatric Depression Scale – 15, created by Yegavage *et al*, which has been tested and used extensively to measure depression among the elderly. It is a shortquestionnaire that consists of 15 questions. Scores of more than 5 indicate mild depression, and scores of more than 5 are considered to be moderate and score more than 10 indicates severe depression. The scale was translated into Marathi language for data collection.

Validity
The content validity of structured questionnaire was found by submitting the tool to the experts in the field of Psychiatry (Psychiatrist, Psychologist and Mental health nursing).

Pilot study
It was conducted on 10 elderly in the selected area of Rajnagar, Aurangabad.

Reliability
It was established by Karl Pearson's Correlation coefficient. The reliability of tool was calculated and it was 0.76.

Findings of the Study
Section A

Table 1: Demographic data analyzed using frequency and percentage

Demographic Variables		Frequency	Percentage
Age	a)65-69 years	34	68%
	b)70 -74 years	11	22%
	c)75-80 years	4	8%
	d)80 More than	1	2%
Gender	a)Male	24	48%
	b)Female	26	52%
Education	a)Literate	43	86%
	b)illiterate	07	14%
Occupation	a)job/occupation	04	08%
	b)None	46	92%
Marital status	a)Married	49	98%
	b)Unmarried	01	02%
	c)Divorced	-	-
	d) Separate	-	-
Religion	a)Hindu	37	74%
	b)Muslim	-	-
	c)christen	-	-
	d)other	13	26%
Family monthly income	a) Less than 10000/.	33	66%
	b)10000-15000	12	24%
	c) 15000-20000	04	08%
	d) More than 20000	01	02%

Types of family	a)Joint family	44	88%
	b)Nuclear family	06	12%
Number of child in family	a)1	15	30%
	b)2	16	32%
	c)3 and more	17	34%
	d) none	02	04%
Number of family members	a)2	06	12%
	b)3	03	06%
	c)4	03	06%
	d)5 or more	38	76%

Section B   among elderly.
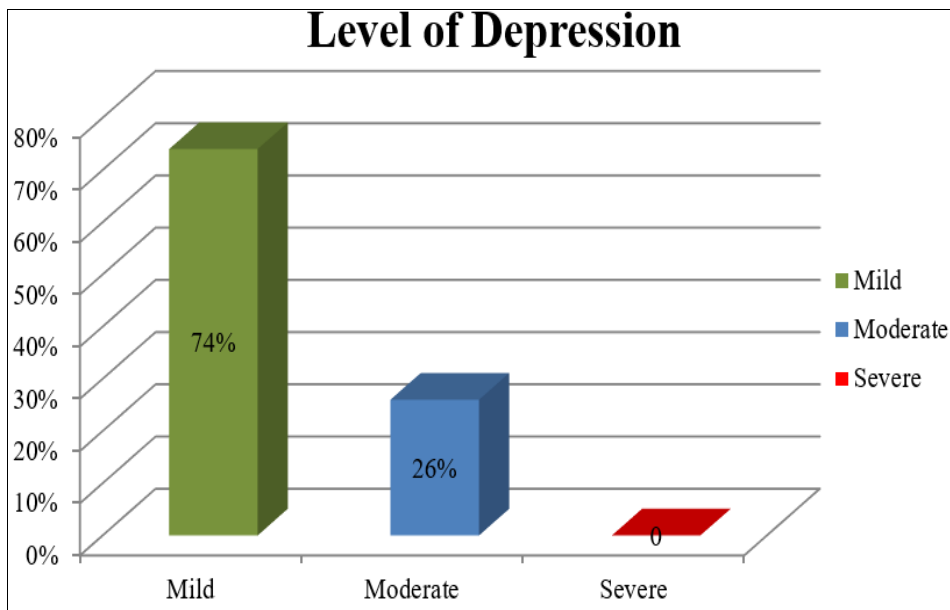**Deals with analysisof data related to levelof depression**

Fig 1: Calculation of sample according to level of Depression

Above graph shows that there was highest percentage 74% of them were in mild level of depression, 26% of them were in moderate level in depression and there were no any sample in severe level of depression.

Table 2: Association of knowledge regarding problems of Assess the level ofdepression among the elderly person in selected areas at Aurangabad. N=50

Demographic Variables		Mild	Moderate	severe	Chi-Square Value	P-Value
Age	a)65-69 years	28	06	-	53.52	7.82
	b)70 -74 years	09	02	-		
	c)75-80 years	04	00	-		
	d)80 More than	01	-	-		
Gender	a)Male	22	02	-	50	3.84
	b)Female	19	07	-		
Education	a)Literate	36	07	-	25.92	3.84
	b)illiterate	05	03	-		
occupation	a)job/occupation	04	-	-	35.28	3.84
	b)None	37	09	-		
Marital status	a)Married	42	07	-	42.16	7.82
	b)Unmarried	01	-	-		
	c)Divorced	-	-	-		
	d) Separate	00	00	-		
Religion	a)Hindu	37	06	-	73.04	7.82
	b)Muslim	-	00	-		
	c)christen	-	00	-		
	d)other	10	03	-		
Family monthly income	a) Less than 10000/.	24	09	-	50	7.82
	b)10000-15000	12	-	-		
	c) 15000-20000	03	01	-		
	d) More than 20000	01	-	-		
Types of family	a)Joint family	35	09	-	28.88	3.84
	b)Nuclear family	05	01	-		

Number of child in family	a)1	13	02	-	10.94	7.82
	b)2	15	01	-		
	c)3 and more	11	06	-		
	d) none	02	-	-		
Number of family members	a)2	05	01	-	70.04	7.82
	b)3	01	02	-		
	c)4	03	-	-		
	d)5 or more	31	07	-		

Table 2 depicts that there was significant association between depressionall demographical variables 5% level of significance.

Implications
1. **Nursing Education:** Nursing educators can educate nurses about screening techniques of depression.

2. **Nursing Service:** Nurse can implement different screening tools to identify depression among elderly in community area or in the hospital set up.

3. **Nursing Administration:** Nurse Administrators can arrange camps for elderly population, where screening for depression can be undertaken to find out prevalence, causes and for preventive measures

4. **Nursing Research:** Nurse Researchers can undertake more extensive studies based on the findings and methodology of this study, to identify carouses and to provide intervention to reduce and prevent depression

5. **Mental health Nursing:** Mental health nursing based on the study of findings we can find out the level of depression and common precipitating factors for causation of depression, it will be effective for them to manage their related problems.

Recommendation
On the basis of the findings of the study following recommendations have been made for further study
1. The same study can be conduct for a longer period to get more reliable result.
2. The qualitative study can be conduct to assess level of depression among elderly.
3. The study can be done in various settings e.g. Work places, old age homes, community area etc.

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