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Depression and Life Style in Indian Ageing Women

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Demographic shift toward elder women population need to focus attention on their physical, social and emotional well-being. The ageing women experience a range of changes, physical as well as psychological and this period is known as the period of serious crises. The present study examined the predictors of depression among ageing women (n = 400). The results showed that the level of economic status followed by education and social support are the prime factors contributing depression in aged women. Findings also suggest that the change in life style and spiritual health are the means to achieve holistic health.

Keywords: Ageing, Depression and Life style.

The ageing of population is a worldwide phenomena, a consequence of lengthening life expectancy and decreasing fertility. Ageing implies a greater increment in the number of elderly women, 55 % of the world's elderly are women. The United Nations (1988) projects, that the ageing population will move forward in the decades to come, WHO reports (2002). The demographic shift toward elder women population, need to focus attention on their physical and psychosocial well-being. Though, the forecast for ageing population is that, more than ever before, aged adults will be physically, cognitively, psychologically and socially healthy. Rowe and Kohn (1998) proposed three components of successful ageing; (a) avoiding disease, (b) engagement with life, and (c) maintaining high cognitive and physical function.

Indian society is moving towards industrialized urban society where changes are causing adverse effects on psychological well–being of aged women. Women are twice as likely as men to experience a major depressive episode. Shyam and Yadav (2004) concluded that males score higher on general well–being than females. Depression may occur at any age during a women's life irrespective of educational, economic and ethnic groups and the consequences can include an increased risk of suicide, morbidity, medical illness and risk for poor self-care. Indian studies showed that middle aged women reported more psychological distress, more medical problems, lower morale and more negative effect than men Shirolkar and Prakash (1995), and Rashmi and Prakash (1996). Yet they are not sick in the psychiatric sense of the term.

Indian studies evidenced that Institutionalized aged are more depressed. Though Sharma, Sharma, and Sharma (2002) reported that non-institutionalized are more depressed. However, Andelman and Autonucci (1993) concluded that housewives are more depressed and have less life satisfaction as compared to retired (working) counterparts. The studies conducted by NIMHANS found that one in every 15 adult Indians, suffer from depressive illness and as much as 40 % of the population is likely to cross the line of clinical depression. A report released by the WHO (2002) states that depression threatens to be the world's most common illness by the end of the century especially in women. The reason seems to be, increasing stress levels, demands of work place, mechanization of life and nuclear

families along with disillusionment with the old world values and systems that makes a person a soft target for depression. The change in the family patterns and the variation in social and economic status between generations are additional reasons of stress Chadha and Bhatia (2005) conclude that old people in the affluent society suffer from isolation because they cannot look to their grown up children for the psychological support. The modern non-working woman seems to have created a cocoon around them in a society where everyone is racing to out do the other. It is been observed that higher rates of depression in women is not due to greater vulnerability but due to the particular stresses that many women face. These stresses faced by many women, include major responsibilities at home and work, caring for children and looking after ageing parents.

Ageing is a part of life, as age advances women are prone to all types of hormonal disorders. Women's reproductive cycle and post menopause bring fluctuations in mood that include depression. These events may lead to depression by fostering low self-esteem, a sense of helplessness, self-blame, social isolation and low morale. Depressive illness makes them feel exhausted, worthless, helpless and hopeless and some times develop the feelings to give up. Chanana (2001) has observed that women often suppress their need of autonomy neglect their health and fail to equip with skills, competence and self-confidence. Life style factors have a greater psychological impact than genetics, which increase longevity, delay illness and improve the quality of life. Jamuna and Rammurthy (1987), Jaiprakash and Murthy (1997) considered health status, education, life style, family relationship and social class, as some of the major affecting factors in the lives of women. Dhillon and Singh (2004) found predictors of women health are adjustment followed by social support, leisure activities and stress experienced in life. Thus one of the best steps is to conserve energy, maintain health and preserve a high quality of life to get moving and remain productive. The society should foster a social environment that champions respect and care for the old.

Against this backdrop the study examined the predictors of depression among aged women from different life style, economic status and educational level. The focus of the study was to explore life style patterns and their relationship with depression.

Method

Sample:

The sample included 400 non-working married aged women (55–65 years) residing in various locations of Meerut City. The educational level of 85 % of women from the sample was graduate belonging to lower middle and middle class background.

Measures:

Beck Depression Inventory BD – II (Beck, 1979): Self-report Questionnaire intend to assess the severity of current depressive symptomatology. It requires minimal time and no special training to administer. Respondent has to rate symptoms on a four points scale.

Life Style Inventory: In psycho-graphic researches, the personality concept was replaced with the concept of 'Life Style' (introduced by Lazer, 1963). Today life style is usually defined as the patterns in which people live and spend their time and money and patterns of action that differentiate people (Kayank & Kara, 2000). This inventory was developed by Mathur (2006). It has 107 items, having alternate responses yes and no. The life style pertains to Nutrition (diet), Family relationship, Physical fitness, Stress coping activities, Social support, Eco status, Education level. The split half reliability was

r=.80, validity was.70

Procedure:

In qualitative phase of the study, a sub sample of 20 women was interviewed, to explore in depth information along with a few predetermined probes. The same group is still undergoing intervention program. In quantitative phase measures to assess depression was administered on 900 aged women and 400 cases were screened out for further study. After a gap of one week, selected sample of aged women were interviewed on life style.

Results and Discussion

Table 1 indicates that poor lifestyle patterns i.e. nutritional status, economic status and educational level are significantly negatively related with depression ($p<0.01$). Similarly physical fitness, family relationship, social support, stress coping exercises are also negatively related with depression ($p<0.05$).

Table 1: Correlation of Life style dimensions with Depression in Aged Women (N = 400)

Measures	r value
Life style	
Nutritional level	-.4129**
Family relationship	-.3729*
Social relationship	-.221*
Physical fitness	-.388*
Stress reduction exercises	-.3074*
Educational level	-.5165**
Economic status	-.6188**
Life style	-.4453**

** $p<0.01$; *$p<0.05$

Table 2: Predictors of Depression in Aged Women

Predictors R	R^2	Adjusted R^2	Beta Coefficient
Economic status .618	.382	.381	.929
Social relationship .632	.399	.396	.3215

An increase of 1.7 % of total variance was noted when social support was entered out of seven independent variables, only two of the variables contributed and obtained a significant predictive value.

Table 3 shows that aged women having poor life style showed higher trend of mild and moderate depression. Where as good life style of aged women scored minimal depression than their counterparts.

Table 3: Percentage distribution of Aged Women on measures of Depression and Life Style

Variables	Depression				
Life style	Minimal	Mild	Moderate	Severe	Total
Poor	4.1	26.5	28.6	40.8*	100
	(2)	(13)	(14)	(20)	(49)
Average	17.9	35.9*	27.9*	18.3	100
	(52)	(104)	(81)	(53)	(290)
Good	60.6*	23.0	13.3	3.3	100
	(37)	(14)	(8)	(2)	(61)
Total	22.8	32.7*	25.8	18.7	100
	(91)	(131)	(103)	(75)	(400)

$x^2 = 77.234^{**}$ df = 6

The table value of x^2 at 0.05 level is 12.592 and at 0.01, it is 16.812. But the computed x^2 value is 77.234, which is quite higher than the x^2 table value. Hence null hypothesis is rejected and accepting

directional hypothesis that life style positively affects the level of depression in ageing women.

The results show significant contribution of poor economic status on depression in aged women. This may be due to the fact that higher economic status aged women avail more and better resources and means to maintain life style and participate in more healthy and leisurely activities which influence their well being. Women in middle economic group spend more of their time in household activities. Bhatia (2002) reported that the middle economic class women poorly adjust as they are conscious of their identity and sometimes lose importance in the family. They fail to reconcile and try to maintain their image in the family by participating in rearing next generation.

In sum, females are the worst sufferers due to lack of education and less stable economic base. Apart from economic constraints in patriarchal society, the marital bond and stability of the family relationship is on the shoulders of women in the family. World Bank (1991) survey revealed that women head about 35 % of the households in India below poverty line. Indicating an added responsibility of running the household. Women need to be assimilated in the mainstream by educating them, equipping with skills and encouraging them to become economically independent. An independent financial status contributes to mental satisfaction otherwise unconsciously their thoughts undermine the sense of confidence. Researches evidenced that consequences of extreme poverty are harsher for women. Rose (1986), Pandey (2004) concluded that females reported significantly greater helplessness and fatalistic coping. Mental health depends on social harmony, social support, sound family relations and independent financial status. Loneliness is a deadly enemy during old age. As age advances, the cells in the brain start declining gradually resulting in memory loss and other mental disorders, which can be avoided or reduced by active involvement in yoga, recreation and work. Research has shown that senility is six times faster in a person who is isolated and withdrawn from the society. Recent researches have also demonstrated that relationships are more paramount to women's self-concept than men. Women experience more stress due to childcare responsibilities, support or extended family and elders. Social support by the family and society show protection from depression and develop the feeling of worth and a feeling of being wanted (Handerson, 1992). A recent study by Militades (2000) concluded that availability of alternative support system e.g. extended family support or the hired help, did not alienate the feelings of 'loss', 'depression' and 'loneliness' in parents whose children have migrated to U.S.A. To conclude, the present study shows that the women are the worst sufferers due to lack of education, awareness, unstable economic base and poor life style. This puts added burden to bear the responsibility of running household and proving their relational competence.

Implications

Elderly women need to learn skills to know their inner spiritual self and in the company of that spiritual inner being, they will never feel lonely. However scientific evidence of its effect on health and disease is quite recent. In recent years, Transcendental Meditation (TM) and Preksha Meditation (looking within) has been shown to reduce anxiety, insomnia and depression which improves the outlook and performance, as positive moods and feelings contribute to growth, orientation and change in quality of life.

Care should be provided to the aged population in the family, which is the basic mode or basic security umbrella. At the same time elderly should prepare themselves to

cope up with the fast changing society and take initiative to get involved in community services. N.G.O.'s should ensure that the elderly be as useful and productive as possible. Attitude of the young towards the old need to be changed.

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