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REVIEW ARTICLE

A COMPARATIVE STUDY TO ASSESS THE LEVEL OF DEPRESSION AMONG ELDERLY RESIDING AT OLD AGE HOME AND WITHIN FAMILY IN SELECTED AREAS OF VIZIANAGARAM, ANDHRA PRADESH WITH A VIEW TO DEVELOP INFORMATIONAL BOOKLET

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ABSTRACT

Aging is a normal, universal and in evitable change which takes place even with the best of nutrition and health care. It is a time related change that occurs throughout life. The aging process occurs in every living species, as also in human beings by graying of hair, wrinkling of skin, hardening of articles, aches & pains in joints and weakening of eye sight, The way the older adults against to the changes of ageing depends on the individual. For some individuals adaption & adjustment are selectively easy, Where as for other individuals coping with aging changes may requires the assistance of family, friends & health care professionals. **Objectives:**1.To assess the level of depression among the elderly residing at old age home and within family.2.To compare the level of depression among elderly residing at old age home and within family.3.To associate the level of depression among the elderly residing at old age home and within family with their selected demographic variables. **Methodology of the study:** A Comparative design was used to assess the level of depression among old age home and within family. A total of 60(30 elderly residing in old age home and 30 family) were selected by Non probability sampling technique. Tool used for conducting study was yesavage Geriatric depression scale (1983) to assess the level of depression data were analyzed with the help of descriptive & inferential statistics. **Result:** The major findings of the study revealed 73.3% elderly living with old age home having mild depression 3.3% were having severe depression 23.3%were having normal depression where as in living within family 50% were having mild depression 26.6% were having normal depression 23.3& were having severe depression. The association of socio-demographic variables with level of depression among elderly living with old age home and family were determined by using chi square test which revealed that among revealed that among elderly living with old age home was a statistically significant association exists between are you getting old age pension at 0.01 level and hobbies at 0.05 level. Among elderly living within family was a statistically significant association exists between age are you getting old age pension at 0.05 level. H1 is rejected and h2 is partially accepted. **Conclusion:** Evidence from this investigations revealed that, a majority of elderly were having mild depression both in elderly residing at old age home and within family.

INTRODUCTION

Aging is a normal, universal and in evitable change which takes place even with the best of nutrition and health care. It is a time related change that occurs throughout life (Lessy, 1988). The aging process occurs in every living species, as also in human beings by greying of hair, wrinkling of skin, hardening of articles, aches & pains in joints and weakening of eye sight, The way the older adults against to the changes of ageing depends on the individual. For some individuals adaption & adjustment are selectively easy, Where as for other individuals coping with aging changes may requires the assistance of family, friends & health care professionals (Lessy, 1988). Who report on aging and health reported that in developed countries approximately 1 to 3% of people aged over 65 suffer from severe depression with further 10-15% suffering meddler form of depression (World health organization, 2014). As age advances, psychological, physiology & sociology changes can occur which is typically characterized by social withdrawal,

anxiety, depression, agitation, aggressive behaviour, pain or somatic symptoms, eating disorders, cognitive or functional impairments (World health organization, 2014). Geriatric depression is a major health hazard with devastating outcomes. According to Kaplan and shaddock 15 to 20% of old population may experience depression. Depression in old age is quite complex and it is much difficulty in diagnosis due to medical illness, arriving at an accurate diagnosis requires clinical to differentiate between depression and after match of stroke, other types of brain injuries and illness. The changes in brain that underline depression remain elusive and researches continue to grapple with clues to find its biological underpinnings and causes (Shah, 2002). Depression in old age creates many problems in carrying out activities of daily living. In other words, there is on increased dependency on others and health care systems. They have also viewed that depression in later life has serious consequences including increased health cost, distress on care givers amplified disabilities and increased morbidity and suicide loss of a spouse takes a heavy toll on

health and is one of the primary causes of depression. Being left alone often prevents many older persons from enjoying life use of multiple medicines, retirements, financial crisis, fear of death, bereavement etc...worsens the situation is the fourth most common illness, can lead to physical, emotional, social and economic problems. The prevalence rate of depression varies worldwide and their prevalence rates range between 10% and 55%. A study shows the depression ranges from 34.6% to 77.5% in old age home. Depression in late life is associated with significant morbidity, including deficits in a range of cognitive functions and considerable influences on functional impairment, disability, decreased quality of life, and has a negative effect on the body's recovery from illness, increasing the rate of suicide, increases use of health care services and expenses and can result in early death and disturbance in general state of wellness (Park, 2013). Depressive symptoms are associated with greater impairment and decreased quality of life among patients with coexisting chronic illnesses, such as emphysema, cancer, and diabetes. When depression coexists with other medical conditions. The resulting disability appears to be additive unfortunately, depression is particularly problematic in developing countries, where data on the prevalence and scope of the disease as well as the resources to address it are sorely lacking. Cost – effective interventions are available, but do not often reach those who need them because of a number of overwhelming challenges in low resources settings –lack of facilities and trained mental health personnel, questions about effective populations –based screening, and the general stigma surroundings mental disorders.

Need For The Study: In India depression is believed to be the commonest psychiatric illness among psycho geriatric population in contrast to western countries where dementia is the commonest diagnosis. Depression is under diagnosed among the elderly both because of a lack of expertise among health practitioners and due to the mistaken belief that the symptoms of depression are a normal part of aging (World health organization, 2014). Besides physical health older people are often victims of mental problems brought about by the fear of death and feelings of dependency, anxiety, boredom, loneliness and helplessness (World health organization, 2014). All these significantly contribute to emotional problems in old age. The other risk factors are loss of fortune, fall in self esteem, sense of helplessness, poor education, substandard health, social and gender discrimination, financial debt and status as a widowed person and fear of being victimized (World health organization, 2014). According to WHO Report (1999), aging can become manifest, not only physically, but also mentally at almost any period of life. The care of the elderly people needs special emphasis because of their frailty and vulnerability. In India we do not have special areas or setting to take care of the old. Due to rapid urbanization and growing number of nuclear families, more aged feel neglected in their families. Need for old age home as increasing as the youth of today does not have time to spend with the old age people (World health organization, 2014). In the consensus development conference arranged by the National Institute of Mental Health, it was started that no further research is needed to document the under detection of depression, rather, efforts should be directed towards improving the detection of depression (World health organization, 2014). The investigator has personally witnessed many of the elderly suffering from various psychological disturbances.

They are the common victims or prey for depression. Hence the investigator has selected this study on her own interest, initiative and investigator consideration towards elderly (World health organization, 2014). The rationale for the study was based on the identifying the level of depression among elderly. In order to reduce and prevent the depression effects to old age (World health organization, 2014).

Statement of the problem: A Comparative study to assess the level of depression among elderly residing at old age home and within family in selected areas of Vizianagaram, Andhra Pradesh with a view to develop informational booklet.

Objectives

- To assess the level of depression among the elderly residing at old age home and within family.
- To compare the level of depression among elderly residing at old age home and within family.
- To associate the level of depression among the elderly residing at old age home and within family with their selected demographic variables.

Operational definitions:

Assess: It refers to a statistical measurement of level of depression among elderly by using Geriatric Depression Scale.

Depression: It is defined as a feeling of sadness as manifested by hopelessness, Worthlessness unable to sleep, suicidal ideas / wishes/ intent etc... which are experienced and verbalized by the patient.

Elderly: A Part of population comprising of people whose age is 60 years above irrespective of sex.

Oldage Home: It refers to an organization where elderly are residing to meet their basic needs of physical, psychological and social comfort.

Family: A Group of people related in heredity or marriage and the living in the some household who were emotionally attached and interact regularly with elderly.

Research Hypothesis

H1: There would be a significant difference in the level of depression among elderly residing at old age home and with families.

H2: There would be a significant association with level of depression among elderly residing at old age home and with families their selected demographic variables.

Assumptions

- Old age people may be at risk for depression.
- The environmental factors may play a major role in determining psychological well being of old age people.
- The environmental factors may enhance positive or negative mental health among elderly people.

Delimitations

The study is delimited to

- The period of 4 weeks
- Selected setting at Vizianagaram

Projected Outcomes: The study was conducted to assess the level of depression among elderly residing at oldage home and with families in a selected settings at Vizianagaram, with a view to develop informational booklet.

Review of Literature

The chapter contains one part

Part-1: Reviews related to level of depression among elderly residing at oldage home and within family.

Part-2: Comprises conceptual framework of the study.

PART-1

Reviews related to level of depression among elderly residing at oldage home and within family

ShwetaMaktha, M. Vijay Kumar (2015): An institution based cross sectional study was used to assess the level of depression among elderly residing in an old age home in Hyderabad, Telangana. A sample of 80 elderly clients were interviewed using a pre designed pre tested Questionnaire. Assessment of depression was done by using Beck's Depression Inventory. The result revealed that mean age of the respondents was 67.4+4-7 years with majority in 66-70 years age group (61%) and 55% were males. Mean depression score was 21.64 Maximum of elderly clients 39(48%) had moderate depression and 23 (29%) had mild mood disturbance. Prevalence of depression was significantly associated with increased "age; in females; and with duration of stay in old age home (Maktha, 2015).

MohdWasim Mughal, Dr. NishiFatma (2015): A study was conducted to assess psychological well being and depression among inhabitants of old age homes of Jaipur,Rajasthan.The data collected from A sample of 60 elderly people(30 males and 30 females) of 60 years of age and above were selected to collect the data. Descriptive survey method was employed to collect data with the help of two selected questionnaires,i.e, Beck's Depression Inventory and Ruff's Psychological Well Being Scale Result reveals that a significant difference in depression and psychological well being with respect to both elderly males and females while correlation between depression and psychological well being among elderly males and females.reveals that there is positive correlation among elderly males and a negative correlation among elderly females (Mohdwasimmughal, 2015).

Farah Qadir,SabahatHaqqani (2014): A pilot study was conducted to assess depression among older people in Rawalpindi, Pakistan. The data were collected from 141 respondents 108 were community residents (m=57 and f=51) and 33 were living in the care homes (m=29 and f=4). Prevalence of depression was assessed by Geriatric Depression Scale The centre of epidemiologicalthe studies Depression scale (CES-D) social support list of interaction (SSLE-12) and Mini Mental States Examination (MMSE). Result revealed that the prevalence of depression in the community elderly was 31.5 percent and 42.6 percent based on GDS and CES-D scores respectively.

Although the overall results of the study indicate a high prevalence of depression among elderly in both groups, people

living in CHs are at an increased risk of depression compared to their counterparts (Farah Qadir, 2014).

Conceptual frame work: The conceptual frame work for the present study was adopted from 'general system theory by Ludwig Von Bertalanffy (1968). General system theory explains that, systems of inter-related elements in the abstract system are the human being and their environment. As a living system and energy field the individual is capable of taking in energy and information from the environment. Because of their exchange the individual is an open system, an undying assumption and a building block. All living systems are an open system, which means that the exchange energy, matter and information across these boundaries with the environment for survival of a system must achieve balance internally and externally. According to general system theory, 'silence of wholeness and its purposes is to unite scientific thinking across the discipline and which provide framework for analyzing the whole of any system.' The system has a specific purpose of goal and uses a process to achieve that goal. A system activity can be resolved into an aggregation of feed back circuits such as:

- Input
- Throughout
- Output

Input: Refers to any form of information, energy and material that enters into a system though its boundaries. All systems must receive varying type and amount of information from the environment. The system uses the input to maintain its homeostatic. In this study, input refers to the demographic variables like age, gender, religion, educational status, marital status, no. Of children, type of family, previous place of residence/locality of house, hobbies, occupation, are you getting oldage pension, financial support.

Throughout: Throughout is the process that occurs between input and output and process which enables the input to be transferred as output in such a way that it can be readily used by the system. In the study, through put refers to the assessment and comparison of level of depression among elderly residing at oldage home and within family.

Output:Output refers to energy, information or material that is transformed to the environment. Output of this study refers to the level of depression among elderly residing at oldage home and within family. Which is classified has:

Favourable outcome: Normal level of depression.

Unfavourable outcome: Mild and severe level of depression.

METHODOLOGY

The present study aimed to assess and compare the level of depression among elderly residing at oldage home and with families in aselected settings at Vizianagaram. An appropriate design had been selected to conduct the study.

Research approach: Research approach used in the study was by quantitative research approach method.

Research design: The research design for the present study is comparative research design.

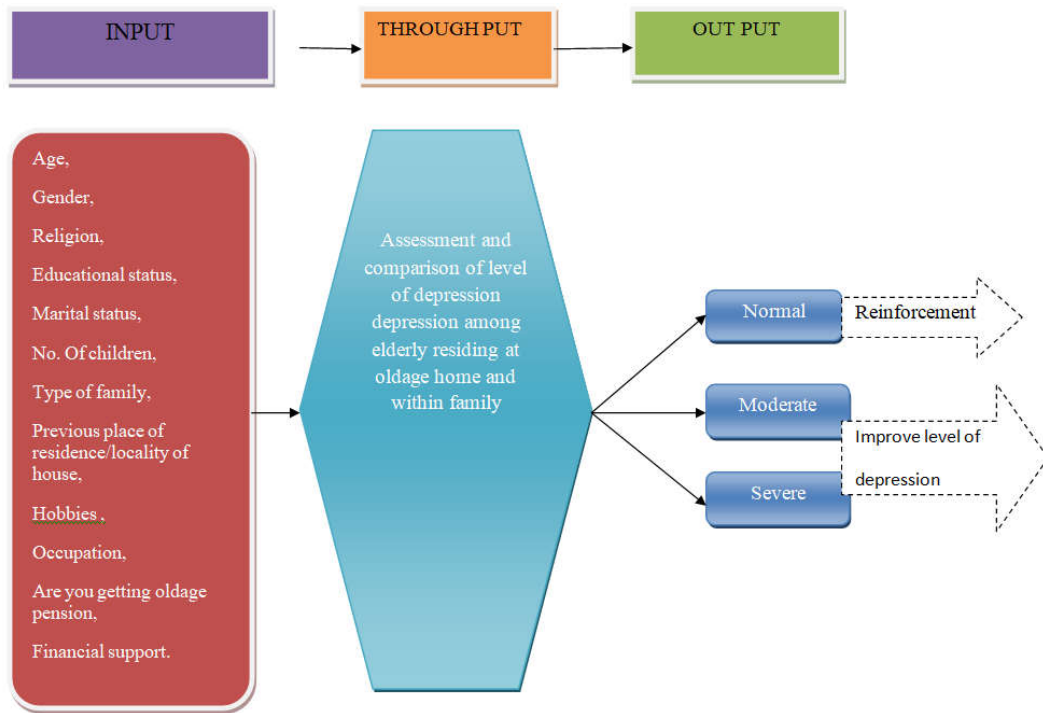


Fig.1. Modified conceptual frame work based on ludwig von bertalanffy’s general system theory (2014)

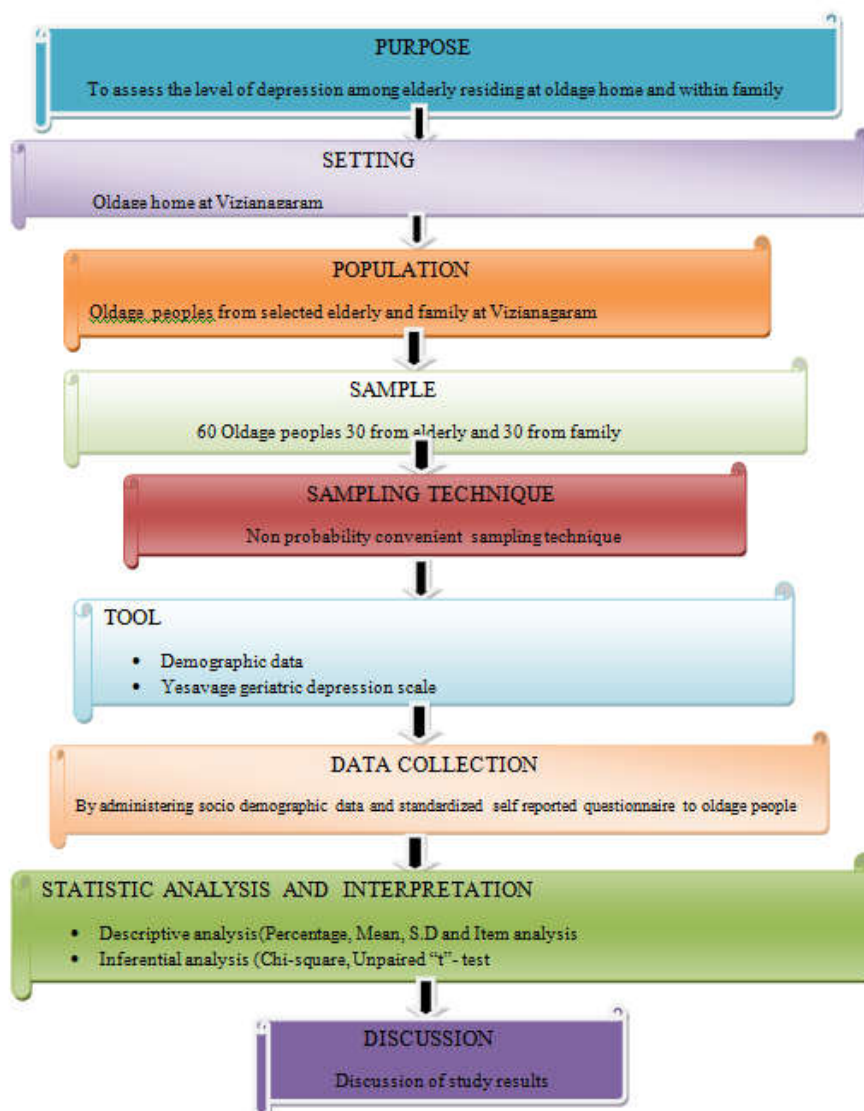


Fig. No 2. Schematic representation of research design

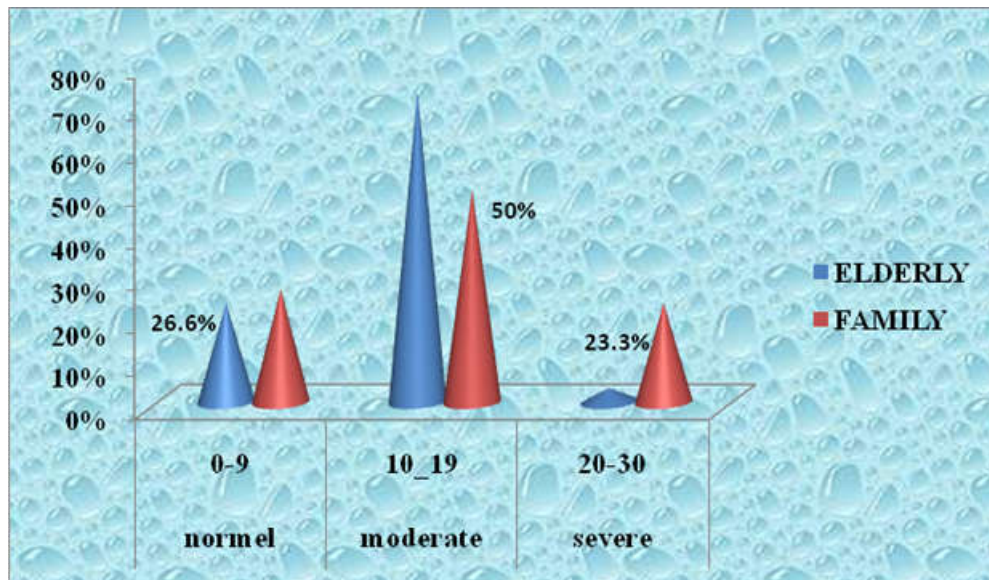
Table-1. Frequency & percentage distribution of demographic variables among elderly residing at oldage home and within family

N=30 (Elderly), n=30(Family)

S.N O	DEMOGRAPHIC VARIABLES	ELDERLY		FAMILY	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1	Age in years				
	60-69	6	20%	9	30%
	70-79	18	60%	16	53.3%
	80-89	6	20%	5	16.6%
2	Age in years				
	Male	8	26.6%	11	36.6%
	Female	22	73.3%	9	63.3%
3	Religion				
	Hindu	22	73.3%	12	40%
	Muslim	7	23.3%	14	46.6%
	Christian	1	3.3%	4	13.3%
	Others	0	0%	0	0%
4	Educational qualification				
	Illiterate	26	86.6%	23	76.6%
	Primary education	3	10%	2	6.6%
	Secondary education	1	3.3%	5	16.6%
	Collegiate education	0	0%	0	0%
5	Marital status				
	Unmarried	4	13.3%	2	6.6%
	Married	25	83.3%	23	76.6%
	Widow/widower	1	3.3%	5	16.6%
	Divorce/separated	0	0%	0	0%
6	Type of family				
	Nuclear	17	56.6%	11	36.6%
	Joint	3	43.0%	17	56.6%
	Extended family	0	0%	2	6.6%
7	No. Of children				
	None	8	26.6%	1	3.3%
	One	7	23.3%	12	40%
	Two	11	36.6%	3	43.3%
	Three (or) more	4	13.3%	4	13.3%
8	Previous place of residence/locality of House				
	Urban	14	46.6%	21	70%
	Semi urban	4	13.3%	4	13.3%
	Rural	12	40%	5	16.6%
9	Hobbies				
	Watching TV	17	56.6%	14	46.6%
	Reading books	3	10%	5	16.6%
	Gardening	5	16.6%	7	23.3%
	Any other	5	16.6%	4	13.3%
10	Occupation before coming to oldage home /occupation				
	Govt employee	6	20%	0	0%
	Private employee	2	6.6%	3	10%
	Business	4	13.3%	6	20%
	Any other	18	60%	21	70%
11	Are you getting oldage pension				
	Yes	19	63.3%	11	36.6%
	No	11	36.6%	19	63.3%
12	Financial support				
	Self				
	Wife/husband	4	13.3%	3	10%
	Children	0	0%	2	6.6%
	Widow pension/ Old age pension	16	53.3%	16	53.3%
	Other sources	10	33.3%	9	30%
		0	0%	0	0%

Table 2 Frequency & percentage distribution of level of depression among elderly residing at oldage home and within family

S.N O	LEVEL OF DEPRESSION	CATEGORY	OLDAGE HOME		FAMILY	
			FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1	Normal	0-9	7	23.3 %	8	26.6%
2	Mild	10-19	22	73.3%	15	50%
3	Severe	20-30	1	3.3%	7	23.3%

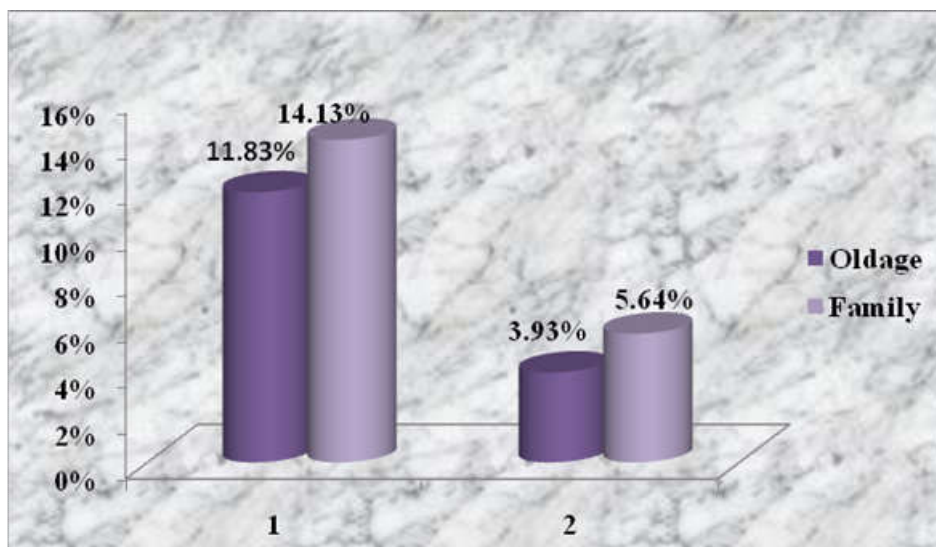


Percentage distribution of level of depression among elderly residing at oldage home and within family

Section-3

Table 3. Frequency distribution of mean, standard deviation and ‘t’ test values of level of depression among elderly residing at oldage home and within family.

S.NO	CATEGORY	MEAN	STANDARD DEVIATION	MEAN DIFFERENCE	‘T’ CAL VALUE	‘T’ TAB VALUE	SIGNIFICANCE
1	Elderly living with oldage home	11.83	3.93	-2.3	0.36	1.83	NS
2	Elderly living with family	14.13	5.64				



Percentage distribution of mean standard deviation for level of depression among elderly residing at oldage home and within family

Variables of the study

Research variable: Level of depression.

Demographic variable: Age, Gender, religion, educational qualification, age at marriage in years, marital status, hobbies, reason for staying in oldage home, financial support, are you getting oldage pension.

Setting of the study: The study conducted at Premasamajam Oldage Home, Vizianagaram. & Kanyaka Parameswara Oldage Home. The setting was chosen on the basis of fearesibility of required sample& co-operation extended by secretary, sheff & elderly who were residing at oldage home & with families.

Population: Above 60 years who were falling under inclusion criteria.

Section IV

Association of demographic variables with level of depression among elderly residing at oldage home and within family

Table 4. Association of demographic variables with level of depression among elderly oldage home

S.No	DEMOGRAPHIC VARIABLES	LEVEL OF DEPRESSION						CHI SQUARE		DF	INFERENCE
		NORMAL		MODERATE		SEVERE		CAL VALUE	TAB VALUE		
		F	%	F	%	F	%			(c-1)X (r-1)	
1	AGE IN YEARS							2.22	9.49	4	NS
	60-69	2	6.66	3	10	0	0				
	70-79	4	13.3	14	46.66	1	3.33				
	80-89	1	3.33	5	16.66	0	0				
2	GENDER							1.85	5.99	2	NS
	Male	1	3.33	7	23.33	0	0				
	Female	6	20	15	50	1	3.33				
3	RELIGION							6.42	12.59	6	NS
	Hindu	6	20	19	63.33	1	3.33				
	Muslim	1	3.33	2	6.66	0	0				
	Christian	0	0	1	3.33	0	0				
	Others	0	0	0	0	0	0				
4	EDUCATIONAL QUALIFICATION							6.73	12.59	6	NS
	Illiterate	3	10	1	3.33	1	3.33				
	Primary Education	4	13.3	3	10	0	0				
	Secondary Education	0	0	1	3.33	0	0				
	Collegiate Education	0	0	0	0	0	0				
5	MARITAL STATUS							2.85	12.59	6	NS
	Unmarried	1	3.33	3	10	0	0				
	Married	6	20	18	60	1	3.33				
	Widow/Widower	0	0	1	3.33	0	0				
	Divorced/ Separated	0	0	0	0	0	0				
6	NO.OF CHILDREN							4.73	12.59	6	NS
	None	1	3.33	7	23.33	0	0				
	One	1	3.33	6	20	0	0				
	Two	3	10	7	23.33	1	3.33				
	Three/ More	2	6.66	2	6.66	0	0				
7	TYPE OF FAMILY							1.95	9.49	4	NS
	Nuclear Family	3	10	0	0	5	16.7				
	Joint Family	4	13.3	1	13.33	9	30				
	Extended Family	0	0	0	0	1	3.33				
8	Previous place of residence/ locality of house							2.05	9.49	4	NS
	Urban	4	13.3	1	3.33	9	30				
	Semi Urban	0	0	0	0	3	10				
	Rural	3	10	0	0	3	10				

Sample: The sample chosen for their study was elderly people above 60 years residing at premasamajamoldage home & elderly living in phoolbaugh, in community.

Sample Size: Sample size comprised of 60 elderly residing at oldage home 30 & elderly residing with family 30.

Sample Technique: The sample technique used for the study was "non probability purposive sampling."

Criteria for Sample Selection

Inclusion criteria

- Elderly whose age is 60 years of above.
- Those who were willing to participate in the study.

- Those who were available during data collection.

Exclusion criteria

- Oldage people who are not able to follow the instructions with hearing disability.
- Oldage people who are participate in pilot study.
- Elderly those who are suffering with severe, mental & physical illness. E.g psychosis, demensia, hearing impairment dumbness.

Development and description of tool: A comparative study to assess the level of depression among elderly residing at oldage home & family in a selected setting at vizianagaram.

9	HOBBIES										
	Watching TV	3	10	1	3.33	8	26.7	12.46	12.59	6	S*
	Reading Books	3	10	0	0	2	6.66				
	Gardens	1	3.33	0	0	2	6.66				
Any Other	0	0	0	0	3	10					
10	OCCUPATION										
	Govt Employee	1	3.33	1	3.33	0	0	6.58	12.59	6	NS
	Private Employee	0	0	0	0	2	6.66				
	Business	1	3.33	0	0	2	6.66				
	Any Other Specify	5	16.7	0	0	11	36.7				
Are you getting oldage pension											
11	Yes	1	3.33	1	3.33	9	30	9.69	9.21	2	S**
	No	6	20	0	0	6	20				
12	FINANCIAL SUPPORT										
	Self	0	0	0	0	2	6.66	9.53	15.51	8	NS
	Wife/ Husband	0	0	0	0	0	0				
	Children	7	23.3	1	3.33	11	36.7				
	Other Sources	0	0	0	0	2	6.66				
	Other Sources	0	0	0	0	0	0				

Table 5. Association of demographic variables with level of depression among elderly oldage home and within family

S.No	Demographic Variables	Level of Depression						Chi Square		df	Inference
		Normal		Moderate		Severe		Cal value	Tab value		
		F	%	F	%	F	%			(c-1)X (r-1)	
1	Age in Years							9.21	9.49	4	S*
	60-69	1	3.33	3	10	5	16.66				
	70-79	6	20	9	30	1	3.33				
	80-89	1	3.33	3	10	1	3.33				
2	Gender							11.97	12.59	6	NS
	Male	2	6.66	8	26.66	1	3.33				
	Female	6	20	7	23.33	6	20				
3	Religion							3.32	12.59	6	NS
	Hindu	6	20	14	46.66	3	10				
	Muslim	1	3.33	1	3.33	0	0				
	Christian	1	3.33	0	0	4	13.33				
4	Educational Qualification							4.12	12.59	6	NS
	Illiterate	3	10	8	3.32	1	3.33				
	Primary Education	4	13.3	5	16.66	0	5				
	Secondary Education	1	13.33	2	6.66	1	3.33				
	Collegiate Education	0	0	0	0	0	0				
5	Marital status							5.75	12.59	6	NS
	Unmarried	0	0	1	3.33	1	3.33				
	Married	8	26.66	11	36.66	4	13.33				
	Widow/Widower	0	0	3	10	2	6.66				
6	No. of children							7.67	9.49	4	NS
	None	2	6.66	2	6.66	0	0				
	One	1	3.33	6	20	3	10				
	Two	4	13.33	7	23.33	2	6.66				
	Three/ More	1	3.33	0	0	2	6.66				
7	Type of family							4.985	9.49	4	NS
	Nuclear Family	14	46.66	3	10	3	10				
	Joint Family	8	26.66	4	13.33	4	13.33				
	Extended Family	0	0	1	3.33	0	0				
8	Previous place of residence/ locality of house							12.23	12.59	6	S*
	Urban	9	30	8	26.66	4	13.33				
	Semi Urban	3	10	0	0	1	3.33				
	Rural	9	30	0	0	2	6.66				
9	Hobbies										
	Watching TV	13	43.33	6	20	0	0	12.23	12.59	6	S*
	Reading Books	0	0	1	3.33	2	6.66				
	Gardens	4	13.33	1	3.33	4	13.33				
	Any Other	5	16.66	0	0	1	3.33				

10	OCCUPATION							6.58	12.59	6	NS
	Govt Employee	4	13.33	0	0	0	0				
	Private Employee	2	6.66	0	0	1	3.33				
	Business	3	10	4	13.33	0	0				
Any Other Specify	13	43.33	4	13.33	6	20					
11	Are you getting oldage pension							8.34	5.99	2	S*
	Yes	17	56.66	8	26.66	2	6.66				
	No	6	16.66	0	0	5	16.66				
12	FINANCIAL SUPPORT							18.185	15.51	8	NS
	Self	4	13.33	0	0	1	3.33				
	Wife/ Husband	0	0	0	0	2	6.66				
	Children	8	10	11	3.33	2	6.66				
	Widow Pension/ Old age Pension	10	3.33	2	0	2	6.66				
	Other Sources	0	0	0	0	0	0				

NS – Not significant ** significant at 0.01 level * significant at 0.05 level.

Section 1-Contains ions questions to collect demographic data.

Section 2-Yesavage geriatric depression scale.

Section-1:

Socio-Demographic Data: Consists of 14 items to ascertain, demographic data with regard to age, gender, religion, educational qualification, occupation, before coming to oldage home, Age at marriage in years, number of children in the family, marital status, hobbies, reason for staying in oldage home, duration of staying in oldage home, financial support, are you getting oldage pension.

Section-2: Yesavage geriatric depression scale(2002): The scale consists of 30 items (which measures the level of depression) out of 20 are positive statement and 10 are negative items. For every statement the responses are divided into 2 categories which are yes/no The total scores on the scale ranges from 0 to 3 The total score were categorized as following.

Scoring key: One point for each of these answers cut off:

Level	Depressive scores
Normal	0-9
Mild depressive	10-19
Severe depressive	20-30

- No 6 yes 11.yes 16. Yes 21.No 26.Yes
- Yes 7.No 12.Yes 17.Yes 22.Yes 27. No
- No 8.Yes 13.Yes18.Yes 23.Yes 28. Yes
- No 9.No 14.Yes19.No 24.Yes 29. No
- NO 10.Yes15.No 20.Yes 25.Yes 30. No

Yesavage JA, Brink TL, Lum O, Huang V, Adey M, Leirer VO: Development and validation of a geriatric depression scale: A preliminary report. J Psychiatry research 1983; 17; 37-49.

Content validity: To ensure the content validity, the tool along with criteria checklist was given to 3 experts. There was 100% aggrement and acceptance for all items. Necessary changes were made in the questionnaire and tool was finalized. Thus the tool was put to test in the pilot study.

Reliability of the tool: Reliability of the research instrument defined as, the extent to which the instrument yields the same results in repeated measures.

It is then concerned with stability, equivalence, and consistency. The reliability of the instrument was established by administering the tool level of depression among oldage home and within family, who were included in the pilot study, and who fulfilled the inclusion criteria. Reliability was established by interview method by using pearson's correlationco-efficient formula. The tool was highly reliable with a score of $r=0.97$.

Pilot study: In order to establish the feasibility of the tool and practicability of the study, a trail run was conducted. Pilot study was conducted from 4-09-2016 to 5-09-2016 to assess the feasibility of the study and to plan for statistical analysis of the data. Formal permission was permission was obtained from manager from oldage home (Srikanyakaparameswaraoldage home) at nellimarla for conducting the study. Six peoples (3 elderly and 3 family) were selected for the pilot study by using non probability sampling technique. Rapport was established with self introduction and brief description of the study, consent was obtained.

procedure for data collection: An official written permission was obtained from the manager of elderly and family to carry out the study, It was decided to take 60 samples (30 from elderly and 30 from family). The period of data collection was 4-10-2016 to 5-10-2016. Data were collected from all members who are available and were willing for participation. The investigator made the members to sit comfortably and introduced herself to each participant and explained the purpose of the study. Consent was obtained and administered the self reported questionnaire to the elderly peoples. Confidentiality was assured to obtain free and frank answers. The respondents were thanked for their co-operation which they extended willingly. Finally the management was also thanked for their co-operation and for giving permission.

Plan for data analysis: It was planned to analyze the data by using descriptive and inferential statistics.

Descriptive statistics were

- Frequency and percentage distribution of demographic variables and level of depression among elderly residing at oldage home and within family.
- Mean and standard deviation were used.
- Item analysis was used to analyze level of depression among elderly residing at oldage home and within family.

Inferential statistics were

- Unpaired 't' test was used to compare the level of depression among elderly residing at oldage home and within family selected areas.
- Chi square test was used to analyze the association of demographic variables

Data analysis and interpretation

Organizing and presentation of data: The raw data collected was enlarged in the masty data sheet and analyzed and interpreted using descriptive statistics and inferential statistics. The data are organized and presented under the following sections.

Section-1: Distribution of demographic variables among elderly residing at oldage home and within family.

Section-2: Distribution of level of depression among elderly residing at oldage home and within family.

Section-3: Distribution of mean, standard deviation and "t" test values of level of depression among elderly residing at oldage home and within family.

Section-4: Association of demographic variables with level of depression among elderly residing at oldage home and within family.

Section-5: Item wise analysis of level of depression among elderly residing at oldage home and within family.

The data presented in table

When considering the age of oldage people in elderly living with oldage home 6(20%) of them belongs to 60-69 years of age 18(60%) age about 70-79 years of age 6(20%) age of about 80-89 years of age where age in 9(30%) of them belongs elderly living within family to 60-69 years of age 16(53.3%) of them belongs to 70-79 years of age. 5(16.6%) of them belongs to 80-89 years of age.

The above Table-2 shows that in elderly, 7(23.3%) level of depression normal level of depression among elderly residing at oldage home, 22(73.3%) level of depression moderate level of depression among oldage home, 1(3.3) level of depression severe level of depression among elderly living with oldage home: where as family 8(26.6%) normal level of depression, 15(50%) moderate level of depression, 7(23.3%) severe level of depression.

Percentage distribution of level of depression among elderly residing at oldage home and within family: The above table – 3 shows that the mean of the level of depression among elderly and within family were 11.83 and 14.13, standard deviation were 3.93 and 5.64, the mean difference was -2.3, the 't' test calculated value 0.36, is lesser than 't' value 1.83. The data presented at in the above table 4 revealed that there was significant exists in are you getting oldage pension 0.01 level. And hobbies at 0.05 level. There was no statistical significant association exists between the age in years, gender, religion, educational status, marital status, no. of children, type of family, previous place of residence/locality of house, occupation, financial support.

The data presented in the above table table- 5 revealed that there was significant association exists age in years, are you getting oldage pension at 0.05 level there was no statistical significant association exists between gender, religion, educational status, marital status, no of pension, type of family previous place of residence/ locality of house, hobbies, occupation, financial support.

DISCUSSION

The study was undertaken to " To assess the and compare level of depression among elderly residing at oldage home and within family. The discussion of the present study is based on findings obtained from descriptive and statistical analysis of collected data. It presented in view of the objectives of the study. The first objective depression among elderly residing at oldage home and within family separately. Among 30 oldage home elderly 7(23.3%) was normal level of depression, 22(73.3%) was mild level of depression, 1(3.3%) was severe level of depression. Among family 8(26.6%) was normal level of depression, 15(50%) was mild level of depression, 7(23.3%) was severe level of depression. The result of Bhagyalakshmi *et al.* (2014): A comparative study was designed to assess the level of depression among elderly men and women in selected old age home, Tirupati. The data was collected from A sample of 100 elderly people (50-men and 50-women) aged more than 60 years were selected by using purposive sampling technique. The tool used for present study was Yesavage Geriatric normal, 35(70%) had mild depression and 18(36%) has severe depression.

For men there was a statistically significant association exists between no.of children in the family and reason for staying in the old age home at 0.05 level . There was a statistically significant association exists between womens depression and educational status at 0.01 level . Result of the present study concluded that the institutionalized elderly men and women had mild to severe depression. The second objective of the study was to compare the level of depression among elderly residing at oldage home and within family in a selected areas of Vizianagaram in oldage home. It shows that the mean of the level of depression among elderly residing at oldage home and within family were 11.83 and 14.13, standard deviation were 3.93 and 5.64 respectively, the mean difference was -2.3. the 't' test calculated value is -0.36 is lesser than 't' table value 1.83. Hence this difference is considered to be not statistically significant. So the Hypothesis H1 stated that there will be a significant difference in the level of depression among elderly residing at oldage home and within family was rejected

So the Hypothesis H2 stated that there will be a significant association with the level of depression among elderly residing at oldage home and within family their selected demographic variables..

The result of Hom Nath Chalise (2014): A cross sectional study was conducted to assess the depression among elderly living in old age home (Briddashram) at Nepal . The study was conducted on 180 elderly by using face to face interview using short version of Geriatric Depression Scale. The result revealed that the prevalence of depression was 57.8% among them 46.7% had mild. 89% had moderate and 2.2% had severe depression. The conclusion of this study indicates that many elderly living in the briddashram are suffering from depression.

There should be some interruption from the concerned authorities so that depression can be reduced which will support to the well being and quality of life of elderly.

Summary, conclusion, implication, limitations, and recommendations: The focus of the study was to “A comparative study to assess the level of depression among elderly residing at oldage home and with in family in a selected areas of Vizianagaram, A.P with a view to develop informational booklet”. The study was conducted from 3-10-2016.

Major finding of the study: The actual study was done on 30 elderly residing at oldage home and 30 elderly residing within family under the inclusion criteria. The major findings of the study revealed 73.3% elderly living with oldage home having mild depression 3.3% were having severe depression elderly living with oldage home 23.3% were having normal depression elderly living with oldage home and 50% were having mild depression of elderly living with family, 23.3% were having severe depression of elderly living within family, 26.6% were having normal depression elderly living with in family. The association of socio-demographic variables with level of depression among elderly living with oldage home and family were determined by using chi square test which revealed that among elderly living with oldage home was a statistically significant association exists in are you getting oldage pension at 0.01 level and hobbies at 0.05 level. Among elderly living within family was a statistically significant association exists between age in and years are you getting oldage pension at 0.05 level. And H1 is rejected & H2 is statistically accepted.

Conclusion

Evidence from this investigations revealed that, a majority of among elderly living with residing at oldage home and within family. This study suggests that necessity of developing severe level of depression.

Implications: The implications drawn from the present study is of a vital concern to nursing education, health professionals, including nursing services, nursing practice, nursing education, nursing administration, and nursing research.

Nursing practice: Nurses and should conduct planned teaching programmed for level of depression regarding oldage home and within family. How it effects our psychological status and different ways of level of depression among oldage home and within family.

- Nurses should take part in health education programme on need for success, achieve the goal, development of optimism in oldage home and within family.
- Nurses should give psychological support for level of depression among oldage home and within family.

Nursing education

- Both professional and non professional students can be unlighted with the knowledge regarding various depression techniques. Or ways of overcoming with depression.
- In service and continued education programme can be organized for nurses regarding the prevention, causes, treatment and psychological implications of family and

elderly who were attending oldage home and within family.

Nursing administration

- The nursing administration should encourage and plan for the proper selection and placement, utilization of trained nurses who can teach the public effectively.
- The nurses administration should provide necessary resources to assess the level of depression among elderly residing at oldage home and within family.
- The nurse administrator should take interest in providing information regarding the need for organizing the health education programme on level of depression among elderly and family.

Nursing research

The present study findings serve as a basis for the proffionals and the students to conduct further studies on the level of depression among elderly and residing at oldage home and within family. The nurses and the nursing students can conduct the same study with different variables.

Limitations

The study is limited only to the elderly and family.

- Those who were attending elderly and family in selected settings at VZM.
- Those who were willing to participate in the study.
- Those who were available during study.

Recommendation

- A similar study to be replicated with large sample to generalize the findings.
- Similar study can be conducted with different variables.
- A comparative study can be conducted in between rural and urban.
- A descriptive study to assess the level of depression among oldage home.

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