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Assessment and Comparison of Emotional Health of Institutionalized and Non-institutionalized Elderly of Uttarakhand

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ABSTRACT The present study was undertaken to assess and compare the levels of stress, anxiety and depression among institutionalized and non-institutionalized elderly of Uttarakhand. The sample for the study comprised of two groups of the elderly population, that is, institutionalized elderly (n_1=100) and non-institutionalized elderly (n_2=100). Sample of institutionalized elderly was drawn from the Society Registration Act recognized old age homes of Uttarakhand and equivalent sample of non-institutionalized elderly was drawn from the nearby localities adjacent to the old age homes through lottery method. The Anxiety, Depression and Stress Scale was employed to assess stress, anxiety and depression among institutionalized and non-institutionalized elderly. It was observed that comparatively a large proportion of institutionalized elderly were severely stressed, anxious and depressed whereas, those residing with their biological families were near normal. Thus, findings of the study revealed that institutionalized elderly were significantly more stressed, anxious and depressed than non-institutionalized elderly.

INTRODUCTION

India is one of the fastest growing economies in the world and due to the advancement in fields like medical science and technology there has been substantial improvement in educational and socioeconomic status and above all, the life expectancy of Indians has increased. Thus, senior citizens form an accountable percent of the total population of India. Sharp increase in the number of senior citizens between 1991 and 2001 had been observed by various organizations like UNICEF, WHO and World Bank. According to Help Age India projections (2007), by the year 2050 the number of elderly would rise to about 324 million as compared to younger population and India will acquire the label of an aging nation with 7.7 percent of its population being more than 60 years.

Aging is inevitable, it is a process of growing old and old age is regarded as the closing period of the human life span. The joint family system in India reinforced the high status of senior citizens in the family as well as in the society. In a family, earlier senior citizens played an important role in providing love, affection, and support to their family members. Elderly people were considered as model of the child's own reality. They served as mediators and interpreters between the two generations, that is, elderly teach parenting skills to young parents and at the same time young children learn to value their relationship with their own parents by observing the relationship between their parents and elderly of their family. Elderly also served as arbitrators in conflicts between parents and children. In society, the communal disputes were also resolved with the interference of experience rich elderly and their decisions were obeyed unobjectionably.

Virtually old age is the age of retirement from endless obligations that cost energy, time and most of the resources of individuals. It is the time when people get returns on their whole life's hard work in terms of emotional and physical security from family, and financial security in terms of pensions and investments. But, fundamentally every elderly experiences physical, psychological, mental, emotional, and social decline in the form of deteriorating physical strength, diminishing mental stability, reduced income, and shrinking of social circle and contacts leading

to stress. According to Franken (1994), stress is a condition or feeling experienced by a person when he perceives that the demands exceed the personal and social resources he or she is able to mobilize. Usually a stressed individual feels sad, hopeless, powerless, afraid, guilty, anxious, panicked, discouraged, and depressed due to their unpleasant feeling of life. The psychological symptoms of stress are anxiety and depression. According to Gauthier (2005), older people (60 years of age and older) worry about their health, family, financial situation and mortality. These worries are even more likely to arise when they feel that their physical and mental capacities are diminishing and that they are losing their autonomy, which is generally considered as anxiety. In older people anxiety symptoms disorders are associated with decreased physical activity and functional status, poorer self-perceptions of health, decreased life satisfaction, and increased loneliness, even with adjustments for demographic variables and severity of chronic disease (De Beurs1999). Ghafari et al. (2012) observed that the proportion of women with high anxiety score was higher than men. Depression is a common mental disorder representing depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depression is the most frequent cause of emotional suffering in later life and significantly decreases quality of life in older adults (Blazer et al. 1991). In old age, the loss of partner, other loved ones, physical and psychological ailments and immobility cause emptiness in life, which can only be turned down by the love and care of other family members. But nowadays, the dismantling of the traditional joint family system is deliberately fading away the concept of providing care and support to elderly from the definition of family. Due to the rapid industrialization, urbanization and Westernization in India, drastic decline in family values is seen among the youths causing replacement of joint families with nuclear families wherein there is a little or no place for elderly parents.

Myriad changes can be observed in the Indian social system in the past few decades but at this juncture of time, the Indian society is neither fully individualistic nor collectivist. The young generations are attracted towards Western ideas and lifestyles, but on the other hand the old generation still values family over their own needs and wants. Though many modern ideas like gender equality, women empowerment and family support services are needed for upliftment of the society, these are not easily accepted and appreciated by the collectivist segment of the society. Considering an old age home as "a shelter home for elderly who are unwanted in their families" is very good example of rejecting Western thought of the family support system.

Old age homes are shelter homes for destitute elderly who are deserted by their families or have no families. The idea of 'institutionalization' of the aged has largely been borrowed from the Western countries, where families did not provide full protection and security to elderly in terms of physical, emotional, financial as well as social aspects thus they move to senior citizen homes. According to Bakshi et al. (2002), the trend of old age homes is well accepted in the Western society and most of them are mentally prepared for the transition, hence the process is comparatively less painful for elderly. But, in the Indian society, the elderly get attached to their families to such an extent that they usually prefer to live with their families even in disgusting, disgraceful circumstances rather than turning to old age homes. Previous researches also reflected that the elderly exhaust almost every possibility to stay within or even in proximity with their family by living with distant relatives rather than going to institutes. Many older people complain about their difficulties for being dependent on their children, but insist that the best place for them is with their children and not relatives or any institution. Babazadeh et al. (2016) compared anxiety, stress and depression disorders with demographic variables and found that there is a significant association between these disorders and sex, education, marital status, medical condition, as well as their housing conditions.

In the light of above discussions it can be concluded that elderly in India are in dire need of vital support that will keep important aspects of their lifestyles intact while improving their overall quality of life. Thus, it is one's duty to see that they do not spend the twilight years of their life in isolation, pain and misery. Therefore the present study has been taken up with the following objectives:

1. To identify the levels of stress, anxiety and depression among institutionalized and non-institutionalized elderly.

2. To explore differences in the level of stress, anxiety and depression among the elderly across their residential status, that is, institutionalized and non-institutionalized.

METHODOLOGY

Locale and Sample

The sample for the present study comprised of two groups of elderly population, one institutionalized that is living in old age homes and the other residing with their respective biological families. Respondents for the first group of study were drawn from the SRA (Society Registration Act) recognized old age homes in Uttarakhand. Respondents for the second group of study were drawn randomly from the nearby localities adjacent to the old age homes. Total population (n_1=100) of the old age homes was covered for the present study to constitute the sample of institutionalized elderly. The equivalent population (n_2=100) was taken from the nearby locality to constitute the sample of non-institutionalized elderly.

Tools

A self-designed performa was used to study the socio-demographic and socioeconomic characteristics of respondents. It consisted of questions for name, age, health status, marital status, education, occupation, income, family size, family composition, family type and questions about daily routine based on domains like health, spirituality, leisure, social relations and community, daily chores and part time job. Anxiety, stress and depression were assessed by employing the Anxiety, Depression and Stress Scale by Bhatnagar et al. (2011).

Procedure and Analysis

The investigator interviewed the selected elderly in the old age homes and elderly residing with their biological families in their respective homes itself. The data collected was classified and tabulated in accordance with the objectives to arrive at meaningful and relevant inferences. The data was analyzed using statistical techniques like frequency, percentage, mean, standard deviation, z- test, and Analysis of Variance.

RESULTS

It is evident from Table 1 that no strong difference existed in stress among elderly across their residential status. It can be clearly seen that thirty-six percent and thirty-one percent of institutionalized elderly had mild and moderate levels of stress, while thirty-seven percent and thirty-five percent of the non-institutionalized elderly had normal and mild levels of stress. Unfortunately, it was also observed that eleven percent of the institutionalized and four percent of the non-institutionalized elderly also had severe levels of stress.

Under anxiety domain it was noticed that out of the total sample of institutionalized elderly, almost an equal number of respondents were found at all four levels of anxiety, that is, normal,

Table 1: Frequency and percentage distribution of institutionalized and non-institutionalized elderly on level of stress, anxiety and depression

Dimension of study	*Levels*	*Score range*	*Institutionalized elderly (n_1= 100)*		*Non-institutionalized elderly (n_2= 100)*	
			n	*%*	*n*	*%*
Stress	Normal	0-3	22	22	37	37
	Mild	4-5	36	36	35	35
	Moderate	6-8	31	31	24	24
	Severe	9+	11	11	4	4
Anxiety	Normal	0-4	22	22	42	42
	Mild	5-6	23	23	30	30
	Moderate	7-8	27	27	23	23
	Severe	9+	28	28	5	5
Depression	Normal	0-3	19	19	31	31
	Mild	4-5	26	26	41	41
	Moderate	6-7	39	39	20	20
	Severe	8+	16	16	8	8

mild, moderate and severe (28%, 27%, 23% and 22%, respectively). While among non-institutionalized elderly, differences existed with forty-two percent, thirty percent and twenty-three percent elderly having normal, mild, and moderate levels of anxiety and only five percent elderly had severe levels of anxiety.

Just like stress, it was also observed that thirty-nine percent and twenty-six percent of institutionalized elderly had moderate and mild levels of depression, while forty-one percent and thirty-one percent of non-institutionalized elderly had mild and normal levels of depression. Unfortunately, it was also observed that sixteen percent of institutionalized and eight percent of non-institutionalized elderly also had severe levels of depression.

A close perusal of Table 2 clearly shows that a significant difference exists in the level of anxiety among institutionalized and non-institutionalized elderly. It was noticed that institutionalized elderly had significantly higher stress level ($z= 3.642$, $p<0.01$) than non-institutionalized elderly. Similarly, elderly from institutions were found to experience significantly high anxiety ($z= 6.193$, $p<0.01$) than non-institutionalized elderly. Significant differences were also noticed in the levels of depression among institutionalized and non-institutionalized elderly. Elderly from institutions were found to be significantly higher in depression ($z= 4.22$, $p<0.05$) than non-institutionalized elderly.

DISCUSSION

The finding of the present study is in line with that of Kumar (2013) who indicated that the psychosocial problems like stress, anxiety, depression, loneliness, were greater in institutionalized elderly. Similarly, Gopal et al. (2009) found that depression was more prevalent in inmates of old age homes. Findings of the present study are also in accordance with that of Agarwal and Srivastava (2002), who indicated that the emotional states like anxiety, depression, loneliness, neglect by family members, lack of self-confidence, social isolation are more in old people living in institutions. Stanley and Beck (2000) also found that anxiety and depression are significantly more prevalent in elderly living at old age homes than in elderly living at their own homes.

It is a universal fact that among all spans of human life, old age is most stressed and anxiety and depression prone, as with increasing age the associated situational and developmental crisis in life increases substantially. However, the probable reason behind institutionalized elderly being even more stressed, anxious and depressed than those living with their biological families is that institutionalized elderly lack the familial personal touch in their lives. They also have negative experiences of being deserted and abused by their loved ones. In contrast to this, elderly living with their biological families enjoyed the sharing of social activity, household work and personal feelings with their family and spent quality time with their children and grandchildren who gave their lives a meaning and made them less anxious, stressed and depressed despite the declining effects of aging.

CONCLUSION

Old age in itself is a very critical phase of life, and only the person going through it can explain how it feels to lose autonomy and move from all sorts of independence to almost complete dependence on others as well as losing spouse and siblings to death. The effects of aging are more intensified among those who are deserted, abused and put into old age homes by

Table 2: Mean difference in emotional health of institutionalized and non-institutionalized elderly

Dimension of study	*Institutionalized elderly (n_1= 100)*		*Non-institutionalized elderly (n_2= 100)*		*z calculated*
	Mean	*S.D*	*Mean*	*S.D*	
Stress	5.45	2.50	4.18	2.43	3.642*
Anxiety	7.19	2.00	4.83	2.4	6.193*
Depression	5.64	2.15	4.34	2.20	4.22*

Note: (a) *Stands for significant at $p<0.01$ level
(b) Higher mean score represents higher stress, anxiety and depression

their own loved ones. Leaving the home and family that they built and nurtured for their entire life takes a toll on their emotional and psychological health by creating more stress and resulting in greater anxiety and depression among institutionalized elderly. Therefore, there is a dire need of better professional counseling, healthy routine and quality human and material resources for institutionalized elderly.

RECOMMENDATIONS

- More studies should be conducted to explore counseling needs of elderly living in old age homes as well as for elderly living with biological families.
- Activities should be designed to reduce stress, anxiety and depression among the elderly residing in old age homes.

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