Indian J. Psychiat. (1982), **24**(3), 268—273

SOCIO-CULTURAL FACTORS IN LATE ONSET DEPRESSION

V. RAMACHANDRAN,[1] M.D., D.P.M., F.R.C. Psych., Ph.D.
M. SARADA MENON[2], M.D., D.P.M., F.R.C. Psych.
S. ARUNAGIRI[3], M.D., D.P.M.

SUMMARY

An epidemiological survey of subjects aged over 50 in a sub urban area of India was carried out.

406 subjects aged over 50were examined by making house visits. 13 were diagnosed as suffering from organic psychoses, 3 from schioephrenia, 98 from depression and 28 from other functional disorder.

Depression was the commonest diagnosis made. 24.1% of the subjects aged over 50 in the community were found to suffer from depression.

Female sex, low social class, widowed state, unemployed condition, low educational level, nuclear family, living alone and high incidence of physical illness was found associated with depression. The significance of these factors, hindu philosophy and Indian family system is discussed.

There is a widespread belief that depression in old age is much less in India than in the west, due to the joint family system and other cultural practices which provide satisfaction and security to the aged. In the traditional three generation family in the villages, the elder members gain satisfaction in training the young in the family profession and tradition. The aged in India have no fear of being cast aside in homes for the aged.

In industrial countries where the joint family has broken up and the nuclear family has become popular, and where higher values are attached to productiveness and attractiveness, old age subjects are at a disadvantage, and may suffer from depression.

Further, it is held that depression following bereavement is less frequent in our country due to the rituals, and the grief being thoroughly worked out in the loud crying and other religious customs of mourning. In addition hindu philosophy prescribed asramas the school of life at different stages of life—brahmacharya asrama, grahastha asrama, aramba asrama and sanyasa asrama. In sanyasa asrama, the final stage of life the individual renounces all worldly things, and seeks to know and find and realise the self (Prabha, 1963). Due to this philosophical attitude the aged are able to bear the losses in life without suffering from depression.

Venkoba Rao *et al* (1972) studied mental illness in patients aged over 50 attending the Government Erskine Hospital, Madurai and observed that affective disorders formed 21 percent of the whole series, and some of the symptoms noted in them were culturally determined. The present study is a study of prevalence of depression in old age in the community and analysis of its socio-cultural determinants.

MATERIAL AND METHOD

Poonamallee, a sub urban area was chosen for the study. It has a population of 18,721 and 1863 subjects are aged over 50. Most of its population are engaged in agricultural work and belong to lower middle and low social class. Using systematic

1 Additional Professor of Psychiatry, Madras Medical College, Madras-600 003, & Neuropsychiatrist, Institute of Mental Health, Madras-600 010.
2 Formerly, Professor of Psychiatry, Madras Medical College, Madras-600 003.
3 Assistant Professor of Psychiatry, Madras Medical College, Madras-600 003.

random sampling procedure 1/5 of the subjects aged over 50 in the geographically limited area was studied.

House visits were made by the team consisting of the psychiatrist, psychiatric social worker, the health worker of the area. Detailed interviewing was done using a prepared proforma. Mental state was assessed using a semi structured interview and a symptom sign inventory. A psychiatric diagnosis was made when the subject manifested disturbance of mental functioning specific enough in clinical character conforming to a clearly defined standard pattern.

Further many socio-demographic details such as age, sex civil status, occupation, education, social class, housing amenities, details of family members, social integration, bereavement etc. were collected.

RESULTS

Four hundred and six subjects were studied; 264 were found to be normal; 86 were diagnosed as suffering from Depressive neurosis and 12 from endogenous depression. Organic Psychosis was diagnosed in 13 cases, schizophrenia in 3 cases and the diagnosis of neurotic and personality disorders other than depression was made in 28 subjects. Table I gives the diagnostic break up and the prevelence rate of psychiatric disorder in subjects aged over 50 in the community.

Depression was the commonest diagnosis made. 24.1 percent of subjects aged over 50 in the community were found to be depressed. The depression was mild in most cases. In 7 out of 12 of endogenous depressives, and 60 out of 86 neurotic depressives, the depression was mild. The distinction of endogenous and reactive depression was rather difficult. The common symptoms noted were depression, sleep disturbance, anxiety and hypochondriasis. Suicidal ideas were present in five patients.

The socio-demographic features such as sex ratio, age group civil status, social class, occupation, education, family system and living condition of the depressed patients were compared with those of subjects who were judged psychiatrically normal.

TABLE 1. *Prevalence rate of psychiatric disorders in subjects aged over fifty*

	Number (N= 406)		Rate per 1000
Organic Disorders			
1. Arteriosclerotic Psychosis	11	13	32
2. Senile Psychosis ..	2		
Functional Disorders			
1. Schizophrenia ..		3	7
2. Depression :			
a. Endogenous	12		
b. Neurotic ..	86	98	241
3. Anxiety ..	7		
4. Hypochondriasis ..	4		
5. Hysteria	2		
6. Personality disorders	13	28	69
7. Alcoholism ..	2		
Total ..		142	349

It was observed that depression is significantly more frequent in females than in males. There was no significant difference in the prevalence of depression among age groups of 51-55 56-60, 61-65, 66-70, 71-75 and 76 and above.

In the depressed group 32.7 percent were married 58.2 percent were widowed and 8 percent were separated or divorced. In the normal group 51.5 percent are married, 44.7 percent were widowed and 1.1 percent were divorced. Widowed were significantly higher in depressed group.

74.5 percent of subjects in depressed group belonged to low socio-economic class and in the normal group 42.4 percent of subjects were from low socio-economic class. The difference is significant at 1 percent level.

TABLE 2. *Socio-demographic features of depression in old age*

	Normal		Depression	
	No.	%	No.	%
1. *Sex*				
Male ..	107	40.53	13	13.27
Female ..	157	59.47	85	86.73
Total ..	264	100.00	98	100.00
X^2=22.76 ; d.f.=1 p<.01				
2. *Age Group*				
51—55 ..	75	28.4	34	34.7
56—60 ..	69	26.1	32	32.7
61—65 ..	61	23.1	18	18.4
66—70 ..	33	12.7	8	8.1
71—75 ..	14	5.3	4	4.1
76+ ..	12	4.6	2	2.0
Total ..	264	100.00	98	100.0
X^2=5.37 ; d.f.=5 ; N.S.				
3. *Civil Status*				
Married ..	136	51.5	32	32.7
Single ..	7	2.7	1	1.0
Divorced ..	3	1.1	8	8.1
Widowed ..	118	44.7	57	58.2
Total ..	264	100.0	98	100.0
X^2=20.57 ; d.f.=3 ; p<.01.				
4. *Social Class*				
Upper class				
Upper middle class	53	20.1	4	4.1
Middle class				
Lower Middle class	99	37.5	21	21.4
Lower class ..	122	42.4	73	74.5
Total ..	264	100.0	98	100.0
X^2=41.44 ; d.f.=2 ; P<.01.				
5. *Occupation*				
Professionals (Medicine, Law administration, Industry) ..	7		1	
Clerks, Shop owners, farm owners ..	30	14.0	3	4.1
Skilled workers	12		1	
Semi-skilled workers ..	7	7.2	3	4.1
Unskilled workers ..	38	14.4	14	14.3
Unemployed, dependent ..	170	64.4	76	77.5
Total ..	264	100.0	98	100.0
X^2=9.12, d.f.=3 ; p<.05				
6. EDUCATION				
Graduate ..	6		0	
Intermediate ..	6	4.6	1	1.0
High School ..	18	6.8	5	5.1
Middle School	25	9.4	3	3.1
Elementary school	56	21.2	10	10.2
Illiterate ..	153	58.0	79	80.6
Total ..	264	100.0	98	100.0
X^2=17.09 ; d.f.=4 ; p<.01				
2. *Family System*				
Joint ..	107	40.5	23	23.5
Loosely joint ..	65	24.6	28	28.6
Nuclear ..	92	34.9	47	47.9
Total ..	264	100.0	98	100.0
X^2=9.85 ; d.f.=2; p<.01				
8. *Living Condition*				
Living alone ..	31	11.7	17	17.4
Living with spouse or children ..	108	40.9	50	51.0
Living with children or other relatives	125	47.4	31	31.6
Total ..	264	100.0	98	100.0
X^2=7.42 ; d.f.=2 ; P<.01				

The occupation was classified into professional, clerk, shop owners and farm owners, skilled workers, semi-skilled workers, unskilled domestic servants, and farm labourers and unemployed dependents. 77.5 percent of subjects in depressed group and 64.4% of subjects in normal group were unemployed. The difference is significant at 5 percent level.

The educational status was classified into graduate, intermediate, high school, middle school, elementary school and illiterate. 80.6 percent of subjects in depressed group and 58 percent of subjects in normal group were illiterate. Significantly, higher percentage of depressed subjects had low educational level.

The family system was classified into joint, loosely joint and nuclear family. In depressive group 23.5 percent of subjects were from joint family, 28.6 percent of subjects were from loosely joint and 47.9 percent of subjects were from nuclear family. In the normal group 40.5 percent of subjects were from joint family, 24.6 percent were from loosely joint family and 34.9 percent were from nuclear family. The difference in the family structure of depressed and normal group is significant.

Further, it was also examined as to how many were living alone, how many were living with spouse, children and relatives, and how many were widowed and living with children or other members. It was noted that 17.4 percent of subjects in the depressed group were living alone, whereas only 11.7 percent of subjects in the normal group were found to live alone. Loneliness was found to be a significant factor in depression.

Physical disability such as breathlessness on exertion, fatigue, weakness, giddiness, poor digestion, urinary difficulties and restriction of movement were reported by 69 percent of depressive subjects and 34 percent of normal subjects. The physical disability suffered was moderate to severe in 35 percent of depressed subjects, and 14 percent of normal subjects. Sensory deficit due to catagract and deafness was found in 63 percent of depressed subjects and 40 percent of normal subjects. Physical illness and sensory loss was significantly more frequent in depressed group.

DISCUSSION

Depression was the commonest diagnosis made; 24 percent of the subjects aged over 50 in the community, were found to suffer from depressive disorder. In the vast majority of cases the depression was found to be of reactive type. Exactly similar findings were reported by Key *et al.* (1964) in their study of old age subjects in Newcastle upon Tyne; they reported that the majority of subjects (24 percent) were found to suffer from minor functional illness consisting of an admixture of depression and anxiety, usually in response to environmental or physical stress. In another study of us (1979) we observed that there is no real difference between differeent countries in the incidence of psychiatric disorders in old age; the difference found were due to the definition employed and the method used.

Studying the psychosocial variables associated with depression we found that female sex, widowed state, unemployed condition, low social class, nuclear family, living alone, physical illness and sensory deficit were significantly associated with depression in old age.

Depression was found more frequently in females and widowed. Widowed state leads to feeling of loneliness, lack of purpose and dissatisfaction in life. Further in some it leads to loss of income and changes in living arrangements. They also suffer from depression due to loss of loved person. Due to large age differences between husband and wife (10 years or more) the women in old age were found more frequently widowed (70 percent women studied were widowed

while only 19.3 percent of men studied were widowed). Further if a man looses his wife, he remarries but a woman does not in this country. When a Hindu woman loses her husband she is forbidden to use Thilak and decorate herself with flowers and other ornaments and she is also not liked to come in front during marriage and other auspicious functions. These cultural practices would partly explain why depression was found more frequently in females and in widowed. Significant association of widowed state to psychiatric illness in old age have also been reported by Parkes (1964) and Clayton et al (1972).

Significantly higher percentage of depressed subjects were from low social class, unemployed and had low educational level. The low socio-economic status results in multiple stresses such as inadequate diet, housing and medical care as well as family and community disorganisation and all combine to increase the rate of depression in them. Similarly Lowenthal (1967) in San Fransisco observed that mental illness was negatively related to current income, current rent and level of education.

The other factor which was found associated with depression in old age is the family structure and living alone. In rural parts of India, the joint family system, caste system and the family profession continues. However, due to industrialisation, the joint family system is breaking up. Studying the family system and the preference of old age subjects, Venkoba Rao *et al.* (1972) observed that 80% of those in nuclear family prefered joint family for economic and emotional reasons. The elderlies are often widowed unemployed and frequently suffer from physical disabilities. They need their family support. When their emotional and financial need are not adequately met by their family, they come to suffer from emotional distress.

In the present study depressed subjects were found to sufler frequently from distressing physical disabilities. Physical illness was found to be an important factor in elderly depressives. Bussee (1969) in a longitudinal study of volunteers, who were aged over 60 years or ever found a drop in health as a factor in depression. Post (1969) remarked that the co-existence of physical illness and affective disorder in the elderly is more frequent than can be explained by chance. Sainsbury (1962) found that physical illness was the prominant feature of elderly suicide.

ACKNOWLEDGEMENT

I am grateful to Prof. B. Ramamurthy for his invaluable help in carrying out this work. I thank Prof. D.W.K. Kay for sending me the proforma employed by him in New Castle study.

My thanks are due to Miss Zubaida Khanam, Psychiatric Social worker for her tireless work and help in the field survey. I thank Mr. V. Aravamudhan and Mr. Kasturirangan for their valuable suggestion on the design of the study and statistical help in statistical analysis.

REFERENCES

Bussee, E. W. (1969). Psycho Physiological reactions and Psycho-neurotic disorders related to physical changes in the elderly. 8th International Congress of Gerontology Proleedings, Washington, D.C. Vol. IV, 195.

Clayton, P. J. Halikas, J. A. and Maurice W. L. (1972). The Depression of Widowhood. Brit. J. Psych., 120, 71.

Kay, D. W. K., Beamish, P. and Roth, M. (1964). Old age mental disorders in New Castle Upon Tyne. A Study of prevalence, Part I. Brit. J. Psych., 110, 146.

Kay, D. W. K., Beamish, P. and Roth, M. (1964). Old age mental disorders in New Castle upon Tyne Part-II—A study of possible social and medical causes. Brit. J. Psych., 110, 668.

Lowenthel, M. and Berkman, P. (1967). Ageing and Mental disorder in San Francisco. San Francisco, Jessey-Bass.

Parkes, C. M. (1964). Recent Bereavement as a cause of mental illness. Brit. J. Psych., 110, 198.

POST, F. (1969). The relationship to Physical health and mental illness in the elderly. 8th International Congress of Gerontology Proceedings, Washington, D.C., Vol. I, 198.

PRABHA, P. H. (1963). Hindu Social Organisation. Bombay: Popular Prakasam, 99.

RAMACHANDRAN, V., SARADA MENON, M. AND RAMAMURTHY, B. (1979). Psychiatric disorders in subjects aged over fifty. Indian J. Psychiat., 22, 193.

SAINSBURY, P. (1962). Social and Epidemiological aspects of suicide with special reference to the aged in Process of ageing—II. (Ed.) Williams R. H., Tibits, C., Donshue, W. New York: Atherton Press.

VENKOBA RAO. A. AND VIRDHAGIRINATHAN, B. S. (1972). Mental illness in patients aged 50 and over. Indian J. Psych., 14, 319.