A Study To Assess The Level of Knowledge Regarding Depression Among Old Age

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Abstract
Purpose: A study to assess the level of knowledge regarding Depression among old age in Government Head Quarters Hospital at kumbakonam, Thanjavur district.
Methods: A descriptive design was adopted for the study. 50 old age were selected by using purposive sampling technique. Data were collected by survey method and instructed to complete questionnaire. Questions were related to baseline data of old age and structured questionnaire on depression among old age.
Result: The study results shown that knowledge of depression shows, that 20% of old age had inadequate knowledge, 32% of old age had moderately adequate knowledge, 48% of old age had adequate knowledge on depression.
Conclusion: The findings of the study revealed that depression education to be helpful to improve the knowledge and awareness among old age.
Keywords: Depression, Old age, knowledge

I. INTRODUCTION

Depression as a disorder has always been a focus of attention of researchers in India. Over the last 50-60 years, large number of studies has been published from India addressing various aspects of this commonly prevalent disorder. Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden.

Depression is more common in women than men. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease.

As per the World Health Organization Report “Depression and Other Common Mental Disorders – Global Health Estimates” released in 2017, the estimated prevalence of depressive disorders in India is 4.5% of the total population (WHO 2017). Geriatric depression is mostly not recognized by clinicians and often depressive symptoms are attributed to the aging process. Also elderly persons emphasize somatic symptoms and underreport depressed mood. Geriatric depression often occurs in the context of medical or neurological brain diseases whose symptoms are similar to the symptoms of depression.

Depression is an important problem among old age globally as well as India. The majority of old age had less knowledge about depression. Thus the investigator has planned to conduct a study to assess the knowledge regarding the depression and also to find out the association between level knowledge on depression with their selected demographic variables.

1.1 Statement of Problem
A study to assess the level of knowledge regarding depression among old age in Government Head Quarters Hospital at kumbakonam, Thanjavur district.
1.2 Objective
- To assess the level of knowledge regarding depression among old age.
- To find out the association between the level of knowledge on depression among old age with their selected demographic variables.

1.3 Hypothesis
H1 – There is a significant difference between the levels of knowledge regarding depression among the old age with their selected demographic variables.

1.4 Assumptions
- Old age may not have adequate knowledge about depression.
- Responses of old age to the questionnaire might be reveal their knowledge about depression.

II. METHODOLOGY

2.1 Research Approach and Design
The research approach was quantitative research approach and focused non-experimental research descriptive research design.

2.2 Setting and Participants
The study was conducted in Government Heal Quarters Hospital at Kumbakonam among 50 old age. Purposive sampling technique was used to collect data.

2.3 Instruments
A structured questionnaire was developed by the investigator according to the internal and external environment of the study settings. Five sub areas were determined to assess the knowledge regarding Depression: depression, causes of depression, symptoms, management and prevention of depression. The total number of questions was 25. Each correct answer was given a score of one and wrong answer zero. Level of knowledge was assessed as good (19-25), average (13-18) and poor (0-12).

2.4 Data collection
Data were collected by structured questionnaire includes demographic data, knowledge questions regarding depression. Written permission was obtained from the Hospital superintendent to conduct the study. Purpose of the study was explained and written informed consent was obtained from each participant before conducting the study. Personal information’s maintain the privacy and confidentiality.

2.5 Data analysis
The collected data were analyzed according to the objective of the study by using descriptive statistics such as frequency, percentage, mean, standard deviation and inferential statistics such as paired “t” test and chi-square test.

III. Results

3.1 Socio-demographic characteristics
Among 50 old age majority of the participants (46%) were in the age group of 60-69 years. Majority of the participants (40%) had primary level education. Maximum proportion of the subject (62%) was cooli. Majority of the subject (46%) had monthly income of 5,000 – 7,000. Majority of subject (42%) were live in hut. (46%) had the source of information among friends. (44%) had no present illness. (64%) were satisfied their job, (42%) not settled, (30%) were below poverty line.

Table 1: Frequency and Percentage analysis of demographic variables of young adults

<table>
<thead>
<tr>
<th>S.No</th>
<th>Demographic Variable</th>
<th>No. of respondents</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Age (in years)</td>
<td></td>
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<tr>
<td>1.</td>
<td>60-69</td>
<td>23</td>
<td>46%</td>
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<tr>
<td>1.</td>
<td>70-79</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>1.</td>
<td>80-89</td>
<td>15</td>
<td>30%</td>
</tr>
<tr>
<td>1.</td>
<td>Above 90</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
2. **Educational qualification**
   - Illiterate 17 34%
   - Primary level 20 40%
   - HSC level 9 18%
   - Degree level 4 8%

3. **Occupation**
   - Cooly 31 62%
   - Private employee 7 14%
   - Govt. employee 9 18%
   - House wife 3 6%

4. **Monthly Income (in Rs.)**
   - Upto 4,000 20 40%
   - 5,000 – 7,000 23 46%
   - 8,000 – 10,000 5 10%
   - Above 20,000 2 4%

5. **Types of House**
   - Katcha 14 28%
   - Pacca 7 14%
   - Rented 8 16%
   - Hut 21 42%

6. **Source of information**
   - Television 16 32%
   - Health person 7 14%
   - Books 4 8%
   - Friends 23 46%

7. **Present illness**
   - Hereditary diseases 11 22%
   - Communicable diseases 8 16%
   - Congenital diseases 22 44%
   - None 9 18%

8. **Job satisfaction level**
   - Satisfied 32 64%
   - Highly satisfied 18 36%
   - Not satisfied - -
   - Uncertain - -

9. **Life settlements**
   - Settled life 16 32%
   - Highly settled 5 10%
   - Poorly settled 8 16%
   - Not settled 21 42%

10. **Socio Economic**
    - High 2 4%
    - Middle 19 38%
    - Low 14 28%
    - Below poverty 15 30%

a. **Level of knowledge on depression among old age**
   In the pre-test results shown that, 20% of the participants had inadequate knowledge of depression, as well as 48% of them shown adequate knowledge. However 32% of old age had moderate knowledge regarding depression; it might be because of source of information like mass media and health professional.
b. Association between the levels of knowledge with selected socio-demographic variables

The study reveals that there was significant association between pre-test level of knowledge and selected demographic variables such as life settlements of old age (p<0.05). In the other demographic variables there is no significant association between them and the pre-test level of knowledge (P>0.05) like age, education, occupation, family income, house type, present illness, job satisfaction, socio economic status.

IV. CONCLUSION

The study concluded that knowledge regarding depression among old age knowledge was moderately adequate. Thus it is recommended to conduct such health education programme in large scale to increase the old age knowledge regarding depression.

REFERENCES