

LEVEL OF DEPRESSION AMONG SENIOR CITIZENS: A GENDER COMPARISON IN URBAN COMMUNITIES

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ABSTRACT

Depression is a common mental health concern among Senior Citizens, with significant implications for quality of life and overall well-being. This study examines the levels of depression Among Senior Citizens and its association with Gender. This study utilizes Descriptive design, analysing data from a 100 sample of urban community-dwelling elderly men and women aged 60 and above. The level of depression was assessed using the Geriatric Depression Scale (GDS), a widely validated tool for screening depression in older adults. Demographic data, including age, gender, marital status, and socio-economic status, needs of elderly population were assessed as well the data related to chronic health problems were also collected to identify potential confounding factors. The analysis reveals that elderly women generally have higher needs in almost all categories compared to men, particularly in financial, food/nutrition, caregiver support, health, social engagement, and safety/security. The health issues analysis reveals that arthritis, hypertension, and diabetes are the most common chronic diseases within the population, affecting large segments of individuals. Depression is also notably prevalent, highlighting the importance of addressing both physical and mental health needs. Geriatric depression analysis shows that calculated Chi-square value (8.368) is greater than the critical value (5.99), we reject the null hypothesis. This suggests that there is a statistically significant difference in the levels of depression Senior Citizens men and women in the urban community. This analysis implies that gender may influence the distribution of depression levels in this population,

Keywords: Depression, Senior Citizens, Gender Differences, Mental Health, Risk Factors

INTRODUCTION

Depression is a prevalent mood disorder that significantly impacts on Senior Citizens worldwide. As the global population ages, understanding the prevalence and factors associated with depression among elderly men and women becomes crucial for developing effective mental health interventions. This study aims to explore the levels of depression Among Senior Citizens and its association with Gender.

The prevalence of depression among the elderly varies significantly across different regions and populations. In Europe, the EURODEP studies reported a mean level of depression of 12.3%, with a higher prevalence in women (14.1%) compared to men $(8.6\%)^{1}$. Similarly, a systematic review

and meta-analysis in Iran found a high prevalence of depression among the elderly, with 49% in women and 48% in men². In Egypt, the overall prevalence of depression among the elderly was reported to be 44.4%, with women being more affected than men³. Another study using machine learning methods identified self-rated social isolation and poor health as significant risk factors for depression in both men and women, with additional factors such as family burden being more relevant for women⁴. Several studies have highlighted gender differences in the prevalence and factors associated with depression among the elderly. A longitudinal study found that women had higher depressive symptoms than men at ages 50 and 60, but not at age 80. Men showed an increase in depressive symptoms from age 60 to 80, while women did not⁵

In India, a systematic review and meta-analysis estimated the prevalence of depression among the elderly to be 34.4%, with a higher prevalence in females and rural populations⁶. Another study in India reported a significantly high prevalence of depressive symptoms (54.45%) among the elderly population⁷ A study conducted in urban areas found that 52.4% of elderly men and 67.5% of elderly women experienced depression. Factors influencing depression in men included disease stress, economic stress, and perceived health status, while in women, social loneliness, friend support, and family stress were significant factors⁸

In China, the prevalence of depression among elderly men was 29.2%, while it was higher among women at 41.1%⁹

Depression is a common and significant mental health issue among the elderly, with higher prevalence rates observed in women compared to men. Various factors, including social isolation, poor health, and socioeconomic characteristics, contribute to the risk of depression in this population. Understanding these factors and their gender-specific impacts is essential for developing targeted mental health interventions to reduce the burden of depression among elderly men and women.

NEED OF THE STUDY

Depression among senior citizens is a growing concern worldwide, particularly in urban communities where rapid social and environmental changes can exacerbate mental health issues. Elderly individuals are at an increased risk of depression due to factors such as social isolation, chronic illnesses, and reduced physical capabilities, with women often more affected than men due to longer life expectancy, greater likelihood of living alone, and different social roles and expectations¹. Recent studies have highlighted that elderly women are more susceptible to depression due to bio psychosocial factors, including higher stress exposure, gender-specific life experiences, and different coping mechanisms³. Conversely, men may underreport depressive symptoms, leading to under diagnosis and inadequate treatment⁴.

Despite the significant impact of depression on the elderly, there is a need for more research that specifically examines gender differences in depression among senior citizens in urban communities. This focus is crucial because urban settings often present unique challenges, such as increased living costs, limited social support networks, and greater exposure to pollution and noise, which can negatively affect mental health⁵. Understanding these gender-based differences can help

design targeted interventions and public health strategies that address the specific needs of elderly men and women.

Moreover, with the global aging population, particularly in urban areas, addressing mental health issues such as depression is imperative for improving quality of life and reducing healthcare burdens6. Therefore, this study aims to fill the gap by comparing the level of depression among elderly men and women in urban communities, providing insights for developing gender-sensitive mental health interventions.

AIM OF THE STUDY

This study aims to explore the levels of depression Among Senior Citizens and its association with Gender.

METHODOLOGY

The study aimed to assess the level of depression among elderly men and women aged 60 and above in an urban community and identify associated demographic and health-related factors. This research was a quantitative, descriptive study that utilized a descriptive design. The sample consisted of 100 elderly participants from an urban community, selected through convenience sampling. The Geriatric Depression Scale (GDS), a validated and reliable screening tool, was used to measure depression levels. In addition to the GDS, demographic data such as age, gender, marital status, socio-economic status, and information on chronic health problems were collected. A pilot study was conducted to refine the data collection methods and ensure the validity of the tool.

RESULTS

Section A: Demographic data

The demographic data showed that most participants are aged 60-70 (56.5%), with a nearly equal gender distribution (51.6% male, 48.4% female). The majority are married (86.5%), and education levels vary, with the largest group having secondary education (34.1%). Most participants are Hindu (91.9%), with smaller representations of Muslims (5.5%) and Christians (3.1%).

2.Distribution of Needs of elderly

Table No-1

N = 100

The data shows that 45.3% of the elderly population needs employment, with similar rates among men (45.6%) and women (45.0%). Caregiver support is required by 38.0%, particularly among women (45.8%) due to longer life expectancy. Health needs are reported by 17.1%, with women (20.0%) more affected than men (14.0%) because of higher chronic condition rates. Housing concerns affect 26.9%, with more women (30.0%) expressing this need than men (23.8%). Social engagement is important for 16.7%, especially among women (21.7%), who also show a stronger desire for participation in family affairs (30.0%) compared to men (21.9%). Safety and security concerns are reported by 13.2%, with women (18.3%) more worried than men (7.9%).

Needs of the elderly	Male (n-52)		Female (n-48)		
	f	%	f	%	
Financial	42	80.7	45	93.3	
Food/ nutrition-related	38	72.8	42	86.7	
Employment	24	45.6	22	45.0	
Caregiver	15	29.8	22	45.8	
Health	7	14.0	10	20.0	
Housing	12	23.8	14	30.0	
Social engagement	6	11.4	10	21.7	
Participation in family affairs	11	21.9	14	30.0	
Safety and security	4	7.9	9	18.3	

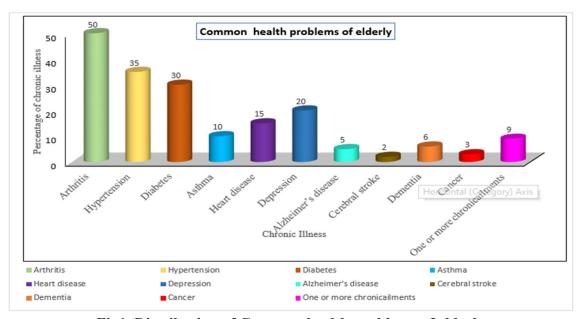


Fig1. Distribution of Common health problems of elderly

The figure shows the prevalence of chronic diseases in a population, with each condition's impact highlighted by the percentage of affected individuals.

Arthritis (50%) is the most common, affecting half of the population, followed by hypertension (35%) and diabetes (30%), all of which are major public health concerns.

Depression (20%) also has a significant presence, emphasizing the need for mental health support. Conditions like heart disease (15%), asthma (10%), dementia (6%), Alzheimer's disease (5%), cancer (3%), and cerebral stroke (2%) have lower prevalence but still require substantial care due to their severe impacts.

Table No: 2 -Association of level of Depression with Gender

Level of Depression	Male (N-52)		Female (N-48)		Chi Square value	df	'P' Value	Significance level
	f	%	f	%	value		value	ievei
More	15	28.8	7	14.5		df=2	.04200	Significant at 0.05
Average	30	57.6	25	52.08	5.873*			
Less	7	13.6	16	33				
Total	52	100	48	100				

Above table indicates that, a higher percentage of males (28.8%) fall into the "More Depressive" category compared to females (14.5%). A greater percentage of females (33%) are in the "Less Depressive" category compared to males (13.6%).

The chi-square test was conducted to examine the relationship between gender and depression levels in the sample. The analysis yielded a chi-square value of 5.873 with 2 degrees of freedom, resulting in a p-value of 0.042. This p-value is below the conventional threshold of 0.05, indicating that the findings are statistically significant at the 0.05 level.

These findings indicate that, within this sample, males are more likely to experience higher levels of depression compared to females, who tend to report lower levels of depressive symptoms. Overall, the chi-square analysis highlights the importance of considering gender differences when assessing depression levels in this population.

DISCUSSION

Studies highlight the importance of considering gender differences when addressing depression in the elderly, as women have a higher prevalence due to bio psychosocial factors like increased stress exposure, gender-specific experiences, and different coping mechanisms. Meanwhile, men often underreport depressive symptoms, potentially resulting in under diagnosis and inadequate treatment. Research by Chen et al. examines depression in China's elderly, revealing its commonality and significant variations based on demographic, social, and health factors. Key risk factors include advanced age, female gender, low education, living alone, chronic illness, and poor physical health, emphasizing the need for targeted interventions, particularly for those who are socially isolated or have chronic health conditions.

Similarly, Pilania et al. found a high prevalence of depression among India's elderly, highlighting the urgent need for public health initiatives that include culturally appropriate screening tools and community-based mental health programs. This study underscores the necessity of tailored strategies to address the unique mental health needs of older adults in India. A meta-analysis by Sarokhani et al. reported a 43.0% prevalence of depression among elderly Iranians, demonstrating a significant public health challenge and calling for targeted mental health policies and interventions to address this issue in Iran's aging population.

Overall, these studies confirm that elderly women face a higher risk of depression than men, reinforcing the need for gender-specific mental health strategies. Future research should investigate the underlying mechanisms of these gender differences and assess the effectiveness of targeted interventions. Additionally, managing chronic illnesses like arthritis, hypertension, diabetes, Alzheimer's, and cancer—which significantly burden individuals and healthcare systems—remains crucial for comprehensive elderly care.

In conclusion, these findings emphasize the need for gender-sensitive and culturally adapted mental health strategies to effectively reduce the prevalence and impact of depression among the elderly and improve overall health outcomes.

CONCLUSION

This study emphasizes the critical need for gender-sensitive interventions to address the unique challenges faced by elderly women compared to men. Elderly women require more resources in various areas, including financial support, nutrition, caregiver assistance, healthcare, social interaction, and security. Unlike men, social engagement and participation in family matters are particularly important for elderly women, who face greater deprivation overall. Both genders equally prioritize financial stability and adequate nutrition, but the specific needs of elderly women necessitate targeted strategies to improve their quality of life.

Furthermore, the study highlights the importance of incorporating gender considerations when addressing depression among the elderly. Women are generally more vulnerable to depression due to a range of bio psychosocial factors, such as greater exposure to stress, unique gender-related experiences, and distinct coping mechanisms. This increased susceptibility requires tailored approaches to mental health care. In contrast, elderly men are more likely to underreport symptoms of depression, which can lead to under diagnosis and inadequate treatment. Recognizing these gender differences is vital to ensuring effective, comprehensive care for both elderly men and women. By understanding the unique needs and challenges of each gender, healthcare providers can develop interventions that enhance overall well-being and quality of life for the elderly population.

Conflict of Interest and Funding

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