Research on the Depression Conditions and Its Influential Factors Among Old People in Rural Area

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Abstract. The purpose of this study was to investigate the prevalence of depression among elderly and identify the influential factors of geriatric depression in rural area. Participants were 537 depressed old people. The data showing that the depression percent of the participants was 24.36%, indicating a moderate level of depression. More than half of the depressed elderly are women; 94.10% of depressed elderly are in poor economic condition; 39.88% of depressed elderly people are over 80 years old. Further, the study randomly selected more than 10 rural old people in the process of investigation to do semi-structured interviews. Significant predictors for depression included the physical health, economic status and social support. Through the complex intervention system, both to broaden the channels of funding sources, rich rural elderly spiritual construction way, and with the aid of social public opinion propaganda, urging people to attach importance to the rural elderly mental health problems. Thus, a multi-level mental health care system for rural elderly is constructed.

1. Introduction

With the acceleration of urbanization and aging process, the social system and rural development situation have changed, and the population has been flowing out. A large number of rural elderly people lack of revenue sources and favorable pension environment, cannot be timely medical treatment, and their culture life is monotonous which causes widespread psychological health problems of the elderly in rural areas, but have not attached the enough importance in society.

The problem of depression seriously endangers the professional social function of the elderly, which is the important reason for the serious decline in the quality of life of the elderly, the increase of the death rate of disability and the economic burden. Adverse consequences of geriatric depression are various, mainly includes: social deprivation, loneliness, poor quality of life, disability, health and family care costs increase, cognitive decline, loss of daily life, poor physical condition, suicide and increased mortality. Shockingly, more than half of depressed elderly people have suicidal thoughts, and 20 percent of them end up committing suicide.

In rural areas, the proportion of elderly people with depression is nearly 40 percent, according to the mental health research report of the elderly in the Chinese academy of sciences (2013). The rural elderly depression group has a heavier life burden, and the living situation is more difficult, and the risk of depression is greater. Therefore, the study on the risk of depression and intervention of rural elderly population is particularly important.

2. Definition of Geriatric Depression

According to the World Health Organization (WHO) file “International classification of diseases and related health problems (ICD - 10)” (1992), referring to the onset of depression in 60 years later, with significant and lasting emotional for the clinical features of a kind of emotional disease, accompanied by change of thinking and behavior and the body symptoms, generally longer course of disease, and have a tendency to ease and recurrence.

We consider geriatric depression as the definition of generalized, refers to that in old age (60 or
higher) of depression, with significant and lasting emotional as the main characteristics of a kind of emotional disease, accompanied by change of thinking and behavior and the body symptoms.

3. Literature Review

Different factors influencing the depression of the elderly have been discussed at home and abroad. Part through to the domestic and foreign research found that the influence degree of the influence factors of senile depression, including income level, social support, health level, etc., but factors such as age, gender, education level of the influence of senile depression is difficult to reach an agreement.

The effects of age on depression in the elderly are not direct, Tang Dan (2010) believed that age and health, income level, and marital status had certain collinearity, when the related factors included in the regression model, age for the forecast of geriatric depression effect would disappear [1]. Ju J. Y. (2013) also found that there was no direct correlation between age and depression in older adults [2]. Education is also often considered a protective factor for mental health in the elderly. Studies such as Chung S. (2008) suggested that older people with lower levels of literacy were more likely to suffer from depression [3]. Deng Peng (2008) and others pointed out that elderly people with poor economic conditions were prone to pessimistic depression because of low social status, unsatisfactory demand and unsecured life [4]. The level of physical health has a significant effect on the condition of depression. Bai Tao (2012) found that chronic disease and disability were important factors that influenced the depression of old age [5]. As for the factor of social support, research by J. Yang (2009) found that social support had a good regulatory effect on the negative sex parts and depression in elderly people, and also validated the social support buffer hypothesis. [6]

4. Research Method

4.1 Sample

We adopt the method of multistage stratified random sampling and spot investigation, selecting typical area in Chongqing, issuing 550 questionnaires, considering the data quality, we dropped some incomplete questionnaires and all took account in 537 members, the recovery was 97.64%. The questionnaire consists of five parts: the basic information of the elderly and the status of the family, health, disability and the status of the care, social security and welfare, economic evaluation conditions.

We selected depression as the dependent variable. At the same time, the independent variables can be divided into three categories: personal characteristics (basic information for the elderly, economic status, disability status), family characteristics (empty nest, the main support person conditions), social characteristics, infrastructure conditions (friends).

4.2 Statistical analysis

First, 24.36 percent of the 537 rural elderly feel depressed. And more than half of the depressed elderly are women; 94.10% of depressed elderly are in poor economic condition; 39.88% of depressed elderly people are over 80 years old; 75.24% of depressed elderly have no spouse, compared with older adults with a spouse. Second, other variables, this study found that in terms of personal characteristics, most depressed elderly average education level is not high, 75.76% of the elderly education level is “has not been to school” or “primary school level”.

In terms of family characteristics, most depressed elderly have no spouse or “primary school level”.

In terms of family characteristics, 15.11 percent of the elderly are in an empty nest, and most of the elderly have major support. In terms of social characteristics, most elderly people are socially weak, and most elderly people are not satisfied with the surrounding facilities.

4.3 Interview and cases

For further in-depth analysis of the risk factors that affect the rural elderly depression and its working path, the project team randomly selected in the process of investigation for more than 10
rural elderly who exert a significant risk of depression and tendencies to do semi-structured interviews. For one thing, through interviews, we can rationally reflect real depression status, such as inner real view, with people’s enthusiasm, and many other aspects. For another, through voice communication and field observation, the effect of depression on the quality of life is scientifically reflected. The results also proved that the main factors that influence the depression of old age were the loss of energy, empty nest, marriage and poverty.

Table 1. Summary of typical interview of rural geriatric depression.

<table>
<thead>
<tr>
<th>Num.</th>
<th>Information</th>
<th>Economic status</th>
<th>Physical condition</th>
<th>Symptoms</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uncle Zhang: 76 years old.</td>
<td>1 nearly humble flat. No other electric appliances except some daily tools.</td>
<td>Moderate disability, angina pectoris</td>
<td>Keep quiet, Always sign, React slowly</td>
<td>His wife died three years ago, and his children migrate. No economics sources.</td>
</tr>
<tr>
<td>2</td>
<td>Granny Wang: 68 years old.</td>
<td>2 adobe dwellings only with some daily tools and the electric fan.</td>
<td>Severe disability heart disease</td>
<td>Burst into tears when talking about sons. Insomnia</td>
<td>No kids. Severer depression as the severer disability.</td>
</tr>
<tr>
<td>3</td>
<td>Granny Su: 74 years old.</td>
<td>Live with her son, 1brick house with various kinds of electric appliances.</td>
<td>Mild disability, Unhealthy, rheumatism rheumatic fever</td>
<td>Be afraid of daughter in law, and always keep in silence</td>
<td>Be feud with her daughter-in-law. Suffer from the pain of losing husband.</td>
</tr>
<tr>
<td>4</td>
<td>Granny Li: 69 years old.</td>
<td>Live with her son and allocate all houses to her two sons.</td>
<td>Severe disability, Parkinson’s disease</td>
<td>Exclude others and sob when talking.</td>
<td>Suffer the pain of economic trouble, cannot afford the cost.</td>
</tr>
<tr>
<td>5</td>
<td>Uncle Sun: 67 years old.</td>
<td>Live alone in a mud house with some daily equipment.</td>
<td>Malnutrition</td>
<td>Yell at others frequently and exclude others</td>
<td>Two sons take care of granny Li by turn.</td>
</tr>
<tr>
<td>6</td>
<td>Uncle Li: 75 years old.</td>
<td>2 adobe dwellings with little decoration.</td>
<td>Moderate disability apoplexy</td>
<td>Always feel down and angry at others</td>
<td>Quarrel with neighbors easily and loudly.</td>
</tr>
<tr>
<td>7</td>
<td>Granny Sun: 82 years old.</td>
<td>3 adobe dwellings with all the necessary equipment.</td>
<td>Mild ability anemia</td>
<td>Insomnia, always sob and feel down</td>
<td>Be feud with her daughter-in-law and fight with neighbors.</td>
</tr>
<tr>
<td>8</td>
<td>Uncle Li: 79 years old.</td>
<td>70m² flat which is decorated.</td>
<td>Moderate ability rheumatism</td>
<td>Yell at others frequently</td>
<td>Grumpy, be feud with neighbors and relatives.</td>
</tr>
</tbody>
</table>

5. Results

Through quantitative analysis, we find three major risk factors of geriatric depression, in further case interview and comparative analysis of qualitative analysis proved the three major risk factors such as risk of physical disability, risk of lack of social support and risk of poor situation, are significant effects for senile depression. Otherwise, the main path of depression risk of rural elderly is summarized as follows.

5.1 Risk of physical disability

For the elderly who lose their ability, the particular situation will directly narrow the activity range of the elderly group and increase their activity costs. In both theory and practice, restricted activities have a significant negative impact on mental health. Long hours of small activities and persistent dependence on others will greatly aggravate the mental burden of the elderly. Disability
elderly limited due to the body activity, reduce the frequency of interactions with relatives, friends, and daily life care and spiritual consolation rely mainly on provide emotional and financial support of family members. Social interaction in a small area for a long time will directly lead to narrow social circle, would not only reduce the contact new things with the outside world, will make them unable to form a correct concept of health, mental health cause great negative impact of the age. Among them it is worth mentioning that social interaction is more significant for the impact of women than men, from the point of theory combined with the instance, this is because the female psychological more sensitive and exquisite, loneliness is generally stronger than men.

5.2 Risk of lack of social support

The supporting role of social support theory emphasizes the social system, structure of society as a whole, it is made up of interrelated parts, which will influence each other between the parts, and every part of contribute to the overall function of the play. Bowen believes that each family member has their own role and rules to follow, and they respond to others in a specific way according to their roles.

The culture of “home” directly reflects the family support is the core part of the support level, but with the popularity of “4-2-1” family structure, support the degree of risk mainly through child support weakened, and the lack of marriage care decompose the elderly family support network, compound the psychological burden and pension costs. As family members and the elderly distance increasing, or working outside of their children, or a spouse has died, are difficult to meet a crisis in the elderly to service and assistance.

5.3 Risk of economics difficulties

According to Maslow’s hierarchy of needs, a safe and self-sufficient life is the lowest level of needs, and the availability of a certain amount of economic resources constitutes a quality of life that meets the needs of security. The economic level of rural elderly has a strong influence on the quality of life. A large number of medical expenses cannot be filled and the daily conditions cannot be met, which will greatly affect the quality of life of the elderly.

The status of the elderly in the family and the society is generally proportional to their economic income, independent economic ability and higher income relative to their children and neighbors. Conversely, it is easy to develop low self-esteem and negative emotions, which can make them in a low mental state. The rural elderly, who have lost the ability to work, can no longer bring benefits to the family and society, and they are considered to be worthless and will only burden others. In addition, along with the age growth and the elderly chronic disease, heavy economic pressure makes the elderly have intense remorse and self reproach, and self-denial is increasingly intense, which seriously damages to their mental health.

6. Conclusion

In order to improve the level of rural old-age insurance, the government will need to accelerate the whole coverage process of social endowment insurance, and further expand the coverage area of rural old-age insurance. Second, we must make clear the fiscal responsibility of the government, increase the investment, and raise the standard of basic old-age insurance. At the same time, the development of the aged commercial health insurance can provide more choices for the rural elderly.

The mental health of rural elderly has been the focus of social attention. However, the government has not yet issued a special policy on the mental health of rural elderly, and the society has not paid enough attention. Social support is the buffer for the elderly to cope with the negative aspects of life, which is a protective factor for the depression of the elderly. In order to promote the mental health construction of rural elderly, it should play a positive role in the mental health of the elderly in rural areas.

At present, China’s rural areas have not yet formed a comprehensive pension system, and the pension mode is single and the overall level is low. In the rural elderly mental health problem, the
family, the community, the government, the society four subjects still present the state of fragmentation, so that the resources cannot be effectively utilized. The multi-center governance theory holds that the various subjects should strengthen the contact and enhance the interaction.

Through the above intervention system, both to broaden the channels of funding sources, rich rural elderly spiritual construction way, and with the aid of social public opinion propaganda, urging people to attach importance to the rural elderly mental health problems. Thus, a multi-level mental health care system for rural elderly is constructed.

References