A study of gender differences of mental health problems among aged persons

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ABSTRACT

Over the years, there has been a shift in the population structure with an increase number of the elderly. To grow older is a natural phenomenon. Our understanding of the influence of ageing on mental health problems has undergone significant revision in past few decades. Mental health of elderly is influenced by ageing changes in the body and brain, socio- economic and psychological factors. The present study was designed to understand individual and gender differences in mental health problems in old age. For this, 204 aged persons, between 60-84 years of age were evaluated on Personality Assessment Inventory (PAI) administered with Morey (1999), out of 204 participants 104 were males and 100 were females. Obtained data were analyzed by applying t test.

KEYWORDS : Mental Health Problems, Aged Persons.

Introduction : As people grow older, they are experimentally as well as physically, that is, they gather experiences and expand their worlds. In western society growing older is not always easy, especially because of the negative stereotypes associated with the aging process. Although older adults facing aging from a mature and experienced vantage point, are in good health, and look forward to fruitful retirement, they also face many challenges. Sometimes family health their own or a spouse complicates life; sometimes society's negative attitudes complicate it. In general, being over sixty-five, like being over twenty, brings with it new developmental tasks- retirement, health issues, and maintenance of a long –term standard of living.

Our understanding of the influence of aging on mental health problems has undergone significant revision in the past few decades. Early negative stereotypes about increased rated of population that occur in old age have been challenged by empirical accounts of reduced incidents of and prevalence rated of many psychological problems in aged persons (Kessler et al., 1992; Kessler et al., 1994; Vaillant, 1996., Mutharayappa and Bhat, 2008). In general, recent research on psychological functioning in aged suggest that, despite exposure to increasing number of uncontrollable changes and losses associated with aging such as health problems and bereavements, the majority of older adults reports greater level of contentment that at any point in the life span. These finding suggest that a life line of exposure to the inevitable stresses of life results in enhanced coping abilities and adaptation, not in cumulative negative effects (Brandstedter etal., 1993).

India is a developing country, is in the grip of fast demographic transition. According to an estimate about every minute 23 Indians become old, 50 % of the world's elderly adults in Asia and

out of which 23% live in India. The total population of elderly is expected to reach 12.6% in 2025. The leading cause of death in India is cardiovascular disease (CVD) and non –communicable disease (Guha Roy, 1991). The prevalence rate of metal morbidity of 60 years and above was estimated at 89 per 1000 population, about 4 million of the country population. Affective disorder in late age, particularly depression and dementia from the bulk of total mental morbidity. Neurotic disorders are relatively infrequent (Venkoba Rao, 1997).

Most of the earlier studies investigating mental health problems in aged have focused on single psychiatric diagnosis or condition. As a result, there have been gaps in knowledge pertaining to the relationship among mental health problems prior and post to the onset of aged persons. Comorbidity of various mental health problems have been rarely studied with multivariate methodology. The present study was designed to understand individual and gender differences in mental health problems in aged persons and to describe the clusters of mental health problems comorbid the progression of ageing. Thus, overall the present study has been designed to understand more systematically the mental health problems which comorbid in ageing.

Methods:

Sample:
The sample used in the present study consisted of two groups of subjects i.e. Males (N=104) and Females (N=100).

The sample for the present was drawn from the old persons of Rohtak and Kurukshetara districts, Haryana. The participants are living in Rohtak and kurukshetra city through they have rural basis. Most of them were retired from various state or central services. The test was administered on only those who volunteered to participate.

Measures/Tests:
The participants of the study were tested with Personality Assessment Inventory (PAI, Morey, 1999). PAI is a self administered objectively scorable inventory designed to provide information on critical clinical variables. PAI originally consists of 344 items comprising 22 non-overlapping full scales: 4 validity scales, 11 clinical scales, 5 treatment consideration scales, and 2 interpersonal scales. The validity scales are Inconsistency (INC), Infrequency (INF), Negative Impression (NIM), and Positive Impression (PIM). Clinical Scales consists of Somatic Complaints(SOM), Anxiety(ANX), Anxiety Related Disorder(ARD), Depression(DEP), Mania(MAN), Paranoia(PAR), Schizophrenia(SCZ), Borderline Feature(BOR), Antisocial Feature(ANT), Alcohol Problem(ALC), and Drug Problems (DRG), and Treatment Consideration scales include Aggression (AGG), Suicide Ideation (SUI), Stress (STR), Non-Support (NON), and Treatment Rejection (RXR). Interpersonal scales consist of Dominance (DOM) and warmth (WAR). In the present study PAI was used that consists of 344 items, which give estimates of scores for 20 of 22 full scales. Ten of the full scales contain conceptually derived subscales designed to facilitate interpretation and coverage of the full breadth of complex clinical constructs. In the present study PAI was scored for all 22 full scales variables. The variables of PAI have reported to be satisfactory across various clinical samples.

Results and Discussion:
Obtained data were analyzed using the SPSS 16 for descriptive statistics (Mean and SD) ascertain the normality of data, t-ratio to compare the two groups (Males and Females) in terms of significance of differences in mean scores of 22 variables (Table-1).

TABLE NO. 1:- MEAN AND THE T SCORE OF MENTAL HEALTH PROBLEMS OF AGED (MALES AND FEMALES).

Sr. no.	Variable	Males (M)	Females (F)	T-score	S/NS
1	SOM	23.65	26.00	1.37	NS
2	ARD	28.26	31.96	2.86	S
3	MAN	19.21	20.86	1.55	NS
4	SCZ	20.65	15.20	5.61	S
5	ALC	7.17	1.18	9.07	S
6	DRG	7.76	1.50	11.8	S
7	ANX	19.40	23.50	3.08	S
8	DEP	23.65	25.46	1.10	NS
9	PAR	28.26	27.58	0.56	NS
10	ANT	19.21	10.28	9.4	S
11	BOR	24.38	19.04	3.39	S
12	NIM	4.96	2.68	5.56	S
13	WRM	19.76	19.20	0.60	NS
14	DOM	23.53	17.80	8.42	S
15	AGG	18.80	14.0	4.89	S
16	SUI	5.76	3.42	2.10	S

A perusal of table of means and t scores reveals that old males have been found to score high on measures of mental health variables such as Schizophrenia (SCZ), Alcohol problems, drug problems, anti- social features , borderline features, negative impression, dominance, aggression, and suicidal ideation. It depicts that old males after retirement tend to develop symptoms and behavior and related to broad spectrum of schizophrenic disorders i.e., psychotic experiences, social detachment, thought disorders, problematic consequences of alcohol use and features of alcohol dependence, problematic consequences of drug use and features of drug dependence, anti- social behaviors, egocentricity and stimulus seeking, affective instability, identity problems, negative relationship and self hare negative impression, dominance, aggression and suicidal ideation. Our findings are similar to the findings of Venkoba, 1997and Thorpe, 1997.

On the other hand, old females have scored high on measures of mental health variables i. e. anxiety related disorder and anxiety. It posits that females tend more to develop the symptoms and behaviors related to specific anxiety related disorders such as obsessive compulsive disorder, phobic and traumatic stress disorders. They also tend to exhibit the anxiety consisting of affective, cognitive and psychological symptoms. Our findings are similar to the findings of Usharsee, 2001.

Regarding the gender differences in mental health problems, it was found that old males scored significantly high on measures of schizophrenia, Alcohol problems, drug problems, anti-social features, borderline features, negative impression, dominance, aggression, and suicidal ideation. It depicts that males tend to develop above mentioned mental health variables such as anxiety and anxiety related disorders. It posits that females tend to more vulnerable to develop anxiety spectrum disorders in their old age. Our findings are similar to the findings of Stanley, et al., (2001).

Comparison of two factor solutions clearly depicts that mental health of females in Haryana is better than those of males. Findings of the present study indicate that females are more satisfied and adjusted with current old age life than their counterpart males. Male's mental health problems as

a consequence of ageing are more complex and multidimensional than those of females. It reveals that old males and females view their old age current life differentially. The present study indicates that old females in Haryana tend to be more adjusted with their current life situations than the males.

The differences in mental health problems of males and females are well understandable in the light of cultural dispositions of Haryana. Females since mainly used to confine in the household affairs, do not feel the social around emotional vacuum as they invest most of their time in rearing up of the air grandsons and daughters. They keep to themselves busier in looking after the households and their next to next generations. On the other hand, males who have been incharge of outdoor appears and engage activity in their occupations and professions perceive more emotional and social vacuum and as a result become victim of negative consequences of aging. So they are more vulnerable to develop more adjustments problem and other behavioral problems.

Implication:

These results provide information about Aged persons that may be useful in their mental health. Awareness of, and early identification of, emotional disorders will hopefully enable quick referral to agencies trained to deal with problems of psychological adjustment. The main implication of the present findings lie in the fact that above mentioned mental health and behavioral variables on which aged persons have scored significantly high, must be taken into account in both the diagnosis and treatment of ageing problems. Hence, the present study is suggestive for eclectic approach (collaboration of medical and psychosocial treatment) to be used in both the diagnosis and treatment. For more generalizable results it is suggested to carry out the similar studies on large samples.

REFERENCES :

Brandstadter, J., Wentura, D. and Greve, W. (1993). Adaptive resources of the ageing self: Outlines of an emergent persepective. *International Journal of Behaviour Development,* 16, 323-350.

Guha, R.S. (1994). Morbidity related epidemiological determinants in India aged An overview. Public Health Implications of ageing in India. New Delhi: *Indian Council of Medical Research.* 114-125.

Kessler, R.C., Foster, C., Webster, P.S. and House, J. (1992). The relationship between age and depressive symptoms in two national surveys. *Psychology and Ageing*, 7, 119-126.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B. et al. (1994). Life time and 12 months prevalence of DSM- III-R psychiatric disorders in the united states: results from the national co morbidity study. *Archives of general Psychiatry,* 51, 8-19.

Mutharayappa, R. and T.N. Bhat, 2008. 'Is lifestyle influencing morbidity among elderly*?' Journal of Health Management*, 10 (2), pp.203–17.

Stanley, M.A., Roberts, E.E., Bourland, S.L. and Novy, D.M. (2001). Anxiety disorders among older primary care patients. *Journal of Clinical Geropsychology*, 7 (2), 105-116.

Thorpe (1997). The treatment of psychotic disorders in late life. *Canadian Journal of Psychiatry*, 42, 19s-27s.

Usharsee, S. (2001). Perceptions of social supports among the aged women. *Journal of the Indian Academy of Applied Psychology*. 26(1-2), 115-118.

Vaillant, G.E. (1996). A long term follow up of male alcohol abuse. *Archives of general Psychiatry*, 53, 243-250.

Venkoba, R.A. (1997). Psychiatric morbidity in the aged. *Indian Journal of Medical Research,* 106, 361-369.