

## Depression Among Pensioner and Non-Pensioner Persons

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### ABSTRACT

Aim of the present study was to assess depression among elderly people who receive pension and who are non-pensioners. Other aim was to measure depression with reference to type of persons and gender. The Jansari Depression Scale by Jansari A. (2018) was used for measuring depression. The sample consisted of 120 people out of which 60 were pensioners (30 male and 30 female) and 60 were non-pensioner persons (30 male and 30 female). The data was collected from normal population of Ahmedabad District. The scoring and interpretation were done as per the manual. For analyzing the data, 'F' test was calculated. The results showed that 1. There is no significant difference between the mean score of depression among pensioner and non-pensioner, 2. There is significant difference between mean score of the depression among male and female. From the results, it can be seen that females have higher depression levels compared to the male group, 3. There is no significant difference between interactive effect of the mean score of the depression among type of persons and gender.

**Keywords:** *Depression, Pensioner and non-pensioner persons, Male & Female.*

Imagine depression as a weather forecast for your mood. There's a 100% chance of clouds and showers on Monday and Tuesday as well. Wednesday looks just as grim. Actually, the next two weeks show nothing but storms. You're stuck in this crappy weather pattern and there seems to be no relief in sight. You have company, but you still might feel alone. Depression or major depressive disorder (MDD), the term for clinical depression is one of the most common mental health conditions, affecting an estimated 350 million people in all age groups. The clinical definition, based on the fifth edition of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5), is "a period of at least two weeks when a person experiences a depressed mood or loss of interest or pleasure in daily activities, and has a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth." This definition excludes grief after mourning.

What is depression? Sadness or downswings in mood are normal reactions to life struggles, setbacks, and disappointments. Many people use the word depression to explain these kinds of feelings, but depression is much more than just sadness. Some people describe depression as living in a black hole or having a feeling of impending doom. However, some depressed

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people don't feel sad at all—they may feel lifeless, empty, and apathetic, or men in particular may even feel angry, aggressive, and restless. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), depressive symptoms include feeling sad or empty, markedly diminished interest or pleasure in activities, weight gain or loss, insomnia or hyper-somnia, psychomotor agitation, fatigue, feelings of worthlessness, diminished ability to think or concentrate, and recurrent thoughts of death (APA, 2000).

These feelings must also be accompanied by at least five other common symptoms of depression, including:

- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Change in appetite, losing or gaining weight
- Sleeping too much or not sleeping well (insomnia)
- Fatigue and low energy most days
- Movements that are unusually slow or agitated (a change which is often noticeable to others)
- Thinking about death and dying; suicidal ideation or suicide attempts
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Symptoms of depression are the same in any age group. They can include:

- Sadness
- Feelings of worthlessness
- Irritability
- Fatigue
- Crying spells
- Apathy
- Restlessness
- Lack of concentration
- Withdrawal
- Sleep problems
- Changes in appetite
- Thoughts of suicide
- Physical aches and pains.

Ageing is a natural and universal process. As age increases, more and more health problems are bound to occur. Apart from the physical health, mental health can also get affected at the later part of life. Among the age-related problems, depression is on the rise in the elderly. The factors associated with depression in the elderly can include loneliness, death of the significant other, financial dependency, social dependency, lack of mobility, health problems etc. According to the World Health Organization, the prevalence rate of depression among the elderly is around 10 to 20%. With the advancement of technology, life expectancy is

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increasing and with this increment, geriatric depression and other health conditions might also shoot up.

Depression is not age bound. Most of the studies on depression among elderly people published between 2012-2016 have reported that prevalence rate of depression is increasing. 51 studies from 16 states of India that served as the datasets estimated the prevalence of depression among Indian elderly to be around 34.4%. The research published in 2019 on 'Prevalence of depression among the elderly' by Pilia, M., Yadav, V., & Poongathi, S. concluded that depression is more common among the females than the males. Depression among the elderly in India is yet not perceived as a public health concern. Thus, it's imperative to conduct researches in this area and to bring awareness among the people.

Depression is among the most treatable of mental disorders. Between 80% and 90% percent of people with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms. Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation, including an interview and a physical examination. In some cases, a blood test might be done to make sure the depression is not due to a medical condition like a thyroid problem or a vitamin deficiency (reversing the medical cause would alleviate the depression-like symptoms).

### LITERATURE REVIEW

Mehta, Charchit & Desale, Atul & Kakrani, Vandana & Bhawalkar, Jitendra conducted a study 'Economic Dependency and Depression in Elderly' in 2016. The aim of this study was to assess the level of depression among the elderly population and to check whether economic dependency has an association with the extent of depression or not. The Geriatric Depression Scale was administered on a randomly selected sample who were at the Geriatric clinic of a tertiary care hospital. Based on the scores, the sample was categorized into mild, moderate and severe level of depression groups. The analysis showed that 52.4% of the elderly were depressed and depression was more prevalent among the females. Elderly people who were economically backward, were not working and not receiving pension were more depressed compared to those who were financially independent. Moderate to severe depression was reported among those who were financially dependent compared to those who were financially independent. It can be concluded that factors like economic dependency, working status, pension status etc. are associated with depression among the elderly population.

Fernández-Niño, J. A., Bonilla-Tinoco, L. J., Manrique-Espinoza, B. S., Romero-Martínez, M., & Sosa-Ortiz, A. L. carried out a study on 'Work Status, retirement and depression in older adults: An analysis of six countries based on the Study on Global Ageing and Adult Health (SAGE). This was a cross-sectional study that was conducted with elderly people (60 & above) from six different countries (Mexico, India, China, Russia, Ghana and South Africa). The aim was to find an association between occurrence of a major depressive episode and working status of the elderly belonging to low- and medium-income countries. ICD-10 diagnostic criteria were used to determine the occurrence of a major depressive episode in the past 1 year. Binary logistic regression model was used to find an association between MDE and current work status. And interactional effect between the working status and country was also calculated. The results showed that elderly people who were retired and receiving pension were at a lower risk of having an MDE compared to those who were still working. This aforementioned result was significant for men in China and Ghana and for women in India and South Africa. Retirement without pension had no significant

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association with MDE for any country. South African and Mexican women who are homemakers showed a significant association with MDE. Thus, it can be concluded that association between work status and occurrence of an MDE differs from country to country.

Swarnalatha N. (2009) assessed 'The Prevalence of Depression Among the Rural Elderly in Chittoor District, Andhra Pradesh. The objectives of this study were to assess the prevalence of depression among the elderly and to determine the epidemiological factors associated with depression. Four hundred elderly people who were above the age of 60 participated in this cross-sectional, observational and community-based study. The data was collected through interviews, observations and clinical examinations. The analysis showed that 47% of the elderly were depressed. The prevalence rate of depression was more among the people who were above the age of 80. Females had a higher depression rate compared to the males. Prevalence of depression was significant among illiterates, partially economically dependent, elderly who were below the poverty line and who were residing alone. It can be said that depression has a positive association with increasing age, illiteracy, females, economically dependent, elderly living alone and people belonging to low-socio-economic groups.

### RESEARCH METHODOLOGY

#### *Objectives*

The objectives are:

- To know whether depression is more among pensioner and non- pensioner persons.
- To know whether depression is more among male and female.
- To know whether there is any difference among the depression among type of persons and gender.

#### *Hypotheses*

- There will be no significant difference between the mean scores of depression among pensioner and non- pensioner persons.
- There will be no significant difference between mean score of the depression among male and female.
- There will be no significant difference between interactive effect of mean score of the depression among type of persons and gender.

#### *Sample*

The sample of the present study constituted of total 120 persons out of which 60 were from pensioner persons (30 male and 30 female) and 60 from non-pensioner persons (30 male and 30 female).

#### *Research Design*

A total sample of 120 persons equally distributed between gender and area from Ahmedabad District were selected for the research study.

*Table showing the sample distribution*

Gender	Type of Persons		Total
	Pensioner	Non-Pensioner	
Male	30	30	60
Female	30	30	60
Total	60	60	120

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### Variables

#### Independent variables

1. Type of Persons: Pensioner and Non-Pensioner.
2. Gender: Male and Female.

#### Dependent variable

1. Depression score

#### Inclusion criteria

1. Elderly who were 60 and above were only included in the study.
2. The data was collected from pensioners and non-pensioners only.
3. Data was collected from Ahmedabad District only.

#### Exclusion criteria

1. People below the age of 60 were excluded from the study.
2. Elderly receiving any other financial assistance from government schemes were excluded.

#### Research Tools

The Jansari Depression Scale by Jansari A. (2018) was used for the purpose of data collection. There are 40 items in the scale. The scoring is on four-point alternatives, viz., too much, much, little and too little. Reliability of this test is computed by test – retest method. The test- retest reliability of the scale is 0.4803 and the split-half reliability is 0.6201.

#### Procedure

The survey method was used for the purpose of data collection. Sample was selected from Ahmedabad District. After rapport establishment, consent was taken from each participant for the purpose of data collection. Confidentiality of the participants was maintained throughout the research. The ‘Depression Scale’ was administered, scored and interpreted as per the manual. The statistical method ‘F’ test was calculated and results were analyzed.

## RESULT AND DISCUSSION

**Table: 1** The Table showing sum of variance mean ‘F’ value and level of significance of type of persons and gender.

Sum of Variance	Df	Mean	F-value	Sign. Level
SS <sub>A</sub>	1	282.13	0.81	N.S.
SS <sub>B</sub>	1	1569.63	4.52	0.01
SS <sub>A*B</sub>	1	53.34	0.15	N.S.
SS <sub>Error</sub>	116	347.25	-	-
SS <sub>Total</sub>	119	42185.97	-	-

\*0.05=3.92, \*\*0.01=6.84, N.S.= Not Significant

**Table: 2** The Table showing the Mean Score of depression among pensioner and non-pensioner persons.

	A (Type of Persons)		‘F’ value	Sign.
	A <sub>1</sub> (Pensioner)	A <sub>2</sub> (Non-Pensioner)		
<b>M</b>	95.55	92.48	0.81	N.S.
<b>N</b>	60	60		

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The above table no.2 shows the mean score of depression among pensioner and non-pensioner persons. The mean score of pensioner persons group is 95.55 and non- pensioner persons group is 92.48. The ‘F’ value is 0.81, which was found to be not-significant at 0.05 level. The hypothesis no.1 that, “There is no significant difference between the mean score of the depression among pensioner and non- pensioner” is accepted.

**Table: 3 The Table showing the Mean Score of depression among male and female.**

	B (Gender)		‘F’ value	Sign.
	B <sub>1</sub> (Male)	B <sub>2</sub> (Female)		
M	90.40	97.63	4.52	0.01
N	60	60		

The above table no.3 shows the mean score of depression among male and female. The mean score of male group is 90.40 and female group is 97.63. The ‘F’ value is 4.52 is significant at 0.05 level. This means that the two-group interaction effect under study differ significantly in relation to depression and gender. It should be remembered here that, according to scoring pattern, higher score indicates extremely satisfied i.e., depression. Thus, from the result it could be said that, the female group is having extremely depression than male group. Therefore, the hypothesis no.2 that, “There is no significant difference between mean score of the depression among male and female” is rejected.

**Table: 4 The Table showing the interactive effect of the Mean Score of depression among type of persons and gender.**

			A		‘F’ value	Sign.
			A <sub>1</sub>	A <sub>2</sub>		
M	B	B <sub>1</sub>	92.60	88.20	0.15	N.S.
		B <sub>2</sub>	98.50	96.77		
N			60	60		

The above table shows the interactive effect of the depression among type of persons and gender. The result was found to be not-significant from table no.4 shows that ‘F’ value 0.15 is not-significant at 0.05 level. This means that the two group interaction effect under study differ significantly in relation to depression, type of persons and gender. The mean score is 92.60 for the male pensioner group, the mean score is 98.50 for the female pensioner group, the mean score is 88.20 for the male non-pensioner group, and the mean score is 96.77 for the female non-pensioner group. The hypothesis no.3 that, “There is no significant difference between interactive effect of the mean score of the depression among type of persons and gender” is accepted.

### CONCLUSION

1. There is no significant difference between the mean score of the depression among pensioner and non- pensioner.
2. There is significant difference between mean score of the depression among male and female. The result it could be said that, the female group is having extremely depression than male group.
3. There is no significant difference between interactive effect of the mean score of the depression among type of persons and gender.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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