



INFLUENCE OF STRESS AND DEPRESSION ON MENTAL HEALTH AMONG RURAL AGED

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Abstract

An attempt was made in the present investigation to study the influence of stress and depression on mental health in a sample of 120 aged men and women in the age group of 60-70 years, living in rural areas of Chittoor District of A.P. Data were collected by using stress inventory (Bratly and Jones, 1989), depression scale (Shamim Karim and Rama Tiwari., 1986) and mental health inventory (Jagadish and Srivastava., 1983). A 2X2 factorial design was employed. ANOVA was used to analyse the data. The findings of the study revealed that stress and depression have significant influence on mental health.



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Introduction

Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly. Among the elderly, increasing age is associated with higher morbidity and higher use of health services (number of visits to doctors and hospitalizations). The present study indicated that the elderly in rural areas expressed more need for mental health services and experienced greater financial hardship than in urban areas.

Mental health has been hidden behind a curtain of stigma and discrimination for too long. It is time to bring it out into the open. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. In the last few years, the world has become more aware of this enormous burden and the potential for mental health gains

The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential.

It has also been defined as a state of well-being where by individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals.

Today positive psychologists know mental health as positive psychological function and call it "psychological well-being". Mental well-being is a psychological item of life qualification which has been described as person's understandings about life in the field of emotional behaviors and mental performance and mental health dimensions. Some research about mental well-being have shown some dimensions form personality, motivation and cognitive factors which all of them are effective upon persons satisfaction form life. The Psychological well-being model consists of six factors including self-acceptance, positive communication with the others, self-autonomous, purposive life, personal growth and controlling upon environment (Cheng & Chang, 2002).

Mayer & Salovey (2000) believe that emotional intelligence is an important ability to determine the way of using our skills in the best manner. Findings show that emotional intelligence has a negative relationship with psychological helplessness and depression. The interpersonal and different dimensions of emotional intelligence are related to behavior health. Persons with high emotional intelligence show more sensitization to their health and are more resistant against danger and mental pressure.

Eksterma & Fernandz-Berokal (2005) found in one research about the relationship between emotional intelligence with social, mental and physical health that there are relationships between different items of emotional intelligence with depression & anxiety and also with good social function, happiness & positive perception form general health. Persons with better emotional recreating showed little depression & anxiety and had better mental health. Salovey, Mayer, Goldman, Tuvey & Palfal (1995) concluded that emotional intelligence is related to mental health and persons with high emotional intelligence are more resistant against stress. Bar-on & Ghorbani also have confirmed the relationship emotional intelligence and mental health (Bar –on, 2000, Ghorbani, Bing, Watson, Davison & Mack, 2002).

Depression is a combination of feelings including: sadness, loneliness, irritability, worthlessness, hopelessness, agitation, and guilt, accompanied by an array of physical symptoms. Depression appears as a serious public health concern in both developed and developing countries. Although individuals irrespective of age, sex, and socio cultural

background often suffer from varying levels of depressive illnesses; among the elderly (60 years and above) it is the most common psychiatric disorder.

Objectives

1. To examine the influence of stress on mental health among rural aged.
2. To assess the influence of depression on mental health among rural aged.

Hypotheses

1. There would be significant influence of stress on mental health among rural aged.
2. There would be significant influence of depression on mental health among rural aged.
3. There would be significant interaction effect between depression and stress with regard to mental health among rural aged.

Population and Sample

The Psychological tools namely 1. Depression scale developed by Karim and Rama Tiwari (1986), 2. Stress inventory developed by Bratly and Jones, (1989) and 3. Mental health status inventory designed by Jagadish and Srivastava (1983) were administered to 120 aged men and women in the age group of 60+ years. Only the high and low Scorers on these Scales were considered and constituted the sample of the present study and a 2X2 factorial design was adapted to analyze the results.

Table-I. Distribution of the Sample

| Stress | Depression | | Total |
|---------------|-------------------|-----------------|--------------|
| | <i>Mild</i> | <i>Moderate</i> | |
| <i>Low</i> | 30 | 30 | 60 |
| <i>High</i> | 30 | 30 | 60 |
| Total | 60 | 60 | 120 |

Variables Studied

Independent Variables

1. Stress
2. Depression

Dependent Variable

1. Mental Health

Tools

1. **Stress:** Stress inventory developed by Bratly and Jones, (1989).
2. **Depression Scale:** Depression of the subjects was assessed by using depression scale developed by Karim and Rama Tiwari (1986). The reliability of the test was established by test-retest method and it is 0.82.

3. Mental Health Inventory: Mental Health Status was assessed by using mental health status inventory designed by Jagadish and Srivastava (1983). The reliability of the test was established by test-retest method and it is 0.82.

Method Of Study

The investigator conducted the tests in two Sessions. In the first session, the investigator distributed the stress and depression scale questionnaire to a group of 20 subjects and they were instructed in greater detail and their responses were obtained on separate answer sheets. In the second session, the investigator distributed the mental health inventory to the same subjects and obtained their responses on separate answer sheets.

Statistical Analysis

The obtained data were subjected to statistical analysis such as Means, SDs, and Analysis of Variance (ANOVA).

Results and Discussion:

Table-II: Means and SDs of scores on Mental Health.

| Stress | | Depression | |
|---------------|------|-------------------|---------------|
| | | <i>Moderate</i> | <i>Mild</i> |
| <i>Low</i> | Mean | 129.13 | 120.26 |
| | SD | 29.75 | 28.69 |
| <i>High</i> | Mean | 140.98 | 138.00 |
| | SD | 25.88 | 26.35 |

Moderate Depression =135.05 Low Stress =124.69

Mild Depression =129.13

High Stress =139.50

A close observation of table-II shows that the mild depression with low stress of rural aged persons obtained a low score of M=120.26 indicate they possess good mental health compared with other groups. Moderate depression with high stress of rural aged persons obtained a high score of M=140.98 indicate they possess poor mental health compared with other groups.

In terms of comparisons, mild depression of rural aged persons (M=129.13) possess good mental health than moderate depression of rural aged persons (M=135.05). Rural aged persons with low stress (M=124.69) possess good mental health than the aged persons with high stress (M=139.50).

There are differences in mean scores of different groups of rural aged related to mental health. However, in order to test whether stress and depression of the rural aged, the data were further subjected to factorial analysis of variance and the results are presented in table-III.

Table-III: Summary of ANOVA for scores on mental health.

| Source of Variance | Sum of Squares | df | Mean Sum of Squares | F-values |
|------------------------|----------------|----|---------------------|----------|
| Stress (A) | 5684.267 | 1 | 5684.267 | 12.92* |
| Depression (B) | 2733.750 | 1 | 2733.750 | 6.21** |
| AXB | 7238.017 | 1 | 7238.017 | 16.46* |
| Within | 103757.967 | 23 | 439.652 | - |
| Corrected total | 119414.000 | 26 | - | - |

** - Significant at 0.01 level

Hypothesis-1. There would be significant influence of stress on mental health among rural aged.

It is evident from table-III that the obtained ‘F’ value of 12.92 is significant at 0.01 level implying stress that has significant influence on mental health among rural aged. As the ‘F’ value is significant, the hypothesis-1, which stated that stress has significant influence on mental health among rural aged is accepted as warranted by the results. Rural aged persons with low stress (M=124.69) possess good mental health than the aged persons with high stress (M=139.50).

Hypothesis-2. There would be significant influence of depression on mental health among rural aged.

It is evident from table-III that the obtained “F” value of 6.21 is significant at 0.01 level implying depression that has significant influence on mental health among rural aged. As the ‘F’ value is significant, the hypothesis-1, which stated that depression has significant influence on mental health among rural aged is accepted as warranted by the results. Mild depression of rural aged persons (M=129.13) possess good mental health than moderate depression of rural aged persons (M=135.05).

Depression in the elderly is the most prevalent mental health problem among older adults. It is associated with distress and suffering and can lead to impairments in physical, mental, and social functioning. The presence of depressive disorders often affects the course and complicates the treatment of other chronic diseases. Older adults with depression visit the doctor and emergency room more often, use more medication, incur higher outpatient charges, and stay longer in the hospital. Although the rate of older adults with depressive

symptoms tends to increase with age, depression is not a normal part of growing older. Psychosocial interventions aimed at promoting social contact or social relationships may help prevent depression in older adults.

The results of the present study corroborate with the findings of (Kraaij & de Wilde, 2001; Forsman et al., 2012) which states that depression was negatively associate with mental health.

Hypothesis-3. There would be significant interaction effect between stress and depression with regard to mental health among rural aged.

It is evident from the table-III that there is significant interaction between Stress X depression (AXB), 16.46 in causing the effect on mental health among rural aged. This indicates that there is significant interaction in causing the effect between stress and depression on mental health. Hence, the hypothesis-3 which stated that significant interaction effect between stress and depression with regard to mental health among rural aged is accepted.

Conclusions

1. Rural aged persons with mild depression possess good mental health.
2. Rural aged persons with low stress possess better mental health.
3. There is significant interaction effect between stress and depression with regard to mental health among rural aged.

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