

Socio Economic Milieu of Depression Among Aged in Punjab, Lahore-Pakistan

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Abstract

The aging is the issue of immediate attention of both developed and developing countries. The type of family has tremendously changed due to rapid urbanization and industrialization and joint and extended families are rapidly changing into nuclear families. The recent social and economic changes have produced a decline both in family's tradition system and capacity to cope with the some of fundamental needs of its aged. It is bringing a cultural gap between the two generations. As the aged are not needed anymore, they have the feeling of isolation and detachment from their families. On the other hand the young generation has materialistic attitude towards life and they do not spend their spare time with their elders to share their problems and routine matters. This is an international and national level issue. Keeping in view the importance of this aspect a research to assess the socio-economic milieu of depression among aged in Punjab, Lahore was designed. Two settlements (Allama Iqbal Town and Walled City) were selected and purposive sampling technique was used to select 100 respondents (50 from each settlement). The Agha Khan University Anxiety Depression Scale (AKUADS) for response categories of the questions was used. The results revealed that in Walled City the respondents have less profound and severe depression as compared with the respondents from Allama Iqbal Town. It is thus observed that in the Walled City the aged had more channels for experiencing themselves. They were more integrated into their families and friends thus having less depression as compared to aged in Allama Iqbal Town. The causes of depression were loneliness, physical dependence, isolation, status conscious relations, male dominance and socio-economic factors.

Key words: Depression, aged, generation, urbanization, industrialization, profound, purposive sampling techniques.

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Introduction

The rapid process of urbanization and industrialization has brought many changes in the types of family. The social transformation is working as catalyst for transformation of extended and joint family to nuclear family. Consequently, it is creating many problems for the elders members of the family.

It was explained by Dar (1996:1) that the aging of the population until very recently has been seen as an issue of immediate concern for the developed countries as well. Similarly, now there is great concern about the rising number of older people in the Developing Countries. The recent economic and social changes which are considered factors of modernization have produced a decline both in family's traditional system of assigning responsibility and its capacity to cope with some of the fundamental needs (social, physical, and psychological) of its aged members. Resultantly, there are many elderly today without means of support and without close kin who are willing to look after them.

The social change is rapidly bringing change in culture, living conditions, educational system, political environment, and many other social institutions which make the norms and values of old people as obsolete one. It is bringing a cultural gap between the two generations. As the aged are not needed anymore, they have the feeling of isolation and detachment from their families. In this age of industrialization and globalization the young generation has materialistic attitude towards life and they do not spend their spare time with their elders to share their problems and routine matters. This state of the affairs-less social interaction compel the older folk to feel lonely and isolated from the main stream of active life. Subsequently, the elders become psychologically disturbed and this situation leads them to isolation.

Age is not only a biological phenomenon but there are social and mental aspects related with it. Aging is degeneration of human body and this degeneration brings with it some social and psychological phenomena as well. To understand we see the definition given by Weeks for aging as: "Age as we usually think of it is a social construct, some thing we talk about, define and

refine on the basis of social categories, not purely biological ones” Weeks (1992:326).

The Social and Biological events can affect the rate of biological at aging. Difference in the rates of aging processes was explained by Woodruff (1975:10). The rates of biological and psychological and social aging may be different in the same individual. Although the biological rates of aging which means the efficiency of bio-organism may contribute to the pace of psychological and social aging a person may feel and behave on a psychological level somewhat apart from how well his body function.

The above mentioned situation has well explained by Baum, (1998:2). He reflected that being old in modernization society amounts to a state of relative deprivation. Knowledge and skills wear out fast in modernity and older people are consigned to premature obsolescence. Society casts them out against their will to suffer social isolation and depression.

Keeping in view the importance of depression among aged group as a part and parcel of our society and especially from Islamic point of view and a social and cultural issue a study was envisaged. The study was conducted in two settlements (Walled City and Allama Iqbal Town) of Lahore City. The both community are heterogeneous and the income level, environment, social pattern of interaction, were also different in them. Therefore, the result of study can be generalized for larger area. A total sample of 100 respondents was selected purposively. The data was analyzed by using the indexing and scale of index and calculation of frequencies. At the end some discussions in line with different experts were also given.

Material and Methods

The universe of the present research comprised of the elderly people of age 65 year and above (both male and female) of “Allama Iqbal Town” and “Walled City” both situated in Lahore. The household respondents were the unit of analysis. Social patterns of interaction in Allama Iqbal Town were more or less similar and the inhabitants had a very low level of social interaction among themselves. On the other hand, the inhabitants had high level of social interaction among themselves in Walled City. People of both localities (Iqbal Town and Walled City) have different level of income so we got variety of responses and were able to make a comparison between the congested and developed open areas.

In the present study the purposive sampling technique was applied. Total sample of 100 respondents was drawn out of which 50 respondents were selected from “Allama Iqbal

Town” and 50 respondents in equal proportion were selected from Walled City.

The instrument used for data collection was Interview Schedule and it was adopted from Agha Khan University. It was an approved Depression Scale called AKUADS (Agha Khan University Anxiety Depression Scale). This was a Likert Scale also called five point scales. This depression scale was in two versions (English and Urdu). The researchers preferably used the Urdu version for data collection for it easy understanding to the respondents. After developing the interview schedule, it was pre-tested before actually going into field. After pre-testing and finalizing the interviewing schedule, the data were collected.

The Agha Khan University Depression and Anxiety Scale used Likert Scale and scores were given to response categories of the questions it ranged from frequently to never as described below.

Category	
Frequently	0
Often	1
Sometimes	2
Never	3
Do not know	4

The next step after scoring was the construction of the score index to measure the level of depression among the elderly persons. Theoretically an aged having profound or severe depression was to mark more than 70% in the never category was suffering from mild to normal depression. The scores for depression were classified into profound, severe, mild and normal depression as below:

Depression (percent)	
Profound	70>
Severe	50-70
Mild	30-50
Normal	<30

Results and Discussion

Level of Depression among Aged

It is shown from the Table: 1 that in the Walled City only 2% of the respondents had profound depression, whereas 38% respondents had severe depression. A substantial number i.e. 48% had mild depression and remaining 12% respondents had normal depression. The last two types of depression are present in most (60%) of the people and it indicates normal day-to-day problems and disturbances. It is thus observed that in the Walled City the aged had more channels for experiencing themselves. They were more integrated into their families and friends thus having less depression. These aged had more friends in neighborhood and frequently met them. The feeling of isolation and loneliness was observed less in these aged.

Table 1 Level of Depression in Walled City

Categories	Frequency	Percentage (%)
Profound depression	1	2
Severe depression	19	38
Mild depression	24	48
Normal depression	6	12
Total	50	100

Whereas in Allama Iqbal Town as depicted from Table: 2, it was observed that a high majority 42% of respondents had profound depression and most of them were under treatment from different doctors, psychiatrists and psychologists. It was observed that 34% of the respondents had severe depression. These types of depression indicate that the psychological adjustment of the

elderly in their families and neighborhood and the level of social integration. So we knew that according to Durkheim when an individual is not well integrated into the society of group, the chances of his/her suicide increases. Only 14% of the respondents had mild and 10% had normal depression.

Table 2 Level of Depression in Allama Iqbal Town

Categories	Frequency	Percentage (%)
Profound depression	21	42
Severe depression	17	34
Mild depression	7	14
Normal depression	5	10
Total	50	100

The aged suspended that they were taking antidepressant suggested by the doctors. Depression could be attributed to weak nerves.

lonely and isolated whereas only 42% aged persons in the Walled City felt lonely. Majority of the aged felt depressed due to the physical adjustment. According to these respondents the deteriorating health conditions restrict their movement and leave them vulnerable to others. This physical dependency also increases their social dependency on children. There was no difference in opinion according to the locality.

Causes of Depression Among Aged

It is observed from the Table: 3 that high percentage (62%) of the respondents in Allama Iqbal Town said that they felt depressed because they had no one to talk to and thus they feel

Table 3 Causes of Feeling Depression

Cause	Allama Iqbal Town		Walled City	
	Frequency	%age	Frequency	%age
No one to talk to (social isolation, loneliness, no friends)	31	62	21	42
Children busy in their routine (not being cared, not being loved)	27	54	23	46
Status conscious relations	19	38	11	22
Male dominance	20	40	19	38
Anonymity of neighbors	22	44	9	18
Physical adjustment (amnesia, cater act, arthritis)	39	78	30	60
Decision making	23	46	10	20
Economic causes (no support by family and neighbors in case of economic need)	10	20	26	52
Differences in opinion	12	24	9	18

In Allama Iqbal Town where social isolation is more here 44% of the respondents felt that because of the anonymity of neighbor they feel depressed because when ever they want to

discuss their problems and tension they never get a chance to discuss it immediately. The children in their locality do not regard them and they rarely express positive sentiments towards them.

While only 18% respondents in Walled City felt in this manner. Most of them had friends in their neighborhood and they discussed day-to-day matters with them.

In Allama Iqbal Town 54% of the respondents felt that because of the busy routine of children they felt depressed. They had no one who could care for them. Whereas 46% respondents also felt that their children were busy in their work but the only difference was that they had other channels to discuss their distress.

A high majority of respondents 52% in Walled City felt depressed due to lack of economic resources while only 20% aged in Allama Iqbal Town felt depressed due to economic problems. In Allama Iqbal Town 46% of the aged felt that now the loss of authority and lack of decision make them depressed because they had lose the position of sole authority and children made their decisions independently.

It was observed that women of both areas felt depressed more than their male counter parts. The main cause mentioned by the respondents of the both areas was the male dominance. They felt that in a male dominating society a female is under the supervision of male throughout of her life. Her own personality is thus snubbed and no one bothers to ask her personal opinion. When she becomes old and her children grow up she feels more powerful. Then she wants that she should be given preference in decision-making and when her opinion is not given weight, she feels depressed.

The present research and the research of Atchely (1980) was same when it concluded that dependency in old age leads to feeling of guilt and thus the aged feels depressed. Dependency leads to decline in their social status.

The research done by Blazer (1978) was supported by present research, which concluded that increase dependency of the aged increases the responsibility of others to work with them effectively.

Both the present research and the research of Neuman (1989) observed the same phenomena that level of depression has a strong link with age and concluded that depression gradually increases as the age increases.

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