

The Ability to Help Themselves and Depression of the Ageing

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Abstract

The objectives of this study were to investigate the ability to help themselves and depression of the ageing based on sex and living conditions. The purposive sampling was employed to select a group of the 702-elderly aged between 60 and 90 years old using statistical values which were Mean (70.29) and Standard Deviation (7.32). The subjects were 285 men and 417 women. Based on the conditions of residence, 470 of them lived with families (Lf) while 232 lived alone (La). The ability to help themselves and depression was classified based on the aging-questionnaire, 2015 and Thai geriatric depression scale (TGDS) by the Ministry of Public Health. The results of the study found that most ageing still have good mental conditions and help themselves as normal basic movement. But it is necessary considered base on a case-by-case depend on the condition of sex, living status and health condition.

Keywords: Aging, Ability to Help Themselves, Depression

Introduction

Thailand is entering the aging society and will enter the aged society in the next 5 years (2021) (Peek, Im-em & Tangthanaseth, 2015). Ageing are people over the age of 60 years, which corresponds to the retirement age of civil servants or general working. Determining the retirement of civil servants or working age due to the fact that people aged 60 years or older enter the old age physical fitness and health are starting to deteriorate. But in some developed countries, retirement is set to 65 years and is likely to be postponed to 75 years (Tokuda & Hinohara, 2008).

As of the increasing of the Aging, most of them are not ready to take care themselves, and have no the readiness in the economy. Especially, the health, making these Aging become the burden to the other age. Since when someone become to the Aging, cells and physiology system will be deteriorate which making the ability in the movement and the memory become lower. (Brent,2009) Because of the transition from adulthood to elderly comes with many changes, both the role of society and family are reduced. Self-care that requires more dependency on others, disease and deterioration of various physical performance. Therefore, it is necessary for

the elderly to understand the changes that occur. In order to be ready for thought, emotion, understanding and satisfaction in life.

When entering the elderly or old age, the cells and physiological systems begin to deteriorate. Causes the ability to both movement and memory decline (Brent, 2009), which is the main reason that the body and mind change from a young age. In physical health although not sick with any disease, but the body will deteriorate with increasing age. Especially physical fitness in different fields. The decline with increasing age causes various movements to decrease as well (Shinichi & et al., 2003). It is estimated that 20 percent of people aged 55 years and over have problems with mental disorders. The most common is anxiety or emotional disorders (American Association of Geriatric Psychiatry, 2008)

Aging will reduce the ability to perform various lifestyle activities, decrease self-management abilities resulting in a lower quality of life of the elderly, causes the most changes in both the mind and body. Some elderly tends to face stress, decreased of happiness and the ability to look after oneself and their roles in family and society is reduced. Make it necessary to adjust in many ways to balance both the body and mind, healthy life both physically and mentally may be the best defense against the changes of ageing brain (Peters, 2006)

Therefore, the study about the ability to help themselves and depression of the aging is essential especially in the aging society. High quality of life in aging depends on the ability to help themselves and depression (physical and mental). (Hopman-Rock & Westhoff, 2000, Von Faber, Bootsma-van derVan Exel & et al., 2001)

Even though Thailand is an absolutely aging society and there are many studies done on aging. But there are few studies on the ability to help themselves and depression of the aging. For the reason, this study aimed study the ability to help themselves and depression of the ageing based on gender and living conditions will be a guideline for health management for the elderly in order to manage with efficiency.

Research Methodology

The research is a quantitative survey research. The subjects were 720 ageing (285 men and 417 women, 470 living with families and 232 living alone) aged 60 years and over. The subjects were selected by the purposive sampling selected from Maeka Sub-district, Muang District, Phayao Province; Tantong Sub-district, Wang Nuea District, Lumpang Province and Ban Du Sub-district, Muang District, Chiang Rai Province. Sample size was calculated with Taro Yamane (1967) at a 95% confidence level.

Research Instrument

The research instrument used in this study was the aging questionnaire, 2015 and Thai geriatric depression scale (TGDS) by the Ministry of Public Health. Classified the ability to help themselves and depression of the elderly

Data Analysis and Statistics

- 1) The data were collected focusing on the ability to help themselves and depression of the ageing. Data analysis was conducted using three statistical values that are percentage, Mean, Standard Deviation.
- 2) Independent t-test was used to compare the mean scores obtained from depression of the ageing between males and females and between two kinds of living conditions.

Research Results

The average ages of the subjects in this study were 70.81 (for men) and 70.02 years old (for women). In men, an average body weight was 59.45 kg and an average height was 163.94 cm. The average body weight of the women was 55.28 kg and the average height was 156.20 cm. Both groups consisted of a number of those with no occupation (57.9 % for men and 52 % for women). Regarding widowhood, women had a higher ratio than men while men showed a

higher score of being unmarried. Considering the living conditions, comparing between the elderly living with their families (Lf group) and the elderly living alone (La group), the median age of the Lf group was 70.06 while La group was 70.92) For the average weights of the Lf group and La group, 57.19 kg. was of the former and 56.54 kg. was of the latter. The average height of the Lf group was 163.94 cm. and 159.11 cm. were that of La group. The La group had a higher portion of people with no occupation than the Lf group. In addition, the La group had a higher ratio of being single than the Lf group. The data is presented in table 1.

Table 1 General information, by Gender and Residential Conditions

General Information	Sex				Residential Conditions			
	Men (285)		Woman (417)		Living with family (470)		Living alone (232)	
	Number	%	Number	%	Number	%	Number	%
With occupation (employed)	120	42.1	200	48	283	50.6	82	35.3
Without occupation (unemployed)	165	57.9	217	52	234	49.4	150	64.7
Married	151	53	186	44.6	282	60	55	23.7
Widowed	61	21.4	158	37.9	117	24.9	102	44
Divorced	10	3.5	19	4.6	10	2.1	19	8.2
Single	63	22.1	54	12.9	61	13	56	24.1
Age	Mean 70.81		Mean 70.02		Mean 70.06		Mean 70.91	
	S.D. 7.10		S.D. 7.11		S.D. 7.32		S.D. 7.26	
Weight (cm.)	Mean 59.54		Mean 55.28		Mean 57.19		Mean 56.54	
	S.D. 8.59		S.D. 9.03		S.D. 9.08		S.D. 9.09	
Height (kg.)	Mean 163.94		Mean 156.20		Mean 159.11		Mean 159.80	
	S.D. 7.68		S.D. 7.25		S.D. 8.19		S.D. 8.63	

As shown in table 2, Positive Thinking, calculated in percentage, found in this research were, of the elderly men, Current life satisfaction (85.3), Have a Happy for living (83.2), Cheerfulness (78.9), In a good Mood (78.6), Expecting the good things (77.9); of the elderly women, Have a Happy for living (89.4), Current life satisfaction (85.1), In a good Mood (79.9), Expecting the good things (78.7), Cheerfulness (77.0).

Regarding Lf group, Current life satisfaction (89.4), Have a Happy for living (83.8), Expecting the good things (78.7), In a good Mood (76.4), Cheerfulness (73.6); of the La group, Have a Happy for living (93.1), Cheerfulness (86.2), In a good Mood (85.3), Refreshing in the morning (81.5), Expecting the good things (77.6)

Table 2 Positive Thinking, Classified by Gender and Residential Conditions

Positive Thinking	Sex		Residential Conditions					
	Men (285)		Woman (417)		Living with family (470)		Living alone (232)	
	Number	%	Number	%	Number	%	Number	%
Current life satisfaction	243	85.3	355	85.1	420	89.4	178	76.7
Expecting the good things	222	77.9	328	78.7	370	78.7	180	77.6
In a good Mood	224	78.6	333	79.9	359	76.4	198	85.3
Have a Happy for living	237	83.2	373	89.4	394	83.8	216	93.1
Enthusiastic	183	64.2	311	74.6	342	72.8	152	65.5
Make Quickly Decisions	119	41.8	171	41.0	171	36.4	119	51.3
Refreshing in the morning	209	73.3	313	75.1	333	70.9	189	81.5
Satisfied with the present life	162	56.8	258	61.9	259	55.1	161	69.4
Cheerfulness	225	78.9	321	77.0	346	73.6	200	86.2

Table 3 Negative Thinking, Classified by Gender and Residential Conditions

Negative Thinking	Sex		Residential Conditions					
	Men (285)		Woman (417)		Living with family (470)		Living alone (232)	
	Number	%	Number	%	Number	%	Number	%
Doesn't want to do anything.	35	12.3	60	14.4	81	17.2	14	6
Life is empty	24	8.4	44	10.6	54	11.5	14	6
Fed up	85	29.8	141	33.8	173	36.8	53	22.8
Something to thinking	86	30.2	79	18.9	113	24	52	22.4
Fears	108	37.9	160	38.4	166	35.3	102	44
Feeling helpless	46	16.1	74	17.7	82	17.4	38	16.4
Anxiety	85	29.8	140	33.6	149	31.7	76	32.8
Memory problems	71	24.9	85	20.4	107	22.8	49	21.1
Loss of willpower	46	16.1	62	14.9	70	14.9	38	16.4
Loss of self-worth	42	14.7	56	13.4	62	13.2	36	15.5
Despair	40	14	38	9.1	44	9.4	34	14.7
Irritability	66	23.2	94	22.5	109	23.2	51	22

The Data from table 3 shows negative thinking, classified by gender and residential status. Along with the percentage, the rank of each category was ranked from the highest to the lowest scores as follows: of the ageing men, it starts from fears (37.9), something to thinking (30.2), fed up and anxiety (29.8), Memory problems (24.9). Of the ageing women, it also starts from fears (38.4 percent), fed up (33.8), anxiety (33.6), Irritability (22.5), memory problems (20.4). For the Lf group, fed up has the highest score. The calculated percentage was 36.8) Fears was next (35.3) followed by anxiety (31.7), irritability (23.2) and memory problems (22.8). Regarding to the La group, the percentage of anxiety is 32.8, followed by fed up (22.8), Something to thinking (22.4), Irritability (22) and then memory problems (21.1).

Table 4 The ability to help themselves, Classified by Gender and Residential Conditions

Activities	Sex		Residential Conditions					
	Men (285)		Woman (417)		Living with family (470)		Living alone (232)	
	Number	%	Number	%	Number	%	Number	%
Could not be able to eat their own food	1	0.4	1	0.2	2	0.4	-	-
Could not getting out of bed to the chair	3	1.1	4	1.0	7	1.5	-	-
Could not use toilet by themselves	1	0.4	6	1.4	7	1.5	-	-
Use a wheelchair to help mobility	6	2.1	-	-	2	0.4	4	1.7
Could not up the stairs	4	1.4	2	0.5	2	0.4	4	1.7
Bowel incontinence	4	1.4	2	0.5	4	0.9	2	0.9
Urinary Incontinence	4	1.4	6	1.4	4	0.9	6	2.6

Data from table 4 shows the ability to help themselves, Classified by Gender and Residential Conditions: It can be explained that the percentage of the elderly men who use a wheelchair to help mobility 2.1) Those without could not up the stairs, bowel incontinence and urinary incontinence is the same at 1.4, and the percentage of the ageing men who could not getting out of bed to the chair is at 1.1 percent. Regarding the elderly women who could not use toilet by themselves and urinary incontinence the percentage is 1.4 followed by 1.0 percent of those who could not getting out of bed to the chair, and 3.8 percent of bowel incontinence and elderly who could not up the stairs.

The Lf group shows the score of elderly who could not getting out of bed to the chair and could not use toilet by themselves is the same at 1.5, then followed by elderly who could not be able to eat, could not up the stairs and use a wheelchair to help mobility at 0.4 percent. The La group has 2.6 percent for Urinary Incontinence, 1.7 percent for use a wheelchair to help mobility and could not up the stairs, and bowel incontinence is the last at 0.9 percent.

From table 5, The depression average score of men (7.07) and women (6.25) is the normal level (under 12) in the same way of Lf (6.80) and La (6.14). It can be explained that the elderly has normal mental states without depression no matter classified by gender or residential conditions.

Table 5 Comparison of Depression (a total score of positive and negative thinking) Average Scores Men and Women and Two Types of Living Conditions Using Independent t - test

	N	Mead	S.D.	t	P
Sex					
Men	285	7.07	5.40	2.11*	.035
Women	417	6.25	4.57		
Residential Conditions					
Living with Family (Lf group)	470	6.80	5.00	1.66	0.97
Living alone (La group)	232	6.14	4.90		

* P< .05

Regarding of sex, the data showed that in women having a total score of negative thinking more than men with a statistical significance at .05, but the score is at the level of no concern

Table 6 Comparison of The Ability to Help Themselves Average Scores Men and Women and Two Types of Living Conditions Using Independent t - test

	N	Mead	S.D.	t	P
Sex					
Men	285	19.38	1.56	2.83*	.005
Women	417	19.68	1.07		
Residential Conditions					
Living with Family (Lf group)	470	19.63	1.18	1.64	1.00
Living alone (La group)	232	19.45	1.53		

* P< .05

From table 6, The ability to help themselves average score of men (19.38) and women (19.68) is high level (over 12) it also high score in both Lf (19.63) and La (19.45) too. Describe, the elderly has the ability to help themselves but should be considered base on a case-by-case. The average score showed that women having a total score of ability to help themselves more than men with a statistical significance at .05.

Discussion and Conclusion

According to the result analysis, it showed the ageing regarding of gender and residence status have current life satisfaction, have a happy for living, in a good mood and expecting the good things. Most ageing has positive thinking than negative thinking. Causing most elderly people to not have depression. The positive thinking or optimistic a side from causing cheerfulness it also helps reduce risk factors for death in almost 20 percent in the sample group (Maruta& et al., 2000). From the study of the ageing who received the influenza vaccine It was found that the ageing who were optimistic and exercised could create antibodies more than the pessimistic ageing. (Kohut& et al., 2002) In the 3,983 sample of elderly, it was found that having positive thinking and optimism is the most important thing. Which will make the ageing live happily and successfully in life (Tate, Lah& Cuddy, 2003). The majority of the ageing are optimistic because, Thai society gives importance to the elderly. Thai society still sees the ageing as

valuable people to the next generation, ageing is society philosopher. It makes social roles of the elderly is maintained to a certain extend (Wongvichan & Sonthiratana, 2013; Whangmahaporn, 2019) Therefore, the society still accepts the role of the ageing, including being able to accept and adapt to the changes that occur to oneself. Makes it possible to continue living life happily. Causing the elderly to still have a good life attitude (Putpim, 2003)

Moreover, even most of the aging have a positive thinking. That doesn't mean there's no stress. From the research data it was found that aging also has negative thinking regarding fed up, anxiety, memory problems, and something to think about including Irritability. Negative thinking of the ageing is a result from ageing age, cells and physiological systems begin to deteriorate thus causing worsened physical movement and memory (Brent, 2009). Therefore, it is necessary to be aware of the negative thinking of the aging, especially the aging who live alone. Even though Thai society that still has relatives, relatives gradually come to take care, as well as receiving support from the residential community, causing the elderly who live alone to not feel alone (Awear, 2003). Besides that, it should also be aware of some elderly people with medical conditions. Because mostly depression in the ageing will result from health problems (Robinson, Smith & Segal, 2019; Mojtabai & Olfson, 2004; Byers & et al., 2010; Hoover & et al., 2010; Licht-Strunk & et al., 2017; Unützer, 2007)

The research results show that most aging can still take good care of themselves. Aside from the body still having good physical health, allowing to be able to move normally without having to rely on other people. With good attitude and adapt to change, makes it possible to look after yourself properly. Participating in an ageing club or an elderly school make friends to help provide advice and learning between people of the same age (Wongvichan & Sonthiratana, 2013) whether aging people who live with family or live alone. But the results found that there are some of ageing who live with the family cannot help themselves in basic movements and always relying on others such as could not use toilet by themselves, could not be able to eat their own food, could not get out of bed to the chair. For the ageing living alone, there is no significant movement problem group that cannot take care of themselves without others. This makes it possible to still use everyday life by being alone. But may need some help from neighbors or relatives. (Awear, 2003).

It could be concluded that most ageing still has good mental conditions and help themselves as normal basic movement. But it is necessary to take care and attention from those around whether it is a person in the family, relatives - siblings, friends or people in the community whether the ageing living with a family or living alone. Receiving care and give importance, making the role in the community and society will help the ageing feel that they are valuable, have the encouragement to take care of oneself, helps promote quality of their life, do not be a burden to others, build own pride, and strengthening that community and society.

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