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RESEARCH ARTICLE
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ASSESSING DEPRESSION AMONG OLDER ADULTS IN SELECTED RURAL AREAS

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Abstract

Background: Depression is a major mental health challenge among the elderly, often underdiagnosed and undertreated. It significantly affects the quality of life, leading to disability and increased morbidity.

Objective: To assess the level of depression among older adults in selected rural areas.

Methods: A descriptive cross-sectional study was conducted among 25 elderly participants using a convenience sampling technique. Data were collected using a structured interview schedule and analyzed with SPSS version 20. Descriptive statistics were applied to summarize the data, and the association between sociodemographic factors and depression levels was tested using the chi-square test at a 0.05 significance level.

Results: Findings revealed that 16 (64%) participants experienced severe depression, while 9 (36%) had moderate depression. None of the participants exhibited mild or no depression. Sociodemographic variables such as age, gender, education, occupation, and income source showed no significant association with depression levels ($p > 0.05$).

Conclusion: The study highlights a high prevalence of depression among elderly individuals in rural communities. Routine mental health screening and community-based counselling interventions are essential to improve the psychological well-being of this vulnerable population.

Keywords: Depression, Elderly, Mental health, Rural areas, Aging population

Introduction

Aging is a universal process accompanied by physical, psychological, and social transformations. The transition to older adulthood is often marked by changes in social roles, economic dependence, and declining health status, leading to increased vulnerability to mental health disorders such as depression. Globally, depression is the leading cause of disability and contributes significantly to the burden of disease among older adults (World Health Organization [WHO], 2021).

According to WHO estimates, the prevalence of depression among older adults ranges from 10% to 20%, depending on region and socioeconomic factors. In India, studies have reported a prevalence between 28.5% and 54.6%, with women, the widowed, and those with chronic illnesses being at higher risk (Roh et al., 2015). Depression in late life is not only associated with emotional suffering but also affects daily functioning, social relationships, and physical health outcomes (Crocco et al., 2010).

This study aimed to assess the level of depression among older adults residing in selected rural areas and explore the relationship between depression and selected demographic variables.

Methodology

The present study adopted a descriptive cross-sectional design to assess the level of depression among older adults residing in selected rural areas of Gujarat. The descriptive design was considered appropriate, as it allows for a comprehensive understanding of the current mental health status of a defined population at a single point in time, without manipulating any variables. The primary objective was to identify the prevalence and severity of depression and to examine its relationship with selected demographic variables among elderly individuals.

Study Setting and Population

The study was conducted in selected rural villages situated in Gujarat, India. These areas were chosen because of their representative rural characteristics, limited access to healthcare facilities, and higher proportion of older adults living in socially isolated conditions. The study population consisted of men and women aged 60 years and above who had been permanent residents of these areas. The study period extended over one month, allowing sufficient time for data collection and community interaction.

Sample and Sampling Technique

A total of 25 participants were included in the study. The sample size was determined based on feasibility, accessibility, and the availability of older adults during the data collection period. The convenience sampling technique was employed to select participants who met the inclusion criteria. This non-probability method was chosen due to its practicality in rural community-based research, where participant availability can be limited by factors such as mobility, health conditions, and willingness to participate.

Inclusion and Exclusion Criteria

Older adults aged 60 years and above who were willing to participate and available during data collection were included in the study. Those who declined participation or were unavailable during the study period were excluded. Participants who had severe cognitive impairment or communication difficulties that could interfere with data collection were also excluded.

Data Collection Instrument

Data were gathered using a structured interview schedule, which was divided into two main sections. The first section covered demographic details, including age, gender, education, marital status, occupation, income source, sleep duration, and presence of chronic illnesses. The second section utilized the Geriatric Depression Scale (GDS)**,** a standardized and validated tool used globally to assess depression levels among older adults. The GDS contains a series of yes/no questions designed to measure depressive symptoms and classify individuals as having mild, moderate, or severe depression.

Data Collection Procedure

Prior to the commencement of data collection, official permission was obtained from the local community leaders and relevant authorities. Each participant was informed about the study's purpose, and written consent was obtained. Interviews were conducted in the participants' homes or community centers to ensure comfort and privacy. The interviews were conducted in the local language for better understanding, and the average duration of each session was approximately 25–30 minutes. The researcher personally conducted all interviews to ensure uniformity and accuracy in data recording.

Ethical Considerations

Ethical approval for the study was granted by the Institutional Ethics Committee of Parul University, Vadodara (Ref. No: PU/IEC/2025/241)**.** All participants provided written informed consent prior to participation. Confidentiality was strictly maintained, and participants were informed that their involvement was voluntary and that they could withdraw at any stage without any repercussions.

Data Analysis

After completion of data collection, all responses were reviewed for accuracy and completeness. The data were coded and entered into SPSS version 20 for statistical analysis. Descriptive statistics such as frequency and percentage were used to summarize demographic variables and levels of depression. The chi-square test was applied to determine associations between depression and selected demographic factors. A p-value of less than 0.05 was considered statistically significant. The results were presented in tabular and graphical formats for better clarity and interpretation.

This systematic methodology ensured the collection of valid, reliable, and ethically sound data that accurately reflected the depression status of older adults in rural areas.

Preliminary Observations

The initial data analysis revealed a higher concentration of participants within the age range of 71–80 years, with the majority being married and having a primary or secondary level of education. A considerable number of participants reported having chronic illnesses and limited daily physical activity. These background characteristics provided valuable context for understanding the observed depression patterns in this rural elderly population.

Results

The data shows that 32% of participants were aged 71–80 years, and 76% were married. Most participants (80%) reported suffering from chronic illnesses, while 64% reported sleeping less than 8 hours daily.

Table 1. Levels of Depression among Older Adults

Depression Level	Frequency (n)	Percentage (%)
No Depression	0	0.0
Mild Depression	0	0.0
Moderate Depression	9	36.0
Severe Depression	16	64.0

The findings shows that 64% of participants suffered from severe depression, whereas 36% experienced moderate depression.

Table 2: Association between of pretest level of depression and demographic variables

variables	Pretest depression level						
	Mild depression	Moderate depression	Severe depression	Total	X^2	df	P-value
Age in Years							
60-65	0	2	5	7	1.438	3	0.697
66-70	0	4	5	9			
71-80	0	2	2	4			
>81	0	1	4	5			
Gender							
Male	0	7	11	18	0.233	1	0.629
female	0	2	5	7			
Education							
No formal	0	1	5	6	4.565	4	0.335
Primary	0	3	5	8			

Secondary	0	4	4	8			
Graduation and above	0	1	2	3			
Religion							
Hindu	0	5	12	17	1.001	2	0.606
Muslim	0	2	2	4			
Christian	0	2	2	4			
Nature of previous occupation							
Skilled	0	6	6	12	1.972	2	0.373
Unskilled	0	2	7	9			
Unemployed	0	1	3	4			
Marital status							
Married	0	7	12	19	1.471	2	0.479
Unmarried	0	2	2	4			
Divorced	0	0	2	2			
Source of income							
Pension	0	6	7	13	2.049	3	0.359
Children	0	1	6	7			
Old age pension	0	2	3	5			
Nil	0	0	0	0			
Average sleep per day							
<8 hrs	0	6	10	16	2.214	2	0.331
8 hrs	0	3	3	6			
>8 hrs	0	0	3	3			
Activities in a day							
Exercise	0	5	6	11	1.589	3	0.662
Gardening	0	2	4	6			
Playing	0	0	2	2			
Watching TV	0	2	4	6			
Any chronic illness							
No	0	0	5	5	3.516	1	0.061
Yes	0	9	11	20			

NS-Non significant, S-significant

The findings indicated no statistically significant association between depression levels and demographic variables such as age, gender, education, occupation, or income ($p > 0.05$).

Discussion

The present study found a high prevalence of depression among older adults residing in rural areas, with more than half of the participants experiencing severe depressive symptoms. This aligns with findings from prior research indicating that elderly individuals, particularly in resource-limited rural settings, are highly susceptible to psychological distress due to social isolation, physical ailments, and financial constraints (Fiske et al., 2009; Prince et al., 2007).

The results corroborate the study by Roh et al. (2015), which identified reduced participation in social and religious activities as a strong predictor of depression among the elderly. In our sample, participants who lacked daily activities or social engagement exhibited higher levels of depressive symptoms, underscoring the importance of maintaining social connectivity for psychological well-being.

Similarly, a study by Nyqvist et al. (2013) in Nordic regions found that both low structural and cognitive social capital significantly increased depression risk among older adults. The findings in this rural Indian setting parallel those results, highlighting that social bonds and community involvement play critical roles in mental health, irrespective of cultural context.

Age-related physiological decline, chronic illnesses, and sleep disturbances were commonly reported among participants. The majority slept less than eight hours daily, consistent with evidence that poor sleep quality and physical inactivity exacerbate depressive symptoms in older populations (Blazer, 2003; Crocco et al., 2010). Furthermore, gender differences were not statistically significant in this study, contrasting with international research where women often report higher rates of depression (Alexopoulos, 2005). This deviation might be attributed to the smaller sample size or cultural factors influencing emotional disclosure among rural Indian men and women.

The absence of significant associations between depression and demographic factors could also reflect the homogeneity of the sample—most participants shared similar socioeconomic conditions and health challenges. Nevertheless, the consistent presence of moderate to severe depression suggests a broader systemic issue rather than isolated demographic risk.

Our findings emphasize that depression among rural elderly is not merely a medical issue but a multifactorial phenomenon influenced by biological, social, and environmental determinants. In India, inadequate mental health literacy, limited geriatric care, and stigma surrounding mental illness further hinder early diagnosis and treatment (Patel et al., 2016). Therefore, community health workers and primary healthcare providers must be trained to recognize depressive symptoms early and refer patients for appropriate counselling and psychiatric support.

Interventions such as health education, group counseling, mindfulness programs, and structured recreational activities could help alleviate depressive symptoms and improve quality of life. Moreover, integrating mental health screening into regular geriatric health checkups in primary health centers could serve as a cost-effective strategy to address the growing burden of elderly depression in rural communities.

In summary, the study underscores an urgent need for policy attention and the implementation of mental health programs focusing on older adults in rural India. Further large-scale studies are recommended to explore causal factors and develop culturally sensitive, sustainable interventions.

Conclusion

The study revealed a significant prevalence of depression among older adults in rural areas, emphasizing the need for immediate public health interventions. Chronic illnesses, limited physical activity, and social isolation were common contributing factors. Integrating counseling, awareness programs, and social support networks into rural healthcare systems can substantially reduce the mental health burden among the elderly.

Ethical Approval

Ethical approval was obtained from the Institutional Ethics Committee, Parul University, Vadodara (Ref. No: PU/IEC/2025/241)**.** Written informed consent was obtained from all participants, and confidentiality was strictly maintained.

Conflict of Interest

The authors declare no conflict of interest**.** A conflict of interest refers to situations where personal, financial, or professional relationships could potentially bias research design, data collection, interpretation, or publication. The authors confirm that no such relationships or external influences affected the integrity, analysis, or reporting of this study. The research was conducted solely for academic purposes under the supervision of Parul University.

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