

**Research Paper****Depression and Perceived Social Support in the Elderly****Mehregan Emaminaeini<sup>1</sup>, \*Maryam Bakhtiyari<sup>2</sup>, Hossein Hatami<sup>3</sup>, Soheila Khodakarim<sup>4</sup>, Robab Sahaf<sup>5</sup>**

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**ABSTRACT**

**Objectives** The purpose of the study was to determine depression and perceived social support and some related factors among the elderly people in urban areas of Tehran in the area of Shahid Beheshti University of Medical Sciences.

**Methods & Materials** A cross-sectional study was conducted with 580 elderly of Tehran in Shahid Beheshti University using a multistage systematic sampling method. Data were collected by trained questioners. Standard Beck depression, Zimet perceived social support and demographic questionnaires were used. Analysis was performed by Stata software. Mann–Whitney test, Kruskal–Wallis test, Spearman correlation and descriptive tests were used in this study.

**Results** The mean age of participants was 69.66±7.91 years. A total of 67.53% of participants lived only with their spouses; 4.01% were illiterate and 89.69% owned at least one residential home. Health insurance coverage was for 92.38% of elderly. A total of 29.6 and 46.99% of the participants expressed their satisfaction with economic and living status, respectively.

The prevalences of depression in mild, moderate and severe levels were 17.41%, 25.58%, and 8.88%, respectively, and it was 51.87% in average. A total of 72.38% of participants reported their agreement with perceived social support. Kruskal–Wallis test implied that the levels of depression had a significant relationship with perceived social support ( $P>0.001$ ). By a correlation test, a negative linear correlation was observed between depression and perceived social support (-0.388). The marital status, home ownership, health insurance, and of life and economic satisfaction showed a significant relationship with both perceived social support and depression variables. Education and depression were significantly related. But, gender and depression did not show any significant relationship. There was no significant relationship between gender and education with perceived social support.

**Conclusion** Depression was found to be common in the elderly. There are similar economic and familial factors that are in relation to perceived social support and depression. According to the emotional and economic problems, creating the appropriate economic, cultural and social conditions can provide a healthier environment for the elderly to live in.

**Key words:**

Elderly, Depression, Perceived social support

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## Extended Abstract

### 1. Objectives

**T**oday, approximately 580 million people of the world population are elderly people. By 2020, this figure will reach one billion [1]. Due to the reduction in mortality rate resulting from the advances in medical sciences, health and education, there has been an increase in the life expectancy rate worldwide. It is believed that there will be significant developments in a wide range of traditional structures, values, norms and the creation of social organizations. Therefore, coping with the challenges of this phenomenon and making use of appropriate measures to improve the physical, mental and social health of the elderly are of great importance and have been placed on the agenda of the international community [2]. The aim of this study, through the research conducted at Shahid Beheshti University of Medical Sciences, is to determine the status of depression, perceived social support and some related factors in the elderly persons living in Tehran.

### 2. Methods & Materials

This cross-sectional study was conducted on 580 elderly people (60 years old and above) living in urban areas of the city of Tehran, covered by Shahid Beheshti University of Medical Sciences. Multi-stage sampling and systematic form were performed in the areas covered by all the health and treatment centers subsidiary to the health centers of the North and East regions in Tehran and Shemiranat (county located in northern part of the city of Tehran). The third residential building unit from the right side of each health and treatment center was selected as the starting point for sampling, and then all the houses of this unit were examined on all floors with regard to the presence of the elderly in those apartments. And with the same order (third residential building unit, third residential building unit), apartments were selected and questionnaires continued.

Since the ability of the research samples for filling out all of the questionnaires were in doubt, a preliminary study was conducted; its results showed that the elderly were rather weak in completing the questionnaires by themselves. Accordingly, the research samples were informed that in case they were inclined they could be referred to the health and treatment centers to complete the questionnaires. For this purpose, a number of employees were trained in each of the health and treatment centers. Given that many tools were used, the questionnaires remained with the elderly for one day to be completed. Those of the

elderly who were not at home at that time or were reluctant to participate in the research were excluded from the study, and the elderly residents in the first residential unit on the right side of that unit were substituted in their place.

Suffering from neurological illnesses or known psychological disorders and a history of having been hospitalized due to psychological illnesses were the criteria for exclusion from the study. Data were collected using standard questionnaires of Beck's Depression Inventory with 13 questions and Zimet's Multidimensional Scale of Perceived Social Support in three dimensions and 12 questions and a demographic information questionnaire that had been prepared by the authors. Data were analyzed using Stata software and the descriptive and analytic statistical methods (Mann Whitney and Kruskal-Wallis and Spearman correlation test). This research is approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences.

### 3. Results

Some of the elderly persons who participated in this study did not respond to certain questions; therefore, they were excluded from the calculations. By analyzing the data, it was known that the number of female participants was 348(60.52%), number of male participants was 227(32.48%), and the average age was  $69.66 \pm 7.91$  years. Among the total sample subjects, 401 persons (69.37%) were married and 177(30.63%) were widows or widowers or had separated from their spouse.

Only 67.53% of the participants were living with their spouse. Of the total sample, 4.01% were illiterate. A total of 145(42.76%) participants had high school studies or high school diploma. 89.69% of the participants owned at least one residential quarter, and 92.38% had health insurance coverage. 46.99% of the participants expressed satisfaction with their life; however, only 29.6% were estimated to be content financially. Considering that the maximum score for each dimension of perceived social support based on Zimet's standard questionnaire was 20, the median score for the perceived social support in the family dimension was calculated to be 15.52 with the standard deviation of 4.56. In the friends dimension, the median score was 12.36 with the standard deviation of 5.22, and in the specific people dimension, the median score was 14.69 with the standard deviation of 4.75.

The median score for perceived social support in total (all three dimensions) was 42.71 with the standard deviation of 12.80 (out of 60 points maximum score for this questionnaire). Findings confirmed that among the elderly participating in this research, the median score of

perceived social support in the family dimension was higher than the other two dimensions. Also, the findings showed that the prevalence of slight, mild and severe depression was 17.41%, 88.58% and 8.25%, respectively, with a mean value of 51.87%. The agreement with perceived social support was 72.38%. The Kruskal-Wallis test showed that different levels of depression had a statistically significant correlation with perceived social support ( $P < 0.001$ ). Spearman's correlation test also showed a linear correlation between social support and depression stating that an increase in social support led to a decrease in the depression level (-0.388).

Marital status variables, housing ownership, health insurance, life satisfaction and economic satisfaction showed a significant correlation with both variables of depression and social support. Education had a statistically significant connection only with depression. However, there was no significant correlation between gender of the participants and depression, and also between education and gender with perceived social support.

#### 4. Conclusion

In the elderly, factors related to perceived social support and depression are often common. It is likely that these two variables are somehow related to each other or may be the cause of creating each other. These common factors include being married and all the factors related to the economic status and satisfaction from life. Satisfaction from life may also be connected to economic satisfaction. Further studies need to be conducted in this regard. Social support as a component affecting psychological health and morale of the elderly can be considered as an inexpensive source and as a social capital in terms of the dynamics and improvement of the quality of life and morale of the elderly. Providing part of the physical and mental needs to the elderly can lead to an increase in the perceived social support. Unlike some studies, this research did not show a difference in the prevalence of depression and perceived social support between women and men. Therefore, the needs of elderly people should not be neglected in this regard.

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#### Conflict of Interest

All authors certify that this manuscript has neither been published in whole nor in part nor being considered for

publication elsewhere. The authors have no conflicts of interest to declare.