

Demographic Characteristics, Social Support, and Mental Health among Senior Citizens

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Abstract

The main purpose of the study is to determine how demographic factors and social support affect older citizens' mental health. A survey of Nepalese elderly people shows that they are increasing in numbers at an alarming rate and most of them suffering from mental health problems. The effect of social support on elderly people's psychological health in Chandragiri Municipality, Kathmandu Nepal, is a subject of focus in this study. In this study a cross-sectional study design was applied and the data were received from 120 respondents by using structured interviews. Research findings show that the availability of social support especially in the forms of emotional and instrumental support is vital in reducing loneliness depression and anxiety. Those individuals, who reported higher levels of perceived support, will exhibit better mental health. Mental health was significantly affected by rejection and poor home conditions according to keen findings thereby pointing towards important areas for intervention. The implications for practice from this study suggest the need to strengthen social support networks to bolster the elderly mental health, especially in rural contexts.

Keywords: *Depression, Senior citizen, Mental health, Social support, Demographic influence*

Introduction

Currently, Nepal's population is aging; as of 2021, about 10.12 percent constitutes the population and this is increasing at a very high rate. It represented the elderly population of 60 years and above; the total being 29.1 million. This demography is projected to grow by 3.29% (Chalise, 2024).

Senior citizens are known to have mental problems all over the world, thanks to the aging population of the world. Previous literature review depicts that the elderly group is one of the most vulnerable groups in society, and they develop several types of mental disorders like depression, anxiety, and cognitive disorders as well. These conditions also have a great

influence on senior citizens they affect their day-to-day existence and health status. Despite such concerns, there is still a lot of research that has not been done to identify the processes through which social support can help in the prevention of the mentioned mental health disorders. This paper is a step towards filling this gap through the assessment of social support to narrow down the mental health disparities among the elderly.

A study concludes that social support can moderate the impact of loneliness or social isolation. One study that focused on senior citizens living alone, revealed that social isolation requires loneliness but it is not synonymous with it. The nature of these relationships is diverse which indicates that people with extensive networks are more likely to report less loneliness and better mental health. In detail, a positive relationship was established between perceived social support and outcomes such as lesser depressive symptoms and enhanced cognitive performance in older adults (Czaja et al., 2021).

Although the efficacy of various sorts of assistance on a single dimension is recognized, their impact on the mental health of the aged population is not well documented. For instance, the cumulative, combined relevance of the various modalities of social support may be slightly higher than that of the individual components. For example, Christensen Arne (2017) suggests combining instrumental help with emotional support. Substantially alleviate emotions of loneliness and sadness, thus improving the mental health outcome.

The effects of the social support models mentioned above might be increasing. The two essential elements that offer the greatest advantages for mental health, according to earlier research, are the integration of various forms of assistance. Thus, by comparing and analyzing the different types of social support distinctive forms that will help enhance the mental state of the elderly will be determined.

This exploration is important for addressing a significant gap in current research because understanding those unique features of different types of support can guide intervention development. Such interventions could be designed to optimize the positive kind of support, hence the general goal of paring elderly dangers of social isolation, and deterioration of health of well-being.

In a study, it was established that social integration and perceived social support can mediate the negative impact of these factors. Surprisingly, those elders who reported high levels of social support and social integration indicated less depression and higher life satisfaction. Some of the support people can receive from others include family, friends, neighbors, and organizations (Perez & Trigg; F. P. Perez, C. A. Perez, and M. N. Chumbiauca. 2022).

Last but not least, this study's outcome may benefit families, caregiver support, and community work agencies. Awareness creation about the role of social support in an elderly person's mental health can help in creating adequate environment for elderly wellbeing. This, in turn, may result in an increased quality of life and the decreased cost of the treatment of mental diseases in seniors.

However, this paper aims to contribute to existing knowledge on the factors that influence elderly mental well-being with a special focus on social support. As this study seeks to fill the existing gap in knowledge and shed light on the unique impact of the various kinds of social support, it is the intention to extend useful information that may be implemented in treatment and policy-making. Thus the vision is to improve the psychological experience of Senior citizens and help construct the appropriate conditions for healthy aging.

Methods and Materials

Study Area

The study was conducted in Nepal's Kathmandu District's Chandragiri Municipality, specifically in Ward Number 10 in Satungal. Because Chandragiri Municipality has so many characteristics with both rural and urban areas, it might be considered semi-urban. One of these is Satungal, where a large portion of the population is employed as farmers, maintaining the area's rural character. This area was chosen because of its high population density of elderly folks from all socio-economic backgrounds and a wide range of profiles.

Study Design

A cross-sectional study was used in this research to assess the level of social support and mental health of elderly people. The target group in the study comprised the Senior citizens which included those who are 60 years old and above in Satungal. The purpose of this research was to gain an understanding of the effect of social support on the psychological aspect of elderly persons in a countryside area.

Sampling Method

Purposive sampling was the approach used for the study to choose participants. Because the study would involve the elderly in the selected study area based on population size, feasibility, and sample size statistics the sample size was decided to be 120. Some of the factors considered while interviewing the participants at random from different homes in the Satungal area included; age, sex, ethnicity, and financial status. Residents of the area who were 60 years of age or older, willing to volunteer for the study and who had been a resident for at least one year were the criterion for selecting participants.

Data Collection

Respondents' data was collected through a structured face-to-face interview administered by the researcher using a pre-tested questionnaire. The questionnaire was planned to provide the data about demography, social support, and mental health status of the participants. It also developed both the closed-ended and the open-ended questions to retrieve as much of the participant's experience and perception as possible. The interviews were conducted in the local language to ensure that our enumerators were familiar with the culture the surroundings, and the needs of the respondents that were elderly people.

Experimental Design and Model

There was an aim of using a regression model in the study to determine the relationship between social support and mental health outcomes. The independent variables were age, gender, marital status, religion and ethnicity. The dependent variable was the mental health status which was assessed using an accepted standardized instrument on the elderly population. It also considered other variables that could modify the relationship between economic status and level of physical activity.

Data Analysis

Data analysis software was utilized (SPSS, 20). Descriptive statistics was employed in establishing the demographic variables with a view of ascertaining the general profile of the participants. While comparing the mean scores of social support and mental health, the post hoc tests that were performed included regression analysis and ANOVA. Pearson correlation coefficient was used to measure the correlation between the quantitative variables and regression analysis was used to test the hypothesis after collecting the data for between-subject variability comparison, A way ANOVA test was used and $p < 0.05$ was defined as the level of significance to be used.

Ethical Considerations

The participants' permission was sought before the interviews were held with them. Participants in the sample population were informed that their answers would remain anonymous and that they may leave the research at any moment with no additional explanation if they so desired. The research for this study was done in a very moral way to honor and protect the well-being of the elderly.

Result

Table: 1

Socio-demographic profile of respondent

Category	Frequency (n)	Percentage (%)
Age Group		
60-65	10	8.3
66-70	21	17.5
71-75	46	38.3
76-84	28	23.3
85 years and above	15	12.5
Gender		
Male	44	36.7
Female	76	63.3
Religions		

Hindu	102	85.0
Non-Hindu	18	15.0
Marital status		
Married	76	63.3
Unmarried/Widowed/Divorced	44	36.7
Cast and ethnicity		
Newar	60	50.0
Brahmin	36	30.0
Chhetri	17	14.2
Other	7	5.8
Main occupation		
Agriculture	59	49.2
Non-agriculture	43	35.8
No occupation	18	15.0

Table 1 reveals that the age group of 71-75 years old accounted for 38.3 percent of all participants, followed by 76-84 years old (23.3%). With only 8.3 percent of the replies, the 60–65 age group is the smallest. As previously shown, the examination of distribution data gives us a very slight lead for females, who make up 63.3% of the total.

This implies that 85.0 percent of the participants are Hindus, with the other 15.0 percent being non-Hindu. Marital status shows 36.7 percent of the participants are single, widowed, or divorced, whereas around 63.3 percent of the participants are married. Marital status is known to influence the availability of social support and while married people may find it easier to get intimate support from their spouses.

The Newars comprise approximately 50 percent of the sample size which implies that they are the dominant ethnic group among these groupings and are also most common in the research area. They made up 30 and 14 percent of the population, respectively. The proportion of Chhetris in the sample is 14.2 percent, but the proportion of "Others," or people of other minor ethnicities, is 5.8 percent.

More than half of the participants are farmers, with 49.2 percent being farmers, 35.8 percent being informal laborers, and 15.0 percent being unemployed. Overall it can be stated that demographic data form a sound background for studying the role of social support in the mental health of elderly people with their special features and setting taken into consideration.

Table 2*Perceptions of Home Environment and Family Relationships among Elderly Participants*

Statement	SA (%)	A (%)	SD (%)	D (%)	Mean	f-cal	p-value
I feel rejected and abandoned by my family.	51 (42.50)	27 (22.50)	7 (5.80)	35 (29.20)	2.21	128.06	0
I am not satisfied with the condition of the home.	20 (16.70)	15 (12.50)	14 (11.70)	71 (59.20)	2.98		
I feel unsafe at home.	21 (17.50)	34 (28.30)	19 (15.80)	46 (38.30)	2.51		
I can discuss their issue with anyone outside of the house, but not with anyone within.	6 (5.00)	30 (25.00)	29 (24.20)	55 (45.80)	2.98		
I have concerns about the child's safety and well-being.	15 (12.50)	32 (26.70)	16 (13.30)	57 (47.50)	2.78		
I often have a problem with sleep when I am at home.	15 (12.50)	48 (40.00)	23 (19.20)	34 (28.30)	2.56		

Table 2 responses of participants while feeling rejected and abandoned by family members; the research participants had various emotions, including 42.50 percent strongly agree and 29.20 percent somewhat strongly disagree. The mean score was 2.21, indicating a considerable level of agreement.

The F-ratio calculation shows a high value of 128.06 with a p-value of <0.05, suggesting a significant feeling. Concerning the disturbance in the sensation of home situations, 59 percent of respondents disagreed, while 16 percent firmly agreed with the notion. 70 percent highly agreed, whereas 12.5 percent agreed. In this question, they were simply asked to mark a scale to convey their opinion, and the average was 2.98, indicating disagreement.

This suggests that, while the majority of individuals are comfortable, a considerable percentage is uncomfortable. Feel unsafe at home disagreed 38.30 percent, 28.30 percent agreed, and 17.5 percent strongly agreed. The estimated mean score was determined to be 2.51, indicating a negative attitude toward feeling safe. This can be evidenced by the distribution of safety perception among elderly people.

Table 3

ANOVA Results for the Impact of Social Support on Mental Health Outcomes among Elderly Participants

Source of Variation	Sum of Squares	df	Mean Square	F	P-value
Regression	249.335	4	62.334	20.778	<0.05
Residual	359.517	115	3.126		
Total	608.852	119			

Table 3 shows that the categories of social support significantly explain the variance in mental health outcomes, as demonstrated by the ANOVA results, which also show a significant F-value of 20.778 and a p-value of less than 0.05 for the regression model. The residual (359.517) and the sum of squares for the regression (249.335) indicate that despite such a high percentage of variation in mental health being accounted for, there is still residual variation left unexplained, clearly postulating that the determinants of mental health in elderly is a function of quite several factors. The analysis of the ANOVA demonstrates the significance of social support to mental health thus assuring the need for enhancing elderly persons social capital. These problems can be mitigated such that seniors improve their general and psychological well-being.

Discussion

The sectional distribution also reveals an overemphasis on more senior people, with 38.3% of participants aged 71-75 and 23.3% aged 76-84. According to Liu et al. (2021), this specific age group is more susceptible to mental health issues such as depression, anxiety, and cognitive impairment as a result of health challenges, loneliness, and loss of autonomy.

The study was age-related issues like COVID-19 and sadness This may mean that mental health programs for this sector should emphasize more on age-related issues particularly those touching on the senior citizens (Ceide et al., 2020).

In terms of gender, female participants made up 63.3 percent of the total, while male participants made up 36.7 percent, which is consistent with the current global trend of women outliving males, resulting in rising elderliness (Cui et al., 2019). This is a setback for the study since older women are more likely to have mental health difficulties such as sadness and anxiety as a result of widowhood, a loss of companionship, and poor income (Gopalakrishnan et al., 2018).

The study's findings suggest that the country's elderly women may require gender-sensitive treatments to address their social support and mental health requirements. For example, enhancing women's social involvement and providing adequate psychological assistance that can improve their mental health may be critical (Burns, J., & Birrell, E. 2014).

The research's Hindu participants (85.0%) represent the study area's religious demography, which may have an impact on the observed social support dynamics and mental health results. Religion plays a vital role in establishing relationships and providing counseling services to the members of society, especially in collectivistic cultures of South Asia (Ahmed, A. M., Rasool, S., Prentice, C., & Ahmad, M. H., 2022).

The findings are consistent with current research that highlights marriage's protective function against mental health deterioration in old age (Kim, J., Lee, J., Ko, M. J., & Min Oh, S. (2022). However, the large number of single, widowed, or divorced individuals highlights this group's sensitivity to mental health disorders, notably loneliness, and depression, as a result of a loss of marital support (Xu, J., Wu, Z., Schimmel, C. M., & Li, S. (2020). Interventions should thus focus on improving social networks for single or widowed older people, maybe through community programs or support groups that give emotional and social assistance.

Thus, the study represents cultural variety, with fifty percent of participants being Newar, thirty percent Brahman, fourteen point two percent Kshetri, and five-point eight percent 'other'. Culture is also relevant in the social support systems, and mental health because the ethnic attributes define the amount and type of care within families and societal levels (Liu et al., 2021). It simply means Newar participants for instance may possess relatively diverse social contacts because they are relatively of higher social class and possess traditional family systems or norms which seem to have a positive influence on their mental health (Ahmad & Hafeez, 2021). However, the Dalit participants isolate themselves from society due to the prejudice received, which gives them no social support for mental health issues, deteriorating the problems. (Gupta et al., 2020). It is thus wished that this study's results would help identify cultural origin as a variable that needs to be taken into account when setting up mental health interventions; as different ethnic groups may need to prefer culturally appropriate and culturally relevant forms of treatment.

The occupational breakdown is easily deciphered, with, (49.2%) being farmers which is not surprising in the study area. Get a work, especially if you have a work in farming because it will keep you busy and enable you to make contact with other people though it is very vital in a district for someone in their later years or old age (Zhang, S., & Zhang, Y. 2021). It would be intriguing to compare persons in non-agricultural business platforms to those in agriculture in terms of social interactions and support networks. The study's findings indicate that therapies aiming at improving the mental health of the elderly should include the recipients' occupational position, with a focus on those who have physically demanding occupations or do not have adequate financial means.

The findings of this study are as follows: Analyzing participants' responses to these two questions, which involve feelings of rejection and abandonment by a family member, raises concerns. The mean score of 2.21 suggests that these feelings are a substantial concern for senior citizens, and research supports the idea that perceived social rejection impairs mental health, such as despair and anxiety in the elderly. The study's findings, with a high F-value of

128.058 and a p-value of <0.05 , emphasize the necessity of addressing such feelings for improved mental health.

Regarding living conditions, 59.20 percent of individuals disagreed, 16.70 percent agreed, and 12.50 percent said they were uncomfortable. This means that, although most elderly people feel quite comfortable at home, some are not who feel so. This is important because living conditions have been found to negatively influence the mental health of elderly persons—depression and anxiety (Zhao et al., 2020). The feeling-safe at-home self-care strategy was moderately perceived, therefore gaining a mean of 2.51 to show that the level of safety is an important factor as far as mental health is concerned. Unsafe attitudes lead to fear and pressures that affect people especially because many of the elderly are in poor health and require help with necessities.

The results on participants' grasp of how to cope with problems in their homes (mean, 2.98) may be considered an area that needs assistance. Effective communication among family members is crucial for preventing loneliness and despair. The average rating for concerns about children's welfare is 2.78, demonstrating the widespread care that people have for their children, particularly the elderly because it is a virtue to have younger children who may face economic difficulties in their early years due to insufficient productivity.

The last concern is lack of sleep with 40 percent of the participants complaining of the problem which is a common one for elderly people. Sleep disturbances are related to psychological disorders that include depression and anxiety therefore, eliminating disturbances is crucial to enhancing individuals' quality of life (Li, Q et al., 2021).

It illustrates the close relationship between the mental health of the elderly in rural settings and their demographic characteristics, as well as the care they get and their social support network. It is important to note that the age, gender, marital status, preferred religion, ethnic origin, and occupation of the senior patients should all be considered in such an intervention plan. Effective mental health programs for this particular set of people will be built around hypothesis-driven therapies that are developed in response to identified needs and components that enhance living conditions and social support.

My suggestion: In case of social science research writings, we can write “Results and Discussion” within same section. It seems more useful to discuss (compare and contrast) the result with results. It shows the connection of results and discussion and finally support to make conclusion.

Conclusion

The study places significant emphasis on the effect of social support on mental health among the elderly. Demographic analysis of the study demonstrates that the older elderly experience distinct mental health outcomes that are related to social support. Religious and

ethnic diversities play a crucial role in determining the quality, quantity, and source of social support that is provided to the elderly and their mental health.

The study reveals that rejection and abandonment by family members is a big problem facing elderly people, hence the need for better support from the family. Distress with conditions at home, perceived risk and vulnerability, and barriers to communication about issues regarding the home environment seem to underscore the need for the most appropriate environment for the elderly. Concerning the elderly people, apprehensions related to children's care and sleep disturbances were among the key highlights; this implies the necessity of developing multimodal programs that may focus on these characteristics of elderly individuals.

The results for the overall ANOVA suggest that various forms of social support do have a satisfactory and highly significant effect on mental health, a fact that underlines the need for intervention that will improve social support profiles. As such, I propose to enhance the mental well-being of Senior citizen by responding to their need and trying to make households more supportive.

Additional future research should be directed towards clarifying the various underlying complexities affecting elderly mental health as well as the determination of ways to enhance social support. In this way, appropriate attention will be paid to the elderly patient and his/her further comfortable and comfortable life will be provided.

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