SOCIAL COHESION AND DEPRESSION AMONG GERIATRICS IN ILORIN WEST LGA, KWARA STATE

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Abstract

This study examined the relationship between social cohesion and depression among geriatrics in Ilorin West Local Government Area (LGA) of Kwara State, Nigeria. The study examined;(i) level of depression, (ii)variations in level of depression and it's relationship with social cohesion among geriatrics. Two research questions and two research hypotheses were tested. The study is a descriptive research of survey type. 397 geriatrics were used for the study. A researcher-designed questionnaire and Beck Depression Inventory (adapted) were used. Findings showed that; 22.0% of geriatrics were slightly depressed and 13.5% had severe depression. Variations in the level of depression was significantly associated with social cohesion ($r = 0.00 < 0.05$ alpha level). It was concluded that Geriatrics in Ilorin West LGA suffer mild to moderate levels of depression and female geriatrics are more depressed than their male counterparts. Variations in levels of depression are associated with marginalization, loss of sense of belonging among others.

Keywords: Social cohesion, Depression, Health, Relationship, Geriatrics

Introduction

Health is one of the most crucial aspects of the well-being of man. Technically, being healthy is a state in which one is fit and devoid of any physical and mental illnesses or disturbances. The World Health Organization (1948) defined health as the state of complete physical, mental and social well-being of an individual and not merely the absence of disease or infirmity. This definition clearly sees the physical, mental and social aspects of health as basically important in the context of health. However, this study will be focusing on the social aspect as it goes a long way in either promoting or limiting an individual's overall effectiveness in the society.

Apart from the genetic make-up, individual behaviour (lifestyle) and environmental factors that greatly influence one's health, a wide range of social factors can equally determine it. These are called Social Determinants of Health (SDH). SDH are the social and economic factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age that affect a wide range of health, functioning and quality of life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The social determinants of health include the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transportation (WHO, 2003).

Commission on Social Determinants of Health (CSDH, 2008) published a report entitled "Closing the Gap in a Generation.", which aimed to understand, from a social justice perspective, how health inequity due to the SDH could be remedied, and what actions could combat factors that exacerbated injustices. The work of the commission was based on development goals, this made them study the relationships between SDH and depression. It was observed by the Commission that, SDH which can influence one's health includes income, social protection, stress, education, unemployment and job insecurity, Working life conditions, food insecurity, housing, basic amenities, environment, early childhood development, social exclusion, discrimination, Structural conflict, access to affordable health services of decent quality, negative life events etc were also found to be important elements of SDH which may eventually lead to depression among people (CSDH, 2008).

The focus of this study is however on depression and social cohesion among geriatrics. The Global Burden of Disease (2015) estimated that, the total number of people living with depression in the world is 322 million. Nearly half of these people live in the South-East Asia Region and Western Pacific Region, reflecting the

relatively larger populations of those two Regions which include India and China. However, African countries such as Ghana, Gambia, Kenya, Malawi, South Africa, Nigeria etc. have depression rates of 4.2%, 3.9%, 4.4%, 4.1%, 4.6% and 3.9% respectively (Global Burden of Disease study, 2019). Depression not only decreases the quality of life but also influences prognosis of other chronic diseases that further aggravates disability. As observed by Khatri and Nepal (2006) in a prevalence study on depression among elderly people in Tertiary Hospitals; 53.2% were experiencing depressive illness, among them 34.2% were mild and 19% were severe. Khatri and Nepal (2006) therefore concluded that significant number of elderly patients attending OPD of tertiary care hospital were sufferers of depression. Weyerer, Mann and Ames (1995) also found that among residents aged 65 years and older in Mannheim and Camden homes, 34.6% and 33.5% were experiencing depression respectively. A study by Periera, Estibeiro, Dhume and Fernandes, (2002) also compared socio demographic characteristics and clinical profile of patients aged 60 years and above attending psychiatric services. Results revealed that mood disorder formed a large group of mental disorder in the geriatric age group of which more than half had depression.

Social Cohesion has been strongly linked to depression especially among older adults. Julien, Richard and Gauvin (2012) observed that social cohesion has become increasingly recognized as determinants of common mental disorders, including depression. Social cohesion as an area of research is relatively well-established, but most evidence is cross-sectional and limited to high-income countries with particular sociocultural settings; none of the reviews included prospective studies from Nigeria or other lower income countries (Julien, Richard & Gauvin, 2012). Social cohesion has shown to be one of the pathways through which social engagement influences an individual's health outcomes. Social engagement creates or reinforces meaningful social roles, such as occupational and community roles, which in turn provides a sense of value, belonging, and attachment. These psychological resources benefit subjective well-being by promoting self-esteem and self-worth or enhancing the ease with which people adapt to stressful life events (Berkman, 2000).

However, studies in the context of western societies often report a positive association between social cohesion and mental health among the elderly population (Kawachi & Berkman, 2000). Yet, some scholars also warn about the dark side of social cohesion (Carpiano, 2007). They claim that more attention should be paid to the broader societal context in which social cohesion occurs. For instance, participation in associations for political or manufacturing purposes may protect individuals' interests, but in the process may be harmful to the health and well-being (Kunitz, 2004). Dynamics surrounding reciprocity and trust may create power relations that allow some groups to gain from social capital while reducing access to resources for others (Kushner & Sterk, 2005). Findings from China are inconclusive, however, scholars have shown that participating in leisure activities and maintaining strong personal ties are associated with an improved mental status among Chinese older adults (Cao et al., 2015), but that formal social engagement (i.e., participation in volunteer groups or civic organizations) rarely brings any psychological benefits. One of the reasons may be that the Chinese government has adopted restrictive legislation on the registration of social organizations, which makes it difficult for grass-roots, self-initiated organizations to gain legal status and autonomy (Saich, 2000).

This study was carried out to assess the relationship between social cohesion and depression among geriatrics in Ilorin West LGA, Kwara State so that the knowledge gained can be used to stem down the prevalence of depression to a minimal level. The study answered the following questions; i) What is the level of depression among geriatrics living in Ilorin west LGA of Kwara State? ii)Will variations in the level of depression among geriatrics living in Ilorin West LGA be associated with social cohesion? The study also tested the following hypotheses; i) The level of depression among geriatrics in Ilorin West local government Area of Kwara state is not significant. ii) Variations in the level of depression among geriatrics living in Ilorin West local government Area of Kwara state is not associated with social cohesion.

Methods and Material

The study is descriptive research of survey type. The population comprised elderly people(65 years and above) in Ilorin West LGA of Kwara State which according City Population (2020) is estimated to be 54,255. A sample of three hundred and ninety seven (397) was used for the study. This sample was determined using Slovin's Formular (**Sample Size = N / (1 + N*e^2).** A Systematic random sampling technique was used to select every 5th household across wards in the study area. Researchers designed questionnaire and Beck Depression Inventory (adapted) were used to collect data for the study. An ethical approval (MOH/RS/EU/777/578) was granted by the Federal Ministry of Health, Ilorin, Kwara State. Also, the reliability of the instrument was ascertained by using the split-half method. The results were correlated using Cronbach Alpha which yielded a correlation coefficient of 0.72r. In the interpretation of results, a score of 1-10 on the BDI was considered normal level, 11-16 was categorised as mild mood disturbance level, 17-20 was considered borderline clinical depression level, 31-40 was considered severe level of depression. The researchers distributed the questionnaire with the help of four trained research assistants and the data collected were analysed using bar chart to show the level of depression among the

geriatrics. Frequency counts, percentages, Chi-square and PPMC at 0.05 alpha level of significance were also used. Using statistical package for social science (SPSS) version 22.0.

Results

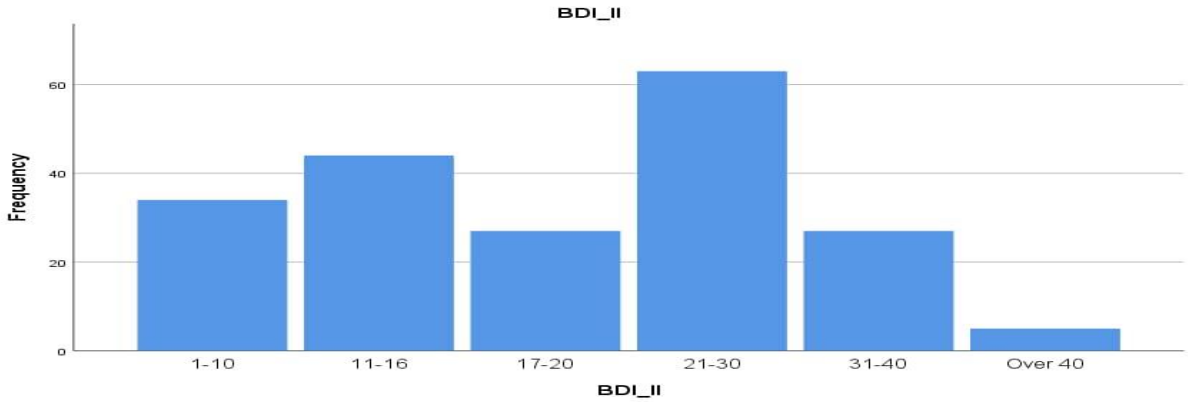

Fig. 1: Bar chart showing the level of depression among geriatrics living in Ilorin West Local Government Area of Kwara

Fig.1 revealed that 34 (17.0%) of the respondents falls between 1-10 which is considered as normal level, 44 (22.0%) of the respondents falls between 11-16 which is referred to as Mild mood disturbance level, 27(13.5%) of the respondents falls between 17-20, a borderline clinical depression level, 63 (31.5%) of the respondents falls between 21-30 which is considered moderate level of depression. 27 (13.5%) of the respondents falls between 31-40 which is considered as severe depression level, while, 5 (2.5%) of the respondents falls in over 40, the extreme depression level. This implies that majority of the respondents are suffering from moderate level of depression.

Table 1: Frequency counts and percentages Analysis on variations in the levels of Depression among Geriatrics based on Gender.

S/N	ITEMS	MF	MP(%)	FF	FP(%)
1	1-10 (Normal)	14	7.0	20	10.0
2	11-16 (Mild Mood Disturbance)	10	5.0	34	17.0
3	17-20 (Borderline Clinical Depression)	10	5.0	17	8.5
4	21-30 (Moderate depression)	25	12.5	38	19.0
5	31-40 (Severe depression)	9	4.5	18	9.0
6	Over 40 (Extreme depression)	1	0.5	4	2.0
	Total	69	34.5	131	65.5

MF= Male Frequency, MP= Male Percentage, FF= Female Frequency, FP= Female Percentage respectively.

Table1 revealed that majority 20 (10%) of the female respondents, had normal depression level as compared to 14(7%) of the male. 34 (17.0%) of the female respondents had mild mood disturbances as compared to the male 10 (5.0%). 38(19%) of the females also have moderate levels of depression as compared to their male counterparts 25(12.5%). hile 18(9.0%) of the females falls under severe depression as compared to 9(4.5%) of the males. Lastly, 4(2%) of the females falls under extreme depression as compared to the male 1(0.5%). This shows that female geriatrics are more depressed than their male counterparts in Ilorin West Local Government Area of Kwara.

Table 2: **Chi-square Analysis on the level of depression among geriatrics in Ilorin West Local Government Area of Kwara state**

	N	Df	Calculated x^2 value	Critical/Table x^2 value	Remark
Level of depression among geriatrics.					
	200	5	56.320	11.07	Ho Rejected

@ 0.05 Alpha level, N= Number of case, df = degree of freedom

Table 2 shows that the calculated chi-square value of 56.320 is greater than chi-square table value of 11.07 (Cal $\chi 2$ val > Tab $\chi 2$ val) with degree of freedom of 5 @ 0.05 alpha level of significance. Since the calculated $\chi 2$ value is greater than the table value, the null hypothesis which stated that the level of depression among Geriatrics Living in Ilorin West Local Government Area of Kwara State is significant . This implies that majority of geriatrics in Ilorin West Local Government Area of Kwara State suffer severe to mild level of depression among Geriatrics.

Table 3: Frequency counts and percentages Analysis on variations in the levels of Depression in association with Social cohesion.

S/N	ITEMS (SOCIAL COHESION)	YF	YP	NF	NP
1	Marginalization from family members	110	55.0	90	45.0
2	Loss of sense of belonging in a congregation	91	45.5	109	54.5
3	Social injustice as a group member	91	45.5	109	54.5
4	Exclusion due to tribalism	99	49.5	101	50.5
5	Absence of mutual respect among peers	85	42.5	115	57.5
6	Denial to participate in societal functions	91	45.5	109	54.5
7	Denial of benefits due to nepotism	112	56.0	88	44.0

Where YF= Yes response frequency, YP= Yes response percentage, NF= No response frequency and NP= No response percentage respectively.

Table 3 shows that variations in the levels of depression was associated with social cohesion with 110 (55.0%) respondents haven experienced marginalization from family members, 91 (45.5%) of respondents had experienced loss of sense of belonging in a congregation, 91 (45.5%) of respondents had experienced social injustice as a group member, 99 (49.5%) of respondents had experienced exclusion due to tribalism, 85 (42.5%) of respondents had experienced absence of mutual respect among peers, 91 (45.5%) of respondents had experienced denial to participate in social functions while 112 (56.0%) of the respondents had experienced denial of benefits due to nepotism. This implies that variations in the level of depression among the geriatrics were associated with social cohesion.

Table 4: Mean, Standard Deviation and t-value on the Respondents' variations in the level of depression based on gender

Gender	N	Mean	SD	Df	Cal. t-value	Crit. t-value	p-value
Male	69	3.116	1.409	198	.116	1.96	.708
Female	131	3.092	1.411				

Table 4 shows that the calculated t-value of .116 is less than the critical t-value of 1.96 with corresponding p-value of .708 which is greater than 0.05 level of significance. Since the calculated t-value is less than the critical t-value, the hypothesis which states that there are no significant variations in the level of depression among Geriatrics living in Ilorin West Local Government Area of Kwara state based on gender is therefore not rejected. Which implies that t variations in the level of Depression among Geriatrics living in Ilorin West Local Government Area of Kwara state based on gender is not significant. By implication, Both male and female respondents suffer similar levels of depression.

Table 5: PPMC Analysis on variations in the levels of Depression in association with social cohesion

		Levels of Depression	Social Cohesion
Variations in levels of Depression	Pearson Correlation	.428	.403
	Sig.(2 tailed)		.000
Social Cohesion	N	200	200
	Pearson Correlation	.403	.428
	Sig.(2 tailed)	.000	
	N	200	200

Correlation is significant at the 0.01 level (2-tailed)

Table 5 reveals a moderate positive correlation between social cohesion and variations in the level of depression among Geriatrics in Ilorin West Local Government Area of Kwara State (correlation coefficient (*r)* =0.428). This means that the slight difference in the levels of depression of both male and female geriatrics is due to individual experiences of elements of social cohesion such as marginalization from family members and loss of sense of belonging in a congregation.

Discussion of findings

Findings revealed that the level of depression among Geriatrics living in Ilorin West LGA of Kwara State is significant. This finding is in line with the finding of Khatri and Nepal (2006) who revealed in a prevalence study on depression among elderly that; 53.2% were experiencing depressive illness, among them 34.2% were mild and 19% were severe. Thus, concluding that significant number of elderly patients attending OPD of tertiary care hospital were sufferers of depression. Weyerer, Mann and Ames (1995) also found in homes in Mannheim and Camden, residents aged 65 years and above after being interviewed using Brief Assessment Interview technique that, 34.6% of residents in Mannheim and 33.5% in Camden were experiencing depression. A study by Periera, Estibeiro, Dhume and Fernandes, (2002) also compared socio demographic characteristics and clinical profile of patients aged 60 years and above attending psychiatric services. Results revealed that mood disorder formed a large group of mental disorder in the geriatric age group of which more than half had depression. This finding is not surprising to the researchers as the Global Burden of Disease (2015) estimated that, the total number of people living with depression in the world is 322 million. Nearly half of these people live in the South-East Asia Region and Western Pacific Region, reflecting the relatively larger populations of those two Regions which include India and China. African countries such as Ghana, Gambia, Kenya, Malawi, South Africa, Nigeria etc. have depression rates of 4.2%, 3.9%, 4.4%, 4.1%, 4.6% and 3.9% respectively (Global Burden of Disease study, 2015).

It was also revealed that variations in the level of depression among Geriatrics in Ilorin West LGA of Kwara State is significantly associated with social cohesion. This finding is in line with Julien, Richard and Gauvin (2012) who observed that social cohesion has become increasingly recognized as determinants of common mental disorders, including depression. Social cohesion as an area of research is relatively well-established, but most evidence is cross-sectional and limited to high-income countries with particular sociocultural settings; none of the reviews included prospective studies from Nigeria or other lower income countries (Julien, Richard & Gauvin, 2012). Social cohesion has shown to be one of the pathways through which social engagement influences an individual's health outcomes. Social engagement creates or reinforces meaningful social roles, such as occupational and community roles, which in turn provides a sense of value, belonging, and attachment. These psychological resources benefit subjective well-being by promoting self-esteem and self-worth or enhancing the ease with which people adapt to stressful life events (Berkman, 2000).

However, studies in the context of western societies often report a positive association between social cohesion and mental health among the elderly population (Kawachi & Berkman, 2000). Yet, some scholars also warn about the dark side of social cohesion (Carpiano, 2007). They claim that more attention should be paid to the broader societal context in which social cohesion occurs. Findings from China are inconclusive, however, scholars have shown that participating in leisure activities and maintaining strong personal ties are associated with an improved mental status among Chinese older adults (Cao et al., 2015), but that formal social engagement (i.e., participation in volunteer groups or civic organizations) rarely brings any psychological benefits. One of the reasons may be that the Chinese government has adopted restrictive legislation on the registration of social organizations, which makes it difficult for grass-roots, self-initiated organizations to gain legal status and autonomy (Saich, 2000). In the researchers' opinion, the finding is not surprising because, the living condition of Nigeria as a country is nothing to write home about. With the current marginalization, inequity in distribution of

resources creating unnecessary distinctions between the rich and the poor, and lack of family and societal support in times of problems, people(especially geriatrics) are bound to suffer mental issues, especially depression.

Conclusion and Recommendation

It was concluded that Geriatrics in Ilorin West LGA suffer mild to moderate levels of depression. It was also concluded that female geriatrics are more depressed than their male counterparts. The variations in the levels of depression between both male and female geriatrics are associated with social cohesion. This implies that many of the geriatrics have experienced marginalization, social injustice, denial due to tribalism, lack of due respect and so on. All these experiences have made them suffer some level of depression. Therefore, every citizen should be enlightened on the need for social justice and the negative impacts of marginalization of people due to social class, tribalism, level of education, and gender which is becoming a normal thing in the study area. Geriatrics in Ilorin West LGA should also be sensitized on the need to seek medical ans social support help whenever they have issues related to depression.

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