

An exploratory study on factors affect on Elderly Depression in Sri Lanka

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Abstract: This exploratory study tries to explore the factors affect on Elderly depression in a qualitative manner. In order to meet the objectives of present study it was carried out with ten elderly females and males of above 65 years who were clinically diagnosed with Depression were selected from the Psychiatric clinic, National Hospital in Kandy, Sri Lanka. Consent was received from the participants prior to the research carried out. This qualitative study was carried out using a semi structured interview and collected data were analyzed using a thematic analysis in which participants responses narrowed down to particular themes. According to the thematic analysis it was found five main themes as factors that most of these elderly people suffer from depression due to the factors such as Past Failures, Worthlessness, Suicidal Thoughts, and Lack of Hopes about future, Loss of Energy. Results revealed that female people were likely to show depressive symptoms due to the matter of obsessive on their past failures and feel of worthlessness whilst more male people are suffering from suicidal thoughts, lack of hopes about future and loss of energy due to physical disabilities. Especially both male and female people have shown depression mainly focusing on of their life worth due their age.

Key words: qualitative, depression, elderly depression, semi structured, thematic analysis

I. BACKGROUND AND INTRODUCTION

Human life span has remarkable stages in it ranging infant, toddler, adolescents, young people, adults and elderly years at the end. There are different researches carried out upon the all stages except elderly years. However, each of these stages people are subjected to experience different psychological conditions in which demarcate the situations and subject specific matters that they face in their life. Elderly people who are above 65 years also experience many fluctuations in their mind as there are many factors affect on their psychological conditions due to their age. Such as physical disabilities, loneliness, social isolation, retirement from the employment. All these factors may have a tendency to end up with a mental illness or mental disability. Present study was focused on elderly people and their depression in Sri Lanka. The term 'Elderliness' there are many definitions at which age people are considered as old. There are differences in the age of becoming old and the experiences they face at their old age according to developed countries and developing countries as well as among different cultures.

World Health Organization determines the elderliness as the reduction in the competency to accommodate the environmental factors and accepts 65 year of age as lower

elderliness limit though they accept it as 60 in same conditions (Varma, 2012).

Conventional elderly has been defined as a chronological age of 65 years of old or older. While those from 65 through 74 years old are referred to as early elderly and those over 75 years old as late elderly (Orimno et al., 2016).

As mentioned above the developed countries use age 60 years or 65 years as the beginning of old age and similar to the retirement age. But in social meaning it will be different as their experiences and the roles they have to play in their life (Gorman, 2000). On the other hand the old age considered as a stage where old people loss their roles due to physical disabilities and their contribution is no longer useful for the workforce or families of these countries (Gorman, 2000). Though the person is capable of doing such work as previous in developing countries like Sri Lanka it is compulsory to get retired at this age. Because of this most people become frustrated as they have nothing to occupy after retirement and face many financial difficulties.

We cannot use the term elderly for every person who will be active and more productive at that age and people who are very dependent and weak. If we use the same term for these both kinds of people it will not an accurate description for those people. Old people may also differ from each other and they will act in various ways. Most of them do not like to identify them from this term (Avers et al., 2011).

In Canada, the word "senior" indicates a person is specifically in age of 65 or older. "Older person or "older people" are possibly preferable terms because these terms show better how the general population refers to older members of our families and communities. The experience of elderly varies from person to person and is often experienced in different degrees. Advantages and disadvantages will also feel differently according to other aspects of a person's identity, experience or social privilege, poverty, disease and disability can mean that the physical, mental and cognitive declines that can be liked to aging will occur earlier along the life course, even before the benchmark age of 65 years (Taylor, 2011).

The positive aspect of elderliness and negative quality of life will depend on their individual internal variables such as emotions and attitudes for the facts of their life and external variables such as environmental resources. The quality of life will be depending on the capacity of facing for their physical

disabilities and limitations and expectations of their personal health. Usually they face with loss of financial resources, widowhood and health limits. After a challenging event in the elderliness it is important to act with economic resources and family support to keep the wellbeing at this situation. It is also important in participation for religious activities, financial satisfaction in their old age and avoids social localization of the home. As the greatest source of pleasure in old age can be the involvement with rural and domestic activities (Xavier et al., 2003).

Depression is a major psychiatry illness which most people experience in any stage in their life. Therefore it is important to know about this illness in an accurate source. The medical definition of depression is “An illness that involves the body mood and thought and that affects the way a person eats, sleeps, feels about him or herself, and thinks about things.” (Medicine Net, 2012).

Depression (Major depressive disorder or Clinical Depression) is a common and serious mood disorder. It causes severe symptoms that affect your feel, think and handle daily activities, such as sleeping, eating or working. To be diagnosed with depression the symptoms must be present for at least two weeks (NIMH, 2016).

Depression has been defined by World Health Organization as “ the leading cause of ill health and disability worldwide; more than 300 million people are now living with depression an increase of more than 18% between 2005 and 2015. Depression is a common mental disorder characterized by persistent sadness and a loss of interest in activities that you normally enjoy.”

Depression (Major depressive disorder) is a common and serious medical illness that negatively affects how you feel the way you think and how you act. (American Psychological Association, 2017)

Depression (Major depressive disorder or Clinical Depression) is a common but serious mood disorder. It causes severe symptoms that affect your feel, think and handle daily activities, such as sleeping, eating or working. To be diagnosed with depression the symptoms must be present for at least two weeks (NIMH, 2016).

In Sri Lanka the situations people can be depressed may differ from others. As per global health estimates of the WHO for 2015 there were around 802,321 reported cases of depression in Sri Lanka (Bandara, 2017). The number of widows is likely to increase in the future and expected to live longer which is happening in Sri Lanka. Our families now becoming more nuclear and strong family links are disappearing with some family members migrating overseas. This has results in parents living in their houses alone. All this has contributed to various psychosocial issues like stress reaction depressive disorder (Mendis, 2018).

Getting depressed in different stages of life may for many reasons. Elderly depression is more specific than others

because most of the time this kind of depression is not identified like in others stages. Depression is not a normal part of growing older, and it should never be taken lightly. Unfortunately, depression often goes undiagnosed and untreated in older adults, and they may feel reluctant to seek help. Symptoms of depression may be different or less obvious in older adults, such as:

- Memory difficulties or personality changes
- Physical aches or pain
- Fatigue, loss of appetite, sleeps problems or loss of interest in sex – not caused by a medical condition or medication
- Often wanting to stay at home, rather than going out to socialize or doing new things
- Suicidal thinking or feelings, especially in older men. (Mayo clinic, 2018).

While being a major psychological illness in the world Depression is also a common mental illness in any society. The symptoms of depression may affect daily life activities also making people very distressed. There are few kinds of treatment for this illness like psychological (Talking) and psychiatry medicine (anti-depressants) treatments. Although these types of treatments may take long time to be recovered they have found very success for these illnesses. Most people may get this illness repeatedly who will have to continue treatments for a long time and some may get only once due to the incidence or situation they had to have this illness. Most of the people get to know that something is going wrong with their mind and get to know they are getting depressed but some people may not aware what is going with their mind. They think it is because of a physical illness, like losing their weight. While depression may occur as physical illnesses physical illnesses also can create depression. The physical symptoms that may affect by depression headaches, the sensation of having a 'thumping' heart (palpitations), chest pains and general aches. Most people who will have chest pain may see a doctor thinking that they have a problem with their heart. But the real cause may be the depression. But actually depression can cause lot of physical symptoms and people with these many physical symptoms can develop depression than others (Willacy, 2020).

Studies have shown that women experience depression up to twice as often as men. Reason for this increased rate of depression can be hormonal factors. The other factors women may face for this increase can be responsibilities both at work and home, single parenthood and caring for children and for aging parents. From these studies it says men are less likely to have depression than women, but three to four million men in the United States are affected by depression. According this study while more women attempt suicide, more men actually commit suicide. After age 65, the rate of men's suicide increases, especially among white men older than 85. Most of the time elderly depression is taken as normal factor in their life resulting more suffering for themselves and their families (Holmes, 2019).

Depression is also known as depressive disorder which is more than feeling sad or having hard time in life. It is also a major mental illness need attention and treatments. If it is ignored it can end up with creating a big harm for the family and the person who suffering it. It is very lucky if it was identified, diagnosed early and have a treatment plan with medication, psychological therapy and healthy life style in advance to get completely recovered. While some people only suffer depression for one episode some may have it continuously. If it was untreated it may last for few months or few years. From studies it has found more than 19 million U.S. adults—nearly 8% of the population—had at least one major depressive episode in the past year. Depression is an illness that affect for people in all racial, ethnic and socioeconomic backgrounds but it may affect more for some groups than others (Duckworth, 2017).

Some older adults do experience depression that needs to be diagnosed and treated. The nature of the crises of older adults is similar to that of crises of individuals at other ages, but there is a special quality that derives from age itself. Most often this lies in the combined impacts of loneliness from losses of family members and friends, the need to adapt to deteriorating physical capacities and the lack of treatment and diagnosis of depression in older persons (Stickle et al., 2006).

Depression impacts older people differently than younger people. In the elderly, depression often occurs with other medical illnesses and disabilities, and lasts longer. Advancing age is often accompanied by loss of social support systems due to the death of a spouse or siblings, retirement or relocation of residence (Medicine Net, 2012).

Late life depression affects about 6 million Americans ages 65 and older. But only 10% receive treatments for depression. The likely reason is that the elderly often display symptoms of depression differently. Depression reduces an elderly person's ability to rehabilitate. Depression also increases the risk of suicide, especially in elderly white men. The suicide rate in people ages 50 to 84 is more than twice that of the general population. Advancing age is often accompanied by loss of social support systems due to the death of spouse or siblings, retirement or relocation of residence (WebMD, 2018).

The pathways to depression in later life include chronic medical and neurologic illnesses and their associated disability, psychosocial stressors such as bereavement, caregiving, retirement or interpersonal dispute. Important symptoms include diminished interest in pleasurable activities and hobbies, feeling of hopelessness or worthlessness, a sense that life is empty, feeling guilt, avoidance of social interactions, feeling of helplessness (Reynolds et al., 2002).

Some research indicates that there could be a genetic link to the disease. However biological, social and psychological factors all play a role in depression in older adults. Complications associated with aging may contribute to depression in older adults. Such as Limited mobility, isolation, facing mortality, transitioning from work to

retirement, financial hardships, prolonged substance abuse, death of friends and loves ones, widowhood or divorce, chronic medical conditions (Krans, 2017).

In elderly people, Depression mainly affects those with chronic medical illnesses and cognitive impairment, causes suffering, family disruption and disability, worsen the outcomes of many medical illnesses and increase mortality. Psychosocial adversity, economic impoverishment, disability, isolation, relocation, caregiving and bereavement contribute to physiological changes. Further increasing susceptibility to depression or triggering depression in elderly, vulnerable elderly individuals (Alexopoulos, 2005).

An estimated one in four Sri Lankans will be elderly by the year 2041. The trend is, in part, a result of investments in education and health for the past several decades. Low fertility rates and extended life expectancies are expected to continue; putting financial pressure on the working age population. The increasing elderly population has become a huge problem today and will be in future. There were 55 dependents per 100 working age people in 2001. This number is expected to rise to 58.3 by 2031 and, following a rapid increase in old age dependency, is projected to increase significantly after 2041. As a result, Sri Lanka faces profound economic challenges, for example in paying pensions for all retired government workers. Social structures are also in flux; while the cultural norm has been to care for older relatives within the extended family, factors such as more women working outside the home and migration of working age adults to urban Centers and abroad are disrupting this traditional support system (Samaraweera, et al., 2016).

In Sri Lanka the extended family concept which is still preserved in the rural areas might mimic an enriched environment. Sadly the large families that once were, are slowly fragmenting in to small units, because of the "Global trends in dependent living" (Athukorala, 2018)

A study on Psychosocial risk factors for depressive disorder in late life by Bruce (2002) has shown number of significant psychosocial risk factors for late life depressive disorders including life events and ongoing difficulties, death of a spouse or other beloved one, medical illness and injuries, disability and functional decline and lack of social contact. Additional evidence suggests that impact of these psychosocial risk factors on depression can be enhanced or buffered by personal or environmental factors.

A systematic review and meta-analysis on Risk factors for depression among elderly community subjects by Cole and Dendukuri (2003) show that in qualitative meta-analysis risk factors identified by both univariate and multivariate techniques in at least two studies each were disability, new medical illness, poor health status, prior depression, poor self-perceived health and bereavement. Despite the methodological limitation's bereavement, sleep disturbance, disability, prior depression and female gender appear to be important risk factors for depression.

Varma has done a study in 2012 on Depression in the elderly clinical features and risk factors stated that it was determined that depressive symptoms seen in elder age are related to the advancing of age, being a female, living alone, divorcement, low education level, functionality disorder, co morbid physical illness, low level cognitive dysfunction, cigarettes alcohol use.

A study on Depression in older adult's prevalence and risk factors in a primary health care by Padaychey and colleagues (2017) shows there is a high rate of undetected depression among elderly attending a local primary health care clinic with widowhood and poor subjective health being strong predictors of mood disorder.

Research on Physical Activity Reduces the Risk of Subsequent Depression for Older Adults done by Strawbridge and colleagues in 2002 has found for prevalent depression, low and medium physically active subjects were more likely to be depressed than were those with high activity. Physical disability showed a strong association with depression, since subjects who reported such impairment was four times more likely to be depressed than were subjects with no mobility impairment. Subjects who reported fewer than three close friends or relatives were more likely to be depressed, as were those who reported being somewhat satisfied or not satisfied with friendships. Subjects who reported fewer than three close friends or relatives were more likely to be depressed, as were those who reported being somewhat satisfied or not satisfied with friendships.

Fatima and colleagues had done a study on incidence of depression among community dwelling healthy elderly and the predisposing socio-environmental factors in 2019. From this study they show that females had a higher incidence of depression than males which can be cause that female depression is associated with hormonal changes, and other factors with higher incidence of depression are being single/divorced, the death of the spouse, financial dependence, being employed and living alone. In Pakistan they have joint and extended family systems. Therefore older people are looked after by younger members of the families as a part of their socio-cultural, religious and moral obligations. Also young adults provide financial support to their old parents. This is because their cultural support social interaction and caregiving. But in urban Pakistan most families and young adults prefer to live independently and this cause to increase of older people living alone or have to go to a nursing home near future. Also there is higher incidence of depression in employed elderly. Who retired with a pension had a protective factor for depression rather than the elderly who were then employed. Employing in old age is because they need money and they have lack of financial support from family. But job stress was too much to handle in this age. Also elderly individuals who were single or separated from their spouse or whose spouses have died has showed greater depression than those who live with their spouse.

Pilania and colleagues in 2019 done systematic review and meta-analysis aimed to estimate the prevalence of depression among elderly population in India on topic of Prevalence of depression among the elderly (60 years and above) population in India, 1997–2016: a systematic review and meta-analysis. This systematic review included studies from 1997 to 2016. This period marked the era of broad access to communication technologies like mobile phone and various applications, Internet, E-health and online access to health information. Also during this time, majority of Indian families moved from joint families to nuclear families, and the younger generation migrated to the towns and cities which further weakened the support structures for elderly population, without any significant improvement in the care and support services for the elderly population.

The study on Depression and its associated factors among elderly: A community based study in Egypt done by Gilany and colleagues in 2018 has found while 85 or more year old are less likely to have depression, than those of 60-75 years with. It is higher among those of no or level of religiosity with. Also they found that depression was significantly higher among urban residents. In rural areas elderly people lives in extended families with intimate relationships. From this study they revealed that depression was significantly higher among females than males. They claim that this is because females experience more health problems and adverse life events due to longer life expectancy. Also depression was high among disturbed marital life or singles and elderly living alone. This study also found that participation in physical, social and religious activity was associated with decreased levels of depression in old age.

Somporn and colleagues in 2012 studied the Factors Influencing Depression among Elderly in Ban Bangkhae Nursing Homes, Bangkok, Thailand after Flooding which aimed to determine the prevalence of depression and identify factors associated with depression among the elderly people in the nursing home setting, Bangkok, Thailand. Study has showed that the prevalence of major depression was 7.2% and the prevalence of minor depression was 32.1%. Insomnia, loneliness, lack of social activity, physical activity and inadequate vitamin D were found to be the major factors with depressive symptoms among Ban Bangkhae nursing homes setting.

The study on Prevalence and correlates of depression among older urban community-dwelling adults in Sri Lanka was done by Rajapaksha and colleagues on 2018. They attempted to quantify the prevalence and associated factors of depression in a highly urbanized setting within Sri Lanka. As the results showed the prevalence of depression in the sample was 13.9% (mild depression: 11.2%; moderate to severe depression: 2.7%). Participants of the socio demographic predictors, female sex (odds ratio (OR) = 10.60), being 60–64 years old (OR = 1.61), being unmarried, separated, divorced, or widowed (OR = 3.73), income \leq 20 000 Sri Lankan rupees (OR = 2.27), and perceived financial burden (OR = 3.15) were

significantly associated with clinically significant depression. From the health-related variables, smoking (OR = 2.18), alcohol use (OR = 7.58), presence of chronic disease (OR = 1.51), limitation in performing one or more instrumental activities of daily living (OR = 1.73), unsatisfactory partner relationship (OR = 2.94), perceived inadequate social support (OR = 2.47), experiencing abuse (OR = 3.90), and experiencing major life events (OR = 2.11) were significantly related with depression. Therefore according to their findings depression is an important issue among the elderly living in an urbanized environment in Sri Lanka.

As can be seen on these studies' prior depression, poor social support, financial crisis, disabilities etc. are significant risk factors for elderly depression. These studies were done by various countries, but we need to identify what kind of factors will be more significant for Sri Lanka elderly Depression. The research done by Khaltar and colleagues in 2017 found that multivariate logistic regression analysis showed that low income status, low perceived social support and having more than two self-reported diseases were significantly associated with depression. The finding from this study would help practitioners uncover the older people with high risk and intervene its development or exacerbation among them.

II. METHOD

Since this is a qualitative study to find the broader factors affect on elderly depression it was used a semi structured interview to collect data Purpose of getting this semi structured interview lead the present study to create a more intimate nature of having responses from participants. The responses were later analyzed using thematic analysis. Family member also stayed aside if the participant gets irritated when asking personal questions. Interviews were recorded to get clear idea when these responses translated in to transcripts.

Aim

Present study was aimed to identifying important factors affecting on elderly depression among Sri Lankans.

Present study was having short term and long term objectives. Short term objectives were to

Systematically identify single and complex reason behind the elderly depression.

Moreover it was having an objective to

Clarify the impact of different factors affecting depression. In addition to the short term objectives there were some long term objectives as well. This study wants to

Facilitate depressive elders for better psychosocial support and also wants to

Develop prevention program for elderly people from suicide attempts due to their depressive episodes.

Sample

Hence this is a qualitative research it is expected to analyze in depth from the responses of the participants. Ten participants representing both genders (5 females and 5 males) were selected as the sample. These ten participants were selected who were above 65 years as the world Health organization had defined elderly as people above 65 ages are the elderly population. Elderly people who were being selected to the study were clinically diagnosed as people who are having depression by the Consultant psychiatrist in national hospital, Kandy. These ten people reportedly clinically diagnosed depressive people were selected as random sampling method out of the pool of depressive elders who were in the psychiatric clinic, National Hospital, Kandy, Sri Lanka.

Data Analysis

This study was conducted using a qualitative approach and it gives a more comprehensive detailed analysis of the responds of participants. Qualitative research utilizes an open and flexible design and in doing so stands at odds with the notion of rigor so important when doing quantitative research. There are many different types of qualitative research each with its own purpose and structure. This study use one type of qualitative research called Thematic Analysis.

The main purpose of qualitative research is to understand the social reality of individuals, groups and cultures as same as possible as its participants feel it or live it. As people and groups are studied in their natural setting. Research using a qualitative approach is exploratory and seeks to explain 'how' and 'why' a particular concept, or behavior, do as it does in a particular context. These methods can be used to generate hypotheses and theory from the data. Qualitative research is endlessly creative and interpretive. Qualitative interpretations are constructed, and various methods can be used to make sense of the data, such as content analysis, grounded theory (Glaser & Strauss, 1967), thematic analysis (Braun & Clarke, 2006) or discourse analysis (McLeod, 2019).

Thematic Analysis Method

Thematic analysis is used to identify patterns or themes within qualitative data. When using this method it should be closely examined the data to identify common themes, topics, ideas and patterns of the data collected. This method is applied to analyze transcript data that emerge from interviews and focused groups and less usually from observations. It is more subjective using for qualitative research than using in quantitative research. The aim of this analysis is to create a comprehensive and systematic record of the coding and themes that are seen from interviews or observations. This approach is differing from others in terms of underlying philosophy and procedures for theme development. It is one of a group of methods focus on identify patterned meaning of a dataset. Because this is a theoretically-flexible method it can be used among different frameworks to different types of research questions (Galanis, 2018). There are common six steps to follow when thematic analysis is in process.

1. Familiarization
2. Coding
3. Generating themes
4. Reviewing themes
5. Defining and naming themes
6. Writing up

There are different approaches to consider when using thematic analysis method.

From the Thematic analysis it allows the classification of data in to thematic categories and the examination of all the cases in the study to make sure that all the manifestations of each theme have been accounted and compared. Themes are developed as patterns of the data that important to better description of a subject. Therefore thematic analysis can be described as a method to develop classifications about a specific subject (Cassol et al., 2018).

Familiarization

In this stage we need to read through the text of data take initial notes and be familiar with data by looking through the data.

Coding

The second stage after went through the data highlight the sections of our text phrases or sentences and identify the initial codes to describe their content. This means organize our data in a meaningful and systematic way. Codes should be relevant to or captured something interesting about research question.

Generating Themes

After making codes it is need to go through the codes and identify the patterns of these codes and come up with themes. Themes are broader than codes because for one theme there will be several codes combined. A theme is a pattern that identified something significant or interesting about the data.

Reviewing themes

At this stage it is important to make sure that the themes we identified are useful and accurate representations of our data. Therefore we need to gather all the data that is relevant to each theme we created. It is important to consider whether the data really support it and the themes work in the context of the entire data set.

Defining Themes

When we found the final list of themes we can name and define each of them. The aim of this stage is to identify the essence of what each theme is about. This involves formulating exactly what we mean by each theme and figure out how it helps us to understand the data.

Writing up

To write a thematic analysis need an introduction to establish our research question, aims and approach. This is like a report,

journal article or dissertation. In the conclusion we should state the main takeaways and how the analysis answered the research question (Caulfield, 2020).

In qualitative research and other research patterns can also analyzed by thematic analysis method which enable the researcher to study about people personal experiences and meaning of life situations. Especially their external reality of life can gain the knowledge about the reality. According to many interpretivists about research methods using thematic analysis method allows the researcher to study about social, cultural and other structural contexts which can influence the persons experience and it enhance the knowledge about the interaction between researcher and the participants experiences which are socially connected to each other. Thematic analysis can be used across continuum which can be mostly flow in to the center of the two poles. This analysis method process in developing themes, reframe and reinterpreted the raw data collected from the participants. Developing themes by organizing data is not the only organizing tool of thematic analysis. Thematic analysis also involves with the process of organizational and classifying the data in a meaningful manner and formation of structure to understand the responses. If the thematic analysis was not in a descriptive pole it will not give a meaning full interprets of the findings. When compared with other research methods in qualitative research thematic analysis is quite easy and understandable method to apply for the research. As thematic analysis does not need to create theories or organized structures and it can easily use with the pre described information there is already mentioned. Therefore inexperienced researcher also can use this method successfully in qualitative research. On the other hand it allows the researcher to interpret summaries and identify main feature of the wide range of data set. Also it shows the basic path to other analysis methods qualitative studies (Kiger and Varpio, 2020).

Present study used the random sampling in selecting the sample of 10 elderly people (Who were being clinically diagnosed for depression by a psychiatrist) who are above 65 ages from mental health clinic at National Hospital, Kandy in Sri Lanka.

Present study used a qualitative approach using interview as the data collection method which in later point leads to Thematic Analysis when interpreting the data. Present study used semi structured interview to collect data and indicated themes as for the factors affecting elderly depression in Sri Lanka. Therefore it is easy to set themes and analyse the data collected from interview

III. RESULTS

The following table shows the five themes identified from the data taken by participants using semi structured interviews and summarized their responses for each theme as follows.

Participants	Past Failures	Worthlessness	Suicidal Thoughts	Lack of Hopes about future	Loss of Energy
A1	✓	✓	x	✓	✓
A2	✓	✓	✓	x	x
A3	✓	✓	✓	✓	✓
A4	✓	✓	✓	x	✓
A5	✓	x	✓	✓	x
B1	x	✓	✓	x	x
B2	✓	✓	✓	✓	✓
B3	x	✓	x	✓	✓
B4	x	✓	x	x	✓
B5	✓	✓	✓	x	✓

According to the table it can be seen that these elderly people have become depressed on certain factors which are same as well as different for each of them. This can be discussed on these five themes identified from their responses which have elaborated descriptively below:-

From the responses of the participants it can be seen that these elderly people have become depressed on certain factors which are same as well as different for each of them. This can be discussed on these five themes identified from their responses which have elaborated descriptively below:-

Past failure

One of the symptoms of depression called past failure had been a factor for most of elderly people in Sri Lanka according to the participants in this research. As can be seen from the table most females worry about their past failures especially due to loss of a family member. Because Sri Lankan people like to be together with their whole family members, loss of one of them create them very depressed. Also these females think about their failure to be success at the past. At the same time they feel helpless as no one care of them. While some of them depressed due to loss of husband some are worrying about losing financial stability in the past. Also one of them blames her parents and husband who didn't allow her to go outside from home and to find work. Therefore she couldn't do a job and be a successful woman.

On the other hand males were happy about their past especially on their working history. Because they have worked enough at their young age they are satisfied about their past. They only worry about financial difficulties which was the result of retiring from the employment. From this study only one male participant regret about his past because he has caught for a government property case and lost his job as well. He had got imprisoned because of this case. Now he worries about his children's future as he is suffering from financial difficulties as a result of the court case. Therefore it can be seen that although females worries about the

relationships and loses of their family members males are happy about their past according to their working history.

Worthlessness

According to the findings of this study most of females in Sri Lanka feel they have no value or they can do nothing when they are getting older because they are lonely and they suffer from their mental illness. While one of them thinks she lost her husband and son because of being a female is a sin some of them feel they are worthless because they cannot live with their children all together. Almost most of females feel worthless and they have nothing to do because of their illnesses. As can be seen from the table only one female participant is not feeling any worthlessness. She has no children and lives with her husband's support. Also she is a retired teacher.

Most of male people feel worthless because of their illness and frustrated about their physical and financial disabilities and. According to this study male people think they are useless now at their old age because they are unable to do any work due to physical disabilities. At the same time some of them worrying about loneliness and because they cannot work now and cannot help children financially. One of these participants is strongly felt worthless as he got caught for a property case and lost his job. He feels guilty about this issue and also suffering from financial difficulties and afraid about children's future.

As can be seen from these findings females mainly feel worthless because of their illness and loneliness from losing family members, males strongly thinks about their physical illness which make them stop working and as a result they are suffering from financial difficulties.

Suicidal thoughts

Suicidal attempts or suicidal thoughts may affect people when they are severely depressed and they cannot see other options to escape from the feeling of suicide at that time. Though one of these participants has not felt any suicidal thoughts all other female participants had experience some sort of suicidal thoughts or attempts in their life. According to these participants though they have felt suicidal thoughts, because they remembered their children at that time they haven't tried to those things. But few of them attempted to suicide for several reasons in their lifetime. One of these had overdosed her medicines because she worried about her pet will die as she lived alone at her home. But one had tried to commit suicide for several times though she was living with her husband and without children.

Males also have suicidal thoughts at least for a single time in their lives. Most of male have suicidal thought because they think they are not worth living without doing any work they are more frustrated and feel worthlessness due to financial and physical difficulties than females. But one of them is having an ongoing court case he is continually suffering from the guilt about the case and losing job. He is worried about his

family and their future. He feels worthless and hopeless about his life.

When considering the suicidal thought as a symptom of depression most of Sri Lankan people have thoughts of committing suicide while some of females attempted to those. It can be seen that females are more vulnerable for attempting suicide than having thoughts upon do it so, according to these findings.

Lack of hopes about future

When people become depressed they cannot see other options or cannot think of future plans. Especially in old age they stop thinking about their future and feel they are unable to do anything for the future. From this study most of Sri Lankan elderly people have no hopes about the future. They just live in the present and they are not interested about to plan the future. They think their life has come to the end. According to these elderly people they are getting old there is nothing to do for the life. We should just expect the end of the life. And they feel it is their destiny and no one change it. Therefore they have stopped thinking about their future life. On the other hand some female people want to plan their children's future as they cannot just leave their life without making a better future for them. Therefore it can be seen they have some kind of hopes about the future.

Male elderly people think they have no future due to their physical disabilities. However only few of males have hopes about their future as they think everything will be all right in the future specially when illnesses will be recovered. Also some of them think about their future because of their family responsibilities. Even though one participant is very frustrated about his life and future because of his court case, still he has to take care of his children as they have not married yet. Therefore he has to plan his and children's future and have to get important decisions about their lives.

Overall it can be seen that most of Sri Lankan elderly people think about future only because of their family responsibilities not for their own future. This is because in Sri Lankan culture family is an important factor of people's life.

Lack of energy

Not like in western countries in Sri Lanka most people feel they are very weak and unhealthy when they are getting old. They think they cannot do most of the things they did when they young because they old and no enough strength to do so. While some of females express that they have no more energy to do things they did before. They just want to spend time leisurely as elderly people. Because they feel physically unstable they also feel unstable in mind and they are not strong enough as before. Only two of these participants don't think they are weak or not having energy even though they are physically weak. They have also plans to do a self-employment which mean they feel they are strong enough to work as well.

When comparing with female only few male think they have enough energy to work. Some of others also think he have the energy but worrying about physical disabilities. Therefore they think they cannot work as before and not having enough strength to do them. On the other hand Most of males feel they have no more energy because of their physical disabilities and frustration. But because one of these participants is fed up with life as he has caught for the property case and had to get imprisoned. Also he lost his job. Because of his frustration he feel he has no more energy face such problems or to work again.

Therefore even some of females feel strong enough to work at this old age most elderly males think they have lost their energy because of their age and other disabilities.

IV. DISCUSSION AND CONCLUSION

With the growing population of elderly in different societies and countries, they experience different dilemmas within the framework of their economy and culture in their respective country In Sri Lankan population elderly are considered as a group of inefficient workforce and they cannot live by themselves. In the government sector when people become 60 years they have to get retired from their employment even if they are capable of working. As a result most elderly people become depressed due to frustration, helplessness and hopelessness after their retirement. How can they live without doing any work and how can they live without having a sufficient income.

On the other hand the family system has also changed in Sri Lankan society from extended families to nuclear family. Because their withdrawals from children's due to migrations, marriages or have to work in areas far away from their hometown. As a result parents become isolated in their own houses. It can be seen that in Sri Lanka the most risk factors for elderly depression are to be apart from work and social withdrawal.

At the same time from own experience in hospital setting as a Psychiatric Social Worker nowadays most children tend to leave their elderly parents in hospital wards and they never come to see them or take them to their home. They give wrong details to the ward and cannot be contacted after they discharge from the hospital. This has become a tragedy in Sri Lankan society as parents are treated like orphans. Present study suggests that is it is better to hand over parents to an elderly home than leaving them on roads or hospitals. These are the major factors for Sri Lankan elderly people to become depressed nowadays.

The other factor identified in Sri Lankan elderly population is when people getting old most male people than female tend to think they are physically disabled and cannot do anything for themselves. Therefore they want to live with their children. But in turn as a result of this they become indecisive and passive characters in their children's houses.

Sri Lankan people usually think their life has come to an end when they are getting old. As a result they never want to start new things at this age. They try to think they will die at any moment and it is not worth to do anything at their age. Also they have no hopes about the future and they have very pessimistic ideas about their life. Another factor is they are worrying about their past failures that they couldn't be success in life. The problems they had to overcome until this age and they had to care for others and couldn't do anything for self-development is also a reason for their depression. And most of them suffer about the death of a family member and keep remembering their loss and become depressed. The positive thing is while female elders try to do their day today activities such as cooking, watering, and washing male people are very frustrated about their age and physical disabilities and do nothing for themselves. Therefore the suicidal ideas also more in male elderly people than in female elders. Sri Lankan older people's thoughts about their self-image are also different with other cultures as they only worry about their physical disabilities rather than about their external look. Another significant finding is that although according to research in other countries lack of sexual activities in old age is a main factor for elderly depression in Sri Lankan elderly people this cannot be seen as a risk factor for elderly depression. Because in our country most people stop these sexual relationships after about 50 years and they think it is normal according to our culture. Therefore it has not affected for the depression at their old age.

Most probably in other countries people are aware about the treatment facilities for this kind of illnesses and they tend to present for these centers and take advice for themselves. But unfortunately in Sri Lankan population this is different as there are lack of facilities and also lack of knowledge about illnesses which should be treated. Therefore people do not present for the treatment plans provided by centers for these kinds of illnesses. Especially though psychiatry treatments are now popular to some extent this elderly depression is unrecognized and untreated. Most of them think this is normal at old age and do not want to take treatment and will end up with suicide. Therefore it is important to educate people about such illnesses and available treatment centers for them to be more accessible.

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to my supervisor Dr. Asanka Bulathwatta for the continuous support of my research. His guidance helped me and gave knowledge always to continue my research work and thesis writing.

My sincere thanks also go to the Director and staff of the Postgraduate institute of humanities and social sciences for letting me to do the MPhil in Psychology from their institute and guide me to precede my research work.

Also I would like to thank my family husband, children and my mother who give advice and support throughout out my life and being patience for my mistakes in household works.

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