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IMPACTS OF DEPRESSIVE SYMPTOMS ON LIFE SATISFACTION AMONG ELDERLY WOMEN OF BAHAWALPUR PAKISTAN

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ABSTRACT
The present study aimed to check the impacts of depressive symptoms on life satisfaction and the relationships among depressive symptoms and life satisfaction. Total 223 elderly women were recruited from District Bahawalpur using purposive sampling technique. Age range of the sample was from 55 years and above. Urdu translated Geriatric Depression Scale (15-items) (Sheikh & Yesavage, 1986) and Urdu translated Satisfaction with Life Scale (SWLS) (Diener et al., 1985) was used. Results obtained by using SPSS-21 (Statistical Package for Social Sciences) and PLS (Partial Least Square) software. Research findings revealed that depressive symptoms were significantly negatively correlated with life satisfaction. Similarly, the depressive symptoms had significant impacts on life satisfaction among elderly women. Furthermore, socioeconomic status also had significant impacts on depressive symptoms and life satisfaction among elderly women. These research findings have practical implications for gerontologists and will open new doors for health policy makers.
Keywords: Depressive symptoms, Life satisfaction, elderly women.

INTRODUCTION AND LITERATURE REVIEW

Mental health is a vital interpreter of health status for elderly people in old age. Good mental health incorporates strong and well physical health (Cutrona et al., 1986). In the life span of elderly people, deterioration of the mental health of a person enhances the possibilities for negative features to stick with them (Cohen & Willis, 1985). As the medical and technological trends increases, human life survival ratio rises day by day. So, in consequence, the explanation of old age is in the process of modification. Nevertheless, according to the calendar age category, the man or women aged 65 years and the World Health Organization define elderly age range 60 years (World Health Organization [WHO], 2013).

The resulting rise in the elderly population and longer life expectancy have heightened interes t in the medical, psychological, and social concerns that arise as people age. (World Health Organization [WHO], 2011). Amongst the diverse troubles of old age, depression accounts for the highest burden among older adults (Grover &Malhotra, 2015). Nowadays depression is one of the most common reasons of disability within the aged. The numerous effects because of depression are low life satisfaction and worth, social deprivation, loneliness, higher use of fitness and domestic care offerings, cognitive decline, impairments of daily life, suicide, and enhance non suicidal demise. Depression declines an individual's standards of existence and escalates the dependency on others (Steffens et al., 2000). Amongst the variables closely associated to geriatric depression includes life satisfaction, mental health and well-being (Mhaolain et al., 2012). Due to social, bodily, and psychological harms going on in old age, life satisfaction amongst aged humans is worse than amongst more youthful humans. The sense of social support, locus of control (Abubader et al., 2002), income level, leisure involvement, fitness status, and losing a companion are some of the factors that negatively impact elderly people's quality of life. (Chen, 2001).

As indicated by Sivertsen et al.,(2015) depression is a common and debilitating illness in elderly people (above 60 years) that expands the risk of death and contrarily impacts the life satisfaction. A lot of recent researches has been addressed the association between depression, depressive symptoms and quality of life, however a research that can add to a superior comprehension of this relationship in more elderly people is deficient. Older people who are depressed had blue global and basic health related quality of life as compared to people who are not depressed. An expansion in depression seriousness was related with a more adverse universal health related quality of life. This examination found a critical relationship between seriousness of depression and more adverse life condition in older people. Altun and Yazici (2015) directed a research to examine the relations between life satisfaction, social security, sexual orientation, and depressive symptoms among Turkish older. It was determined that 42.1% of the elderly participants in this experiment scored highly for depressed symptoms. Significant depressive symptoms were predicted by life satisfaction (OR1 40.63, 95% CI1 40.53- 0.71), the lack of social security benefits (OR1 43.52, 95% CI1 41.25- 9.89), and gender identity (OR1 42.53, 95% CI1 41.17-5.50). It was demonstrated that while depression hazards expands, life satisfaction diminishes. Moreover, absence of government managed safety benefits and female gender likewise increment the danger of depression in the Turkish elderly people. Gibson et al. (2017) conducted a study to determine the prevalence of alcohol consumption among older Jamaicans and to look at the relationships between alcohol use, age, gender, life satisfaction, and depressive symptoms. Findings disclosed that as the relationship of current use of alcohol with approximately lower prevalence of depressive symptoms appeared so these outcomes were statistically significant. Additionally, it has connections to both extraordinarily high and extremely low life satisfaction dimensions.

Won and Kim (2008) headed an investigation to study the cognitive functions, depression, and life satisfaction among the older people who are obtaining visiting nursing facilities. The predominance of cognitive deficiency was 86.4 percent, and the extent of serious depression was 22.6 percent. Poor training, being unaffiliated with any religion, and low pay are linked with depression, whereas older age, illiteracy, and low pay has a stronger correlation with cognitive impairment. Depression and cognitive ability have a negative relationship. The degree of life satisfaction was actually poor and unrelated to any external variables. Low-income elderly persons enrolled in a healthcare institution had a reduced prevalence of cognitive impairment and higher levels of life satisfaction. A study conducted under the direction of Salman and Khattri (2016) to examine the impact of depression on life satisfaction in older people living in nursing homes and those living with their families. The results showed that there was a significant difference in terms of depression and life satisfaction. An examination directed by Uyanik (2018) to explore the participation of older individuals who diagnosed with stroke, difficulty in activity participation, depression and life satisfaction; and depression in connection to life satisfaction. As per the Functional Independence Model (FIM) assessment, washing, dressing (lower-chest area), going to the toilet and cooking, home cleaning and going to outside the home were the most difficult and challenging tasks for the patients. In the Adelaide movement profile (AAP) assessment, the patients were performed minimum 20.54 percent daily domestic chores and 24.75 percent social activities. In the field of self-care and recreation activities, life satisfaction and performance issues of the patients have been distinguished with the help of person centered Canadian activity performance measure (COPM) criterion. It was determined that 59.57 percent of patients in the sample overall had depression, and 61.70 percent had poor and medium life satisfaction. Except for the efficiency completion evaluation, there was a significant relationship (p 0.01) between all performance sectors, repetition of attempts, sadness, and life satisfaction. Between assistance endeavours, everyday regular living practises, and life fulfilment, there was a significant correlation (p 0.01).

Living with low socio-economic-status develops the depressive symptoms at every age (Blazer et al., 1991). Among the elderly people's problems, the absence of social security to support the retirement is one of the critical problem (Acharya, 2011), that frequently relies depends on earnings in profession life (Boskin, 1977). In Turkey, aged people with social protection get hold of profits and fitness care services without charge. However, when people are unable to cover rising medical costs, their condition and level of living may suffer. Tsai (2013) conducted research in Turkey, which indicated that the older adults who take income and health care assistances without charges have good mental health, but when they cannot meet the higher health care expenses, and then their life quality may be adversely affected.

According to Didinoa et al. (2016), life satisfaction is one of the fundamental factors that determines subjective well-being, making it a crucial factor to consider when evaluating the level of personal satisfaction among more experienced adults. A greater pay level, a well-kept home, and a reduced dimension of worry and melancholy are connected with an expansion in life satisfaction among older persons, with 68 percent of respondents reporting that they are content with their lives. These findings suggest that in determining older people's level of life satisfaction, both material views and psychological wellness may play a significant role. With the aid of an intriguing study, Alden and Hammarstedt (2017) conducted an analysis of life satisfaction among senior people (61 years of age or older) who are self-employed, wage workers, or not participating in the labour force in Sweden is being done. They discovered that people who work for themselves report greater levels of life satisfaction than people who work for someone else or are not employed. Life satisfaction is strongly correlated with general health, however even after controlling for health-related variables, there are still differences across the groups.

Rationale of the Study

According to a 2012 United Nations Population Fund report, In the second decade of the twenty-first century, there will be roughly one billion individuals who are 60 years or older. Additionally, according to the group, by 2025 there will be 1.2 billion individuals over the age of 60 in the world, and by 2050 there will be 2.5 billion. In developing nations, the elderly make up about two-thirds of the population (Birren, 1969). Pakistan is a growing nation dealing with a variety of problems, one of which is the rapid flowering of the demographic shift. The biggest problem is the large proportion of older people in the population, which is constantly expanding. According to the 2017 Census data, there are now 10.05 more people in Pakistan who are over 55. (Birren, 1969; Pakistan Bureau of Statistics [PBS], 2017).

Due to medical and technological advances elderly population is the highly growing population of our community, now a day approximately 34 percent of Pakistani population suffer different kinds of psychological issues, among them females and kids are suffering from psychological problems more rather than male (Raheel, 2018).According to annual report of Human Rights Commission (Kundi, 2011) women are more vulnerable toward developing of psychological ailments as compare to men. In old age, aging process contribute to developing a variety of issues e.g. mental illnesses, chronic diseases, physical disabilities and other co-morbidities (Boutayeb, A &Boutayeb, S, 2005). So, this study is conducted to find out the impacts of geriatric depression on life satisfaction among elderly women. There are little number of researches in Pakistan that examine the effects of geriatric depression among elderly and specifically there is not as it is research in Pakistan that examines the impacts of depressive symptoms on life satisfaction among elderly women, so the current study aims to scrutinize these variables and this will be a remarkable contribution.

Objectives of the study

The main objectives of the study are to get the impacts of depressive symptoms on life satisfaction among elderly women, find out the relationship between depressive symptoms and life satisfaction among elderly women and explore the impacts of depressive symptoms on life satisfaction among elderly women varies according to socioeconomic status.

Hypotheses of the study

- There would be significant impacts of depressive symptoms on life satisfaction among elderly women.
- There would be a significant negative relationship between depressive symptoms and life satisfaction among elderly women.
- Impacts of depressive symptoms on life satisfaction among elderly women would be varying according to socioeconomic status.

METHODOLOGY

Research Design

It was quantitative correlational research.

Sample

Total 223 elderly womenof age 55 years and above, from every socioeconomic status (upper, middle and lower) educated or uneducatedwere approached to participate in this study but the women have any

physical disability and living in any old age home were incorporated in exclusion criteria.Non-probability purposive sampling technique was used to approach participants. The sample size of this study was calculated by using an online calculator G*Power 3.1.9.4 which is statistical power computing software and sample size calculator for different studies. There are different test for sample size e.g. T-test, F-test and Z-test. Sample size was calculated with estimated effect size of 0.15, power level of 0.85, 0.05 probability level and 3 measurements (one independent variable and two dependent variables). Minimum required sample size came 165. As this was minimum sample size, we took study participants above the figure 165 but on the availability of data 223 participants were approached from the district Bahawalpur so 223 was the precise study sample size.

Measures

Demographics information sheet (DIS). Name, Age, Educational status and socioeconomic status of the participants were included in demographic sheet.

Geriatric depression scale (GDS). A shortened form of the GDS-15 is a self-directed scale and comprises of fifteen (15) encased sort (Yes/No) inquiries as per the scale Geriatric Depression Scale, GDS-15 (Sheik and Yesavage, 1986). It is a helpful and substantial screening instrument for depression in the old. It is scored from 0 (ordinary) to 15 (serious depression). The seriousness is separated into the accompanying classes: 0-5 no depression (are viewed as typical), 6-10 moderate depression (score more than 6 infers doubt of temperament issue while more than at least 7 proposes the determination of depression) and 11-15 extreme depression (Fountoulakis et al., 1999). When measured against diagnostic criteria, the GDS has a 92 percent sensitivity and an 89 percent specificity. Both clinical use and academic studies have supported the device's validity and reliability. The Long and Short Forms of the GDS were both successful in differentiating discouraged from non-discouraged adults with a good correlation (r =.84, p .001) in an approved research looking at self-rating of depressive symptoms. (Sheik and Yesavage, 1986).

Satisfaction with life scale (SWLS). The satisfaction with life scale's Urdu translation was employed. Diener et al. devised this scale (1985). It was created to assess just one factor, such as overall life satisfaction. There are five items on the five-point Likert scale. Strongly disagree to strongly agree are the two response categories that receive scores of 1, 2, 3, 4, 5, and 7, respectively. scoring scale: 5-35. According to reports, this scale has a test-retest correlation value of.82,.65, and an alpha coefficient of.87.

Procedure

Research procedure encompasses the data collection from the selected sample of 223 women of age 55 years and above. By giving them the brief introduction of the present study the informed consent was taken and requesting them to fill the demographic information sheet (DIS) designed by the researcher consist of name, age, education, socioeconomic status, marital status, family structure, family status, birth order and number of the children of the participants followed by relevant scales of Geriatric Depression Scale and Satisfaction with Life Scale and given them all instructions about scales to fill them.

Ethical Considerations

While conducting this research all psychological research ethical issues were accomplished. Scales that opted for this study was used after getting permission from respective authors. Before filled the questionnaire from participants complete details was given them about the nature and aim of this research and informed consent was also taken from them.

RESULTS

Table 1 ***Frequency Distribution of Demographic Variables (N=223)***

Respondents Characteristics		*f*	%
Educational Status	Nil	112	(50.2)
	Metric	49	(22.0)
	Masters	62	(27.8)

Socioeconomic Status	Low	34	(15.2)
	Middle	178	(79.9)
	High	11	(4.9)

Note. In the above table the frequency distribution of all demographic variables e.g. Educational Status and Socioeconomic status of study participants (N=223) has elaborated.

Table 2 ***Reliability and Validity for Geriatric Depression Scale and Satisfaction with Life Scale (N=223)***

Latent Variable	Indicators	Factor Loadings	Indicator Reliability	α	CR	AVE	Discriminant Validity
Geriatric Depression Scale	GDS-1	0.800	0.64	0.835	0.870	0.347	Yes
	GDS-2	0.490	0.25				
	GDS-3	0.617	0.38				
	GDS-4	0.581	0.34				
	GDS-5	0.694	0.48				
	GDS-6	0.325	0.11				
	GDS-7	0.676	0.46				
	GDS-8	0.665	0.45				
	GDS-9	-0.059	-0.01				
	GDS-10	0.544	0.30				
	GDS-11	0.791	0.63				
	GDS-12	0.736	0.54				
	GDS-13	0.537	0.29				
	GDS-14	0.599	0.36				
	GDS-15	0.094	0.00				
Satisfaction with Life Scale	SWLS-1	0.900	0.81	0.924	0.943	0.768	Yes
	SWLS-2	0.921	0.85				
	SWLS-3	0.903	0.82				
	SWLS-4	0.868	0.75				
	SWLS-5	0.784	0.62				

Note. In the above table the factor loadings of all the fifteen indicators of the construct Geriatric Depression Scale (GDS-15) and five indicators of the construct Satisfaction with Life Scale (SWLS) which are according to Hair et al. (2017) is acceptable and satisfactory. Chronbach's Alpha(>0.80) and composite reliability (>0.70) of fifteen indicators of Geriatric Depression Scale and five indicators of Satisfaction with Life Scale display high level of internal consistency reliability of these measures.

Table 3 ***Linear regression for Geriatric Depression Scale and Satisfaction with Life Scale (N= 223)***

Relationship	Path Coefficient	t-value	p value	R^2	Ad. R^2	f^2	Q^2
Depressive symptoms>Life Satisfaction	-0.810	39.085***	0.000	0.655	0.654	1.901	0.465

Note. *** Significant at 1%

The above table demonstrates the relationship between depressive symptoms and life satisfaction, as according to this table the correlation between both variables is assessed through path coefficient which is -0.810, and t-value is 39.085 which show that there is a significant negative relationship between depressive symptoms and life satisfaction among elderly women.

The above table also shows the impacts of depressive symptoms on life satisfaction that is measured through blindfolding and thus Q^2 value comes 0.465 which is predictive, as according to Stone (1974) and Geisser (1975) if Q^2 value is greater than zero then model will be predictive. Similarly R^2= 0.655 that represents large effect size. R^2 values represents large, medium and small effect size with 0.40, 0.25 and 0.10 respectively. So there are significant effects of depressive symptoms on life satisfaction among elderly women.

Table 4 ***Mean differences among Socioeconomic Status (Low, Middle and High) of Study Variables (N=223)***

Variables	Low (n = 34)	Middle (n = 178)	High (n = 11)	F	P
	M (SD)	*M(SD)*	*M(SD)*		
Depressive Symptoms	10.83(2.41)	7.77(3.95)	3.82(2.64)	17.19	.000
Life Satisfaction	10.98(3.80)	18.48(7.56)	25.90(7.14)	23.70	.000

Note. Table 4 shows that the socioeconomic status of respondents has a vital role oin significant difference in depressive symptoms and life satisfaction. When compared to respondents with high socioeconomic position, the mean number of depressive symptoms was higher among respondents with low and moderate socioeconomic status. In contrast, respondents with high socioeconomic position reported greater average levels of life satisfaction than respondents with intermediate and low socioeconomic status.

Table 5 ***Effect size of Socioeconomic Status (Low, Middle and High) for Study Variables (N=223)***

Variable	(I)	(J)	MD (I-J)	P	95% CI	
					LL	UL
Depressive Symptoms	Low	Middle	3.06*	.000	1.42	4.60
		High	7.01*	.000	3.98	10.05
	Middle	Low	-3.06*	.000	-4.68	-1.42
		High	3.96*	.002	1.24	6.67
	High	Low	-7.01*	.000	-10.05	-3.98
		Middle	-3.96*	.002	-6.67	-1.24
Life Satisfaction	Low	Middle	-7.51*	.000	-10.64	-4.37
		High	-14.94*	.000	-20.75	-9.14
	Middle	Low	7.51*	.000	4.37	10.64
		High	-7.44*	.003	-12.64	-2.24
	High	Low	14.94*	.000	9.14	20.75
		Middle	7.44*	.003	2.24	12.64

Note. CI= 95% Confidence Interval; LL= Lower Limit; UL= Upper Limit

According to the aforementioned table, respondents' socioeconomic position significantly influenced their level of life satisfaction, psychological health, and depressive symptoms. In comparison to those with moderate and high financial position, those with low socioeconomic level had considerably higher mean depression symptoms. In contrast, respondents with high socioeconomic position reported significantly higher mean life satisfaction than respondents with low and moderate socioeconomic status.

DISCUSSION

The aim of this study was to investigate how depressed symptoms affect older women's life satisfaction. According to the literature, depressive symptoms in older women have a major negative influence on life satisfaction. The scales utilised in this investigation were determined to have adequate reliability and validity. The first hypothesis of this study was that there would be significant negative relationship between depressive symptoms and life satisfaction among elderly women. In accordance with previous researches on elderly population, Lue, Chen, and Wu (2010); and Rogers, (1999) concluded that depression risk is higher in people with lower life satisfaction, and that life satisfaction is a key predictor of depression. Eyigor et al. (2006) report a similar strong inverse connection between depressive symptoms and life satisfaction in older women. In addition, Cinar and Kartal (2008) found that older adults who were unhappy with their life were more likely to experience depressive symptoms.. From the findings it is clearly directed that depressive symptoms or depression and life satisfaction have significant negative relationships and this hypothesis was accepted. The second hypothesis of this study was that there would be significant impact of depressive symptoms on life satisfaction among elderly women. As according to corroborate from previous researches conducted by Adams, Rabin and Dasilva (2016); Lue, Chen, and wu (2010) identified that Depressive symptoms' effects on life satisfaction in

older persons showed that lower levels of symptoms were substantially associated with better levels of life satisfaction and higher levels of symptoms were associated with lower levels of life satisfaction.. Therefore, it is proved that second hypothesis of this study was in accordance with literature.

As according to the hypothesis the impacts of depressive symptoms on life satisfaction among elderly women vary according to socioeconomic status. In the current study the impacts of depressive symptoms on life satisfaction varies according to socioeconomic status ,as it is proved from the findings that respondents who belongs to middle or low socioeconomic status show higher depressive symptoms and worse life satisfaction. In corroborate with prior studies on older adults Blazer (2003); Fiske, Wetherell, and Gatz (2009); Mojtabai and Olfson, (2004) revealed that people who perceived more financial pressure were significantly related with depression and worse life satisfaction. So this demographic variable is consistent with those of previous studies.

CONCLUSION

It is concluded from the current study that all the objectives of the study were verified. The outcomes disclosed that the negative relationship exist between depressive symptoms among elderly women. Similarly in the case of impact of depressive symptoms on life satisfaction, there are significant negative effects prevail among elderly women. Furthermore the socioeconomic statuses of the participants also influence the rate of depressive symptoms among elderly women and further affect the life satisfaction of elderly women.

SUGGESTIONS AND IMPLICATIONS

Investigator suggests following considerable ideas to conduct future research on this topic under study.

- As such there is no research has done on this topic in Pakistan, so its results will be valuable for health policy makers and community dwellers.
- A nationwide study comprised of large sample size should be conducted to get more reliable results.
- More researches needed to be conducted on this topic to consider other different demographics.

LIMITATIONS

All researches has some shortcomings and draw backs and as for as current study also has some downsides that are needed to declared. The following are some restrictions:

- The small sample size used for this study is a result of time constraints, sample scarcity, or the time-consuming nature of interviewing each participant.
- It is questionable if study findings can be generalized to a wide population given the sample size.
- The majority of the study's participants were women, who declined to take part. Thus, filling out questionnaires took additional time.
- Most women are afraid that it will be more difficult to inform and facilitate their involvement.
- Because this study only examined the residents of one city, its conclusions are rather constrained.

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