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INTRODUCTION

Depression is a major public health concern nowadays. However depression among elderly is not in the spotlight. The overall prevalence of depression among elderly was reported to be high. It was shown that elderly living in rural areas has a higher prevalence of depression as compared to urban areas. The risk factor associated with depression might be different among elderly living in rural than living in urban areas. This study was aimed to determine the prevalence of depression among elderly living in rural areas in Malaysia and its associated factors.

METHODOLOGY

Data elderly aged 65 or over was obtained from Malaysia National Health and Morbidity Survey 2018, a cross-sectional study using stratified cluster sampling design. The validated Geriatric Depression Scale-14 questionnaire was used as a screening tool to indicate the presence of depression with a total score of six and above. Quality of life was measured using CASP-19 questionnaire. Data analysis was performed with chi-square test and multiple logistic regression using SPSS version 25.0.

Table 1: Risk factors of elderly depression in rural Malaysia (n=2171)

| Variable | No (%) of Respondents * | | | Crude OR (95% CI) | p-value | Adjusted OR (95% CI) | p-value |
|--|-------------------------|------------|-------------|--------------------|---------|----------------------|---------|
| | Total | Depression | Normal | | | | |
| Gender | | | | | | | |
| Male | 1024 (48.0) | 155 (15.0) | 869 (85.0) | 1 | | 1 | |
| Female | 1147 (44.8) | 166 (13.9) | 981 (86.1) | 0.92(0.73, 1.16) | 0.450 | 0.76(0.50, 1.15) | 0.190 |
| Ethnicity | | | | | | | |
| Malay | 1616 (72.2) | 210 (12.2) | 1406 (87.8) | 1 | | 1 | |
| Chinese | 146 (7.4) | 24 (18.8) | 122 (81.2) | 0.49(0.25, 0.95) | 0.034 | 0.61(0.29, 1.27) | 0.178 |
| Indian | 5 (0.3) | 1 (20.0) | 4 (80.0) | 0.81(0.30, 2.19) | 0.671 | 0.64(0.27, 1.47) | 0.282 |
| Other Bumiputra | 324 (17.4) | 69 (20.4) | 255 (79.6) | 0.88(0.34, 2.28) | 0.780 | 2.43(0.87, 8.88) | 0.173 |
| Others | 80 (2.6) | 17 (22.2) | 63 (77.8) | 0.90(0.52, 1.56) | 0.697 | 1.05(0.54, 2.03) | 0.895 |
| Marital Status | | | | | | | |
| Unmarried/Separated/Divorced/Widowed | 758 (34.5) | 147 (19.2) | 611 (80.8) | 1.75(1.27, 2.42) | 0.001 | 1.21(0.73, 2.00) | 0.455 |
| Married | 1410 (65.5) | 174 (12.0) | 1236 (88.0) | 1 | | 1 | |
| Education | | | | | | | |
| No formal education | 554 (25.2) | 118 (20.2) | 436 (79.8) | 3.68(1.28, 10.63) | 0.017 | 1.24(0.39, 3.92) | 0.711 |
| Primary education | 1200 (56.3) | 165 (13.9) | 1035 (86.1) | 2.34(0.85, 6.45) | 0.098 | 1.42(0.49, 4.12) | 0.515 |
| Secondary | 347 (15.4) | 33 (8.7) | 314 (91.3) | 1.39(0.51, 3.85) | 0.514 | 1.18(0.42, 3.37) | 0.748 |
| Tertiary Education | 70 (3.1) | 5 (6.4) | 65 (93.6) | 1 | | 1 | |
| Employment status | | | | | | | |
| Unemployed/home-maker/retiree/ | 1506 (68.7) | 248 (15.9) | 1258 (84.1) | 1.51(1.15, 1.57) | 0.003 | 1.14(0.82, 1.59) | 0.415 |
| Employed | 665 (31.3) | 73 (11.2) | 592 (88.8) | 1 | | 1 | |
| Income Group | | | | | | | |
| <RM1000 | 1514 (70.5) | 254 (16.6) | 1260 (83.4) | 2.46(1.31, 4.61) | 0.006 | 0.91(0.44, 1.86) | 0.791 |
| RM1000-RM1999 | 475 (21.6) | 51 (9.9) | 424 (90.1) | 1.35(0.77, 2.36) | 0.285 | 0.71(0.39, 1.32) | 0.276 |
| > RM2000 | 171 (7.9) | 15 (7.5) | 156 (92.5) | 1 | | 1 | |
| Mode of transportation | | | | | | | |
| Public | 157 (8.6) | 41 (24.3) | 116 (75.7) | 1 | | 1 | |
| Own/working | 2009 (91.4) | 278 (13.5) | 1731 (86.5) | 2.06(1.21, 3.51) | 0.009 | 1.08(0.46, 2.54) | 0.850 |
| Living Status | | | | | | | |
| Alone | 191 (8.9) | 40 (22.2) | 151 (77.8) | 1.80(1.15, 2.80) | 0.011 | 1.45(0.82, 2.56) | 0.202 |
| Not Alone | 1980 (91.1) | 261 (13.7) | 1699 (86.3) | 1 | | 1 | |
| Quality of Life (CASP-19 score) | | | | | | | |
| Lowest (<46) | 836 (36.7) | 243 (30.8) | 593 (69.2) | 16.20(8.23, 31.89) | <0.001 | 12.79(5.66, 28.89) | <0.001 |
| Middle (47-51) | 773 (36.1) | 53 (6.1) | 720 (93.9) | 2.38(1.28, 4.42) | 0.007 | 2.53(1.05, 6.05) | 0.038 |
| Highest (≥52) | 540 (22.2) | 18 (2.7) | 522 (97.3) | 1 | | 1 | |
| Social Support | | | | | | | |
| Low | 680 (31.3) | 180 (27.7) | 500 (72.3) | 5.30(3.60, 7.79) | <0.001 | 3.16(2.10, 4.77) | <0.001 |
| High | 794 (37.4) | 92 (9.6) | 702 (90.4) | 1.47(0.87, 2.48) | 0.142 | 1.46(0.86, 2.48) | 0.159 |
| Very High | 688 (31.3) | 47 (6.8) | 641 (93.2) | 1 | | 1 | |
| Known Diabetic | | | | | | | |
| Yes | 512 (24.0) | 91 (16.9) | 421 (83.1) | 1.29(0.88, 1.91) | 0.190 | 1.42(0.91, 2.21) | 0.123 |
| No | 1655 (76.0) | 229 (13.6) | 1426 (86.4) | 1 | | 1 | |
| Known Hypertension | | | | | | | |
| Yes | 1112 (52.9) | 193 (17.0) | 919 (83.0) | 1.57(1.12, 2.19) | 0.010 | 1.42(0.93, 2.17) | 0.103 |
| No | 1055 (47.1) | 127 (11.5) | 928 (88.5) | 1 | | 1 | |
| Known Hypercholesterolemia | | | | | | | |
| Yes | 810 (38.0) | 122 (14.5) | 688 (85.5) | 1.01(0.75, 1.36) | 0.936 | 0.93(0.68, 1.27) | 0.645 |
| No | 1357 (62.0) | 198 (14.4) | 1159 (85.6) | 1 | | 1 | |
| Elder experiencing abuse | | | | | | | |
| Yes | 196 (10.8) | 43 (22.2) | 153 (77.8) | 2.28(1.56, 3.33) | <0.001 | 2.01(1.40, 2.89) | <0.001 |
| No | 1696 (89.2) | 193 (11.1) | 1503 (88.9) | 1 | | 1 | |

RESULTS

1. The prevalence of elderly depression in rural areas was 14.4% (95% CI: 12.03, 17.23).
2. Elderly depression were significantly higher among unmarried/separated/divorced/widower ($p=0.001$), lowest quality of life ($p<0.001$), low social support ($p<0.001$) and elders experiencing abuse ($p<0.001$).
3. Multiple logistic regression revealed that elderly, who had middle and lowest quality of life [OR: 2.53 (95% CI: 1.05, 6.05) and OR: 12.79 (95% CI: 5.66, 28.89)], low social support [OR: 3.16 (95% CI: 2.10, 4.77)] and elders experiencing abuse [OR: 2.01 (95% CI: 1.40, 2.89)] were significantly associated with depression.

DISCUSSION

Previous study was done in Malaysia in 2010 reveals that the prevalence of elderly depression in rural areas was higher 30.1%.¹ In comparison to other countries, the prevalence of elderly depression in rural areas in Korea was 33.3%,² while China appears to have lower prevalence 6.0%.³

The modifiable risk factors like low quality of life and low social support are found to be significantly associated with elderly depression in rural areas has also been established in numerous previous studies.¹⁻³

CONCLUSION

One in seven elderly living in rural Malaysia had depression. The significant risk factors associated with depression are modifiable. To overcome these issues, stakeholders and communities need to be focusing more on enhancing good quality of life and good social support for the elderly living in rural areas.

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REFERENCE

1. A Rashid, A Manan, S Rohana. Depression Among The Elderly Malays Living In Rural Malaysia. The Internet Journal of Public Health. 2010 Volume 1 Number 2.
2. Kim JM, Shin IS, Yoon JS, et al. Prevalence and correlates of late-life depression compared between urban and rural populations in Korea. Int J Geriatr Psychiatry. 2002;17(5):409-15.
3. Chen R, Wei L, Hu Z, Qin X, Copeland JR, Hemingway H. Depression in older people in rural China. Arch Intern Med. 2005;165(17):2019-2025. doi:10.1001/archinte.165.17.2019
4. Sinha SP, Shrivastava SR, Ramasamy J. Depression in an older adult rural population in India. MEDICC Rev. 2013;15(4):41-44.
5. Mohd Sidik, Sherina & Mohd Zulkefli, Nor & Shah, Shamsul Azhar. (2003). Factors associated with depression among elderly patients in primary health care clinic in Malaysia. Asia Pacific Family Medicine. 2. 148 - 152. 10.1046/j.1444-1683.2003.00080.x.
6. Zhao D, Hu C, Chen J, et al. Risk factors of geriatric depression in rural China based on a generalized estimating equation. Int Psychogeriatr. 2018;30(10):1489-1497. doi:10.1017/S1041610218000030
7. Barua A, Ghosh MK, Kar N, Basilio MA. Socio-demographic Factors of Geriatric Depression. Indian J Psychol Med. 2010;32(2):87-92. doi:10.4103/0253-7176.78503
8. Feng L, Li P, Lu C, Tang W, Mahapatra T, et al. (2014) Burden and Correlates of Geriatric Depression in the Uyghur Elderly Population, Observation from Xinjiang, China. PLOS ONE 9(12): e114139.