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Economic Deprivation and Mental Health among Elderly of Rural West Bengal- A Primary Data Collection

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Abstract

Economic deprivation and poorer mental health are a serious challenge in this faster than ever ageing world population. Demographic transition in India and an increasing aging population is playing a key role in accelerating this scenario worldwide. It is unfortunate to say we are not much prepared to deal with the consequence of such transitions. Being a developing country there are multiple factors like financial stability, lack of social security, poorer health condition, lack of medical facilities, lack of support and so on, that makes the elderly, especially in rural India economically deprived and have a poor mental health status. The concepts of economic deprivation and cognitive health issues in elderly are not as well know as in any other age-groups and hence the severity is always under-represented. This study tries to understand levels of economic deprivation and the condition of mental health, along with exploring, how economic deprivation plays a role in the state of mental health among elderly in rural areas of West Bengal, India. The study finds that the issues around deprivation of elderly and the mental health status is quite severe and the traditional family structure, which has always been considered as the backbone of the elderly in India is changing. There is immediate need to develop social structures to support the ever-increasing needs of this vulnerable population as it will only worsen with time in absence of such structures.

Keywords: *Economic Deprivation; Rural West Bengal; Primary Data Collection*

Introduction

The world population is reported to be ageing at a far more rapid pace than has ever been experienced [1]. Although, the developed world has contributed largely to the global ageing of society [1], in the developing world the ageing of populations is increasing at a more rapid pace than that experienced by the developed world. Demographic impact of an aging society, working class identities after retirement and gendered patterns of caregiving are some of the pertinent issues that have been the subject of close sociological investigation [2,3]. These are some of the major factors making the elderly economically deprived in developing country like India. Many households in rural India are too poor to save for their old age. Available resources are used to meet daily consumption needs. Even at slightly higher in-

come levels there is likely to be little demand for savings and pension instruments that require a commitment of several decades. Instead, the savings of households in the lower deciles of the income distribution are likely to be earmarked for self-insurance against emergencies; or perhaps, in short term investments that increase their own productivity or the productivity of their children. The absolute poor in India cannot be expected to participate in long term savings schemes for old age and they do not [4]. The poverty in rural areas for older persons is increasing and needs attention.

Deprivation has often been misrepresented in literature as poverty and thus conventional approach of increasing the supply of resources to uplift the poor follows. This narrowness of approach is widely prevalent in ageing research, especially in developing country like India, where proportion of elderly below poverty life, elderly widow poverty, meagreness of social security are the common areas of concern and the understanding of elderly's economic deprivation is lost somewhere in these dimensions. Though the concept of social exclusion and deprivation is widely used it is very complex in nature. Various studies across the globe show that material deprivation of the aged is one of the common phenomena in almost all developing countries, which have achieved their targets in demographic transition [5]. The inability to sustain in the initial endowment of an individual deteriorates as they go up in the life cycle making them more vulnerable and putting them in a position in which they fail in risk management and maintenance of a cope-up strategy in maintaining the level of living conditions [6]. This makes the elderly more dependent on others for their needs resulting in higher levels of economic insecurity and deprivation. Studies across the globe have revealed a sudden dip in the life of the elderly after the retirement [7,8,9]. While in the West most of the elderly are under the social safety net, the incidence and magnitude of the economic insecurity are high in the case of developing countries [10]. In the developing country like India high incidence of dependency among elderly is observed as social protection system is premature [11-13]. Thus, deprivation is a severe constraint in older ages along with the fact that laws of land do not provide sufficient social security measure and hence give rise to the issue of entitlement failure and deprivation in elderly of India.

Another significant domain in elderly is their mental and cognitive health status. Cognitive health issues in elderly are not as well know is it is recognised and treated in any other age-groups. The picture and severity are always under-represented. Elevation in symptoms for depression in later life is a significant risk factor for disability, morbidity, and mortality [14]. Mental health of older persons is influenced not just by ageing changes in the body and brain; but, by socio-economic and psychological factors [15]. Marital status, in particular death of spouse has been recognized to be closely linked to the mental health of older adults [16-18], with several earlier studies reporting possible changes in elderly's depressive symptoms within a year or two immediately leading to the death of a spouse [19-22]. ICMR task force carried out a study in two phases at the Institute of Psychiatry, Govt. Rajaji Hospital, and Madurai on mental health of elderly which found that a lack of family and social integration even among those living within the proximity of the children and families is associated with poorer mental health status among the elderly [23]. The study has also indicated that dementia is prevalent thus dispelling the Western notion that dementing illness is rare in the developing countries [23]. Though, studies on elderly mental health status have been very limited in India some small-scale older studies have reported that prevalence of mental disorders in India for elderly [24-26]. Basing on hospital attendances in Madurai there were higher cases of mental health issues in age 50 and over [27] while a similar trend was notices from a study in Bangalore [28]. Female sex, illiteracy, low socioeconomic status, widowhood, lack of hobby, physical dependence and lack of family care and affection are the factors associated with poor mental health status of elderly persons in rural India [29]. Thus, these findings raise the need for a study to understand the in-depth mental health of elderly in rural India, especial where economic deprivation can be more challenging. This paper tries to understand the economic deprivation and mental health status among elderly in rural areas of West Bengal. Additionally, the paper tried to examine the association between economic deprivation and cognitive health status among elderly.

Materials and Methods

Participants and data collection

The paper used a mixed method analysis, where both quantitative and qualitative data have been collected the state of West Bengal in India. The sample for the study is 412. The data was collected from two blocks of Hooghly district Chanditala-I and Pandua. Total six villages were selected from the selected blocks i.e., three from each sub-district has been surveyed. Sehekhela, Bhadua and Patul are the three villages from Chanditala-I block and Baichi, Berela and Champahati are three villages from the Pandua block. A rapid house-listing was undertaken and household having 60+ members was identified. From these villages, approximately 70 sample households (per village) were interviewed. Only sixty years and above aged family member from each household was selected to be the respondents. If more than one elderly respondent was available in a household, data was collected from the elderly who is most senior. Also, around five case-studies interviews were conducted were they shared detailed personal experiences of suffering and coping from economic deprivation, mental health issues and issues of ill-treatment and also gave suggestions to improve policy and service delivery. Measures were taken to maintain heterogeneity in terms of gender, caste, religion, wealth status among the participants.

Statistical analyses

In the first section of the of the analysis of this paper the analysis in done on elderly's experience of facing deprivation using Material Deprivation Index (MDI) by socio-demographic and living arrangement status. A modified MDI is created to suit the need to Indian rural elderly based in the index created by Govt. of Ireland which aimed to capture wider elements of deprivation in everyday life which impacted the wellbeing of the elderly. To create the index the individuals were asked whether they had access to certain items, services, or experiences, which were further modified based of geography, culture and context of local geography. The MDI was created by summing up the score of access to all the materials. Analysis is carried out to show how various factors effect MDI through bivariate analysis. The next section tried to understand the cognitive health status in elderly using the Mini Mental Health Scale (MMHS). MMHS is used to screen for cognitive impairment and to understand the severity of cognitive impairment at a given point in time, to follow the course of cognitive changes in an individual over time, and to document an individual's response. It is a widely used tool for detecting cognitive impairment, assessing severity, and monitoring cognitive changes over time. This tool has been widely translated across the world in various languages suited to respective culture, tradition and norms. In the Bengali Adaptation of Mini-mental State Examination (BAMSE), the MMSE items were changed in such a way that they would be applicable for individuals of the study region, as well as being culturally relevant among Bengalis [30]. For this study the Bengali version of the scale is used, and bivariate analysis was carried out with various socio-economic and living arrangement factors. The final section looks at economic deprivation in face of mental health issues. For this tri-variate analysis between MDI scores, MMHS score and various socio-demographic and living arrangement characteristics.

Results

Experience of economic deprivation in elderly

The modified Deprivation Index which was adapted from the Irish Study and explained earlier in the methodology is analysed in this section. It is seen that 37 percent of the elderly have come out to be very deprived while 32 percent are average and 31 percent to be better or not deprived category as shown in fig 5.5. It is shown that 56 percent of the people in people in the worse section on the privation index are in the age group 60 - 69 and 24 percent in the 70-79 age group (Table 2a). 54 percent hare male while 48 percent are female, which in probably because of the more rigidness among women to report their difficulties in life. And hence it is also evident from the fact that among the worse group in deprivation index 47 percent are widowed while 56 percent are married. Overwhelmingly 82 and 89

percent of those who are belonging to average or better category of deprivation index are Hindu. 50 percent of those who belong to good category in deprivation index are from general caste. Literacy do not seem to have played a big part in making people mine in deprivation 77 percent of those who are worse of are illiterate, while 73 percent of these who are in better condition are illiterate. Again, just the sheer notion of being employed do not chance the deprivation index thus questioning the kind of employment, as 37 percent of those who are in worse level, 48 percent of those who are in average and 41 percent of those who are in better condition of deprivation index are currently working.

"Having toilet in the household was a foreign concept. And even when the idea was promoted from the perspective of advantage in health and hygiene members of the household strongly opposed it given cultural and religious context. It particularly created lot of problem for elderly. Because you know money is not everything. Older people are weak, and they had to go in the field in dark for toilet facility. Leading to fall, snake bites and lot of other issues. District official have been doing lot of behavioural change campaign to build toilets and make the toilets functional at home. Now they are given money for that as well"- Employee in BDO office, Male, 41 years old.

Variables	Deprivation Index			
	Worse	Average	Better	Total
Age Groups				
60-69	56.29	66.92	55.47	59.47
70-79	23.84	23.31	32.81	26.46
80+	19.87	9.77	11.72	14.08
Sex				
Male	54.3	39.85	57.03	50.49
Female	45.7	60.15	42.97	49.51
Marital Status				
Currently Married	52.32	42.11	53.91	49.51
Widowed and others	47.68	57.89	46.09	50.49
Religion				
Hindu	55.63	82.71	89.06	74.76
Muslim	44.37	17.29	10.94	25.24
Caste				
General	22.52	25.56	50	32.04
Scheduled Caste	48.34	49.62	44.53	47.57
Scheduled tribe	29.14	24.81	5.47	20.39
Education				
Literate	22.52	18.05	27.34	22.57
Illiterate	77.48	81.95	72.66	77.43
Currently Working				
Yes	37.09	48.12	40.63	41.75
No	62.91	51.88	59.38	58.25
Total	151	133	128	412

Table 1A: *Distribution of Deprivation Index by Socio-Demographic Factors.*

Variables	Deprivation Index			
	Worst	Average	Better	Total
Current Living Arrangement				
Children and Others	24.05	32.44	43.51	262
Alone or Spouse	58.67	32	9.33	150
Changed Living Arrangement post 60				
Not Changed Post 60	40.21	30.07	29.72	286
Changed Post 60	28.57	37.3	34.13	126
Financial Support				
Children financially support	9.45	35.43	55.12	127
No financial support from Children	48.77	30.88	20.35	285
Statisfaction with Financial Support				
Fully	49.36	24.68	25.96	235
Not Fully	19.77	42.37	37.85	177
Statisfaction with Communication				
Fully	47.56	27.24	25.2	246
Not Fully	20.48	39.76	39.76	166
Decesion Making Role in Family				
No role in anything	61.65	25.56	12.78	133
Some Role	36.45	39.25	24.3	107
Ample role	17.44	33.14	49.42	172
Involvement in Family				
No involvement	77.27	14.55	8.18	110
Somewhat involved	30.94	44.6	24.46	139
Fully involved	14.11	33.74	52.15	163
Importance in Family				
Important	15.65	34.69	49.66	147
Somewhat	25.58	40.31	34.11	129
Not at all	69.85	22.06	8.09	136
Satisfaction with Living Arrangement				
Comfortable	15.75	28.77	55.48	146
Satisfactory	44.08	37.5	18.42	152
Uncomfortable	53.51	29.82	16.67	114
Intention of Changing Further				
No intentions	23.63	35.86	40.51	237
Have intentions	54.29	27.43	18.29	175
Preferred Living Arrangement				
With Children	14.29	38.31	47.4	154
Alone/With Spouse	39.41	37.65	22.94	170
Others	70.45	11.36	18.18	88
Total	151	133	128	412

Table 1b: *Distribution of Deprivation Index by Intergenerational Factors.*

Cognitive functioning among rural elderly through economic factors

The mean score of MMS around 34.1 in 60-69 age group and 35 in 70 plus years. Female has a higher mean MMHS compared to male. Widowed and others have higher mean score and there is not much difference in terms of religion. There is not much different in MMHS mean score in terms of literacy and working status.

"I feel sad all the time. I remember of times when I was young, active and happy. Now I feel like life is over. Even if children and grandchildren are around, they have their own lives. I pray for them. Old age is painful. You become outdated. You are waiting for time to pass and you never know when it is over."- Male, 74 years.

Variables	Mini Mental Health Scale			
	Mild	Moderate	Severe	Total
Age Groups				
60-69	42.86	28.16	28.98	245
70+	41.92	26.95	31.14	167
Sex				
Male	53.85	20.67	25.48	208
Female	30.88	34.8	34.31	204
Marital Status				
Currently Married	58.82	20.59	20.59	204
Widowed and others	26.44	34.62	38.94	208
Religion				
Hindu	36.69	31.49	31.82	308
Muslim	59.62	16.35	24.04	104
Caste				
General	40.15	27.27	32.58	132
Other Castes	43.57	27.86	28.57	280
Education				
literate	49.46	16.13	34.41	93
illiterate	40.44	31.03	28.53	319
Currently Working				
Yes	46.51	25	28.49	172
No	39.58	29.58	30.83	240
Total	42.48	27.67	29.85	412

Table 2a: *Distribution of Cognitive Assessment with MMHS by Socio-Demographic Factors.*

Cognitive assessment with MMHS by intergenerational factors

In table 4 it is seen that elderly who are living alone to have worse cognitive health issues i.e. 33 percent compared to elderly living with children or family. Elderly who has changed their living arrangement post 60 (34.1%), have some or maple decision making role in

the family (32.3%), not very much involved in the family (35.3%), not fully comfortable or satisfied with the living arrangement (33.1%). Thus, it clearly shows that the living arrangement plays a big role in the severity of negative cognitive effect in the elderly.

Variables	Mini Mental Health Scale			
	Mild	Moderate	Severe	Total
Current Living Arrangement				
With Children and Others	43.15	32.88	23.97	146
With Spouse or Alone	42.11	24.81	33.08	266
Separate room for elderly				
Yes	39.17	32.5	28.33	240
No	47.09	20.93	31.98	172
Changed Living Arrangement post 60				
Not Changed Post 60	45.8	26.22	27.97	286
Changed Post 60	34.92	30.95	34.13	126
Financial Support				
Children financially support	30.71	39.37	29.92	127
No financial support from Children	47.72	22.46	29.82	285
Satisfaction with Financial Support				
Fully	48.94	20.43	30.64	235
Not Fully	33.9	37.29	28.81	177
Satisfaction with Communication				
Fully	47.97	22.36	29.67	246
Not Fully	34.34	35.54	30.12	166
Decision Making Role in Family				
No role in anything	54.14	21.05	24.81	133
Some or Ample role	36.92	30.82	32.26	279
Involvement in Family				
Very much involved	42.33	36.2	21.47	163
Not Very Involved	42.57	22.09	35.34	249
Importance in Family				
Important	39.46	39.46	21.09	147
Not Fully Important	44.15	21.13	34.72	265
Satisfaction with Living Arrangement				
Comfortable	43.15	32.88	23.97	146
Not Fully Comfortable	42.11	24.81	33.08	266
Intention of Changing Further				
No intentions	34.6	34.6	30.8	237
Have intentions	53.14	18.29	28.57	175
Preferred Living Arrangement				
With Children	50.39	18.6	31.01	258
Alone or others	29.22	42.86	27.92	154
Total	42.48	27.67	29.85	412

Table 2b: *Distribution of Cognitive Assessment with MMHS by Intergenerational Factors.*

Experience of economic deprivation in context of experience with mental health by socio-demographic factors

Table 3a shows that among those who have better or worse mini mental health scale, distribution of elderly's experience with economic deprivation by socio-economic factors. It shows that 19 percent of eighty plus elderly those who have better mental health score have ever experienced economic deprivation, while it is 45 percent among those with how have worse MMHS scores. Those who have worse MMHS score 55 percent of women suffer from economic deprivation, while it is 47 percent among the males. Among the widowed and currently not married elderly, 33 percent of those who have better MMHS score have experienced from economic deprivation, while it is 51 percent among those who have MMHS scores. The experience of economic deprivation is much more among Hindu than Muslim irrespective of MMHS score. This may also be due to smaller sample of Muslim. Among literate people with better MMHS score, 32 percent have experienced economic deprivation, which is 41 percent among those who have poor MMHS scores. Among illiterate population, those who have better MMHS scores among them 34 percent have experienced economic deprivation and it is 55 percent among those who have poor MMHS scores. Among those people who are currently not working and have better MMHS scores, 23 percent have experienced economic deprivation compared to 52 percent among those who are not working and have poor MMHS scores.

"Yes, deprivation and poverty are a big part of the elderly's life in the village. In general facilities and support are less in village and on top of that most of the young children who are supposed to take care of their parents in old age migrate to cities in search of employment. So, the situation of elderly in bad. Sometimes, they have money, sometimes they even do not have that as well which makes it worse. As they say, money cannot satisfy all needs and it is especially true in old age. Elderly need medicine, food, clothing, physical support to go somewhere and sometimes in case of disability physical support in daily hygiene and feeding. So, the situation of deprivation is a common sight among elderly. I am not sure anybody can do anything much about it, give the situation of the world right now. Children have to go out, earn money so as to sustain their own kids and wife and then come parents. So, there is hardly anything left for parents. But what to do.", Employee in BDO office, Male, 41 years old.

Variables	Mini Mental Health Scale					
	Better			Worse		
	Ever Faced Economic Deprivation?					
	Yes	No	Total	Yes	No	Total
Age Groups						
60-69	42.86	57.14	154	57.14	42.86	91
70+	19.15	80.85	94	45.21	54.79	73
Sex						
Male	32.86	67.14	140	47.06	52.94	68
Female	35.19	64.81	108	55.21	44.79	96
Marital Status						
Currently Married	34.67	65.33	150	53.7	46.3	54
Widowed and others	32.65	67.35	98	50.91	49.09	110
Religion						
Hindu	43.1	56.9	174	57.46	42.54	134
Muslim	12.16	87.84	74	26.67	73.33	30
Caste						
General	38.75	61.25	80	30.77	69.23	52
Other Castes	31.55	68.45	168	61.61	38.39	112
Education						
literate	32.14	67.86	56	40.54	59.46	37
illiterate	34.38	65.63	192	55.12	44.88	127
Currently Working						
Yes	48.15	51.85	108	51.56	48.44	64
No	22.86	77.14	140	52	48	100
Total	33.87	66.13	248	51.83	48.17	164

Table 3a: *Distribution of Experience of Economic Deprivation in Context of Experience with Mental Health by Socio-Demographic Factors.*

Experience of economic deprivation in context of experience with mental health by living arrangement factors

Table 3b shows the experience of economic deprivation in context of the elderly who are having better or worse mental health score by Intergenerational factors. It can be seen that elderly who are having better score in MMHS and are currently living with their children, among them 60 percent are not facing economic deprivation while those who are living without their children, 82 percent are not facing economic deprivation. In case when elderly have better MMHS and have separate room y in the house, 57 percent are not facing economic deprivation and when elderly don't have separate room 79percent say they don't face economic deprivation. Those who have worse MMHS score among them 62percent elderly suffer from economic deprivation when they have financial support of children; while approximately 47 percent elderly suffer from economic deprivation when they do not have financial support of children. When the MMHS is worse among elderly 33 percent elderly who are satisfied with their Financial Support, said yes that they suffer from economic deprivation, while 74percent said yes, they suffered from economic deprivations who were not satisfied with their financial Support. In case of decision-making role in the family, those who had no role among them 58percent said they did not suffer from economic deprivation, while those who had little or ample role among them 68percent said they did not suffer from economic deprivation.

It also shows that those elderly who have MMHS worse and who are very much involved in family among them 49 percent suffer from economic deprivation and who are not very involved in family among them 55percent suffer from economic deprivation. In case of importance in Family, those who have better MMHS, among them 64suffer from economic deprivation and 35percent do not suffer from economic deprivation. Those elderly who have better MMHS and in-case of satisfaction with living arrangement, 75 percent elderly were comfortable and 62were not fully comfortable and didn't suffer from economic deprivation. It can be seen that elderly who are having better score in MMHS and have no intentions of changing their living arrangements further among them 58.99 percent said they do not suffer from economic deprivation and those elderly who have intentions of changing their living arrangements further among them 75.23 percent said they do not suffer from economic deprivation. In-case of the elderly who have worse MMHS and those who prefer living with their Children among them 39.51 percent said they suffer from economic deprivation and those who do not prefer living with their Children among them 63.80 percent said they suffer from economic deprivation.

Variables	Mini Mental Health Scale					
	Better			Worse		
	Ever Faced Economic Deprivation?					
	Yes	No	Total	Yes	No	Total
Current Living Arrangement						
With Children	40.11	59.89	177	58.82	41.18	85
Without Children	18.31	81.69	71	44.3	55.7	79
Separate room for elderly						
Yes	42.86	57.14	147	52.69	47.31	93
No	20.79	79.21	101	50.7	49.3	71
Changed Living Arrangement post 60						
Not Changed Post 60	33.15	66.85	181	46.67	53.33	105
Changed Post 60	35.82	64.18	67	61.02	38.98	59
Financial Support						
Children financially support	56.76	43.24	74	62.26	37.74	53
No financial support from Children	24.14	75.86	174	46.85	53.15	111

Satisfaction with Financial Support						
Fully	25.17	74.83	147	32.95	67.05	88
Not Fully	46.53	53.47	101	73.68	26.32	76
Satisfaction with Communication						
Fully	29.41	70.59	153	37.63	62.37	93
Not Fully	41.05	58.95	95	70.42	29.58	71
Decision Making Role in Family						
No role in anything	41.51	58.49	53	57.41	42.59	54
Some or Ample role	31.79	68.21	195	49.09	50.91	110
Involvement in Family						
Very much involved	55.1	44.9	49	48.89	51.11	90
Not Very Involved	28.64	71.36	199	55.41	44.59	74
Importance in Family						
Important	64.58	35.42	48	50.62	49.38	81
Not Fully Important	26.5	73.5	200	53.01	46.99	83
Satisfaction with Living Arrangement						
Comfortable	25	75	76	52.63	47.37	76
Not Fully Comfortable	37.79	62.21	172	51.14	48.86	88
Intention of Changing Further						
No intentions	41.01	58.99	139	56.12	43.88	98
Have intentions	24.77	75.23	109	45.45	54.55	66
Preferred Living Arrangement						
With Children	33.71	66.29	89	39.51	60.49	81
Alone or others	33.96	66.04	159	63.86	36.14	83
Total	33.87	66.13	248	51.83	48.17	164

Table 3b: *Distribution of Experience of Economic Deprivation in Context of Experience with Mental Health by Intergenerational Factors.*

Discussion

Exploration with the issues around deprivation of elderly in rural India a big challenge and the understanding is quite limited. They are either depended on adult children or on their own accumulated wealth as old age security. This often drives them to poverty as there is a lack of personal wealth in absence of any extra-familial welfare institutions. Although it has been suggested that the fertility motive tended for old age security from adult children of poor income groups, it has been observed that parental wealth and wealthy parents can induce greater assistance from children [31,32]. Traditional notion of intergenerational transfers of the financial support from adult children to elderly parents included returns to parental investment in education of young children, payments for services (e.g., child-care) by family members [33] and was often a way to avoid poverty in old age. Co-residency with children was a way to avoid deprivation in old age and was linked to poor income groups [34,35]. Another reason for acceleration in deprivation among the elderly is migration of younger family member from rural to urban areas in search of jobs and financial opportunity. While there is an understanding for how migrants yearn for home fewer studies focus on the people left behind [36,37].

With all these changing scenarios in consideration like, nuclear families, change in value system, migration, these traditional buffer systems are collapsing in modern India to keep elderly out of economic deprivation and provide them a decent standard of living. The snapshot from the study shows a bleak picture of rural elderly in the study districts in terms of economic deprivation. In fact, material deprivation among elderly through failure of endowment makes the scenario more critical as often indicators like household income, individual income or wealth quintile fails to capture the extent of deprivation that the elderly faces in their day-to-day life. Majority of the people in people in the worse section on the deprivation index are in the age group 60-69 and around twenty-five in the 70-79 age group. Majority male and almost fifty percent of female are in deprivation index, which in probably because of the more rigidness among women to report their difficulties in life. Widowed and separated also seem to experience substantial deprivation. When we take in consideration relationship aspects with their children, co-dependency, trust, participation in the family, the challenges in terms of family support, care-giving, medical assistance, challenges in mobility, and other age-related factors seems to tell a story of economic deprivation in elderly. This resonated with the findings of earlier studies carries out in other countries which stated that vulnerability of elderly's dependency on others to fulfil their needs and often the lack of availability of such generous support system results in higher levels of economic deprivation and a dip in the quality of life of the elderly [7-9].

In terms of awareness about mental health situation their exist an overall lacuna of understanding in elderly which in more prevalent in elderly in age group 60 - 69, females, and illiterate elderly. It is seen that according to MMHS, elderly who are living alone, or have changed their living arrangement post 60, for in anyway financially dependent of children or do not have any role in decision making suffer from more cognitive impairment questioning the link between mental health a quality of care. This is in line to the findings of earlier studies that mental health of older persons in India is influenced by socio-economic and psychological factors and there is prevalence of mental disorders in India for elderly [15,29]. Moreover, this study shows that among the more aged elderly, women and widows poor mental health is a major challenge, especially when they have experienced economic deprivation and hence increase their suffering more.

Conclusion

These is a serious situation of economic deprivation and poor mental status among rural elderly, and it is only worsening further without any lack of support. There needs to question the perspective that children should be main care givers, which the study finds are not the case in many situations. Hence there is a need to rethink in national policy to make elderly focussed institutions more cohesive for improving quality of life of elderly. There is a need for social support outside family, mainly in terms of professional help not just for those who are alone, but often for those who are even living with family, as personally focussed care is often lacking leading to a poor quality of life. Even though the issues around mental health in stigmatised in rural area, there is a substantial problem of mental health challenges among elderly and there needs for professional counselling and if needed medical help for severe trauma and mental health issues.

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