

# MAGYAR GERONTOLÓGIA

14. ÉVFOLYAM KONFERENCIA KÜLÖNSZÁM

2022. 14. évf. Konferencia Különszám

On-line verzió: ISSN 2062-3690

[www.https://ojs.lib.unideb.hu/gerontologia](https://ojs.lib.unideb.hu/gerontologia)

## **Determinants influenceing the mental health of older people (60 years +) in Botswana**

**Magen Mhaka-Mutepfa**

University of Botswana

**Key words:** mental health, depression, anxiety, somatization, determinants, older people, Botswana

### ***Background***

Ageing society is a reality for many people in developing countries than in the past. Governments are facing major challenges in safeguarding the mental health of older people and health care systems to deal with this demographic shift. The mental health of older people is an important indicator of the level of their health-related quality of life. The situation of older people in Africa, concerning their mental health and well-being, is a matter of growing attention among researchers and policymakers alike. There is a common perception in connection with the aged population reporting poor mental health status and a greater need for healthcare. However, there is few research on the disparities of older people relating to healthcare in Sub-Saharan Africa, especially in Botswana. There is a tendence of ever-increasing number and population proportions of older people representing both opportunities and challenges. Some of these challenges include the prevention and management of anxiety, depression, and somatization, which are the most common mental disorders in primary health care the world over. Previous research has shown that the three disorders are highly comorbid because of the need for prevention and mitigation of all three.

## ***Aims***

The study was the first one to explore key factors that influence mental health in connection with older people in Botswana. The prevalence of anxiety, depression, and somatization of the aged population were also calculated to plan and effect appropriate intervention.

## ***Method***

A cross-sectional study stratified by rural and urban districts was done using the snowball technique to collect data on older people (N = 378; age: Mean= 71.8, SD = 9.1) from low and high socio-economic status. All participants were monitored using: The Patient Health Questionnaire-9 (PHQ-9), the 15-item Patient Health Questionnaire Somatic Symptom Severity Scale (PHQ-15), and the 7-item generalized anxiety disorder scale (GAD-7). Univariate, bivariate, and multivariate analyses were used to investigate the associations among a multitude of predictor variables (e.g., demographics, individual, social, and environmental factors) and each of the three outcome variables.

## ***Results***

The detected prevalence of anxiety, somatization, and depression were 18.6%, 25.3%, and 7.8% respectively. The final model for depression analysis after adjusting for all influencing factors showed that the level of resilience, quality of life, and leisure were significantly associated with depression ( $p < .001$ ), followed by anxiety, somatic symptoms, and social impairment ( $p < .05$ ) [ $F(20,214) = 9.2, p < .001; R^2 = 46\%$ ]. The final model for anxiety showed that factors associated with anxiety were used non-medically (OR: 0.2, 95% CI: 0–0.9), lack of social support, low self-esteem (OR: 3.6, 95% CI: 1.6–9.4), and poor quality of life (OR: 0.46, 95% CI: 0.2–0.9). The determinants that were significantly associated with somatization in the final model after adjusting for all influencing factors were: the area of residence (rural), the self-perceived health, the tendency of non-medication process, the self-esteem, and the mastery.

## ***Conclusion***

Findings provide vital information on the determinants of anxiety, depression, and somatization for further analysis by the research community. Stakeholders (decision makers, care givers, family members) should also take consideration of these correlations during their practice to curtail anxiety, depression, and somatization in the geriatric population. Promoting positive emotions, changing health perceptions, improving quality of life, eradicating poverty,

and provision of services may enhance mental health in the perception of well-being of older people. Findings may also prompt policy formulation on the geriatric population and enforcement of implementations for practice.