

Chapter One

Preliminary

Introduction

The COVID-19 pandemic is causing an untold fear and suffering to everyone across the world, and it is even more for elderly people. As the biggest health emergency of our generation, we are facing its complexity physically, which is objectively measurable. The psychological effect is even stronger and it is quite abstract to measure. The psychological problem is basically the result of its mysterious spreading, unseen nature of virus and the condition of having no proper treatment. Though the modern medical science has developed vaccines and medicines to treat the virus, our means of controlling the spread of infection depend on behavioural changes, and hence upon human psychology. This is most obvious in the case of lockdown. While it is all very well to tell people that they must stay at home in order to reduce the curve of infection, the effectiveness of the policy depends on whether or not they do. Disease is one factor, but the condition of lockdown is another factor for the psychic unrest in humans.

One proper definition of elderly or old person does not match everywhere; it is varied around the world. Aged people are those populations whose age is above actively working condition physically, especially after the retired life begins. While in most developed countries an adult of age 65 years and above is considered an elderly, in Nepal a person aged 60 years and above is considered an old person. As the life expectancy is increasing globally, the population of elderly is rapidly growing worldwide.

With the reference of government's retirement provision of Nepal, this research has recognized the people over the age of 60 as aged people. This population is the heritage of

society on their experiences. As many of the diseases have faster impacts to elderly people, COVID-19 is even more because it is, as it has been identified from the WHO, even riskier to them because majority of this group of people suffer from weak immune system. Although all age groups are at risk of contracting COVID-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions. Aged people are not only physically frail, and they also have feeble psychological state. So, they have greater psychological effect of the social, political, familial and other cases including the health care concern and of COVID-19 than other group of people. This study tries to examine the psychological state of the aged people during COVID-19 period with the aim of disclosing the elements, modes and patterns of COVID stress in them with potential suggestions on how to overcome aged people's stress caused by pandemic.

Aged population has faced many challenges, one of which is the mental and psychological problem they have severely faced during the Corona Virus Disease 2019 (COVID-19) and its changing variants. Unlike other group of people, the discourse around COVID-19 among elderly should have taken even stronger mode because of the situation of their poor immunity and co-existence of co-morbidities.

The COVID-19 pandemic has had huge effects on the daily lives of most individuals. The respectable and responsible groups of people in the community, elderly people are also the victim of the pandemic at the same level of other group of people, or even more. Widespread lockdown and preventative measures have isolated individuals, affected the world economy, and limited access to physical and mental healthcare. While these measures may be necessary to minimize the spread of the virus, the negative physical, psychological, and social effects are evident. The elderly population has been highly affected by both the virus, and the lockdown

measures. COVID-19 pandemic has created a large portion of the population suffering from the negative effects of the crisis. This research aims to explore the increased psychological effects in the elderly population during the COVID-19 pandemic. It also aims to highlight the need for increased attention and resources to go toward improving the mental and psychological harassment in the aged people.

Statement of the Problem

Whole world is suffering from COVID-19 effects. Its spread in its physical level is a dangerous part to the health situation. It is a pandemic or the silent attacker to everyone at any moment. Its physical attack has some limited cases in real in Nepal till today, but the psychological attack it has created has even greater impact in the real life. The greatest way to be recovered, as the WHO and other health agencies have proposed, is through psychological strength. Identifying the level of the aged people is the real problem of this research project. Man/Woman dies once physically, but he/she dies many times psychologically. The disease, COVID-19 is a great health risk today, but the psychology about the disease is even riskier. So, identifying the psychological state of the aged people is the problem of this research.

Importance of the Study

There is a long- standing and influential tradition that views aged people as mentally frail, beset by biases, and unable to deal with uncertainty, complexity or stress – and therefore disposed to undo completely in a crisis. This kind of psychology holds that when the going gets tough, the people panic. When the crisis hits, the people become part of the problem. So, they need to be protected from harsh truths, and driven by a protective government who must factor in the frailty of the masses when deciding what forms of disaster management are viable.

As COVID pandemic is extending worldwide, it is creating stress to all levels of people everywhere. It is in progressive condition in Nepal starting to be a socially transmitted, and the people of Nepal, as mostly deprived of the ability to make treatment to serious diseases, have even greater psychological risk. It is essential to examine the real psychological condition, stress level and depression level of the people, so that it would help to prioritize the activities of help, treatment and compensation to directly and indirectly affected people. On such condition, this study will be valuable for government agencies, both the local level and central level to make a plan on how to protect aged people from the pandemic harassments. Also it will be a guideline for the social organizations to focus their health related, especially pandemic-based activities.

Objective of the Study

This study aims to address the following objectives.

- To examine the psychological effect of COVID-19 in the aged people;
- To identify how much anxiety they have felt and what they feel anxiety for during COVID-19;
- To explore the change in experience caused by pandemic in elderly people;
- To identify their interests, desires and expectations.

Rationality of the Study

Every social and scientific research explores social or scientific problem. It is the time people are locked down forcefully due to COVID pandemic. They wish to be free moving, but the health environment has struck them in. This physical locked down situation has created their psychological locked down, and many of the cases of suicide and other similar danger of getting

missed are increasing. With reference to the pandemic effect to human psychology, this study aims to reveal the psychology of aged people during COVID-19.

The study has selected the study of the psychological condition of elderly people with two reasons: old people are in retired state physically and psychologically; and as it the WHO and other health studies have their arguments that old people are in the danger zone of the COVID-19. The study aims to make realistic and objective study, which will be a helpful document to

Methodology of the study

This research is purely a social research based on primary observation and questionnaire. It includes both primary data of the questionnaire on how old people are experiencing at the time of COVID-19 pandemic and it also uses the secondary data analysis based on the information from different authentic reports and literature.

The information is carried out from the random sample survey. 690 people over 60 years age were selected from all seven provinces, as per the ratio of COVID conviction till date of data collection. All the respondents were in contact via mail and physical contact through printed form at feasible places. These questionnaires collected their experiences and the conclusion was carried out on the basis of the analysis and interpretation of the achieved data.

Mode of data collection and analysis

The method of data collection was both online and print. The questionnaire was distributed physically to the feasible people. Another mode of data collection was through online submission. The collected data was analyzed in descriptive and analytical manner.

Limitation of the study

COVID-19, being a mysterious disease yet, is such a great issue to be researched. It has got numerous areas to be explored. This study has set its limitation on physical area of study and the area of subject matter. The study has the aim to make extensive study of the people from all seven provinces of Nepal. 690 respondents, (192 from Madesh Province, 146 from Sudurpaschim Province, 144 from Lumbini Province, 61 from Karnali Province, 52 from Gandaki Province, 43 from Province No 1, and 52 from Bagmati province) as the ratio of the cases confirmed till to date throughout the country; were selected in random sampling method and the questionnaire was filled up. This is the three percent of total case confirmed of COVID-19 in the old people over 60 years age till the date of data collection. The number of the respondents in the provinces varies as per the ratio of COVID spreading.

Similarly, the matter of COVID psychology is equally important to every group of people, but this research only focuses on the psychology of the old people, especially over 60 years people. This limitation has two reasons behind: the first is that 60 is the general retirement age in Nepal supposing one in the late adult age, and the second reason for selecting this group is that old people are at the danger zone in COVID impact as the WHO has defined.

Review of literature

COVID has become a worldwide problem. It is beyond the geographic territory, and therefore it has become a pandemic. Though the mode of COVID infection varies as per the individual strength in immune pattern, it makes no difference on the factor of the type and age of people. Regarding this fact, the UN report (May 2020) entitled *The Impact of COVID-19 on Elder Person* states, “Although all age groups are at risk of contracting COVID-19, older persons are at

a significantly higher risk of mortality and severe disease following infection” (2). As people have individual health and bodily condition, even its effects varies even with in the same age of people, “Some older people face additional vulnerabilities at this time” (3). This vulnerability can be both physical and psychological. The physical is more visible and easily identifiable whereas the psychological one is more abstract and difficult to identify.

The mental health problems evident globally, however, are not all due directly to COVID-19. In some cases there is severe anxiety about being infected, obsession with prevention behaviours, and possible neuropsychiatric sequelae to the infection itself (Troyer et al., 2020). On the other hand, “many of the mental health effects can be considered iatrogenic, being caused by interventions aimed at curbing a health problem” (Pillay and Barnes 149). Physical health condition and mental health situation therefore are strongly connected.

The psychological aspect of the pandemic cannot be ignored. Pillay and Barnes in this regard view, “COVID-19 has had a profound effect on our thoughts, emotions, and behaviour. Understandably, it has generated much fear and panic globally. Mental health correlates to the pandemic have been widespread and varied in presentation, related to vulnerability and premorbid functioning, with social and economic factors contributing heavily” (149). Basically COVID is a physical problem however it causes to the psychological aspect, but differs how much one supposes it to be.

COVID spreading in the world has no any prediction. Its variants have even strange patterning, “there is unequal distribution of the severity of the disease among the different countries around the world” (Pant and Subedi 33). Some countries have strongly managed its precaution however no country remains untouched. Nepal has greater effect of COVID because of the proper

management of individual and institutional precaution. It is also partly because of the physical condition of an individual. Panta and Subedi have seen this as the result of physical activity, “a decrease in physical activity in old people may also play a role in increased risk of diseases in elderly” (33). They have the conclusion in their project that the risk of COVID is greater to elderly people because of their lack of physical activity.

Though the matter of disease is the same to everyone, it makes greater effect to the ones who are physically frail. In this regard, Jetten et al. write in *Together Apart: The Psychology of COVID 19*, “there is a long- standing and influential tradition that views people as mentally frail, beset by biases, and unable to deal with uncertainty, complexity or stress – and therefore prone to unravel completely in a crisis” (6). Elder people are usually the ones who are physically weak and “when the crisis hits, the people become part of the problem. So, they need to be shielded from harsh truths, and shepherded by a paternalistic government who must factor in the frailty of the masses when deciding what forms of disaster management are viable” (6). The same has happened that the pandemic of COVID that when the crisis has hit, the problem is increased even more.

COVID- 19 is one problem to make people horrified. And the consequences like the lockdown are other factors responsible for the growth of psychological state. Regarding the connection between the disease and the lockdown with human psychology, Marmaroh et al. in their article “Psychology of COVID 19 Pandemic” state, “When the public is required to social distance to protect others and oneself from exposure to a virus, there is a likelihood that some people will experience more isolation and loneliness, while others can social distance and remain socially connected” (128). Certainly, it may increase isolation and loneliness, which are the factors of psychological instability, “psychology, as a behavioural and human science, has much to

contribute in shaping and reinforcing behavioural interventions and public health strategies in times of pandemics like COVID-19” (152). Generally any of the diseases have the effects to people’s psychology, and the effect of pandemic has even greater.

Point of departure

Numerous studies have been made in the causes and consequences of COVID-19. Areas of studies are getting increased due to the mysterious variants in it. Particularly the research activities on COVID are related to the part of medical science. The above-mentioned studies have shown the physical weakness and its relation to COVID-19. Also they have tried seen the effect of lockdown to people’s life and psychology. On the basis of these studies, the point of departure of this research is that it examines the psychological changes taken place to the elderly people due to the spreading of COVID-19. Making the medical level of study is not the part of this research. It tries to see how much change elderly people have felt, and what particular aspects have increased the level of anxiety to them.

Chapter Two

Analysis

Information through data

It has become almost clear that the widespread effects of both the virus and the lack of preventative measures is causing greatest risk of mental and psychological problems to greater populace, and even greater among the elderly people as the COVID-19 crisis evolves with variants. At the time of writing this paper, the total number of confirmed cases of the virus has exceeded 34 million, and the number of deaths is over 1 million, and increasing daily. This condition of rapid growth in the number of infection rate and death rate has increased the stress to the people, and another cause of stress is the growing economic crisis because the economic consequences of this crisis have been immense. The COVID-19 crisis has brought with it a whole selection of other problems, including those not directly related to the virus, but to the lockdown measures that have been put in place across the globe and so has in Nepal.

Despite the need of lockdown to control the spreading virus and its effects, it has certainly caused consequences ranging from physical weakness to psychological stress to all aged people. The psychological effects of this crisis and the prolonged lockdown result in increased stress, anxiety and depression. Recent researches have even shown a clear indication of growth of suicide rate during and post COVID period, which can also be viewed as the way to look into people's psychology. Likewise, the psychology caused by COVID has its potential effect for the non-COVID patients. People having chronic health problems and other minor health problems feel it hard for their treatment. This case has even greater effect to elder population.

No individual remains untouched by the effect of COVID, no matter he/she is infected or not by the virus directly. Either infected or uninfected, the psychological effect has wider effect than the

physical one, however the physical effect seems even more severe. For example, many people are displaced by the jobs or business resulting in the economic crisis. The family members, even the young adults have become workless, and its effect is on the elderly people of the family. As the reports have shown, majority of COVID deaths are from elderly zone; the number represents even more than 80% among the COVID deaths. Further more, the vaccine has not become easily assessed to the needy ones freely. All these factors are causing the psychological effects to elderly people in Nepal.

Gender and COVID Infectivity

Total 690 elderly people were sampled for the research purpose. The sampling process was based on the number of COVID infected persons. They have been selected from all seven provinces not at equal number. The number of infected people at each province at the time of data collection determined the number of total respondents each province. Among the 690 subjects, 22% of the respondents have been found being infected by COVID. On the basis of the gender representation, 68% of them are male respondents and 32% are female respondents (table 1). Keeping the privacy right of the respondents at COVID cases, the question about their COVID infection was not mandatory. Among them, 22 % respondents have responded as being infected (table 2), and from among the infected ones, 47.3% are females and 52.7% are males. 13% of them did not like to tell whether they were infected. Rest 65% of them was uninfected populace by the time of their responding. This ratio shows that elderly males are more infected, around two times, than elderly females.

Males (%)	Females (%)
68	32

Table 1. Gender Participation in the study

Yes (%)	No (%)	No response (%)
22	65	13

Table 2. COVID infection response

COVID and anxiety among elderly people

The first question asked to the respondent was about the cause of their worry about the COVID. The response report (Fig. 1) shows that 51% of the respondents were worried because they think that COVID affects old people more than other aged people. Similarly, 32% respondents feel that COVID has become the cause of more deaths to older people than the people from other age. Likewise, another cause of their worry was that 17% people feel that they are weak or their spouses are weak to take care of them or one another. This response reveals the truth that old people have a level of anxiety caused by COVID 19 pandemic. This response identifies that the stronger sense of fear is that the COVID 19 infects older people more than others and even the death rate is higher in them than other age of people.

Although it is currently unclear what the full extent of the effects of this pandemic will be because it is developing in variants, its negative impact on psychological well-being has become very evident. This study shows an increase in anxiety, and depression in the elderly population. The effect is amplified in the elderly population due largely to higher threat of illness, and lack of mutual support between the spouses, either they are weak or they don't have the spouses to take care of them physically and psychologically.

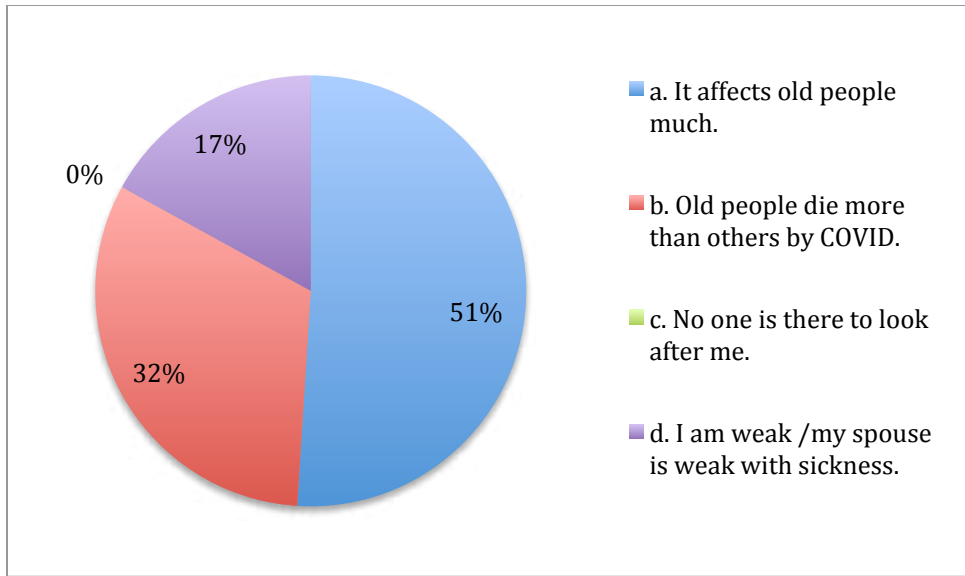


Fig. 1. Cause of being worried

There is not single cause of their anxiety. Another question regarding the cause on why they are afraid of COVID was asked to the respondents. Their response (Fig. 2) reveals that 63% of the subjects were physically weak. Only 4% have realized them as psychologically weak. As all the respondents are from the old age, above 60, their fear has risen because 90% people have been suffering from the chronic disease and “those who have chronic kidney disease, have cancer or those who live in long term care facilities have increased risk of death” (Pant 34). Knowing this fact or not, elderly people with chronic disease have greater feeling of risk resulting in the stress. Similarly another fact is that one of the causes of their fear is that they have to stay isolated if they get infected; 55% have this fear at the neutral level. The concern of their death ritual and function is also one of their causes of fear that 44% people are afraid of the COVID 19 because COVID deaths are not ritually funeralled. None of them have the fear of social neglect.

Elderly people are usually physically fragile and they do have other bodily health problems, not necessarily the psychological ones. They may not have been aware of their psychological weakness, but their physical weakness leads to their unknowing psychological problem, which is

the condition of anxiety. Their physical weakness makes them physically inactive as “increased age is usually associated with sedentary lifestyle, so a decrease in physical activity in old people may also play a role in increased risk of diseases in elderly” (Pant 34). Elderly people are less concern to their psychological feebleness, but they think about the possible nature of their death and death function, which indirectly can be the cause of the stress.

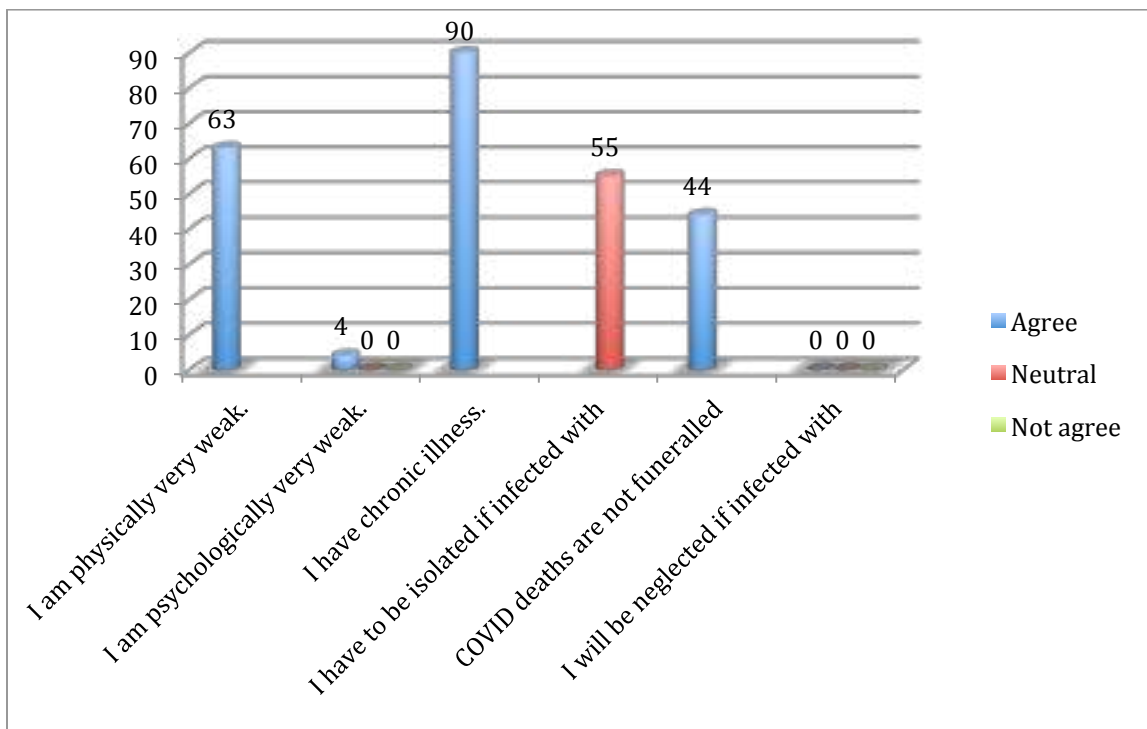


Fig. 2. Cause of anxiety

No one, as observed, is interested to be the sufferer of COVID 19. Everyone wants not to be infected by COVID, but the reasons for it can be varied as it is shown in fig. 3. At the initial phase of COVID spreading, people were afraid of going out of the home, and consequently people being infected with COVID would not be exposed in the society very easily. The question regarding this fact shows that 70% people don't agree on it. People didn't like to be infected

because 34% people agree on the matter that they want to live longer to see the prosperity of the family where as 55% people feel it neutral. Only 8% people think that they have not got social allowance, and therefore they should not be infected and in the same case 92% people don't agree on this fact. 25% people feel that they still need to do a lot in life and 35% people are willing to go to pilgrimage. This varied response clearly mentions that people think that they should not be infected with COVID 19.

A man is a man not by birth alone, he/she is a man by responsibilities and duties. The interest of doing much in life reflects their feeling of social, familial and individual responsibility. It is the indication of their carefulness.

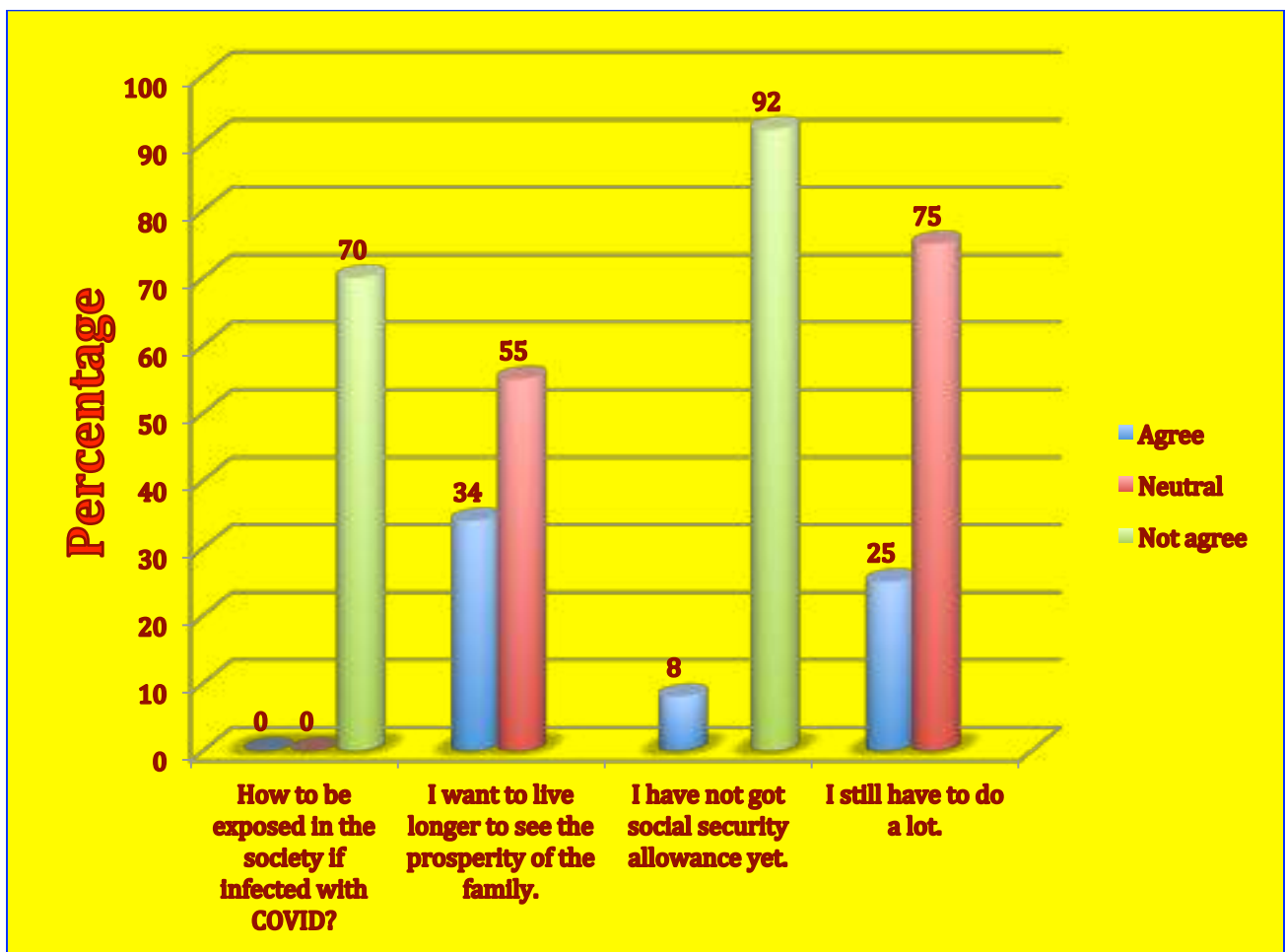


Fig. 3. Cause of feeling not to be infected

Being worried is a part of anxiety of an individual and not being worried about the disease also indicates the psychological level of the people at certain level. The information behind this inquiry (fig. 4) shows a strange outcome. Only 5% of the respondents have the access to hospital, so they are not worried. 70% out of them feel it neutral. It shows that they must have the hospitals near by but they are not certain whether the hospitals are capable to provide good and reliable service for the COVID case. The answer reveals that none of the respondents' son or daughter is doctor or nurse to provide them proper care so that they would feel it better. 40% of them feel that they are not worried because the family members will take care of them carefully where as 60% find them in neutral position. 80% of the respondents do not agree with the idea that COVID is just a simple infection. Another source of their certainty for not being worried is that COVID death rate is comparatively low. Almost all the respondents (15% agreed, and 85% neutral) feel that there is no point in being worried because the thing is predestined. The point to notice is that 100% respondents are aware of the fact that they have to die one day, and hence it is almost useless and meaningless to worry about it. This indicates that people are really fatalists even regarding the disease. All the respondents have the sense that one must die one day.

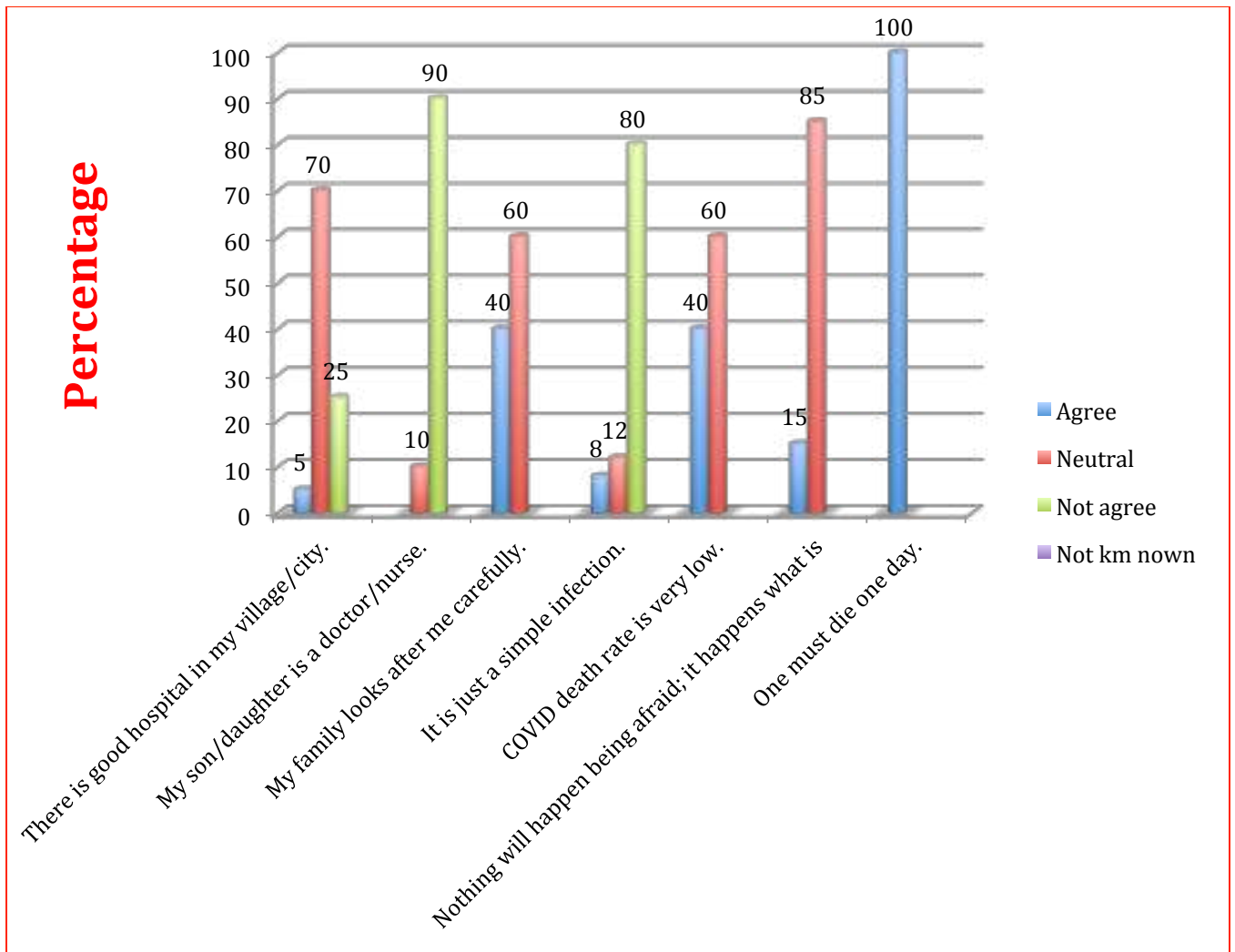


Fig. 4. Cause of not to be worried

The response on why aged people are not worried about COVID can be shown in chart as table 3

	Agree %	Neutral %	Not agree %	Not known %
There is good hospital in my village/city.	5%	70%	25%	
My son/daughter is a doctor/nurse.		10%	90%	
My family looks after me carefully.	40%	60%		
It is just a simple infection.	8%	12%	80%	
COVID death rate is very low.	40%	60%		
Nothing will happen being afraid; it	15%	85%		

happens what is predestined.				
One must die one day.	100%			

Table 3. Cause of not to be worried

What particular problems are these aged people are suffering is an important matter in the process of identifying their psychological problems.

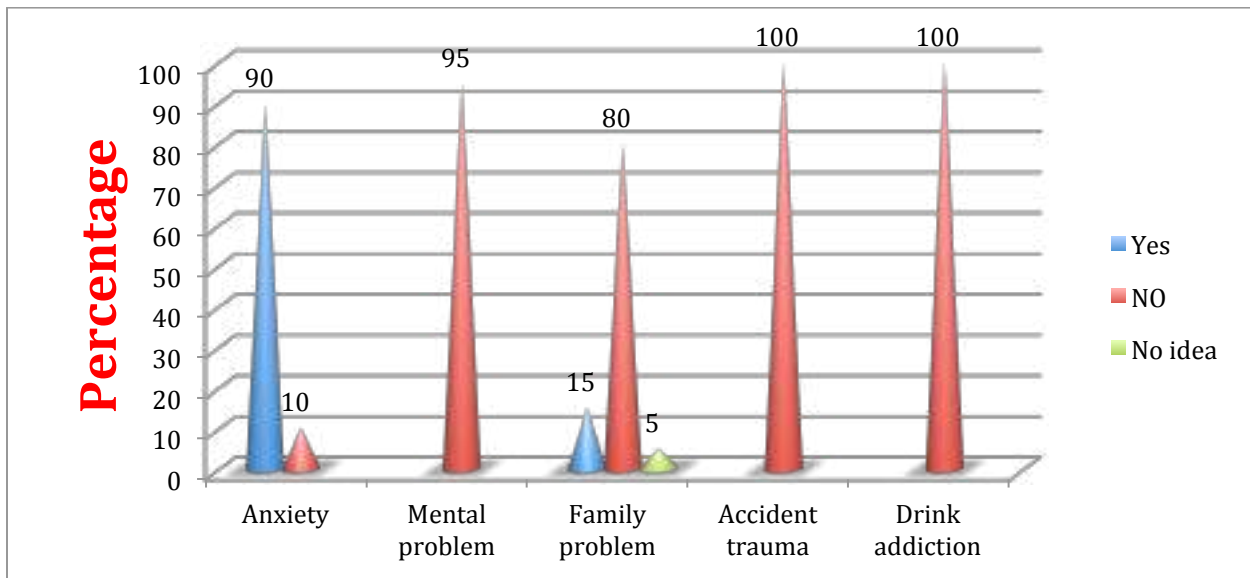


Fig. 5. Level of anxiety

Fig. 5 shows the details of their disease condition. 90% aged people think that they have the problem of anxiety where as none of them has any mental problem as identified. 15% of them have family problems and none of them have accidental trauma and drink addiction. This response shows that the greatest problem of the aged people is anxiety, and COVID cases in them, their family and the relatives has increased their anxiety level even more.

Physical Health and COVID Psychology

Aged people have the sense that they are weak physically due to their age and the labour they did during their young age.

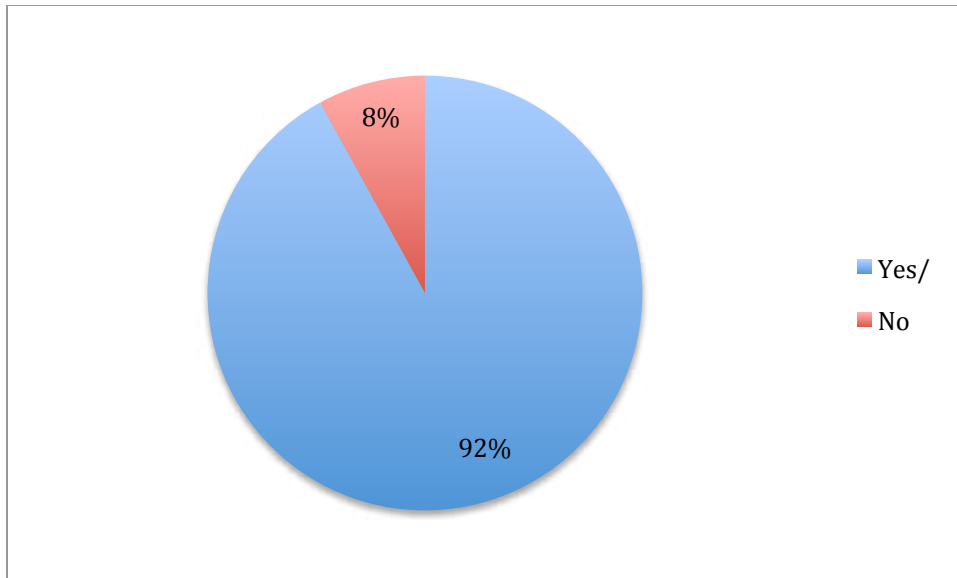


Fig. 6. Chronic disease indication

In an inquiry about their chronic disease, as Fig. 6 reflects, 92% respondents have admitted that they have been suffering from chronic disease. Table 4 shows the details of the type of their chronic disease. Among them, 76% people have blood pressure problem, 43% have thyroid and 64% have asthma. None of them have cancer and Tuberculosis. Some others have other diseases like Pulmonary and Respiratory, Bath, Uric Acid.

Disease	No(%)
Blood pressure	76
Thyroid	43
Asthma	64
Cancer	-
TB	-

Diabetes	24
Any others (mention)	Pulmonary and Respiratory, Bath, Uric Acid

Table 4. Chronic diseases type

The chronic problem shows the physical condition of elderly people. One of the psychological factors of their anxiety therefore is their physical health problem.

COVID psychology and sleep in elderly people

Adequate sleep is essential for preserving best physical health, mental and emotional strength and cognitive aptness, “inadequate sleep time and poor quality sleep interfere with quality of life and can be harmful to health. Inadequate sleep impacts behavior” (Broadbent 12). Sleep is not an indulgence; it is necessity, and it is necessary to have sound sleep for sound health. People “who sleep well tend to be physically healthier, more able to fight infection, combat the effects of stress and control their blood pressure” (14). Sleep, therefore is requirement to be healthy mentally and physically. The condition of sleep, sleeplessness and the slight problem in the mode of sleep may cause a psychological problem.

Sleep is one of the factors of majority of health problems, both physical and mental. Regarding the problems created out of the sleep deprivation Broadbent further says,

Sleep deprivation’ is the condition of not having enough sleep and can be either chronic or acute. A chronic sleep-restricted state can cause fatigue, daytime sleepiness, clumsiness and weight loss or weight gain. It adversely affects the brain and cognitive

functions. However, in a subset of cases sleep deprivation can, paradoxically, lead to increased energy and alertness and enhanced mood. (19)

Usually aged people are found to have light sleep however the respondents in this research do not have much sleep problem. 79% respondents have got sound sleep even after COVID infection rate has increased, however further

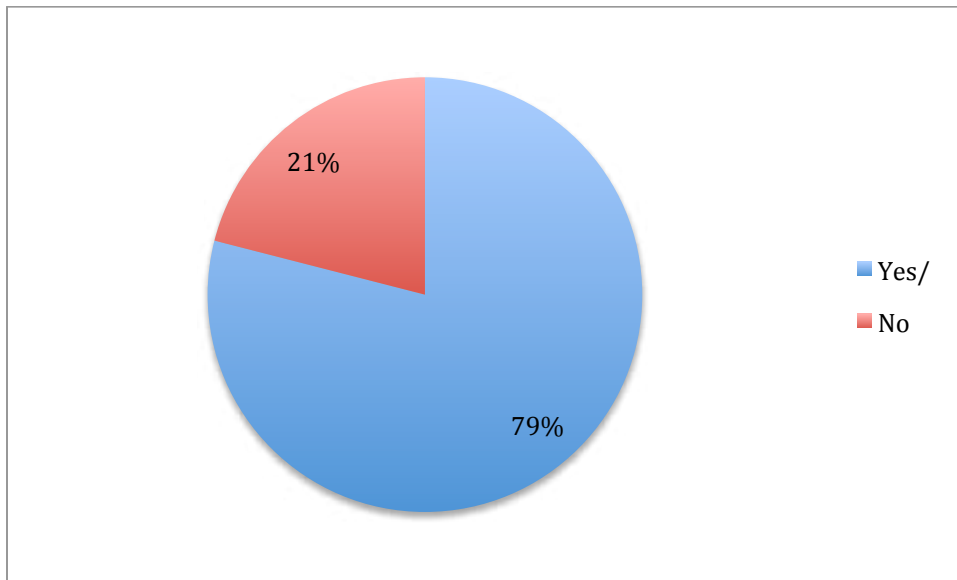


Fig. 7. Sleep condition

The contrast is shown with this argument. On the one hand, the respondents have said that that they have sound sleep at night, but on the other hand, as fig. 8 indicates, 81% of them have the problem of waking up suddenly at night. It may be the cause of their anxiety. Constant disturbance in the sleep may result to the mode of stress. Problem in sleep, as previously observed, is one of the causes of blood pressure, 76% of the respondents have the problem of blood pressure, and 81% have the problem of sudden waking up in the middle of night. This

indicates that the aged people have some sense of connection between sleep, blood pressure and their psychology.

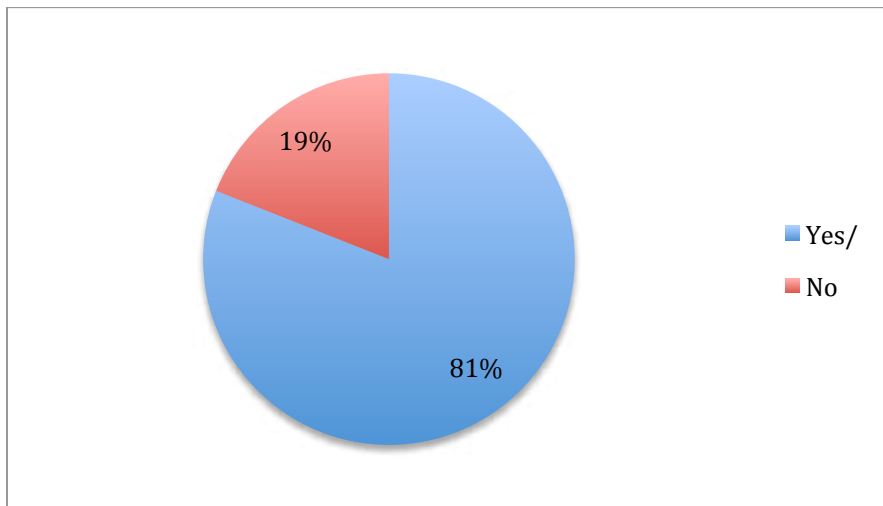


Fig. 8. Sleep effect

COVID and dream psychology

Dreams are the part of sleep. They “are basically stories and images our mind creates while we sleep” (Broadbent 13). Nobody really knows why dreams occur, and neuroscientists have come up with many logical theories and explanations that are yet to be proven, and it can be said that dreams have connection to people’s thinking and activities they are involved in regularly, “dream-interpretation is capable of yielding information concerning the structure of our psychic apparatus which we have hitherto vainly expected from philosophy” (Freud 39). The structure of dream therefore can be the structure of psyche. That “the dream actually has a secret meaning, which proves to be a wish-fulfilment, must be proved afresh in every case by analysis” (39), and beyond it dream has the picture of wish and individual thoughtful images.

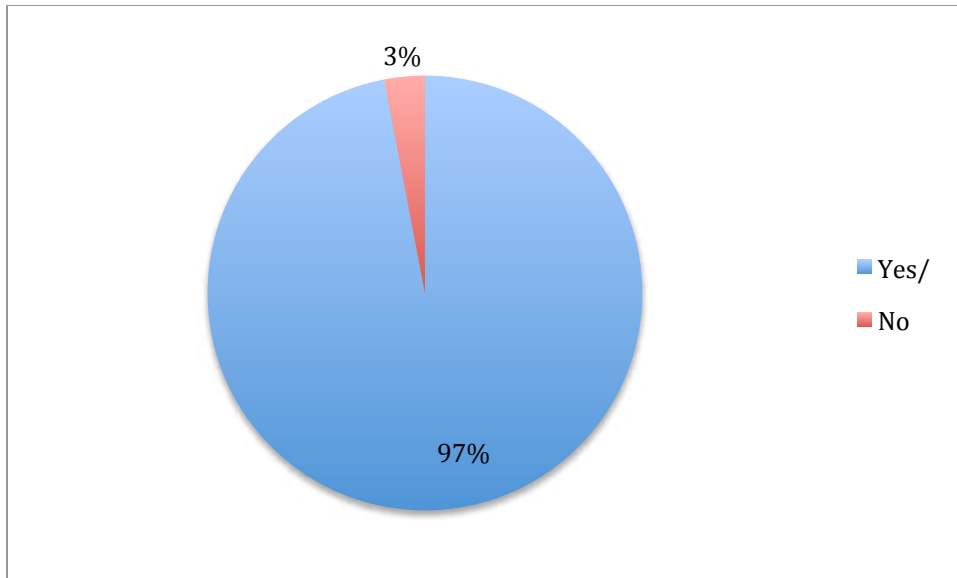


Fig. 9. Things they dream

Sigmund Freud has found dream as a factor of stress and psychological problem. The matters seen in the dream have some effects in people's manner and behaviour, desire, wish, intention and future indication "the dream fulfills several wishes" (Freud 20). Generally elder people have death contemplation that they begin to think about the death. As Fig. 9 reflects, 97% of the respondents have agreed that they regularly see dead people in the dream. Dream has symbolic meaning but "the dream-content with the dream-thoughts are hidden behind this content" (Freud 20).

It is difficult to make a direct connection of their dream and real psychology, but as "the dream clearly prefers the impressions of the last few days" (51). It indicates that they are worried about their death. They must have been thinking about their death and the dead people. Thinking about death and dead people has become their psychology.

As the dream indicates the psychology clearly, aged people do not appear to be strongly thinking about the danger of COVID in them. As their response report shows, (Fig. 10), none of them have seen themselves being infected with COVID.

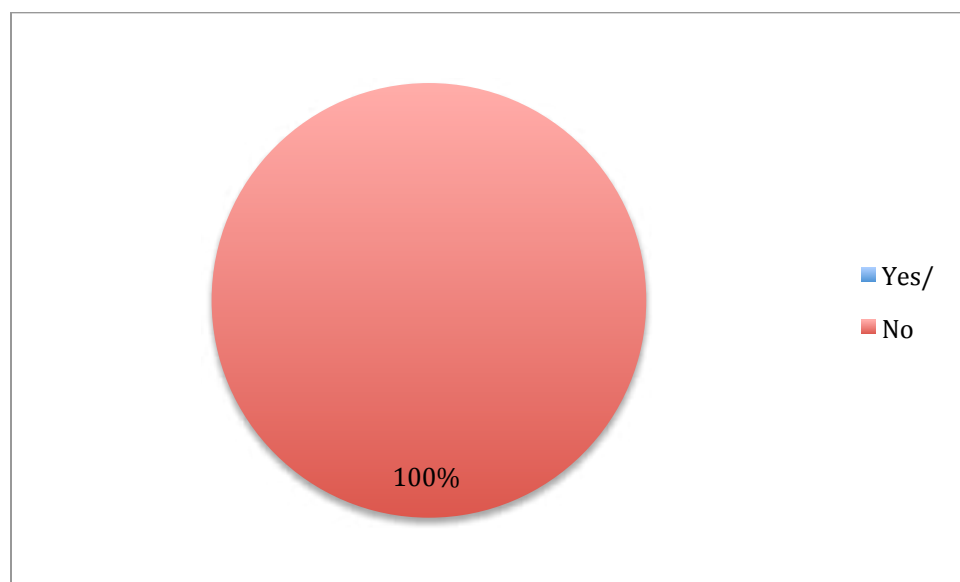


Fig. 10. Dream effect

COVID and Patience at elderly people

Patience level of a person is an indication of psychological stability. The question was asked to them if they have felt impatience than before. 43% of them have felt more impatient than before, and 67% have responded as 'no' as shown in fig. 11. It shows that at least COVID has made an impact on their thinking towards it directly and indirectly. Their trend of feeling impatience is a preliminary symptom of their psychological order. The number of being impatient is not as much as the number of patience. Aged people have lesser impact of COVID in case of their level of patience and impatience.

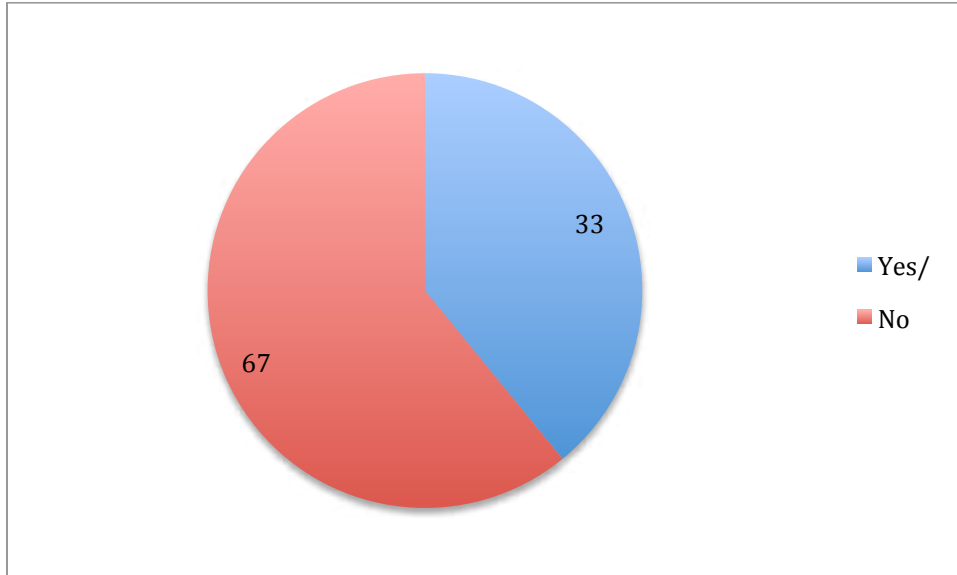


Fig. 11. Patience level

Another important aspect of measuring one's psychological state through sleep and dream, as Freud has said, "when in a dream something has the character of a spoken utterance -- that is, when it is said or heard, not merely thought -- and the distinction can usually be made with certainty -- then it originates in the utterances of waking life, which have, of course, been treated as raw material, dismembered, and slightly altered, and above all removed from their context" (62) the mode of hallucination in the dream vision is the condition of sleep or dream distortion. It is a part of illusion in sleep; a sensory experience that appears real but are created by our mind. They can affect all five of your senses. The respondents were asked if they had any experience of hallucination. Fig. 12 shows that 67% of them have the feeling and experience of hallucination.

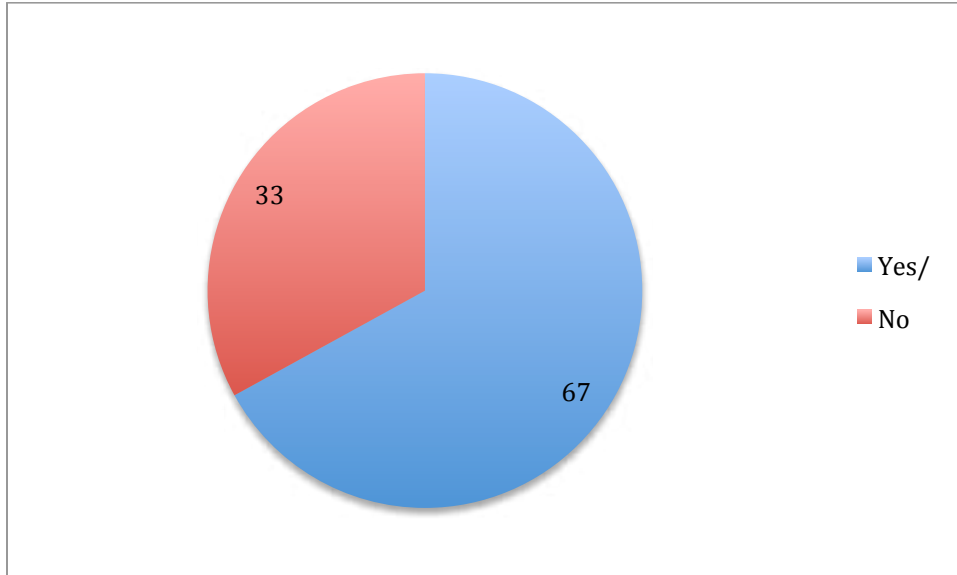


Fig. 12. Problem of hallucination

COVID and fear

Phobia can be understood as “marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others” (American Psychiatric Association, 1994, p. 416). Phobia or fear to sound and silence are other factors to determine one’s psychic state. Some people love to stay in silence and are afraid of the sounds around them. So, the respondents were asked if they were afraid of sound any way. Their response shows a pattern of intense anger when hearing certain human sounds, impulsive reactions, avoidance of cue-related situations, worry of losing control, and the occurrence of obsessive compulsive personality traits. (Fig. 13) that 86% of them were afraid of the sound.

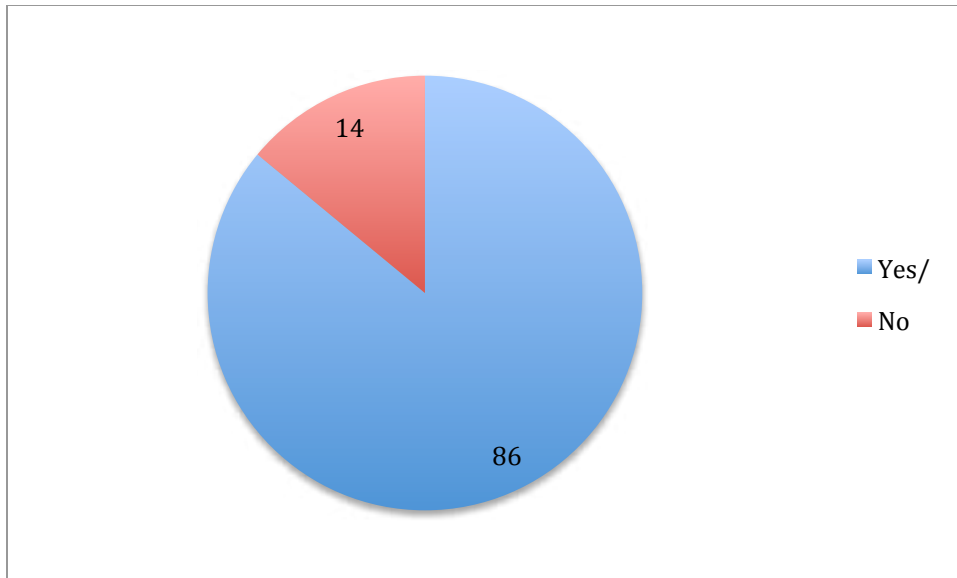


Fig. 13. COVID and fear level

COVID and social relational psychology

Another mode of observing human psychology is to see how people respond to the strangers and how do they feel in the presence of the strangers, “one particular factor that is common to most temperament models is a dimension that refers to the typical behavior of a person in strange situations and with strange people. This factor has variously been referred to as fearfulness, withdrawal, approach, shyness, and behavioral inhibition” (Hudson and Rapee 108).

One of the aspects of COVID impact to the people was that people did not really enjoy the presence of unknown people at home and even the society. Keeping this in mind, elderly people were asked about their feeling towards the strangers. The response has indicated (Fig. 14) that 23% of them would feel it insecure, 32% of them would secure and 45% of them felt neutral. None of them have felt more secured. This argument shows that these elderly people do not find it troubled having any of the new people or the unknown people in the family and home.

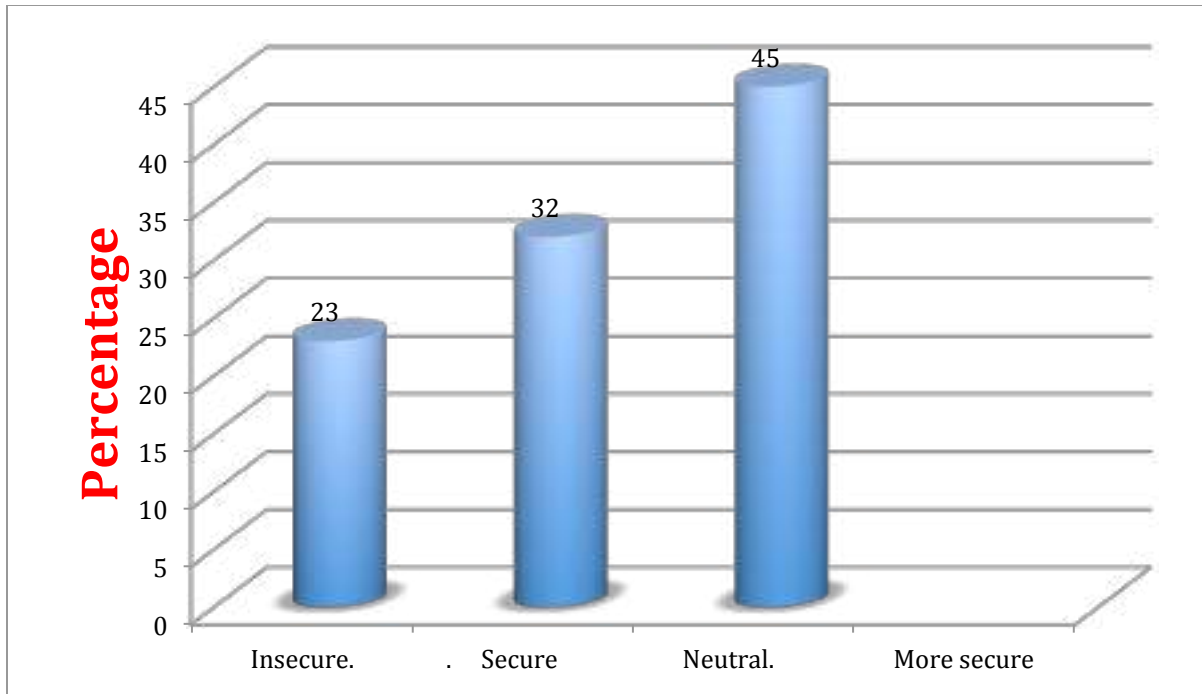


Fig. 14. Feeling of security

Insecure %	Secure %	Neutral %	More secure %
23	32	45	

Table 5. Feeling of security

Human psychology and human behaviour are closely linked, “like the physiological immune system, the behavioral immune system includes both detection and response mechanisms” (Troisi 73). Fear can be of internal and external factor. As part of psychic development, “when an external cue connoting infection risk (e.g. seeing another person with evident manifestations of infectious disease) is detected, it triggers a cascade of emotional, cognitive, and behavioral responses that minimize the infection risk (e.g. through social avoidance of people who appear to pose an infection risk)” (73).

The fear towards the disease reflects a real psychological impact to people because “fear of

infection is an emotional response that involves cognitive processes and social learning” (73). In case of COVID infection, fear of being self-infection is one part and fear to the infection to others is another part. How do they feel about the news of COVID death is an important aspect of their psychological condition. 23% of them feel it horrified and 77% of them have felt worried after listening to the COVID death news in the media. The media information regarding potentially occurring negative part of COVID expansion may increase the expectation of the occurrence of negative reactions to them. This psychology of the disease has potential danger of permanent negativity in them

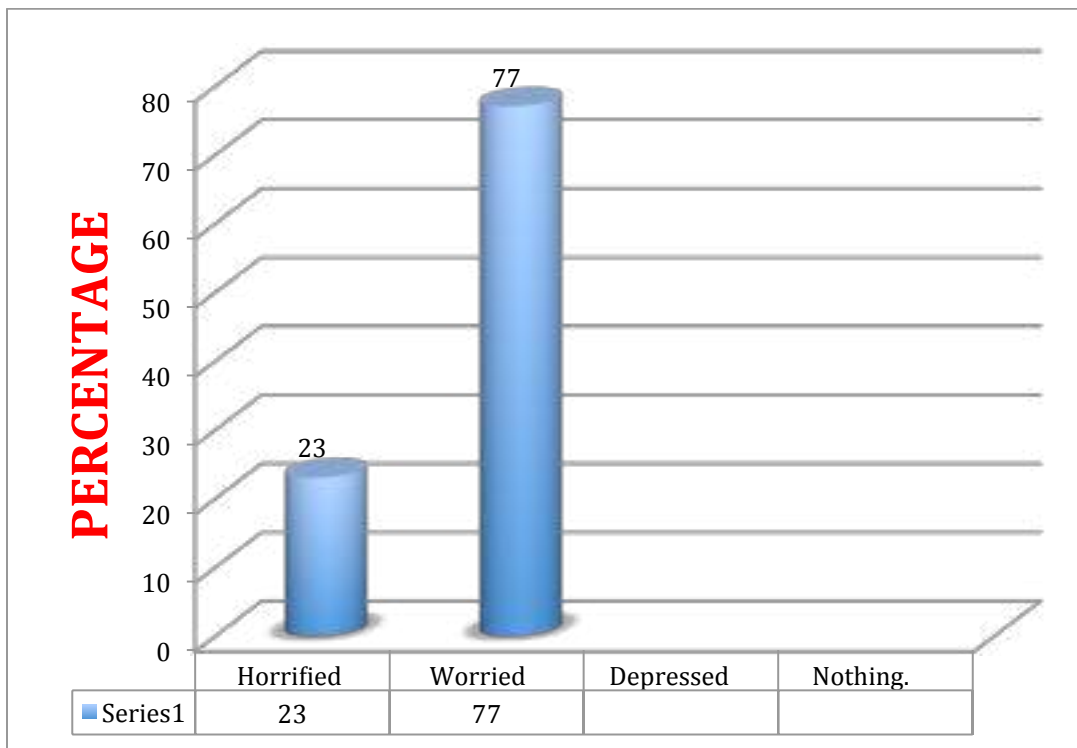


Fig. 15. COVID death news effect

How do you feel listening to the COVID death news?

Horrified %	Worried %	Depressed %	Nothing %
23	77		

Table 6. COVID death news effect

The news about the growth of the disease is one thing and the news about the infection of the disease to the close relative ones is another. Both experiences may generate the psychology of fear, horror and the psychology of being worried, but the degree is different. As fig. 16 shows, 87% of the responding elder people feel worried. Usually elderly people suffer from physical and mental weakness, however not necessarily a problem as seen or visualized, and those suffering from pre-existing health conditions have been mostly affected by the negative psychological consequences of the news about the infection of the disease to the close relatives.

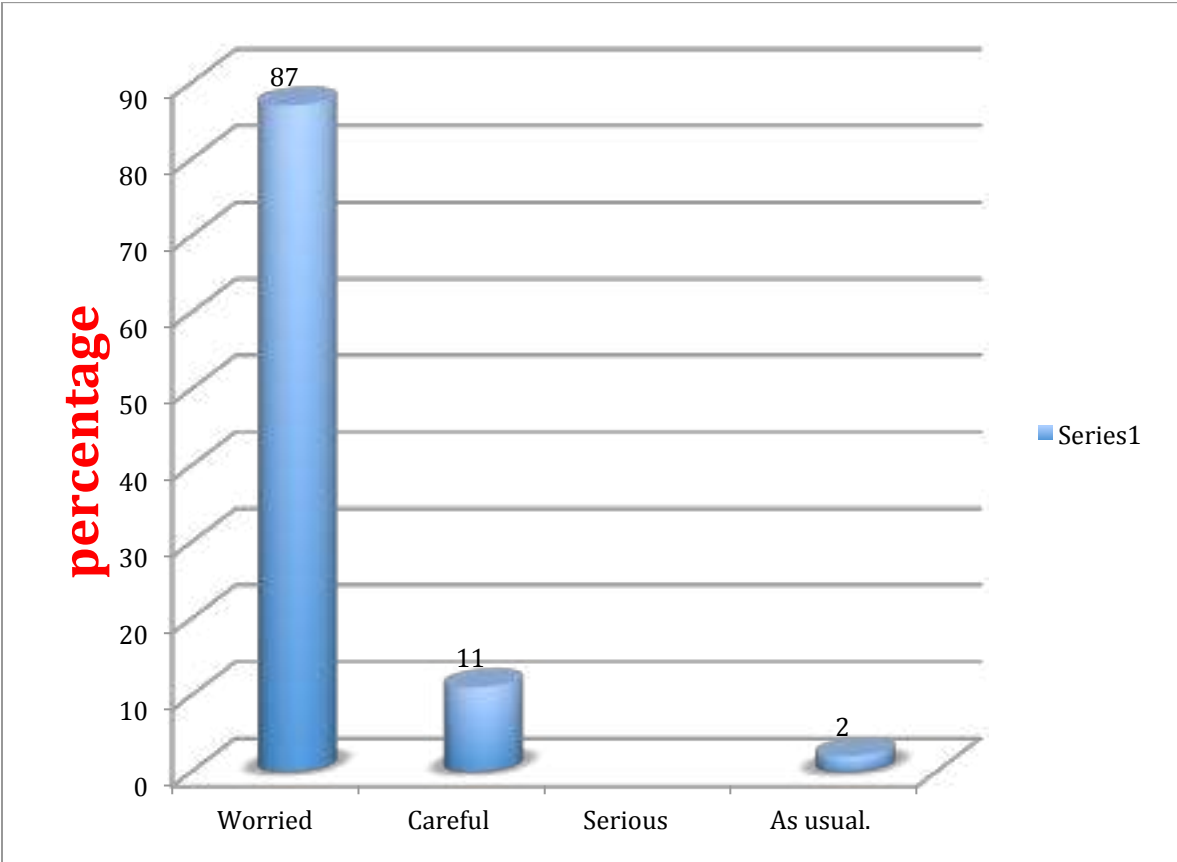


Fig. 16. Level of worry-ness

People with problem in psychology have some symptoms of restlessness, going out more than usual or staying at home much more than usual or even love to be isolated. These activities indicate the feeling of uncertainty, and many people immediately imagine worst-case scenarios.

It is general truth that it is not good to stew in worries, make a daily “gratitude list” to bolster your psychological resiliency. It matters how much positively one perceives any message or an event. Having a positive attitude and practicing gratitude boosts the immune system, and even the stressful event can also be granted quite easily.

COVID and change in lifestyle

The survey included the question whether they go out more often than they used to or less of than they used to after the COVID has been spread in the country and their community. Their response shows in fig. 17 that 88% people do not go out as often as they used to after the COVID has begun. It means they go out less than they used to. Their previous state of socialization has been disturbed due to COVID spreading and they are “deprived from having a sense of belonging and has caused emotional distress and feeling of loneliness. The feeling of social isolation can cause problems with physical, mental and cognitive health of individuals” (Pant and Subedi 34). It is not whether they will undergo any psychological change or not. Neither it is known whether they have left going out on their will or it is their external compulsion. In either of the conditions, their social isolation “can lead to symptoms of depression, decreased quality of sleep, cognitive decline, decreased functioning of the cardiovascular system and impaired immunity at every stage of life” (34). With these evidences, elderly people’s change in their behaviour of being socialized may result in the psychological problem, however they have not felt it directly.

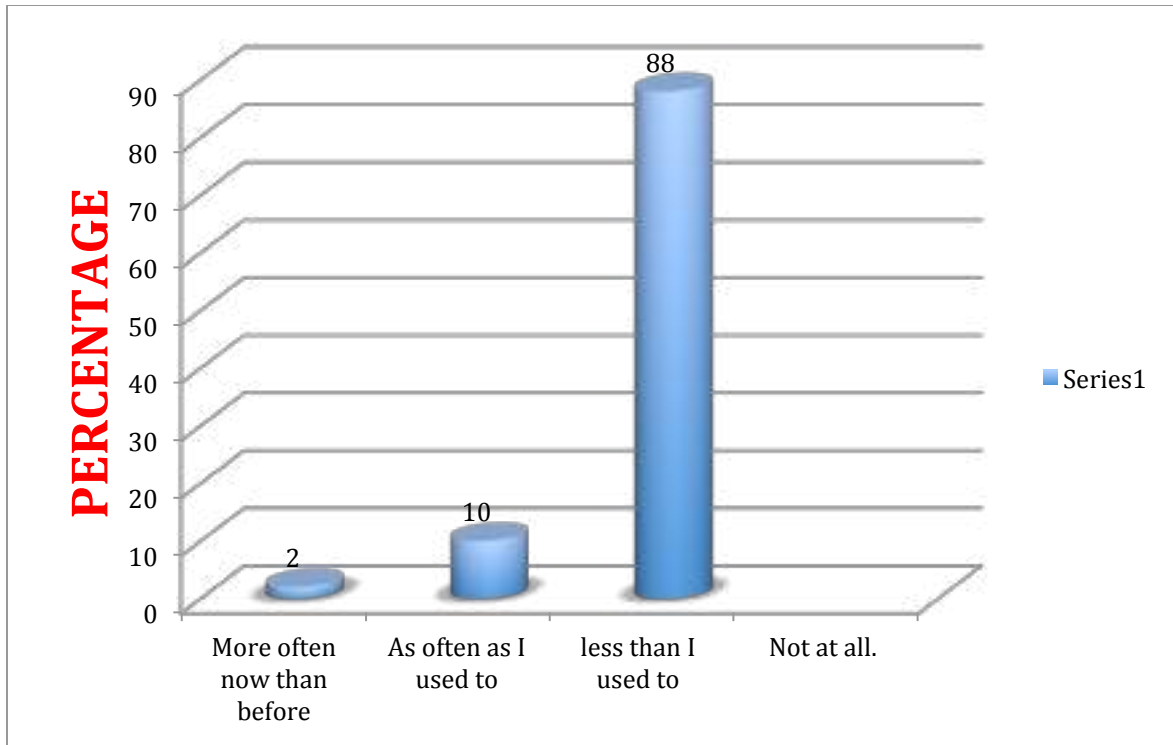


Fig. 17. Effect on socialization- going out

Sleep is an indication of health. Good sleep indicates good health, both physical and psychological. The research intended to find out if the pattern of their sleep routine has been changed after the COVID has spread. The intended aspect of this question was that if their sleep habit has been changed, either more or less, they have certain impact of COVID in their lifestyle. Fig. 18 shows that their sleep habit has been changed. 75% of them have responded that they have started sleeping more than they used to do. One positive part is that more sleep means more soundness in their health. The matter to be noticed is that their lifestyle has been changed due to COVID, however the level of the soundness of sleep and the impact of sleep on their health are other points to be explored.

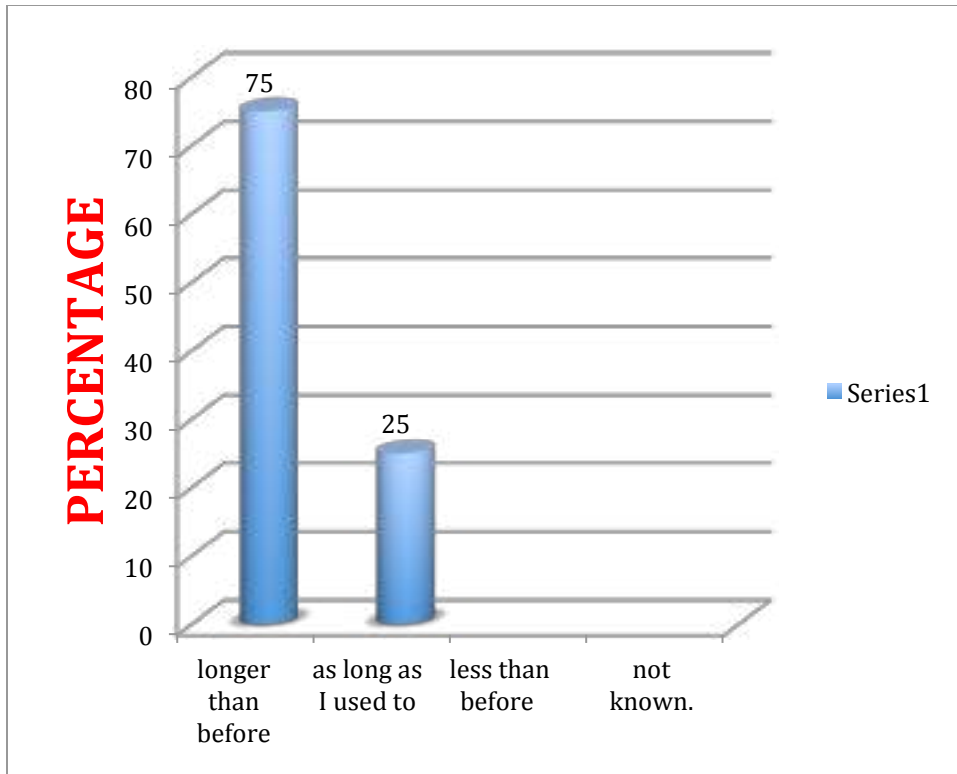


Fig. 18. Effect on changing at sleep habit

Laughing is an essential human behavioural signal, however individuals may have different nature of laughing. It also signifies the mode of personal expression and personal contact, “laughter is never anti-sympathetic and contains no ungracious forms” (Gregory 5). The modes and patterns of laughter vary, but in any of the modes, laughter is one of the means of social contact and relationship. Laughter is an automatic and natural activity, “laughter is not a deliberate action that we have to learn: it is as natural as compulsory as a sneeze or a cough” (Burt 101). Being a natural activity, laughter shows mannerism and life style.

As the respondents were asked how much do they laugh, it was intended to achieve the change in the manner of their laughing activity. As Fig. 19 shows, 44% elderly people laugh less than they used to and 32% respondents have started to much more than they used to. This research does not intend to make implicit study on the different types of laughter and the hidden meaning behind each. But it intends to make study on the change in their behaviour because being a natural action, “laughter must involve feelings of pain as well as of pleasure” (102). The changing pattern in their laughter therefore certainly indicates “the mental state or condition

essentially expressed by laughter” (102) because laughter and mental state are strongly linked.

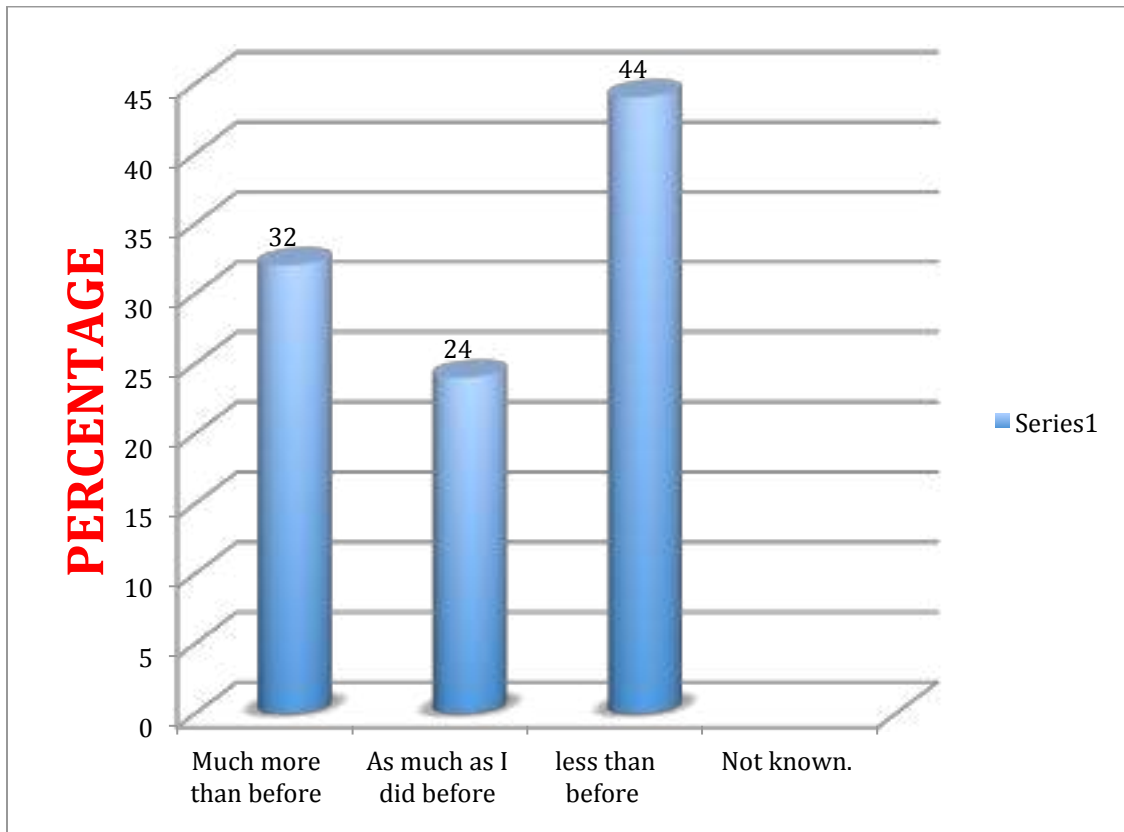


Fig. 19. Effect on changing laughter habit

COVID and public relation

Being in contact is essential to some one to be socialized. It is the part of public relation. Public relation and psychology are interrelated practices, Jon White writes about the link between public relation and psychology in “Psychology and Public Relations” (2000):

If psychology is the study of behaviour, and the study of the way people think, feel and behave, then arguments can be put forward to suggest that public relations is an applied psychology. In practice, it is concerned with the behaviour of members of groups in relation to each other, within the groups of which they are members, and between groups.

(148)

Public relation is one essential aspect of behaviorism, how someone behaves with others. Though “the practice of public relations has not exploited the findings of psychology to the extent that it could” (152), one’s behaviour and psychological state can be observed through he/she tries to maintain the relationship.

One needs to be in touch with kin and relatives not just as the part of socialization, but also as the part of individual and cultural mode of life. COVID spreading is supposed to have changed people’s public relation. Due to the fear of COVID, people reluctant to meet with others, even the relatives. Further the lockdown situation has encouraged people to be more isolated. With the intension of identifying the way aged people have in contact with relatives, the respondents were asked how much they would be in contact with their relatives and closed ones. As fig. 20 shows, 72% of them reported that they have been in contact as much as they used to in the previous time where as 28% have responded that they have been in contact less than they used to be. This particular instance shows that aged people are conscious to maintain the relation even in the most difficult situation.

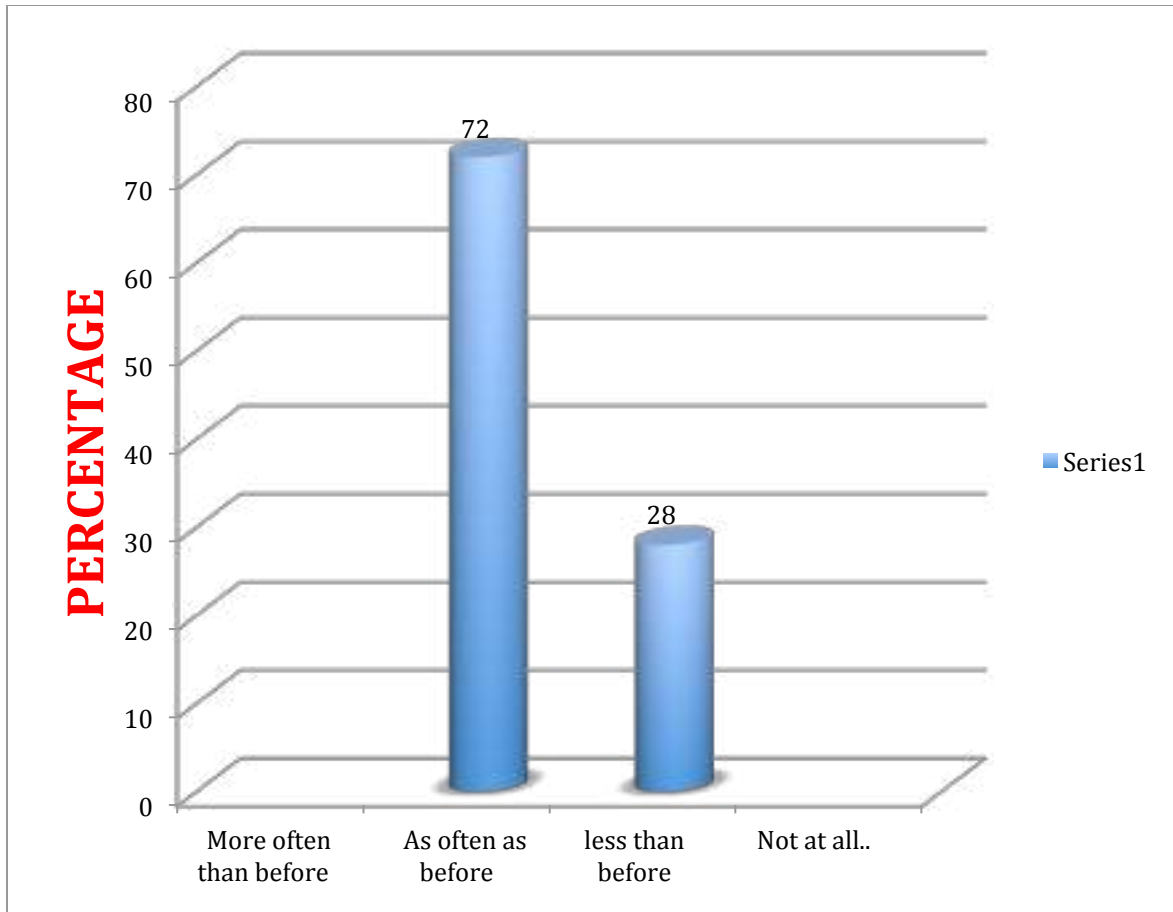


Fig. 20. Effect on coming in contact with relatives

Feeling of seriousness is another indication of psychological state, however people do not easily believe themselves as being serious. Keeping this fact in mind, elderly people were asked how much serious they have felt after the COVID has started. Their response is quite positive in the sense that 72% of them have not felt change in the matter of seriousness. It is shown in fig. 21 that they feel as serious as before. This response shows their strength in their psychological state.

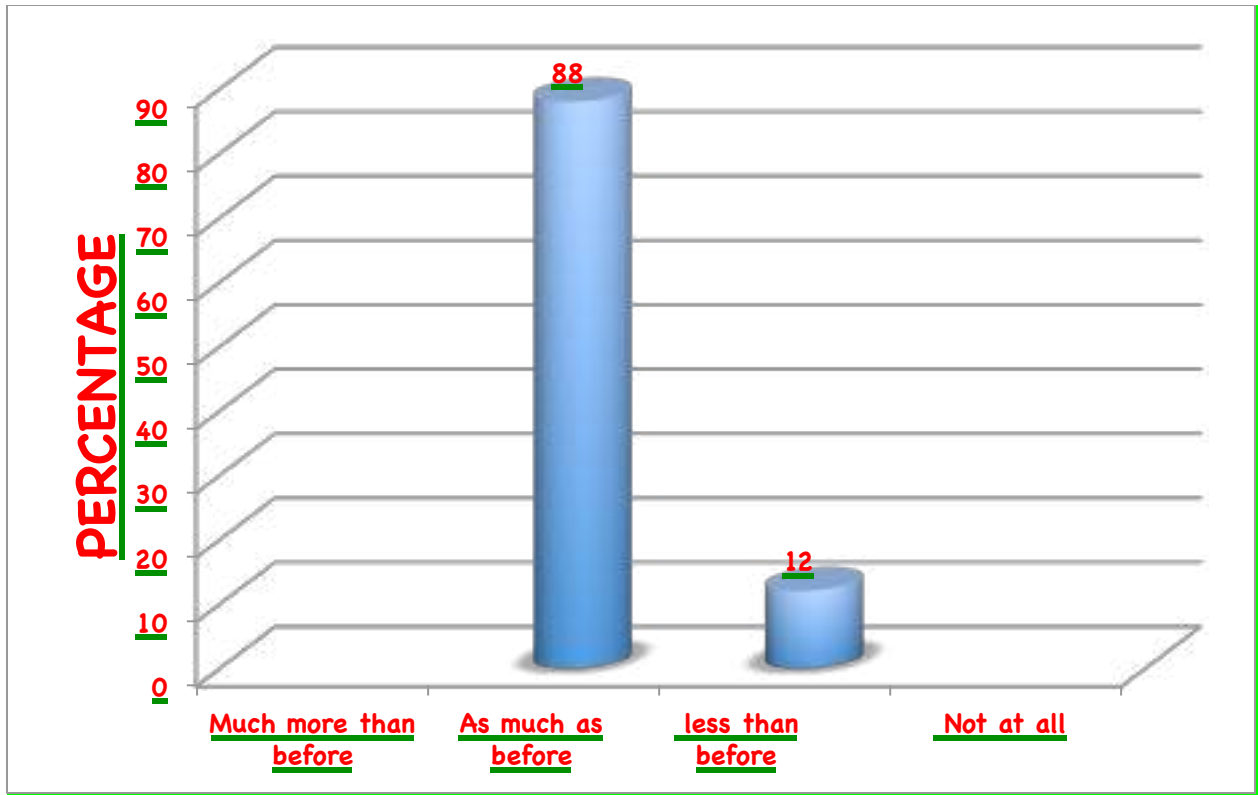


Fig. 21. Level of seriousness on thinking

In this way, all 690 respondents from aged group were asked 22 questions. Most of the questions were centered to their experience of COVID and its effect in them. The questions intended to see if they have change in their psychology. The totality of the responses shows that COVID has certainly changed their mentality, life style and the priority of life. They have found in dilemma in many regards. They have different experience of public contact, relational attachment and their concentration in their dream and real life patterns. The intention of this study was not to measure the psychology as the part of their health condition, but just to see how much change have they felt in their psychology. The finding of the research is that COVID has the effect of change in their psychological state.

Chapter Three

Conclusion

The COVID-19 pandemic has resulted in unforeseen side effects and the variants on it have generated the fear even more. Keeping this fact in mind, this study has observed the opinions of elderly people to identify how far they have been affected by the pandemic psychologically. For the same 690 elderly people were selected in random sampling method from all the seven provinces of Nepal, however the method of sampling was as per the number of COVID affected people at the time of data collection. This research has found their real experiences and how the pandemic has changed their behaviour and thinking.

The COVID pandemic has affected old people more than others, and elderly people have higher death rate than others due to COVID, so elderly people have anxiety of it. It is the truth that the condition of their physical weakness and the chronic disease are the factors of their COVID anxiety. They are physically weakening everyday and it is causing them think that they are really weak and the disease may attack them any time. Still they think that they should not be infected by COVID because they still have to do a lot in the family and society. They have the sense that their long life can have the support to the family members and they also have social and individual responsibility as well as personal desire of pilgrimage.

On the one hand they are anxious about the mysterious spreading of COVID, but on the other hand, they also feel certain and not afraid of COVID. Some of them have easy hospital access. But most of them think that COVID is also the predestined matter. One has to die, and why to bother about life or death. It is the result of their life long experience and the state of their strong psychological state. Being after the retired age and physically weak in condition, majority of them suffer from chronic diseases like blood pressure, diabetes, thyroid, respiratory and asthma.

Though they don't really think they are psychologically weak, this condition really reflects the mental health condition of aged people because 90% of the respondents, as observed, have anxiety problem. It is a paradox that they don't become ready to regard them as psychologically weak, but they have this disaster of anxiety level. COVID case has increased this level even more. They have realized that they are afraid of the sounds more than they have ever been when COVID has started. Fear to sound and their feeling of being afraid of it is a symptom of their psychological instability.

Dream is a way to see how people think and believe. Dreams are said to reflect unspoken truth of psychology and the manner of their thinking. As the data shows majority of the respondents have the experience of seeing dead people in dream frequently. Talking to the dead people and frequent vision of dead people in the dream shows that they do have contemplation about death and possible danger. It is their change in their dream perception. They have not felt any direct psychological problem. They have felt that they have sound sleep, but they have occasional hallucination and even they wake up suddenly at night. These factors are the result of COVID increase in their society and even in the family members.

Social interaction and public relation are the indicators of psychic state of a person. Elderly people have normal reactions towards the new and unknown people coming in the village and family. Only few of them feel it insecure. Likewise, media news about the rapid growth of COVID may increase negative aspects to the aged people, however they don't have other way feeling to it, but they do have the deep sense of worry at the news of COVID infection to close relatives. It is likely to increase stress and anxiety in them. Constant condition of feeling worried and feeling fear is the cause of anxiety. Aged people do not go out in the society as much as they used to do after the COVID has increased. It may have many factors. The first factor is that they

are not physically active as much as they used to be. Also, it could have been because of increasing rate in COVID cases. It may have some psychological problem of loneliness and isolation in them. Since they have nothing to do, as there is lockdown too, they have practiced to sleep. As a result, they have started to sleep more than they used to do. It means their lifestyle has been affected due to COVID spreading.

At the same time, they have the sense of hallucination in sleep and dream. There has been a rise in sleep disturbances, a critical condition associated with anxiety, depression, and suicidal behavior. Furthermore, diminished sleep quality promotes short temperament and, as a consequence, complicates family cohabitation. They have experienced the change in the pattern of laughter because they don't laugh as much as they used to. It indicates their change in lifestyle with potential in their mental and emotional state. One positive aspect is that they have managed a social relation with relatives as much as they used to do in the past, and they don't feel much serious though they don't know whether they appear to be serious or not.

In this way, this research has found that the life style, manner and behaviour of elderly people have undergone a great change after the COVID has begun. One positive part is that this change might generate easiness to them to cope with the risk of being infected. If properly managed, the change is the sigh of their nature of updated nature. But, there is equal chance that the immediate change might create some problem in their psychology. This type of change is almost inevitable. The question is how much they can adjust themselves with the changing condition and how much they can manage their psychological strength.

Chapter Four

Findings and Outcomes

This research project has come to the following findings:

1. Male elderly people are infected with COVID than female elderly people.
2. COVID 19 affects old people more than others, and elder people have higher death rate than others due to COVID, so elderly people have anxiety of it.
3. The condition of their physical weakness and the chronic disease are other factors of their COVID anxiety.
4. There are varying causes on why elderly people feel they should not be infected with COVID. The majority of them think that they still have to do a lot in the family and society. They have social responsibility as well as personal desire of pilgrimage.
5. Many factors have made aged people feel certain and not afraid of COVID. Some of them have easy hospital access. But most of them think that COVID is also the predestined matter. One has to die, and why to bother about life or death.
6. Majority of the elderly people suffer from chronic diseases like blood pressure, diabetes, thyroid, respiratory and asthma. This condition really reflects the mental health condition of aged people.
7. 90% of the elderly people, as observed, have anxiety problem. COVID case has increased this level even more.
8. Aged people were afraid of the sounds.
9. Majority of the respondents have the experience of seeing dead people in dream.
10. Elderly people have not felt any direct psychological problem. They have felt that they have sound sleep, but they have occasional hallucination and even they wake up suddenly

at night. These factors are the result of COVID increase in their society and even in the family members.

11. Elderly people have normal reactions towards the new and unknown people coming in the village and family. Only few of them feel it insecure.
12. Media news about the rapid growth of COVID may increase negative aspects to the aged people.
13. They do have the deep sense of worry at the news of COVID infection to close relatives. It is likely to increase stress and anxiety in them. Constant condition of feeling worried and feeling fear is the cause of anxiety.
14. Aged people do not go out in the society as much as they used to do after the COVID has increased. It may have some psychological problem of loneliness and isolation in them.
15. They have started to sleep more than they used to do. It means their lifestyle has been affected due to COVID spreading.
16. There has been a rise in sleep disturbances, a critical condition associated with anxiety, depression, and suicidal behavior. Furthermore, diminished sleep quality promotes short temperament and, as a consequence, complicates family cohabitation.
17. The change in the pattern of laughter indicates their change in lifestyle with potential in their mental and emotional state.
18. Elder people have managed a social relation with relatives as much as they used to do in the past.

Chapter Five

Suggestions and Recommendations

From the research finding, this report intends to suggest the following suggestions and recommendations:

- a. Elderly people are physically weak and it has the impact on their psychology. So, it is necessary to provide supports in their physically fragile condition.
- b. They are feeling lonely. They have even reduced the frequency of going out in the society. As a result, they are feeling isolated. So, it is necessary to provide accompany from the family or from other organizations. Family members should spend much time with them. Better make them involved in the devices and spend time watching the programs as they wish.
- c. They are worried about their family members more than themselves. They are worried that their family members are losing business or jobs. This all has created psychological effect on them. So, family members should make them strong psychologically and be more careful to them.
- d. Most of them have chronic diseases like blood pressure and diabetes, cancer and asthma. Also because of this, they have felt psychologically weak. The state has to make a reliable provision for their safe treatment to their non-COVID disease even during the COVID hit period. Proper take care of them is necessary.
- e. Most of them have sleep problem. They have hallucination. They see dead people in the dream. Being lonely, they might have thought about the dead people and their dead friends. It has made them contemplate about death. This may lead them to depression. So,

they should be provided with better company sharing the lively ideas rather than thinking about dead people.

- f. These people do not laugh as much as they used to. They sleep more than they used to. They don't go out as much as they used to. All these changes are the result of COVID spreading. These changes in their behaviour and life style have certain effect on their anxiety and depression level. And they contemplate over death and they see dead people in their dream. With this finding, it is suggested that we should work to revive their regular activities so as to normalize their everyday life.
- g. Elderly people have felt lonely. One cause of their loneliness is that their family members do not share their ideas with parents and grand parents probably because they are busy. Or they feel that their parents/grand parents do not know the way they know. Some of them do not have family members. For this case, it is recommended that the family members should feel that elderly people are the heritage of the family. They are the storehouse of the experiences. They have to be listened. For those who do not have their family members, the state or any organizations should create their environment of sharing ideas with the same age and level of people.

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Appendix 1
Questionnaire

Psychological Impact of COVID 19 in Elderly People

It is a research questionnaire intended to observe the psychological impact of COVID 19 in elderly people. We hope you will provide your objective response to make this research real. We appreciate your individual response.

Name: (optional)

Address: (optional)

Age: (Compulsory)

Gender: (Compulsory)

COVID infected: (optional) Yes/ No

1. I am worried about COVID because:

a. It affects old people much.

Very agree/ agree/ neutral/ not agree

b. Old people die more than others by COVID.

Very agree/ agree/ neutral/ not agree

c. No one is there to look after me.

Very agree/ agree/ neutral/ not agree

d. I am weak /my spouse is weak with sickness.

Very agree/ agree/ neutral/ not agree

2. I am afraid with COVID because:

a. I am physically very weak.

Very agree/ agree/ neutral/ not agree

b. I am psychologically very weak.

Very agree/ agree/ neutral/ not agree

c. I have chronic illness.

Very agree/ agree/ neutral/ not agree

d. I have to be isolated if infected with COVID.

Very agree/ agree/ neutral/ not agree

e. COVID deaths are not funeralled culturally.

Very agree/ agree/ neutral/ not agree

f. I will be neglected if infected with COVID.

Very agree/ agree/ neutral/ not agree

3. I should not be infected with COVID because:

a. How to be exposed in the society if infected with COVID?

Very agree/ agree/ neutral/ not agree

b. I want to live longer to see the prosperity of the family.

Very agree/ agree/ neutral/ not agree

c. I have not got social security allowance yet.

Very agree/ agree/ neutral/ not agree

d. I still have to do a lot.

Very agree/ agree/ neutral/ not agree

e. I have to visit pilgrimages.

Very agree/ agree/ neutral/ not agree

4. I am not worried with COVID because:

a. There is good hospital in my village/city.

Very agree/ agree/ neutral/ not agree

b. My son/daughter is a doctor/nurse.

Very agree/ agree/ neutral/ not agree

- c. My family looks after me carefully.
Very agree/ agree/ neutral/ not agree

 - d. It is just a simple infection.
Very agree/ agree/ neutral/ not agree

 - e. COVID death rate is very low.
Very agree/ agree/ neutral/ not agree

 - f. Nothing will happen being afraid; it happens what is predestined.
Very agree/ agree/ neutral/ not agree

 - g. One must die one day.
Very agree/ agree/ neutral/ not agree
5. Do you have any of the following health problems?
- i. Anxiety
 - ii. Mental problem
 - iii. Family problem
 - iv. Accident trauma
 - v. Drink addiction
6. Do you have chronic disease? Yes/no
7. If yes, which is:

- i. Blood pressure
- ii. Thyroid
- iii. Asthma
- iv. Cancer
- v. TB
- vi. Diabetes
- vii. Any others (mention)

8. Do you have sound sleep after COVID has started in Nepal?

- a. Yes
- b. No

9. Do you wake up immediately in the middle of night?

- a. Yes
- b. No

10. Do you see dead people in the dreams?

- a. Yes
- b. No

11. Do you see you are infected with COVID in dream?

- a. Yes
- b. No

12. Do you find yourself more impatient than before?

- a. Yes
 - b. No
13. Do you have hallucination sometimes now days?
- a. Yes
 - b. No
14. Are you afraid with sounds?
- a. Yes
 - b. No
15. How do you feel when you see strangers at home/village?
- a. insecure.
 - b. secure
 - c. neutral.
 - d. more secure.
16. How do you feel listening to the COVID death news?
- a. horrified
 - b. worried
 - c. depressed
 - d. nothing
17. How have you felt listening to the news of someone relative infected with COVID?
- a. worried
 - b. careful
 - c. serious
 - d. as usual

18. How often do you go out after the COVID started?

- a. more often now than before
- b. as often as I used to
- c. less than I used to
- d. not at all

19. How long do you sleep after the COVID has started?

- a. longer than before
- b. as long as I used to
- c. less than before
- d. not known

20. How much do you laugh after the COVID has started?

- a. much more than before
- b. as much as I did before
- c. less than before
- d. not known

21. How often do you come in contact with your relatives via physical contact or wifi mode?

- a. more often than before
- b. as often as before
- c. less than before
- d. not at all

22. How much serious are you after the COVID has started?

- a. much more than before
- b. as much as before

c. less than before

d. not at all

Thank you for your cooperation.

Appendix 2 Gender-based response data

DATA ANALYSIS of the covid-19 research

The total sample size is 690 and the total number in these tables indicates percentages.

Gender participation in questionnaire

Males (%)	Females (%)	
68	32	

I am worried about COVID because:

	agree	neutral	not agree
e. It affects old people much.	51		
	M	F	
	38	13	
f. Old people die more than others by COVID.	32	M	F
		24	8
g. No one is there to look after me.			
h. I am weak /my spouse is weak with sickness.	17	M	F
		13	4

I am afraid with COVID because:

	Agree	N e u t r a l	Not agree
I am physically very weak.	63	M	F
		4	1
		4	9
I am psychologically very weak.	4	4(F)	
I have chronic illness.	90	M	F
		6	2
		8	2
I have to be isolated if infected with COVID.		5	M F
		5	

				4	1		
				2	3		
COVID deaths are not funeralled culturally.	44						
	M	F					
	3	1					
	1	3					
I will be neglected if infected with COVID.	-			-		-	-

I should not be infected with COVID because:

	Agree		Neutral		Not agree		
How to be exposed in the society if infected with COVID?	-		-		70 M		
I want to live longer to see the prosperity of the family.	34	(12 F and 22 M)	55	(13 F and 42 M)			
I have not got social security allowance yet.	8	3 f	5 m			92	22 F
							70 M
I still have to do a lot.	25			75			
I have to visit pilgrimages.	35(21F and 4 M)			65(4 F and 61 M)			

I am not worried with COVID because:

	Agree	Neutral	Not agree	Not km nown
There is good hospital in my village/city.	5(M)	70(25	
My son/daughter is a doctor/nurse.		10 (4 F and 8 M)	90(21 F and 69 M)	
My family looks after me carefully.	40 (10 F and 30 M)	60(15 F and 45 M)		
It is just a simple infection.	8 M	12 (2 F and 10 M)	80(23 F and 57M)	
COVID death rate is very low.	40 (11 F and 29 M)	60(14 F and 46 M)		

Nothing will happen being afraid; it happens what is predestined.	15(5 F and 10 M)	85(20 F and 65 M)		
One must die one day.	100(25 F and 75 M)			

Do you have any of the following health problems?

	Yes	NO	No idea
Anxiety	90 (20 F and 70 M)	10(5 F and 5 m)	
Mental problem		95 (19 F and 76 M)	
Family problem	15 (3 F and 12 M)	80(20 F and 60 M)	5(2 M and 3 M)
Accident trauma		100(25:75)	
Drink addiction		100(25:75)	

Do you have chronic disease?

Yes/	No
92(17 F and 75 M)	8F

If yes, which is:

Disease	No(%)
Blood pressure	76 (12 F)
Thyroid	43(9 F)
Asthma	64 (8 F)
Cancer	-
TB	-
Diabetes	24 (12 F)
Any others (mention)	Pulmonry and Respiratory, Bath, Uric Acid

Do you have sound sleep after COVID has started in Nepal? Yes/no

Yes/	No
79 (9F;70M)	21(16F;6M)

Do you wake up immediately in the middle of night? Yes/no

Yes/	No
81(16:65)	19(9:10)

Do you see dead people in the dreams? Yes/no

Yes/	No
97(25;72)	3M

Do you see you are infected with COVID in dream? Yes/no.

Yes/	No
	100(25;75)

Do you find yourself more impatient than before?

Yes/	No
43 (13:30)	67(12:45)

Do you have hallucination sometimes now days? Yes/no

Yes/	No
67 (17:50)	33(8:25)

Are you afraid with sounds? Yes/no.

Yes/	No
86 (19:67)	14(6:8)

How do you feel when you see strangers at home/village?

Insecure.	Secure	Neutral.	More secure
23(6;17)	32 (12:20)	45(7:38)	

How do you feel listening to the COVID death news?

Horrified	Worried	Depressed	Nothing.
23 (3;20)	77(22:55)		

How have you felt listening to the news of someone relative infected with COVID?

Worried	Careful	Serious	As usual.
87(25:62)	11		2

How often do you go out after the COVID started?

More often now than before	As often as I used to	less than I used to	Not at all.
2	10	88(25F:63 M)	

How long do you sleep after the COVID has started?

longer than before	as long as I used to	less than before	not known.
75 (22F;53M)	25(3F;22M)		

How much do you laugh after the COVID has started?

Much more than before	As much as I did before	less than before	Not known.
32 (6F;26M)	24(8F;16M)	44 (11F:33M)	

How often do you come in contact with your relatives via physical contact or wifi mode?

More often than before	As often as before	less than before	Not at all..
	72(f18:m54)	28(f7:m21)	

How much serious are you after the COVID has started?

Much more than before	As much as before	less than before	Not at all
	88(15 F and 73 M)	12(10 F and 2 M)	