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Impact of Covid–19 Pandemic on Psychological Health of The Elderly Population in West Bengal

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ABSTRACT

Senior citizens (60 years and above) are more vulnerable than others in all spheres of their lives. But, the present Covid–19 pandemic is accelerating their condition additionally worsening especially their mental well-being. The present study focused to access the psychological condition of the elderly citizen in this pandemic environment. This cross-sectional study was conducted between the period from 13th August to 31st August 2020 and was based on a pre-designed survey schedule/questionnaire using non-probability sampling. A total of 212 (aged =60 years) participants (118 males and 94 females) completed the survey. To collect information on basic socio-economic background and psychological phenomena both telephonic interviews and online surveys through Google Forms were used. A Chi-square test was applied to know the gender differences of all variables. The findings of the study revealed that half of the participants faced psychological dilemmas due to this pandemic. Covid–19 pandemic negatively impacted their scheduled or planned interests (41.04%) and

exacerbated boredom in their life (52.36%) for a long period. They were also more anxious (48.58%) about their family members, health, income, etc. There were no gender differences except the variables of anxiousness and isolation. Older people have shown more psychological distress irrespective of their sexes. These phenomena are not even reported by first-hand information. So, this is a prior thrusting area to report more and more and develop a strategy for their psychological well-being.

Keywords: Covid–19 Pandemic, Elderly Population, Psychological Health, West Bengal

The Covid–19 pandemic has had an unprecedented negative effect on the lives of elderly people especially those with multiple associated co-morbidities such as hypertension, diabetes, cardiovascular disease, chronic kidney disease, chronic respiratory disease, and cancer. (Weiss BD *et al.,* 2020). On the other hand, they are at a high risk of Covid–19 infection due to their decreased immunity and body reserves. Besides, the elderly have multiple co-morbidities and for that, they are more prone to hospitalizations which increases the chance of Covid–19 infection. In a comparison of Covid–19 induced pneumonia among young-aged and elderly patients, Liu and colleagues (2020) found that progression of illness and risk of death is three times higher in the older age group (Liu, Q., *et al.,* 2020).

Such pandemics also have a significant psychosocial impact on the elderly population. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. A study by Armitage and Nellums, 2020 mentioned that social isolation of the elderly is a "serious public health concern" due to their bio-psychosocial vulnerabilities. [17] Social distancing, though a major strategy to fight Covid–19, is also a major cause of loneliness, particularly in settings like nursing-care or old-age homes which is an independent risk factor for depression, anxiety disorders, and suicide. Social connectedness is vital during the public health breakdown, more so when "ageism" becomes a factor for stigmatization in this marginalized population. This leads to neglect and therapeutic nihilism.

Cognitive impairment and problems like wandering, irritability, and psychotic symptoms can worsen the panic and make it difficult for

them to follow the precautions of distancing and to maintain hygiene though we know that the elderly are prone to social isolation even under normal circumstances, and this problem has been further amplified in the current situation (Armitage R, and Nellums LB, 2020). Older people generally have only a close circle of friends and family with whom they routinely interact. Therefore, social interaction in their life has seen a drastic disruption with the apt advisory on social distancing. Needless to say, the lack of outlets for social interaction can precipitate or worsen stress and anxiety issues in the elderly (Depoux, A., *et al.,* 2020; Santini Z., *et al.,* 2020). Most media outlets highlight the increased mortality rates of Covid–19 in older people, and regular exposure to news reports on rising numbers of deaths can trigger episodes of anxiety, low mood, and sleep disturbances (Flint, A., and Binghm, A. Iaboni, 2020) This, in turn, can have an overall detrimental effect on the quality of life.

This emerging situation put them in serious mental conditions even suicidal decisions. In India, more than 300 suicides were reported during the lockdown as "non-coronavirus deaths" due to mental torment. According to the data, 80 people killed themselves due to the fear of being infected and loneliness. A few cases of older adults who committed suicide due to a relapse of depressive disorder and pandemic were reported in different Daily News (The Tribune, 2020; Hindustan Times, 2020; Times of India, 2020; The Indian Express, 2020., Deccan Herald, 2020).

Hence, the elderly are the main target group during this pandemic situation due to their high risk of Covid–19 infection, need stronger psychosocial support, because so many of them live in permanent isolation, and do not have social networks, and have limited social activities (Kuwahara, KK, and Fukuda Y. 2020; Yang, Y., *et al.,* 2020). To overcome such outcomes, family interventions with social cohesion may lead to improving the mental health of the elderly, which can be referred to as a phenomenon of resilience. However, the suicide cases of the elderly can be observed more where they experience loneliness because of social ignorance and isolation (Rana S, and Krishnakumar B. 2020).

Context of the Study

The authors were felt an urgent need to focus their study in this aspect due to the accelerating Covid–19 infection rate even for the community level transmission in West Bengal. The State witnessed an uncontrollable acceleration in the contagion from the beginning of May. As the numbers increased, repeated incidents of medical negligence and helplessness of the common people in the face of the pandemic have brought to the fore glaring lapses in the State's health-care system (Chattopadhyay, SS, *2020*). The statistics also show that in West Bengal total confirmed cases were 1,84,113 with 4,123 death as of 17th September 2020 and the state holds 7th position in the Indian scenario. So, that's why we conducted such research activity on the one hand, and on another hand, we want to evaluate the impact of the Covid–19 pandemic on the psychological health of people over 60 years or over due to their greater susceptibility to this new phenomenon. The study also focused on gender differences in psychological health or anxiety if any. We again evaluated the relationship between the Covid–19 pandemic and its associated variables on elders, psychological health.

Method

Sample

The primary data for this study was collected from altogether 212 elderly (118 males and 94 females participants, age varying from 60 years and above, from 16 districts of West Bengal by snowball sampling method. The districts covered under this study were Bankura, Birbhum, Darjeeling, Hooghly, Howrah, Jalpaiguri, Jhargram, Kolkata, Malda, Nadia, North 24 Parganas, Paschim Medinipur, Purba Bardhaman, Purba Medinipur, Purulia, and South 24 Parganas. Therefore, all districts of the southern part except Paschim Bardhaman and three districts from the northern part of West Bengal have been covered. Hence, the majority of the study participants were from the southern parts of West Bengal. The researchers tried to select a representative sample as far as possible in a short period in this pandemic situation.

Procedure

The first-hand information was collected by two modes, i.e. telephonic interview and online survey using Google Forms. First, all the researchers prepared separate lists individually from their kin groups, neighbours and friends which contained the name, address, and contact number of senior citizens aged 60 years and above. From the said list the researcher individually made calls and the elderly were explained the purpose of this study to get their consent. The basic socio-demographic information (age, gender, marital status, literacy, occupation, living arrangement) was also collected by the telephonic method. The respondents were assured that their privacy will not be revealed to anyone. The information given by them will be used strictly for research purposes.

After getting their consent verbally, the non-smartphone users' respondents were interviewed by the telephonic method. Telephonic interviews were conducted during the period of 13th to 31st August 2020. On the other hand, for smart-phone users same questions or variables were developed in Google Forms which automatically generated a link. the Google Forms link was first circulated on 18th August 2020 at 09:25 IST and kept open for responses till 31st August 2020 at 24:00 IST.

In this survey, a questionnaire containing 11 questions to assess the psychological health during this pandemic situation was prepared. The survey questionnaire link was sent to the participants by using their respective e-mail and/or WhatsApp number.

A daily reminder was sent to each participant. Both the mode of data collection technique consumed around 10–15 minutes to complete. Based on telephonic interviews total of 110 responses were recorded. Whereas in the case of the online survey a total of 108 responses were received but out of total responses 6 were incomplete. So, the actual responses were 102. Therefore, the total number of participants in this study were 212.

The information collected by telephonic interviews as well as by online surveys were tabulated and analyzed and interpreted statistically. Statistical software SPSS (version 16.0) was used for the analysis

of data. Only a chi-square test was applied to assess the relationship between different variables and gender.

Results

Socio-Demographic Characteristics

Socio-demographic characteristics of this study population presented in Table 1. A total of 212 elderly participants were recruited in this study had 118 (55.66%) males and 94 (44.34%) females. The population had a mean age of 68.97 years, mean age for females was slightly higher (71.79 years) than males (66.63 years). Approximately 57 per cent of the study populations were aged 60–69 years, 28 per cent aged 70–79 years, 13 per cent aged 70–79 years, and only 2 per cent aged 90 years or more. In terms of marital status, 63.21 per cent were married, 34.91 per cent were widowed (only 12.71% were widower but 62.77% were widow) and only 1.89 per cent were unmarried. About 1/4th of the study population were either with only primary school education or illiterate. The table also revealed that large sections (36.79%) of the aged population under study were unemployed and about 24 per cent were pensioners (mostly post service pension and few received old-age pension, widow pension). Whereas, occupational active aged populations mainly engaged in farming (14.15%), business (07.55%), and non-government jobs (12.26%). The majority of the populations were living in joint family, i.e. comprising spouse and children; 34.91 per cent were living with their children and 14.62 per cent were living with the only spouse.

Table 1
Socio-Demographic Characteristics of the Study Population

Variables		*Male*	*Female*	*Total*
Participants		118	94	212
Mean Age (Years)		66.63	71.79	68.97
Age Range (Years)		60–98	60–97	60–98
Age Group (Years)	60–69	56.78	56.38	56.60
	70–79	27.97	28.72	28.30
	80–89	11.86	14.89	13.21

Cont'd...

Cont'd...

	90+	03.39	00.00	01.89
Marital Status	Unmarried	00.85	01.06	00.94
	Married	86.44	34.04	63.21
	Widowed	12.71	62.77	34.91
	Separated	00.00	02.13	00.94
Education	Primary	09.32	36.17	23.11
	Upper Primary	15.25	25.53	19.81
	Secondary	29.66	12.77	22.17
	Higher Secondary	11.86	04.26	08.49
	Under Graduate	13.56	03.19	08.96
	Post Graduate	16.10	02.13	09.91
	Others	00.85	02.13	01.42
	Illiterate	03.39	13.83	08.02
Occupation	Farming	25.42	00.00	14.15
	Business	13.56	00.00	07.55
	Pension	21.19	27.66	24.06
	Non-Govt. Job	20.34	02.13	12.26
	Others Job	02.54	08.51	05.19
	Unemployed	16.95	61.70	36.79
Living Arrangement	Alone	00.85	03.19	01.89
	With spouse	22.03	05.32	14.62
	With spouse and children	64.41	28.72	48.58
	With children	12.71	62.77	34.91

Impact of Covid–19 Pandemic Situation on Mental Health

For the mental health situation of the aged population under study during this pandemic following questions and their respective answers have been enumerated and presented in Table 2. The table showed that the majority of the respondents found that the Covid–19 pandemic had affected their mental status to some extent. This kind of pandemic had threatened their future existence and they felt many difficulties to cope up with to the new routine during the last few months. So, due to this pandemic situation, about 41 per cent study population dropped many of their scheduled activities or interests. Mostly they were abiding by a postponed medical examination

(25.29%) not only for themselves but also for other family members; 22.99 per cent canceled their planned tour to their relative's house; 14.94 per cent avoided or canceled social/community gatherings; 09.20 per cent dropped holiday tours; 08.05 per cent were not able to visit the market for essential commodities as well as they faced income-related constraints (Table 3).

Table 2

Psychological Variables of the Study Population during Covid–19 Pandemic

S. No.	*Variables*	*Alternative Response/ Frequency*	*Male (%)*	*Female (%)*	*Total (%)*	*Chi-square*	*p-value*
1	Have you dropped many of your activities and interest?	Yes	41.53	40.43	41.04	0.974	0.614
		No	34.75	40.43	37.26		
		Not Known	23.73	19.15	21.7		
2	Do you often get bored?	Yes	53.39	51.06	52.36	0.305	0.858
		No	34.75	38.30	36.32		
		Not Known	11.86	10.64	11.32		
3	Are you afraid that something bad is going to happen to you?	Yes	56.78	38.30	48.58	8.269	0.016*
		No	31.36	50.00	39.62		
		Not Known	11.86	11.70	11.79		
4	Do you often felt helpless?	Yes	35.59	41.49	38.21	2.900	0.234
		No	54.24	54.26	54.25		
		Not Known	10.17	04.26	07.55		
5	Do you prefer to stay at home rather than going out	Yes	66.10	68.09	66.98	5.196	0.074*
		No	26.27	30.85	28.30		
		Not Known	07.63	01.06	04.72		
6	Do you often feel ill-treated?	Yes	16.95	22.34	19.34	1.011	0.603
		No	77.97	72.34	75.47		
		Not Known	05.08	05.32	05.19		
7	Do you often feel downhearted and blue?	Yes	32.20	34.04	33.02	0.311	0.855
		No	56.78	53.19	55.19		
		Not Known	11.02	12.77	11.79		
8	Do you feel that your situation is hopeless?	Yes	63.56	61.70	62.74	2.502	0.286
		No	28.81	35.11	31.60		
		Not Known	07.63	03.19	05.66		

* Statistically significant at $p < 0.05$.

Table 3
Activities/Interests Dropped by Study Population during Covid–19 Pandemic

Activities/ Interests Dropped	*Male*		*Female*		*Total*		*Chi-square*	*p-value*
	N	*%*	*N*	*%*	*N*	*%*		
Relative House	04	08.16	16	42.11	20	22.99	23.082	0.001*
Medical	13	26.53	09	23.68	22	25.29		
Market	07	14.29	00	00.00	07	08.05		
Traveling	05	10.20	03	07.89	08	09.20		
Income	04	08.16	00	00.00	04	04.60		
Community Gathering	06	12.24	07	18.42	13	14.94		
Market and Relative House	03	06.12	00	00.00	03	03.45		
Travelling and Relative House	07	14.29	03	07.89	10	11.49		
Total	49	100.00	38	100.00	87	100.00		

* Statistically significant at $p < 0.05$.

It was revealed that 52.36 per cent elderly population was getting bored during this long lockdown period as well as for the restricted movement; where as males faced more intense boredom than females. In that respect, the present researches calculated the frequency of such psychological phenomena among the studied population. About 54 per cent elderly participants got bored most of the time in a day; whereas 43 per cent were frequently bored and the remaining (2.70%) got bored rarely (Table 4).

Table 4
Frequency of Boringness During this Pandemic Situation

Frequency	*Male*		*Female*		*Total*		*Chi-square*	*p-value*
	N	*%*	*N*	*%*	*N*	*%*		
Most of the Day	36	57.14	24	50.00	60	54.05	0.804	0.668
Frequently	25	39.68	23	47.92	48	43.24		
Rarely	02	03.17	01	02.08	03	02.70		
Total	63	100.00	48	100.00	111	100.00		

* Statistically significant at $p < 0.05$.

Near about half of the study population felt afraid in the last few months. The frequency of their anxiousness shows that males (56.78%) more suffered than their female counterparts (38.30%). If we consider of the reasons of their anxiety most of the study population showed the fear of ill health (34.95%). A sizable portion was worried more than usual about their future (13.59%) as well as the future of their family members and relatives (27.18%). They also worried about the financial crisis (15.53%) soon they were going to incur during the period of lockdown. Whereas, 08.74 per cent elderly population got more worried after hearing and reading Covid–19 related news or reports. They were also frightened by the lengthening of the lockdown period (Table 5).

Table 5
Reasons behind Anxiousness of the Study Population during Covid–19 Pandemic

Reason	*Male*		*Female*		*Total*		*Chi-square*	*p-value*
	N	*%*	*N*	*%*	*N*	*%*		
Family	12	17.91	16	44.44	28	27.18		
Self Care	09	13.43	05	13.89	14	13.59		
Income	14	20.90	02	05.56	16	15.53	11.540	0.021*
Health	27	40.30	09	25.00	36	34.95		
Covid–19 Pandemic	05	07.46	04	11.11	09	08.74		
Total	67	100.00	36	100.00	103	100.00		

* Statistically significant at $p < 0.05$.

During this pandemic situation and restriction on movement, 62.74 per cent elderly populations felt hopeless. Similarly, 38.21 per cent populations considered themselves helpless because there was no other way to escape from that pandemic condition. Their psychological state might have been overburdened if they were ill-treated by someone. About one-fifth of the populations under study were ill-treated mostly by their kin members and others were by neighbours. Females were mostly (22.34%) ill-treated rather than males (16.95%). The table also showed that about 33 per cent often felt downhearted and blue due to the above-mentioned reasons. The study population opined that they always prefered to stay at home rather

than going outside, though they were psychologically disturbed very much.

Statistically, it has been observed that only in statements 3 and 5, there is a significant difference in the psychological aspects of male and female respondents ($p < 0.01$), in all other statements, there was a no-significant difference.

Discussion

The present study has been conducted during such a time when the Indian population has experienced about six months of Covid–19 pandemic. Hence, the study is unique in the sense that it assessed the psychological impact of Covid–19 on a most disadvantageous population in West Bengal, India. This study may be the first of its kind to look into the psychological impact of this exceptional situation on the elderly population.

The socio-demographic profile suggests that the majority of the respondents were male, males were married but females were widows, literate, living with spouse and sons, and were dependent on pensions and private jobs.

Near about half of the respondents experienced fear and anxiety in the last few months. The majority of the respondents were worried more than usual about their future as well as the future of their family members and relatives and also anxious for health related issues. The financial loss they incurred during the period of lockdown. About 38 per cent and 63 per cent of the respondents felt helpless and hopeless respectively, after reading Covid–19 related news on Newspapers, WhatsApp, or Facebook. This is supported by the findings of Mullick (2020). Simultaneously, their anxiousness was aggravated due to lots of negative news related to Covid–19 new cases, deaths, stigmatization of the cases, lack of personal protective equipment for the health-care providers, and fake news of new cases in the locality, etc. which gave rise to negative emotions among the respondents.

Covid–19 infection rates were increasing at an alarming rate when the migrant labourers returned to their home (Iyengar KP, and Jain VK. 2020; Jalihal, S., 2020; Kumar, U., *et al.,* 2020; Khanna, A. 2020) whereas West Bengal is no escape from that phenomena. Now they were not capable to do their assigned or planned activities and

cultural observations for which they can go outside from their home. The present study also showed that about 41 per cent elderly populations dropped many of their hopes and activities. Though very recently they performed few tasks outside home after declaration of unlocking periods. Though the government declared a few selected areas for which the public can access there too were strict restrictions and obviously people had to maintain Covid–19 guidelines. Public could move freely in the market place, banks, streets except containment zones in the successive unlock period. New cases of Covid–19 infection raised day by day. These situations were the main causes of their present anxiousness, mood disorder, depressiveness, hopelessness, and many more. The study by Bhat *et al.* (2020) in Kashmir Valley revealed that two-thirds (67.5%) in general populations were anxious about their kith and kin. Another study by Chakraborty and Chatterjee (2020) conducted among general population of West Bengal revealed that about 71 per cent faced the same phenomena; though this was conducted in the earliest stage of this pandemic. The frequency of anxiousness was slightly less in this study (48.58%) and statistically there was a significant difference in the degree of anxiousness due to the Covid–19 pandemic in males and females ($p < 0.05$).

Lastly, most of the study population preferred to stay at home rather than going outside (66.98%) though their mental health condition deteriorated day by day in this new era of the pandemic. They looked forward to better tomorrow with Covid–19 free world and availability of vaccine.

Conclusion

The present study has aimed to know the impact of Covid–19 on the psychological health of the elderly population of West Bengal, India. Overall, results show that the study populations were more vulnerable than any other age group to suffer from anxiousness, depression and acute stress, loneliness, helplessness, etc. Furthermore, they have shown deleterious emotional effects caused by fear, fake news, stigma, and forced isolation.

So, the impact of the current pandemic on the mental health of the elderly was profound but it was missed by the researchers. No such

research, especially on the elderly population, has been undertaken by them or if they had taken then it was insufficient in number looking at the magnitude of the problem. Therefore, we hope to direct attention to the needs of this vulnerable group and highlight their present psychological situations. Finally, it would be convenient to particularly assess the psychological state of the elderly to monitor and prevent further deterioration.

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