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“A Study To Assess The Level Of Depression And Death Anxiety In Relation To Covid-19 Among Geriatric Population At Nehru Nagar, Tirupati”.

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ABSTRACT

Background: Old age should be regarded as a normal, inevitable biological phenomenon. The elderly are a vulnerable section of the population who are prone to physical, mental, social, and economic deprivation.

Objectives:

- To assess the level of depression and death anxiety in relation to covid-19 among geriatric population
- To find out the association between the level of Depression and Death Anxiety with their selected socio demographic variables.

Materials and Methods A descriptive research design was conducted among 100 geriatric population using non-probability convenience sampling technique. The standardized tools Geriatric depression scale and Tamplers Death anxiety scale were used to assess the level of depression and death anxiety. Cronbach's alpha reliability formula is used, $r=0.7$ for level of depression, $r=0.7$ for death anxiety. Data were analysed with the help of descriptive and inferential statistics.

Results: 25% of geriatric population had normal level, 54% had mild level of depression and 21% had severe level of depression. In view of death anxiety, 22% of geriatric population had mild death anxiety, 61% had moderate level of death anxiety, 17% had severe level of death anxiety and no one had panic level of death anxiety. There was a statistically significant association between level of depression with their

demographic variables like area of living, marital status, educational status, monthly income, number of children and engaged in any other activities at 0.05 level. There was a statistically significant association between level of death anxiety with their demographic variables like educational status, monthly income, source of income and source of information regarding covid-19 at 0.05 level.

Conclusion: Geriatric people were encouraged for practicing relaxation techniques, raising awareness on COVID and family counselling to overcome stress and anxiety.

Key words:

Old age, depression, death anxiety, Geriatric depression scale, Tamplers Death anxiety scale.

1.INTRODUCTION: Old age in human beings is the final stage of the normal life span. The elderly population with age of 60 years and above is increasing around the world, as due to decline in their mortality rate life expectancy has been increased¹. The elderly are a vulnerable section of the population who are prone to physical, mental, social, and economic deprivation. The effect of COVID-19 had a worldwide impact on all age groups, with a particularly high mortality and morbidity rate among the elderly population.²

The rapid increase in confirmed cases and deaths has created problems such as stress, anxiety, and depression in the general population. In the case of the COVID-19 outbreak, the international health community and institutions have warned of the risk of exposure to the COVID-19 virus, particularly in older age groups³.

The coronavirus disease-2019 (COVID-19) epidemic has affected millions of people around the world and posed serious challenges for the global healthcare systems. The mortality rate of the disease is directly related to the age of affected individuals such that the highest death tolls have been reported in people over 65 years of age. Eight out of 10 COVID-19-related deaths reported in the United States have been in people 65 years or older. In general, the elderly have a relatively weaker immune system making them more vulnerable to COVID-19. Furthermore, the elderly are more likely to have underlying chronic medical conditions which further render them susceptible to the infection. Therefore, mortality and serious complications are more common among the elderly, especially those with underlying chronic diseases. Elders are more prone to anxiety due to reduced self-confidence, decreased activity and mobility, losing friends, reduced financial and physical independence, and chronic diseases. The most common type of this is death anxiety. Death anxiety is a feeling of panic, fear, or great worry caused by thinking of death, being detached from the world, or what that would happen after life⁴.

NEED FOR THE STUDY

Nervousness and anxiety in a society affect everyone to a large extent. Recent evidence suggests that people who are kept in isolation and quarantine experience significant levels of anxiety, anger, confusion, and stress. Studies that have examined the psychological disorders during the COVID-19 pandemic have reported that the affected individuals show several symptoms of mental trauma, such as

emotional distress, depression, stress, mood swings, irritability, insomnia, attention deficit hyperactivity disorder, post-traumatic stress, and anger⁵.

It has been reported that with mandatory quarantine and social isolation, such as the COVID-19 process, the elderly can experience an alarming feeling of loneliness. It has been reported that the intense experience of this feeling increases the risk of heart disease, dementia, forgetfulness and other health problems, adversely affects the immune system and increases the risk of death equally with risk factors such as smoking, lack of physical activity, and obesity. With this mandatory isolation applied during the COVID-19 pandemic, it was determined that the elderly people's death anxiety increased in addition to their physical health problems⁶.

Death anxiety means persistent, abnormal, and panic fear of dying⁹. Although it is natural for older adults to experience death anxiety, the COVID-19 pandemic has exacerbated feelings of death anxiety in older adults, leading to catastrophic consequences on older adults body functions in general and their immunity in particular. Such consequences can lead to dramatic increases in morbidity and mortality rates among older adults⁷.

The ongoing COVID-19 pandemic is creating psycho-emotional chaotic situation as countries have been reporting a sharp rise of mental health problems, including anxiety, depression, stress, sleep disorder as well as fear, among its citizens⁸.

So the researcher has taken the study to determine the level of depression and death anxiety of the elderly during the COVID-19 pandemic and to contribute to the initiatives that can be planned for the elderly according to the results of the research.

PROBLEM STATEMENT:

A STUDY TO ASSESS THE LEVEL OF DEPRESSION AND DEATH ANXIETY IN RELATION TO COVID-19 AMONG GERIATRIC POPULATION AT NEHRU NAGAR, TIRUPATI.

OBJECTIVES:

- ☐ To assess the level of Depression and Death Anxiety in relation to COVID -19 among Geriatric population.
- ☐ To find out the association between the level of Depression and Death Anxiety with their selected socio demographic variables.

OPERATIONAL DEFINITIONS:

- ☐ **Depression:** Loss of interest in activities, causing significant disturbance in daily life in COVID-19 pandemic and the person scores high level on depression scale.
- ☐ **Death Anxiety:** Fear of one's own death due to COVID-19 and the person scores high on death anxiety scale.

- **Geriatric:** Elderly population age in 60 years and above.

ASSUMPTIONS

- Geriatric population may have more death anxiety and depression levels in relation to COVID- 19.

DELIMITATIONS

- This study is limited to geriatric population and who are mentally healthy.

2. METHODS

2.1 Subjects:

Research approach: Quantitative non experimental research approach.

Research design: Descriptive study

The content validity was obtained from 15 experts. It includes 6 Psychiatrists and 9 experts from Nursing Department. Necessary modifications were done and the tool was incorporated in the pilot study.

Study setting: The study was conducted at Nehru Nagar, Tirupati, Andhra Pradesh, South India

Sample and Sample size: Samples of 100 geriatric people both males and females living in Nehru Nagar, Tirupati based on the inclusion criteria.

Sampling technique: Non-probability “convenience sampling technique” was adopted based on the inclusion criteria.

The study was initiated and approved by the Ethical committee of College of Nursing, Sri Venkateswara Institute of Medical Sciences, Tirupathi, Andhra Pradesh. Prior permission was taken from the Health officer, Municipal Corporation and Medical Officer of UPHC, Nehru Nagar, Tirupati to conduct the study.

Pilot Study: Pilot Study was conducted for Ten geriatric people above the age of 60yrs, were selected for the using non probability convenient sampling technique. Rapport was established with self-introduction; brief description of the study and consent was obtained from the group. Geriatric people were made to sit comfortably; instructions were given to the participants to answer the questions

Reliability of the tool: Reliability of the instrument was established by administering the tool to 10 Geriatric persons. Who were included in the pilot study and who full fills the inclusion criteria. Internal consistency of the tool was established by Cronbach’s alpha reliability formula is used, $r=0.7(0.67)$ for level of depression, $r=0.7(0.69)$ for death anxiety and the instrument presented high reliability for the study sample.

2.2 Research Tool:

Section A - Socio demographic data: Consists of basic information related to geriatric people. It consists of age, gender, area of living, religion, marital status, educational status, occupation, monthly income, source of income, type of family, number of children, source of information regarding Covid-19 with prevention, engaged in other activities suffered with health problems and suffered from covid-19 infection.

Section B:- Yesavage (1983) Standardized Geriatric Depression scale⁹. Geriatric Depression Scale is a standard scale

It consists of 30 items related to geriatric depression.

Each item is scored 0 or 1 depending upon whether the item is worded positively or negatively. The total score on the scale ranges from 0 to 30.

score were categorized as follows:

0 - 9 – Normal

10 -19 – Mild Depression

20 -30 – Severe Depression

Section C: Consists of standardized Tamplers death anxiety scale (DAS)¹⁰

It consists of 15 items scale and answered as **Yes or No**. Each item is scored 0 or 1 depending upon whether the item is worded positively or negatively. The total score on the scale ranges from 0 to 15.

The total score were categorized as follows:

0- 4: Mild death anxiety

5- 9: Moderate death anxiety

10- 14: Severe death anxiety

15 points: Panic level death anxiety

2.3 Statistical analysis.

Analasis of the data by using descriptive and inferential statistics.

Descriptive statistics were used to find out:

- Frequency and percentage distribution for level of depression and death anxiety during COVID-19 among geriatric population.
- Mean and Standard deviation for level of depression and death anxiety during COVID-19 among geriatric population.

Inferential statistics were used to find out:

- Chi- square test was applied to find out the association between level of depression and fear of death with selected demographic variables and with each other variable among geriatric people at Nehru Nagar, Tirupati.

3.RESULTS.

3.1 Level of depression regarding COVID-19

Table-1: Frequency and Percentage distribution of level of depression regarding the COVID-19 among geriatric population
(N-100)

Level of depression	Frequency(f)	Percentage (%)
Normal	25	25
Mild	54	54
Severe	21	21

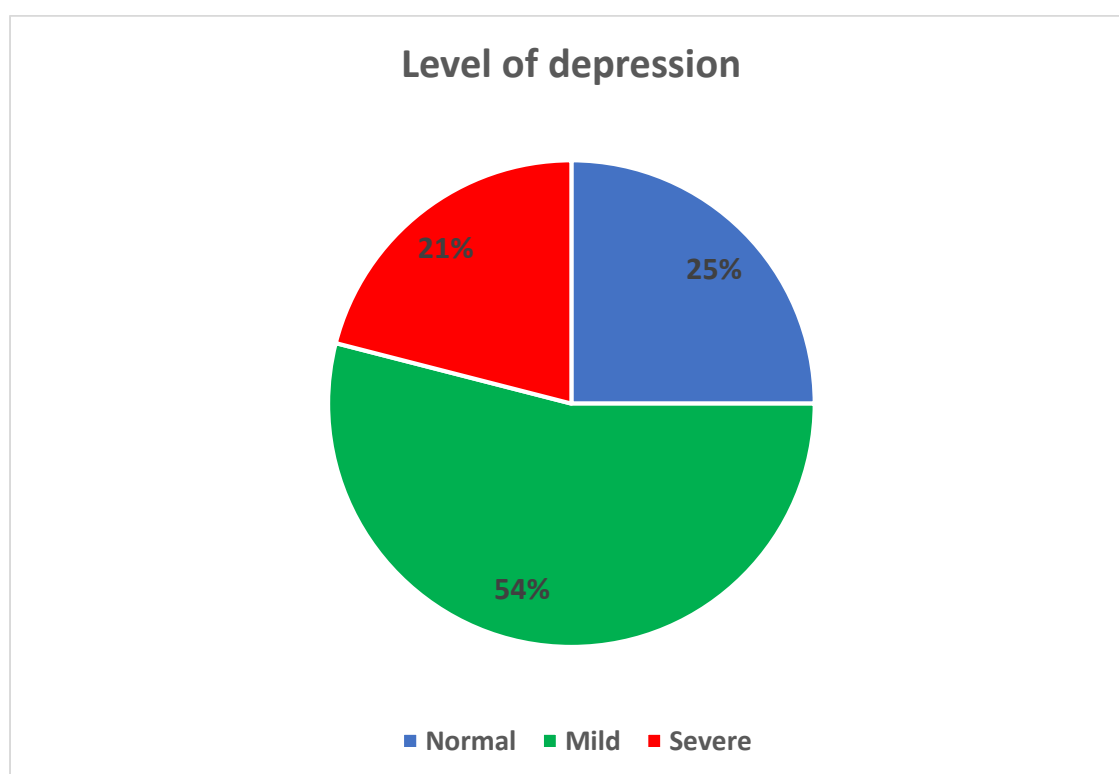


Figure-1 shows that 25% of geriatric population had normal, 54% had mild depression and 21% had severe depression.

Frequency and Percentage distribution of level of depression regarding the COVID-19 among 100 geriatric population, shows that 25% of geriatric population had normal, 54% had mild depression and 21% had severe depression.

3.2 Level of death anxiety regarding COVID-19

Table- 2: Frequency and Percentage distribution of level of death anxiety regarding the COVID-19 among geriatric population.

(N-100)

Level of death anxiety	Frequency (f)	Percentage (%)
Mild	22	22
Moderate	61	61
Severe	17	17
Panic	0	0

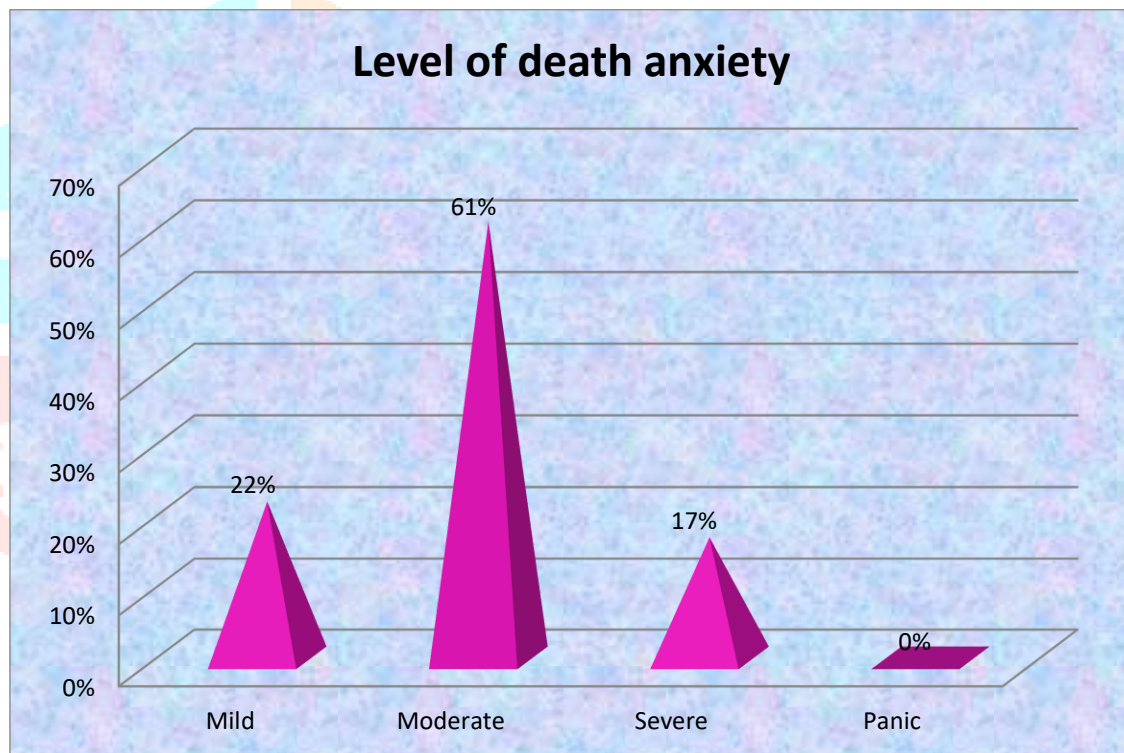


Figure :2 shows that 22% of geriatric population had mild death anxiety, 61% had moderate death anxiety, 17% had severe death anxiety and no one had panic death anxiety.

3.3 Distribution of Mean and Standard deviation values of level of depression and death anxiety among geriatric population

TABLE- 3: Frequency and Percentage distribution of level of death anxiety regarding the COVID-19 among geriatric population.

(N-100)

Level of death anxiety	Frequency (f)	Percentage (%)
Mild	22	22
Moderate	61	61
Severe	17	17
Panic	0	0

Distribution of Mean and Standard deviation values of level of depression and death anxiety regarding COVID-19 among 100 geriatric population shows Mean of the level of depression was 1.96, Standard deviation was 0.68 and the Mean of level of death anxiety was 1.94 and Standard deviation was 0.61.

3.4 Association of socio demographic variables with level of depression regarding the covid-19 among geriatric population

Table- 4: Association of socio demographic variables with level of depression regarding the covid-19 among geriatric population

(N= 100)

Demographic Variables	level of depression regarding the COVID-19						Chi-Square
	Normal (0-9)		Mild (10-19)		Severe (20-30)		
	f	%	f	%	f	%	
Area of living							
Rural	0	0	2	4	2	9	$\chi^2 = 2.7$ P = 0.025** df =2
Urban	25	100	52	96	19	91	
Sub urban	0	0	0	0	0	0	
Slum areas	0	0	0	0	0	0	
Marital status							
Married	16	64	32	59	5	25	$\chi^2 = 15.4$ P = 0.01** df =6
Unmarried	0	0	3	5	2	10	
Divorced	1	4	4	7	3	14	
Widowed/separated	8	32	16	30	11	52	
Education status							
Illiterate	5	20	17	31	10	45	$\chi^2 = 16.7$ P = 0.01** df =6
Primary school	6	24	25	46	4	20	
Secondary school	11	44	7	28	7	35	
Degree & above	3	12	5	20	0	0	
Monthly income							
5000-15000	14	56	42	78	19	90	$\chi^2 = 16.2$ P =0.01** df =6
15001-20000	4	16	4	7	2	10	
20001 – 30000	4	16	7	13	0	0	

30001 – 40000	3	12	1	2	0	0	$\chi^2 = 26.8$ P = 0.0001** df =6
Number of children							
None	0	0	5	9	9	43	
One	7	28	4	7	3	14	
Two	9	36	26	48	3	14	
Three or more	9	36	19	35	6	28	
Are you engaged in any other activities							
Yes	9	36	13	24	1	5	$\chi^2 = 6.36$ P =0.04* df =2
No	16	64	41	76	20	95	

*significant at 0.05 level,** significant at 0.01 level

- The data presented in the above table revealed that there was a statistically significant association between level of depression with their selected demographic variables like area of living, marital status, educational status, monthly income, number of children, and engaged in any other activities at 0.05 level.

3.5 Association of socio demographic variables with level of death anxiety regarding the covid-19 among geriatric population.

Table-5: Association of socio demographic variables with level of death anxiety regarding the covid-19 among geriatric population

(N=100)

Demographic Variables	level of death anxiety regarding theCOVID.19								Chi-Square
	Mild 0-4		Moderate 5-9		Severe 10-14		Panic 15		
	F	%	f	%	f	%	f	%	
Education status									$\chi^2 = 5.1$ P = 0.05* df =6
Illiterate	8	36	20	33	4	24	0	0	
Primary school	9	41	21	34	5	29	0	0	
Secondary school	3	14	17	28	5	29	0	0	
Degree & above	2	9	3	5	3	18	0	0	
Monthly income									$\chi^2 =14.7$ P = 0.02* df =6
5000-15000	16	73	44	72	15	88	0	0	
15001-20000	5	23	5	8	0	0	0	0	
20001 – 30000	1	4	8	13	2	12	0	0	
30001 – 40000	0	0	4	7	0	0	0	0	
Source of income									$\chi^2 = 6.31$ P = 0.038** df =6
Pension	2	9	15	25	5	29	0	0	
Family	16	73	32	52	8	48	0	0	
Business	4	18	10	16	2	12	0	0	
Others	0	0	4	7	2	12	0	0	
Source of information regarding COVID- 19 with prevention									
TV/Radio/Newspaper	9	41	29	48	12	70	0	0	$\chi^2 = 12.6$ P = 0.04* df =6
Personal experience /health professionals	2	9	3	5	0	0	0	0	
Family members /Friends	7	32	6	10	3	18	0	0	
All the above	4	18	23	37	2	12	0	0	

*significant at 0.05 level,** significant at 0.01 level

- The data presented in the above table revealed that there was a statistically significant association between level of death anxiety with their selected demographic variables like educational status, monthly income, source of income, and source of information regarding COVID-19 at 0.05 level.

4. Discussion

The present study was undertaken to assess the level of Depression and Death Anxiety in relation to COVID-19 among Geriatric population at selected area, Tirupati. The main objectives of this study was

- To assess the level of Depression and Death Anxiety in relation to COVID-19 among Geriatric population
- To find out the association between the level of Depression and Death Anxiety with their selected socio demographic variables.

The present study findings were discussed with the findings of similar studies based on the objectives and assumptions of the study.

The first objective was to assess the level of Depression and Death Anxiety in relation to COVID-19 among Geriatric population. Among 100 geriatric population 25% of geriatric population had normal, 54% had mild level of depression and 21% had severe level of depression. Considering the death anxiety among 100 geriatric population 22% of geriatric population had mild death anxiety, 61% had moderate level of death anxiety, 17% had severe level of death anxiety and no one had panic level of death anxiety.

The present study findings were supported by **Elena de Jesús Quispe Sáenz et al (2022)¹¹** identified depression among 244 older adults men 93 and women 151, out of 39% had depressive symptoms, of which 28.3% (n=69) and 10.7% (n=26) were moderately and severely depressive, respectively. The findings significantly associated with the presence of depressive symptoms were being 76 years old or older men 37(39.8%), women 58(38.4%) and absence of depressive symptoms men 56(60.2%), women 93(61.6%) [p=0.005, OR: 2.33, 95% CI: 1.29-4.20], not participating in weekly recreational activities [p=0.004, OR: 2.28, 95% CI: 1.31-3.99] and the presence of co morbidities [p=0.026, OR: 1.88, 95% CI: 1.07-3.29]¹¹.

Turkan Akyol Guner et al. (2021)⁶: identified significant difference between death anxiety and loneliness in the elderly during COVID-19 pandemic. In the study, the mean death anxiety score was found to be 8.54 ± 4.82 . Considering the scores obtained from the scale, 5–9 points indicate a moderate death anxiety.

Rababa et al. (2021)⁷: Identified majority of the older adults were to found to have low levels of religious coping and spiritual well-being and higher levels of death anxiety⁷.

Hicran Bektas, Oznur Korukcu 2019¹², identified the overall mean on depression was 14.43, and the death anxiety was 7.57. Mild depression was found in 69.8%, and no symptoms of depression were reported by 16% of the subjects. A positive correlation was found between total score of Geriatric

Depression Scale and Templer Death Anxiety Scale¹².

Renu Bala¹, S K Maheshwari (2021)¹ assessed the death anxiety and death depression among 100 elderly, whose age was more than 60 years. Majority (94.0%) of elderly people had moderate death anxiety, whereas (3.0%) had severe death anxiety. Majority (72%) elderly people had moderate death depression, whereas (15%) had severe death depression. A significant moderate positive correlation was found between death anxiety and death depression ($r=0.477$ and $p<0.001$). Elderly people had moderate death anxiety and death depression and both are positively correlated¹.

The second objective of the study was to find out the association between the level of Depression and Death Anxiety with their selected socio demographic variables. The data revealed that there was a statistically significant association between level of depression with their demographic variables area of living, marital status, educational status, monthly income, number of children, and engaged in any other activities, at 0.05 level. And considering the death anxiety there was a statistically significant association between death anxiety with their demographic variables like monthly income, source of income, education, and source of information regarding COVID-19 at 0.05 level.

The present study findings were supported by **Shobhit Srivastava, Paramita Debnath, Neha Shri & T. Muhammad (2021)¹³** Results showed around nine percent of the older adults suffered from depression. 10.3% of the widowed (currently married: 7.8%) and 13.6% of the older adults who were living alone suffered from depression. Further, 8.4% of the respondents who were co-residing with someone were suffering from depression. Older adults who were widowed and living alone were 56% more likely to suffer from depression [AOR: 1.56; CI 1.28, 1.91] in reference to older adults who were currently married and co-residing. It showed vulnerability of widowed older adults who are living alone and among those who had lack of socio-economic resources and face poor health status¹³.

Rababa et al. (2021)⁷: Was found that married older adults have higher levels of death anxiety compared to widowed older adults. After controlling for socio demographic characteristics, religious coping and mental well-being were found to be important predictors of death anxiety among 248 older adults⁷.

Kandemir (2020)¹⁴: According to this study the death anxiety of the participants is at a moderate level. It revealed the existence of statistically significant relationships between the variables of gender, age and marital status of the sample and the variables of religiosity and death anxiety. It was determined that the socio-economic level variable did not have a significant relationship with neither religiousness nor death anxiety variable¹⁴.

Summary: The effect of COVID-19 had a worldwide impact on all age groups, with a particularly high mortality and morbidity rate among the elderly population. The rapid increase in confirmed cases and deaths has created problems such as stress, anxiety, and depression in the general population. The elderly population who are aged above 60 years are a vulnerable section with chronic diseases and who are prone to physical, mental, social, and economic deprivation and experiencing depression and severe death anxiety during this pandemic. All of the studies related to psychological disorders during the COVID-19 pandemic

have reported several symptoms of mental trauma, such as emotional distress, depression, stress, mood swings, irritability, insomnia, attention deficit hyperactivity disorder, post-traumatic stress, and anger.

The focus of the study was to assess the level of Depression and Death Anxiety in relation to COVID-19 among Geriatric population at Nehru Nagar, Tirupati and to contribute to the initiatives that can be planned for the elderly according to the results of the research.

The study results revealed that:

- Among 100 geriatric population, 25% of geriatric population had normal level of depression, 54% had mild level of depression and 21% had severe level of depression.
- Considering the death anxiety among 100 geriatric population, 22% of geriatric population had mild death anxiety, 61% had moderate level of death anxiety, 17% had severe level of death anxiety and no one had panic level of death anxiety.
- The data revealed that there was a statistically significant association between level of depression with their selected demographic variables area of living, marital status, educational status, monthly income, number of children, and engaged in any other activities at 0.05.
- Considering the death anxiety there was a statistically significant association between level of death anxiety with their selected demographic variables monthly income, source of income, education, and source of information regarding COVID-19 at 0.05 level.

CONCLUSION:

Based on the obtained findings the researcher prepared a booklet on tips to manage depression and death anxiety and distributed it to the geriatric population. so that it is useful to manage depression and death anxiety by following the tips for coping the change, mild exercises and fitness, staying connected, coping with the grief and loss, spirituality, coping with depression, awareness regarding Government funded services, schemes are available for the geriatric population and by making them to adopt to the positive and negative events of their past life and provide good satisfaction regarding their life events. Ignorance and insufficient healthcare monitoring and services to the geriatric population may lead to increased mortality. Therefore, health agencies worldwide must pay attention to the geriatric population and issue guidelines specific for this age group.

RECOMMENDATIONS:

- ❖ A study can be conducted focusing on the influence of depression and death anxiety during COVID pandemic.
- ❖ A comparative study can be conducted focusing on the level of depression and death anxiety among male and females of geriatric population during COVID pandemic.
- ❖ A study can be conducted on the mental well-being of working geriatric population during COVID pandemic.
- ❖ To conduct a study to determine the prevalence of death anxiety and divulge its related factors as well as its relationship with other psychological components in the elderly with COVID-19.
- ❖ A study to assess the effectiveness of relaxation therapies on reduction of depression and death anxiety among geriatric population.
- ❖ A similar study can be conducted by providing talk sessions and awareness on overcoming depression and death anxiety.

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