

Physical and Psychological Health Problems of Senior Citizens in Pandemic: A Case Study of Kirtipur Municipality, Nepal

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Abstract

The corona virus disease (COVID-19) predicament is facing by the senior citizens in Nepal with a number of disconcerting challenges. One of these, which are so far still receiving too little attention and support by Nepal government, is the risk that many senior citizens are affected in Nepal. The COVID-19 pandemic has presented an unprecedented threat to the public and physical and psychosocial health. The most vulnerable population is the senior citizens, are at disproportionate risks both to the psychosomatic and somatic effects of the outbreak. Reduced healthcare access, limited health facilities and resources as well as fear of the infection act as major problems to care during such a pandemic. Besides, there are the additional burden of stigma, abuse, ageism and financial impoverishment. Loneliness and lack of stimulation can potentially accelerate the cognitive decline and worsen the behavioral and psychological problems of senior citizens.

Keywords

Care, Corona Virus, Senior Citizen, Pandemic

1. Introduction

Senior citizen is a citizen of Nepal having completed the age of sixty years. Ageing is a natural phenomenon and an inevitable process. Ageing is a process of gradual change in physical appearance and has succeeded in lowering the process of ageing [1, 2]. Population statistics shows that the number of senior citizen has been increasing in Nepal because of increment in the average life expectancy at birth. In Nepal, the population above sixty years of age comprised 5.8% of total population [3]. To address the right and authority of senior citizens in Nepal, Senior Citizens Act was organized in 2006. This act aimed to make provisions immediately on the protection and social security of senior citizens and enhancement of trust, respect and good faith towards them by utilizing knowledge, skills, capability and experiences inherent in them. This act declared that senior citizen means a citizen of Nepal having completed the age of sixty years [4].

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. People infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people are more likely to develop serious illness due to this disease [5]. Due to corona virus older people are being challenged by requirements to spend more time at home, lack of physical contact with other family members, friends and colleagues and other activities; and anxiety and fear of illness and death their

own and others. World Health Organization (WHO) together with partners is providing guidance and advice during the COVID-19 pandemic for older people and their households, health and social care workers and local authorities and community group. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.

The senior citizen living in urban areas seem to be more privileged compared to rural elderly and but at the same time their condition is really worse in urban areas as well. The biggest issue of senior citizens in urban areas is abandonment from their children [6, 7]. The biggest issue is that the urban elderly live their life in loneliness. In urban areas, much family structure is nuclear family. Due to this urban, senior citizens are facing psychological and mental problem such as depression, trauma, and stress. Similarly they do not have much company of people if they want to visit outside or roam around or talk to neighbouring people because many people in urban areas are very sophisticated and they just keep to themselves. This study intended to accomplish to explore the condition of mental and psychological problems of senior citizen in Kirtipur municipality and to find out the physical health problems of senior citizens.

This study seeks to explore the adverse effects of COVID-19 on the mental and physical health of senior citizen (60 years above) in Kirtipur municipality. This study helps to plan and formulate local rules and regulations to minimize the effects of corona virus on senior citizen.

2. Research Methodology

2.1 Study Design

A qualitative research design was used in this study by employing semi-structured in-depth interviews and conversations as the tools of data collection, to gain a more complete and in-depth understanding of the physical and psychological health problems of senior citizens. Within a friendly and open atmosphere, the author explores how they felt on the physical and psychological problems due to COVID-19 pandemic.

2.2 Research Ethics

Consent was taken to involve research participants for the study and it was expected that they would not be exposed to any significant risks. Furthermore, throughout the in-depth interviews and conversations, it was emphasized that research participation was voluntary [8, 9] and that the participants were free to withdraw from the study at any moment without having to provide reasons or face any consequences.

2.3 Research Participants

The enrollment procedure started by inviting senior citizens those who are at the age above 60 years. Before recruiting respondents for the study, the first author did a survey in the Bhaajangaal area of the Kirtipur municipality, ward no. 7. The author took a week to research the background information and the location of the house where they live. A total of 10 senior citizens above the age of 60 were taken as the research participants in this study. Purposive-convenient sampling was used to identify and select senior citizens, as the intention of this study was to explore the physical and psychological problems faced by the senior citizens due to COVID-19.

2.4 Data Collection Procedure

The research on which this article is based is an exploratory and descriptive [10] study that explores and describes the physical and psychological health problems of senior citizen. During an in-depth interview, audio was collected was then transcribed based on our *judgments of relevance* [11]. Each of the interviewees participated in about 20 minutes to half an hour. The total time used to collect data through in-depth interviews and conversations was about 3.5 hours. Interview questions were linked on the physical and mental health problems of the senior citizens.

2.5 Data Analysis

Descriptive research [12] design was applied to analyze the physical and psychological problems of the senior citizens. Data analysis was started from the first short meeting at their home, i.e., when the author first began the conversations informally. All the interviews were transcribed and translated and then, together with the expanded conversation notes were analyzed using the matic content analysis [13]. Themes emerged from the data through a process of open coding and theme refinement without restricting the analysis by predefined codes and themes. This

process took place in three steps: open coding, categorization, and abstraction [14]. Firstly, data were transcribed from all semi-structured interviews and the author performed an open coding for qualitative analysis, searching the data for significant features relevant to the interest. Secondly, the author noted the themes of the study such as physical and mental health problems. Thirdly, to refine the theme, the author searched for relationships among the themes.

Since all data were collected in the Nepali language, the data analysis was performed in Nepali. During data analysis and write up of the manuscript, the original Nepali quotes were used as much as possible to prevent loss of meaning as a result of translation. The quotes in the final manuscript were translated by the author and checked by the language expert.

3. Findings and Discussion

The physical and psychological problems of the senior citizens are presented around two main themes.

Theme 1: Physical problems

Theme 2: Psychological problems

3.1 Physical Problems

From this study, it is found that most of the senior citizens have the higher risk for severe illness than people in the young age. Similarly, people above the age of 60, in general, at higher risk for severe illness like fever, cough, body ache. The greatest risk for severe illness from COVID-19 is among those aged 70 or older. These physical problems lead them hospitalization that need intensive care, or a ventilator to help them breathe, and they may even die. A very few of the senior citizens have at least one chronic disease and some of them have at least two. Heart diseases and diabetes are among the most common and costly chronic physical health problems causing deaths. It was also found that obesity was one of the growing problems among senior citizens. It was found that obesity was due to inactive life due to COVID-19 as the senior citizens need to stay at home due to lockdown. In addition, they are taking more food to boost up their health and increase the immunity to protect their body from the corona virus.

During conversation, an old woman of age 72 said:

"I have bodyache since last six days. I have no interest to take foods and drink water. My daughter cares me, but... not improving my health. I have no appetite in these days. I think, I may be the victim of COVID-19. But, not sure yet, my son will take me to the hospital tomorrow for health check-up. See, my eyes are mild red and I have throat pain". (Conversation, field visit)

In addition, in an interview with an elderly man of age 80, he said that:

"I fell down from the ladder last month. It was due to the fear of COVID-19. At the day of falling from the ladder, I wake up mid-night and urged for urination. From the last three days before falling from the ladder, I was get afraid as one of my neighbors had COVID positive case. That case made me mentally ill and physically weak. Due to this, it causes bones to shrink and muscle to lose strength and flexibility, and now I lose balance while walking. I hope that I will cure soon". (Interview, field visit)

Most of the findings related to the physical health problems of the senior citizens are common related to sensory impairments, such as vision and hearing. Physical problems such as cavities and tooth decay lead difficulty maintaining a healthy diet, low self-esteem, and other health conditions. Oral health issues associated with elderly citizens have are dry mouth, and gum disease. Imbalance body while walking, frequent urination, body ache and blurred vision are the common physical problems. They argued that these problems are also due fear of COVID-19 that lead us these problems.

The finding of the present study is in line with [15, 16] arguing that the developing countries like Nepal have unique challenges with vulnerable populations and limited resources to respond to the pandemic. This review presents the consequences of pandemic and lockdown on socioeconomic, mental health and other aspects in Nepalese society. Furthermore, it is found that school education is needed to take care of people. Schooling is an important aspect to motivate students to care for their grandparents. Regarding the school pedagogy, [17] suggest that school education is must for developing good behavior among the future citizens as the school is the small form of the society. All the respondents came with similar thoughts related the findings of the research that found that recreational activities are most for learning and that are possible through gardening. Relating to this, this study found that visiting senior citizens in the garden help to decrease the physical and mental health problems.

3.2 Psychological Problems

It was found that senior citizen had a lot of mental or psychological problems due to COVID-19. Major such

problems were related to depression. Unfortunately, this mental disorder is often underdiagnosed and undertreated. Depression was also one of the major psychological problems among them. It leads side effect of chronic health conditions such as imbalance the body and insomnia. Most of them have marked change in appetite, energy level, and appropriate mood, feeling emotionally flat or finding it difficult to experience positive emotions and trouble sleeping too much, or difficulty falling and staying asleep.

It was also found those persistent thoughts of hopelessness, sadness, or suicidal thoughts and the feeling on edge, restless, or having trouble concentrating. Also, it was found that increased feelings of stress or worry and short-term/recent memory loss. Anger, agitation, or increased aggressiveness as well as obsessive-compulsive behavioral tendencies or thoughts were also the common mental problems of senior citizens due to COVID-19. Further, it was found that the unusual behaviors or thoughts directed towards others and the behaviors or thoughts that affect social opportunities, work, or family were also the problems found.

The finding of the present study is in line with [18, 19] arguing that the school based collaborative activities help to transfer the pedagogy. Good schooling and collaborative pedagogy help to minimize the mental problems of the people in each family and the society. Furthermore, it is found that there are many mental and psychological problems due to COVID-19 that can be minimized by providing intensive care of the elderly population. This line is consistent with the study findings of [20, 21] and his friends who argued that mental problem like loneliness, hopelessness, and sadness as well as the feeling of restless. In addition, [22] found that the presence of economic losses as well as the increase in the use of anxiolytics was significantly associated with higher emotional distress in the elderly compared to the younger group. This finding is related to this study finding.

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Author's Contribution

MA collected data, transcribed, translated, interpreted the data, and drafted the manuscript. KPA, KG, PA and BD provided scholarly guidance and corrected the manuscript. All the authors read and approved the final version of the manuscript.

Ethical Statement

Consents were obtained from all the research participants.

Disclosure statement

No potential conflict of interest was reported by the author.

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