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Death Anxiety among Non-Covid People and With Covid Positive People during the COVID-19 Pandemic



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ABSTRACT

Background: Since 2020, a large population has been affected by the infection of the covid-19 epidemic. The epidemic also affected people economically, socially, and mentally. A large number of people died due to the infection, while those who were cured of the infection, had a deep psychological effect on those people. Many people have faced death and have seen their people die as well. Due to this people had to face psychological problems. In such an environment, the anxiety level of the people can be felt to change. This study has been done in the context of the Death Anxiety (DA) of the covid epidemic. Aim: To study the level of death anxiety among Non-Covid People (NCP) and With Covid Positive people (WCP) during the COVID-19 pandemic. Methodology: This cross-sectional study utilized the Thakur Death Anxiety Scale to collect data from NCP and WCP people in Jodhpur through online and telephonic modes. Results: Out of a total of 436 participants in the study, 218 NCP groups had 24(11%) low, 182(83.4%) middle, and 12(5.6%) high DA levels. In the group of 218 WCP people, 34(15.6%) were found to have low, 137(62.8%) middle, and 47(21.6%) high DA levels. The group-wise scores ($p > 0.021$) of NCP and WCP were found to be significant. A significant difference has been found in the level of DA between NCP and WCP people during the COVID-19 pandemic. There are significant differences in DA across gender, educational level and marital status, while there are no significant differences in DA across age, occupational level and types of families.

INTRODUCTION

Death anxiety is described as "fear of death". It is caused by seeing oneself or others in a state of death. The level of death anxiety depends on social, religious, circumstances, level of life-threatening diseases, and psychological causes. The death anxiety level is high in more religious people but low in irreligious and maximum in uncertain people (Jonathan Jong *et al.*, 2017).^[4] Death anxiety decreases with increasing psychosocial maturity and age (Christina & Christiane, 2010).^[1] There is a positive relationship between death anxiety and loneliness, depression, and anxiety, and as psychological problems increase, death anxiety increases (Rachel Menzies and Ross Menzies, 2020).^[9] According to the WHO, from December 2019 to the present, there have been 6,276,210 deaths in the world due to the covid epidemic and 524,459 deaths in India (Globally, as of 8:11 pm CEST, 23 May 2022). During the pandemic, many people have faced loneliness, depression and stress, which may have led to a change in the level of DA. Mortality concerns are relatively high during COVID-19 infection and are influenced by socio-demographic factors such as occupation, family and economic status, marital status and educational level. During the COVID-19 pandemic, most healthcare workers, women and the elderly may be more concerned with sudden death than younger people.

This study has been done to find out the variation in the level of DA and socio-demographic between the general population and post-Covid infection.

AIM

To study the level of death anxiety among Non-Covid People (NCP) and With Covid Positive People (WCP) during the Covid-19 pandemic.

OBJECTIVES

1. To find out the significant difference in the death anxiety between NCP and WCP people.
2. To find out the significant difference in various variables in the death anxiety between NCP and WCP people.

MATERIAL AND METHOD

Research Design:

In this study, I used a two-group design to test the death anxiety level between non-covid people (NCP) and with covid positive people (WCP).

Inclusion Criteria

1. Subjects aged between 21 to 60 years live in Jodhpur.
2. Subjects have to be able to communicate verbally, be able to handle the android cell phone, and be willing to participate in the study.

Exclusion Criteria

1. Subjects on anti-Anxiety, antipsychotic medications, and any mental disorder.

Method

This was a cross-sectional, snapshot study carried out among the DA severity in NCP and WCP people in Jodhpur. Before starting to collect data for the study, the elderly were contacted by phone, and the purpose, method, and benefits of the study were explained. Inclusion criteria in the study; being 21 to 60 years, not having a hearing problem, being able to communicate verbally, and being willing to participate in the study. The exclusion criteria are having any mental disorder diagnosed by the relevant physician, having been diagnosed with depression by the relevant physician and taking depression medication during the study, having a fatal illness, and having a communication problem. Due to the pandemic, the data were collected by phone calls, online Questionnaires through Google Forms, and home visits for support purposes if requested. The method of post covid positive people selection of the sample was simple randomization by computer. A Google form was created, and it was circulated among people of Jodhpur from 15 February 2022 to 15 April 2022 for approx. Two months. Questionnaire links were sent via e-mails, WhatsApp, and other social media such as LinkedIn and Instagram.

Participants

A total of participants 442 aged 21 to 60 years took part in the survey, and the study was carried out with 436 participants. 6 respondents had been excluded from the survey because they did not meet the requirements for inclusion. I take the sample into two groups: the first group of 218 participants the normal people who have been never infected with Covid infection NCP and 218 participants in the second group who are normal after Covid infection WCP people.

Assessment Tools:

Thakur Death Anxiety Scale: The scale was developed by G.P. Thakur and Manju Thakur (1970). It is a 16-item scale that measures death anxiety. Each item in the scale was rated on five Likert scales and scored as follows: Quite true (5), true (4), undecided (3), false (2), and quite false (1), except the items numbered 3, 6, 8, 11, and 16 that have reverse scores. The death anxiety level was estimated by calculating the cut-off points for the total mean of scores for the scale which is rated into three levels and scores as follows: 16-38 points "Low", 39-55 points "middle", 56 & above points "High". The internal consistency reliability coefficient using Kuder-Richardson formulas was found to be 0.78, and a test-retest reliability coefficient with a gap of about twelve weeks on 65 Ss was 0.86.

Statistical Analysis:

Statistical analysis of the data was performed using SPSS 26.0 (IBM Corporation, Armonk, NY, USA) package program. In data analysis, percentage, frequency, mean, SD, t-test, and One-Way Analysis of Variance (ANOVA) were used to determine the differences in variables with more than two groups. A statistically significant difference was considered at a p-value of $p < 0.05$.

RESULTS

Out of a total of 436 participants in the study, 218 Non-Covid People (NCP) groups had 24(11%) low, 182(83.4%) middle, and 12(5.6%) high death anxiety (DA) levels. In the group of 218 WCP people, 34(15.6%) were found to have low, 137(62.8%) middle, and 47(21.6%) high DA levels, as illustrated in the figure-1. The group-wise scores of NCP and WCP were found to be significant ($p > 0.021$).

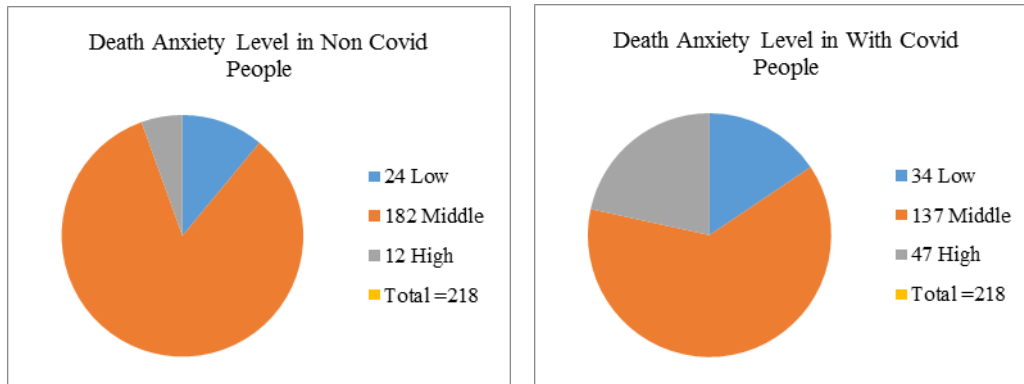


Figure 1: Prevalence of death anxiety level between Non-Covid People (NCP) and With Covid Positive People (WCP).

In the given table-1, the scores of people with different levels of DA in the different age groups 21 to 60 years of NCP group were found to be 111(51%), 62(28.4%), 18(8.2%), and 27(12.4%) respectively. The scores for different levels of DA were found to be 102(46.8%), 47(21.6%), 36(16.6%), and 33(15.2%) respectively in different age groups of the WCP group from 21 to 60 years. Most of the people aged 21-30 in both the NCP 90 (41.2%) and WCP 72 (33%) groups were found to have middle DA levels. The difference in the DA scores of the NCP and WCP groups was found to be not significantly different ($p < 0.083$).

In the NCP group, DA levels were found to be low in 12(5.6%) and median in 56(25.6%) and females low in 12(5.6%), middle in 126(57.8%) and 12(5.6%) were found to be high. In the WCP group, DA levels were found to be low in 12(5.6%), middle in 72(33%) and high in 11(5%), and low in 22 (10%) in females, 65(29.8 %) and high in 36(16.6%). Females were found to have higher DA levels than males. The male in the NCP group was found to have increased DA levels compared to the male in the WCP group, while the female in the NCP group had decreased DA levels compared to the female in the WCP group. The difference in the DA scores of the NCP and WCP groups was found to be significant at the $p > 0.007$ level.

In the NCP group, the DA level of unmarried was found to be 9 (4.2%) low, 83(38.2%) middle, and 12 (5.6%) high, while the married female had 15(6.8%) low, 99(45.4%) middle, 0(0%) was found to be high. WCP group DA levels of unmarried females were found to be low, middle, and high, respectively 6(2.8%), 48(22%), and 24(11%) while the married female had DA levels of 28(12.8%) low, 89(40.8%) Middle, 23(10.6%) was found to be high. The singles in the NCP

group were found to have a decrease in DA levels compared to the unmarried in the WCP group, while the female in the NCP group was found to have increased DA levels compared to the married in the WCP group. The DA level of the unmarried was found to be comparatively lower than the DA level of the married. The difference in the marital status anxiety scores of the NCP and WCP groups was found to be significant at the $p > 0.012$ level.

The level of DA was found only in the middle 10(4.6%) in the illiterate in the NCP group, while the level of DA was not found in the WCP group. In the NCP group, the level of DA was found only in the middle 26(12%), and 42(19.2%) among the people of secondary and high school educational levels. The DA level was found to be 15(6.8%) middle, 12(5.6%) high in the secondary educational level of the WCP group. Whereas in secondary educational level only 10(4.6%) was middle. The level of DA was found to be 9(4.2%) low, 51(23.4%) middle, and 12(5.6%) low, 44(20.2%) high among the graduates of the NCP and WCP groups. DA levels in the NCP group and the WCP group were 15(6.8%) low, 53(24.4%) middle, 12(5.6%) high and 22(10%) low, 68(31.2%) middle, 35(16%) was high. The higher educational level of the NCP group was found to have 80(36.6%) higher DA levels than the WCP group's 125(57.4%). The difference in the educational level DA scores of the NCP and WCP groups was found to be significant at the $p > 0.000$ level.

In the private business of the NCP group the DA level was found to be 9(4.2%) low, 80(36.6%) middle, and 4(1.8%) high while in the WCP group the DA level was found to be 81(37.2%) middle, 18(8.2%) was found to be high. The level of DA among government employees in the NCP group was found to be 3(1.4%) low, 6(2.8%) middle. The DA level among government employees in the WCP group was found to be 12(5.6%) low, 21(9.6%) middle. DA levels in other occupations in the NCP group are 6(2.8%) low, 39(17.8%) middle, 8(3.6%) high, and in the WCP group other occupations 8(3.6%) middle, 12(5.6%).

Table 1: Mean, S.D., and t-Scores of different groups of *Non-Covid People (NCP)* and *With Covid Positive People (WCP)* in the death anxiety level.

Variables	Groups	NCP (N=218)	WCP (N=218)	p-value	Sig. Level
		n,%	n,%		
Age groups (in years)	21-30	111(51)	102(46.8)	0.083	NS
	31-40	62(28.4)	47(21.6)		
	41-50	18(8.2)	36(16.6)		
	51-60	27(12.4)	33(15.2)		
Gender	Male	68(31.2)	95(43.6)	0.007	Significant
	Female	150(68.8)	123(56.4)		
Marital status	Married	114(52.2)	140(64.2)	0.012	Significant
	Single	104(47.8)	78(35.8)		
Education Level	Illiterate	10(4.6)	0(0.0)	0.000	Significant
	Middle	26(12)	27(12.4)		
	Intermediate	42(19.2)	10(4.6)		
	Graduate	60(27.6)	56(25.6)		
	Postgraduate	80(36.6)	125(57.4)		
Occupation	Private	93(42.6)	99(45.4)	0.225	NS
	Government	9(4.2)	33(15.2)		
	Other	53(24.4)	20(9.2)		
	Non	63(28.8)	66(30.2)		
Family status	Single	120(55)	113(50.2)	0.503	NS
	Joint	98(45)	105(49.8)		
Death Anxiety Level	Low	24(11)	34(15.6)	0.021	Significant
	Middle	182(83.4)	137(62.8)		
	High	12(5.6)	47(21.6)		

High found. The level of DA among the unemployed in the NCP group was found to be 6(2.8%) low, 57(26.2%) middle. DA levels among the unemployed in the WCP group were found to be 22(10%) low, 27(12.4%) middle, and 17(7.8%) high. The DA levels in the WCP groups were 99(45.4), 66(30.2%), 33(15.2%) compared to the private occupations 93(42.6%), the unemployed 63(28.8%), and the government employees 9(4.2%) in the NCP group. An increase was found in DA levels in other occupations in the WCP group was found to be 20(9.2%) lower than those in the NCP group at 53(24.4%). The difference in occupational level DA scores of the NCP and WCP groups was found to be not significant at $p < 0.225$ level.

In the NCP group, the DA level was found to be 18(8.2%) low, 94(43.2%) middle and 8 (3.6%) high, while in the joint families the DA level was found to be 16(7.4%) low, 68(31.2%) Middle, 29 (13.4%) was found to be high. The DA levels in nuclear families in WCP group were found to be low, middle, and high respectively 6(2.8%), 88(40.4%), and 4(1.8%) whereas in joint families the DA level was found to be low, 69(2.8%) and 18(8.2%). 31.6%) was found to be middle, 18(8.2%) high. An increase in the DA level was found in the joint families of the NCP group compared to the joint families of the WCP group, while the nuclear families in the NCP group showed a decrease in the level of DA as compared to the nuclear families in the WCP group. The DA level of joint families was found to be comparatively lower than that of nuclear families. There was no difference in the DA scores of the types of families in the NCP and WCP groups, which was found to be not significant at the $p < 0.503$ level.

DISCUSSION

The results of the study show that the DA of young adults affected by the infection of the Covid epidemic is lower than the general population, while the death anxiety of middle-aged adults affected by the infection of the Covid epidemic is higher than the general population. The study (Rachel Menzies and Ross Menzies, 2020) ^[7] supports that DA also increases with age. Prior studies suggest that psychological problems, loneliness, and depression were found to be more common in people affected by the Covid pandemic. DA in men and women differences found (Elain Eshbaugh & William Henninger, (2013).^[2] Normal males have less DA than males infected with Covid. After the sudden death of self after covid infection in males, family responsibility may be more worrying than in normal males, whereas death anxiety is more in normal females than those infected with covid female, the reason for this is more than normal

females. Females infected in the Covid epidemic may have to fulfil their responsibilities towards their families more accurately while protecting the family from their infection. This study (Jose Martinez-Lopez *et al.*, 2021) ^[5] supports females to increase their mental and physical abilities in difficult situations. Unmarried males affected by the covid infection have less DA than unmarried males without infection, (Turkan *et al.*, 2021) ^[3] while married males affected by the infection have more DA, and their responsibilities towards family can be attributed to this. The percentage of DA in illiterate and educated people is higher than in WCP, but in people of high educational level, it is normal without Covid infection. DA is more than people, this is due to people of higher education level thinking more or being overconfident about Covid infection. People in general public and private business have less DA than people infected with Covid. DA is more in the affected unemployed this can be related to the responsibility related to the future of their families. Nuclear families infected with Covid have less DA than normal families, while DA is increased in infected joint families.

Overall, the low and high levels of DA are higher in people who have been infected with Covid than in the general population, but the middle level of DA in the general population is higher in proportion to those who have been infected.

CONCLUSION

The study was conducted to examine the level of DA among NCP and WCP people during the COVID-19 pandemic. A significant difference has been found in the level of DA between NCP and WCP people during the COVID-19 pandemic. There are significant differences in DA across gender, educational level, and marital status, while there are no significant differences in DA across age, occupational level, and types of families. The data from this study suggest that a variety of extreme circumstances alter DA toward death.

FINANCIAL DISCLOSURE:

None.

DECLARATION OF COMPETING INTEREST:

None.

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