



Death Anxiety During Covid-19 Pandemic In Imphal, Manipur, India

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ARTICLE INFO **ABSTRACT**

Background: Death anxiety deals with a form of anxiety resulting from the traumatic experiences encountered by the people due to pandemic or war or conflict or other hard time as the person has been experienced.

Objectives: The current study mainly focus on finding out the correlation of death anxiety with five socio-demographic variables such as age, gender, educational level, marital status and monthly family income.

Method: Snowball sampling technique is used through online in order to collect data under study. We conducted paired t-test for objective-wise and variable-wise data analysis.

Result: The p-values of the variables gender, level of education and marital status are found as less than 0.01 it indicates that gender, level of education and marital status are important predictors of death anxiety. And it is also found that age of the respondents is also important predictor of level of death anxiety as p-value < 0.05. Unlike the other variables, since the p-value of monthly income of the respondents was obtained as greater than 0.05, income is not an important predictor of the level of death anxiety.

Conclusion: Out of five variables four are the important predictors of the level of death anxiety in this study. In this context, Life and Death Education may be introduced, particularly, in the school curriculum.

KEYWORD: COVID-19, Death Anxiety, Imphal, India, Manipur, Pandemic

INTRODUCTION:

The novel coronavirus was first detected in December 2019 in Wuhan, China. On March 11, 2020, the World Health Organization (WHO) declared the disease caused by this virus, known as COVID-19, a global pandemic. Within five weeks, the virus had claimed the lives of over 30,000 people, with nearly 4.5 million confirmed cases worldwide in 2020 (WHO, 2020).

According to Worldometer's report in 2021, by December 31, 2021, at 05:35 GMT, there were 34,938,804 cases of COVID-19, resulting in 481,080 deaths in India. Additionally, by December 21, 2021, India had reported 653 cases of the Omicron variant across 21 states and union territories. Discrepancies were noted between the figures reported by different sources, with Press Trust of India (PTI) reporting 900 instances of Omicron in India (The Poknapham, Thursday 30th December, 2021, p. 9) as of December 29, 2021, differing from the 781 cases reported by the Union Ministry of Health (The Hindu, 2021).

In Manipur, the first positive case of COVID-19 was confirmed on March 23, 2021, and the first positive case of the Omicron variant was detected on December 27, 2021, from a man returning from Tanzania. This situation may likely heighten death anxiety among the general public. Thus, the current study aims to explore the impact of the traumatic experience of COVID-19 on death anxiety levels among the broader public, considering socio-demographic variables such as age, gender, educational level, marital status, and monthly family income.

Regarding the concept of death anxiety, there seems to be no universally agreed-upon definition of this question. In this context, several researchers derived 'death anxiety' in different ways. Hoelter(1979) described death anxiety as anxiety about many other aspects of death. For instance, individuals might have fear of how they will die, how significant others will be affected by their death, and what occurs when they

pass away, that is about their afterlife. Harman-Jones et al. (1974) also described death anxiety is caused by conscious and unconscious fear of dying and passing away. From the view of Yalnom (1980), it is stated that death anxiety and fear of dying as synonymous. According to Richardson et al. (1983), death anxiety is described as a negative, uneasy feeling that one experiences when contemplating death and dying. Hoelterhoff and Chung, (2013) indicates that exposure to life-threatening events like the pandemic can increase death anxiety and psychiatric morbidity. Kroshus et al., 1995; Harrawood et al., (2008) further stated that continuous exposure to such events may have negative consequences on both mental and physical health. Neimeyer, (1994) and Langs, (2003) also confirmed from their view that death anxiety is characterized by fear, threat, uneasiness, and other adverse reactions. Menzies, Neimeyer, and Menzies (2020) noted that COVID-19 has not only increased death anxiety but has also led to a rise in sudden deaths worldwide and various secondary losses of financial, social, and personal security.

This investigation in Imphal, Manipur, India, aims to gauge the extent of death anxiety experienced during the pandemic. The findings could provide valuable insights to health officials, aiding them in implementing necessary measures to cope with the pandemic and potential post-traumatic disorders (PTSD) likely to be experienced by the population. This study serves as the first of its kind in Manipur and North eastern India, bridging the gap between understanding the ground situation in Manipur and the urgency to address the COVID-19 pandemic.

METHODS AND MATERIALS:

In this study, data was collected through an online due to the constraints posed by the COVID-19 pandemic lockdown and other limitations encountered during the research period, spanning from November 2020 to February 2021. The data on death anxiety were collected through Templer's 51-item death anxiety scale-extended (TDAS-E) of 2008. Templer's a 51-item death anxiety scale-extended (TDAS-E) was used for the measurement of death anxiety. This scale consists of the earlier Templer's 15-item death anxiety scale (TDAS) plus 36 new items of Kuder-Richardson formula for 20 coefficients of internal consistency 0.92 for the death anxiety scale extended. This scale is widely in use all over the world to measure death anxiety by several studies. The TDAS-E is rated on 2-point scale as "TRUE" or "FALSE", self-report instrument, for example, "I am not afraid to die at all", "The thought of death never bother me" "The sight of a death body is horrifying to me". The scores in TDAS-E are given as 0 and 1. The scores are interpreted in such a way that the higher the score on the TDAS-E, the higher degree of death anxiety.

To gather participants, snowball sampling technique was employed. Initially, as a pilot study, 30 individuals aged 15 and above, primarily friends and acquaintances easily accessible, were selected. Subsequently, the selection process continued based on referrals provided by these initial participants and further connections. Besides, data on personal information consisting of age, gender, educational level, marital status and monthly income were gathered through a separate questionnaire. Further, we use paired t-test for the analysis of the data.

Characteristics of the Study Population: This study specifically targeted respondents aged 15 years and above who are living in hotspot areas in Imphal East and Imphal West in Manipur. Imphal West and East are reported as 1st and second highest COVID-19 affected districts among the districts of Manipur during that time. The data consists of variables such as age, gender, educational level, marital status and monthly income.

Study Sample Size: During this study period, we received the details of 217 potential respondents which were referred by the initial participants who were selected in the pilot survey. After that, 51-item questionnaires were distributed via an online to the total of 217 potential participants in the study. In this process 22 questionnaires could not be used due to incomplete responses and other errors, so, only 195 respondents were used as study sample size.

Inclusion and Exclusion criteria: Those individuals who were not infected once by COVID-19 were included in the study. After obtaining details of potential respondents, their participation as subjects of the study was requested using an informed consent process to ensure their understanding and voluntary involvement. Those were not voluntarily giving inform consent to participate in the study were excluded. Individuals below 15 years of age were also excluded.

Ethical Consideration: No ethical consideration was required. All participants who were primarily friends and acquaintances provided inform consent on referral basis through online after describing detailed instructions and main purpose of the study and its approximate duration.

OBJECTIVE:

The main objective our study is to explore the extent of death anxiety during the COVID-19 pandemic base on different socio-demographic variables such as Age (Younger and Older), Gender (Male and Female), Educational Level (More and Less qualified), Marital Status (Married and Unmarried) and Monthly Family Income (High and Low).

RESULT:

This section includes the objective-wise and variable-wise results of the study. According to Templer's 51-item scale-extended, the levels of death anxiety are classified into three categories high, moderate and low based on their corresponding scores. If the score is above 31, it indicates the high in death anxiety, if the score lies between 15 and 31, it indicates moderate and if the score is below 15, it indicates low death anxiety level. Thus, in view of the analysis's outcome, the death anxiety levels in terms of scores of all the study subjects are presented under.

Table 1: Death Anxiety Level of all Study Subjects

Death Anxiety level	Score	Frequency	Percentage
Low	Below 15	44	22.5
Moderate	15-31	111	57
High	31 and above	40	20.5
Total		195	100

Table 1 shows the frequencies and percentage of high, moderate and low levels of death anxiety of all the study subjects. Out of 195 study samples, 44 participants were having high death anxiety level with 22.5 percent, 111 of them at moderate level of death anxiety with a percentage of 57, and the remaining 40 samples were found to have a low level of death anxiety with 20.5 percent.

Table 2: Statistical analysis for differences in death anxiety by using t-test

Variable	Group	No. of Respondents	Mean	S.D	t-value	d.f	p-value
Age	Younger ^a	161	24.39	8.29			
	Older ^b	34	20.3	7.47	2.336	193	0.021*
Gender	Male	80	20.52	8.11			
	Female	115	25.6	7.78	3.656	193	0.001**
Educational Level	More Qualified ^c	126	22.24	7.99			
	Less Qualified ^d	69	28.45	7.54	3.752	193	0.001**
Marital Status	Married	83	20.7	8.1			
	Unmarried	112	24.91	8.05	2.282	193	0.005**
Monthly Income	Low Income ^e	73	23.73	8.73			
	High Income ^f	122	23.52	8.16	0.123	193	0.901

Note: ** Significant at <0.01, * Significant at <0.05

^aIt refers to the population in the age group 15 to 35 years.

^bIt refers to the population whose age is above 35 years.

^cIt refers to those who have qualified for graduation and above.

^dIt refers to those who have qualified 10 and 10+2, including mere literate and illiterates.

^eIt refers to those families whose income from all sources is above 40,000 per month

^fIt refers to those families whose income all sources is 40,000 and below per month.

Table 2 shows the notable variation in death anxiety of five variables i.e., age, gender, educational level, marital status and monthly family income. The mean scores and standard deviations (SD) of death anxiety of younger and older populations are obtained as 24.39, standard deviation (SD) =8.29 and 20.30, SD=7.47 respectively. To apply paired t-test the corresponding p-value is obtained as less than 5% level of significance. Since the p-value of the t-test for observing the relationship between respondents' age and death anxiety is less than 5% level of significance, so, there is a significant relationship. A maximal difference exists in mean scores. Due to the maximum value in mean score for younger population, we can interpret that in comparison to the older population, younger respondents experience more anxiety about dying. In the case of gender, the respective mean value and SD of male and female are 20.52, SD=8.11 and 25.60. SD=7.78. To observe the noteworthy correlation between the respondents' gender and death anxiety, p-value is found to be less than 1% level of significance. So, it is found that there is highly significant relationship. When the mean scores for men and women are compared, it is discovered that the mean score for men, which is 20.52, is lower than the mean score for women, which is 25.60. When compared to men, women experience greater levels of anxiety during pandemics, as indicated by the maximum difference in mean scores.

The important two heads under educational levels are 'More qualified' and 'Less qualified'. The corresponding mean scores and standard deviations (SD) are 22.24, SD=7.99 and 28.45, SD=7.54

respectively. The p-value is found less than 1% level of significance. It also indicates that there is highly significant relationship between educational level and death anxiety. Additionally, the mean score of those who are less qualified is higher than that of those who are more qualified. Further, when we observed marital status and death anxiety, Table 2 also shows the mean scores of death anxiety for married and unmarried as 20.70, SD= 8.10 and 24.91, SD= 8.05 respectively. The p-value is obtained as less than less than 1% also. It also shows the highly significant relationship.

Finally, Table 2 also shows the relationship between death anxiety and the monthly family income of the respondents. The low- and high-income groups' mean of death anxiety scores are 23.73, SD = 8.73, and 23.52, SD = 8.16, respectively. The results show that the p-value is higher than 5%. So, unlike other four variables there is no significant relationship between income and death anxiety level. We also got only nominal difference in their respective mean scores.

DISCUSSION:

The present study found that death anxiety levels of younger respondents are higher than older respondents. We may assume that one of the reasons might be young people are more hopeful for their future than that of the elderly; younger people would therefore always be more likely than older people to experience higher levels of death anxiety. Another important reason for the above finding may be due to less distress associated with deaths or loss of love ones, because older people have great sense of death acceptance and aware of the natural system of death to be occurred in human life one day. The results of several studies about death anxiety, including the current one indicates that age is a significant predictor of high death anxiety levels, in which younger populations are more dead-conscious than older populations. Our findings suggest that women have higher death anxiety than men. It is also opined by some researchers that women might be more likely to react emotionally than men. In this context, the Terror Management Theory (TMT) put forwarded by Solomon et al. (1991) may be examined by the concerned authorities in consultations with clinical psychologists. Our study also indicates that the lower the educational level, the higher the death anxiety levels. It indicates that education is a significant predictor of higher or lower death anxiety levels. If so, general awareness or understanding of the death anxiety, as well as the pandemic, needs to be created extensively.

Our findings indicate that the unmarried respondents have higher level of death anxiety than the married ones. In other words, it is related to age, as stated earlier, in which younger participants score higher level death anxiety on the Templer's Death Anxiety Scale-Extended (TDAS-E). Life and Death Education as suggested earlier, may be introduced in the school curriculum. Further, in the case of death anxiety and monthly family income, our result suggests no significant impact between family income and death anxiety but low income group tends to have higher death anxiety than high income group. If so, there is need for enhancement of the general economic conditions of the poor people. We assume that individuals with lower income group would have higher death anxiety than that of higher income group because of their financial insecurity when they fall ill; if so, health-related measures like the Pradhan Mantri Jan Aarogya Yojana (PMJAY), providing healthcare facilities through which citizens can use the benefit for medical treatment without any payment done to hospitals enlisted and this scheme covering a sum of 5 lakhs per year, or Chief Minister's Health Assistance scheme introduced by government of Manipur for poor people with 2 lakhs per year per family, may be of immense value to the poor populations at large.

Limitation:

There were certain limitations to this study. One of the study's limitations was the heterogeneous nature of sample, with participants from different walks of life such as age, gender, younger and older of different demographic variables. Some socio demographic characteristics like place of residence (rural/urban), religion, exposure to mass media and occupation were not covered during data collection. Due to prolonged COVID-19 lockdown, many difficulties are faced in collecting data physically.

CONCLUSION:

In this study, out of five variables four are the important predictors of the level of death anxiety. The finding also indicates that age is a significant predictor of high death anxiety. In this context, *Life and Death Education* may be introduced, particularly, in the school stages. It may be mentioned that life and death education has gained vast interest both in terms of teaching and research development programs in some countries. Future researchers may investigate the relationship between age and death anxiety in more detail. The current investigation finds higher death anxiety among females and similar has been reported by Singh (2013) in his study among aged Manipuris. The reasons why female have higher death anxiety may also be explored. And more studies are needed to include socio-demographic variables like rural/urban and religion also. Exposure to mass media and occupation of the respondents may be important variables in order study death anxiety. The anxiety levels of the illiterate, mere literate, educated and highly educated individuals may be assessed and if found differences, the reason behind it may be explored. Some of the research areas given

here are suggestive, not exhaustive. Further, these studies may be descriptive, adopting various approaches like longitudinal, cross-sectional, case study, ex post facto and correlational etc. The research sample may be young and old, students, teachers, professionals, patients, doctors, nurses etc. The researchers may examine the relationship between death anxiety and as much significant predictors as practicable.

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