

Mental Health Status of Senior Citizens in Post-COVID Period

A Thesis

**Submitted to the Department of Health and Population Education
in the Partial Fulfillment for Master of Education in Population Education**

**Submitted by
Milan Acharya**

Mental Health Status of Senior Citizens in Post-COVID Period

093

Milan Acharya

2022

**Tribhuvan University
Faculty of Education
Central Department of Education
Health and Population Education Department
Kirtipur, Kathmandu
2022**

Mental Health Status of Senior Citizens in Post-COVID Period

A Thesis

**Submitted to the Department of Health and Population
Education in partial Fulfillment for Masters of Population Education**

Submitted by

Milan Acharya

Symbol No.: 7528252

T.U. Regd. No.: 9-1-29-1218-2000

Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

2022

Submission Date: 25/11/2022

Viva Date: 5/12/2022

©2022

Milan Acharya

All right reserved

Declaration

This thesis “**Mental Health Status of Senior Citizens in Post-COVID Period**” submitted to the Department of Health and Population Education, Central Department of Education, Tribhuvan University, Nepal for the partial fulfillment of the Master’s Degree in Population Education. This research is original and has not been submitted earlier in the part or full in this or any other form to any university or institute here or elsewhere, for any other purpose.

.....

Milan Acharya

Recommendation Letter

This research work entitled "**Mental Health Status of Senior Citizens in Post-COVID Period**" is prepared by **Milan Acharya** under my supervision, as a part of the requirement to complete the Master of Education. To the best of my knowledge, the study is original and carries useful information on the mental health problems of senior citizens during the post-COVID period in Kirtipur municipality, Kathmandu. I forward this thesis to the committee with recommendation.

Date: 25/11/2022

.....

Pitambar Acharya

(Supervisor)

Health and Population Education Department

Kirtipur, Kathmandu

Approval Letter

This thesis entitled "**Mental Health Status of Senior Citizens in Post-COVID Period**" submitted by **Milan Acharya** in partial fulfilment of requirements for the Master's Degree in Population Education has been approved.

Thesis Evaluation Committee

Signature

Pitambar Acharya, Head

.....

Health and Population Education

Supervisor

Department

Tribhuvan University

Kirtipur, Kathmandu

Bishnu G. C., Lecturer

.....

Member

Health and Population Education

Department

Health and Population Education

Department

Tribhuvan University

Kirtipur, Kathmandu

Min Raj Adhikari, Lecturer

.....

Mahendra Ratna Campus

External

Tribhuvan University

Tahachal, Kathmandu

Viva Date: 5/12/2022

Acknowledgment

My gratitude goes to the Department of Health and Population Education, Central Department of Education, Tribhuvan University, Kirtipur, Nepal for providing me a golden opportunity to carry out with this study.

I would like to express my deepest gratitude to my supervisor Mr. Pitambar Acharya, Department of Health and Population Education, Central Department of Education for his insightful guidance, scholarly suggestions and considerable encouragements to complete this thesis. His cooperation and intellectual guidance and supervision helped me to complete this research work in this final form. I am grateful to him.

I wish to express my special thanks to all the respected teachers Mr. Bishnu G.C., Dr. Bhagwan Aryal, Mr. Yadu Ram Upreti for their valuable suggestions and scholarly guidance. I would also like to express my deep gratitude to all respected teachers FoE, Kirtipur, for their valuable comments and suggestions to carry out this work.

I would like to extend my appreciation to Prof. Deep Bahadur Adhikari, PhD, Professor Kamal Gautam, PhD, Professor Shyam Krishna Maharjan, PhD, Prof. Ramesh Adhikari, PhD, Prof. Hum Bahadur Baduwal, PhD, Prof. Lokendra Sherchan, PhD, Prof. Bhimsen Devkota, PhD, Prof. Chitra Bahadur Budhathoki, PhD, Prof. Mahendra Sharma, PhD, Prof. Shiva Sharan Maharjan, PhD, Prof. Ram Krishna Maharjan, PhD for their academic support and scholarly guidance. Also, I would like to thank for Dr. Madhab Kumar Shrestha, Dr. Kalpana Gyawali and Dr. Krishna Thapa for their valuable suggestions.

I would like to thank all the senior citizen who directly involved in the work and provided valuable data while doing the work. I am grateful to all my friends of M.Ed. fourth year.

Milan Acharya

Abstract

This study entitled “Mental Health Status of Senior Citizens in Post-COVID Period” was carried out with the main objective to explore the mental health problems of senior citizens during the post-COVID period at Kirtipur municipality in Nepal. This study is based on qualitative research design under interpretivism paradigm.

Purposive sampling was used to choose the research participants. The study area was chosen purposively because I am living in the same place and so I wanted to explore the problems of senior citizens. Qualitative data were taken from in-depth interviews, observation, and reflective journals. Data were analyzed through thematic and verbatim methods.

It is found that senior citizens had mental tension due to the COVID-19 pandemic till the post-COVID period. They lost self-confidence, self-pacing, interest, and reasoning capacity. Similarly, it was found that they had forgetfulness, fear, and anxiety even in the post-COVID period. Urban senior citizens were facing psychological and mental health problems such as depression, trauma, and stress. Similarly, they didn't have much company with their friends and other people in the community because of the fear of the COVID-19 pandemic. Most of the respondents had mental tension due to the learning loss of their grandchildren. Similarly, losing jobs by their family members during the COVID-19 lockdown period was also one of the causes of mental tension among senior citizens.

Based on this study, it is recommended that the municipality must identify the causes of the mental problems of senior citizens and support them to minimize the effects. Also, the Government of Nepal should address the safety and care mechanism to minimize the effect of mental tension among senior citizens in Nepal.

Table of Contents

Copyright	iii
Declaration	iv
Recommendation Letter	v
Approval Letter	vi
Acknowledgment	vii
Abstract	viii
Table of Contents	ix
List of Tables	xiii
List of Figures	xiv
List of Abbreviations	xv
Chapter I: Introduction	1
Background of the Study	1
Statement of the Problem	4
Rationale of the Study	4
Significance of the Study	5
Objectives of the Study	5
Research Questions	5
Delimitations of the Study	5
Definition of the Key Terms	6
Chapter II: Review of Related Literature	7
Theoretical Literature Review	7
Empirical Literature Review	8
Conceptual Framework of the Study	12
Chapter III: Methods and Procedures	13
Philosophical Orientation of the Study	13
Ontological Grounds of the Study	13
Epistemology of the Study	13

Axiology of the Study	14
Research Design	14
Sources of Data	14
Population, Sampling Procedure and Sample Size	14
Data Collection Tools	15
Interview Schedules	16
Case Study Form	16
Standardization of the Tool	16
Talk Programme on Tools Improvement	16
Feedback Collection	17
Validity of the Tools	17
Data Collection Procedure	18
Study Site and Its Justification	18
Data Analysis and Interpretation Procedure	18
Checking the Correctness of Interview Schedule	19
Preparation for Data Collection	19
Reading Transcriptions	19
Data Transcription	19
Coding data	20
Generating Themes	20
Data Reduction and Analysis	20
Comparing the Transcripts	21
Defining the Themes	21
The Ethical Consideration	21
Chapter IV: Analysis and Interpretation	23
Home Environment of Senior Citizens	23
Discontinuity in Morning Walks	24

Inability to Clasp the Morning Pulse	25
Loss of Learning Habit on Grand Children	26
Children Education and Mental Tension	29
Low Concentration on Study and Work	29
Fear and Opportunity of Learning Online	30
Children Disciple and Mental Tension of Senior Citizens	31
Social Demographical Characteristics of Senior Citizen and Mental Tension	31
By Caste/Ethnicity	31
By Religion	32
By Sex	32
Occupation determines Mental Tension	33
Socio-economic Condition and Mental Tension	34
Physical Surrounding and Mental Tension	34
Living Situation of Senior Citizens	35
Chapter V: Findings and Discussion	37
Findings of the Study	37
Discussion	39
Chapter VI: Conclusion and Implications	43
Conclusion of the Study	43
Implications of the Study	43
Practice Implication	43
Research Implication	44
Policy Implication	44
References	45
Appendix A	56
Interview Guidelines	56

Appendix B	57
Case Studies	57
Appendix C	60
Location of Study Site	60

List of Tables

Table 1. Criteria of Trustworthiness of the Study	17
Table 2. Interviews from the Diverse Group of People	19

List of Figures

Figure 1. Conceptual Framework of the Study

12

List of Abbreviations

CBS		Central Bureau of Statistics
FGD	:	Focus Group Discussion
FOE	:	Faculty of Education
NLC	:	Nepal Law Commission
NSCA	:	Nepal Senior Citizens Act
SCT	:	Social Cognitive Theory
TU	:	Tribhuvan University

Chapter I: Introduction

Background of the Study

Senior Citizen is a citizen of Nepal has completed the age of sixty years. Ageing is a natural phenomenon and an inevitable process. Every living being born, develops, grows old and dies. Ageing is a gradual change in physical appearance and has succeeded in lowering the process of ageing (Bhandary, 2019). Population statistics show that the number of elderly people (senior citizen) has been increasing 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 [Central Bureau of Statistics (CBS), 1991]. While after ten years, it is increased to 6.5% (CBS, 2001) and 8.13% increased to (CBS, 2011).

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 [Nepal Senior Citizens Act (NSCA), 2006].

Furthermore, it helps to assist the helpless senior citizen to provide income source or property for earning his or her livelihood, having no family member for maintaining and taking care of him or her, despite the existence of a family member, being compelled to live a discarded or disregarded life because of not being maintained by the member. Establishment of care centre for them for shelter is also important [Nepal Law Commission (NLC), 2006].

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. People infected with the COVID-19 virus 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 (Andrade, 2020). 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 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.

In this regard, 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.

Provincial Distribution of Population of Elderly Population

For a country like Nepal whose life expectancy was around 54 years in 1991 is now expected to increase to 71 years in 2020. Data shows that in every two years, average life expectancy is increasing by one year in Nepal. In Nepal, the Elderly population growth rate is quite higher than the population growth rate. Different cross-sectional or review article shows that majority of Nepalese elderly are living with their children. In the Nepali culture, generally, parents prefer to live with their children especially with son. A study shows more than 80% live with their children and only 2.7% of the elderly were living with their daughters. Children are also considered as insurance for old age because another social security system is not well developed in Nepal. Recently in recent decades, the numbers of youth going abroad for employment and higher studies is increasing rapidly. Anecdotal information indicates that the effect of internal and outmigration has much affected the life of elderly people.

Nepal declared in 7 provinces on 20 September 2015 in accordance with schedule 4 of the Constitution of Nepal. In Nepal census takes place every 10 years. The latest census was held in 2011 and the next census will be held in 2021. So, there is no provincial level elderly data which can be easily available in Nepal.

This short communication paper tries to present the provincial situation of the elderly in Nepal. It uses the re-arranged data from the 2011 census of Nepal. As of 2011 Census of Nepal, there were a total of 2,154,003 elderly 60 years and above. Among the total elderly population, the highest proportion is in province 3 (21.2%), followed by province 2 (18.8%), province 1 (18.2%), and only 4.1% elderly are in province 6. The total population was 4,834,943 and the elderly population was 393,031 with the sex ration of elderly was 100%. This shows that the number of males and females are 196,513 and 196,518 respectively.

Comparison the elderly population with the other province, the share of elderly population of province number 1 was 8.1. In the same way, the percentage of elderly population of the elderly people of provinces 2, 3 and 4 are 7.5%, 8.2% and 11.8% respectively. This shows that the number of elderly population is more in province 4 with the sex ratio of 93.3. The percentage of elderly population is least in province 6 with the total number of people above 60 years is 1,570,418.

Further composition of male and female elderly is measured through the sex ratio which gives the number of male elderlies per 100 female elderly. Sex ratio above 100 is considered as an excess of male and sex ration below 100 is considered as an excess of females. The sex ratio of 100 implies both male and female is equal. The total sex ratio of the elderly 60 years and above of Nepal was 97.7 which imply there was excess of a woman in the total elderly population. In other words, there were nearly 98 males per hundred female elderly. Province 1 has nearly equal male and female elderly. Province dominated by elderly male is province 2 and province 5 only. Province dominated by female elderly is province 3, province 4, province 6, and province 7. Province 7 has only 84 males per hundred female elderly.

Ageing has always been global issue and Nepal has also taken this issue as one of the priority of the government. On the other, fertility rate has been declining in recent years and the tempo is expected to be unexpectedly fast as the mortality is declining and the life expectancy is continuing to increase for both sexes in Nepal. It is important to understand the ageing issue in the proper demographic and national context. In a country like Nepal, a marginal increase in the proportion of older people possesses problems when the country is characterized by greater spatial inequalities, poverty, overly used land resources, stagnant economy, high illiteracy and poor health status. The increasing numbers of elderly citizens is a major concern in developing countries (Subedi, 1999). Nepal has introduced a non-contributory social pension scheme since 1994/95 to ensure the social security to the elderly citizens. This system is unique to Asia being the primary universal pension scheme in the region and a model for other developing countries.

The primary motive behind this scheme is to promote long established tradition of taking care of elderly by their family. All the Policy, Acts and Regulation for elderly have focused special attention on the promotion of the family support for the well-being of the older people. In some developed countries, state pensions ensure

old-age income security for a significant proportion of the population, while in developing countries relatively few have access to retirement pensions. In countries with low rates of occupational or retirement pension coverage, other social policy instruments are functioning to ensure the access to cash the kind assistance for older persons. The social pension schemes which do not provide adequate income or coverage may need to be expanded for wider coverage (MoHP, 2010).

Statement of the Problem

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 elderly people in urban areas is abandonment from their children (Flint, Bingham, & Iaboni, 2020; Shadmi et al., 2020). There are many cases where the elderly people are abandoned by their children during their old age period. There are severe cases like leaving them in the street, temple. In some cases the children in urban areas keep their parents until they assign their property to their children name. Urbanization and modernization is another big problem for elderly to cope of with. They don't have any activities to do the whole day.

Most of the elderly children leave for office and they lock their parents at home. They are alone whole day at the home without anyone to talk to and anything to do. The biggest issue is that the urban elderly live their life in loneliness (Ranjitkar, Adhikari, & Chand, 2019). In urban areas many family structure is nuclear family. Children are always busy in technology and gadgets and their friends. Parents are busy in their job (Shrestha, 2004). The only problem is for elderly because they have no one to talk, no one to share their feelings and emotion and they don't have an economic activity to be engaged in. Due to this urban elderly people are facing psychological and mental problem such as depression, trauma, and stress. Similarly they don't 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. And this thing makes the life of elderly people more difficult to live in urban areas.

Rationale of the Study

I am a student of population studies as well as a teacher educator in the university. During the COVID-19 pandemic period, I have seen many senior citizens in Kathmandu are facing physical and mental problems. Due to the COVID-19 pandemic, my father had anxiety and its effect is still seen in the post-COVID period.

This situation of my family and the situation of senior citizens in the community where I live motivate me to study the mental effects on senior citizens due to COVID-19 and its effect till post-COVID period.

Significance of the Study

The findings of this study can apply by the local government to take care of senior citizens in Nepal. It can also be incorporated in the school curricula and textbooks so that new generations will take care and respect senior citizens. Also, this study will be useful for the students, teachers and policy level people as a part of the study material and understand the problems of senior citizens in Nepal.

Objectives of the Study

This study intended to accomplish the following objectives:

- To identify the existing mental and psychological health problems of senior citizens during COVID-19;
- To explore the different forms of mental and psychological health problems of senior citizens due to COVID-19.

Research Questions

These research objectives answer the stated objectives. These research questions are:

- What are the mental health problems of senior citizens due to COVID-19 in Kirtipur municipality?
- Do senior citizen affected by COVID-19 pandemic during post-COVID period mentally?
- What are the psychological health problems of senior citizens during the post COVID pandemic?
- Do senior citizens mentally affected due to COVID-19 in terms of home environment, fear, children education and living situation?
- How are senior citizens perceived COVID-19 spreading in the community?
- Are senior citizens in the Kirtipur municipality supported by family members during post-COVID period?

Delimitations of the Study

This study have the following delimitations.

- This study delimited within the Kirtipur municipality.
- Only 10 senior citizens (60 years above) taken for the study.
- This study completed within six months.

- This study applied social cognitive theory.

Definition of the Key Terms

Senior citizen: Nepalese people who crossed the age of sixty years.

Post-COVID period: It is the time period from COVID-19 third wave.

Mental health: Mental effects seen in the senior citizens due to COVID-19 pandemic.

Ageing: Ageing is a natural phenomenon and an inevitable process.

Trauma: Trauma in this study is defined as being exposed to a traumatic event like COVID-19 pandemic that causes fear till post-COVID period.

Depression: Depression in this research is a temper sickness that causes an insistent sensation of unhappiness and loss of attention in day to day life activities due to COVID-19.

Anxiety: Anxiety is a feeling of restlessness and uneasiness due to COVID-19 pandemic.

Chapter II: Review of Related Literature

The basic purpose behind the literature review, in this chapter, is to supplement the scholars existing level of knowledge about learning and theoretical understanding with special focus on COVID-19, elderly population in Nepal. To accomplish the above-stated objectives (chapter I), this section is broadly divided into four sections. The first section is related to the meaning of elderly population, COVID-19 and its effects. The second section discusses the theoretical and philosophical understanding of the study. It is related with the social cognitive theory. The third section is related with the empirical literature related to this study and the fourth section of this chapter is related to the conceptual framework of the study.

Theoretical Literature Review

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement. I link this theory to understand the behavior of elderly population that selected in this study.

This theory considers the unique way in which individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior. The theory takes into account a person's past experiences, which factor into whether behavioral action occurs. These past experiences influences reinforcements, expectations, and expectancies, all of which shape whether a person engage in a specific behavior and the reasons why a person engages in that behavior.

Many theories of behavior used in health promotion do not consider maintenance of behavior, but rather focus on initiating behavior. The goal of SCT is to explain how people regulate their behavior through control and reinforcement to achieve goal-directed behavior that can be maintained over time. As a researcher and the student, I consider the following:

Reciprocal Determinism

This is the central concept of SCT. This refers to the dynamic and reciprocal interaction of person (individual with a set of learned experiences), environment (external social context), and behavior (responses to stimuli to achieve goals).

Behavioral Capability

This refers to a person's actual ability to perform a behavior through essential knowledge and skills. In order to successfully perform a behavior, a person must know what to do and how to do it. People learn from the consequences of their behavior, which also affects the environment in which they live.

Observational Learning

This asserts that people can witness and observe a behavior conducted by others, and then reproduce those actions. This is often exhibited through "modeling" of behaviors. If individuals see successful demonstration of a behavior, they can also complete the behavior successfully.

Reinforcements

This refers to the internal or external responses to a person's behavior that affect the likelihood of continuing or discontinuing the behavior. Reinforcements can be self-initiated or in the environment, and reinforcements can be positive or negative. This is the construct of SCT that most closely ties to the reciprocal relationship between behavior and environment.

Expectation

This refers to the anticipated consequences of a person's behavior. Outcome expectations can be health-related or not health-related. People anticipate the consequences of their actions before engaging in the behavior, and these anticipated consequences can influence successful completion of the behavior. Expectations derive largely from previous experience. While expectancies also derive from previous experience, expectancies focus on the value that is placed on the outcome and are subjective to the individual.

Self-efficacy

This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. Self-efficacy is unique to SCT although other theories have added this construct at later dates, such as the Theory of Planned Behavior. Self-efficacy is influenced by a person's specific capabilities and other individual factors, as well as by environmental factors (barriers and facilitators).

Empirical Literature Review

Flint, Bingham, and Laboni (2020) did a research entitled 'Effect of COVID-19 on the mental health care of older people in Canada'. They found that corona virus (COVID-19) can affect persons of any age; older adults are particularly vulnerable to

serious infection and death because of an age-related decline in immune function and the likelihood of having more preexisting health conditions than younger individuals.

Moreover, although only 5% of Canadian seniors live in long-term care homes and residents have accounted for a disproportionate number of infections and deaths due to COVID-19 in Canada. From the study, they recommended that the most prevalent solution has been to expand the use of virtual care, either by video or by telephone for individuals who do not have video capability or prefer to not use video. Canada has a well-developed telemedicine infrastructure, so the wholesale transition to virtual care of outpatients, to protect the health of providers and patients, happened almost overnight. Access to pharmacies has been unhindered, with many pharmacies expanding their home delivery service.

Daoust (2020) did a comprehensive study entitled 'Elderly people and responses to COVID-19 in 27 Countries'. He found that public authorities target older people in order to convince them to comply with preventive measures. However, they still know little about older people's attitudes and compliance toward these measures. He searched elderly people's responses to the pandemic using data from 27 countries. Results are surprising and quite troubling. Elderly people's response is substantially similar to their fellow citizens in their 50's and 60's. This research provides the first thorough description of the most vulnerable population's attitudes and compliance in a comparative perspective. Based on this study, it is suggested that governments' strategies toward elderly people are far from successful and shows that methodologically, we should be more cautious in treating age as having a linear effect on COVID-19 related outcomes.

Armitage, and Nellums (2020) did a research entitled 'COVID-19 and the consequences of isolating the elderly' and found that elderly population soon be told to self-isolate for a very long time in the UK, and elsewhere. This attempt to shield the over-70s, and thereby protect over-burdened health systems, comes as worldwide countries enforce lockdowns, curfews, and social isolation to mitigate the spread of severe acute respiratory syndrome coronavirus 2. However, it is well known that social isolation among older adults is a serious public health concern because of their heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health problems.

Pant, and Subedi (2020) did research on the topic entitled 'Impact of COVID-19 on the elderly' in Nepal and found that most developed countries an adult of age

65 years and above is considered an elderly, in Nepal, the age limit is 60 years. There will be two billion people in old age category worldwide by 2050. This rise in number of ageing group presents many challenges; one such challenge was faced during the Corona Virus Disease 2019 (COVID- 19) pandemic. The aim of this narrative review is to assess the impact of COVID-19 on different aspects of life of the elderly. The impact of COVID-19 on the health of the elderly is greater compared to other age groups. Studies from around the world have showed that the risk of severity for COVID-19 is higher among the elderly. Many elderly who got infected or died were healthcare personnel working in the frontline. Measures like physical distancing, movement restriction and home quarantine, all contributed to the increase in social isolation, especially for the elderly. This in turn could cause problems with their physical, mental, and cognitive health. Additionally, in lack of a steady source of income and insufficiency of savings, many face financial crises. Despite efforts to help the old people, they have been enduring the harsh outcomes of the pandemic. To support and respect elderly, their dignified life, clear policy interventions and proper implementations are a must.

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus experiences mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness (Pant, & Subedi, 2020). The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect our self and others from infection by washing our hands or using an alcohol based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

COVID-19 is spreading in our community and so we have to stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning our hands, and coughing into a bent elbow or tissue or a piece of cloth. Maintain at least a two metre distance between yourself and others to reduce your risk of infection when they cough, sneeze or speak. Maintain an even greater distance between yourself and others when indoors. Make wearing a mask a normal part of being around other people. Clean our hands before

you put your mask on, as well as before and after you take it off. Make sure it covers our nose, mouth and chin. Here are some specifics on what type of mask to wear and when, depending on how much virus is circulating where you live. It is recommended that we need to wear a fabric mask unless you're in a particular risk group (Pant, & Subedi, 2020). This is especially important when you can't stay physically distanced, particularly in crowded and poorly ventilated indoor settings.

Elderly Population

An ageing population increases the demand for health services. Older people suffer from both degenerative and communicable diseases due to the ageing of the body's immune system. The leading causes of morbidity are infections, while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis and incontinence are other common health-related problems. As of 2019, over 2 million people living in Nepal are aged over 60 which are almost 9% of the country's total population (NSCA, 2006). The proportion of older people is expected to double to 18.6% in 2050 with 36 million people aged over 60. This means that for every five Bangladeshis, one will be a senior citizen.

National policy on older people

The Senior Citizens Act was created in Nepal to address the issues presented by an ageing population. The Senior Citizens Act focuses on formation of the Senior Citizens Welfare Committee and Senior Citizens Welfare Fund, in order to protect and ensure social and economic wellbeing and human rights for the elderly. Social security and senior discounts were also a priority of the act, to ensure comfortable living standards. Increasing skills and knowledge of older persons and allowing for integrity and independence is the central theme of the Senior Citizens Act (NSCA, 2006).

Health and Care

The Thirteenth Plan aimed to create a Rural Community Public Health Programme, to address the issues of healthy aging and the risk of non-communicable diseases. The policy also focused on improving treatment services for the elderly and implementing preventative measures for non-communicable diseases in primary health services to improve national community care amongst the elderly. Primary health care provided by the government is now free in rural areas, and The Thirteenth Plan aimed to ensure all citizens had ease of access to the resources available to them.

Older People's Associations

The Centre for Welfare of Senior Citizens monitors Senior Citizens Clubs throughout Nepal, which aim to encourage elderly participation within communities and encourage independence and integrity amongst older persons.

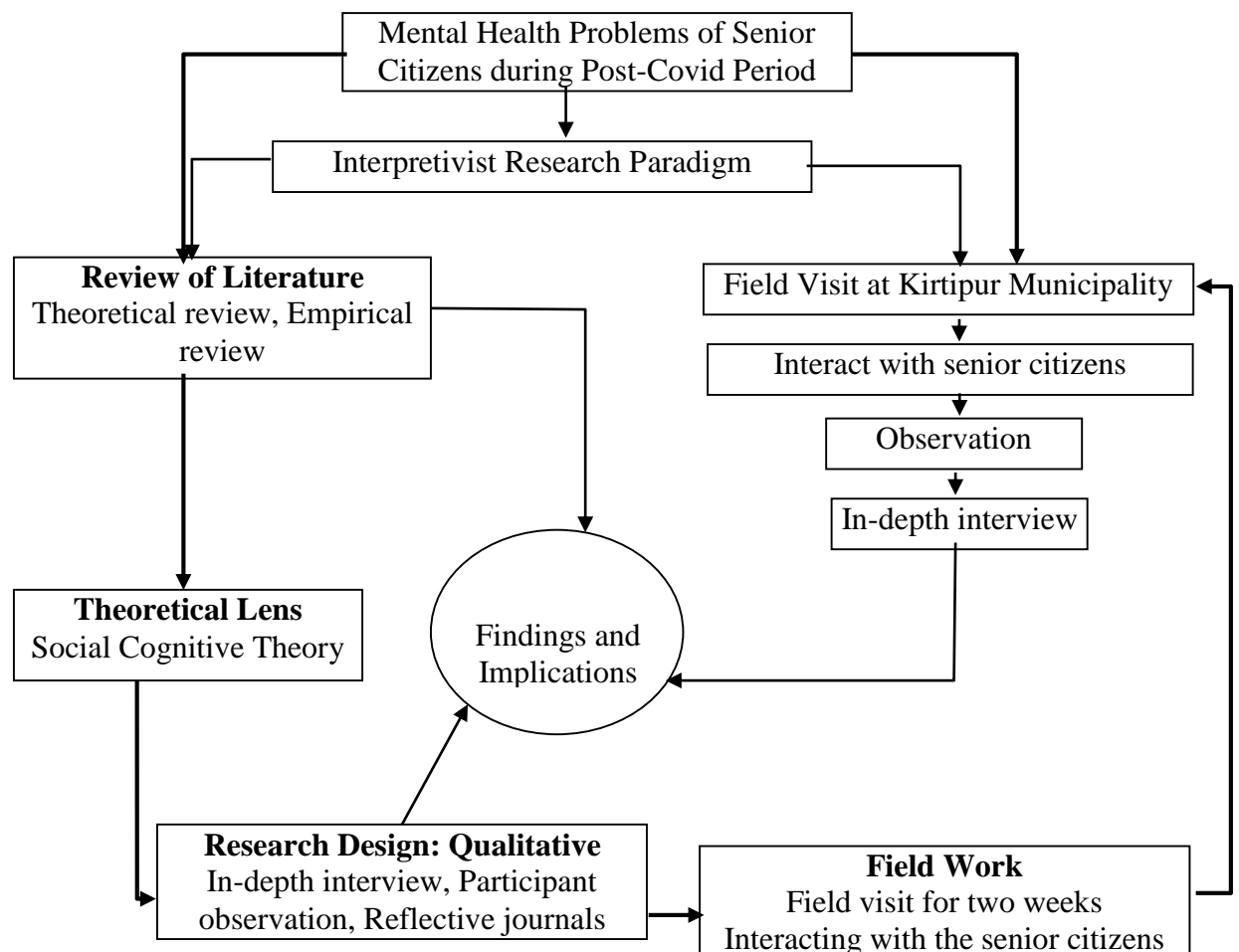
Social Pension

There is a social pension in place in Nepal for low income older people. The Old Age Allowance is available for those over 70, though the age of eligibility is reduced to 60 for Dalits and those in the Karnali zone. Of those who are eligible over 70, 79.9% of the population are in receipt of the Old Age Allowance, and receive 2,000 Rupees per month.

Conceptual Framework of the Study

Figure 1

Conceptual Framework of the Study



Chapter III: Methods and Procedures

This research is conducted using interpretivism methodology, following qualitative research method to bind together the data text and verbatim of each interview from the research participants in the study. This chapter presents the methodology in relation to the philosophical orientation of the study, research design, study area, population, research participants, tools, and data collection and analysis methods.

This study applied exploratory and descriptive research based on a qualitative research approach.

Philosophical Orientation of the Study

Research paradigms are basic belief systems that represent a particular worldview based upon ontological, epistemological and methodological assumptions (Guba, & Lincoln, 1994). According to Percy-Smith, McMahon, and Thomas (2019), ontology is about the reality 'what', and epistemology is the belief that they know what is real. Finally, they do research more about reality, i.e., methodology. I applied an interpretivism paradigm in this study. Within the constructivist paradigm, there is an ontological position of valuing multiple perspectives, which means believing that there are local and specific constructed realities (Guba, & Lincoln, 1994). Constructivism is about recognizing the unique human experience of each of us (Stylianou, & Zembylas, 2019).

Ontological Grounds of the Study

Ontology is the branch of metaphysics dealing with the nature of being. Ontologically this study assumes the subjective realities (Denzin, & Salvo, 2011). In the same line, Denzin and Lincoln (2011) state that "ontology raises basic questions about the nature of reality and the nature of the human beings in the world. However, they recognize that subjectivity cannot be separated from objectivity (Hennink, 2013; Merriam, & Tisdell, 2015). In other words, the world is objective and human beings are subjective that does not exist apart from each other. They exist in constant interaction (Freire, 1972). Within the premises of this study, ontology as a branch of metaphysics aims to dissect the underlying structure of reality.

Epistemology of the Study

The epistemological perspective of this study was based on critical subjectivity (Hennink, 2013). The epistemology focuses on conversation with the respondents (elderly population above the age of sixty) to create innovative and

contextual knowledge. Given the central importance of respondents' views and beliefs, reality can be constructed through shared experiences, dialogue, feedback, and exchange among people (Edwards-Groves & Kemmis, 2016; Hennink, 2013; Mertler, 2019). Furthermore, Denzin and Lincoln (2011) argued, "the epistemological, methodological, and ethical instance inclined towards critical inquiry" (p. 12). Knowledge production is a form of social and political empowerment and insists that dominant power structure recognize the social and cultural capital (Mirra, Garcia, & Morrell, 2015).

Axiology of the Study

Axiology is the study of values. As a researcher, the value of this research affects how the research is done by understanding the physical and mental effects on elderly people and what we value in the results of the research. Regarding axiology, Cook, Brandon, Zonouzi, and Thomson (2019) argued that expertise is inseparable from the hobbies that guide it and specifies three sorts of interests: methodological, applied, and emancipatory.

Research Design

This study is based on the qualitative research. Moreover, "emergent data collection techniques/methods are widely used in qualitative research method" (Creswell, 2014, p. 47) were used in this study. It is an emergent version, providing unique attention to the rapidly growing mental effects of elderly population. The research design is grounded within the interpretivism paradigm. In this research, the researcher is collected and analyze the qualitative data through in-depth interviews, participants' observations, conversations and reflective journals.

Sources of Data

This study employed participant observations, conversations and in-depth interviews as well as daily diary records and reflections. Ten in-depth interviews were taken from the elderly population. Observations were done from the elderly people from whom in-depth interviews were taken. To analyze the mental effects on the real situation of elderly population about the effect of COVID-19. Ten conversations were recorded from them. Reflective journals/daily diary was also be recorded in each and every step of the field visits.

Population, Sampling Procedure and Sample Size

Population is the elderly population in Kirtipur municipality. In this study, purposive sampling is used to select elderly population. Purposive sampling

is understood on the place and individuals to have a look at primarily based upon an informed knowledge “of the research problem and central phenomenon in the study” (Creswell, 2015, p. 16). Both the male and female in the ratio of 1:1 is taken purposively for the study.

This study was conducted in the Kirtipur municipality. Elderly population were purposively selected to include socio-economically diverse catchment areas. The research participants were all the senior citizen who have crossed the age of 60 years. This study used purposive convenient sampling techniques to determine the research participants, especially for qualitative inquiry. Patton (1990) stated “there are no rules for sample size in qualitative inquiry”. He again said, “sample size depends on what the investigator wants to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (pp. 22-25). The qualitative inquiry focuses in-depth on relatively small samples, and the type of data chosen depends on the research questions to be answered. On this basis, I selected senior citizen using a purposive sampling method from Kirtipur municipality ward number 7. The criteria for their selection were familiarity with the senior citizen, their problems during COVID-19 pandemic and their family members. In qualitative research, I can penetrate in the known condition.

The study samples were of this study were selected based on mutual discussion between the thesis supervisor and the researchers by sharing details of the senior citizens. Since the sample is selected from the participants in this qualitative study, the emphasis was on the quality of information rather than the volume of data. In this connection, Patton (1990) said, “there are no rules for sample size in qualitative inquiry”. He further stated, “sample size depends on what the investigator wants to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (pp. 22-25). The qualitative study focuses in-depth on relatively small samples, and the type of data chosen depends on the research questions to be answered.

Data Collection Tools

The study was intended to gather primary qualitative data through a desk review of the related literature. Hence, based on the scope, objectives, and research questions, the titles of themes for desk review were prepared. These themes helped to solicit and draw the information related to the study.

Interview Schedules

Based on the areas/themes prepared after the study of the literature interview guidelines were developed. Some questions in these interview schedules for different informants (elderly population) were the same as their opinions on the same area had to be solicited, whereas some other questions were different based on their particular roles and responsibilities. These tools mainly included questions on the effects of the COVID-19 pandemic on senior citizens residing in the Kirtipur municipality of Kathmandu valley. Home environment, the barriers and challenges that the elderly people faced in during the pandemic is the major problem. Accessing the time, mental status, home environment, community visits, meeting neighbours, morning walk routine, etc. were considered while designing interview guidelines. Each schedule considered these themes. Specifically, questions related to the barriers and challenges contributing to the elderly people's home environment and the psychological problems of people were also considered. Same interview guidelines were made for the male and female senior citizen of all the ethnic group that have been taken for the interview.

Case Study Form

The case study form was also developed for collecting further qualitative data of individual elderly people in detail regarding the mental and psychological problems that they were faced during the COVID-19 pandemic and family support during that time.

Standardization of the Tool

Moreover, a study was also required to furnish the suggestions for formulating the appropriate education policy and process. Three main activities such as (a) workshop among the friends on tools improvement; (b) feedback collection from friends, supervisor and teachers and (c) once practiced out in order to finalize the tools i.e., the interview guidelines. As a part of standardization of the tools in this study, the reliability is ensured.

Talk Programme on Tools Improvement

With a view to improving each question developed by the researcher, a talk programme was organized. This programme was participated in by the researcher and my fellow friends. Each question was presented by the researcher who prepared the particular tool. Each question of the tool was discussed in detail and revision was made during discussion. Moreover, all the questions in each tool were organized

based on the themes.

Feedback Collection

All the research tools which were finalized by the talk programme were submitted to supervisor at the Department of Health and Population Education, Central Department of Education, Tribuvan University for his feedback. I got valuable comments from the supervisor and corrected each tool with care. Few questions were revised as per the objectives, research questions and the related theses based on the literature.

Validity of the Tools

In qualitative research, reliability focuses on identifying and documenting recurrent, accurate, consistent, or inconsistent features such as pattern, theme, value and worldviews, experiences, and other phenomena confirmed in a similar or different context (Krefting, 1991). The traditional concepts of reliability and validity used in quantitative methods are appropriate to ‘trustworthiness in qualitative research and fit in interpretivism research paradigm (Murphy, & Yelder, 2010). Trustworthiness is considered a circular and dynamic process comprising credibility, dependability, conformability, and transferability. However, these four stages are not direct, and they enable the researcher to measure their research process throughout the study.

Table 1

Criteria of Trustworthiness of the Study

Qualitative Study	Measures Employed in the Research
Credibility/ Authenticity	Data consistency checks by the researcher and supervisor, prolonged involvement in the field, debriefing to the learning community, triangulation of data and crosschecking with published literature
Transferability/ Fittingness	Findings are not generalised; all recurrent and less recurrent views are presented as lived experiences.
Dependability	Establish linkages within the methodology, data analyses and discussion through the audit trail
Conformability	Researcher's awareness and precautions to minimise possible biases, supervisor checks for data coding and analysis (audit trail)

Data Collection Procedure

Following steps are adopted for the collection of data.

Study Site and Its Justification

This study is carried out in Kirtipur municipality of Kathmandu valley, province number 3 of the Federal Nepal. Kirtipur is one of the ancient conurbations subjugated by Newari communal. Kirtipur municipality is one of the fifty eight municipalities of Nepal under the Municipal Act in 2053 BS. It is located in the southern part of the Kathmandu valley which is the capital city of Nepal.

As I am the permanent residence of the Kirtipur municipality, I understood the real problems and issues of the elderly people living in this area. Newari is the major language of the inhabitants of this locality however people of this region can understand and speak Nepali language too. This municipality was purposively selected based on the selection criteria of finding the known elderly people among which I as a qualitative researcher can easily approach to their home for the collection of thick information.

On the day when I reached on the home of the elderly people, I contacted with the head of the family after greeting. I introduced myself and the purpose of talking with them (him). When they were agreed for the interview/conversation, I started to ask questions and keep recording only after taking their permission. I did this work for all the ten elderly people in ten days. I completed the data collection within ten days and extra two days have been taken as I revisited few of the elderly people for the data saturation.

The audio recording of each interview carried out each day was played to check whether the responses were well recorded. Improvements were made in the interview recording on the basis of the feedback of the replaying of the recording. I transcribed the interviews whenever possible within the day of data collection.

Data Analysis and Interpretation Procedure

Data analysis aims to make sense of the data that were gathered related to each of the research questions and the theoretical framework of the observation. This process required for the deductive and inductive reasoning and create the themes advocated by Merriam, (2009). A large volume of text generated from the interviews, participants' observations, conversations and the reflective journal or notes. In line with Patton, (2002), analyzing text is a complex challenge that calls for one

to discover themes and subthemes, describes the issues, creates hierarchies, observes the mental problems to the textual content, and create links to the theoretical fashions. Verbatim analysis was the major data analysis tool for the study to come to the conclusion.

Checking the Correctness of Interview Schedule

The prepared interview guidelines after incorporating the feedback of the supervisor is carried and asked questions to a senior citizen and took their responses. It was done to provide the appropriateness, reliability, and trustworthiness of the interview guidelines. Few lapses like coherence of the questions were made correction and the final interview questions were prepared for the administration.

Preparation for Data Collection

After finalization of the interview guidelines, I moved in the field i.e., the home of the elderly people at the Kirtipur municipality. I have chosen the diverse group for the interview (Fig. 1).

Table 2

Interviews from the Diverse Group of People

Ethnic Group	Brahmin/Chhetri	Newar	Gurung	Total
Male	2	2	1	5
Female	2	2	1	5
Total	4	4	2	10

I got adequate information on the tools, objectives and the research questions for the collection of data through interview. Each interview was recorded.

Reading Transcriptions

The persons who were involved in data analysis read the transcripts to familiarize themselves with the data, to get an initial impression and to get an overview of the collected data by taking some notes or summarizing the ideas.

Data Transcription

The responsibility to transcribe i.e. document the audio/video recorded interview data was given to respective task of the researcher in the qualitative study. Though audio-to-text converters are good devices for transcribing interview data, I transcribed interviews manually for the sake of convenience in report writing. I used standard verbatim type of transcription. This type of transcription was used for

involving detailed transcription with/by light editing, creating a transcript that is highly accurate yet not overloaded with unnecessary detail. It was chosen to capture every word that was said on the recording, leaving out parts like rapport building, repetitions, ambient sounds and non-verbal communication. This makes the transcript cleaner and easier to read, while still including all the relevant parts.

Transcribed data of each interview was checked whether it was properly transcribed. Altogether, there are the transcription of interviews of 10 elderly people among them 5 were male and 5 were female. Among them, 2 were male Brahmin, 2 female Brahmin, 2 were male Newar, 2 were female Newar and 1-1 were the male and female from the Gurung ethnic group.

Coding data

While reading transcripts, the data analyzer highlighted the words, phrases, or sentences as codes that were felt interesting. Similarly, they highlighted the pattern which is repeated throughout the transcripts. Also I created a code when the interviewer specifically stated that a particular insight was important. At this stage, I produced as many codes they could and different colors were put corresponding to different codes.

Generating Themes

At this point, the data analyzers narrowed down the codes and create themes and categories. That is, similar codes were combined into a single theme. In addition, it is the point where irrelevant codes were discarded and they focused on potential themes that were useful and made the analysis more credible.

Data Reduction and Analysis

Data analysis involves inspecting, cleansing, transforming, and modelling data to discover useful information, informing conclusions, and support decision-making (Garnett et al., 2019). Michael (2018) argues that it is essential to note that the process of data analysis is eclectic; in other words, there is no right way of analyzing data. Analysis and interpretation of qualitative data aim to discover patterns, ideas, explanations and understandings (Shannon-Baker, 2016). Open coding, an inductive process, was used to identify the units of meaning. Following the coding and content analysis method, all the textual data from the transcribed interviews was analyzed by first breaking down the data into segments of meaning and then categorizing the segments.

Comparing the Transcripts

After one transcript, the data analyzers repeated the process to the remaining transcripts. New codes were found on the basis of interview transcripts as emerged, so there was always a constant comparison between the data. At this point, again, the codes were combined and discarded unnecessary codes. The intent of the comparing transcripts was to make the data as accurate as possible.

Defining the Themes

It is the point where the data analyzers came up with the final list of themes that they generated from the interviews. While defining the themes, they described what the data was about, what made interesting, and how they contribute to the understanding of the data. Overall, I first transcribed the interview into Nepali and then translated them into English. I have followed the steps suggested for the framework analysis (Pope, Ziebland & Mays, (2000), Ritchie & Spencer, 1994): Familiarisation of the data involving reading transcripts and field notes several times. The aim was to immerse me in the details and get a sense of the interview before breaking it into central themes. In this process, I noted down the recurrent themes.

Identifying a thematic framework in which I wrote memos in the margin of the text in the form of short phrases to identify themes. I have identified the descriptive statements and analysed the data following the interview and FGD guide. Indexing part includes providing the numerical codes to the textual data at this stage, highlighted and sorted out quotes, and made comparisons. While doing so, the original research objectives and the interview guidelines were considered. In the fourth stage charting this involved comparing and contrasting data and cutting and pasting similar verbatim together in the new chart. Indexing and charting is a kind of data management. Indexing is helpful in data reduction in qualitative research (Green, & Thorogood, 2018). Further, mapping and interpretation of the data in which the themes and sub-themes that emerge from charting are mapped and interpreted based on the research objectives and questions, nature of, and links between themes to generate descriptions for the finding.

The Ethical Consideration

The ethical issues in research primarily concern not harming the research participants. Seawright (2016) suggests that the researcher needs to keep the promises and agreements and act with sincerity. Research ethics is required not to fabricate, falsify and misinterpret the data for the desired result (Denzin, & Lincoln, 2011). In

the qualitative study, the most important thing is the researcher's honesty not misusing the information.

As a part of ethical consideration, the researcher maintained ethical consideration at the time of collecting data. Research participants were informed the aims and objectives of collection of data. In all in-depth interview and observation, the researcher obtained the respondents' verbal consent. Respondent's name and other personal information were kept confidential throughout the study. The collected data were not used for other purposes. Similarly, the validity of the tools were maintained through the literature and the supervisor feedback.

Chapter IV: Analysis and Interpretation

One of the main objectives of this study is to explore the situation of mental and psychological problems of senior citizen located in Kirtipur municipality of Kathmandu district. In order to achieve this objective, the qualitative data i.e., in-depth interview regarding the home environment. Activities done by the elderly population in pandemic period. COVID-19 pandemic effects on senior citizens. For this purpose, ten elderly people through interview guidelines. COVID-19 has impacted almost every sector of human life.

Home Environment of Senior Citizens

It was observed that that health of the senior citizen was affected mentally and emotionally.

COVID-19 had an impact on home environment more in comparison to other sector. During that period, schools were closed for their grandchildren, market was closed, and those family members with job had no need to go in the offices. The effect of the COVID-19 pandemic caused community closure physically.

Elderly people were unable to go to neighbour for sharing feelings, meet them and pass time during the day. We had collected the data from the homes of elderly people about alternative strategies for pass time in the elderly people and found that elderly people were lacking appropriate use of safely measures and other facilities like gloves, face masks, sanitizer, etc. (Senior citizen, Male, Brahmin)

In the same way, another senior citizen said:

Home was locked during COVID-19 pandemic period. It was impossible to mover around. I had difficult for time pass. As a senior citizen in my home, I requested all family members to say far from me physically. So, we made a simple guideline to protect family members from COVID-19 disease. But this technique was not effective. Even though some of the homes from my neighbor areas moved here and there.

The respondent further told:

Due to this, my grandchildren were also affected causing no learning and less learning at home. Attempts like using face masks, sanitizer and gloves were used for alternative approaches such as online classes but that was not

effective for my grandchildren. Therefore, it was a difficult time for us as well as for the children.

These finding shows that the home environment of elderly people during COVID-19 was not good and happy. But, in the post-COVID situation, the home environment is normal in-terms of collaboration, division of work, etc. In connection to these findings particularly related to the home environment during COVID-19 pandemic and post-COVID pandemic, Glynn et al., (2021) researched that "the practice of family routines robustly predicted better child mental health" (p. 3). In the same line, "living environment deprivation was an important determinant of spatial clustering of COVID-19 hotspots" (Dass et al., 2021, p. 1). It was found that the home environment is normal. Arguing the finding, better child mental health, and this protective effect persisted (Glynn et al., 2021; Gaur et al., 2020).

Discontinuity in Morning Walks

Due to lockdown in the pandemic, home remained close for a long time. Due to this, regular morning walk was discontinued. In this context, a Newari senior citizen from Kirtipur presented his dissatisfaction, "We could not success to support our own health for providing active life and walks. We had made a discussion on grandchildren and children on this matter of running day to day life activities, but we could not find any solution." He further shows his difficulties, "We were not able to go to neighbours house individually and provide the necessary materials. After the reopening of lockdown, it was difficult to perform daily life activities. It is because our habit changes. We cut off the time for walk and started doing exercise few hours daily.

When COVID-19 started, my grandson exam running, and immediately his school was closed. Especially the education of my smallest granddaughter was much disturbed. There were problems in continuous learning. We started some online programme from mobile phones. In the next session, she could not learn due to the long closure of the school. After lockdown, only after six months, did the Nepal government pass Alternative Learning Directives that were prepared and circulated? In fact, severe learning loss was found in my granddaughter and that was proved after taking her achievement (Interview, Senior citizen, Male Brahmin).

It was found that the continuous morning walks are discontinued even in post-COVID situation. In favour of this finding, Finlay et al., (2021) said exercising and going outdoors is adversely affected during COVID-19 pandemic and post-COVID as well. This is supported by Gulia, and Sreedharan, (2022) researched that "Mood shifted toward a happier state in the post-COVID period" (p. 2).

Inability to Clasp the Morning Pulse

After lockdown, senior citizens were discontinued from going to morning walks and doing exercise. Later when the community reopened after resuming the lockdown, I could not catch the morning walk rhythm. In this regard, one of the senior citizens supposed the loss of morning walk by the expression:

In normal time i.e., before COVID-19 pandemic, I did regular exercise. I used to go to the Chovar for a walk with my friends. It helped me to gain good health and learn a lot from my friends while sharing feelings and experiences during the walks. But, after COVID, what I felt that the elderly population could not catch the morning walk, exercise and listen friends sharing. It adversely affected my health. I was unable to get the opportunity in COVID time as usual. Still, I with my friends cannot walk throughout the period of one hour. COVID-19 made lots of health loss (Senior citizen, Gurung Male).

Similarly, another senior citizen from the Brahmin family stated:

I was very enthusiastic about morning walks daily but was hopeless due to long-time closure. I was interested to read books and take part in the meeting with my friends at the community. My friends were also keen to learn and share. Senior citizens were not going to the Chautaras for so long and are deprived of sharing, playing cards, ludo (a game). But due to the closure, all these activities stopped. It made me unhappy (Senior citizen, Brahmin, Male).

A senior citizen reported,

Due to COVID-19, I forgot my previous day to day life routine, and also was not focused on my pooja (worshipping to the God in the morning time). I focused on listening radio, news, watching television and know more about the cases, injured and deaths of the COVID patients.

In the same line, another grandmother of the same locality said

After COVID-19, my grandchildren were weaker in their study, they have learning loss. They are free at their homes and not interested in their study. Based on the observation of their behaviour, I can say that they have forget learning.

Different impacts are observed during lockdown. For example, grandchildren had a boredom feeling staying at home continuously. Their freedom was lost. They were scared. Their reading habit was stopped. They became lazy. They just spent time with a mobile phone or with indoor games. As a result, a huge loss in their learning is being evaluated. On the other hand, I as a senior citizen also had a lot of tension, anxiety, sleeplessness and indigestion. This was my psychological problem during COVID-19 pandemic for me. Connecting to this finding, more research found that it was a difficult time during the pandemic period but in post-COVID situation spending more time exercising or ensuring personal and household hygiene (Hou, Lai, Ben-Ezra, & Goodwin, 2020). In the same way, Carraro et al., (2022) found that many of the exercises could be performed in bed but not outside whereas in the post-COVID situation, life becomes normal.

Loss of Learning Habit on Grand Children

As the schools were closed at once for an uncertain time, the usual study routine of grand children were also discontinued. Then there was found a huge loss on achievement level in students. A grandmother assumed, “I found a huge gap in between the achievement of my grandchildren before and after the lockdown. The problem is related to the misuse of mobile phones. My grandson always in mobile. He forget his learning and reading the text. It also made me unhappy that was another mental problem for me. In this time, parents were also busy on watching television. There was a learning loss among our students and vision loss to the elders.

Another senior citizen of the same region opinioned:

Sure, we conducted guide our children at the community level. We also conducted online teachers' meetings, providing teaching-learning materials, but due to lockdown, the achievement of students after COVID-19 was decreasing. My grandson and granddaughter were unable to read the text for the continuous watching TV and busy on mobile phones. I do not know the curriculum, specification grid, loose correction of papers, difficulty to prepare

questions and given scores to them were the challenges. Learning loss among the students create tension on me. This is my main cause of unhappy during COVID-19 pandemic.

In relation to the education deterioration of grandchildren due to COVID-19 pandemic, another senior citizen remarked:

The achievement of my granddaughter after COVID-19 was decreasing. Lack of educational materials, online class facility in school; access to ICT devices, TV, radio, incentives for internet knowledge in parents/family, lack of interactive class, support from the Municipality; limited knowledge in teachers about using online classes; and fear of COVID-19 were the major barriers.

In the same line, a Gurung senior citizen viewed, after lockdown, we got to know that the capacity or ability of children decreases not only in specific thing. He further said, “I found about more loss of in achievement in overall. Anyway students were promoted despite learning loss because there was no good learning environment in the home. Many research found that there is more learning loss of students due to COVID-19 pandemic (Blaskó, Costa, & Schnepf, 2022; Dawadi, Giri, & Simkhada, 2020; Holt, & Murray, 2022; Latzer, Leitner, & Karnieli-Miller, 2021).

In this regard, one of the senior citizens from the Gurung ethnicity said:

The motivation level of children in the study was in degrading condition. Children had forgotten what they had learned. Those who had learned multiple and divide also had forgotten. Hence, we had to start from the beginning. Learning loss was visible after the lockdown. Psychologically children were affected negatively. Children from poor backgrounds lost their learning more.

My grandson was unable to write the answer of simple question. He copies questions and left the space for the answer. The achievement of my grandson had drastically decreased. He was not concentrated in his study. On the other hand, was had not sufficient gazette to take online classes. We had economic problem as the job of my son was discontinued during that time. Learning loss of my grandson create tension for me because I love him more than his father and mother.

Another senior citizen added, “During the pandemic time we could not evaluate the children performance properly”. Children were more capable before. In this connection, one of my friends said that the achievement level of his children were also decreased. There are various reasons explained by him. He further said, “We were unable to do sufficient learning activities, unable to complete online curriculum and unable to conduct assessment properly. In such condition how present achievement could be increased?”

Children at home could not learn as they were meant in the face-to-face class. Still, with its alternative methods, the Nepal government has been trying to make sure that they meet the optimum learning requirement to upgrade to higher grades considering the condensed curriculum. The students have learned through alternative methods but not to the optimum requirement.

Another senior citizen viewed:

The government announced the first lockdown intending to prevent people including students against COVID-19. All the academic activities become closed which impacted running classes, conducting examinations, and other academic activities of the schools. We thought that it will be settled on the 2nd week of Baishak but the infection was increasing rapidly throughout the country which made us confused about what to do. I think students who have no teaching-learning environment and learning culture at home, who have no access to radio, television, computer, internet, smartphone, etc., suffered more from staying at home without learning.

Moreover, another senior citizen highlighted:

COVID-19 world problem and lockdown worldwide, school of our children are also closed. At first, when the lockdown and schools were closed, we did not have any pre-planned alternative modes of teaching. Due to this, it adversely affected the learning of our children. At the first lockdown, there was no terminal examination. Children were not able to go to the school, guardians were not also aware. This led to an adverse effect on the learning of the students.

It was found that students were adversely affected due to COVID-19 pandemic. Many research found that there is learning loss of students from the basic level to the university levels (Adhikari et al., 2021; Laudari, Pariyar, & Maraseni, 2021; Kunwar, 2021).

Children Education and Mental Tension

Despite the fear of COVID-19, the lockdown was the free time that had to be spent only inside the home. Almost all the senior citizen were worried about their children's future. As a result, parents gave time to their children.

Lockdown has tended the children's future worse. I supported children when I am at home. I have a vegetable shop and cannot live all time with them. But in the string lockdown of the beginning, I stayed full-time with them. My husband also guided in the evening in his leisure time. Our effort is not much effective as schools teachers. They sometimes do not obey us (Senior citizen, Female).

He further reported, "In the initial stage of COVID-19 pandemic, all of my family members were very scared. We followed various health protocols to be safe from the pandemic. We tried to aware children lived around us. They also followed the guidance and children in our family became ready to learn from the mobile phones and computers". He added that the parental guidance is necessary to continue their children learning. Regarding the children education and the mental tension due to COVID-19 pandemic, Poudel, and Subedi, (2020) found that children became the vulnerable populations and limited resources to respond to the pandemic. This was one of the causes of mental tension for the parents. Also, Khanal et al., (2020) said that COVID-19 pandemic causes tension among the parents as the children study was badly affected.

Low Concentration on Study and Work

During COVID-19 pandemic, most of the children in almost all the families were not concentrated on their studies and elders were not concentrate on their work. They were scared by COVID-19. Connecting to this, one of the senior citizen stated "I was so afraid thinking about the death due to COVID-19." Likewise, another senior citizen shared her feelings during the closure and said, "Because of COVID-19, our community was completely locked. So, I had to stay home. Staying home means no work, no office, no morning walks, and no parties and so on. Also, there was not playing, no enjoyment, doing lots of house chores. I had to take care of my

grandchildren. So that was very bad for me.” Chauhan, and Singh, (2020) researched that the concentration of the family members was lost due to COVID-19 pandemic. This research further said that it is still in few families.

Fear and Opportunity of Learning Online

COVID-19 is a new kind of disease in its nature. Hence, plenty of research about it should be carried out to understand its spread, transmission, impact on public health, its prevention, control, etc. Therefore, people all over were panicked and scare of getting untimely dying with this disease. In this regard, a parent from Panga of Kirtipur municipality said, “Children was afraid, anxiety, in the beginning, later they came to normal.”

One of the senior citizen was happy to share and said:

I learned more during COVID-19 pandemic time especially during lockdown. He learn to play more on mobile phone, explore news and more. So COVID-19 was taken positively too.

The digital platform was promoted due to the compulsion of maintaining physical distance and following safety measures to prevent the disease. All my family members had to be technology-friendly. They had learned to run zoom classes/meetings at the beginning and other advanced software later. Most of the programs, training, and meeting in city areas were carried out virtually because of the scare of transmitting the virus. Children have learned through alternative methods but not to the optimum requirement. Yet it has created an opportunity to boost digital platforms' usage and develop digital content.”

Children learning was hampered by COVID-19 when the course could not be completed. One of the senior citizen realized children lost their learning interest. Arguing his saying, almost all the senior citizens had the same valuation that there was a huge learning loss on children achievement.

In this line, another senior citizen said:

During the closure, our family followed the schools class online routine. The school started the Alternative Learning Facilitation Directives 2075. The children learning was not as it was expected. The learning loss of my grandchildren was clearly seen. Another senior citizen stated, children lost their learning a lot. We just provided some reading materials which was not satisfactory and not effective.

This finding showed that COVID-19 pandemic was one of the opportunities for learning gazettes particularly mobile phones. In this link, research showed that most of the people learned more to listen news from online devices like mobile phones, connect people as a means of social-networking and so on (Attipoe-Dorcoo et al., 2020; Xie, Siau, & Nah, 2020).

Children Disciple and Mental Tension of Senior Citizens

When children had not gone to school for a long time, they forgot the rules, discipline, and system of the school and the home. It took time to come back to the usual situation.

A senior citizen said,

“My grandchildren forget discipline. They become addicted to mobile phones and forget to read the textbooks. We tried to bring them in normal condition but it was very difficult for us to make them normal to read the books, brush their teeth and day to day life activities. Similarly, another senior citizen reported, “my children were lazy. At the first we have shown YouTube video to motivate them. It was effective to avoid fear”. The next senior citizen said that we were not able to make children free from fear, anxiety, and lack of interest to learn but we find lack of good manner in them.”

It is found from this study that the discipline of children was lost due to COVID-19 pandemic. Research showed that discipline became the problem when children stayed at home during COVID-19 pandemic (Fabbri et al., 2021; Freisthler et al., 2022).

Social Demographical Characteristics of Senior Citizen and Mental Tension

The qualitative data regarding mental tension of senior citizens due to COVID-19 pandemic are also analyzed and presented below by socio-demographical characteristics such as ethnicity and gender.

By Caste/ Ethnicity

Nepal is a multi-caste/ethnic country where various caste/ethnic students study in almost in all the communities. Brahmin, Chhetri and Janajati were the respondent in this study. One of the senior citizens said, "In this community, here are verities of castes. Due to poor economic condition, lack of awareness, and low economic status of few of the respondents are highly affected by the COVID-19 pandemic irrespective of any caste/ ethnic. Another parent said, “Almost all the senior citizens could not continue the day to day life activities. A senior citizen of Bhanjaal, Kirtipur

municipality said, “senior citizens have difficulties in participating in learning due to low economic status and limited areas of income”. Also, one of the parents said:

The first wave of the COVID-19 did not affect much. But, in the second wave included every caste, religion, gender, disabilities are affected by COVID-19.

By Religion

Each sampled senior citizen are from different religions. The informant senior citizens were all Hindus. Interview data COVID-19 had an equal impact irrespective of religion on all the senior citizens.

In this connection, one of the senior citizens said:

I follow Hindu religion. My friends with whom I used to play cards, gone morning walks before COVID-19 follow Buddhism and Muslim as well. But, So far I know COVID-19 has equal effect for all. COVID-19 did not discriminate people of different religion.

By Sex

Among the total elderly people from whom the interview was taken, the ratio of male and female are 1:1. It is found that the gender difference had no effect on mental health during COVID-19 and post-COVID. Female senior citizens are more responsible for household work. Male senior citizens are mostly involved in the labor workforce. They do not care about the education of grandchildren. The socio-cultural aspect is important. Parents do not like to invest in quality education as they have to go to another home later. Another senior citizen said:

Obviously, the learning losses more by granddaughter than grandson. It reason was that my granddaughter had more fear than my grandson during COVID-19 pandemic and lockdown.

Respondent further said:

Females got afraid more than males due to COVID-19 pandemic. Another reason is that male children played on the road while girls stayed in the home and watch more television.

Another senior citizen had a different feeling. She said, “Gender was not found the cause of missing online classes”. She further reported the same, “There was no any impact in learning due to gender, however, learning loss has occurred and happened to all.”

Further, one more respondent reported:

I do not have exact data but girls' education was further vulnerable. Women are more violated during lockdown by alcoholic males, as a result, the quarrelsome situation was created at home and that impacted the children. Discrimination was observed at lockdown time. Girls had less study time at home. They were less equipped and given less priority. It happened in my family too. It was one of the main reasons of mental tension during COVID-19 pandemic.

Occupation determines Mental Tension

Most of the respondents were found involved in household chores related to taking care of grandchildren, watering to flowers, and growing green leafy vegetables in their own farm. One of them was teacher but he was retired few years back. One female respondent was the civil servant and she also retired five years back. Those who earned better had managed to learn devices and facilities at home support study their grandchildren. But parents with poor earnings could not manage smart phones for their children. Their economic status was poor and they could not supply the necessary devices for online classes for their children. This shows that the economic condition directly affect children learning, was one of the main cause of mental tension among them.

A female respondent from Chovar, Kirtipur reported, "Study during school closure is more challenging for the children from a poor family. They do not have mobile, no device, no money for the recharge card, etc. I personally guided my granddaughter what I know at the home. She was taking online classes with difficulties. There was found the same problem among the children of other friends too.

By occupation of parents and grandchildren in Kirtipur, the study found that the parents who are from the local business sector, they managed required devices as well as a home tuition. They gave time themselves also to help in the children's study. The elderly people from the agriculture sector, daily wages base work, did not pay attention to their children's study during the school closure time. So, the students of parents whose income was not regular, their learning loss was higher than those students whose parent's income was regular. This finding of the research is consistent with the Sah et al., (2020) said that one of the major impacts of COVID-19 is the loss of job of people in Nepal.

Socio-economic Condition and Mental Tension

The socio-economic condition was found a major factor that influenced the home achievement of elderly people. Financially weak families were unable to catch day to day life activities due to the lack of monthly income. Poor parents could not provide a good environment, sufficient foods to eat, and cooperative environment in the home. Responses of informants below also indicate the same.

Regarding the impact of COVID-19 on home environment, respondents expressed that there are no effects of ethnicity, language, rural and urban demographic reasons. The major cause of learning loss was socioeconomic and socio-cultural aspects. Almost all the senior citizens stated that socio-economic aspects prevented parents from getting access to internet and devices as labor classes and low class families.

One respondent stated

Some family members were deprived of learning during the pandemic that belonged to the poor and illiterate family background.

Similarly, another respondent reported:

Here are varieties of children with different caste, ethnicity and religion in the community. Due to poverty, lack of awareness, and low economic status, family members are highly affected by the COVID virus.

One of the respondent reported a similar version that socio-economic poverty was a major cause responsible for not having access to run the family in good condition. Another elderly people said, “Most of the members of my family are getting afraid from corona virus. One of my neighbours die due to the virus. Thus, it created mental tension to all the family members.

Physical Surrounding and Mental Tension

The home environment includes emotional warmth demonstrated by parents while engaging with their children, exciting learning experiences provided in the house and physical surroundings. Also, family supports are essential to enhance the learning of the children not only in the period of emergencies but also in normal periods of the country. Information related to the home environment in this chapter consists of family support, family’s economic status, infrastructure, and learning environments. In this regard, almost all the senior citizens viewed that most of the respondents are from poor economical backward, which affected the elderly people's life. Similar responses are found from the respondents who said that family members

of every family in this community had to face several challenges during lockdown. Parents faced financial problems because they lost their job during COVID-19 pandemic.

Living Situation of Senior Citizens

Senior citizens living condition is one of the major factors of mental tension. During the pandemic and in the post-pandemic situation, the living environment of the senior citizens impacts hazard of nervousness or hopelessness. Living in the same room for almost twenty four hours, no chance of moving in the community, lack of morning walks, deprive of meeting friends and news related to the COVID patients and deaths are the major causes of mental tension among the senior citizens. One of the senior citizens stated:

My mood changed time and again due to bad news related to the death of COVID patients. Connectedness to the nature was impossible during this time. I compel to live inside my home during lockdown. It was a bore time for me. I did not go to the walks, for exercise, in the field, meet my friends and so on.

In the same line, another elderly people said that she had stress due to loss of job of her son during lockdown. There was no income to run family in smooth way. Another male senior citizen had tension as his grandchildren did not read during that time. Children forget to read the book, most of time spending playing with the mobile phone and watching television.

Also, another respondent had a fear of the COVID-19 disease. He said, "My body fears when I talk and remember of that instance. It was a hard time for me. From that time I was unable to eat the quantity food that I was taking before pandemic. From that time, I cannot eat more amount of food. I do not have desire to take food. Mental problems of senior citizens like schizophrenia, stress, isolation from the people, fear, shivering body, social distancing, and forgetfulness are the major mental health problems of the senior citizens. Due to mental tension, one of the senior citizens fall down on the ground. He had physical injury as well. Neurocognitive disorder was another problems of the respondents during the COVID-19 pandemic. COVID-19 pandemic has interfered with almost every aspect of life and presents unique threats to the physical and emotional wellbeing of older adults.

Although anxiety and depression have increased in this population since the start of the pandemic, unexpectedly, elders are coping with the uncertainty better than younger generations. However, depression and anxiety still have negative impacts on

their quality of life, function, and general health. The risk for mental illness during this pandemic is multifactorial, influenced by demographics, socioeconomic status, living situation, location, and psychiatric and medical comorbidities. Future research may study the long-term impact on mental health of the older adult population to investigate possible effects of the duration of stress and restrictions related to the pandemic, as well as the influence of vaccination on mental health and COVID-19 related worries. The elderly showed lower levels of anxiety and depression. Higher resilience among the elderly and good family support may be the reasons for such an unexpected finding. However, more studies are required to validate the findings of the current study.

Chapter V: Findings and Discussion

Findings of the Study

- All the respondent's home was locked during COVID-19 pandemic. It was found that the difficulty for the senior citizens to time pass, maintain social and physical and social distancing.
- Due to school closure, grandchildren of almost all the senior citizens were adversely affected causing no learning and less learning at home.
- It was found that senior citizens used face masks, sanitizer and gloves even in the post-COVID pandemic to protect their body from diseases.
- Senior citizens were success to support their own health for providing active life and walks in the post-COVID period.
- It was found that during COVID-19 pandemic and lockdown, senior citizens were not able to meet neighbours, unable to daily life activities.
- It was found that the habit of senior citizens was change. They cut off the time for walk and started doing exercise few hours daily at home.
- Respondents started to spend time on online programmes to listen and watch news on mobile phones. Due to this, physically they found weak in the post-COVID period.
- It was found that even in the post-COVID period, grandchildren of senior citizens have low achievement levels. There is the learning loss among most of the grandchildren.
- Senior citizens discontinued from going to morning walks and doing exercise in the post-COVID situation. Most of the respondents could not catch the morning walk rhythm and they wanted to stay at home.
- It is found that the psychological health of the senior citizens is adversely affected. It is due to the fact that they were unable to walk, do simple exercise, meet friends and walk around the nearby home. It was found that physical health of the respondent affected the mental health.
- It was found that instead of knowing good news from the television, they started to focus on listening radio, news, watching television and know more about the cases, injured and deaths of people. It creates mental tension and anxiety in all the time even at the post-COVID period.

- Learning loss of children of the respondents was found in all the senior citizens. It is because the schools were closed in the COVID-19 pandemic period and children were unable to achieve good till today. Now, learning loss among the children even in the post-COVID situation.
- It is found that the one of the main causes of mental tension among the senior citizens is the problem is related to the misuse of mobile phones by their grandchildren. Children forget his learning and reading the text.
- All the respondents said that the study of children was in degrading condition even in post-COVID condition. There is gap in the learning among all the children. Psychologically children were affected negatively.
- It was found the low or no concentration on work, daily life activities and study during post-COVID time. It was the psychological effect of the COVID-19 pandemic.
- At the home of all the senior citizens, they were unable to facilitate their children on teaching-learning activities and the learning culture at home was not good. It was found that there was no access to computer and smartphone for all. It adversely affected the learning of children. This was one of the causes of mental tension of the senior citizens in the study area.
- It was found that one of the main causes of mental tension of senior citizens was the low achievement of students. Children have learned through alternative methods but not to the optimum requirement. Yet it has created an opportunity to boost digital platforms' usage and develop digital content.
- From this study it was found that the mental tension of senior citizens in relation with their caste, religion, and gender is not affected during COVID-19 pandemic and post-COVID period.
- It was found that female senior citizens are more responsible for household work than males. It showed that the socio-cultural aspect of the respondent is one of the causes of mental tension among the senior citizens. Female respondents have more psychological problems than that of males.
- Study found that the responses who are from the local business sector, they managed regular expenses. But the elderly people from the agriculture sector, daily wages base work were difficult to manage resources for day to day life

activities. So, the students of parents whose income was not regular they have more psychological problems like fear, depression, anxiety and forgetfulness.

Discussion

All the respondent's home was locked during COVID-19 pandemic. It was found that difficult for senior citizens to time pass, and maintain social and physical and social distancing. In this connection, Brooke, and Clark, (2020) researched that it is difficult to do physical activities by the senior citizens. In this connection, most elderly people are unable to regain their normal work even in the post-COVID period (Van Orden et al., 2021). The physical problems are linked to the mental status of senior citizens due to the COVID-19 pandemic (Jawaid, 2020). Further, due to the school closure, the grandchildren of almost all the senior citizens were adversely affected causing no learning and less learning at home. This finding is advocated by Fitzgerald, Nunn, and Isaacs, (2020) researched that the learning of students is adversely affected by the pandemic. It is still the effect of the post-Covid situation. Arguing this finding, Mohamad, (2020) found that COVID-19 adversely affects social distancing' among people. Due to this, physical and social distancing creates mental tension among elderly people. Also, mental tension like fear and anxiety is still the effect of the post-COVID period among senior citizens (Son et al., 2021).

Moreover, it was found that senior citizens used face masks, sanitizer, and gloves even in the post-COVID pandemic to protect their bodies from diseases. This finding is linked with the research that the use of preventive measures like face masks and sanitizers creates mental tension among elderly people (Heid et al., 2021). Also, Pedersen, and Favero, (2020) said that face masks and sanitizers create difficulty in speaking and may cause skin allergies. This became one of the causes of mental tension among elderly people. Another finding was that senior citizens were successful to support their own health by providing active life and walk in the post-COVID period.

This was supported and proved by the research carried out by a number of researchers. They found that mental tension and physical activities are related to each other and those elderly people with physical problems have more mental tension like forgetfulness and body shivering (Elihami, 2021; Hevia et al., 2022; Schult, Mahler, Fauth, & Lindner, 2022).

Likewise, it was found that during COVID-19 pandemic and lockdown, senior citizens were not able to meet neighbours, unable to do daily life activities. And, it

was also found that the habit of senior citizens is changing. They cut off the time for walk and started doing exercise few hours daily at home. These findings are arguing by Reuge et al., (2021) said that most of the people cut off their time for regular exercise due to fear of COVID-19 pandemic even in the post-COVID period. One interesting finding is that the respondents started to spend time on online programmes to listen and watch news on mobile phones. Due to this, physically they found weak in the post-COVID period. This finding was advocated by Birkelund, and Karlson, (2022). According to this research elderly people become physically weak in the post-COVID period. It was the physical and mental effect of the COVID-19 pandemic among senior citizens.

Mawkhlieng, and Majumdar, (2021) researched that the use of facemasks during the pandemic period creates mental tension. They further said that the difficulty in breathing and conversation are also problems even in the post-COVID period. One the one hand, it hinders respiration, and on the other hand, this created mental tension.

Moreover, even in the post-COVID period, grandchildren of senior citizens have low achievement levels. There is a learning loss among most of the grandchildren. Research found that students lose learning capability due to COVID-19 pandemic. Orzeł, and Wolniak, (2021) proved that quality assurance is the main issue in this period. Also, there is the learning loss among the students that created anxiety and tension for their grandparents (Almulhim et al., 2021; Dharmaraj et al., 2021; Onigbinde et al., 2021). Senior citizens discontinued from going to morning walks and doing exercise in the post- COVID situation.

Most of the respondents could not catch the morning walk rhythm and they wanted to stay at home. This finding is linked with the research done by Kim, Kim, and Ha, (2021) who found changes in daily life during the COVID-19 pandemic among older adults with chronic diseases. Being victims of chronic diseases create psychological problems (Van Aelst et al., 2021).

Also, it is found that the psychological health of senior citizens is adversely affected. It is due to the fact that they were unable to walk, do simple exercise, meet friends and walk around the nearby home. It was found that the physical health of the respondent affected their mental health. Linking these findings, many researchers have done the research and argued that COVID-19 left the psychological health of senior citizens (Caballini, Agostino, & Dalla Chiara, 2021; Grattagliano et al., 2020;

Liska, & Andreansky, 2021; Raveendran, & Misra, 2021). Instead of knowing good news from the television, elderly people started to focus on listening radio, and news, watching television, and knowing more about the cases, injured, and deaths of people. It creates mental tension and anxiety in all the time even during the post-COVID period (Huang, Floyd, Tateosian, & Hipp, 2022; Kim, & Cho, 2022; Knorr et al., 2022).

Regarding the learning loss of children, all the respondents found the same. It is because the schools were closed during the COVID-19 pandemic period and children were unable to achieve good till today (Marashi et al., 2021; Theis et al., 2021). This learning loss among children even in the post-COVID situation (Findlay, Arim, & Kohen, 2020; Wang, & Geng, 2019). One of the main causes of mental tension among senior citizens is the problem related to the misuse of mobile phones by their grandchildren. Children forget their learning and reading the text. This finding is connected with the research the study of children in degrading conditions even in post-COVID conditions (Mækela et al., 2020; Ren, & Guo, 2020). There is a gap in learning among all the children. Psychologically children were affected negatively.

Additionally, the low or no concentration on work, daily life activities, and study during the post-COVID time. It was the psychological effect of the Covid-19 pandemic. This shows the similar finding of Tang, and Lee, (2022) said that daily life activities and studies during the post-COVID time are also badly affected which is the cause of psychological problems among people in old age. Guo et al., (2020) researched that old age people have more mental problems in comparison to adults. On the other side, the learning of children is not good as they were unable to facilitate their children on teaching-learning activities and the learning culture at home was not good. It was found that there was no access to computers and smartphones for all. Lack of personal gazette adversely affected the learning of children (Ali et al., 2021; Masan, & Hamarova, 2021). This was one of the causes of mental tension of the senior citizens in the study area. Mental and psychological problems like fear, depression, anxiety and forgetfulness are the major effects of COVID-19 pandemic even in the post-COVID period (Boiko et al., 2022; Hunt et al., 2021; Olaseni et al., 2020).

On the other hand one of the main causes of mental tension of senior citizens was the low achievement of students. Children have learned through alternative

methods but not to the optimum requirement (Megatsari et al., 2020). Yet it has created an opportunity to boost digital platforms' usage and develop digital content. This is the positive aspect of the pandemic. Mental tension of senior citizens in relation to their caste, religion, and gender is not affected during the COVID-19 pandemic and post-COVID period. This was argued by Marzo, Singh, and Mukti (2021) who said that psychological distress among people cannot be based on their language, ethnicity, and religion. Female senior citizens are more responsible for household work than males. It showed that the socio-cultural aspect of the respondent is one of the causes of mental tension among senior citizens. Female respondents have more psychological problems than that males (Ahuja, Syal, & Kaur, 2021; Duan et al., 2020). For elderly people from the agriculture sector, daily wages base work was difficult to manage resources for day-to-day life activities. Linking this finding, parents whose income was not regular they have more psychological problems like fear, depression, anxiety, and forgetfulness (Wang et al., 2021).

Chapter VI: Conclusion and Implications

Conclusion of the Study

This research was conducted for the study of the mental effects of senior citizens due to post-COVID pandemic in Kirtiupr municipality. In this study, the finding is obtained by the analysis of the qualitative that is taken from the interview and conversations. The responses of senior citizens on the mental tension due to the COVID-19 pandemic were one of the major health problems. Senior citizens lose self-confidence, self-pacing, understanding, loss of interest, and reasoning capacity. They have forgetfulness, fear, and anxiety even in the post-COVID period.

Urban elderly people are facing psychological and mental problem such as depression, trauma, and stress. Similarly they don't 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. And this thing makes the life of elderly people more difficult to live in urban areas. The only problem is for elderly because they have no one to talk, no one to share their feelings and emotion and they don't have an economic activity to be engaged in.

It is concluded from the study that senior citizens have a significantly higher rate of psychological distress in Kirtipur municipality especially old age female citizens. Mental tension and anxiety is more common among senior citizens whose economic condition is below average and in people with low education level. Emphasis and personalized approach to bases of psychosomatic health like education and consciousness, psychosocial sustenance, self-empowerment, and proficient amenities can disruption the manacle of unindustrialized mental suffering pandemic. This study concludes that integrating public mental health services into national public health preparedness and emergency response plan, with extra focus on vulnerable groups like senior citizens in Nepal.

Implications of the Study

The findings of the study have implications of different practices. I start by presenting implications for care and protection the mental health of senior citizens in Nepal. Thereafter, I get some implications related to policy implications, practical implications, and research related implications.

Practice Implication

This implication is related to the care and protect the health of senior citizens through joint community effort. As a practice level, schools in Nepal need to integrate

the curriculum related to the contribution, love and care of elderly people for teaching-learning practices. The implementation of school and university curricula help for capacity building for students and teachers as well as motivate them to take care of grandparents. As a researcher and a student of population education, I recommend that the collaboration among the community people, local leaders and policy level people is a must to formulate policies for the rare and care of senior citizens in Nepal.

Research Implication

Research can contribute to a theoretical understanding of learning and lead to a refinement of the educational materials and the design. It would be valuable to be able to make a claim about acceptance and efficiency of the findings of the research if further researches produce evidence of the value of the design framework in similar situations. It is necessary to conduct further research in the area incorporating a wider area throughout the country. This study examines the health condition of senior citizens of Kirtipur municipality and how the health condition of the people above age 60 years is deteriorated. Further, research is needed to determine if these findings are transferable to larger and wider areas. It is possible that more techniques may contribute equally important in facilitating senior citizens to understand their feelings so that more care can be given to them. Further research should involve a large number of elderly people, and additional places. In addition, further research is needed to more deeply understand the perspectives on the relationship between theoretical understanding and real field experiences.

Policy Implication

This research explored the mental and psychological effects of COVID-19 on senior citizens in Kirtipur municipality and found that they had mental tension, anxiety and depression. Based on this research, it is recommended to the local body and Nepal government to manage places for them. It is required to manage a place of *Bhajan, Pooja*, exercise, library and park for walks. Policy documents must be reformulated to provide these facilities for the elderly people.

Based on the findings, it is recommended that other studies be conducted for periods similar of longer than those used in this study and under similar conditions to discover the extent which take care of the senior citizens in Nepal. It is recommended that extensive love and care must be provided to the senior citizens to minimize their mental illness.

References

- Adhikari, J., Timsina, J., Khadka, S. R., Ghale, Y., & Ojha, H. (2021). COVID-19 impacts on agriculture and food systems in Nepal: Implications for SDGs. *Agricultural Systems*, *186*, 102990. <https://doi.org/10.1016/j.agsy.2020.102990>
- Ahuja, P., Syal, G., & Kaur, A. (2021). Psychological stress: Repercussions of COVID -19 on gender. *Journal of Public Affairs*, *21*(4), e2533. <https://doi.org/10.1002/pa.2533>
- Ali, A. M., Alkhamees, A. A., Hori, H., Kim, Y., & Kunugi, H. (2021). The depression anxiety stress scale 21: development and validation of the depression anxiety stress scale 8-item in psychiatric patients and the general public for easier mental health measurement in a post COVID-19 world. *International journal of environmental research and public health*, *18*(19), 10142. <https://doi.org/10.3390/ijerph181910142>
- Almulhim, A. I., Ahmad, I., Sarkar, S., & Chavali, M. (2021). Consequences of COVID-19 pandemic on solid waste management: Scenarios pertaining to developing countries. *Remediation Journal*, *31*(4), 111-121. <https://doi.org/10.1002/rem.21692>
- Andrade, C. (2020). COVID-19: Humanitarian and health care crisis in a third world country. *The Journal of clinical psychiatry*, *81*(3), 0-0. <https://doi.org/10.4088/JCP.20com13383>
- Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*, *5*(5), e256. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X)
- Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. *International Journal for Equity in Health*, *19*(1), 1-5. <https://doi.org/10.1186/s12939-020-01175-7>
- Bhandari, K. (2019). Social Security System of Elderly Population in Nepal. *NUTA Journal*, *6*(1-2), 18-24. <https://doi.org/10.3126/nutaj.v6i1-2.23223>
- Birkelund, J. F., & Karlson, K. B. (2022). No evidence of a major learning slide 14 months into the COVID-19 pandemic in Denmark. *European Societies*, 1-21. <https://doi.org/10.1080/14616696.2022.2129085>

- Blaskó, Z., Costa, P. D., & Schnepf, S. V. (2022). Learning losses and educational inequalities in Europe: Mapping the potential consequences of the COVID-19 crisis. *Journal of European Social Policy*, 32(4), 361-375.
<https://doi.org/10.1177/09589287221091687>
- Boiko, D. I., Skrypnikov, A. M., Shkodina, A. D., Hasan, M. M., Ashraf, G. M., & Rahman, M. (2022). Circadian rhythm disorder and anxiety as mental health complications in post-COVID-19. *Environmental Science and Pollution Research*, 29(19), 28062-28069. <https://doi.org/10.1007/s11356-021-18384-4>
- Brooke, J., & Clark, M. (2020). Older people's early experience of household isolation and social distancing during COVID-19. *Journal of clinical nursing*, 29(21-22), 4387-4402. <https://doi.org/10.1111/jocn.15485>
- Caballini, C., Agostino, M., & Dalla Chiara, B. (2021). Physical mobility and virtual communication in Italy: Trends, analytical relationships and policies for the post COVID-19. *Transport Policy*, 110, 314-334.
<https://doi.org/10.1016/j.tranpol.2021.06.007>
- Carraro, U., Marcante, A., Ravara, B., Albertin, G., Maccarone, M. C., Piccione, F., ... & Masiero, S. (2021). Skeletal muscle weakness in older adults home-restricted due to COVID-19 pandemic: a role for full-body in-bed gym and functional electrical stimulation. *Aging Clinical and Experimental Research*, 33(7), 2053-2059. <https://doi.org/10.1007/s40520-021-01885-0>
- Chauhan, A., & Singh, R. P. (2020). Decline in PM_{2.5} concentrations over major cities around the world associated with COVID-19. *Environmental research*, 187, 109634. <https://doi.org/10.1016/j.envres.2020.109634>
- Cook, T., Brandon, T., Zonouzi, M., & Thomson, L. (2019). Destabilising equilibriums: Harnessing the power of disruption in Participatory Action Research. *Educational Action Research*, 27(3), 379-395.
<https://doi.org/10.1080/09650792.2019.1618721>
- Creswell, J. W. (2015). *30 essential skills for the qualitative researcher*. Thousand Oaks, CA: Sage Publications.
- Daoust, J. F. (2020). Elderly people and responses to COVID-19 in 27 Countries. *PloS one*, 15(7), e0235590.
<https://doi.org/10.1371/journal.pone.0235590>
- Das, A., Ghosh, S., Das, K., Basu, T., Dutta, I., & Das, M. (2021). Living environment matters: Unravelling the spatial clustering of COVID-19 hotspots

- in Kolkata megacity, India. *Sustainable Cities and Society*, 65, 102577.
<https://doi.org/10.1016/j.scs.2020.102577>
- Dawadi, S., Giri, R. A., & Simkhada, P. (2020). Impact of COVID-19 on the Education Sector in Nepal: Challenges and Coping Strategies. *Online Submission*. <https://doi.org/10.31124/advance.12344336.v1>
- Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Dharmaraj, S., Ashokkumar, V., Hariharan, S., Manibharathi, A., Show, P. L., Chong, C. T., & Ngamcharussrivichai, C. (2021). The COVID-19 pandemic face mask waste: a blooming threat to the marine environment. *Chemosphere*, 272, 129601. <https://doi.org/10.1016/j.chemosphere.2021.129601>
- Duan, L., Shao, X., Wang, Y., Huang, Y., Miao, J., Yang, X., & Zhu, G. (2020). An investigation of mental health status of children and adolescents in china during the outbreak of COVID-19. *Journal of affective disorders*, 275, 112-118. <https://doi.org/10.1016/j.jad.2020.06.029>
- Edwards-Groves, C., & Kemmis, S. (2016). Pedagogy, Education and Praxis: understanding new forms of intersubjectivity through action research and practice theory. *Educational action research*, 24(1), 77-96.
<https://doi.org/10.1080/09650792.2015.1076730>
- Elihami, E. (2021). Bibliometric analysis of islamic education learning loss in the COVID-19 pandemic. *Linguistics and Culture Review*, 5(S1), 851-859.
<https://doi.org/10.21744/lingcure.v5nS1.1469>
- Fabbri, C., Bhatia, A., Petzold, M., Jugder, M., Guedes, A., Cappa, C., & Devries, K. (2021). Modelling the effect of the COVID-19 pandemic on violent discipline against children. *Child abuse & neglect*, 116, 104897.
<https://doi.org/10.1016/j.chiabu.2020.104897>
- Findlay, L. C., Arim, R., & Kohen, D. (2020). Understanding the perceived mental health of Canadians during the COVTD-19 pandemic. *Health reports*, 31(4), 22-27.
- Finlay, J. M., Kler, J. S., O'Shea, B. Q., Eastman, M. R., Vinson, Y. R., & Kobayashi, L. C. (2021). Coping during the COVID-19 pandemic: a qualitative study of older adults across the United States. *Frontiers in Public Health*, 9, 643807.
<https://doi.org/10.3389/fpubh.2021.643807>

- Fitzgerald, D. A., Nunn, K., & Isaacs, D. (2020). Consequences of physical distancing emanating from the COVID-19 pandemic: An Australian perspective. *Paediatric Respiratory Reviews*, 35, 25-30.
<https://doi.org/10.1016/j.prrv.2020.06.005>
- Flint, A. J., Bingham, K. S., & Iaboni, A. (2020). Effect of COVID-19 on the mental health care of older people in Canada. *International Psychogeriatrics*, 1-4.
<https://doi.org/10.1017/S1041610220000708>
- Freire, P. (1972). *Pedagogy of the Oppressed*. 1968. *Trans. Myra Bergman Ramos*. New York: Herder.
- Freisthler, B., Price Wolf, J., Chadwick, C., & Renick, K. (2022). Daily stress and use of aggressive discipline by parents during the COVID-19 pandemic. *Journal of family violence*, 37(7), 1101-1109. <https://doi.org/10.1007/s10896-021-00340-y>
- Garnett, B. R., Smith, L. C., Kervick, C. T., Ballysingh, T. A., Moore, M., & Gonell, E. (2019). The emancipatory potential of transformative mixed methods designs: informing youth participatory action research and restorative practices within a district-wide school transformation project. *International Journal of Research & Method in Education*, 42(3), 305-316.
<https://doi.org/10.1080/1743727X.2019.1598355>
- Gaur, U., Majumder, M. A. A., Sa, B., Sarkar, S., Williams, A., & Singh, K. (2020). Challenges and opportunities of preclinical medical education: COVID-19 crisis and beyond. *SN comprehensive clinical medicine*, 2(11), 1992-1997.
<https://doi.org/10.1007/s42399-020-00528-1>
- Glynn, L. M., Davis, E. P., Luby, J. L., Baram, T. Z., & Sandman, C. A. (2021). A predictable home environment may protect child mental health during the COVID-19 pandemic. *Neurobiology of Stress*, 14, 100291.
<https://doi.org/10.1016/j.ynstr.2020.100291>
- Grattagliano, I., Rossi, A., Cricelli, I., & Cricelli, C. (2020). The changing face of family medicine in the COVID and post-COVID era. *European Journal of Clinical Investigation*, 50(7), e13303. <https://doi.org/10.1111/eci.13303>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigm in qualitative research. In N. K. Denzin, Y. S. Lincoln (Eds.), *Handbook of qualitative research*. (pp. 105-117). Thousand Oaks, CA: Sage Publications.

- Gulia, K. K., & Sreedharan, S. E. (2022). Yogic sleep and walking protocol induced improvement in sleep and wellbeing in post-menopausal subject: a longitudinal case study during COVID lockdown. *Sleep and Vigilance*, 6(1), 229-233. <https://doi.org/10.1007/s41782-021-00180-2>
- Guo, F., Han, R., Luo, T., Jin, S., Yan, Y., Wang, J., ... & Gao, C. (2022). Psychological Distress Was Still Serious Among Anesthesiologists Under the Post COVID-19 Era. *Psychology Research and Behavior Management*, 15, 777. <https://doi.org/10.2147/PRBM.S357566>
- Heid, A. R., Cartwright, F., Wilson-Genderson, M., & Pruchno, R. (2021). Challenges experienced by older people during the initial months of the COVID-19 pandemic. *The Gerontologist*, 61(1), 48-58. <https://doi.org/10.1093/geront/gnaa138>
- Hennink, M. M. (2013). *Focus group discussions*. Oxford University Press.
- Hevia, F. J., Vergara-Lope, S., Velásquez-Durán, A., & Calderón, D. (2022). Estimation of the fundamental learning loss and learning poverty related to COVID-19 pandemic in Mexico. *International Journal of Educational Development*, 88, 102515. <https://doi.org/10.1016/j.ijedudev.2021.102515>
- Holt, L., & Murray, L. (2022). Children and COVID -9 in the UK. *Children's Geographies*, 20(4), 487-494. <https://doi.org/10.1080/14733285.2021.1921699>
- Hou, W. K., Lai, F. T., Ben-Ezra, M., & Goodwin, R. (2020). Regularizing daily routines for mental health during and after the COVID-19 pandemic. *Journal of Global Health*, 10(2). <https://doi.org/10.7189/jogh.10.020315>
- Huang, J. H., Floyd, M. F., Tateosian, L. G., & Hipp, J. A. (2022). Exploring public values through Twitter data associated with urban parks pre-and post-COVID-19. *Landscape and Urban Planning*, 227, 104517. <https://doi.org/10.1016/j.landurbplan.2022.104517>
- Hunt, C., Gibson, G. C., Vander Horst, A., Cleveland, K. A., Wawrosch, C., Granot, M., ... & Hughes, J. W. (2021). Gender diverse college students exhibit higher psychological distress than male and female peers during the novel coronavirus (COVID-19) pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 8(2), 238. <https://doi.org/10.1037/sgd0000461>
- Jawaid, A. (2020). Protecting older adults during social distancing. *Science*, 368(6487), 145-145. <https://doi.org/10.1126/science.abb7885>

- Kathmandu, N. (2014). Central Bureau of Statistics. *Population (in million)*, 33, 34-0.
- Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: a cross-sectional survey from Nepal. *Globalization and health*, 16(1), 1-12. <https://doi.org/10.1186/s12992-020-00621-z>
- Kim, J., Kim, Y., & Ha, J. (2021). Changes in daily life during the COVID-19 pandemic among South Korean older adults with chronic diseases: A qualitative study. *International Journal of Environmental Research and Public Health*, 18(13), 6781. <https://doi.org/10.3390/ijerph18136781>
- Kim, S. H., & Cho, S. H. (2022). Benefits of Virtual Reality Program and Motor Imagery Training on Balance and Fall Efficacy in Isolated Older Adults: A Randomized Controlled Trial. *Medicina*, 58(11), 1545. <https://doi.org/10.3390/medicina58111545>
- Knorr, L., Matthews, B., Fenwick, C., Woodruff-Brooks, C., LaMarche, P., Zuckerman, S., ... & Malafarina, T. (2020). *After the Pandemic: Visions of Life Post COVID-19*. Sunbury Press, Inc..
- Kostov, K. V. (2020). Ongoing COVID-19 syndrome and post-COVID-19 syndrome: Long-term symptoms and residual changes after SARS-CoV-2 infection. *Biomedical Reviews*, 31, 117-123. <https://doi.org/10.14748/bmr.v31.7711>
- Kunwar, B. B. (2021). The impact of COVID-19 on tourism: A case study of Lumbini, Nepal. *The Gaze: Journal of Tourism and Hospitality*, 12(1), 23-43. <https://doi.org/10.3126/gaze.v12i1.35675>
- Laudari, H. K., Pariyar, S., & Maraseni, T. (2021). COVID-19 lockdown and the forestry sector: Insight from Gandaki province of Nepal. *Forest Policy and Economics*, 131, 102556. <https://doi.org/10.1016/j.forpol.2021.102556>
- Liska, D., & Andreansky, M. (2021). Rehabilitation and physical activity for COVID-19 patients in the post infection period. *Rehabilitation*, 9(11). https://doi.org/10.4149/BLL_2021_052
- Mækjelæ, M. J., Reggev, N., Dutra, N., Tamayo, R. M., Silva-Sobrinho, R. A., Klevjer, K., & Pfuhl, G. (2020). Perceived efficacy of COVID-19 restrictions, reactions and their impact on mental health during the early phase of the outbreak in six countries. *Royal Society Open Science*, 7(8), 200644. <https://doi.org/10.1098/rsos.200644>

- Marashi, M. Y., Nicholson, E., Ogrodnik, M., Fenesi, B., & Heisz, J. J. (2021). A mental health paradox: Mental health was both a motivator and barrier to physical activity during the COVID-19 pandemic. *PLoS One*, *16*(4), e0239244. <https://doi.org/10.1371/journal.pone.0239244>
- Marzo, R. R., Singh, A., & Mukti, R. F. (2021). A survey of psychological distress among Bangladeshi people during the COVID-19 pandemic. *Clinical epidemiology and global health*, *10*, 100693. <https://doi.org/10.1016/j.cegh.2020.100693>
- Masan, J., & Hamarova, M. (2021). Potential Solutions to Selected Consequences of the COVID-19 Pandemic on Mental Health Relevant Also for the Post-COVID Era. *Clinical Social Work and Health Intervention*, *12*(3), 9. https://doi.org/10.22359/cswhi_12_3_01
- Mawkhlieng, U., & Majumdar, A. (2021). Waste management of medical personal protective equipment and facemasks: Challenges during and post COVID-19 pandemic. In *COVID-19* (pp. 37-60). Springer, Singapore. https://doi.org/10.1007/978-981-16-3856-5_2
- Megatsari, H., Laksono, A. D., Ibad, M., Herwanto, Y. T., Sarweni, K. P., Geno, R. A. P., & Nugraheni, E. (2020). The community psychosocial burden during the COVID-19 pandemic in Indonesia. *Heliyon*, *6*(10), e05136. <https://doi.org/10.1016/j.heliyon.2020.e05136>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
- Mertler, C. A. (2019). *The Wiley handbook of action research in education*. John Wiley & Sons. <https://doi.org/10.1002/9781119399490>
- Mirra, N., Garcia, A., & Morrell, E. (2015). *Doing youth participatory action research: Transforming inquiry with researchers, educators, and students*. Routledge. <https://doi.org/10.4324/9781315748047>
- Mohamad, S. M. (2020). Creative production of ‘COVID-19 social distancing’ narratives on social media. *Tijdschrift voor economische en sociale geografie*, *111*(3), 347-359. <https://doi.org/10.1111/tesg.12430>
- Nepal Law Commission. (2006). Senior citizens act, 2006. Retrieved at <file:///C:/Users/User/Downloads/1365-Article%20Text-5141-1-10-20081002.pdf>

- Olaseni, A. O., Akinsola, O. S., Agberotimi, S. F., & Oguntayo, R. (2020). Psychological distress experiences of Nigerians during COVID-19 pandemic; the gender difference. *Social Sciences & Humanities Open*, 2(1), 100052. <https://doi.org/10.1016/j.ssaho.2020.100052>
- Onigbinde, O. A., Ajagbe, A. O., Oyeniran, O. I., & Chia, T. (2021). Post-COVID-19 pandemic: Standard operating procedures for gross anatomy laboratory in the new standard. *Morphologie*, 105(350), 196-203. <https://doi.org/10.1016/j.morpho.2020.10.004>
- Orzeł, B., & Wolniak, R. (2021). Clusters of Elements for Quality Assurance of Health Worker Protection Measures in Times of COVID-19 Pandemic. *Administrative Sciences*, 11(2), 46. <https://doi.org/10.3390/admsci11020046>
- Pant, S., & Subedi, M. (2020). Impact of COVID-19 on the elderly. *Journal of Patan Academy of Health Sciences*, 7(2), 32-38. <https://doi.org/10.3126/jpahs.v7i2.31104>
- Pedersen, M. J., & Favero, N. (2020). Social distancing during the COVID-19 pandemic: Who are the present and future noncompliers?. *Public administration review*, 80(5), 805-814. <https://doi.org/10.1111/puar.13240>
- Percy-Smith, B., McMahon, G., & Thomas, N. (2019). Recognition, inclusion and democracy: learning from action research with young people. *Educational Action Research*, 27(3), 347-361. <https://doi.org/10.1080/09650792.2019.1577149>
- Pierantoni, I., Pierantozzi, M., & Sargolini, M. (2020). COVID 19—A qualitative review for the reorganization of human living environments. *Applied Sciences*, 10(16), 5576. <https://doi.org/10.3390/app10165576>
- Poudel, K., & Subedi, P. (2020). Impact of COVID-19 pandemic on socioeconomic and mental health aspects in Nepal. *International Journal of Social Psychiatry*, 66(8), 748-755. <https://doi.org/10.1177/0020764020942247>
- Ranjitkar, U. D., Adhikari, R. D., & Chand, A. (2019). Health status of senior citizens residing in Tarakeshwor municipality, Kathmandu, Nepal. *International Journal of Health Sciences and Research*, 9(5), 68-74.
- Raveendran, A. V., & Misra, A. (2021). Post COVID-19 syndrome (“Long COVID”) and diabetes: challenges in diagnosis and management. *Diabetes & Metabolic*

- Syndrome: Clinical Research & Reviews*, 15(5), 102235.
<https://doi.org/10.1016/j.dsx.2021.102235>
- Ren, F. F., & Guo, R. J. (2020). Public mental health in post-COVID-19 era. *Psychiatria danubina*, 32(2), 251-255.
<https://doi.org/10.24869/psyd.2020.251>
- Reuge, N., Jenkins, R., Brossard, M., Soobrayan, B., Mizunoya, S., Ackers, J., ... & Taalo, W. G. (2021). Education response to COVID 19 pandemic, a special issue proposed by UNICEF: Editorial review. *International Journal of Educational Development*, 87, 102485.
<https://doi.org/10.1016/j.ijedudev.2021.102485>
- Sah, R., Sigdel, S., Ozaki, A., Kotera, Y., Bhandari, D., Regmi, P., ... & Dhakal, R. (2020). Impact of COVID-19 on tourism in Nepal. *Journal of Travel Medicine*, 27(6), taaa105. <https://doi.org/10.1093/jtm/taaa105>
- Schult, J., Mahler, N., Fauth, B., & Lindner, M. A. (2022). Did students learn less during the COVID-19 pandemic? Reading and mathematics competencies before and after the first pandemic wave. *School Effectiveness and School Improvement*, 1-20. <https://doi.org/10.1080/09243453.2022.2061014>
- Seawright, J. (2016). *Multi-method social science: Combining qualitative and quantitative tools*. Cambridge University Press.
<https://doi.org/10.1017/CBO9781316160831>
- Shadmi, E., Chen, Y., Dourado, I., Faran-Perach, I., Furler, J., Hangoma, P., ... & Ruano, A. L. (2020). Health equity and COVID-19: global perspectives. *International journal for equity in health*, 19(1), 1-16.
<https://doi.org/10.1186/s12939-020-01218-z>
- Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of mixed methods research*, 10(4), 319-334.
<https://doi.org/10.1177/1558689815575861>
- Shrestha, (2004). Problems and Questions of Ageing Population; Nepal University Teacher's Association (NUTA) Journal, 3(3), 112-122.
- Son, J. S., Nimrod, G., West, S. T., Janke, M. C., Liechty, T., & Naar, J. J. (2021). Promoting older adults' physical activity and social well-being during COVID-19. *Leisure Sciences*, 43(1-2), 287-294.
<https://doi.org/10.1080/01490400.2020.1774015>

- Stylianou, P., & Zembylas, M. (2019). Ethical and political dimensions of action research and lesson study: reflections from a research project on a controversial issue in Cyprus. *Educational Action Research*, 27(4), 581-594. <https://doi.org/10.1080/09650792.2018.1483835>
- Tang, P., & Lee, M. (2022). Exploring the Necessity of Psychological Rounds and Psychological Interventions in General Hospitals in the Post-COVID-19 Period. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.916776>
- Theis, N., Campbell, N., De Leeuw, J., Owen, M., & Schenke, K. C. (2021). The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. *Disability and Health Journal*, 14(3), 101064. <https://doi.org/10.1016/j.dhjo.2021.101064>
- Tokatly Latzer, I., Leitner, Y., & Karnieli-Miller, O. (2021). Core experiences of parents of children with autism during the COVID-19 pandemic lockdown. *Autism*, 25(4), 1047-1059. <https://doi.org/10.1177/1362361320984317>
- Van Aelst, P., Toth, F., Castro, L., Štětka, V., Vreese, C. D., Aalberg, T., ... & Theocharis, Y. (2021). Does a crisis change news habits? A comparative study of the effects of COVID-19 on news media use in 17 European countries. *Digital Journalism*, 9(9), 1208-1238. <https://doi.org/10.1080/21670811.2021.1943481>
- Van Orden, K. A., Bower, E., Lutz, J., Silva, C., Gallegos, A. M., Podgorski, C. A., ... & Conwell, Y. (2021). Strategies to promote social connections among older adults during “social distancing” restrictions. *The American Journal of Geriatric Psychiatry*, 29(8), 816-827. <https://doi.org/10.1016/j.jagp.2020.05.004>
- Wang, J., & Geng, L. (2019). Effects of socioeconomic status on physical and psychological health: lifestyle as a mediator. *International Journal of Environmental Research and Public Health*, 16(2), 281. <https://doi.org/10.3390/ijerph16020281>
- Wang, M., Zhao, Q., Hu, C., Wang, Y., Cao, J., Huang, S., ... & Yang, Y. (2021). Prevalence of psychological disorders in the COVID-19 epidemic in China: A

real world cross-sectional study. *Journal of affective disorders*, 281, 312-320.

<https://doi.org/10.1016/j.jad.2020.11.118>

Xie, X., Siau, K., & Nah, F. F. H. (2020). COVID-19 pandemic—online education in the new normal and the next normal. *Journal of Information Technology Case and Application Research*, 22(3), 175-187.

<https://doi.org/10.1080/15228053.2020.1824884>

Appendix A

Interview Guidelines

1. Sharing of COVID-19 pandemic and the situation at that time
 - i. News from media
 - ii. Conversation among family members
 - iii. Sharing among friends in the beginning of COVID-19 pandemic
2. What did you think on those days?
3. Did you have fear of COVID-19 pandemic?
4. How was your daily life activities during that time?
5. What about your job? Farming? Shop/bushiness activities?
6. Can you share the feeling of your family members during COVID-19 pandemic?
7. Can you share the conversation among the friends during that time?
8. How was the study about your grandchildren during lockdown and pandemic time?
9. What kind of mental effect do you have now?
10. Can you say anything more about the psychological effect of COVID-19 and post-COVID period?

Appendix B

Case Studies

Case Study 1

Name of Senior Citizen: R1-M (Respondent 1, Male)

Age: 67 years

Gender: Male

Caste: Brahmin/Chhetri

Kirtipur Municipality, Ward number 7, Bhanjgaal, Kathmandu

My name is Narayan Kunwar. I live in Kirtipur Municipality, Ward number 7, Bhanjgaal. I am sixty years old. I did not study upto college and the university. I passed grade eight before about fifty years. My parents were also farmers and they lived in Kirtipur. I have two children (a son and a daughter.

My house is near the located in Kirtipur 7, Bhanjgaal. In response to COVID-19 pandemic, when I heard the first case of the virus entered in Nepal, I called my friends and share this first news related to pandemic. Day after day, more COVID patients are increasing in our country. I used to watch the news on television daily and update the cases. From that time, a kind of fear was in my mind. I thought how I and my family members can prevent from the pandemic. Slowly, people started to admit in the hospitals, deaths reported and the news are extensive on COVID-19 pandemic. When I heard the death of people in Nepal from the pandemic, my body tremble and I afraid of the cases. From that time, I minimize to go to the morning walk to Chobar with my friends. Nepal government started to lockdown when the cases are increased more in the country. It was a panic time in the lockdown that all the family members were at the home. Grandchildren were playing with mobile. I used to go in the top of the home, see the sky and think on how to save our life. We used to eat more food because I know that strong immunity is a must to prevent from the pandemic. We gained weight due to over nutrition and no morning walks and exercises. It created mental tension on me and all my family members.

It takes only 4 minutes to reach the school on foot. Linking to the study of children during lockdown and school closure, I was unhappy because I could not send my grandchildren to go to school and study well. I felt difficult to impose then to study at

home. I used to guide grandchildren during school closure but I was unable to teach them. We don't have separate laptop and good smart phones. During lockdown and school closure, children did not study with those devices. I felt so happy when the school reopened. I was so happy to send my children to go to the school, study at school, meet their friends and played with them. I believe that playing with friends is also a type of learning. Play and study should go side by side.

When the school was closed, I looked after my younger brothers and also, I brought drinking water from a nearby tap. During lockdown due to Corona virus, I stayed at my house most of the time. I studied myself, and my father also taught me. Mostly, I used to study in the morning and evening time. I usually study for half an hour. My dream is to become an Army officer in Nepal. Slowly I started to forget my past experiences, stories. I felt that I have some problems but I was unable to share with any other person and my family members. After few months I felt that I have anxiety and depression. Now, COVID-19 is over still I have the same problem. This was the effect on me even in the post-COVID period.

Case Study 2

Name of Senior Citizen: R2-F (Respondent 2, Female)

Age: 78 years

Gender: Female

Caste: Janajati

Kirtipur Municipality, Ward number 6, Chobar, Kathmandu

Chhalimaya Gurung who is the oldest senior citizen in this study. She is 78 years old. She belongs to Janajati ethnic group and a female. She is illiterate by formal education but her insights, reflections and experiences show that she got the university degrees.

She does not know more about COVID-19 pandemic but she knows that one of the diseases is spreading in the community. It takes the life of Nepalese people. Due to this disease, she was feeling unhappy. All the family members are staying at home. No one goes to the office and grandson does not go to the school.

She is aware of her grandson and his education and school. Most of the time of the conversation, she spends and shares about the school, education, habit of her grandson. She presented her experiences differently. She felt unhappy during school closure of her grandson and the reason she could not read in school and play with peers and talk to teachers. Her grandson did not have books and she was interested to learn during school closure. She expressed, "my grandson had no books. He used to watch cartoons. He like *Motu Patlu*, an Indian cartoon." His father provided the maximum time for him during the lockdown. Senior citizen stated, "She was watching cartoons with her grandson. His father also helped to teach."

Appendix C

Location of Study Site

