

Research Paper

## A Study on Impact of Covid-19 Pandemic on Psychosocial Behaviour of Senior Citizens

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### ABSTRACT

The Covid-19 pandemic has brought various psychosocial changes in public at large. In the present study an attempt has been made to understand impact of COVID-19 pandemic on psychosocial behavior. The objective of this study was to study the impact of COVID-19 on senior citizens, to study that out of three domains that is, Social Support, General Health and Mental Health, which one is more affected by COVID-19 and to study that which variable is impacted more. Survey research design is used to complete this research. This research comprises of 50 participants in which 31 are males and 19 are females. Purposive sampling was used in this research. The tool used in this research was Self -Administered Questionnaire on COVID-19.

**Keywords:** Covid-19, Pandemic, Psychosocial behavior

These days pandemic has brought various psychosocial changes in public at large. So, this study will help us to understand impact of COVID-19 pandemic on psychosocial behavior. As a cluster of unexplained cases of coronavirus originated from Wuhan, China so World Health Organization (WHO) officially designated it as COVID-19 as it has reached the level of pandemic affecting countries all across the world. According to WHO, 234,809,103 confirmed cases and 4,800,375 deaths attributable to this virus have been reported.

According to APA, Psychosocial is the intersection and interaction of social, cultural, and environmental influences on the mind and behaviour. “Psychosocial” means “pertaining to the influence of social factors on an individual’s mind or behaviour, and to the interrelation of behavioural and social factors” (Oxford English Dictionary, 2012). Psychosocial factors,

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at least in the context of health research, can be defined as the mediation of the effects of social structural factors on individual health, conditioned and modified by the social structures contexts in which they exist (Martikainen, Bartley, & Lahelma, 2002)

So, In respect to senior citizens, the situation is worst because these people despite all adversities did try to maintain their daily routine which includes physical exercises, meditation practices, interaction with fellow citizens and various other social activities. Most of the senior citizens stay away from their children and they compensate their emotional gap by way of remaining busy in such type of activities.

Various technology and digital advancement have definitely helped people to be in touch with each other through social media platforms like WhatsApp, Facebook etc. despite living separately is distant but their desire to stay with their families have not fulfilled. Withholding due to pandemic has affected them in one or more ways like having sleep disturbances, feeling sick as they stucked at their homes, get more worried about their family and one's own health. So, basically, they are the worst affected, so for that reason I attempt to find out, what changes have occurred in this group of population in respect to their emotional, social, behavioral and mental health related issues.

### ***Hypothesis***

Based on the above discussion, the following hypotheses were proposed:

- H1. There will be no significant difference in level of social support on basis of gender.
- H2. There will be no significant difference in level of social support on basis of age category.
- H3. There will be no significant difference in level of social support on basis of living.
- H4. There will be no significant difference in level of social support on basis of marital status.
- H5. There will be no significant difference in level of social support on basis of background.
- H6. There will be no significant difference in level of general health on basis of gender.
- H7. There will be no significant difference in level of general health on basis of age category.
- H8. There will be no significant difference in level of general health on basis of living.
- H9. There will be no significant difference in level of general health on basis of marital status.
- H10. There will be no significant difference in level of general health on basis of background.
- H11. There will be no significant difference in level of mental health on basis of gender.
- H12. There will be no significant difference in level of mental health on basis of age category.
- H13. There will be no significant difference in level of mental health on basis of living.
- H14. There will be no significant difference in level of mental health on basis of marital status.

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- H15. There will be no significant difference in level of mental health on basis of background.

### **METHODOLOGY**

#### ***Sample***

In this study, total 50 senior citizens were selected including army veterans and non-army background individuals. Samples are divided in three domains: Social Support Domain, General Health Domain and Mental Health Domain and each domain is divided on the basis of five different variables that is, gender, age (in years), living, marital status and background. Out of 50 samples, 31 are males and 19 are females. 50 samples were divided on basis of age category in 3 parts that is, 60-74 years (27 participants), 75-89 years (20 participants) and 90 & above (3 participants). Samples divided on basis of living that is, with family includes 43 participants and living alone includes 7 participants. Samples are also divided on basis of marital status: 36 married participants, 1 unmarried participant, and 13 widow/widower participants. Samples divided on basis of background that is, Army background includes 43 participants and Non-Army background includes 7 participants.

#### ***Venue of the study***

The study was conducted at Defence Colony, Dehradun.

#### ***Measure***

- **Self -Administered Questionnaire on COVID-19:** This questionnaire was developed to study the changes occurred in individual's psychosocial behaviour like loneliness, sleep disorders, uneasiness, anxiety, etc. during COVID-19 pandemic. This questionnaire was prepared after thorough review of literature and only relevant areas were considered while preparing this questionnaire. Through this, we can easily access that on which particular aspect an individual suffered. This questionnaire consists of 20 questions consisting of three alternatives that is, more than usual, less than usual and no change. Scoring is done on the basis of percentage of answers given by the sample.

#### ***Procedure***

The survey research design was used for the study. The tool required for conducting the research was developed.

Participants meeting the inclusion criteria defined for the study, in the Defence Colony, Dehradun were approached for the study. The purpose, rationale of the study and time required for the assessment were explained to the participant. Afterwards, a form comprising of socio-demographic details and assessment tool was explained and handed over to the participant. The administration of the instruments took approximately 15 minutes to 20 minutes.

#### ***Data Analysis***

Data was analyzed manually.

**RESULTS**

**ACCORDING TO SOCIAL SUPPORT DOMAIN**

**Table No. 1**

LEVEL OF SOCIAL SUPPORT	GENDER		TOTAL	$\chi^2$
	MALE	FEMALE		
GOOD	45	34	79	3.53 N.S.
AVERAGE	02	03	05	
LOW	46	20	66	
TOTAL	93	57	150	

Here, df=2

Through the above table, subjects perceived social support in light of gender were examined so as to see if there any significant difference in both the genders. The table clearly indicates that males and females subjects of all three levels (Good, Average, Low) did not differ significantly in respect to their perceived social support. But overall table represents that the social support level is good.

**Hence, HYPOTHESIS 1: There is no significant difference in level of social support on basis of gender. This hypothesis is accepted.**

**Table No. 2**

LEVEL OF SOCIAL SUPPORT	AGE CATEGORY (in years)			TOTAL	$\chi^2$
	60-74	75-89	90 & ABOVE		
GOOD	50	29	0	79	16.909 *Significant
AVERAGE	01	04	0	05	
LOW	30	27	09	66	
TOTAL	81	60	09	150	

\*At 0.002 level

Here, df=4

Through the above table, it has been examined that subject perceived social support on basis of age category so as to see any significant difference in all three age categories (60-74,74-89 and 90 & above) .The table clearly indicates that age category of 60-74 years has a good social support , 75-89 years age category has a average social support but the age category of 90 & above has a low or poor social support and this implies this category got effected more than else. Overall table indicates that there is a significant difference among them.

**Hence, HYPOTHESIS 2: There is no significant difference in level of social support on basis of age category. This hypothesis is rejected.**

**Table No. 3**

LEVEL OF SOCIAL SUPPORT	LIVING		TOTAL	$\chi^2$
	WITH FAMILY	ALONE		
GOOD	72	07	79	5.39 N.S.
AVERAGE	05	0	05	
LOW	52	14	66	
TOTAL	129	21	150	

Here, df= 2

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Through the above table, tried to examined the effect of COVID-19 pandemic on individuals living with family and alone. So, it has been concluded that individuals living with family has good social support as compared to individuals living alone during COVID-19. The table clearly shows that there is no significant difference between both categories. Overall table shows good level of social support.

**Hence, HYPOTHESIS 3: There is no significant difference in level of social support on basis of living. This hypothesis is accepted.**

**Table No. 4**

LEVEL OF SOCIAL SUPPORT	MARITAL STATUS			TOTAL	$\chi^2$
	MARRIED	UNMARRIED	WIDOW/ WIDOWER		
GOOD	62	0	18	80	22.18 N.S.
AVERAGE	03	0	02	05	
LOW	43	03	65	65	
TOTAL	108	03	39	150	

Here, df= 4

The table clearly indicates that subjects who are married has good social support as compared to other two. The individual who are widow/widower has an average level of social support but individual who is unmarried has poor social support. Subjects of all three levels (Good, Average, Low) did not differ significantly in respect to their perceived social support.

**Hence, HYPOTHESIS 4: There is no significant difference in level of social support on basis of marital status. This hypothesis is accepted.**

**Table No. 5**

LEVEL OF SOCIAL SUPPORT	BACKGROUND		TOTAL	$\chi^2$
	ARMY	NON-ARMY		
GOOD	68	11	79	0.88 N.S.
AVERAGE	05	0	05	
LOW	56	10	66	
TOTAL	129	21	150	

Here, df=2

Through the above table, subjects perceived social support in light of background were examined so as to see if there any significant difference in both the categories of background (army & non-army background). So it clearly shows that individuals with army background has good social support as compared to non-army individuals due to their large sociability from duty days till retirement and afterwards as well. And on other hand, non-army background individuals has a sociability skill but not as large and flourished. So there is not a significant difference among them.

**Hence, HYPOTHESIS 5: There is no significant difference in level of social support on basis of background. This hypothesis is accepted.**

**ACCORDING TO GENERAL HEALTH DOMAIN**

**Table No. 6**

LEVEL OF GENERAL HEALTH	GENDER		TOTAL	$\chi^2$
	MALE	FEMALE		
GOOD	36	36	72	8.53 N.S.
AVERAGE	15	11	26	
LOW	73	29	102	
TOTAL	124	76	200	

Here, df=2

Through the above table, examined the level of general health in individuals on basis of gender during COVID-19 so as to see if there any significant difference in both the genders. It has been concluded that male and female have same level of general health. There is no significant difference between the two genders. Overall result shows low level.

**Hence, HYPOTHESIS 6: There is no significant difference in level of general health on basis of gender. This hypothesis is accepted.**

**Table No. 7**

LEVEL OF GENERAL HEALTH	AGE CATEGORY (in years)			TOTAL	$\chi^2$
	60-74	75-89	90 & ABOVE		
GOOD	37	31	4	72	2.72 N.S.
AVERAGE	15	11	0	26	
LOW	56	38	08	102	
TOTAL	108	80	12	200	

Here, df=4

Through the above table, it has been examined that subject perceived general health on basis of age category so as to see any significant difference in all three age categories (60-74,74-89 and 90 & above) .The table clearly indicates that age category of 60-74 years has a good general health , 75-89 years age category has a average general health but the age category of 90 & above has a low or poor general health and this implies this category got effected more than else. Overall table indicates that there is no significant difference among them.

**Hence, HYPOTHESIS 7: There is no significant difference in level of general health on basis of age category. This hypothesis is accepted.**

**Table No. 8**

LEVEL OF GENERAL HEALTH	LIVING		TOTAL	$\chi^2$
	WITH FAMILY	ALONE		
GOOD	63	09	72	3.48 N.S.
AVERAGE	25	01	26	
LOW	84	18	102	
TOTAL	172	28	200	

Here, df= 7

Through the above table, tried to examined the effect of COVID-19 pandemic on individuals living with family and alone. So, it has been concluded that individuals living with family has good general health as compared to individuals living alone during COVID-19.

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Individuals living alone has poor general health might be due to daily disturbed routine due to COVID-19. Other category (living with family) has also affected but on less extent. The table clearly shows that there is no significant difference between both categories. Overall table shows good level of social support.

**Hence, HYPOTHESIS 8: There is no significant difference in level of general health on basis of living. This hypothesis is accepted.**

**Table No. 9**

LEVEL OF GENERAL HEALTH	MARITAL STATUS			TOTAL	$\chi^2$
	MARRIED	UNMARRIED	WIDOW/ WIDOWER		
GOOD	50	0	22	72	4.86 *Significant
AVERAGE	20	0	06	26	
LOW	74	04	24	102	
TOTAL	144	04	52	200	

\*At 0.30 level

Here, df=4

Through the above table, examined the level of general health in individuals on basis of marital status during COVID-19 so as to see if there any significant difference in all three categories. It has been concluded that married individuals and widow/widower has good general health as compared to unmarried individual. There is a significant difference between them at 0.30 level.

**Hence, HYPOTHESIS 9: There is no significant difference in level of general health on basis of marital status. This hypothesis is rejected.**

**Table No. 10**

LEVEL OF GENERAL HEALTH	BACKGROUND		TOTAL	$\chi^2$
	ARMY	NON-ARMY		
GOOD	57	16	73	14.27 N.S.
AVERAGE	19	07	26	
LOW	96	05	101	
TOTAL	172	28	200	

Here, df=2

Through the above table, subjects perceived general health in light of background were examined so as to see if there any significant difference in both the categories of background (army & non-army background). So it clearly shows that individuals with army background has good level of general health and non-army background individual has average level of general health during COVID-19. So, there is not a significant difference among them.

**Hence, HYPOTHESIS 10: There is no significant difference in level of general health on basis of background. This hypothesis is accepted.**

**ACCORDING TO MENTAL HEALTH DOMAIN**

**Table No. 11**

LEVEL OF MENTAL HEALTH	GENDER		TOTAL	$\chi^2$
	MALE	FEMALE		
GOOD	104	82	186	7.12 N.S.
AVERAGE	16	16	32	
LOW	283	149	432	
TOTAL	403	247	650	

Here, df=2

Through the above table, subjects perceived level of mental health in light of gender were examined so as to see if there any significant difference in both the genders. The table clearly indicates females has good level of mental health as compared to males according to the ratio of samples. All three levels (Good, Average, Low) did not differ significantly in respect to their perceived general health. But overall table represents that the social support level is good.

**Hence, HYPOTHESIS 11: There is no significant difference in level of mental health on basis of gender. This hypothesis is accepted.**

**Table No. 12**

LEVEL OF MENTAL HEALTH	AGE CATEGORY (in years)			TOTAL	$\chi^2$
	60-74	75-89	90 & ABOVE		
GOOD	110	62	11	183	4.21 N.S.
AVERAGE	19	12	02	33	
LOW	224	184	26	434	
TOTAL	353	258	39	650	

Here, df=4

Through the above table, it has been examined that subject perceived mental health on basis of age category so as to see any significant difference in all three age categories (60-74,74-89 and 90 & above). The table clearly indicates that age category of 60-74 year and 75-89 years has a good mental health but on some aspects the individuals of both categories have poor level. On the other hand, age category of 90 & above has a low or poor general health and this implies this category got effected more than else. Overall table indicates that there is no significant difference among them.

**Hence, HYPOTHESIS 12: There is no significant difference in level of mental health on basis of age category. This hypothesis is accepted.**

**Table No. 13**

LEVEL OF MENTAL HEALTH	LIVING		TOTAL	$\chi^2$
	WITH FAMILY	ALONE		
GOOD	161	22	183	3.05 N.S.
AVERAGE	31	02	33	
LOW	367	67	434	
TOTAL	559	91	650	

Here, df=2

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Through the above table, tried to examined the effect of COVID-19 pandemic on individuals living with family and alone. So it has been concluded that individuals living with family has good mental health as compared to individuals living alone during COVID-19 but individuals living with family sometimes get a poor level of mental health might be due to online work (who are still working), missing loved ones etc. Individuals living alone has poor general health might be due to daily disturbed routine due to COVID-19. The table clearly shows that there is no significant difference between both categories. Overall table shows good level of social support.

**Hence, HYPOTHESIS 13: There is no significant difference in level of mental health on basis of living. This hypothesis is accepted.**

**Table No. 14**

LEVEL OF MENTAL HEALTH	MARITAL STATUS			TOTAL	$\chi^2$
	MARRIED	UNMARRIED	WIDOW/ WIDOWER		
GOOD	129	0	54	183	8.95 N.S.
AVERAGE	22	0	11	33	
LOW	317	13	104	434	
TOTAL	468	13	169	650	

Here, df=4

Through the above table, examined the level of mental health in individuals on basis of marital status during COVID-19 so as to see if there any significant difference in all three categories. It has been concluded that all three categories have low level of mental health might due to conflicts, fights (lying in married category), might be fed up of living alone (lying in unmarried category) and might be missing the spouse and dear ones who are residing far (lying in widow/widower category). There is no significant difference among the three categories.

**Hence, HYPOTHESIS 14: There is no significant difference in level of mental health on basis of marital status. This hypothesis is accepted.**

**Table No. 15**

LEVEL OF MENTAL HEALTH	BACKGROUND		TOTAL	$\chi^2$
	ARMY	NON-ARMY		
GOOD	141	41	182	15.82 N.S.
AVERAGE	28	05	33	
LOW	390	45	435	
TOTAL	559	91	650	

Here, df=2

Through the above table, subjects perceived general health in light of background were examined so as to see if there any significant difference in both the categories of background (army & non-army background). So it clearly shows that individuals with army background has good level of mental health as from the very starting time they are trained in that way so as to handle worst situation as possible and giving pressure mentally. So, they are more experienced with similar situations and non-army background individual has average level

of mental health during the effect of COVID-19 like residing at homes far away from friends and families, may lost some dear ones. So, there is not a significant difference among them. Hence, **HYPOTHESIS 15: There is no significant difference in level of mental health on the basis of background. This hypothesis is accepted.**

## **INTERPRETATION AND DISCUSSION**

The sample of 50 participants were taken and then research conducted by dividing it in three domains that is, Social Support, General Health and Mental Health and each domain were also examined by taking variables.

### **ACCORDING TO SOCIAL SUPPORT DOMAIN**

In this domain, the result which we get is that, except hypothesis 2, all others get accepted which shows that there is no significant difference among them. According to sample ratio it has been observed that females has better social support level as compared to males. In age category, we get the significant difference which shows that we get the difference among the three categories. According to third variable that is, living, it shows that those who were living with families has good social support might be due to having someone to talk, someone who will able to be with them, someone who will be with them at time of any worst situations as compared to those who were living alone might be due to developed habits like to stay alone, don't be a part of get together and all. In the fourth variable, here we examined that those who were married are mostly have good social support might be due to spending good times together without having any stress of work of office and household work, trying to work to by dividing it accordingly as compared to widow/widower might be due to keeping distance with friends and relatives and love to live alone and sometimes misses the spouse. The fifth variable, talked about the background from which individual is from, it shows that those who belonged to army background has better support system due to their vast and expanded circle of friends according to their army duties but those who are from non-army backgrounds, they might not have that much circle.

But the samples taken was small to study such a huge topic so through qualitative analysis we can say that there is a difference seen according to each and every variable. Either male or female, either any age category individuals, individuals living with family or alone, individuals who were lying in different categories of marital status and individuals belonging to either army or non-army background has suffered atleast one or few situations like staying away from relatives, friends and not able to visited any social gatherings, parties, events. So, through all these aspects, we an easily conclude that difference has been found in individuals through qualitative analysis not by statistical analysis.

### **ACCORDING TO GENERAL HEALTH DOMAIN**

According to this domain, the result showed that except Hypothesis 9 others has been accepted which signifies that there is no significant difference among them. According to sample ratio it has been found that the social support level of males and females are at same extent but at some points males have low social support. In age category variable, it has been concluded that category 60-74 years has good general health as compared to other two might be due to without having any general health issues, they themselves work a lot in home that they don't have feeling of missing daily walks. Third variable shows that those who are living with families has good level of general health but those who are living alone has low or poor level of general health might be due to having sleep disturbances, imbalance appetite due to living alone. Fourth variable signifies that those who are married has good level of

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general health, widow/widower has an average level of general health and those who fall in the category of unmarried has poor level of general health.

As said in above domain, it has been found that there is no significant difference but if we access the situations so it has also shown that people were effected due to COVID-19 pandemic specially , senior citizens due to age factor and weak immune system but as in this research sample was taken small so not able to proof it statistically but if we put an vision qualitatively like due to stress , tensions people has gone through sleep disturbances not only senior citizens but kids, adults also. It directly affected the appetite of individual as by seeing the worst situations sometimes an individual has a less appetite and sometimes more. The individual is itself worry about his/her health. So, through this we can conclude the we haven't proved that senior citizens has been effected by COVID-19 but qualitatively we can see the changes among them.

### **ACCORDING TO MENTAL HEALTH DOMAIN**

Through this domain we have concluded that statistically we haven't found any significant difference in senior citizens in different aspects of mental health. All the five hypothesis under this domain were accepted and shows that there is no significant difference found. According to sample ratio it has been found that females has better mental health as compared to males .At some aspects both male and female has low mental health .In second variable of age category signifies that 60-74 years and 75-89 has better level of general health and 90 & above has poor mental health which shows that they effected the more than else. In the third variable that is, living shows that those living with families has good level of mental health as whatever they will face at that time family will be present and support him/her and make them understand and provide the support but on other hand those living alone doesn't get any support emotionally to handle mental health problems like anxiety, stress etc. Fourth variable shows that all three categories have low level of mental health might be due to family conflicts, fights (lying in married category), might be fed up of living alone (lying in unmarried category) and might be missing the spouse and dear ones who are residing far (lying in widow/widower category). In the fifth variable it has been concluded that those who are having army backgrounds has better level of mental health as from very first day they trained for the worst situation to face so they flowed that strategy to cope them up with the situation of pandemic but on other hand, those who are from non-army background has tried to be strong but on some aspects failed.

As mentioned in above two domains it has been clear that we got no significant difference in this research as expected except on two hypothesis which are overall rejected belonging to first and second domain. In this domain also, we can see the differences and impact of covid-19 on senior citizens. By residing at homes for long time, few faced the anxiety, stress problems, get irritated with himself/herself, get aggressive on small things, some faced the feeling of loneliness even after living with families due to imbalance routine work. Some got stressed by getting worried about their family. Sometimes people have a feeling that their memory is deteriorating. So, all these aspects shows that individuals has suffered at large extent but as the sample taken were small so not able to proof it statistically but can say that through qualitative analysis we can say that there has been change found among people due to effect of COVID-19 pandemic specially, senior citizens.

### **CONCLUSION**

After conducted a research, it has been concluded that the significant difference at 0.002 level found in case of hypothesis 2 that is, level of social support on basis of age category

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and in case of hypothesis 9 at level of 0.30 that is level of general health on basis of marital status. Rest 13 hypothesis are accepted as haven't got any statistical proof of any difference found. It has found that according to all three domains .At some aspects, individual has good social support, general health and mental health due to living with family members instead of living alone, an individual who are in the category of married has also good at some extent and those in the category of widow/widower has an average level in both domains (social support, general health) but in third domain that is, general health, in this all the three categories of marital status has a low level might be due to family conflicts, fights (lying in married category), might be fed up of living alone (lying in unmarried category) and might be missing the spouse and dear ones who are residing far (lying in widow/widower category).

So statistically it has been observed that on some aspects we have examined some significant difference in an individual due to the effect of COVID-19 but on other aspects we haven't found any change. But on other hand, when we talk about qualitative analysis so we surely found difference in psychosocial behaviour of senior citizens due to impact of COVID-19 like if we see the social support domain, here they missed their friend, relatives, missed the social gatherings like parties, events etc. According to General Health domain, found changes like having sleep disturbances, appetite has been affected, worried about own health after seeing the worst conditions, and get fed up when don't able to follow their daily routine walk. In Mental Health Domain, found that individuals are gone through stress and anxiety like components which straight away effecting their mental health. They are reacting on small things unnecessarily, getting irritated with themselves.

So, after studied all these aspects it has been concluded that individuals have faced an effect of COVID-19 on their psychosocial behaviour but not able to proof it statistically completely but we can say that through qualitative analysis we found change.

### FUTURE DIRECTIONS

- As this study only comprises of 50 subjects, sample size can be increased in future studies so that to get better results.
- Variables can be increased to study more aspects.
- Only one tool has been used that is, Self-Administered Questionnaire, other tools can be used to study some other relevant aspect.
- Age limits can also be decrease so that to study the impact on adolescents and adults in future studies.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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