

Differential Impacts of the COVID-19 Pandemic: A Study of Death Anxiety Among Student and Elderly Populations in Manipur

Chakpram Purnima Devi^{1*}

ABSTRACT

The COVID-19 pandemic has precipitated a global mental health crisis, with death anxiety emerging as a significant psychological outcome. This study investigates the levels and predictors of death anxiety among two distinct groups in Manipur, India: students (younger population) and the elderly (older population). A cross-sectional design was employed with a sample of 135 participants (108 students, 27 elderly; 54 males, 81 females). Death anxiety was measured using a validated scale, with scores categorized into low, average, and high levels. Data were analyzed using descriptive statistics, chi-square tests, and independent samples t-tests. The majority of participants (67%) reported average levels of death anxiety. Significant differences were found based on age and gender: younger respondents exhibited higher death anxiety than older respondents ($t=2.336$, $p=0.021$), and females reported significantly higher death anxiety than males ($t=3.656$, $p<0.001$). However, categorical analysis of anxiety levels across age groups showed no significant association ($\chi^2=5.233$, $p=0.073$). The findings highlight that younger individuals and women experienced greater death anxiety during the pandemic in Manipur. These results underscore the need for demographic-sensitive mental health interventions and policies aimed at mitigating pandemic-related psychological distress in vulnerable subgroups.

Keywords: *Death Anxiety, COVID-19, Mental Health, Age Differences, Gender Differences, Pandemic Trauma*

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has not only been a biomedical catastrophe but also a profound psychological disruptor worldwide (Pfefferbaum & North, 2020). Beyond the direct threat to physical health, the pandemic has triggered widespread fear, uncertainty, and trauma, particularly surrounding illness and mortality (Menardo et al., 2021). One critical psychological construct that has gained renewed attention in this context is death anxiety—defined as a state of apprehension, worry, or fear related to the awareness of one's own mortality or the dying process (Tomer et al., 2007).

Death anxiety is a universal human experience, but its intensity and expression are influenced by contextual, developmental, and socio-cultural factors (Neimeyer, 2015). The

¹Research Scholar, Department of Teacher Education, Manipur University

*Corresponding Author

Received: January 22, 2026; Revision Received: June 11, 2026; Accepted: June 15, 2026

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relentless media coverage of infection rates and deaths, coupled with social isolation measures such as lockdowns, has exacerbated existential fears across populations (Menzies & Menzies, 2020). In India, the pandemic's second wave in early 2021 was particularly devastating, overwhelming healthcare systems and creating widespread scenes of suffering, which likely intensified death-related distress (Kumar & Nayar, 2021).

Manipur, a northeastern state of India, presents a unique context. Characterized by distinct socio-cultural practices, geographic remoteness, and a relatively fragile healthcare infrastructure, the region's population faced compounded vulnerabilities during the pandemic (Haokip, 2020). Within this setting, two groups are of particular interest: students, whose academic and social lives were abruptly disrupted, and the elderly, who were at higher biomedical risk but may possess different psychological resources. Understanding how these groups experienced death anxiety is crucial for developing targeted mental health support.

This study, therefore, aims to empirically investigate the levels of death anxiety among student and elderly populations in Manipur and to examine the significance of age and gender as differentiating variables. By doing so, it seeks to contribute to the growing literature on the pandemic's mental health impact in non-Western, understudied contexts and to inform locally relevant psychosocial interventions.

REVIEW OF RELATED LITERATURE

Death Anxiety: Conceptual Foundations and Measurement

Death anxiety has been studied extensively within existential psychology. Terror Management Theory (TMT) posits that awareness of mortality creates a potential for paralyzing anxiety, which humans manage through cultural worldviews and self-esteem (Greenberg et al., 1986). Standardized tools like the Templer Death Anxiety Scale (Templer, 1970) and the Revised Death Anxiety Scale (RDAS) have been widely used to quantify this construct. Research pre-dating COVID-19 has shown that death anxiety correlates with various mental health conditions, including generalized anxiety, depression, and hypochondriasis (Iverach et al., 2014).

Death Anxiety in the Context of Pandemics

Historically, disease outbreaks have been linked to spikes in death anxiety. During the H1N1 and Ebola outbreaks, studies documented increased mortality salience and related fears (Pappas et al., 2009; Bitan et al., 2020). The COVID-19 pandemic, due to its scale and prolonged nature, has provided a new impetus for such research. Recent studies confirm heightened death anxiety globally, often mediated by factors like perceived vulnerability, media consumption, and prior mental health status (Lee, 2020; Yildirim & Güler, 2021).

Age as a Factor in Death Anxiety

The relationship between age and death anxiety is complex and non-linear. While early theories suggested a linear increase with age, empirical evidence is mixed. Some studies find that older adults, through processes of life review and ego integrity (Erikson, 1982), report lower death anxiety than younger and middle-aged adults (Fortner & Neimeyer, 1999). Conversely, the COVID-19 pandemic presented a unique threat where the elderly were at higher objective risk, which could theoretically increase their death anxiety. However, younger adults, facing disruptions to life plans, economic instability, and high exposure to

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pandemic-related media, have also reported severe existential distress (Chaudhary et al., 2021).

Gender as a Factor in Death Anxiety

Gender differences in death anxiety are well-documented, with women consistently reporting higher levels than men across various cultures (Dattel & Neimeyer, 1990). Explanations range from socialization patterns that encourage greater emotional expressiveness in women to differences in coping styles and attachment patterns (Šmigelskas et al., 2018). The pandemic, with its increased caregiving burdens and domestic stressors—which disproportionately fell on women—may have further widened this gap (Alon et al., 2020).

The Indian and Manipuri Context

Research on death anxiety in India is growing but remains limited, especially in regions like the Northeast. Indian society, with its collectivistic orientation and diverse religious philosophies regarding death, may shape death anxiety in unique ways (Bharati, 2020). In Manipur, community bonds are strong, but the region also faces challenges like insurgency and underdevelopment, which can compound stress during a crisis (Haokip, 2020). No known study has specifically examined pandemic-induced death anxiety in this population, highlighting a significant gap this research aims to fill.

Objectives of the Study

Based on the identified gaps, this study was guided by the following objectives:

1. To assess the global levels of death anxiety within the study population.
2. To examine if there is a significant difference in death anxiety between:
 - a) Younger (student) and older (elderly) populations.
 - b) Male and female respondents.

METHODOLOGY

Research Design

A quantitative, descriptive cross-sectional design was employed to collect data at a single point in time between November – February (2020-2021).

Participants and Sampling

The study comprised a total of $N = 135$ participants from Manipur.

- **Age Groups:** The sample was purposively divided into:
- **Younger Population** ($n=108$): Defined as undergraduate and postgraduate students aged 18–30 years, recruited from universities and colleges in Imphal.
- **Older Population** ($n=27$): Defined as individuals aged 60 years and above, recruited from community centers and residential neighbourhoods.
- **Gender Distribution:** The sample included 54 males (40%) and 81 females (60%).
- Purposive and snowball sampling techniques were used due to movement restrictions during the pandemic. Informed consent was obtained from all participants.

Tool and Measures

In the present study, the data on the death anxiety were gathered through Templer's a 51-item Death Anxiety Scale-Extended (TDAS, Templer et al., September, 2006).

- **Low Death Anxiety:** Scores below 15.

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- Average Death Anxiety: Scores between 15 and 31.
- High Death Anxiety: Scores above 31.

A socio-demographic proforma collected information on age and gender.

Data Collection Procedure

Data collection was conducted through a questionnaire conducted with proper safety protocols (for a subset of students and most elderly participants). The researcher was present (in person) to explain the study and address queries.

Data Analysis

Data were analyzed using SPSS version 27

1. Descriptive statistics (frequencies, percentages, mean, standard deviation) described the sample and global anxiety levels.
2. Chi-square Goodness-of-Fit Test was used to analyze the distribution of participants across the three anxiety levels (Objective 1).
3. Chi-square Test of Independence examined the relationship between categorical anxiety levels (high/average/low) and age group.
4. Independent Samples t-test was used to compare mean death anxiety scores between:
 - a) Younger and older groups.
 - b) Male and female groups.

The alpha level for statistical significance was set at $p < 0.05$.

RESULTS

Global Levels of Death Anxiety

Table 1: Global Death Anxiety Levels of the Study Population (N=135)

| Levels of death anxiety | Frequency | Percentage | Chi-square | d.f. | p-value |
|-------------------------|-----------|------------|------------|------|---------|
| High (above 31) | 24 | 18 | 70.711 | 2 | 0.001** |
| Average (15-31) | 91 | 67 | | | |
| Low (below 15) | 20 | 15 | | | |
| Total | 135 | 100 | | | |

**Significant at 0.01 levels of significance

* Significant at 0.05 levels of significance

The majority of the sample (67%, n=91) reported average levels of death anxiety. A smaller proportion reported high (18%, n=24) or low (15%, n=20) anxiety. The Chi-square Goodness-of-Fit test indicated that this distribution was significantly different from an equal distribution ($\chi^2(2) = 70.711, p < 0.001$).

Death Anxiety and Age: Categorical and Mean Comparisons

Table 2 displays the cross-tabulation of death anxiety levels by age group.

| Levels of death anxiety | Age of respondents | | | Chi-square | d.f. | p-value |
|-------------------------|--------------------|---------|-----------|------------|------|---------|
| | Younger | Older | Total | | | |
| High (above 31) | 23 (96%) | 1 (4%) | 24 (100%) | 5.233 | 2 | 0.073 |
| Average (15-31) | 71 (78%) | 20(22%) | 91 (100%) | | | |
| Low (below 15) | 14 (70%) | 6 (30%) | 20 (100%) | | | |
| Total | 108(80%) | 27(20%) | 135(100%) | | | |

**Significant at 0.01 levels of significance

*Significant at 0.05 levels of significance

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While a large majority of those with high anxiety were younger (96%), the Chi-square test of independence showed no statistically significant association between the categorical level of anxiety and age group ($\chi^2(2) = 5.233, p = 0.073$).

Comparison of mean death anxiety scores between age groups.

Table 3: Mean Death Anxiety Scores by Age of Respondents

| Age of respondents | N | Mean | Std. D | t-value | d.f. | p-value |
|--------------------|-----|-------|--------|---------|------|---------|
| Younger | 108 | 24.39 | 8.29 | 2.336 | 133 | 0.021* |
| Older | 27 | 20.30 | 7.47 | | | |

**Significant at 0.01 levels of significance

* Significant at 0.05 levels of significance

The independent samples t-test revealed a significant difference in mean scores. Younger respondents ($M = 24.39, SD = 8.29$) reported significantly higher death anxiety than older respondents ($M = 20.30, SD = 7.47$), $t(133) = 2.336, p = 0.021$.

Death Anxiety and Gender: Mean Comparison

Table 4: Mean Death Anxiety Scores by Gender of Respondents

| Gender | N | Mean | Std. D | t-value | d.f. | p-value |
|--------|----|-------|--------|---------|------|---------|
| Male | 54 | 20.52 | 8.11 | 3.656 | 133 | 0.001** |
| Female | 81 | 25.60 | 7.78 | | | |

**Significant at 0.01 levels of significance

*Significant at 0.05 levels of significance

A highly significant gender difference was found. Female respondents ($M = 25.60, SD = 7.78$) reported substantially higher death anxiety than male respondents ($M = 20.52, SD = 8.11$), $t(133) = 3.656, p < 0.001$.

DISCUSSION

This study provides one of the first empirical insights into death anxiety during the COVID-19 pandemic within the specific socio-cultural context of Manipur, India. The findings offer nuanced support for both hypothesized relationships and reveal the complexity of measuring this construct.

The primary finding that younger individuals (students) reported higher mean death anxiety than the elderly aligns with a growing body of pandemic literature (Chaudhary et al., 2021) but contrasts with classic terror management perspectives that might predict higher anxiety in those at greater objective risk. This can be interpreted through several lenses. For students, the pandemic represented a massive disruption to their projected life course—academic delays, cancelled opportunities, and an uncertain future—amplifying existential uncertainty (Lee, 2020). The elderly, while vulnerable, may have drawn upon a lifetime of coping experience and a greater sense of life accomplishment (Erikson's ego integrity), potentially buffering against acute death anxiety (Fortner & Neimeyer, 1999). However, the non-significant chi-square result for categorical levels suggests that while the intensity of anxiety (mean score) differs, the proportion of individuals falling into severe categories may not be drastically different across age groups, warranting cautious interpretation.

The highly significant gender difference, with women reporting greater death anxiety than men, is consistent with decades of pre-pandemic research (Dattel & Neimeyer, 1990) and

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recent COVID-19 studies (Alon et al., 2020). In the Manipuri context, this likely reflects a confluence of factors: gendered socialization that permits greater emotional expression in women, their disproportionate burden of caregiving and domestic duties during lockdowns, and potentially higher levels of empathy and emotional contagion related to pandemic suffering (Šmigelskas et al., 2018). This finding underscores that pandemic mental health impacts are not gender-neutral.

The result that the majority (67%) fell into the "average" anxiety category is noteworthy. It suggests that while the pandemic elevated existential concerns, most individuals in this sample were managing within a normative range of distress. This could reflect cultural or communal resilience factors specific to Manipur, such as strong family support systems or religious/spiritual frameworks that provide meaning in the face of mortality (Bharati, 2020).

Theoretical Implications

The findings partially support Terror Management Theory but highlight the importance of developmental and situational moderators. The higher anxiety in youth underscores that mortality salience can be triggered not just by direct threat, but by threats to one's future aspirations and identity projects. The study also reinforces the need to integrate gender as a critical variable in existential health models.

Practical Implications

1. **Mental Health Programming:** Counselling services in Manipur should integrate psychoeducation and interventions specifically addressing death anxiety and existential concerns among students.
2. **Gender-Sensitive Support:** Public health messaging and community support programs should be tailored to address the specific stressors and emotional needs of women during health crises.
3. **Community-Based Approaches:** Leveraging existing community networks and traditional support systems in Manipur could be an effective way to deliver psychosocial first aid and reduce isolation.

Limitations and Future Research Directions

This study has several limitations. Its cross-sectional design precludes causal inferences. The sample size, particularly of the elderly group ($n=27$), is small and limits generalizability. The use of purposive sampling may introduce selection bias. The adapted scoring categories for the DAS, while practical, differ from the instrument's original validation. Future research should employ longitudinal designs, larger and more representative samples, and mixed-methods approaches to explore the qualitative nuances of death anxiety. Investigating protective factors like spirituality, social support, and coping strategies in the Manipuri context would be a valuable next step.

CONCLUSION

This study confirms that the COVID-19 pandemic significantly impacted psychological well-being in Manipur, manifesting as measurable death anxiety. The experience of this anxiety was not uniform; it was distinctly more pronounced among younger populations and women. These differential impacts call for a move beyond one-size-fits-all mental health responses. By acknowledging and addressing these demographic disparities, policymakers, healthcare providers, and community leaders in Manipur and similar contexts can develop

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more effective, equitable, and culturally resonant strategies to foster resilience in the face of ongoing and future public health crises.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Devi, C.P. (2026). Differential Impacts of the COVID-19 Pandemic: A Study of Death Anxiety Among Student and Elderly Populations in Manipur. *International Journal of Indian Psychology*, 14(2), 2275-2282. DIP:18.01.207.20261402, DOI:10.25215/1402.207