

Psychological Impacts on Post-COVID-19 Patients in Raptisonari Rural Municipality, Banke District

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Abstract

This study investigates the psychological effects experienced by patients who have recovered from COVID-19 in the Raptisonari Rural Municipality of Banke District. The primary objective is to elucidate the actual psychological impacts on these individuals. The research adopts a descriptive methodology, encompassing both quantitative and qualitative data. A sample of 80 respondents, all above the age of 20, was selected using snowball sampling. Data collection was conducted through questionnaires and informal interviews during direct visits to the respondents. The collected primary data were meticulously edited and presented in the final report, with tabulation aligned to the study's objectives. Data entry and analysis were performed using Microsoft Excel, enabling the creation of relevant tables and diagrams. The analysis revealed that 40% of respondents were aged 25-29, while only 1.25% were in the 55-59 age group. Additionally, 72.5% of the respondents belonged to the Janajati community, and all respondents were literate, with 26.25% having completed the SLC/SEE. Employment status showed that 55% of respondents were job holders. In terms of religious affiliation, 87.5% were Hindu. Regarding symptoms, 85% reported experiencing fever, cough, and tiredness, with eight clients specifically mentioning fever and four mentioning cough. Preventive measures identified included mask-wearing, as reported by 39 clients, and 35% of clients were diagnosed with COVID-19 at hospitals. The psychological impact of the COVID-19 diagnosis was significant, with 68.75% of respondents expressing fear upon diagnosis. During the isolation period, 83.75% of the respondents were in home isolation, with 50% fearing death and 45% expressing happiness upon discharge from isolation. Post-recovery, 66.25% of the respondents received congratulations from friends and family upon meeting them. This study highlights the profound psychological effects on COVID-19 recovered patients and underscores the need for targeted mental health support for this population.

Keywords: Covid 19, post-covid impact, isolation, mental health, preventive measures

Introduction

In the 21st century, despite advancements in science and technology, the world has faced unprecedented fear due to the novel coronavirus, which emerged in Wuhan, China, on December 31, 2019. Initially identified in a patient diagnosed with pneumonia of unknown cause, the virus was provisionally identified as the 2019 Novel Coronavirus on February 7, 2020, by Chinese researchers (Wang et al., 2020). Although initially thought to be similar to the SARS outbreak of 2003, it was confirmed to be a different strain, named SARS-CoV-2 or COVID-19 by the World Health Organization (WHO) on February 11, 2020 (WHO, 2020a).

The virus, originating in Wuhan, rapidly evolved into a global pandemic, significantly impacting human life worldwide. The WHO declared it a pandemic on March 11, 2020 (WHO, 2020b). Except for North Korea, no country remained untouched by the virus. Open borders and unregulated movement facilitated the virus's spread, resulting in a rapid increase in infections. Efforts to curb the virus included closing borders, restricting transportation, shutting down markets and schools, and imposing complete lockdowns to prevent movement between households.

Quarantine measures were implemented to separate uninfected and suspected individuals for 14 days, and those infected were treated in isolation centers. Severe cases required ICU and ventilator support. By November 12, 2021, approximately 252,652,148 cases had been reported globally, with 5,095,683 deaths and 228,594,430 recoveries (Worldometers, 2021).

Although the mortality rate of COVID-19 is relatively low, the high transmission rate has resulted in a significant number of deaths. The virus is primarily transmitted through respiratory droplets from coughing and sneezing. Health workers, individuals with weakened immune systems, and those with chronic illnesses are particularly vulnerable. COVID-19 affects all ages, races, and genders, though the severity and fatality rates vary. The highest fatality rates are observed in individuals over 50 years old, while cases in children under nine are rare (Health Science Journal, 2020).

The virus has spread globally, affecting countries such as China, Russia, Germany, France, Italy, Spain, Japan, Brazil, the UK, Turkey, Iran, the United States, Mexico, Indonesia, Malaysia, Qatar, India, and Nepal. Despite ongoing efforts, the virus has not been fully controlled, and infections continue to rise. Vaccines like Covax, Covishield, AstraZeneca, Johnson & Johnson, and Sinovac have been developed and deployed since late 2020 in countries including Russia, the UK, China, and the United States. While vaccination has reduced infection rates, complete control remains elusive.

The pandemic has led to widespread socioeconomic disruption. Many workplaces and businesses have closed, and individuals living below the poverty line have faced starvation, leading to numerous deaths and suicides during lockdowns. Those recovering from COVID-19 often experience lasting health issues, particularly mental health problems such as stress, anxiety, frustration, fear, confusion, depression, delirium, dizziness, insomnia, ataxia, hypertension, heart attacks, strokes, and restlessness. These symptoms can have significant psychological consequences, both short-term and long-term. Without timely treatment, individuals may develop chronic conditions or face mortality (Rogers et al., 2020).

The novel coronavirus disease (COVID-19) has generated significant concern and apprehension globally since its initial detection in Wuhan, China. The pandemic has resulted in numerous fatalities and millions of individuals remain hospitalized seeking treatment for this viral infection. While the primary focus has been on developing vaccines and treatments, other critical issues, particularly mental health conditions stemming from COVID-19 complications and enforced isolation measures, have been largely neglected. These psychological impacts, although they may not cause severe mental health disorders, have the potential to exacerbate pre-existing conditions such as post-traumatic stress disorder (PTSD), somatization disorder, and depression over time (Math & Manjunatha, 2020).

Experimental literature review, also known as systematic literature review, involves thoroughly examining existing literature on a specific topic and identifying gaps that warrant further investigation (Editage Insights, 2018). Research studies have highlighted the prevalence of mental health issues such as anxiety, depression, and stress among individuals during the COVID-19 pandemic, with varying rates reported across different regions and populations (Acharya et al., 2021; Löwe et al., 2020). For example, in Nepal, studies conducted during the pandemic lockdown revealed high rates of depression, anxiety, and their comorbidity, suggesting a significant impact on mental health (Shrestha et al., 2020). Moreover, individuals recovering from COVID-19 may continue to experience psychological effects, including fatigue, fear, and memory loss, even after their physical symptoms have resolved (Pandey, 2021). These psychological symptoms can persist for several weeks to months, leading to long-term mental health challenges (Pandey, 2021).

In addition to psychological effects, neurological and psychiatric disorders have also been observed in individuals following COVID-19 infection (Taquet et al., 2021). Research conducted on COVID-19 patients revealed a substantial incidence of various neurological and psychiatric diagnoses, including intracranial hemorrhage, stroke, dementia, anxiety disorder, and psychotic disorder, among others (Taquet et al., 2021). Moreover, the severity of COVID-19 illness, as indicated by factors such as hospitalization and intensive care unit (ICU) admission, was associated with a higher incidence of neurological and psychiatric disorders (Taquet et al., 2021). These findings underscore the need for comprehensive mental health support for individuals recovering from COVID-19, particularly those with severe illness.

Furthermore, social factors such as living conditions and social support can influence individuals' mental health outcomes during and after COVID-19 infection. For instance, individuals living in rented accommodations or separated from their families may experience higher levels of stress and depressive symptoms (Acharya et al., 2021). Similarly, social stigma and fear of re-infection can contribute to anxiety and depression among recovered COVID-19 patients (Pandey, 2021). Therefore, interventions aimed at addressing social determinants of mental health and promoting social support networks are crucial for mitigating the long-term psychological impact of the pandemic (Acharya et al., 2021; Pandey, 2021).

This study aims to explore the various direct and indirect psychological effects on individuals in Ward No. 06 of Raptisonari Rural Municipality, Banke District, who have recovered from COVID-19. Information regarding the global pandemic is widely available through radio, television, the Internet, and other media outlets. This research will specifically address the psychological impacts on post-COVID-19 patients in the specified area.

Objectives of the Study

The primary objectives of this study are to examine the psychological impacts on post-COVID-19 patients. The specific objectives are:

1. To identify the psychological effects experienced by COVID-19 patients during treatment and after recovery.
2. To determine which age group of individuals with COVID-19 infection faces more significant problems.
3. To assess the level of family support provided to patients during their treatment period.

Research Methodology

Data on the psychological impacts observed in individuals from Banke District, Raptisonari Rural Municipality, Ward No. 06, were collected after they had recovered from COVID-19. The methodology for this study included the research design, population and sample, sampling method, data collection procedures, data analysis tools, and statistical interpretation and analysis.

Research Design

The study utilized a descriptive research framework, primarily based on data from primary sources. Data were collected through an on-site survey involving individuals who had recovered from COVID-19 in the study area.

Population of the Study

The population for this study consisted of 152 individuals who had recovered from COVID-19 and were residing in Banke District, Raptisonari Rural Municipality, Ward No. 06. From this population, 80 individuals were selected using a simple random sampling method.

Sampling Method

For the study, Banke District, Raptisonari Rural Municipality, Ward No. 06, was selected. Out of the 152 individuals, 80 were chosen, representing 52.6 percent of the population, using a simple random sampling method.

Tools of Data Collection

The tools for data collection in this study included questionnaires, which were used to gather information, facts, and statistics. These tools were essential for ensuring the comprehensiveness and reliability of the study.

Data Collection Procedure

Both primary and secondary sources were utilized for data collection. The researcher prepared a questionnaire specifically designed for individuals who had recovered from COVID-19 in Banke District, Raptisonari Rural Municipality, Ward No. 06. Data were collected from December 1st to December 15th through interviews with each member of the sample population.

Data Analysis and Interpretation

The collected data were thoroughly analyzed to draw meaningful conclusions and complete the study.

Analysis and Interpretation of Results

Demographic and Socio-Economic Status of Respondents

This study analyzed the age composition, educational status, occupational status, and religious and ethnic composition of respondents from Banke District, Raptisonari Rural Municipality, Ward No. 06, who had recovered from COVID-19.

Age Composition of Respondents

The survey aimed to obtain reliable information on the psychological impacts on post-COVID-19 patients in the specified area. A total of 80 individuals participated in the study. The age distribution of respondents is detailed below:

Table 1

Age Composition of Respondents

Age Group	Number	Percentage	Remarks
20-24	9	11.25%	
25-29	24	30.00%	
30-34	14	17.50%	
35-39	7	8.75%	
40-44	7	8.75%	
45-49	4	5.00%	
50-54	4	5.00%	
55-59	1	1.25%	
60-64	7	8.75%	
65-69	3	3.75%	
Total	80	100%	

Table 1 illustrates the age distribution of respondents, ranging from 20 to 69 years. The highest percentage of respondents, 30%, were in the 25-29 age group, while the lowest percentage, 1.25%, were in the 55-59 age group. Additionally, 17.5% were in the 30-34 age group, 11.25% in the 20-24 age group, and 8.75% in the 35-39, 40-44, and 60-64 age groups. The 45-49 and 50-54 age groups each accounted for 5%, and the 65-69 age group accounted for 3.75%. In conclusion, the majority of respondents were in the 25-29 age group, reflecting the adult demographic of the participants.

Ethnic Composition of the Respondents

Ethnic composition is a vital aspect of demography. In Nepal, the profile of ethnic groups was prepared by the Nepal Government. According to the Central Bureau of Statistics (CBS, 2011), there are 125 castes and ethnic groups residing in Nepal. The ethnic composition of COVID-19 patients from different castes, living in Banke District, Raptisonari Rural Municipality, Ward No. 06, is presented below.

Figure 1

Ethnic Composition of the Respondents

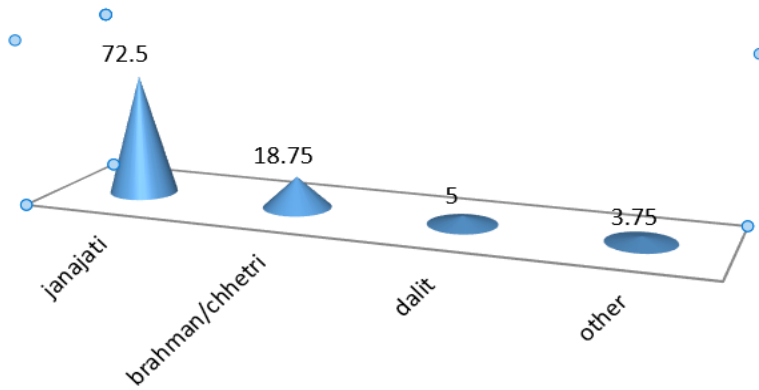


Figure 1 illustrates that the majority of COVID-19 patients, 72.5%, were from the Janajati community. The Brahman/Chhetri community was the second largest group, comprising 18.75%, followed by the Dalit community at 5%, and the Thakuri community at 3.75%. In conclusion, the majority of COVID-19 patients in Banke District, Raptisonari Rural Municipality, Ward No. 06, were from the Janajati community. Although the Brahman/Chhetri community constitutes a significant portion of Nepal's population, the Janajati group was the predominant demographic among the COVID-19 patients in this specific area.

Educational Status of the Respondents

Education is essential for producing the necessary workforce for community and societal development. It plays a crucial role in enhancing the quality of human resources by determining aspirations, skill levels, and technological proficiency. Education influences productivity, horizontal mobility, and shifts in perceptions of caste and societal values, thereby contributing significantly to national income.

Table 2

Educational Status of the Respondents

Educational Level	Number	Percentage
5th Grade	13	16.25%
8th Grade	10	12.50%
SLC Passed	21	26.25%
12th Grade	20	25.00%
Bachelor's Degree	12	15.00%
Master's Degree	4	5.00%
Total	80	100%

Table 2 shows the educational levels of the respondents. It was found that all recovered patients in Banke District, Raptisonari Rural Municipality, Ward No. 06, were literate, having completed various levels of education. The majority, 26.25%, had passed the School Leaving Certificate (SLC) examination, 25% had completed the 12th grade, 16.25% had completed the 5th grade, 15% had obtained a bachelor's degree, 12.5% had completed the 8th grade, and only 5% had obtained a master's degree.

Occupational Status of Respondents

Occupational status encompasses educational qualifications, employment, and overall life conditions. It significantly influences the living standards of individuals, depending on their qualifications. People in various occupations require advanced knowledge and skills to manage their circumstances effectively. The occupational status of the respondents is presented below:

Figure 2

Occupational Status of the Respondents

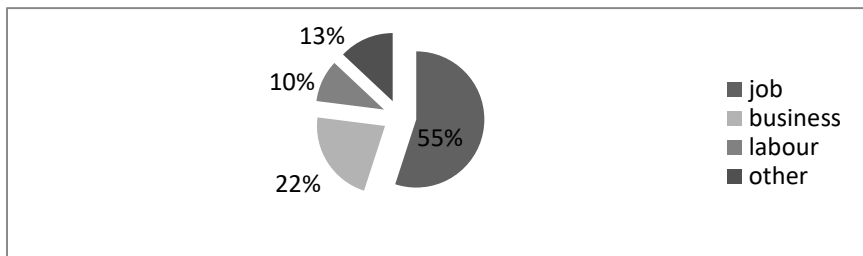


Figure 2 illustrates the diverse occupations of the respondents. The majority, 55%, were employed in jobs, 22% were engaged in business, 13% were in other occupations, and 10% were

laborers. In conclusion, most of the recovered COVID-19 patients were employed in jobs. Compared to other professions, those holding jobs were more frequently affected by the virus.

Table 3
Preventing Measure Applied by Clients

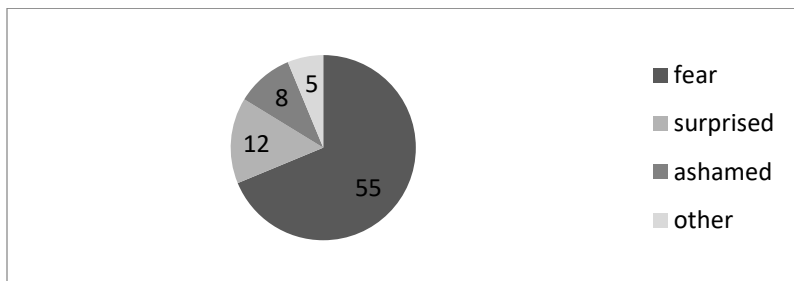
Technique	Wear mask	Hand wash with soap	Social distance	All of the above
NO.	39	12	14	15
percent	49%	15%	17%	19%

This table shows the preventive measure which the clients are answered. total 80 clients asked this question where 49 percent are wear mask, 19% are all of the above, 17% are social distance and 15% are hand wash with soap.

Clients Feeling after Covid

The first time when the disease transmits in people, many type of psychological feelings appears in body such as fear, anxiety, loneliness, ashamed, surprised, etc. this question is asked for total 80 clients, who have many types of feels during covid infection and after recover. Feels after covid diagnosed is presented in the following figure.

Figure 3
Feels after Covid Diagnosed



This pie shows that when the first time diagnosed covid when 69 percent clients were fear similarly 15 percent were surprised ,10 percent were ashamed and 6 percent were others feeling among 80 clients. It is concluded that most of the clients were fear when they are diagnosed and some are surprised and ashamed.

Types of Symptoms Accrued in Clients.

More diseases have simple to complex symptoms but sometimes only simple symptoms are present in first time. After few days the simple symptoms are changing to complex if not cure

or do not care. In covid situation, most people have simple symptoms and few have complex. which type of symptoms are seen in survived clients to shown in the following table.

Table 4

Types of symptoms Accrued in Clients

Simple 67 clients	Complex 13 clients
1) fever	1) difficulties of breathing
2) cough	2) pneumonia
3) headache	3) fast breathing
4) tiredness	4) severe chest pain

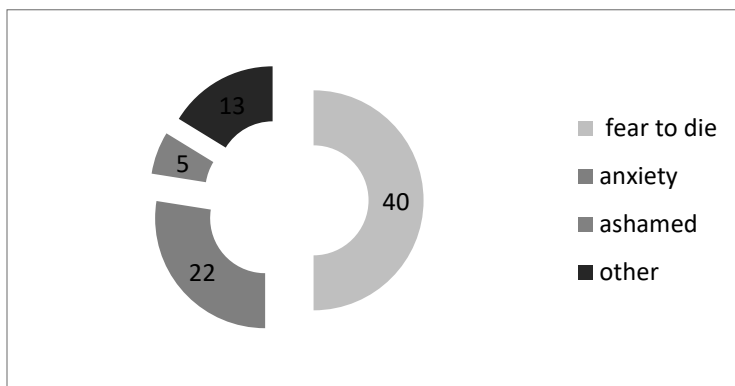
This table shows that among the total 80 clients where 84 percent have simple and 16 percent have complex symptoms present among 80 clients.

Feelings of Clients in Isolation

Many kind of feelings in during illness, or recover after sick. Where anxiety, fear, ashamed, afraid, fantastic, happy etc. In this studies more clients have different types of fillings when they are in isolation. The result is presented in the following figure.

Figure 4

Feelings of Clients in Isolation



The research was carried out among 80 clients, whereas 40 clients are fear to die similarly 22 are anxiety ,13 are others feelings and 5 have ashamed. It is concluded the most

client’s feelings are fear to die, then the next were anxiety and few clients are ashamed and some clients are others reason.

Feeling of Clients after Discharge

we are very happy when we are getting success. In this research there was total 80 clients whom asked their feelings after discharge. The results are presented in the following table.

Table 5

Feeling of Clients after Discharge

Feelings	No.of respondents	Percent
it felt like a new birth	24	30%
were happy	36	45%
fear still	16	20%
Others	4	5%
Total	80	100%

This table shows that 80 clients had asked this question; what did you feel when you discharge from isolation. There answered 45% were happy similarly 30% were felt like a new birth,20% were fear still and 5% were have others. It is concluded that majority of them were happy then next it felt like a new birth and some are fear still now.

Figure 5

Clients’ Thinking during Isolated Period

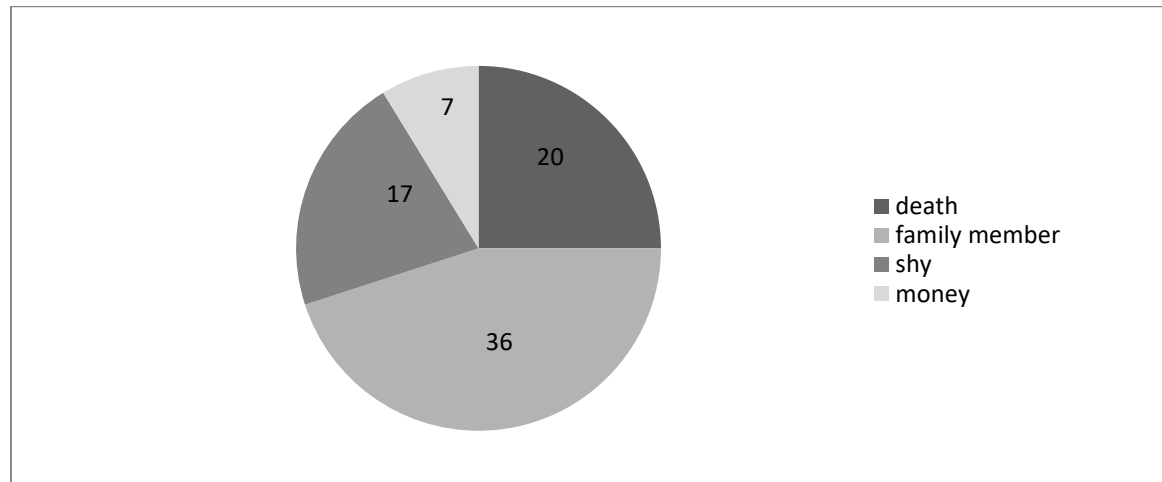


Figure 5 above figure shows that the clients thinking, which is describe. The majority of 36 clients were thinking about family members during isolated period, similarly 20 clients were about fear from death, 17 clients were shy and 7 clients were thinking about money. It is concluded that most of the clients were thinking about family members and few were thinking about money.

Table 6

Status of Confidence Level Decreases

Situation	No. of clients	Percentage
death seen of other client	29	36.25%
at the period of complex symptoms	41	51.25%
absent health worker	10	12.5%
Total	80	100%

Table 6 shows that among 80 clients whereas 51.25 percent were confidence level decrease when the present of complex symptoms, similarly 36.25 percentage were confidence level decrease while the death seen of other clients and 12.5% were confidence level decrease because the absent health worker in admit ward.

Summary of the Findings

The study, focused on assessing the psychological impacts of post-COVID-19 patients in Banke District, Raptisonari Rural Municipality, Ward No. 06, adopted a descriptive research approach. Data were collected from 80 clients out of 152 post-COVID-19 patients, utilizing questionnaires as the primary tool and supplementing with observations and informal interviews. Subsequently, the collected data underwent tabulation, analysis, and interpretation aided by tables and figures. The key findings of the study include:

- a. Age Distribution: The age groups ranged from 20 to 74 years, with the majority (30%) falling in the 25-29 age bracket. Other age groups represented varying percentages, as detailed in the report.
- b. Ethnic Composition: Among the respondents, 72.5% belonged to the Janajati community, followed by Brahman/Chhetri (18.75%), Dalit (5%), and others (3.75%).

c. Occupational Status: A significant proportion (55%) of respondents were employed, while others were engaged in business (22%), labor (10%), or other occupations (13%).

d. Symptomatology and Preventive Measures: The study detailed the prevalence of symptoms among respondents, along with the preventive measures adopted.

e. Emotional Responses and Post-Recovery Experiences: Various emotional responses and experiences during isolation and post-recovery were documented, shedding light on sentiments such as fear, happiness, anxiety, and concerns about confidence levels.

Conclusion

The research delved into the psychological ramifications experienced by individuals post-COVID-19 in Banke District, Raptisonari Rural Municipality, Ward No. 06. Analyzing data from 80 selected cases out of 152 recovered patients, the study revealed significant insights into their experiences. Notably, a predominant age group of 25-29 years constituted the majority of respondents, with a minimal representation of individuals aged 55-59 years. The Janajati community comprised the largest ethnic group among the cases, illustrating the demographic diversity within the region. Employment emerged as a prevalent occupation among the cases, reflecting its impact on lifestyle and socioeconomic status. Symptoms such as fever, cough, and tiredness were prevalent, with mask-wearing being a commonly cited preventive measure. Hospital diagnosis played a significant role in identifying COVID-19 cases, highlighting the importance of healthcare facilities. Emotionally, fear upon diagnosis and happiness upon recovery were prominent sentiments expressed by the cases. Social support was evident, with many receiving congratulations from friends post-recovery. However, concerns regarding social stigma and fear persisted, with a substantial percentage expressing worry due to the reluctance of friends to interact closely until recovery. During isolation, thoughts often turned to family members, signifying the emotional strain experienced. Additionally, a notable decrease in confidence levels was observed among cases confronting complex symptoms. Overall, the study provided valuable insights into the multifaceted impacts of COVID-19 on individuals' psychological well-being and social dynamics within the community.

Limitation of the Study

The Limitations of this research were:

1. The study is confined to Ward No. 06, Raptisonari Rural Municipality, Banke District.
2. It focuses only on individuals who have recovered from COVID-19.
3. Emphasis will be placed on identifying complex health problems and referring them to the appropriate authorities.
4. Attention will be given to new problems observed after recovery from COVID-19.

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