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Psychological Impact of Dengue Fever in Nepal: A Qualitative Study

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Abstract

Background: This study explored the emotional experiences, coping responses, and cultural influences among individuals affected by dengue fever in the Kathmandu Valley.

Methods: A qualitative descriptive design was used. Ten adults (≥18 years) who had experienced dengue within the past two to three years and lived in the Kathmandu Valley (Kathmandu, Lalitpur, Bhaktapur) were recruited through purposive and snowball sampling. Semi-structured interviews were conducted, and a nurse and a psychologist were included as key informants to triangulate patient perspectives. Data were analyzed using Braun and Clarke's thematic analysis.

Results: Participants experienced strong psychological distress including fear of death, panic, helplessness, and emotional numbness. Some reported anxiety, irritability, and reduced concentration even after recovery. Coping strategies were largely passive such as rest, sleep, minimal emotional expression, and strong reliance on family support. Community responses were generally supportive.

Conclusion: Dengue fever carries a meaningful psychological burden that extends beyond physical recovery. Strengthening mental health support, integrating basic psychological first aid, and improving community awareness could enhance holistic dengue care and promote emotional well-being among affected individuals in Nepal.

Keywords: Dengue fever; Psychological impact; Coping mechanisms; Qualitative study; Nepal

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1. Introduction

Dengue fever is one of the most rapidly spreading mosquito-borne viral infections worldwide, posing a major public health challenge, particularly in tropical and subtropical regions. The World Health Organization (WHO) estimates that approximately 390 million dengue infections occur annually, of which about 100 million manifests clinically, and nearly 70% of the global burden is concentrated in Asia (WHO, 2025; Colón-González et al., 2021). The disease is primarily transmitted by *Aedes aegypti* mosquitoes, which thrive in warm, humid climates and densely populated areas. In recent years, dengue outbreaks have intensified across South and Southeast Asia due to rapid urbanization, climate change, and inadequate vector control (Bijukchhe et al., 2024).

Nepal has witnessed a marked increase in dengue incidence over the past decade. In 2004, it was initially confined to the Terai plains, but over the past two decades, its distribution has expanded significantly, even to higher elevations reaching all 77 districts (Bhandari et al., 2024). Major outbreaks have been recorded in 2022 and 2023, with 54,784 and 51,243 cases, respectively (Epidemiology and Disease Control Division, 2024). The highest number of infections occurred between June and August, coinciding with the monsoon season when mosquito breeding conditions are optimal.

Dengue is primarily recognized for its physical manifestations such as high fever, severe headaches, joint pain, and, in severe cases, hemorrhagic complications (CDC, 2024). While the clinical and epidemiological dimensions of dengue have been extensively studied, far less attention has been given to its psychological consequences. Studies conducted in Ecuador, Pakistan, and Southeast Asia (e.g., Thailand, Malaysia, the Philippines) have reported high levels of depression, anxiety, and even post-traumatic stress symptoms among dengue survivors, sometimes lasting for months after physical recovery. For example, Salazar et al. (2024) found that 44.4% of dengue patients experienced mild to severe depression three months after infection. Zeydi et al. (2025) found that over 90% of dengue patients experienced intense fear of death, and around 60% developed anxiety or panic attacks during the acute phase. Some even developed depressive episodes after recovery. Additionally, high levels of anxiety was been documented in patients recovering from the disease, further emphasizing the need for comprehensive mental health evaluations. Similarly, earlier outbreaks such as Zika and Ebola have also demonstrated how fear, uncertainty, and stigma intensify emotional responses during vector-borne epidemics (Tucci et al., 2017).

In Nepal, cultural interpretations of illness, social stigma, and limited access to psychological services further shape psychological responses but research documenting these dimensions remains scarce (Luitel et al., 2015). Despite increasing dengue incidence in Nepal and growing awareness of its clinical complications, the psychological burden of dengue remains understudied. Most national studies have focused on epidemiological trends, risk factors, vector ecology, and clinical presentations (Bhandari et al., 2024; Pokharel et al., 2023). However, little is known about how patients emotionally experience dengue fever, how cultural beliefs shape their perceptions, or what coping strategies they employ during recovery. In a country where mental health services are already limited and outbreaks are recurrent,

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examining these psychological dimensions is particularly crucial. This study aims to explore the psychological impact of dengue fever among affected individuals in Kathmandu Valley, with a focus on the emotional challenges they face and the coping strategies they employ during and after the illness. Documenting the mental health experiences of dengue patients in a Nepali context, this research seeks to generate evidence that can inform holistic patient care, encourage the integration of mental health support into dengue management programs, and guide policymakers toward more comprehensive public health responses.

2. Methodology

The study used a qualitative descriptive research design to gain an in-depth understanding of the psychological experiences of individuals affected by dengue fever. The research was conducted in the Kathmandu Valley, which includes the districts of Kathmandu, Lalitpur, and Bhaktapur, due to the high incidence of dengue cases reported in this area in recent years. Previous literature shows that saturation in qualitative interviews is typically reached within 6–12 participants (Guest et al., 2006). Therefore, a total of 10 participants were recruited using a combination of purposive and snowball sampling techniques. Inclusion criteria for patients required participants to be 18 years or older, have been diagnosed with dengue within the past two to three years, and reside in the Kathmandu Valley, while those with a pre-existing psychiatric diagnosis were excluded. In addition to the main sample of dengue-affected individuals, two key informants: a nurse and a psychologist involved in dengue care were interviewed to triangulate patient perspectives and provide professional insights into the psychological and emotional challenges experienced by patients.

A semi-structured interview guide consisting of open-ended questions was developed specifically to explore the psychological impacts, coping mechanisms, and the influence of cultural and social factors. The research questions were: 1. What psychological symptoms are commonly experienced by individuals affected by dengue fever during and after the illness? 2. What emotional, behavioral, and social coping mechanisms do individuals use to manage psychological distress caused by dengue fever?, and 3. How do cultural beliefs and social norms influence individuals' psychological responses to dengue fever?

Data collection was carried out in April and May 2025. Interviews were conducted in the Nepali language, lasting approximately 30 to 60 minutes, and were audio-recorded. Written consents were collected before the interview. The collected deidentified qualitative data was transcribed, managed, and analyzed using thematic analysis followed by Braun and Clarke's six-phase framework (Braun & Clarke, 2006). Coding was performed manually to systematically identify recurring patterns and central themes related to psychological symptoms and coping strategies within the narratives of the affected individuals and key informants. Ethical approval was obtained from the Department of Social Work, K & K International College.

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3. Results

3.1. Sociodemographic findings

Socio-demographic findings are presented in Table 1. Participants ranged in age from 22 to 60 years, with an equal representation of males and females (5 each). They held a variety of occupations, including homemakers, service workers (such as religious patrons, shopkeepers, and office assistants), and professionals (including a teacher, government officer, and auditor). Educational backgrounds ranged from primary school to master's level qualifications. Geographically, participants were distributed across the three districts of the Kathmandu Valley, with representation from Bhaktapur, Lalitpur, and Kathmandu.

Table 1. Sociodemographic characteristics of the participants

Category	Frequency (n)	Percentage (%)
Age [(mean (range)]	37.7 years (22 - 60)	-
Gender		
Male	5	50%
Female	5	50%
Occupation		
Homemaker	3	30%
Business/Shopkeeper	2	20%
Teacher	1	10%
Office Assistant	1	10%
Government Officer	1	10%
Auditor	1	10%
Religious Patron	1	10%
Education Level		
Primary School	2	20%
Secondary School	2	20%
Higher Secondary	1	10%
Diploma Level	1	10%
Bachelor's Degree	2	20%

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Master's Degree	2	20%
Geographical Location		
Bhaktapur	3	30%
Kathmandu	4	40%
Lalitpur	3	30%

n= number of the respondent

4.2 Thematic Analysis

Table 2 presents the themes identified in the study. The findings indicated that dengue fever affects individuals emotionally, socially, and culturally. Participants described significant psychological distress during and after their illness, relied largely on passive and family-based coping strategies, and were strongly influenced by cultural beliefs, misconceptions, and varying levels of community support.

Table 2. Thematic Analysis of the study

Research questions	**Theme**
1. Psychological Symptoms Experienced During and After Dengue Fever	Theme 1.1: Fear, Panic, and Anxiety During Acute Phase
	Theme 1.2: Sadness, Hopelessness, and Emotional Numbness
	Theme 1.3: Lingering Psychological Effects Post-Recovery
2. Emotional, Behavioral, and Social Coping Mechanisms	Theme 2.1: Rest, Sleep, and Passive Coping
	Theme 2.2: Emotional Support from Family and Health Workers
	Theme 2.3: Limited Emotional Expression and Internalization
	Theme 2.4: Prayer and Spirituality
3. Influence of Cultural Beliefs and Social Norms	Theme 3.1: Mixed Understanding of Dengue and Its Causes
	Theme 3.2 : Community Support and Compassionate Responses
	Theme 3.3: Cultural Gender Roles Affecting Expression

1. Psychological Symptoms Experienced During and After Dengue Fever

Theme 1.1: Fear, Panic, and Anxiety During Acute Phase

Nearly all participants experienced fear or anxiety upon diagnosis or during the peak of illness. This fear was more intense in participants who faced severe symptoms or hospitalization.

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- *"When my fever didn't go down for days, I panicked. I thought it could be something deadly."*(P1)
- *"The swelling and body pain scared me the most. I had never felt like that before."* (P6)
- *"When I was admitted to the ICU, I kept thinking, 'What if I don't wake up?'"* (P2)

Theme 1.2: Sadness, Hopelessness, and Emotional Numbness

Several participants described emotional distress, such as feeling helpless, isolated, or emotionally numb, especially during long recovery periods.

- *"I stayed in bed for almost two weeks. I felt like a burden to my family."* (P3)
- *"I was too weak to even talk. I just kept staring at the ceiling, wondering when it would end."* (P7)

One of the participant's distress was triggered by loss of appetite and sensory changes, contributing to anxiety.

"I only felt the bad smell of food. That made me anxious." (P4)

Theme 1.3: Lingering Psychological Effects Post-Recovery

After recovering physically, some participants reported persistent anxiety, irritability, or fatigue, indicating that psychological symptoms continued even after the fever subsided.

- *"Even after months, I couldn't concentrate at work. I felt like something inside me was still sick."* (P4)
- *"I get easily annoyed now, which wasn't the case before."* (P10)

One participant, though not hospitalized, also reported lingering anxiety, especially the fear of a second dengue infection being more dangerous.

- *"I still feel scared that the second dengue I get will be serious."* (P9)

2. Emotional, Behavioral, and Social Coping Mechanisms

Theme 2.1: Rest, Sleep, and Passive Coping

Most participants relied on rest, sleep, and home remedies as their main coping strategies, with little engagement in active emotional processing.

- *"I slept a lot. That's the only thing that helped me pass the time and avoid overthinking."* (P5)
- *"I didn't want to do anything, not even talk. Just rested and took my medicine."* (P8)

Theme 2.2: Emotional Support from Family and Health Workers

Family care, especially from spouses and parents, was repeatedly mentioned as the most valuable source of emotional support. Those hospitalized also emphasized the comfort provided by hospital staff.

- *"My wife made sure I ate something, even when I didn't want to. Her presence made me feel safe."* (P1)

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- *"The nurses talked to me and reassured me every day in the ICU. I cried when they said I was getting better."* (P2)

Theme 2.3: Limited Emotional Expression and Internalization

Participants often did not share their emotional distress, either due to personal habits or cultural norms that discouraged expressing fear or sadness.

- *"I didn't want to burden anyone with my fears. So I kept everything to myself."* (P3)
- *"As a man, I'm not supposed to show weakness. I just stayed quiet."* (P6)

Theme 2.4: Prayer and Spirituality

Only a few participants mentioned using prayer or religious rituals to cope. When used, spirituality served as a source of comfort and mental stability.

- *"I kept chanting mantras silently. It made me feel connected to God."* (P8)

3. Influence of Cultural Beliefs and Social Norms in Kathmandu Valley

Theme 3.1: Mixed Understanding of Dengue and its Causes

Participants reported that awareness about dengue being spread by mosquitoes is increasing, but misconceptions persist, especially among older family members or rural residents.

- *"My mother still thinks I got a fever because of eating food outside."* (P3)
- *"Most people now know it's due to mosquito bites, but some still don't take it seriously."* (P5)

Theme 3.2: Community Support and Compassionate Responses

Participants generally felt supported by their communities. Neighbors and relatives often visited, called, or sent food, which uplifted morale. Only one participant mentioned mild avoidance.

- *"People brought me soup and fruits. Their concern made me feel loved."* (P7)
- *"Some neighbors kept their distance, but it was out of fear, not hate."* (P10)

Theme 3.3: Cultural Gender Roles Affecting Expression

Gender roles shaped how participants experienced and communicated psychological distress. Women often felt they had to remain composed for their children, while men felt pressure to appear strong.

- *"I couldn't cry in front of my kids. I had to pretend I was fine."* (P8)
- *"I didn't let my wife know how scared I was. I'm supposed to protect her, not worry her."* (P4)

- **4.3 Recommendations**

All participants offered practical advice for others, emphasizing early diagnosis, calmness, and not underestimating dengue. Many advised against self-medicating without testing. Participants universally stressed the importance of early medical attention and strong family support.

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- *"Don't neglect fever. If you have a fever, get a test right away."* (P1)
- *"Paracetamol is not a cure; people need to understand that."* (P9)

4.4 Insights from Nurse and Psychologist

To triangulate patient perspectives, two key informants: a nurse and a psychologist, were interviewed. Their professional experiences offered valuable insights into the broader patterns of psychological and emotional responses among dengue patients, as well as system-level observations about care, support, and social influences. The nurse reported observing a wide range of psychological reactions among dengue patients, particularly among those admitted with moderate to severe symptoms. The psychologist shared reflections based on working with post-dengue patients and community members experiencing health-related anxiety during outbreaks.

Key informants	**Insights**	**Narration**
Nurse	Fear, Anxiety, Depression	*"The most common emotions are fear and anxiety, especially among those with high fever or low platelet counts. Many young patients ask, 'Am I going to die?' Some cry silently when their condition gets worse. Almost everyone lose appetite and struggle with nausea, and they feel depressed."*
	Delayed Care and Misconceptions	*"We often see patients after a delay of 4 or 5 days of home treatment with paracetamol. Many think it's just a viral fever. By the time they come to us, they are dehydrated and panicking. Dengue cases are drastically increasing every year."*
	Coping Patterns	*"Women tend to express more anxiety and ask more questions, while male patients often try to act normal, even when scared. We see emotional suppression, especially among men. Nutritional care plays a helpful role in recovery. Oral rehydration solutions, fruits like pomegranate and banana, and plenty of fluids are commonly given and seem to boost both physical strength and morale. Patients often feel a bit better after taking these, and as they start eating small amounts again, they gain hope and feel more in control of their recovery."*
	Family Support	*"Patients recover better when they have strong family support. Those who come alone or whose family lives abroad often struggle more emotionally."*

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	Need for Psychological First Aid	*"We try to reassure patients, but there's no formal counseling. I believe even basic psychological first aid could help reduce fear and stress."*
Psychologist	Acute Psychological Distress	*"The anxiety during acute dengue episodes is comparable to panic attacks. Some patients relive the experience like a trauma. I've seen post-illness depression and persistent health anxiety in many."*
	Cultural Barriers to Emotional Expression	*"There is a strong stigma around mental health. Patients don't talk about their emotions unless directly asked."*
	Coping Strategies	*"People rely on family, religious faith, and in some cases, herbal remedies. Very few access psychological help, even when needed."*
	Post-Recovery Guilt and Stress	*"Some patients feel guilt for being 'unproductive' during illness. They push themselves too soon and then feel worse mentally and physically."*
	Need for Holistic Care	*"Dengue response should include mental health components. Many people think that they will now die. Counseling, even brief, can reduce trauma and improve long-term recovery."*

4. Discussion

The study revealed that dengue fever can trigger significant psychological distress. Most participants experienced fear, anxiety, and panic, particularly during the acute phase of illness. Additionally, some participants reported feelings of hopelessness, helplessness, and emotional numbness, especially when isolated or physically incapacitated. Even after physical recovery, a few described lingering anxiety, irritability, and fatigue. Multiple studies have also highlighted a strong association between dengue infection and mental health issues such as anxiety and depression (Nazir et al., 2023). A particularly distressing symptom reported by many patients is the fear of death, which often emerges during the acute phase of the illness and can contribute to lasting psychological consequences (Khawaja et al., 2020). The psychological burden may also persist beyond the acute stage. A recent cohort study found that while the risk of anxiety disorders tends to decrease over time, the risk of depressive disorders may remain elevated for more than a year after infection (Shih et al., 2024). These findings underscore the importance of integrating mental health assessments and interventions into the care of dengue patients to improve long-term health outcomes (Khawaja et al., 2020; Nazir et

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al., 2023). However, it is also important to note that not all patients experience severe psychological symptoms, suggesting that individual responses to dengue fever vary significantly (Shih et al., 2024). In our study also, participants who experienced more severe symptoms such as hospitalization or ICU admission, reported intense fear, panic, and even thoughts of death. These responses were often described using strong emotional language. In contrast, participants who managed their illness at home described feelings of boredom, tiredness, or emotional detachment but did not express fear of death or panic. This suggests that the severity of physical symptoms may directly influence the intensity of psychological distress. The nurse and psychologist supported these findings, with the nurse noting visible anxiety and emotional suppression, especially among male patients, and the psychologist highlighting cases of health-related trauma and post-illness depression, especially in patients with severe or prolonged dengue episodes.

Coping strategies among participants were mostly passive and emotion-focused, including rest, sleep, and minimal verbal expression of distress. A few participants used spiritual practices such as prayer. Most relied heavily on family support for emotional and practical care. These approaches align with studies where Nepalese often utilize emotion-focused strategies, including prayer and acceptance, to manage mental distress (Sah et al., 2024). This also aligns with the psychologist's observation that family and religious beliefs are key coping tools in Nepal, while professional mental health services remain underused due to stigma and access barriers. Additionally, nutritional care played a subtle but important role. Many participants mentioned the use of oral rehydration solutions, fruits, light foods and soups. The nurse emphasized that families often turn to these traditional and practical nutritional remedies, which reinforce both physical and psychological healing. The existing studies and guidelines also highlight that in addition to extra water cum electrolyte drinks, all macro and micronutrients are essential proportionally for managing platelet count and boosting immunity against the virus (Banerjee, 2022; WHO 2009).

Cultural and community factors also influenced participants' experiences and responses to dengue fever. While awareness that dengue is transmitted by mosquito bites has increased, misconceptions persist. For instance, some community members continue to associate dengue with factors like cold foods, seasonal changes, or spiritual causes such as bad karma. A study in Eastern Nepal found that although 83.3% of respondents recognized mosquito bites as the mode of transmission, only 2% correctly identified the Aedes mosquito, and 92% mistakenly believed that stagnant dirty water was the common breeding site (KC & Parajuli, 2017). Interestingly, there was no strong stigma associated with dengue; however, fear and avoidance behaviors were noted, particularly during the early stages of illness. Community support was generally positive, with many participants receiving emotional encouragement and practical assistance, such as food deliveries or hospital visits. This aligns with the cultural emphasis on community solidarity in Nepal, where collective action is often mobilized to address health crises. Gender roles also influenced emotional expression. Women often internalized distress to maintain family stability, while men suppressed vulnerability to uphold a sense of control. Research indicates that women are generally more emotionally expressive, whereas men tend

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to exhibit restrictive emotionality, often inhibiting the expression of certain emotions. In the Nepali context, these gendered expectations are further reinforced by societal norms and values (Langer et al., 2019).

The findings of this study highlight the need to integrate mental health support into dengue care in Nepal. Healthcare providers should be trained to identify psychological distress and offer basic counseling or referral. Community-level awareness programs should address both physical and psychological aspects of dengue, using culturally sensitive approaches. Strengthening family and community support systems remains essential. Policymakers and NGOs could advance community-based mental health interventions such as Psychological First Aid, emotional support training for health workers, and low-cost counseling options, contributing to more holistic dengue care and improved recovery outcomes.

5. Conclusion

This study highlights that the impact of dengue fever extends far beyond physical symptoms, significantly affecting the emotional and psychological well-being of patients. Many individuals experience anxiety, fear, and stress during their illness, which often go unrecognized and untreated by the healthcare system. In the absence of formal emotional support, patients predominantly depend on informal coping mechanisms such as rest, family care, and culturally rooted practices. While these methods offer some relief, they may not fully address the deeper psychological distress associated with dengue infection. The lack of integrated mental health care in dengue treatment underscores a critical gap in patient-centered care. Therefore, it is vital for health policymakers, practitioners, and community leaders in Nepal to acknowledge the psychosocial dimensions of dengue. Developing culturally sensitive and community-based mental health interventions such as counseling, peer support, or awareness programs can play a transformative role in improving patient outcomes.

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Author Contributions

Preeti Adhikari: Conceptualization, Methodology, Data Collection, Data Interpretation, Writing Original Draft, Final Approval of Manuscript

Sushila Paudel: Formal Analysis, Data Interpretation, Writing, Review & Editing, Final Approval of Manuscript

Conflict of Interest

The authors declare no conflict of interest.

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