

Age-Related Differences in Depressive Symptoms and Coping Strategies During the COVID-19 Pandemic in India

Ravi Shekhar Azad, Dr. Jago Choudhary

Abstract--The COVID-19 pandemic has significantly impacted mental health worldwide, leading to a notable rise in depressive symptoms across various age groups. In India, the pandemic disrupted social, economic, and psychological dynamics, influencing the coping strategies and depressive symptoms across different age cohorts. This study investigates age-related differences in depressive symptoms and coping strategies during the COVID-19 pandemic in India. The research highlights the distinct challenges and psychological responses among children, adolescents, young adults, middle-aged adults, and the elderly. Understanding these differences is essential for developing age-appropriate mental health interventions and policies.

Index Terms- Age, Coping Strategies, Depressive Symptoms,

I. INTRODUCTION

The COVID-19 pandemic, which emerged in late 2019, resulted in significant global disruptions in social, economic, and health systems. The rapid spread of the virus, coupled with lockdowns, social distancing, and uncertainty about the future, exacerbated mental health issues. Depressive symptoms, characterized by persistent sadness, fatigue, loss of interest in daily activities, and feelings of hopelessness, surged during the pandemic. Coping strategies, which include both adaptive (healthy) and maladaptive (unhealthy) responses to stress, also evolved during this period. The COVID-19 pandemic disrupted lives globally, leading to heightened stress, anxiety, and depressive symptoms.

In India, the psychological toll varied among age groups due to differences in responsibilities, resilience, and coping resources. Understanding these variations is crucial for developing targeted mental health interventions.

India, with its large population and diverse socioeconomic backgrounds, faced unique challenges in coping with the pandemic. The country experienced strict lockdowns, widespread job losses, and overburdened healthcare systems. The mental health toll of these challenges was significant across age groups, but the nature and intensity of depressive symptoms and coping strategies differed markedly between children, adolescents, young adults, middle-aged adults, and the elderly.

This research article aims to explore these age-related differences in depressive symptoms and coping strategies during the COVID-19 pandemic in India.

Ravi Shekhar Azad, Research Scholar, JPU, Saran, Bihar

Prof. Dr. Jago Choudhary, JPU, Saran, Bihar

The article further examines how socio-economic factors, cultural influences, and access to mental health resources shaped these responses.

Depressive Symptoms Across Age Groups

Young Adults

Young adults have been disproportionately affected by the pandemic due to disruptions in education, employment, and social interactions. Studies such as Singh et al. (2021) report elevated levels of depressive symptoms among individuals aged 18-35 years, with factors like financial insecurity and isolation playing significant roles. A global review by Brooks et al. (2020) also underscores the vulnerability of young adults to pandemic-related stressors.

Middle-Aged Adults

Middle-aged adults experience unique stressors, including balancing work-from-home arrangements, caregiving responsibilities, and health concerns. Research by Chakraborty and Chatterjee (2020) highlights moderate levels of depressive symptoms in this age group, often mediated by family responsibilities and professional challenges. Coping mechanisms in this demographic frequently involve problem-solving and reliance on social support.

Older Adults

Contrary to expectations, older adults often report lower levels of depressive symptoms compared to younger cohorts. Sharma and Srivastava (2021) attribute this to their use of adaptive coping strategies, such as acceptance and religious practices. However, specific subgroups of older adults, particularly those living alone, remain at risk of heightened psychological distress.

Coping Strategies Across Age Groups

Adaptive Strategies

Adaptive coping strategies, including acceptance, problem-solving, and seeking social support, have been widely documented as effective in mitigating depressive symptoms. Carver's Brief COPE inventory (1997) has been instrumental in categorizing these strategies. Older adults often engage in religious coping, which provides emotional solace and a sense of community (Mitra et al., 2020).

Maladaptive Strategies

Maladaptive strategies, such as substance use, avoidance, and rumination, are more prevalent among younger adults. Singh et al. (2021) note a direct correlation between these

strategies and higher depressive symptoms, emphasizing the need for targeted mental health interventions.

Cultural Context and Gender Differences

Cultural Influences

Indian cultural norms, including familial interconnectedness and collective coping, significantly influence how individuals manage stress. Rural populations, for example, benefit from community support, which acts as a buffer against depressive symptoms (Chakraborty & Chatterjee, 2020).

Gender Disparities:

Female participants consistently report higher depressive symptoms across age groups. This disparity is linked to additional caregiving burdens and societal expectations, as documented by Sharma and Srivastava (2021). Gender-specific coping strategies, such as reliance on social networks, often emerge as protective factors for women.

Depressive symptoms have been extensively studied across various age groups during the COVID-19 pandemic, with research highlighting that the psychological impact varied depending on age, gender, and social circumstances. Globally, research has indicated a rise in anxiety, depression, and stress across all populations, but age-specific studies have shown differing levels of severity and resilience.

In India, early studies highlighted that children and adolescents struggled with disruptions in schooling and social isolation, while young adults experienced heightened job insecurity and anxiety over their future. Middle-aged adults were predominantly affected by the dual pressures of maintaining employment and managing familial responsibilities, while the elderly faced social isolation and a heightened fear of the virus itself.

Coping strategies across these age groups varied widely, ranging from the use of technology to maintain social connections to engaging in physical activity, meditation, and, in some cases, substance abuse. The role of cultural factors, such as the importance of family support in India, also played a significant role in how different age groups managed their mental health.

II. METHODOLOGY

This research study employed a mixed-methods approach, combining quantitative data collection with qualitative interviews to provide a comprehensive understanding of age-related differences in depressive symptoms and coping strategies.

Participants: The study sampled 500 participants across five age groups: children (8-12 years), adolescents (13-17 years), young adults (18-35 years), middle-aged adults (36-55 years), and elderly adults (56+ years). The participants were selected from urban and rural areas across different socioeconomic backgrounds to ensure a diverse sample.

Quantitative Survey: A structured questionnaire, adapted from the Patient Health Questionnaire (PHQ-9) and the Brief COPE inventory, was used to measure depressive symptoms and coping strategies. The PHQ-9 was employed to assess the severity of depressive symptoms, while the Brief COPE

inventory evaluated the frequency and types of coping strategies used during the pandemic.

Qualitative Interviews: In-depth interviews were conducted with 30 participants (six from each age group) to gain insights into the personal experiences of depressive symptoms and coping mechanisms during the pandemic. Thematic analysis was employed to analyze interview data.

Data Analysis: The quantitative data were analyzed using statistical methods, including ANOVA and regression analysis, to compare depressive symptoms and coping strategies across age groups. The qualitative data were coded and analyzed to identify recurring themes related to coping strategies and emotional responses.

III. RESULTS

Depressive Symptoms by Age Group

Children (8-12 years): Children in India exhibited mild to moderate levels of depressive symptoms, primarily driven by the disruption of their daily routines. School closures, lack of outdoor play, and reduced interaction with peers were significant stressors. Symptoms of irritability, restlessness, and sleep disturbances were frequently reported. Parents played a crucial role in moderating the depressive symptoms of children, as parental support and a stable home environment helped mitigate feelings of anxiety and sadness.

Adolescents (13-17 years): Adolescents exhibited more pronounced depressive symptoms than children. School closures, social isolation, and uncertainty about academic futures led to increased levels of anxiety, loneliness, and

The shift to online learning was particularly challenging for this group, with many reporting difficulties in concentrating and staying motivated. The absence of peer interaction, a crucial element of adolescent development, further intensified feelings of depression. Many adolescents also expressed concerns about the long-term impact of the pandemic on their education and career opportunities.

Young Adults (18-35 years): This age group reported the highest levels of depressive symptoms among all the groups studied. The pandemic led to widespread job losses, financial instability, and disruptions in career plans, all of which contributed to heightened stress and anxiety. Young adults also faced social isolation, with many struggling to maintain relationships and social connections. The study found that young adults who were in the early stages of their careers or education were particularly vulnerable to depressive symptoms, as the pandemic caused uncertainty about their future prospects.

Middle-Aged Adults (36-55 years): Middle-aged adults experienced moderate levels of depressive symptoms, largely due to the dual pressures of managing work and family responsibilities. This age group reported high levels of stress related to job security, financial stability, and the well-being of their children and elderly parents. The pandemic intensified pre-existing financial burdens for many middle-aged adults, leading to increased anxiety and depressive symptoms. The inability to balance work-from-home arrangements with family obligations further contributed to mental health struggles.

Elderly Adults (56+ years): The elderly population exhibited mild to moderate depressive symptoms, with social isolation being the primary driver of emotional distress. The fear of contracting the virus, combined with the lack of physical interaction with family and friends, led to feelings of loneliness and sadness. However, the study found that elderly individuals who lived in joint family setups or had regular contact with family members via phone or video calls reported lower levels of depression. The role of spirituality and religious practices also emerged as a key coping mechanism for the elderly, helping them manage their mental health during the pandemic.

Coping Strategies by Age Group

Children (8-12 years): Children primarily relied on family support and structured routines as coping mechanisms during the pandemic. Engaging in creative activities such as drawing, reading, and playing indoor games helped them manage stress. Parental involvement in daily activities, including home-based learning, played a crucial role in helping children maintain emotional stability. However, excessive screen time and the lack of outdoor play emerged as challenges, with some children exhibiting signs of irritability and restlessness.

Adolescents (13-17 years): Adolescents used a combination of adaptive and maladaptive coping strategies during the pandemic. While some engaged in physical activities such as yoga and exercise to manage stress, others turned to social media and video games as a means of escape. Excessive screen time, particularly the overuse of social media, was identified as a maladaptive coping mechanism that contributed to increased feelings of loneliness and anxiety. However, adolescents who maintained a structured routine and engaged in hobbies such as music, reading, or creative writing reported better emotional regulation.

Young Adults (18-35 years): Young adults employed diverse coping strategies during the pandemic. Adaptive coping strategies included engaging in physical exercise, mindfulness practices such as meditation and yoga, and staying connected with friends and family through virtual platforms. Some young adults took the opportunity to develop new skills or pursue online courses, which helped them maintain a sense of purpose. However, maladaptive coping mechanisms, such as substance abuse and excessive use of social media, were also prevalent among this age group. The study found that young adults who lacked social support or were financially insecure were more likely to engage in unhealthy coping behaviors.

Middle-Aged Adults (36-55 years): Middle-aged adults relied heavily on family support as a coping mechanism during the pandemic. Many reported that spending time with their children and engaging in family activities, such as cooking or home improvement projects, helped them manage stress. Additionally, maintaining a structured work-from-home routine and setting boundaries between work and personal life were effective coping strategies. However, some middle-aged adults struggled with maintaining a balance between professional and personal responsibilities, leading to burnout and the use of maladaptive coping mechanisms such as overeating, smoking, or alcohol consumption.

Elderly Adults (56+ years): The elderly primarily relied on religious and spiritual practices as coping mechanisms during the pandemic. Prayer, meditation, and engaging in religious rituals helped many elderly individuals manage their anxiety and depression. Additionally, elderly individuals who had regular contact with family members via phone or video calls reported better mental health outcomes. Those who engaged in hobbies such as gardening, reading, or listening to music also exhibited lower levels of depressive symptoms. However, elderly individuals who were socially isolated or lacked family support were more prone to depressive symptoms and were less likely to engage in adaptive coping strategies.

IV. DISCUSSION

The findings of this study indicate significant age-related differences in depressive symptoms and coping strategies during the COVID-19 pandemic in India. Children and adolescents were primarily affected by disruptions in their daily routines and social interactions, with family support playing a critical role in moderating depressive symptoms. Young adults experienced the highest levels of depressive symptoms, largely due to job insecurity, financial instability, and social isolation. Middle-aged adults faced significant stress related to work and family responsibilities, while the elderly were primarily affected by social isolation and fear of contracting the virus. Coping strategies also varied by age group, with children and adolescents relying on family support and structured routines, while young adults employed a combination of adaptive and maladaptive strategies. Middle-aged adults relied on family support and work-life balance, while the elderly turned to religious and spiritual practices to manage their mental health.

V. CONCLUSION

The COVID-19 pandemic has highlighted the importance of age-specific mental health interventions in India. The findings of this study underscore the need for tailored mental health programs that address the unique challenges faced by different age groups. For children and adolescents, schools and parents should provide structured routines and emotional support. Young adults would benefit from financial assistance, career counseling, and access to mental health resources. Middle-aged adults need support in balancing work and family responsibilities, while the elderly require social support and access to religious and spiritual practices to manage their mental health.

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Mr. Ravi Shekhar Azad is a Research Scholar of Jai Prakash University, Chapra, Saran, Bihar. He is awarded 1 gold medal for best paper presentation in International seminar organised by Indian Psychological Association.



Dr. Jago Choudhary

Professor & Head

Department of Psychology

Jagdam College, Chapra

Jai Prakash University, Chapra, Saran (Bihar)