

A Study To Assess The Quality Of Life Among Elderly In Relation To Covid-19 Pandemic In Selected Area Of Sonipat, Haryana State

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Abstract

The first case of the corona virus illness (COVID-19) was discovered in Wuhan, China, in December 2019, and India discovered its first case on January 30, 2020. As it expanded slowly over the world, several nations began to experience its effects. Because of its severity, the World Health Organization declared it a new pandemic on March 11, 2020. Although while all age groups were affected by Covid-19, some were shown to be particularly susceptible in terms of morbidity and death. Immune system deterioration is a common side effect of aging. Thus it only seems sense that older people are more impacted by COVID-19. According to the CDC (Centre for Disease Control), 8 out of every 10 fatalities in the US are caused by those 65 years of age or older. These results made it very evident that older people are sufficiently concerned about Covid-19 infection. Coupled with the limits imposed by the government as a result of the epidemic, several health concerns among the elderly population also surfaced. Physical health suffered from restricted access to medical services already in place, while elderly people's mentality suffered from the frightening environment brought on by the epidemic. Older people's social lives were also negatively impacted by lockup or Covid-19 restrictions. So, there is a strong assumption by researcher that the quality of life of elderly need to be assessed in present pandemic situation.

Methodology: In this current study researcher adopted a quantitative approach with descriptive research design to investigate the research problem. The elderly was identified as a population whereas the elderlies of selected areas of Sonipat, Haryana identified as samples. Based on power analysis method researcher identified the sample size as 500 elderlies, which were recruited based on eligibility criteria of sample identification. RThe non-probability convenient sampling strategy was chosen by the researcher to assemble the study's sample. For the purpose of gathering pertinent information from study participants, research instruments were devised. These tools were divided into two categories: socio-demographic factors, which collected baseline data on participants; and quality of life assessment measures, which were used to gauge research participants' quality of life. These tools were developed and verified by specialists, and a pilot study was used to evaluate their viability and dependability. Elderly people were given these instruments, and comprehensive data were gathered. The collected data were tabulated and analysed in SPSS version-23.

Result: findings in regard to quality of life among elderly in relation to covid-19 have mentioned. It reflected that majority of elderlies 79.4% (397) were scored at poor level of quality of life whereas remaining 20.6% (103) found at average level of quality of life. The mean and standard deviation of quality of life among elderlies during Covid-19 was 89.45±19.74. In Section-IV the significant association in between quality of life among elderly with selected demographic variables were stated and it revealed that gender (4.266), education (10.483), family monthly income (8.662), working status of elderlies (4.065), and suffering with other disease (8.924) were significantly associated at 0.05 level of significance. Based on analysed data the research hypothesis H1 were accepted by investigator.

Conclusion: Based on findings of the study, researcher concluded that majority of elderlies are facing poor level of quality of life in relation with Covid-19 pandemic and none of study participant found with good level of quality of life, which shows that current pandemic deeply influenced the life of elder population. Thus, the researcher advises that a process intervention be implemented to improve the aged population's quality of life during this difficult period of the Covid-19 epidemic.

Keywords: Quality of Life, Elderly, Covid-19, Pandemic

INTRODUCTION

Disability and many chronic illnesses are unavoidable side effects of aging. The aging of the population has become one of the most important trends of the twenty-first century as a result of many public health policies, the execution of numerous programs, and socioeconomic progress. According to WHO estimates, there were 11% and 605 million elderly people in the globe in 2000, respectively; by 2050, it is predicted that there would be 20% and 2 billion senior people. There are around 90 million senior people living in India. There were around 20 million persons in India in 1951 who were 60 years of age or older. As per Census 2011, in India around 104 million elderly persons who were aged 60 years or more; this was divided in 51 million males and 53 million females. According to Central Statistics Office Ministry of Statistics and Program Implementation Government of India as on 2019 the elderly population comprises of 103.9 million,

which contributes 8.6% of total population and is expected to increase to 315 million by 2051 (i.e., 20% of the total population). As the steady increase in the elderly population, there is also rise in the morbidities and functional disabilities of the aged people, geriatric care places a considerable burden on the health system and family members. Functional status is an important status of quality of life of elder person. Every person has the capacity to operate freely, react to their surroundings, meet their fundamental requirements, and carry out some routine tasks in order to preserve their health and wellbeing.¹⁰ The approaches of this research is to study the well-being of elderly and competence to perform their day to day activity or a self-care activity which every person need to perform every day.

NEED OF THE STUDY

One of the causes is that the virus may operate for up to 14 days in different caves and habitats, however there is currently no acceptable consensus on this. The majority of the pollution is minimal, but a tiny percentage of persons have pneumonia and severe respiratory depression, both of which can be fatal. Elderly people, those with a history of respiratory problems, people with chronic clinical anxiety, and people with symptoms that are localized in the wrong region are more likely to pass away from the illness. (China National Institute for Disease Prevention and Control, 2020). The chance of making all these typical errors is the same for older adults. 20% of deaths during China's worst pollution wave had been older than 60. According to the Chinese Community for Infectious Disease Prevention and Control, the injury rate in those aged 60 to 69 is 3.6%; these injuries can continue up to 80 years. Wu and McGoogan's 2020 paper. The mortality and disease figures are really concerning when you consider the most recent facts. In the COVID-19 program, stress management and coping mechanisms are crucial on a number of levels. These results will give ample information for any health experts, legislators, and planners in advising those at high risk of avoiding and regulating COVID-19, as well as COVID-19-related stress treatments and coping techniques. To fill the knowledge vacuum in the subject field and give basic information for others to conduct the same research, despite the limits of this investigation.

METHODOLOGY

ITo analyze the research topic, the researcher in the current study used a quantitative technique and a descriptive research design. The aged were recognized as a population, whereas the senior citizens in a few chosen neighborhoods in Sonipat, Haryana, were recognized as samples. Using the power analysis approach, the researcher determined that the sample size should be 500 elderly people, who were chosen based on the sample identification criteria. The non-probability convenient sampling strategy was used by the researcher to gather the study's sample. For the purpose of gathering pertinent information from study participants, research instruments were devised. These tools were divided into two categories: socio-demographic factors, which collected baseline data on participants; and quality of life assessment measures, which were used to gauge research participants' quality of life. These tools were drafted and validated through experts and reliability also assessed and feasibility was assessed by pilot study. These tools were administered to elderly and whole data were collected. The collected data were tabulated and analysed in SPSS version-23.

RESULTS

Distribution of Demographic Variables Regards to age majority in study group the highest number of elderlies 50.6% (253) were aged in between 66 to 70 years of age, max number of participates 62.4% (312) were male, all participants 100% (500) were Hindu by religion, maximum number of elderlies 95.2% (476) were married, majority of elderlies 45.2% (226) have educational status till higher secondary, majority of them 45.6% (228) were lived in nuclear family, max number of elderlies 31% (155) were earning less than 10,000/- Rs. as their monthly income, for elderly's financial support, bulk of them 35.6% (178) were depended on their own saving, highest number of elderlies 79.2% (396) were not working, majority of them 45.2% (226) were working in management profession, majority of them 76.4% (382) didn't suffer with Covid-19, the bulk of them 85.4% (427) were vaccinated against Covid-19 whereas majority of elderly 58.2% (291) were suffered with hypertension.

Section i: Findings in regard to quality of life among elderly in relation to covid-19

Table 1: Distribution of samples based on quality of life in relation to covid-19

(N=500)

Level of quality of life of elderly	Frequency	Percentage
Good quality of life	0	0
Average Quality of Life	103	20.6
Poor Quality of Life	397	79.4

According to the data in the table, the overall quality of life for seniors in Covid-19 was bad, with 79.4 percent (397) scoring a poor quality of life, while 20.6% (103) scored an average quality of life, with none of the seniors falling into the category of "good quality of life."

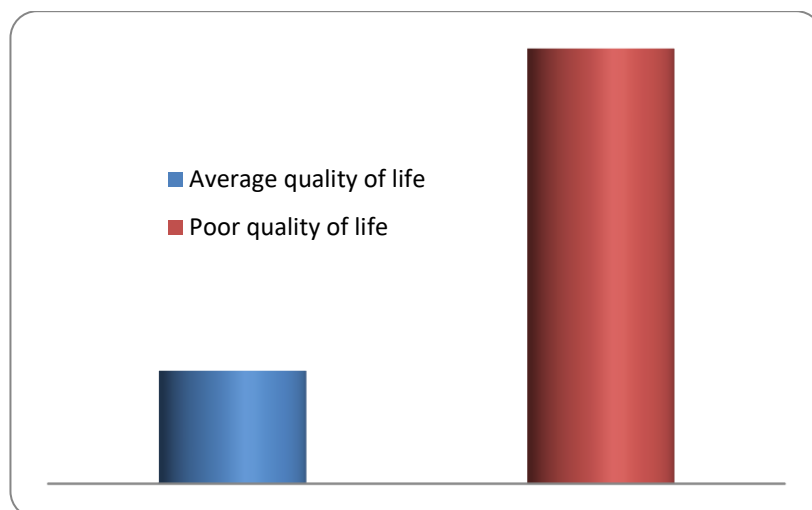


Figure 1: Percentage distributions of elderly people as per their quality of life level during Covid-19

Table 2: Mean standard deviation of level of quality of life among elderly in relation with covid-19 (N=500)

	Minimum	Maximum	Mean	Std. Deviation
Score	54.00	159.00	89.45	19.74

The mean and standard deviation of quality of life among elderly during Covid-19 was 89.45 ± 19.74 .

Section ii: Findings and relation to association between quality of life among elderly with selected demographic

VARIABLES

The significant association in between quality of life among elderly with selected demographic variables were stated and it revealed that gender (4.266), education (10.483), family monthly income (8.662), working status of elderly (4.065), and suffering with other disease (8.924) were significantly associated at 0.05 level of significance. Based on analysed data the research hypothesis H_1 were accepted by investigators.

DISCUSSION

The poll had 500 persons in total, and the findings revealed that 20.6% of them had an average quality of life, 79.5 percent had a terrible quality of life, and 0 percent had a low quality of life. Ayesha S. Al Dhaheri et al study .s from 2021 indicated that psychological impact and quality of life were both 29.5 (SD = 14.8); 30.9 percent of the samples had a significant psychological effect because of depressive symptoms. The total is now -6142. The majority of participants (45%–62%) reported feeling nervous, fearful, and helpless as a result of COVID-19.. (Al Dhaheri et al., 2021). The quality of life for adults is much lower during the epidemic than it was last year, according to a different study by Joyce Siette et al (2021). Technology was utilized by more than 80 percent of those afflicted by the virus to keep in touch with loved ones. (Siette et al., 2021). There was just a modest impact on quality of life during the Covid-19 outbreak, according to Samlani Z et al (2020), who found that their MCS data were $34.49 (\pm 6.44)$ and their PCS statistics were $36.10 (\pm 5.82)$. In terms of mental health (MCS) and physical health (PHS), those with chronic conditions were found to be 29.28 and $32.51 (\pm 7.14)$ points, respectively, lower (PCS). This sensitivity to COVID-19 has a substantial influence on human health and is especially relevant for those with chronic health conditions. (Samlani et al., 2020).

Manpreet Kaur et al (2019) found their findings challenging to present the study by determining the quality of life of adult encounters with selected variations in statistics and gender only ($p < 0.046$) and the type of adult acceptance in adults. home ($p < 0.030$) found to be highly correlated with quality of life after adult assessment at 0.05 value level. (Manpreet Kaur et al., 2019)

Seplveda-Loyola (2020) The impact of social isolation on people's mental and physical health during the COVID-19 violence was examined, and recommendations for patients, carers, and medical professionals were offered. The researchers suggested keeping a regular sleep and wake cycle, providing mental stimulation (either through exercise or stimulating mental activity), staying in touch, avoiding social media use, and setting up adult support calls. Exercise was associated with stronger stamina and a decrease in depression in the elderly during the closure of COVID-19 in Spain. In this group of people, all kinds of physical activity and exercise should be encouraged.

CONCLUSION

COVID-19 is an epidemic that has spread to numerous countries through various strains or viruses since the end of 2019 and has had a devastating effect on the world by disrupting human health, psychology, and human well-being, especially

deviations. Increased job stress and unreasonable fears of simple virus transmission through direct contact with infected people during the provision of emergency medical services to virus-affected patients have a detrimental influence on the quality of life for health workers. While dealing with epidemics, the major duty of healthcare professionals is to save lives, which involves attending to the requirements of the ill, offering excellent medical treatment to hospitalized patients, and handling life-threatening circumstances by being on the front lines of care. The current study made an effort to concentrate on the QoL assessment of healthcare workers during the COVID-19 pandemic. Health care workers are likely to prioritize all facets of their patients' physical, mental, and emotional wellbeing. Also, they are probably always highly committed to their work and may be able to overcome any obstacles in the way of providing for their patients on a professional level.

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Conflict of interest: There are no conflicts of interest.

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