Impact of Covid -19 On Quality of Life Among Elderly

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INTRODUCTION

In December 2019, the reports of a novel virus causing symptoms ranging from mild respiratory infection to pneumonia, to severe acute respiratory distress emerged from Wuhan, China, and prompted global concern. Since that time, this novel virus, known as coronavirus disease 2019 (COVID-19) or, SARS-CoV-2, has spread across the world. The virus, which was declared a pandemic on March 11, 2020, has caused not only disease but also economic destruction (Meng2020) (Rockwell and Gilroy2020). According to World Health Organization (WHO), "Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)". The WHO declared this a public medical crisis of worldwide importance. Then termed as a global pandemic due to the virus's rapid spread from human to human (Raju & Patil 2020).As COVID-19 is rapidly spreading across the globe, it has attracted significant attention and brought unprecedented changes in routine activities, in day-to-day behavioral patterns of the public. Strong social distance & restraint, lock down and quarantine measures to prevent the spread of the virus aimed at protecting the healthcare systems which have side-effects that might have a big impact on the elderly's life. A global pandemic is accompanied by consequences across the world both physically and psychologically as a result of the unexpected and uncontrollable deaths and extraordinarily individual experiences that can impair mental health. Therefore, it is important to identify the impact of covid-19 on psychological functions of elderly.

COVID-19 has affected life around the world. From the beginning of 2020, the unprecedented epidemic started setting its foot around the world and arrived in India by the month of March, 2020. Subsequently it consistently fastened its grip on India too. India ranked second among the countries affected by Corona worldwide. Corona did not have as many deaths in India as compared to other affected countries. But it severely affected the economy of the country, resulting in widespread unemployment and decline in trade. Consequently, India's economy slipped minus 23 percent in the second quarter of 2020. This was one of the biggest declines in the G-7 and G-20 economies. There is clear evidence that the severity of the coronavirus disease varies across age, gender, and health status leaving older individuals, especially those with multiple comorbidities at a higher risk for severe complications and long-term health consequences including death (Alexander and Qato 2020) for results older individuals are being urged to engage in social distancing, avoid non-essential travel, and isolate themselves in their homes to a greater degree than their younger counterparts. Although these measures have reduced the transmission of COVID-19 to older adults, they also contribute to isolation and psychological issues. Making recommendations for the elderly is proving difficult; while the elderly do belong to the high-risk group, they are also more likely to suffer from increased morbidity and mortality because of withdrawal from social contact and mental stimulation. The COVID-19 pandemic has left no age group unscathed. Furthermore, depression and other mental health are linked to higher mortality rates in over 65 years old (Blazer 2001). Brooke and Jackson (2020) pointed out that a decline in activity and mobility in elderly during lockdown can also lead to more frailty and a lower wellbeing in elderly. Moreover, in response to stress, sleep quality can decline and increase the risk for depression.

The evolution of quality of life (QOL) as a concept can be traced back to Aristotle's work (as cited in Smith,

2000) on 'the good life' and 'living well'. His work demonstrates an exploration of individual and the concept of society about QOL. The scientific paper written by James Seth (as cited in Smith, 2000) used the term QOL in 1889 for the first time stating that "We must not regard the mere quantity, but also the quality of the life which forms the moral end" (p. 43).QOL in old age is not only a matter of individual life courses and psychological resources but must include some reference to the individual's scope for action, the various constraints and opportunities that are available in different societies and to different groups (Walker & van der Maesen, 2004).

Research Gap:
The world is experiencing an unprecedented catastrophic situation due to COVID-19. Whilst some research has started to examine the impact of COVID-19 this has been limited to students and the general population aged younger than 75 years in relation to mental health during Covid -19 among the elderly in Indian contest. Though there were few attempts to address the psychosocial impact on older population during the covid-19 there is not much research to study the various variables such as age, gender, locality of residence on quality of life among community dwelling elderly, thus this study will go a long way to understand the problems of elderly during covid-19. The present study is planned to fill in the gaps in a comprehensive manner.

OBJECTIVES: Due to dearth of studies on this covid-19 aspect among elderly in India, the present study would be an attempt to carry out with the following objectives
- To measure the levels of fear of Covid 19 among elderly.
- To examine the quality of life among elderly in relations to their age, gender and locality of residence
- To observe whether there is any relation between fear of covid-19 and quality of life among elderly

HYPOTHESES: In view, of the objectives of the study, the following hypotheses would be formulated.
- There will be significant difference in Fear of covid-19 among elderly in relation to their age, gender and locality of residence.
- There will be significant difference in quality of life among elderly in relation to their age, gender and locality of residence.
- There will be significant relationship between Fear of covid-19 and quality of life among elderly.

METHOD
Sample: For purposes of the present study, the 120 (60 male and 60 female) with age group 60 to 80 years' elderly data was collected by using randomization from the population universe of elderly in in Greater Hyderabad Municipal Corporation (GHMC) of Telangana State, India.

Tools Using:
- Personal Data Form(PDF): Personal Data form (PDF) to seek information on relevant socio-demographic characteristics of participants.
- Fear of Coronavirus-19 Scale by Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020).
- Quality of Life: used World Health Organization Quality of Life Questionnaire – short version (WHOQOL-BREF).

Procedure of Testing:
The present study was conducted in urban and rural area of Ranga Reddy Dist. of Telangana State. India. The study was done in two sessions; in the first session was used to develop rapport with elderly living in the community. They were informed about the broad purpose of the study and were requested to cooperate. In the second session each subject was met in person and was given Personal Data form (PDF) to seek information on relevant socio-demographic characteristics the level.
Testing of the sample will be conducting in II sessions. In session I, permission obtained from the families. The subjects contacted and rapport established and explained purpose to seek their cooperation and willingness. start with them, asked them a simple question to check their comprehension and clarity and to examine their cognitive status. After personal details are recorded, and WHOQOL-BREF given. They would be informed that if necessary they will be contacted once again. All the 120 subjects will be tested in this manner. It was also made clear to them

that their responses and identity would be kept confidential.

Results and Discussion: After collecting required data from elderly the scoring of the obtained data was done according to the manuals. Appropriate statistical test like mean, standard deviation "t" test and correlation used. The interpretations of the results obtained are as follows.

Table 1: Showing the Mean, SD and t- values of fear of COVID-19 among elderly.

Sl. No.	Sub Group	N	Fear of COVID -19	
			Mean (SD)	t
1	Age			
	a. 60 – 70	60	30.54 (2.78)	3.94**
	b. 71 - 80	60	42.56 (6.85)	
2	Gender			
	a. Male	60	36.96 (4.68)	4.98**
	b. Female	60	42.45 (6.70)	
3	Locality of Residence			
	a. Urban	60	40.66 (6.70)	4.58**
	b. Semi Urban	60	33.25 (4.50)	
@ Not significant; *P $\leq$ 0.05; ** P $\leq$ 0.01				

From table 1 obtained mean score of fear of COVID-19 clearly indicating that there is significant difference in age, gender and locality of residence among elderly. High level of fear found among 71-80 age group (42.56), Female (42.45) and Semi urban (40.66) compare to other. therefore the hypothesis "There will be significant difference in Fear of covid-19 among elderly in relation to their age, gender and locality of residence" is accepted .

TABLE 2: Showing the Mean, SD and t- values of Quality of life among elderly.

Sl. No.	Sub Group	N	Quality of Life	
			Mean (SD)	t
1	Age			
	c. 60 – 70	60	69.54 (4.11)	5.04**
	d. 71 - 80	60	44.56 (2.42)	
2	Gender			
	a. Male	60	56.96 (4.63)	3.43**
	b. Female	60	38.45 (2.80)	
3	Locality of Residence			
	a. Urban	60	44.66 (2.30)	4.12**
	b. Semi Urban	60	75.25 (6.30)	
@ Not significant; *P $\leq$ 0.05; ** P $\leq$ 0.01				

From table 2 obtained mean score of quality of life among community dwelling elderly it clearly indicating that there is a Significant difference in quality of life in relation to their age, gender and locality of residence among elderly. Low quality of life found among 71-80 age group (44.56) female (38.45 and urban elderly (44.66). Therefore the hypothesis "There will be significant difference in quality of life among elderly in relation to their age, gender and locality of residence is accepted.

TABLE 3: Showing the correlation between fear of covid-19 and quality of life among community dwelling elderly

Variable	N	r
Fear of covid -19	120	-0.59
Quality of Life		

According table 3 the results showing that negative correlation between fear of covid and quality of life among elderly. It means as fear of covid is increased the quality of life will decreased. Thus the hypothesis "There will be significant relationship between Fear of covid-19, mental health, cognitive functioning and quality of life among elderly' is accepted

IMPLICATIONS OF THE STUDY

The data generated through this study on fear of covid-19and quality of life among elderly will be very

resourceful in providing empirical information on an important aspect in the lives of community dwelling elderly.

Findings on depression among community dwelling elderly highlights the need for planning of interventions to cope with the covid and improve quality of life in promoting healthy and active ageing. The study will help to modify current mental health care policy in preventive education to overcome depression among elderly.

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