



QUALITY OF LIFE (QOL) DURING COVID-19 PANDEMIC AMONG DAILY WAGES WORKERSIN URBAN CHENNAI- A DESCRIPTIVE CROSS SECTIONAL STUDY

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ABSTRACT:

Introduction: A new era started at the end of February 2020 with the novel coronavirus pandemic, which was found to be sufficiently divergent from the extreme acute respiratory syndrome and which has changed our lives entirely.COVID-19 patients are the topic of many epidemiological studies.However, the goal of this study is to evaluate the quality of life of individuals working for daily wages who are not affected by COVID-19 following the quarantine in Chennai, a city in Southern India.

Materials and methods: Descriptive cross-sectional study involving 300 daily wage workers in Chennai was conducted following the announcement of quarantine due to the COVID-19 outbreak. We did the Survey to determine the quality of life, which takes into account the mental health status, financial management and other health issues.The Institutional Review Board gave their approval to the study. All participants agreed to sign the written informed consent form. The data were gathered by face to face interview with the help of a pre-tested and pre-validated questionnaire where the participants indicated their socio-demographic details, Physical and mental health status and the problems faced during lockdown. Data was entered in SPSS version 21 and the results were given in frequencies and percentages.

Results: Over all, the quality of life among all the study participants was very poor. Male population had very poor score on physical, psychological and environmental health while comparing to female. Also 46-55 age groups were affected more than the other age groups. Illiterates were affected more than the population who are having education upto higher secondary. Those who had hypertension and diabetes also had poor score on all three domains.



Conclusion: The study findings showed that most of the daily wages population had poor mental health, physical health and environmental status. We must pay attention to the health of the individuals who are considered poor, since their quality of life is low.

Key words: Daily wages, Quality of life, COVID-19.

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INTRODUCTION

Quality of life (QOL) is a broad term that includes subjective assessments of both negatives and positives aspects of one's life. [1] While the concept "quality of life" has relevance for practically each and everyone and every academic area, it can be understood differently by different people and groups, finding it challenging to quantify. India, which has the second-largest population in the world is suffering severely from corona virus disease. COVID-19 is now a worldwide health and socioeconomic emergency. Its consequences are readily seen at the local level, where the already precarious socioeconomic condition in our cities is worsened. Our country has already seen enough alarming images of prejudice, hunger and poverty, along with reports of fatalities. We have also seen, on the other hand, the humanitarian side of many institutions, business establishments and individuals that have reached out to those in need.

The present pandemic has forced us to think about the plight of our country's workers. Although the epidemic has shown the tremendous importance of health workers, it has also increased public consciousness of migrant workers' crucial role in our economy. We have been forced to remember that 100 million to 125 million people leave their communities, families and homes to find work far away wherever they can find it; harvesting the crops and feeding us with their invisible hands, sweeping the streets, running factories, building highways, and building our homes. In "normal" times, the present plight of migrant workers during the lockdown should become an opportunity to reflect on their abysmal condition. A written contract is rarely seen by many "contractual labourers."

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Legally required, but rarely charged, is a minimum, regular wage per month. Many do not receive salaries for months, and it is often less than what has been agreed at the end of the season when they are finally paid.

Various factors influence the quality of life in different cultures. Age, gender, education, place of residence, marital status, employment, socioeconomic background and health status were all factors that were found to be influencing the quality of life in previous studies. These have all been explored in QOL research, and the majority of them are linked to it [2,3]. There is a lack of accounting transparency and disproportionate, arbitrary, unforeseen deductions from final payments are prevalent. Living in a city is just as tough for those who migrate from towns and villages. Although you can find food, a roof on the head is a task, given the sky-high real estate prices.

The complete lockdown was first proposed in India on Mar 22, 2020, to curb the transmission of COVID-19, and it was extended over several weeks once the first phase got concluded on March 24, 2020. Social distancing and lockdown legislations were implemented in India, but they had unintended consequences for the economy, human life, and the environment. Where there has been a negative impact on the economy and human lives, the climate has been good. It has been discussed here how India dealt with and can theoretically deal with these three factors during and after the situation of COVID-19.

METHODS

Study design

A descriptive cross sectional study was conducted among normal individuals those who are working for daily wages. Both genders

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with the age group of 18-70 years were enrolled in this study.

Data collection procedure

The questionnaire contains questions related to basic details about the participants, their economy, human life and environment with defined response categories. The study participants were asked to provide descriptive information in response to the first few questions. Physical activity (2 attributes), limitations due to physical activity (2 attributes), physical pain (1 attribute), perceived general health (1 attribute), vitality (1 attribute), social functioning (1 attribute), limitations due to mental state (2 attributes), and mental health (2 attributes) are the 8 aspects (12 attributes) of the SF12 questionnaire. With a total score ranging from 0 to 100, the eight elements create two sub scores as Physical Sub Score (PCS) and Mental Sub Score (MCS). A higher SF12 score

Results

This study enrolled a total of 300 daily wage workers. Among them 249(83%) were males and 51 (17%) were females, with the mean age group of 48.5±5.2.

indicates that you are in better health. The study participants were explained about the purpose of this research along with the confidentiality of this survey. No information related to the identity of the study participants were collected to protect the anonymity. The research study was conducted after obtaining approval from the Institutional Review Board, and all subjects gave written informed consent.

Statistical Analysis

Descriptive statistics were employed to calculate and demonstrate the demographic status. The results were depicted as means ± standard deviations (SD) and the categorical data were depicted as percentage(%) of the total group. Student's t-test was employed to examine differences in quantitative data distributions across the groups.

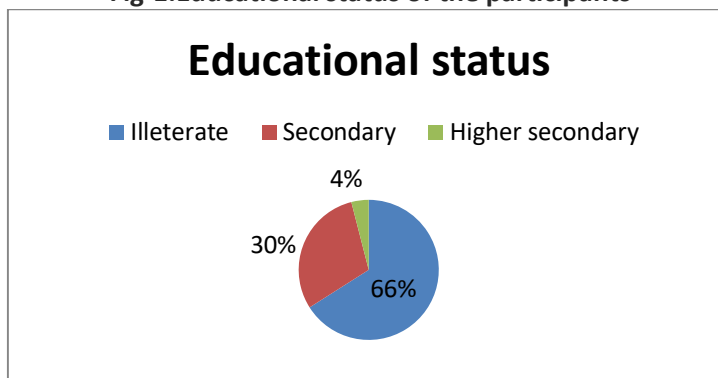
Table 1: Basic Characteristics of the participants		
Variables	Frequency(n)	Percentage(%)
Gender		
Male	249	83
Female	51	17
Age group		
18-25	19	6
26-35	58	19
36-45	67	22
46-55	71	24
56-65	56	18
<65	4	1
Smoking		
yes	54	18
no	246	82
Alcohol		
yes	201	67
No	99	33
Any chronic illness		
yes	46	15
no	254	85
Blood pressure		
Yes	51	17



No	249	83
Diabetic		
yes	82	27
no	218	73

18% of them were smokers, 67% of them were alcoholic. Totally 17% of them had the history of hypertension and 27% of were diabetic.

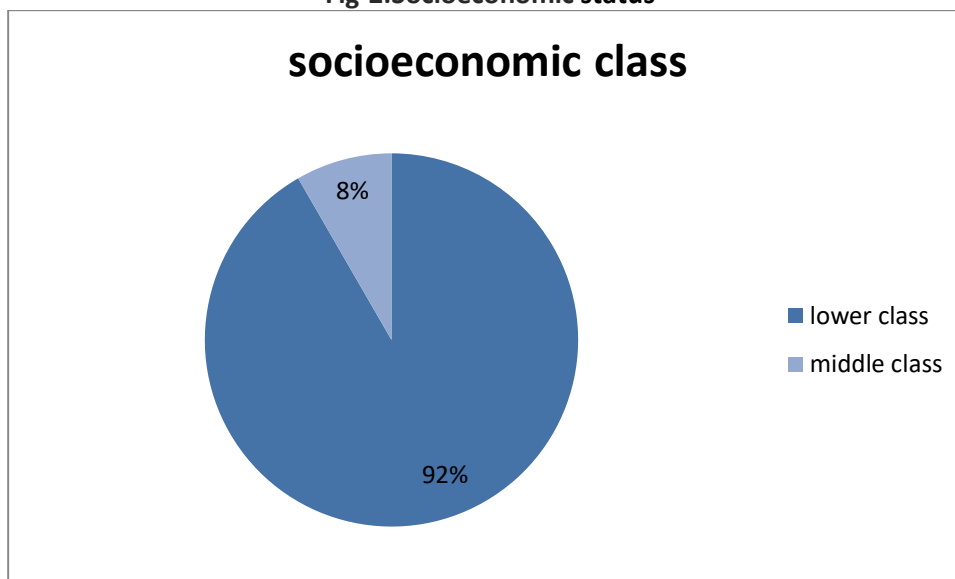
Fig-1: Educational status of the participants



The above figure shows that majority of the participants 198 (66%) were illiterate and only 12 (4%) of them have completed their higher secondary school level and 98 (30%) completed their secondary school level.

681

Fig-2: Socioeconomic status



Around 92% of the daily wage workers are from lower class.



Table 2: Mean score of Quality of life by SF-12 questionnaire				
Gender	Total frequency	Physical domain	Psychological domain	Environmental Domain
Male	249(51.2%)	25.4 ± 11.5	38.7 ± 11.2	45.0 ± 11.18
Female	51(48.7%)	19.5 ± 14.7	45.0 ± 15.1	49.8 ± 15.0
Age group				
18-25	19	35.7 ± 14.5	17.21 ± 11.0	25.84 ± 14.6
26-35	58	24.6 ± 12.2	43.16 ± 15.1	36.57 ± 14.6
36-45	67	27.0 ± 12.4	27.96 ± 10.7	21.98 ± 14.5
46-55	71	19.38 ± 14.9	18.51 ± 15.8	23.22 ± 15.5
56-65	56	21.38 ± 16.9	26.71 ± 15.8	16.22 ± 15.5
Education				
Illiterate	198	24.0 ± 15.5	21.5 ± 16.5	31.4 ± 15.6
Secondary	98	45.7 ± 13.6	38.7 ± 10.9	36.3 ± 13.9
Hr.Secondary	12	47.8 ± 11.8	42.5 ± 14.0	40.7 ± 14.9
Health issues				
Hypertension	51	24.3 ± 13.6	36.0 ± 15.6	34.8 ± 16.7
Diabetes	82	25.4 ± 14.7	32.0 ± 15	32.9 ± 11.8

The above table shows the mean score for physical, psychological, and environmental domains and its comparison with gender, education, age group and health status. All domains are very poor among male, illiterate and the age group 46-55yrs. Among those who had diabetes and hypertension, physical domain was very poor followed by psychological and environmental domain.

Discussion:

Measuring a population's Quality of Life (QOL) is critical for forecasting health care and social

needs. For people in all social and economic populations around the globe, the COVID-19 pandemic is indeed a serious psychological and physiological stressor. This is the first study to assess the quality of life among normal individuals who are involved in daily wages, during the COVID 19 pandemic. We should pay more and more attention not only to those who are affected by the lockdown, but also to those who are healthy and active and who might be frustrated by the quarantine restrictions. During this economic downturn, such recognition may aid health-



care systems in prioritising those who are in need. We share the results of this study on general QOL disruptions in order to provide proof about the community's health and wealth during the COVID-19 crisis.

There are some drawbacks with this analysis. To begin with, this is a cross-sectional observational study, and the responses prevent us in arriving at a conclusion, regarding the presence of the investigated associations. Also, we do not know exactly whether prior to COVID-19 this lower QOL existed in the same population. The findings are not surprising, given the lengthy period of isolation from others, fear of disease, and confusion that occurred during the COVID-19 disease, which resulted in significant psychological and mood disturbances, including sleeplessness, irritability, and distress, as well as physical and psychological disability.

According to recent studies, during the initial time period of the COVID-19 pandemic, the patients were usually at a higher risk of mental health disorders than the general population [4]. Males and females have various societal roles and stress, which affect their disease progression differently. Females are more responsible for their families than males, and they require more endurance to deal with stress, resulting in significant emotional suffering [5]. In this study, all domains were very poor among workers on daily wages. Male population was affected more than female. According to the findings of a research study in the area of mental health among the general population in China during the pandemic of COVID-19, less than 10% of interviewed participants revealed moderate to severe stress, and that younger people, aged 18 to 30, were more emotionally affected than the other age groups [6]. Furthermore, to the best of our observation and knowledge, this research study is the very first one to evaluate the quality of life among daily wage workers during the COVID 19 Pandemic.

Conclusion

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Overall, the Quality of Life (QOL) was found to be quite low in the study population. It also varied a lot depending on their age, gender, education, and past history of hypertension and diabetes. To follow the trend and direction, QOL studies must be conducted on a continuous and regular basis. We must pay attention to the health concerns of persons who are considered as economically poor, since their quality of life needs to be improved.

Conflicts of interest

The authors declare that there is no conflict of interest to declare.

Ethics committee approval

This study was duly approved by the ethics committee of Sree Balaji Medical College & Hospital.

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