

ORIGINAL ARTICLE

Impact of COVID -19 on Healthy Life of People in India

Aishwarya Awasthi, Shivendra Kumar Singh

Department of Community Medicine & Public Health, King George's Medical University,
Lucknow, Uttar Pradesh

CORRESPONDING AUTHOR

Dr Aishwarya Awasthi, SRF (ICSSR New Delhi), Department of Community Medicine & Public Health, King George's Medical University, Lucknow, Uttar Pradesh 226003

Email: aishanth16@gmail.com

CITATION

Awasthi A, Singh SK. Impact of COVID -19 on Healthy Life of People in India. Indian J Comm Health. 2023;35(4):510-515. <https://doi.org/10.47203/IJCH.2023.v35i04.018>

ARTICLE CYCLE

Received: 18/08/2023; Accepted: 28/11/2023; Published: 31/12/2023

This work is licensed under a Creative Commons Attribution 4.0 International License.

©The Author(s). 2023 Open Access

ABSTRACT

The COVID-19 pandemic is not the first, and certainly not the last, to strike the world. COVID-19 has conjointly been a serious concern in higher-income countries, with several European countries and over eleven million individuals in the Republic of India had been infected with COVID-19. Though some countries and regions are seeing improvements in hospitalization and death rates, COVID-19 remains a significant concern for vulnerable and underserved populations globally. The COVID-19 pandemic is unexampled and heavy, and numerous of the policy measures taken to mitigate and contain it were necessary and comprehensible. Factors associated with difficulty in accessing medicine due to the COVID-19 situation With the diversion of human resources to COVID-19 work, active case finding for TB has been postponed by a number of states in India. Though regulative authorities in many countries have approved one or a lot of COVID-19 vaccines for emergency use, necessary challenges remain in mass manufacturing and distributing vaccines in developing countries. The national authorities need to arrange for the challenges associated with the health of their population coincidental with combating the COVID-19 pandemic. It's unclear, however, whether the twin impacts of COVID-19 and also the health care disruptions have an effect on these people within the semi-permanent.

KEYWORDS

COVID; Populations; Vaccine; Lockdown

INTRODUCTION

As the international burden of novel corona virus malady 2019 (COVID-19) continues to extend, significantly in low- and middle-income countries like the Republic of India, it imposes vast prices on people, communities, health systems, and economies. Though some countries and regions are seeing improvements in hospitalization and death rates, COVID-19 remains a significant concern for vulnerable and underserved populations globally. The 2020 World Health Organization

(WHO) report on the impact of COVID-19 on non-communicable diseases (NCDs) in 163 countries highlighted that almost half of the countries reported that patients experienced partial or complete disruption of services for cardiovascular disease, diabetes, and related complications throughout the pandemic. third-party non-contiguous services for vessel emergencies. Many reports indicated changes in routine care to virtual consultations and worsened mental health issues throughout the pandemic. Diabetes, chronic pulmonary

disease, and cardiovascular disease were the most frequently wedged conditions as a result of the critical decrease in access to worry. But, to date, little information documents the impact of the COVID-19 pandemic on disparities in chronic malady management in the Republic of India. Given the new and speedily evolving COVID-19 state of affairs in the Republic of India, we tend to aim to assess the health, psychosocial, and economic impacts of the COVID-19 pandemic on individuals with chronic conditions.

MATERIAL & METHODS

The study is conducted on the Covid-19 patient of the Lucknow city. The research population which is sampled under this study is approximately on 2064 individuals suffered and survived from covid-19 of different zones of Lucknow city. The targeted population is filtered through data provided by hospitals related to covid19 patients.

Tools and Techniques:

- In depth Interview has been taken of respondents at their suggested suitable place.
- Google form entry also has been taken and received via distribution of google form through email or WhatsApp.
- Secondary technical data as Name, demographic entry and phone number through hospitals and local NGO via online as well as literature review.
- Entries also through telephonic conversation.
- Excel data entry for records.

Analysis: Qualitative analysis is outlined as in variety of text knowledge from interview transcripts is usually hooked in to the researcher's integrative, analytical skills with the private data of social context from wherever the info is collected. 'Sense making' or 'understanding a phenomenon' Qualitative knowledge associate analysis provides you an understanding of the analysis objectives by revealing patterns and themes in knowledge, The perspective of the participant-in-context set of analytical ways and moral enlighten is required by an imaginative additionally as inquiring attitude for chemical analysis.

Analysis starts off with the gathering of quality info and knowledge. The knowledge collected is then organized and analyzed to draw conclusions on the analysis topic. Method of analyzing and organizing the information collected throughout analysis is remarked as data analysis within the world of analysis. Because of the unstructured nature, analyzing qualitative knowledge may be generally confusing. In fact, victimization the correct methodology knowledge isn't therefore simply doable. Therefore knowledge terminated with the analysis is in variety of numeric graph. Transcripts from interviews, audio/video recordings associated notes from an observation are a number of the samples of qualitative knowledge that employed in this study.

RESULTS

Socio demographic variables and associated factors of study participants are as below in Table 1.

Table 1: Socio demographic variables and associated factors of study participants

Variable	N	%
Covid Patient		
Self	945	45.78%
Other	171	8.28%
None	945	45.78%
Test Name for Covid-19		
RTPCR Molecular	1377	66.71%
Antigen	0	0%
Antibody	0	0%
None	687	33.28%
Testing Authority		
Private	603	29.21%
Government	1461	70.78%
Quarantine Authority		
Self	539	26.11%
Government	539	26.11%
Private	180	8.72%
None	807	39.09%
Day of quarantine and recovery time		
1 – 10	171	8.28%
11 – 20	861	41.71%
20 – 30	171	8.28%
None	861	41.71%
Reason and symptoms for testing Covid-19 of patients		
Dry Cough	345	16.71%
Fever	119	5.76%
Fatigue	774	37.50%

Variable	N	%
Headache	774	37.50%
Body ache	945	45.78%
Sore Throat	687	33.28%
Loss of smell and taste	687	33.28%
Nausea	345	16.71%
Vomiting	87	4.21%
Low platelets	0	0%
None	945	45.78%
Health issues		
Yes	1119	54.21%
No	774	37.50%
Can't say	171	8.28%
Do you have any chronic diseases?		
Yes	429	20.78%
No	1635	79.21%
If yes then:		
Prefer not to say	172	40.09%
Obesity	86	18.64%
POCD	86	18.64%
Thyroid	86	18.64%
Do you have any hereditary conditions/diseases?		
Yes	429	20.78%
No	1635	79.21%
If Yes, Then		
High blood pressure	258	60.13%
Diabetes	171	39.86%
Haemophilia	0	0%
Thalassemia	0	0%
Huntington	0	0%
Are you more breathless now than you were before your COVID illness?		
Yes	345	16.71%
No	1719	83.28%
Do you feel fatigued (worn out/lacking energy or zest) compared with how you were before your COVID illness?		
Yes	603	29.21%
No	1461	70.78%
Do you have a cough (different from any cough you may have had before COVID-19)?		
Yes	171	8.28%
No	1893	91.71%
Do you have any aching in your muscles?		
Yes	945	45.78%
No	1119	54.21%
How is your physical strength? Do you feel so weak that it is limiting what you can do (more than you were pre your COVID illness)?		
Yes	774	33.5%
No	1290	62.5%

In 2064 people most of the people are aware about the testing procedure and facility and some of the unaware about the facilities. Most

of the people gone for RTPCR testing mechanism. Most of the people choose government facilities for testing and less of the people choose private testing facility nearby their place. If found covid positive the ratio of people who have been quarantine by self of by the initiative of the government are same as per the study.

The period of being totally health or came out of quarantine according respective study, most of the people get well from covid within 11- 20 days and less of the people get health within 1-10 days and also the number of people also less who have been taken so long time for being health like more than 20 days.

Most of the people faced health issues other than covid scenario either it was through hereditary or due to bad of constrained life style.

Most of the people have health condition other than covid but as per the study most of the people don't have chronic condition but some of the chronic condition like obesity, Polycystic Ovary syndromes in most females and thyroid found both male and females.

People who have the hereditary condition are less in number in during covid scenario and most the people don't have such condition.

During covid scenario due to impact of disease most of the people don't have any adverse impact but the people having adverse impact due to the covid scenario are less in number and the conditions are like :-

- Breathlessness
- Aching Muscle
- Partial dementia
- Less vision
- Less immunity
- Less taste sense
- Less appetite etc.

DISCUSSION

COVID-19 pandemic and connected restrictions enforced to manage it had unforeseen adverse impacts on the health standing, access to treatment, and

achievement of care goals among individuals with chronic conditions in the Republic of India. We have a tendency to find rural participants disproportionately ill with acute medical illnesses; difficulties in accessing healthcare; comparatively less convenience of functioning health facilities; poor treatment satisfaction; and reduced fruit and vegetable consumption. Communicable disease epidemics have had a ripple effect on the economy.

This study showed that the impacts of the pandemic extend far enough on the health side to encompass adverse effects on unit incomes, individual livelihoods, social relationships, brick skills, biological process intake, and different factors. Our quantitative and qualitative information underscore important economic impacts from loss of employment and unit financial gain within the study population, due at least partly to restrictions preventing employees from returning to work. Those repercussions might successively cause additional stress and extra impacts on health. Individuals with polygenic disease and high blood pressure were disproportionately affected due to access issues and worsening symptoms, uncontrolled Blood Pressure, or Blood Sugar during the lockdowns, which could lead to poor health outcomes and avoidable micro-and macro-vascular complications. Individuals with chronic conditions are predisposed to COVID-19 complications, according to a World Health Organization global survey and several other published reports. It's unclear, however, whether the twin impacts of COVID-19 and also the health care disruptions have an effect on these people within the semi-permanent. Our study results are from different on-line surveys conducted among individuals with chronic conditions and tending suppliers that showed the corona virus pandemic and its connected lockdowns considerably reduced access to tending, adversely wedged self-care behaviors, and magnified psychological state issues. A recent study from the Union of India looked at the effects of COVID-19-related lockdowns on the adoption of newer technologies and changes in glycemic management in patients

with polygenic disease, and discovered that the pandemic had no effect on glycemic management diabetes levels before vs. throughout lockdown: 8.2% vs. 7.7%). However, because the study was conducted at a single personal clinic and the higher socioeconomic status of the surveyed participants may have influenced the study results, another cross-sectional study from the Republic of India discovered that adherence to medical care, glycemic management, and observation were not a significant issue pre- and post-lockdowns. However, during a sub-analysis of our study, we found an important increase in the mean Fasting Blood Sugar reportable throughout imprisonment (198 mg/dl) vs. before imprisonment (165 mg/dl) within the cohort participants. This means that folks with polygenic disease seem to be at higher risk of experiencing uncontrolled blood glucose throughout the pandemic, which is per the results of another study from the Republic of India that found polygenic disease to be the most common comorbidity among COVID-19 decedents. COVID-19 has conjointly been a serious concern in higher-income countries, with several European countries and also the U.S. experiencing important excess mortality in 2020 and a higher proportion of deaths from Covid. The COVID-19 pandemic is unexampled and heavy, and several of the policy measures taken to mitigate and contain it were necessary and comprehensible. At the same time, we have a tendency to believe that the information from our study offers insights for policymakers as they take into account the asymmetrical psycho-social and economic impacts of the pandemic on individuals with chronic conditions, particularly disadvantaged urban residents and underserved rural communities. In our study, rural residents and people of lower academic attainment experienced a lot of difficulties in accessing medicines, both for different demographics and self-reported financial gain. The issue of access to medicine, successively, was related to the worsening of polygenic disease or high blood pressure symptoms. World supply chain disruptions throughout the pandemic contributed to reportable shortages of

essential medicines for chronic conditions. What is more, the pandemic caused individuals with chronic conditions to face several ways (unhealthy diet and physical inactivity, sleep disturbances, stress, and anxiety) needing remedial measures. Government aid was related to fewer difficulties in accessing medicine but varied considerably across locations, demonstrating the importance of acceptable policies at the state and native levels. To mitigate the disparities in chronic illness management and scale back the potential longer-run health impacts of the present crisis, a promising approach is to target enabling access to medicines for vulnerable populations (i.e., those in rural areas, with lower academic attainment, and people experiencing impoverishment exacerbated by loss of jobs and unit income). New models of supply combined with new skills for health personnel will promote patient engagement and health skills, ultimately raising health outcomes. Information might assist health authorities to revamp health care delivery models to handle the imperative wants of individuals with chronic conditions. We tend to advocate a three-pronged approach to style resilient tending systems throughout and after the COVID-19 pandemic.

CONCLUSION

The pandemics test the structure and ability of the health system. Nonetheless, the post-pandemic period sees the most popular efforts to restore economic activity. The health system remains weak, occasionally getting weaker owing to the impact of the pandemic. The last two decades of this millennium have seen the United States confront major public health events such as severe acute metabolic syndrome, geographical region metabolism syndrome, vertebrate respiratory disorder (Influenza H5N1), flu (H1N1), and thus the teachings learnt from pandemics mustn't be forgotten once pandemics stop existing and these should be translated into actions that are sustained on an incomparable basis. Essential areas which can be lean priority ought to address the wants of kids, women, older people with NCDs, etc. with special wants. The vulnerable mustn't be allowed to

become a lot more vulnerable. The gains of MDGs and SDGs stand to be negated unless the services of these teams are sustained.

ACKNOWLEDGEMENT

Dr Aishwarya Awasthi is the awardee of ICSSR Senior Fellowship. This paper is largely an outcome of the Senior Fellowship sponsored by the Indian Council of Social Science Research (ICSSR). However, the responsibility for the facts stated, opinions expressed, and the conclusions drawn is entirely of the author.

AUTHORS CONTRIBUTION

All authors have contributed equally.

FINANCIAL SUPPORT AND SPONSORSHIP

Indian Council of Social Science Research (ICSSR) New Delhi vide File No 2-22/2021-22/SF/GEN dated 05-09-2023.

CONFLICT OF INTEREST

There are no conflicts of interest.

REFERENCES

1. Coronavirus disease 2019 (COVID-19) Situation Report - 33.pdf. <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200222-sitrep-33-363> (Accessed 25 Dec 2023).
2. Thienemann F, Ntusi NAB, Battagay E, Mueller BU, Cheetham M. Multimorbidity and cardiovascular disease: a perspective on low- and middle-income countries. *Cardiovasc Diagn Ther.* 2020;10(2):376–85.
3. Hamer M, Kivimäki M, Gale CR, Batty GD. Lifestyle Risk Factors for Cardiovascular Disease in Relation to COVID-19 Hospitalization: A Community-Based Cohort Study of 387,109 Adults in UK. *medRxiv [Preprint].* 2020;2020.05.09.20096438.
4. The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: World Health Organization; 2020. <https://www.who.int/publications/i/item/ncds-covid-rapid-assessment>. (Accessed on 25 Dec 2023).
5. Chudasama YV, Gillies CL, Zaccardi F, Coles B, Davies MJ, Seidu S, et al. Impact of COVID-19 on routine care for chronic diseases: a global survey of views from healthcare professionals. *Diabetes Metab Syndr.* 2020;14(5):965–7.
6. Abbas J. The impact of coronavirus (SARS-CoV2) epidemic on individuals mental health: the protective measures of Pakistan in managing and sustaining transmissible disease. *Psychiatr Danub.* 2020;32(3–4):472–7.
7. Nejhadadgar N, Ziapour A, Zakkipour G, Abbas J, Abolfathi M, Shabani M. Effectiveness of telephone-

- based screening and triage during COVID-19 outbreak in the promoted primary healthcare system: a case study in Ardabil province, Iran. *Z Gesundh Wiss.* 2020;1–6.
8. Addis SG, Nega AD, Miretu DG. Psychological impact of COVID-19 pandemic on chronic disease patients in Dessie town government and private hospitals, Northeast Ethiopia. *Diabetes Metab Syndr.* 2021;15(1):129–35.
 9. Yoosefi Lebni J, Abbas J, Moradi F, Salahshoor MR, Chaboksavar F, Irandoost SF, Nezhaddadgar N, Ziapour A. How the COVID-19 pandemic effected economic, social, political, and cultural factors: A lesson from Iran. *Int J Soc Psychiatry.* 2021;67(3):298-300
 10. cite
 11. Islam N, Lacey B, Shabnam S, Erzurumluoglu AM, Dambha-Miller H, Chowell G, Kawachi I, Marmot M. Social inequality and the syndemic of chronic disease and COVID-19: county-level analysis in the USA. *J Epidemiol Community Health.* 2021 Jan 5;jech-2020-215626
 12. Yadav UN, Rayamajhee B, Mistry SK, Parsekar SS, Mishra SK. A syndemic perspective on the management of non-communicable diseases amid the COVID-19 pandemic in low- and middle-income countries. *Front Public Health.* 2020;8:508.
 13. India State-Level Disease Burden Initiative C. Nations within a nation: variations in epidemiological transition across the states of India, 1990-2016 in the global burden of disease study. *Lancet.* 2017;390(10111):2437–60.
 14. Prabhakaran D, Jeemon P, Ghosh S, Shivashankar R, Ajay VS, Kondal D, et al. Prevalence and incidence of hypertension: results from a representative cohort of over 16,000 adults in three cities of South Asia. *Indian Heart J.* 2017;69(4):434–41.
 15. Debnath R, Bardhan R. India nudges to contain COVID-19 pandemic: a reactive public policy analysis using machine-learning based topic modelling. *PLoS One.* 2020;15(9):e0238972.
 16. Danhieux K, Buffel V, Pairen A, Benkheil A, Remmen R, Wouters E, et al. The impact of COVID-19 on chronic care according to providers: a qualitative study among primary care practices in Belgium. *BMC Fam Pract.* 2020;21(1):255.
 17. Saqib MAN, Siddiqui S, Qasim M, Jamil MA, Rafique I, Awan UA, et al. Effect of COVID-19 lockdown on patients with chronic diseases. *Diabetes Metab Syndr.* 2020;14(6):1621–3.
 18. Nair M, Ali MK, Ajay VS, Shivashankar R, Mohan V, Pradeepa R, et al. CARRS surveillance study: design and methods to assess burdens from multiple perspectives. *BMC Public Health.* 2012;12(1):701.
 19. Mohan S, Jarhyan P, Ghosh S, Venkateshmurthy NS, Gupta R, Rana R, et al. UDAY: a comprehensive diabetes and hypertension prevention and management program in India. *BMJ Open.* 2018;8(6):e015919.
 20. Rabin R, de Charro F. EQ-5D: a measure of health status from the EuroQol group. *Ann Med.* 2001;33(5):337–43.
 21. Toussaint A, Husing P, Gumz A, Wingenfeld K, Harter M, Schramm E, et al. Sensitivity to change and minimal clinically important difference of the 7-item generalized anxiety disorder questionnaire (GAD-7). *J Affect Disord.* 2020;265:395–401.
 22. Fofana F, Bazeley P, Regnault A. Applying a mixed methods design to test saturation for qualitative data in health outcomes research. *PLoS One.* 2020;15(6):e0234898. h
 23. Fisher MP, Hamer MK. Qualitative methods in health policy and systems research: a framework for study planning. *Qual Health Res.* 2020;30(12):1899–912.
 24. Johnson SU, Ulvenes PG, Oktedalen T, Hoffart A. Psychometric properties of the general anxiety disorder 7-item (GAD-7) scale in a heterogeneous psychiatric sample. *Front Psychol.* 2019;10:1713.
 25. Johnson GA, Vindrola-Padros C. Rapid qualitative research methods during complex health emergencies: a systematic review of the literature. *Soc Sci Med.* 2017;189:63–75.
 26. Fagoonee I, Pellicano R. COVID-19 brings the world economy to its knees. *Minerva Med.* 2020;111(4):297–9.
 27. Tiirinki H, Tynkkynen LK, Sovala M, Atkins S, Koivusalo M, Rautiainen P, et al. COVID-19 pandemic in Finland - preliminary analysis on health system response and economic consequences. *Health Policy Technol.* 2020;9(4):649–62.