A Study on the Quality of Life by Age for Social Welfare Intervention of Community Members after the Corona Crisis -Focusing on the Busan area-

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Abstract: This study attempted to understand the effect of the COVID-19 pandemic global social disaster on the quality of life of the residents in the community. The 100 subjects were classified by age and divided into 5 groups; 19-29 years old, 30s, 40s, 50s, and 60s or older. Study data were collected from November 7 to 18, 2020. The collected data were analyzed by region, sex, age, and quality of life using spss. In order to analyze the lives of local residents by age, systematic area, and individual index, the national quality of life index developed by the National Statistical Development Institute and the 2019 quality of life poll of the Ministry of Culture, Sports and Tourism was used. As a result of the study, it was found that the COVID-19 pandemic significantly affected the quality of life by age group. This study is intended to provide basic data for fusion-complex study by region, age, and crisis response level to develop the community welfare programs needed according to age, and to give various pieces of information on effective service linkage strategies.

Keywords: Coronavirus, Age, Quality of Life, Community, Social Welfare Intervention Plan

1. Introduction

As of November 13, 2020, the current status of the global COVID-19 pandemic is 10,600,000 confirmed cases and 243,000 deaths in the U.S.; 1,900,000 confirmed cases with 42,960 deaths in France; 112,000 confirmed cases with 1,847 deaths in Japan[1]. Although the number confirmed cases and deaths in South Korea is relatively small and the trend is on the way to stability, concern over the aftermath of the corona pandemic is growing. As the COVID 19 pandemic progresses, the number of self-employed as well as unemployed increases, and it is a reality that more and more people suffer from depression or lethargy. So much so, that the word 'Corona blue', a new term that combines 'Corona 19' and 'blue', has appeared[2]. The various effects of the corona pandemic, which have been sustained for more than a year, are changing the everyday lives and standards of all of us. Korea is experiencing large-scale natural and disease-based disasters almost every year and, accordingly, interest in disaster social welfare is increasing. However, social welfare measures against new diseases and social disasters such as the coronavirus that have not been experienced before are still insufficient and the residents of the local community, including the socially weak, are experiencing many difficulties along with the entire population. Among the crisis situations that the whole of humanity experiences for the first time, this study compares the situation before the pandemic with the current situation during the pandemic. Therefore, by analyzing the difference in quality of life that the Corona 19 crisis had on the population by age, this study has significance as basic data to develop a community welfare program that differs by community and the social welfare programs necessary by age, and provide various types of information

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on an efficient service delivery system. Through this study, we will understand the weaknesses of our society in response to crisis which can then be used as a basis for analysis and policy establishment for each area to improve quality of life. As such, the purpose of this study is to understand the change in the quality of life of the population by age group after Corona-19, with the specific purposes as follows.

First, to understand the difference in quality of life before and after the coronavirus (2019 and 2020).

Second, to understand the quality of life by age group.

Third, to understand the predictive variables that negatively affect in the quality of life by age.

2. Study method

This study is a cross-sectional descriptive research study to determine the effect of COVID-19 on the quality of life and to understand the effects of the COVID-19 epidemic by age group.

3.1 Subjects

The subjects of this study were all populations aged 19 and older residing in Busan, the convenience sampling method was applied, and the survey was conducted from November 7 to 14, 2020. Finally, the data of 100 subjects were collected and analyzed.

3.2 Data Gathering Procedure & Ethical Considerations

For the ethical consideration of the subject, we guided the purpose of the study through a survey guide in the preface during the survey, had only those who agreed of their free will voluntarily participate in the questionnaire, and informed participants that they can stop at any time if they do not want to participate. In order to understand the concrete and specific needs of Busan citizens as members of the local community, we conducted in-depth interviews on a total of 5 cases by obtaining each survey subject by age.

In-depth interviews were held from November 11, 2020 to November 18, 2020, were one time per person, and an average of 30 minutes per time. Interviews were mainly conducted at a public park. Interviews with the study participants could be recorded under their consent, and the data were recorded and organized via transcription.

3.3 Research Instrument & Data Analysis

In order to analyze the data by region, gender, age, and quality of life, the questionnaire method and an interview method were used via a structured questionnaire. The collected data were analyzed using spss after editing and encoding.

The study tool used the following methods to examine how the Corona 19 crisis had affected the quality of life by age.

First, since the “2019 Quality of Life Survey Report”[3] published by the Ministry of Culture, Sports and Tourism and the “People's Quality of Life Index: National Quality of Life Report 2019”[4] published by Statistics Korea before the outbreak of this infectious disease shows the quality of life of people before COVID-19, this data is used to determine the effect of COVID-19.

Second, understand differences in quality of life and needs by demographic and sociological characteristics such as 1) administrative district, 2) gender, 3) age, and 4) occupation.

Third, construct variables such as 1) overall satisfaction, 2) satisfaction by sector, 3) life concerns, 4) future prospects, 5) areas that government should focus on 6) work-life balance, 7) income satisfaction, and 8) consumer life satisfaction. 1)~6) used the “2019 Quality of Life Poll Report” published by the

Ministry of Culture, Sports and Tourism and 7)~8) used “National Quality of Life Index: National Quality of Life Report 2019” published by Statistics Korea.

3. Study Results

3.1 General Characteristics

The gender of the study subjects was set at 50% male and 50% female and the age was set to 20 persons per age group. The number of respondents residing in Busanjin-gu was the greatest, at 49%, with the next highest being 11% in Dongnae-gu and 7% in Yeonje-gu.

[Table 1] General Characteristics of Study Participants

Variable	Category	n	%
Administrative District	① Gangseo-gu	0	0
	② Geumjeong-gu	5	5
	③ Gijang-gun	1	1
	④ Nam-gu	2	2
	⑤ Dong-gu	0	0
	⑥ Dongnae-gu	11	11
	⑦ Busanjin-gu	49	49
	⑧ Buk-gu	2	2
	⑨ Sasang-gu	1	1
	⑩ Saha-gu	3	3
	⑪ Seo-gu	1	1
	⑫ Suyeong-gu	6	6
	⑬ Yeonje-gu	7	7
	⑭ Yeongdo-gu	5	5
	⑮ Jung-gu	2	2
	⑯ Haeundae-gu	5	5
Gender	Male	50	50
	Female	50	50
Age	19-29 years old	20	20
	30s	20	20
	40s	20	20
	50s	20	20
	60s or older	20	20
Job	① Agriculture, forestry and fishing	0	0
	② Self-employed	15	15

③ Sales/ Trade/Service	17	17
④ Labor/machine operation/transport /technical	4	4
⑤ Office work	5	5
⑥ Business management position	3	3
⑦ Professional	3	3
⑧ Full-time housewife	16	16
⑨ Other occupation	19	19
⑩ Student	8	8
⑪ Unemployed, retired, retired, etc.	10	10

3.2 Survey Results

3.2.1 Overall Satisfaction

The overall life satisfaction score in 2019 was 6.1 points out of 10 points and, notably, the younger the age, the higher the tendency shown to overall life satisfaction. The overall life satisfaction score in 2020 conducted in this study was 5.7 points, down 0.4 points compared with the previous year. The satisfaction with quality of life for participants in their 40s was the lowest at 4.6 points, followed by 5.1 points for those in their 30s, and 5.2 points for those in their 50s.

[Table 2] Quality of Life by Place of Residence

Dongnae-gu	5.8
Busanjin-gu	5.7
Yeonje-gu	4.4

[Table 3] Quality of Life by Gender

	2019	2020
Male	5.8	5.4
Female	6.4	6.0

When looking at the difference in quality of life according to the place of residence among the general characteristics, Dongnae-gu was the highest at 5.8 points and Yeonje-gu was the lowest at 4.4 points. The difference in quality of life according to gender was higher for female than for male, and compared with the previous year, both male and female quality of life showed a decline.

[Table 4] Quality of Life by Job

Self-employed	4.4
Sales/Trade/Service	4.7
Full-time housewife	7.0
Student	7.2

The differences in overall life satisfaction among those who work in one of the 4 jobs that had the highest number of survey respondents were as follows. Students was the highest at 7.2 points, followed by housewives at 7 points, sales workers at 4.7 points, and self-employed at 4.4 points.

3.2.2 Satisfaction by Area

As a result of asking how satisfied they were in the 7 areas that make up the quality of life index in 2019 with an 11-point scale (out of 10), the answer “family relationship” was the highest at 7.8 points, and the “job and income” was the lowest at 5.4 points. In the results of the survey conducted in this study in 2020, ‘family relationship’ was still the highest at 6.6 points, and ‘job and income’ was still the lowest at 5 points.

[Table 5] Health and Medical Care

	2019	2020
19-29 years old	7.3	6.9
30s	7.0	5.8
40s	6.9	5.4
50s	6.7	5.2
60s or older	6.5	5.5

In 2019, satisfaction with health and medical care tended to be relatively higher in the younger age group, but as a result of a 2020 survey, this trend did not apply to the study group of 60s or older.

[Table 6] Social Security and Welfare

	2019	2020
19-29 years old	6.2	6.9
30s	5.7	5.5
40s	5.8	5
50s	5.8	5
60s or older	6.1	7.5

The group with the highest satisfaction for social security and welfare was the age group of 60s or older, and the groups with the lowest were the 40s and 50s. It can be inferred that this is because the welfare service system for the elderly in their 60s or older is well-established, while the social welfare service for the middle-aged in their 40s and 50s is relatively insufficient.

In all age groups, family relationships showed lowered satisfaction compared with the previous year, but this is the area with the highest average satisfaction among the 7 areas in 2020. When compared by age group, the satisfaction was the highest in the age group of 60s or older, and the satisfaction was lowest in the age group of 40s.

[Table 7] Family Relations

	2019	2020
19-29 years old	7.9	7.2
30s	8.0	6.6
40s	8.0	5.7
50s	7.9	5.8
60s or older	7.5	7.7

[Table 8] Jobs and Income

	2019	2020
19-29 years old	5.8	6.6
30s	5.8	5.2
40s	5.7	4.5
50s	5.2	5.1
60s or older	5.0	3.5

This showed that the satisfaction for 'job and income' was the lowest in the age group. The average satisfaction for 'job and income' of the age group of 60s or older was 3.5 points, which is 1.5 points lower than the previous year.

[Table 9] Culture and Leisure Life

	2019	2020
19-29 years old	6.6	6.5
30s	5.9	5.5
40s	5.6	4.8
50s	5.3	5.0
60s or older	5.2	7.3

The satisfaction for culture and leisure life was the highest in the age group of 60s or older. It can be inferred that this is because there were a large number of elderly people who use cultural life services supported by the state.

[Table 10] Residential Environment

	2019	2020
19-29 years old	7.0	7.1
30s	6.4	6
40s	6.5	5.4
50s	6.6	5.3
60s or older	6.3	7.9

The satisfaction for residential environment was the highest in the age group of 60s or older, followed by 7.1 points in the 19 to 29 years old group, and 6 points in the 30s group.

[Table 11] Natural Environment and Disaster Safety

	2019	2020
19-29 years old	6.3	6.6
30s	5.8	5.7
40s	5.8	5
50s	5.8	5.3
60s or older	5.7	5.5

The satisfaction for ‘natural environment and disaster safety’ compared with the previous year declined in all age groups excluding 19 to 29 years old. The age group that showed the largest decline was the 40s which declined by 0.8 points.

[Table 12] Life Worries (Multiple Answers)

	2019	2020
Health and medical care	66.3	62
Social security and welfare	38.4	43
Child rearing and education	29.3	29
Jobs and income	66.1	67
Culture and leisure	15.6	27
Residential environment	22.2	24
Natural environment and disaster safety	35.8	14
Family Relations	20.2	31
etc	6.2	3

[Table 13] Comparison of Life Worries by Age Group

	2019	2020
19-29 years old	Jobs and income (79.6)	Jobs and income (90)
30s	Jobs and income (65.2)	Jobs and income (70)
40s	Jobs and income(62.0)	Jobs and income(60)
50s	Health and medical care (73.7)	Jobs and income (80)
60s or older	Health and medical care (79.8)	Health and medical care (100)

As a result of the 2020 survey, the percentage of respondents with ‘jobs and income’ as the greatest life worry was the highest at 67%, followed by ‘health and medical care’ at 62%, and ‘social security and welfare’ at 43%.

[Table 14] Comparison by Place of Residence

Dongnae-gu	Jobs and income(81%)
Busanjin-gu	Health and medical care (69%)
Yeonje-gu	Jobs and income & Health and medical care(71%)

[Table 15] Comparison by Gender

	2019	2020
Male	Jobs and income (66.2%)	Jobs and income (70%)
Female	Health and medical care (68.4%)	Health and medical care (66%)

The response rate by the place of residence was as follows. As a result of asking about the areas that participants are most worried about in their own lives, Dongnae-gu was 'job and income' at 81%, Busanjin-gu was 'health and medical' at 69%, Yeonje-gu was 'jobs and income' and 'health 'Healthcare' equal at 71%.

The response rate by gender showed the same results as in the previous year with 70% stating 'job and income' for male and 66% stating 'health and medical care' for female.

[Table 16] Comparison by Job Group

Self-employed	Jobs and income (80%)
Sales/Trade/Service	Jobs and income (93.7%)
Full-time housewife	Health and medical care (84.6%)
Student	Jobs and income(89.4%)

The response rates of survey subjects by job group are as follows. The response rate for “jobs and income” was relatively high in △self-employed, △sales/trade/service workers, and △students, and the rate of ‘health and medical care’ was relatively high for △full-time housewives.

[Table 17] Comparison of Future Outlook by Age Group

	2019	2020
19-29 years old	62.8	60
30s	58.2	20
40s	53.7	20
50s	37.5	30
60s or older	23.4	15

The rate of choosing 1) ‘it will be very improved’ or 2) ‘it will be generally improved’ was the highest in the age group of 19-29 year olds, and the lowest in the age group of 60s or older.

[Table 18] Area that the Government should Focus on Most

	2019	2020
Health and medical care	6.6	20.6
Social security and welfare	19.1	14.3
Balance of work and life	15.5	10.3
Child rearing and education	7.3	9.6
Jobs and income	38.8	22.3
Culture and leisure	1.0	9
Residential environment	3.7	8
Natural environment and disaster safety	5.4	4.6
etc	2.6	1

[Table 19] Comparison of Areas that the Government should Focus on by Age Group

	2019	2020
19-29 years old	Jobs and income (33.4)	Balance of work and life (45)
30s	Jobs and income (28.5)	Jobs and income(30)
40s	Jobs and income (35.8)	Jobs and income (40)
50s	Jobs and income (47.9)	Social security and welfare(30) & Jobs and income (30)
60s or older	Jobs and income(43.9)	Social security and welfare(40)

As an area that the government should focus on to improve the quality of life for people, the response rate for “job and income” was the highest at 22.3%. The response rate for 'health and medical care' was 20.6% and 'social security and welfare' was 14.3%. The response rate for “jobs and income” was relatively high in all age groups, especially so in 30s and 40s groups.

[Table 20] Income Satisfaction

	2019	2020
19-29 years old	12.7	22.2
30s	16.9	18.7
40s	17.8	16.6
50s	13.7	12.5
60s or older	10.5	50

As a result of summing the percentage of those who answered 'very satisfied' or 'slightly satisfied' regarding their own income among those with income (over 19 years old), the response rate of the age

group of 60s or older was the highest at 50%. The 50s group showed the lowest at 12.5%.

[Table 21] Satisfaction of Consumer Life

	2019	2020
19-29 years old	20.2	45
30s	19.6	10
40s	19.4	20
50s	15.5	15
60s or older	11.9	25

As a result of the percentage of people who answered 'very satisfied' or 'slightly satisfied' regarding their overall consumption life (consumption of food, leisure and hobbies), the response rate of age group of 19 to 29 year olds was the highest at 45%. The response rate in the 30s group was the lowest at 10%.

[Table 22] Work and Life Balance

	2019	2020
19-29 years old	6.2	6.7
30s	5.7	5.2
40s	5.9	5.1
50s	5.8	5.1
60s or older	5.8	5.9

As a result of asking 90 people who have jobs on an 11 point scale (out of 10) whether they think they have a good work-life balance in their current lives, the rating was 5.6 points, down 0.3 points compared with the previous year. In terms of work-life balance, the age group that showed the highest satisfaction was 19 to 29 years old, at 6.7 points, while the 40s and 50s groups showed the lowest at 5.1 points.

4. Discussion and Suggestions

This study conducted quantitative and qualitative studies in parallel to investigate the effect of Corona 19 on quality of life by age. As a result of data analysis, overall life satisfaction decreased slightly from 6.1 points to 5.7 points. However, the study groups for 19 to 29 years old and 60s or older increased their overall life satisfaction.

In terms of life satisfaction for each of the 7 areas, scores in all areas except “culture and leisure” remained the same or decreased compared with the previous year. The noteworthy point in the results of measuring life satisfaction in the 7 areas is that the study groups for 19 to 29 years old and 60s or older had areas with both lower and higher scores compared with the previous year, while the study groups for 30s, 40s, and 50s showed only lower scores. Regarding the question of life worries with multiple answers, “job and income” accounted for the largest proportion in all age groups except for age group of 60s or older. As a result of concretely confirming information in the in-depth interview, all five of the study participants ranked “job and income” as their number one worry. In the areas where the government should focus the most, the response of “job and income” was the highest at 22.3%, followed ‘health and medical care’ at 20.6%, and ‘social security and welfare’ at 14.3%. The income satisfaction

decreased slightly only in the age groups of 30s and 40s, and the consumer life satisfaction decreased with a significant difference in only the age group of 30s. The work and life satisfaction decreased in the age groups of 30s, 40s, and 50s, and especially greatly decreased in age group of 40s.

As a result of analyzing the results of this survey, the age group whose quality of life decreased the most compared with the previous year was the 40s group and the greatest overall decrease was seen in overall quality of life. As a result of in-depth interviews, it can be inferred that employment insecurity and a sense of responsibility to support children are the main causes. The summaries of the study results are as follows.

First, it is confirmed that the age group whose overall quality of life decreased the most after the Corona 19 crisis was the 40s group. As a result of examining the difference in quality of life according to general characteristics, there were significant differences in quality of life according to gender, age, and job. Women had a higher quality of life than men, which is similar to the previous study conducted by Statistics Korea. When looking at the results by age group, the level of quality of life in the 40s and 50s groups was the lowest, and when looking at the results by job, the level of quality of life of self-employed was the lowest. This is consistent with the results of the <National Mental Health Survey caused by COVID-19> conducted by the Gyeonggi Research Institute[5]. In other words, it can be inferred that social disasters such as Corona 19 have an effect not only according to age but also on the general characteristics of various individuals.

Second, as a result of examining the factors that have a negative effect on the quality of life by age caused by the Corona 19 crisis, jobs and income, health and medical care, and work-life balance were significant influencing factors. Specifically, in the age groups from 19 to 29 years old to 50s, it showed that 'jobs and income' was the main variable affecting the quality of life, and similarly, in in-depth interviews, employment insecurity was the main variable affecting the quality of life. On the other hand, in the age group of 60s or older, 'social security and welfare' and 'health and medical care' were the main variables affecting the quality of life. In general, the health status of the elderly was confirmed as a very important factor in their quality of life[6]. Special medical needs distinguished from other groups can be highlighted especially for the elderly in a social disaster such as Corona 19 due to their physical vulnerability[7]. Based on these study results, an appropriate alternative should be prepared considering the specificity by subject.

Therefore, the practical implications of social welfare proposed based on the results of this study are as follows.

First, the age group of 19-29 years old complained of discomfort regarding mobility restrictions due to social distancing. Despite trying to stay at home as much as possible, they also expressed suffering from anxiety possibly always being exposed to infection. As such, the age group in their 20s is the age group with the highest utilization of non-face-to-face services, so it is necessary to develop and provide various programs and contents for free use of hobbies and specialty activities in the home, including online hygiene education.

Second, the age group in their 30s faced many cases of raising young children, and due to COVID-19, online non-face-to-face classes were prolonged, which made this difficult. The government provided emergency care service support, but there was inconvenience due to an age limit for use. Active promotion and education on such emergency support are needed. Particularly, child education utilization service programs, educational support, and content development for young parents with young children who should take online non-face-to-face classes are urgently required.

Third, the age group in their 40s felt the greatest sense of crisis about their jobs and income, and their overall satisfaction of life decreased significantly. There are relatively many welfare programs for the elderly in their 50s or 60s or older, while programs for those in their 40s were very insufficient. A professional counseling service system should be established for the age group in their 40s who feel emotionally depressed due to employment insecurity and responsibility for child support[8]. In addition,

various employment support programs and re-employment to relieve vague anxiety about unemployment and startup support programs for job change are needed.

Fourth, like those in their 40s, the age group in their 50s felt a great sense of crisis about their jobs and income. It is necessary to establish a counseling service system that can help with emotional support. In particular, it is necessary to establish economic education before retirement, a support system for crisis intervention psychological counseling, and measures to improve family life and support are urgently needed.

Fifth, professional intervention to increase recovery resilience is needed at the same time as an approach to reduce depression for the elderly in their 60s or older[9]. By providing a variety of relief services tailored to the needs of the elderly, it is possible to prevent the degradation of quality of life due to social disasters such as corona[10]. In particular, the elderly of 60s or older are physically vulnerable, so health, medical care, and medical welfare must be focused on. The Ministry of Strategy and Finance stated that it "reviews non-face-to-face medical treatment"[11], but in cases involving the elderly and infants, barriers to non-face-to-face services exist. In particular, it is necessary to urgently provide multi-dimensional education programs for using non-face-to-face services by age group so that the elderly can adapt well to the rapidly changing online society.

Based on the results of this study and discussion, the following should be included in any follow-up study.

First, content development and educational research should be conducted to specifically diversify the response strategies of real-time social welfare services for the age groups in their 20s and 30s, where the use of non-face-to-face services was high.

Second, for the elderly people in their 60s or older, who are an information-vulnerable class living in the aging era, research on the development of fusion content for elderly welfare services that can operate both online and offline must be actively promoted, and policy development to prevent blind spots is needed.

Third, it was found that not only age, but also sex and occupation were affected by the Covid 19 pandemic in a variety of ways. In future extended research, what differences can be changed either positively or negatively by gender and occupation should be ascertained, and it will be necessary to study what countermeasures of the state society are possible.

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