

EXPLORING THE WELL-BEING OF ELDERLY IN KUALA LUMPUR DURING THE PANDEMIC OF COVID-19

Lim Beng See
Open University Malaysia (OUM)
Kelana Centre Point, Jalan SS 7/19
Ss 7, 47301 Petaling Jaya
Selangor Darul Ehsan
Email: bengsee@oum.edu.my

Juliana Rosmidah Jaafar
Centre for Foundation and General Studies
Infrastructure University Kuala Lumpur (IUKL)
Unipark Suria, Jalan Ikram-Uniten
43000, Kajang
Selangor Darul Ehsan
Email: juliana.rosmidah@gmail.com

ABSTRACT

The COVID-19 has tremendously impacted the lifestyle of Malaysians in 2020 and the elderly has no exemption to that situation. The changes that the elderly faced not only affect their physical activities and lifestyle, but also affect their psychological well-being. This paper aimed to explore the well-being among the elderly in Seputeh, Kuala Lumpur during pandemic of Covid-19 by interviewing ten participants aged 60 years old and above. Qualitative research method with thematic analysis was used to explore in-depth experience of the elderly. The study revealed six domains that were influential towards well-being of the elderly such as concern about deteriorated health condition, experienced poorer social and emotional well-being, better concentration on spirituality and faith-based practices, financial insecurity, worry of unsafe environment and opportunity for life-long learning. By understanding the elderly's experience in time of crisis, the policymakers, community, family and individuals can play their respective roles more effectively in creating a conducive environment for the well-being of elderly. The implication of this study suggested the importance of social support from family and community, as well as financial security among elderly during the period of health crisis like pandemic. Social support could be promoted via intervention strategy to recognize and address the risk of social isolation and loneliness among elderly. It could involve checking-ins regularly with the elderly, understanding the barriers faced by elderly in learning technology, providing immediate assistance to empower the elderly to make use of technology. In the aspect of financial security, it requires a sustainable long-term plan to grow one's wealth. Progressive wealth growth with proper management and investment in long-run will be able to accumulate adequate savings to buffer financial strain among the elderly during crisis. Future study may consider the intersectionality of social economy factors, personal characteristics, cognitive and behavioural competence which might influence the elderly's experience and perceived well-being.

Key words: elderly, Covid-19, well-being, challenges, experience

INTRODUCTION

The concept of well-being involves objective and subjective satisfaction in various aspects of life (Gopalakrishnan & David, 2018). Often, it is referenced interchangeably as quality of life (Ju, Shin, Kim, Hyun & Park, 2013). Five dimensions of well-being for elderly have been identified by the Malaysia Social Welfare Department, such as economy, health, social, psycho-spiritual, and environment (Mohd Salleh, 2017). It is deemed highly individualistic, and collectively the varying degrees of satisfaction with these dimensions influence the perceived well-being.

Prior to the Covid-19 pandemic, people generally enjoyed a wide variety of life-sustaining and life-enhancing resources. However, upon declaration of Covid-19 as pandemic by World Health Organization (WHO), many countries enforced lockdown, self-isolation and social distancing as preventive measures to control the catastrophe outbreak (Kucharski, Klepac, Conlan, Kissler, Tang & Fry et al., 2020). As the pandemic extends beyond uncertainty, it had transformed many aspects of human life globally (Kissler, Tedijanto, Goldstein, Grad & Lipsitch, 2020).

The first hit at healthcare systems that overloaded capacity of healthcare facilities has caused ripple effect on human life (Khetrapal & Bhatia, 2020). Secondly, the implication of lockdown, social isolation and discontinuation of community events has raised the concern about "epidemic of loneliness" among the elderly (O'Sullivan et al., 2021). Radically, the impact of pandemic has led to sedentary behaviour and disturbance of mental health particularly among the elderly, hence the effect was reflected in quality of life (Hall, Laddu, Phillips, Lavie & Arena, 2021). Thirdly, the aftermath effect of pandemic disrupted economy landscape globally and led to financial strain at individual level (Baldwin & Weder di Mauro, 2020). The massive impact of Covid-19 towards the elderly is inevitable. Therefore, this paper aimed to explore the well-being of elderly, specifically in Seputeh, Kuala Lumpur, Malaysia.

LITERATURE REVIEW

A lot of research has been carried out to study the impact of Covid-19 on elderly's well-being. Bahire (2020) in his study analysed the various challenges faced by the elderly and how they overcome it. He found that technology is a useful alternative in mitigating the negative effects of pandemic. It serves as a platform for social connection to moderate loneliness during social isolation. Besides, the advanced technology enables the healthcare providers to serve the elderly via telehealth and deliver the medicine to the elderly without physical contact (Tyrrell & Williams, 2020). Meanwhile, the study on the financial well-being among elderly in Malaysia during pandemic revealed that majority elderly is facing insufficient savings in Employees' Provident Fund (EPF) and it poses a challenge for life continuation in near future (Aziz, Mustapha, Hassim & Shaari, 2021). Khan, Khor and Ramendran (2021) in a literature review study also suggested that the immediate recovery efforts should focus on economy assistance programmes and employment plan for the elderly in Malaysia to meet life sustenance. In time of crisis like this pandemic, it unfolds intense fear and anxiety among the elderly when they were vulnerable to external threats and demands.

Though research has supported the fact that technology is a commonplace for social support and medical services, the positive outcome in elderly remains a challenge (Barnes, 2020). This has been reflected in the English Longitudinal Study of Ageing (Zaninotto, Iob, Demakakos & Steptoe, 2020). The researchers observed that the prevalence of clinically significant depressive symptoms had increased more than 100% in December 2020 since before the Covid-19 pandemic, and quality of life continued to deteriorate as Covid-19 crisis extends beyond 2020. Therefore, there is a need to understand the actual experiences of the elderly from their perspective.

According to Jaarsveld (2020), telehealth though has been adopted widely during pandemic, in fact it did not benefit the elderly. In the developed countries like United States, the study evidenced that 40% of elderly population were unprepared to adopt technology in their health solutions (Lam, Lu, Shi & Covinsky, 2020). Similar condition was reported in Malaysia whereby the elderly constituted for more than 50% of non-Internet users (Ayamany, 2021). This implies the use of technology during pandemic has left behind the elderly despite they are being the group most in need of support and assistance. Moreover, the elderly faced intense pressure in their financial status compared to other age groups. The Rapid Assessment on Household Income Survey (RaHIS) in Malaysia found that almost one third of older adults' households were consistently facing shortage of food and necessities during pandemic (United Nations Development Programme, 2020). These evidences reflect the painful truth of elderly. Though there were various supports and aid programs put in place, they could barely reach the helping source during pandemic.

The Well-Being of Elderly During Pandemic

Well-being is a dynamic concept that contains a myriad of meaning and interpretations. It is generally referenced as one's overall life satisfaction. The content analysis study had identified the constituent factors of well-being in elderly, such as social relationships and activities, physical, psychological and mental health, financial security, independence, society and politics (Gabriel & Bowling, 2004). Another study then added the enhancing factors of well-being which included good public services such as transport facilities, psychological factors such as positive attitude, contentment, feeling hopeful, acceptance, coping strategies and independent financial status that brought enjoyment and empowerment (Netuveli & Blane, 2008).

However, these contributing factors to the well-being of elderly have been affected during pandemic. They faced various challenges in routine, such as higher risk of severe illness due to Covid-19 infections, limited accessibility to healthcare services, social isolation, psychological restriction, loneliness, misconceptions about pandemic, and technology illiteracy. It became more challenging for those who lived alone, or those who were institutionalised, or those with disability (Banerjee, D'Cruz & Sathyanarayana Rao, 2020).

A study showed that the elderly tended to adopt sedentary behaviour during the lockdown period and it led to body weight gain, emergence of comorbidities, and psychosocial disorders (Ferreira, Irigoyen, Consolim-Colombo, Saraiva, & Angelis, 2020). Another study across 18 countries revealed that those who were inactive during pandemic had reported lower mood and worse mental well-being compared to others (Brand, Timme & Nosrat, 2020). Thus, overlook of sedentary lifestyle change during pandemic could compromise mental and physical health.

Additionally, there had been reported a precipitous drop in the number of patients seeking non-COVID care (Mehrotra, Chernew, Linetsky, Hatch & Cutler, 2020). The situation might be confounded by other preventive measures enforcement that restricted public movement and physical contact (Mustaffa, Lee, Mohd Nawi, Che Rahim, Chee, & Muhd Besari et al., 2020). This might exacerbate the existing healthcare delivery and accessibility issues.

The pandemic had also affected the elderly's financial life (Harper, 2021). The prolonged pandemic caused extreme financial pressure among those who struggled with inadequate funds as well as generated a sense of uncertainty and fear about the future (Groarke et al., 2020). Other studies found that loss of income during pandemic had resulted in greater psychological distress, whereby financial strain was identified as a major risk factor that affected the well-being of elderly (Refaeli & Achdut, 2021). As everyone has an opinion about quality of life, the best means of knowledge depends on individual's experience, challenges encountered, coping strategies adopted and evaluation of the outcome.

RESEARCH METHOD

Qualitative research design is used in this study to understand the elderly's lived experiences during pandemic. The sample in this research involved 10 elderly informants who are aged 60 years old and above, according to the definition of elderly in Malaysia (Jabatan Perkhidmatan Awam, 2021). Recruitment of informants stopped when data saturation was achieved. The inclusion criteria for the elderly informants included the following: (a) aged 60 years old at the time of interview; (b) must be able to communicate clearly in English, or Bahasa Melayu or Mandarin; (c) physically and emotionally stable during the interview. The informants were excluded if they have speech impairment, or they have experienced mental issues such as dementia as confirmed by doctors.

Informants were selected based on non-probability convenience sample during community events from the district of Seputeh Kuala Lumpur, Malaysia. The district of Seputeh, Kuala Lumpur is a small and well-established residential area and many

of the residents are a mix of the lower- to middle-class segment, and have been living there for a long time (Rafee, 2021). The potential candidates were approached in-person and they were invited to participate in this study. They were given verbal explanation about the research objectives, the research procedure and informed consent. Confidentiality of the informants was strictly enforced throughout the research. Those who gave their consent to participate in this study were contacted for further interview appointment.

A semi-structure interview guide was prepared based on literature review and modified accordingly to the objectives of the study. To assess the acceptability, appropriateness and viability of the interview questions, a pilot study has been carried out with 3 volunteers of elderly before the actual interview session. The interview guide was then revised to ensure it would be well-accepted by the potential interviewees and data collection would be effective.

Before interview session, the informants were informed about the purpose of the interview and their permission were requested to allow recording of the interview session. The one-to-one verbal conversation was recorded by using an audio recorder. All information recorded during the session was kept confidential for the purpose of this study only.

Face-to-face interview was scheduled for a period of 4 weeks between mid of May till mid of June 2022. Each interview session was conducted in the preferable language of the informant’s choice. The duration of each interview session varied between 30 minutes to 45 minutes. Simple socio-demographic data were collected at the beginning of interview session. The interview involved a list of themes and questions related to the study. The interview content was transcribed for thematic analysis manually. Based on the transcribed data, to ensure trustworthiness, the researcher applied the three triangulation methods which are member checking, literature review cross-checking, and audit trail maintenance. After interview, the interpreted data were shared to the informants for their evaluation. The informants, if found any data that had been misinterpreted, they could suggest changes for update. The interpreted data were also cross-checked by referencing literature reviews to ensure the resultant interpretation was done in accordance to the literatures in the context of present study. The process of review and re-evaluation was repeated to ensure the data match its relatedness to the finding results. Audit trail was maintained via a systematic collection of materials and documentation used, which included the audio recording, transcribed file, transcripts and journals of data analysis. These materials and documentations were examined repeatedly to explore if new insights were to arise.

RESULT OF THE STUDY

Background of Informants

The findings entail the analysis of interviews of 10 elderly informants, comprised of 5 male informants and 5 female informants. The average age of the interviewees was 67, ranging from 60 to 76 years old. Five informants were retirees, three informants worked part time jobs, and two informants were self-employed. During the pandemic, two of the informants stayed alone, one informant stayed with relatives and all others stayed with family. Hypertension was the most common reported condition (n = 7) followed by high level of cholesterol (n = 5). There were three informants who reported good health without medication (n=3). Two informants reported on medication due to diabetes (n=2) and one informant reported on gastritis medication (n=1). None of the informants reported their own experience of Covid-19 infection. Three informants had reported that they were closed contact with the Covid-19 positive family members and thus opted to self-quarantined according to the procedures recommended in the MySejahtera application.

Elderly and Their Well-Being During Pandemic

Based on the interview content, the findings revealed six domains that were perceived as influential towards well-being among the informants during pandemic: (1) Concern about deteriorated health condition; (2) Experienced poorer social and emotional well-being; (3) Better concentration on spirituality and faith-based practices; (4) Financial insecurity; (5) Worry of unsafe environment; (6) Opportunity for life-long learning. The Table 1 listed the influential domains towards well-being among the informants.

Table 1: Influential domains towards well-being of elderly during pandemic

No.	Domains
1.	Concern about deteriorated health condition
2.	Experienced poorer social and emotional well-being
3.	Better concentration on spirituality and faith-based practices
4.	Financial insecurity
5.	Worry of unsafe environment
6.	Opportunity for life-long learning

The domain “concern about deteriorated health condition” was constructed based on the highlight from the informants about worsening health condition. Most informants raised their concern about deteriorating health condition and several informants noticed decline in health during pandemic. The Informant P2 (68, Female) who stays with family and has hypertension, perceived health as the most important aspect of life during pandemic. She shared her concern:

"My main concern is about the health of family. With all the constraints and implications of pandemic, my condition (hypertension) could have gone worse than before, as well as my husband's... I was extremely worried when knowing about overloaded capacity of hospital, kept thinking if ever we need medical attention for emergency."

The Informant P3 (65, Male) who is a business owner viewed that overall life well-being was affected. He expressed that the uncertainty had worsened his hypertension:

"Whenever thought about the uncertainty situation, I had shortness of breath likely due to worsening hypertension. Throughout the pandemic, I had loss of appetite too, worrying of unknown. I also stopped my regular check-up in hospital; risk was high there. Due to this constraint, I had to take care of my own health, eat simple and healthy food now, hoping to maintain the (health) condition as prior to pandemic."

The Informant P4 (72, Male) who stays with family and needs long-term medication perceived lower quality of life, especially related to medical care. He expressed his concern about health condition due to shortage of medication:

"Way of living is different since pandemic, all things went bad. The fear haunted us all the time, though we stayed home do nothing... The hospital became the high-risk hotspot, so (I) delayed all my doctor appointments till ran out of medication... I know I should not stop my medication, that would aggravate my (health) condition..."

The Informant P10 (72, Female) perceived that her routine during pandemic had negative impact on her health: "... (I) spent long hours watching television. I know all these compounded effects were bad for my health... but that was the best I could do ..."

The domain "experienced poorer social and emotional well-being" was constructed based on the informants' experience during lockdown and social isolation. All informants reported negative psychological effects such as feeling excluded, helplessness, lonely, depressed, anxiety and fear. None were positive about psychological effects during pandemic. Specifically, they expressed the feeling of helpless and being excluded. One of the informants highlighted about mistrust among friends when disengaged with friends for long. Some informants reported feeling of bored, disengaged with friends and lonely during pandemic. Some experienced insomnia, low mood, and intense worry of the pandemic situation. Several informants faced difficulty in adopting technology to connect with friends and family. The Informant P1 (60, Female) who stays alone, expressed her feeling about social isolation:

"... It was bored and lonely during the lockdown, can't meet anyone. Contacted friends and relatives over phone, but talking over phone felt like missing something. The total lockdown really caused low mood in me, felt so helpless in life when the infection rate at my area seemed increased day by day."

The Informant P5 (67, Male) who stays with relatives, highlighted about changes in social life due to pandemic:

"Can't meet up with friends was really hard to pass time. When isolated for too many days, (I) felt like excluded from the outside world and no trust among friends. I'm not the type of person who can stay in the house for long hours. That left me in torment ..."

The Informant P6 (60, Female) also highlighted psychological effects as the implication of the pandemic: "... (pandemic) had caused sleepless nights for me and yet (felt) helpless about the situation ...". The Informant P7 (62, Female) reported that she felt the stress and fear when COVID-19 information was overwhelmed:

"It was very stressful receiving all COVID-19 information and felt intense fear knowing many were infected, especially when those closed to us were infected ..."

The domain "better concentration on spirituality and faith-based practices" was constructed based on the feedback of informants that they shifted to religious activities or prayers more frequently during pandemic when they experienced negative psychological effects such as loneliness, depressed, anxiety, fear, panic and feeling loss. The informants viewed that spirituality could help them find peace and feel hopeful in life. Therefore, they concentrated more on faith-based practices for guidance and resources. The Informant P2 (68, Female) shared that she turned to prayers when felt the tense and fear during pandemic:

"... more tensed when (I) knew about many friends were infected, some were in critical stage. The feeling of fear was difficult to described... And to calm myself, I performed prayers more frequently."

The Informant P4 (72, Male) who needs long-term medication and worried about his financial status to sustain life continuation, perceived the pandemic was fearful, and reverted to religion practice: "... all things went bad. The fear haunted us all the time ... The only one thing I can do is always praying to the God for better tomorrow." The Informant P7 (62, Female) shared that she focused on religious practice to remain calm during pandemic:

"... our environment is no longer safe and the virus is fearful, I prayed every day more frequent than I used to and listened to worship music to keep myself calm under the uncertainty."

The domain "financial insecurity" was constructed based on the highlight about income inadequacy and financial stress in the informants. All informants perceived financial well-being was negatively affected during pandemic. Majority expressed

concern about their financial status and worried about uncertainty pertaining fund adequacy to sustain life. Several informants lost their source of income and some shared that they had used up major portion of their saving during pandemic. They highlighted that there was significant increase in cost of living, higher medical costs, and additional expenses for COVID-19 preventive items. The informants also shared that most savings were used to fund daily expenses when they faced reduced financial aids from family members or when they lost their job. With prolonged pandemic, the informants expressed their worry about financial insecurity to sustain living in near future. One of the informants highlighted that he was anxious about cost of COVID-19 treatment. The Informant P1 (60, Female) expressed her concern on her financial status:

"Life was tough since pandemic. No income during that period was the most worrisome, thinking of bills ... (I) tried to eliminate unnecessary expenses, like my favourite snacks ..."

The Informant P3 (65, Male) who is a business owner perceived that overall life well-being was affected, particularly in the aspects of finance. He described the stressful condition in his financial status when the pandemic prolonged beyond uncertainty:

"The pandemic had caused deterioration in life, especially in term of finance and health. It was so stressful when market was disrupted for uncertain period, no income and (I) couldn't plan much. (I) was worried not only my own family, but also included all my staffs. (I) had to budget on expenses properly, couldn't foresee how worse it would drag on... Anxiety made me felt agitated most of the time, especially keep thinking that no one can help ..."

The Informant P4 (72, Male) highlighted that he needed to spend higher costs for his medication and at the same time he worried about his financial status to sustain life continuation:

"I had to get supply from private pharmacy and that was much more expensive than government hospital ... (I) tried not to burden the family with my additional expenses, so (I) used up major portion of savings during that time, not sure if I would have sufficient fund to sustain life after pandemic ..."

The Informant P6 (60, Female) shared that she lost her job and expressed worry about family financial status:

"What a tough condition... life threatening virus and jobless at the same time ... I had zero income and my son had salary deduction, (we) lived on minimum budget. (I) was so worried how to survive under such situation ..."

The Informant P7 (62, Female) also lost her job during pandemic. She described that the family lived on savings during the pandemic and she was worried of her financial status to sustain life and to cope with COVID-19 related expenses:

"Time was tougher when the centre I worked for stopped operation, and (I) lost my job. We lived on savings throughout the pandemic. I was worried how long my savings can sustain, with additional medical costs and expenses for COVID-19 items."

The domain "worry of unsafe environment" was constructed when there was concern about unsafe environment and restricted healthcare facility. The informants perceived that environment was unsafe for living since COVID-19 virus spreads in a number of ways, such as airborne transmission, droplet transmission and contaminated surfaces transmission. People may also become infected when engaged with others, contacted with high-touch surfaces such as desks, chairs, shared public facilities such as lifts and transport. Many informants highlighted concern about environmental safety, not only due to the nature of virus transmission, but also few who ignored the preventive measures. They also expressed worry about overloaded healthcare capacity in face of life-threatening virus, and restricted medical accessibility for non-COVID patients. The Informant P3 (65, Male) expressed his worry and anxiety about infection:

"Infection (rate) is high ... (I) know many friends and relatives were infected and their experience at hospitals or quarantine centres frightened me a lot. The overloaded capacity in these facilities is beyond us ..."

The Informant P6 (60, Female) felt that her living area was unsafe due to high infection rate: "... life threatening virus ... my area was a hotspot of infection, that was too scary to everyone." The Informant P7 (62, Female) also expressed her fear about unsafe environment: "Environment was unsafe for living ... felt intense fear knowing many were infected, especially when those closed to us were infected ..." The Informant P8 (69, Male) who needs long-term medication perceived that the living environment was unsafe and hospitals were hotspots of infection:

"Our living environment was overly risky with deadly virus... anyone can be infected anytime ... the hospitals became hotspots of infection that we can't rely on for healthcare service."

Apart from the physical environment, the emergence of technology and its application had become the positive sign among the elderly as an opportunity for life-long learning. Hence, the domain "opportunity for lifelong learning" was constructed. Several informants had shared that they started to learn and adopt the new technology since pandemic. Additionally, the government of Malaysia had enforced the usage of mobile application MySejahtera to trace COVID-19 infection. This had encouraged everyone

to adopt the technology in daily routine. The elderly, who might be technology illiterate prior to pandemic, were exposed to new technology applications since pandemic. The Informant P2 (68, Female) shared her approach in adopting new way of communication: "... (I) tried so many times, and finally managed to use it (technology) to contact friends and relatives from apart ...something new to me at this old age."

The Informant P3 (65, Male) who is a business owner pointed out the emergence of technology had provided better opportunity in his business operation:

"The one thing I noted that improves our life is about technology emergence. Now (I) can make use e-Wallet and more options in doing business. I believe there are other benefits too ... I'm curious about it, will definitely learn the new stuff from it."

The Informant P9 (76, Male) who stays alone, expressed his experience of using smart phone during pandemic:

"I bought it (smart phone) during pandemic when MySejahtera application was made mandatory ... (I) asked the neighbour to help setup new smart phone for me ... have no idea at all initially. So, (I) went through several rounds of troublesome, got assistance from the neighbour, managed to get it right finally."

The Table 2 summarized the domains and constructs related to the perceived well-being.

Table 2: Domains and Constructs Related to Perceived Well-being

Domains	Constructs	Interview Extract
Concern about deteriorated health condition	Health deterioration Responsible for own health	Condition (hypertension) could have gone worse. Bad for my health. Take care of my own health. Eat simple healthy food. Maintain current (health) condition.
Experienced poorer social and emotional well-being	Excluded Mistrust Helpless Difficulty in technology adoption	Hard to pass time. Excluded from the outside world. No trust among friends. Meaningless. In torment. Helpless, No one can help. Couldn't expect much help. So lonely and disengaged. Bored and lonely. Felt like missing something. Low mood, Agitated. Sleepless nights. Fear, Anxiety, Worried. Panic. Felt loss.
Better concentration on spirituality and faith-based practices	Prayers	Praying to the god. Listened to worship music.

Financial insecurity	Income inadequacy Financial stress	Jobless. No income. Loss of income. Financial status was badly affected. Used up savings. Lived on savings. How long my savings can sustain. Insufficient fund to sustain life. Worried about family commitment. More expensive. Cost of covid-19 treatment.
Worry of unsafe environment	Unsafe environment Virus transmission Ignorant public	Uncertainty. Life threatening. Unsafe for living. Environment was overly risky. Can't rely on for healthcare service.
Opportunity for life-long learning	Technology emergence Technology adoption	About technology emergence. Use of e-Wallet.

DISCUSSION

The Covid-19 pandemic had an enormous impact on elderly. The implication led to changes in life. These changes might be oriented towards positive effects and enhanced perceived well-being. However, if the changes were oriented towards negative implication, it could diminish perceived well-being or degraded quality of life. Based on the theories of well-being and the findings, this section discussed the perceived well-being of elderly.

The analyses in this study showed that elderly experienced degradation across four domains of well-being such as they had concern about deteriorated health condition, experienced poorer social and emotional well-being, concern about financial insecurity and worry of unsafe environment. The elderly perceived that enhancement of well-being involved better concentration on spirituality and faith-based practices, and there existed opportunity for life-long learning related to technology. Individual evaluated life experiences objectively or subjectively and its outcome influences individual's perceived well-being.

This study had found that health was the most stated response to elderly quality of life. Majority of the informants in this study noted that their health condition was deteriorated. This implies self-acceptance or acknowledgement of own health condition; however varying degrees of acceptance leads to different extend of perceived well-being related to health. For instance, those with low self-acceptance would be dissatisfied with own health condition and thus perceived lower quality of life in comparison to those with high self-acceptance. Further, those with high autonomy might respond to the deteriorating health condition by making efforts to improve the condition. Therefore, they might perceive better quality of life when health condition improved over time.

The earlier survey of elderly had identified social and emotional well-being as the constituent factors of quality of life (Gabriel & Bowling, 2004). Furthermore, social well-being involves positive relations with others and being actively engaged in social activities. All informants in this study expressed negative social well-being during pandemic. The informants described that they felt excluded, mistrust after isolated for prolonged period of time, and felt helpless confining at home. The informants who had have outdoor group activities prior to pandemic also highlighted about boredom, low level of physical activities and loss of social connection. These changes in their social routine mediated lower quality of life.

Emotional well-being involves psychological circumstances such as positive attitude, contentment, being hopeful or looking forward to things, and acceptance, which have been identified as enhancing factors of perceived well-being (Gabriel & Bowling, 2004). However, majority of the informants in this study reported lacking these enhancing factors of well-being. The informants reported that they felt the negative emotions, such as loneliness, depressed, anxiety, fear and agitation throughout the pandemic. This is consistent with the study in German that the research results showed there was considerable increases in loneliness, depression, and anxiety symptoms increased during pandemic outbreak (Hettich, Entringer, TM., Kroeger, Schmidt, Tibubos, Braehler & Beutel 2022). That is because the radical change in social isolation during pandemic had affected loneliness in the elderly where they painfully experienced the absence of social contact, and lacking a sense of belonging. Other studies also evidenced a significant increase in the psychological distress during pandemic, and observed that longer lockdown is associated with poorer social and emotional well-being (Brooks, Webster, Smith et al., 2020).

The pandemic has also underscored the value of financial security in a time of uncertainty and distress. The informants revealed that they experienced financial strain and fear of inadequate fund for life sustenance. This is consistent with the literature review study in Malaysia, which indicated pandemic as a significant cause of low financial well-being among elderly (Khan, Khor, Ramendran, 2021). Another study among the general public in Malaysia showed that almost half of the respondents concerned about their source of income and have four months or fewer in savings to live off during pandemic (Awasthi, Euart, Hutchinson & Kumar, 2020).

Besides financial strain, majority of the informants in this study expressed their worry about unsafe environment for living during pandemic since the virus spreads via airborne transmission. Some of them encountered few ignorant at public space, and such incidents intensified fear and worry in them. As majority of the informants need long-term medication, most of them viewed hospitals as hotspots of infection, thus avoided hospitals despite their medical appointments had overdue.

Nevertheless, the emergence of technology and common use of technology had encouraged adoption of new skill among elderly during pandemic. Though several informants reported facing challenges in using the technology, they adopted it gradually by seeking help from the family and neighbours. The informants also perceived that technology provided an opportunity for them to seek alternate income source. Another informant learnt and made use of technology in his business operations. Learning a new skill in this case reflected personal growth and environmental mastery which contribute to psychological well-being. These findings shared similarity with the research done by Castillo, Garcia, Abalos and Locsin (2022) where the elderly was able to adapt with the usage of technology during the Covid-19 lockdown. Apart from that, Castillo (2022) also reported that through the process of adaptation of technology, they not only gained knowledge but helped them to cope with the stress situation.

Another positive implication on well-being was related to better concentration on spirituality and faith-based practices. Spirituality and religion have been found to play an important part in elderly's life. Previous study has found that spirituality is positively correlated with physical health, mental health and well-being (Koenig, 2001). Other study has suggested that spirituality is a resource in maintaining psychological well-being (Sarah, Peter & Dave, 2004). In the present study, several informants shared that they performed faith-based practices more frequently than usual during pandemic. According to the informants, religious rituals help them find peace and feel hopeful in life, especially in face of crisis like pandemic. By faith-based practices, some people find it is fostering a sense of connectedness and it helps to sustain people through life's most difficult transitions.

As a summary, the elderly perceived domains of well-being differently. The analyses in this study showed that the elderly perceived degraded well-being where they expressed concern about deteriorated health condition, experienced poorer social and emotional well-being, concern about financial insecurity and worry of unsafe environment. Whereas, the elderly perceived enhancement in well-being, specifically related to better concentration on spirituality and faith-based practices, and perceived emergence of technology as an opportunity for life-long learning.

IMPLICATIONS OF THE FINDINGS

The implication of this study suggested the importance of social support from family and community, as well as financial security among elderly during the period of health crisis like pandemic. Social support from family and community could be promoted via new initiative namely Elderly Welfare Navigation Program. Financial security could be enhanced via sustainable investment scheme namely Progressive Growth of Net Worth Scheme.

The Elderly Welfare Navigation Program suggests an intervention strategy to recognize and address the risk of social isolation and loneliness among elderly. In this context, direct family members and local community are in an optimal position to support elderly from feeling socially isolated. The Department of Social Welfare as part of National Policy for Older Persons may need to promote and advocate the program via enrolment of family members and local community volunteers. They play the key role as navigators to engage the elderly in the program. The program would involve educating, encouraging, empowering these navigators to provide immediate support to the elderly in advancing health and well-being into old age. The program activities involve checking-ins regularly with the elderly, understanding the barriers faced by the elderly in learning technology, providing immediate assistance to empower the elderly to make use of technology specifically as a medium of communication and to connect to outside world during social isolation. The navigators could also provide advice and support to the elderly to understand when they need to engage with acute healthcare services during crisis like pandemic. Once the needs and expectation of the elderly are addressed appropriately by the navigators, the risk of social isolation and loneliness could be mitigated.

To address financial insecurity of elderly, it requires a sustainable long-term plan to grow individual's wealth. Hence, it is proposed that Progressive Growth of Net Worth Scheme to be implemented as soon as possible to prepare the pre-elderly and young generation for financial security in later stage of life. The Progressive Growth of Net Worth Scheme could be implemented as an enhancement to EPF, where scheme participants are encouraged to contribute the percentage of their income according to their age range. For instance, one who aged 30 years old may opt to save additional 30% of income in the scheme, while one who aged 40 years old may contribute 40% of income in the scheme. Initial glance at the scheme is harsh for participants. The scheme with proper management and investment in long-run will be able to accumulate adequate savings for the participants. Thus, it buffers the financial insecurity and financial strain among the elderly. The scheme should be flexible and convenient for participants, especially for those who face inconsistent income source, and those work part-time.

Based on the research, it evidenced that financial risks and health vulnerability have profound impact on the elderly life. The elderly had suffered significant declines in net wealth and had less time to make up such losses to bolster their retirement savings. On top of financial impact, health vulnerability has more devastating consequences for them. With health vulnerability and financial vulnerability overlap during health crisis, future research may take into account how both of these factors intersect. Therefore, it is recommended that the future research consider financial planning for elderly during health crisis like Covid-19 pandemic. The suggestion on the financial planning was also highlighted by other research in which underline the well-being of elderly (Oii, Ong, Peh, et al. 2021). Hence, by having future research on financial planning among elderly, it will help the authority bodies in Malaysia to plan any policy or programs to strengthen this group.

SUMMARY

This study highlighted that the elderly experienced degradation in well-being during pandemic, specifically in the domains of health condition, social and psychological well-being, financial status and environment safety. A part from that, they also have highlighted that due to pandemic, they have been exposed to the new knowledge using technology in which opens to

a lifelong learning skill. It is worth to note that the study was carried out among elderly in Kuala Lumpur. Therefore, the findings cannot be generalised to the other locality. However, based on the interview, the data has given insights on the situation experienced by the elderly during the Covid-19 in which could help in understanding on the impact of the well-being for this group. As a conclusion, the study contributed to the possible improvement in the strategies related to social well-being and financial security of elderly. Joint efforts from policymakers, community, family and individuals are necessary to achieve the ultimate goals

ACKNOWLEDGEMENT

The authors would like to thank Open University Malaysia (OUM) for the research opportunity as the final year project paper and all informants involved in this study.

REFERENCES

- Ayamany, K. (24 Sep 2021). As life in Malaysia turns digital due to Covid-19, elderly may be left behind. Malay Mail. Retrieved on 25 Feb 2022 from <https://www.malaymail.com/news/malaysia/2021/09/24/as-life-in-malaysia-turns-digital-due-to-covid-19-elderly-may-be-left-behind/2007956>
- Aziz, N. A. B., Mustapha, S. Z., Hassim, N. H., Shaari, N. F. (2021). Improving social security among older persons in Malaysia during Covid-19 by applying best practices from other countries. *International Journal Academic Research in Business and Social Sciences*, 11(8): 1568–1578. <https://doi.org/10.6007/IJARBS/v11-i8/10685>
- Bahire, A. (2020). Mental Health of The Older People During COVID-19. *ICH&HPSY 2020, The 5th International Conference on Health and Health Psychology*. <https://doi.org/10.15405/eph.20101.7>
- Baldwin, R. & Weder di Mauro, B.W. (2020). *Economics in the Time of COVID-19*. A CEPR Press VoxEU.org eBook. Centre for Economic Policy Research, London. Retrieved on 24 Feb, 2022 from <https://voxeu.org/content/economics-time-covid-19>
- Banerjee, D., D’Cruz, M., Sathyanarayana Rao, T. (2020). Coronavirus disease 2019 and the elderly: Focus on psychosocial well-being, agism, and abuse prevention – An advocacy review. *J. Geriatr Ment Heal* 2020; 7:4.
- Barnes, S. J. (2020). Information management research and practice in the post-COVID-19 world. *International Journal of Information Management*, 102175. doi: <https://doi.org/10.1016/j.ijinfomgt.2020.102175>
- Brand, R., Timme, S., & Nosrat, S. (2020). When Pandemic Hits: Exercise Frequency and Subjective Well-Being During COVID-19 Pandemic. *Front. Psychol.* 11:570567. doi:10.3389/fpsyg.2020.570567
- Brooks, SK., Webster, RK., Smith LE., Woodland, L., Wessely, S., Greenberg, N., Rubin, GJ. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 395(10227):912-920. doi:10.1016/S0140-6736(20)30460-8
- Castillo, J. M. C., Garcia, L. L., Abalos, E., & Locsin, R. C. (2022). Living alone and using social media technologies: The experience of Filipino older adults during the COVID-19 pandemic. *Nursing Inquiry*, 29(3), e12460.
- Ferreira, M. J., Irigoyen, M. C., Consolim-Colombo, F., Saraiva, J. F. K., & Angelis, K. (2020). Physically active lifestyle as an approach to confronting COVID-19. *Arquivos Brasileiros De Cardiologia*, 114(4), 601–602. <https://doi.org/10.36660/abc.20200235>
- Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspectives of older people. *Ageing and Society*, 24(05), 675–691.
- Gopalakrishnan, N., David, B. (2018). Quality of life in older ages. *British Medical Bulletin* (85), 113–126. doi:10.1093/bmb/ldn003
- Groarke, J. M., Berry, E., Graham-Wisener, L., McKenna-Plumley, P. E., McGlinchey, E., & Armour, C. (2020). Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 Psychological Wellbeing Study. *PLoS One*, 15(9), e0239698. <https://doi.org/10.1371/journal.pone.0239698>
- Hall, G., Laddu, DR., Phillips, SA., Lavie, CJ., Arena, R. (2021). A tale of two pandemics: How will COVID-19 and global trends in physical inactivity and sedentary behavior affect one another? *Prog Cardiovasc Dis* 2021; 64: 108-110. doi: 10.1016/j.pcad.2020.04.005
- Hettich, N., Entringer, TM., Kroeger, H., Schmidt, P., Tibubos, AN., Braehler, E., Beutel, ME. (2022). Impact of the COVID-19 pandemic on depression, anxiety, loneliness, and satisfaction in the German general population: a longitudinal analysis. *Soc Psychiatry Psychiatr Epidemiol*. 2022 Jun 9:1–10. doi: 10.1007/s00127-022-02311-0
- Jaarsveld, G.M.V. (2020). The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide. *Front. Psychiatry* 11:577427. doi: 10.3389/fpsyg.2020.577427
- Jabatan Perkhidmatan Awam. (2021). Definition of senior citizens in Malaysia. Retrieved August 22, 2021 from http://www.jpapencen.gov.my/english/senior_citizen.html
- Ju, H., Shin, J. W., Kim, C.-w., Hyun, M.-h., & Park, J.-w. (2013). Mediation effect of meaning in life on the relationship between optimism and well-being in community elderly. *Archives of Gerontology and Geriatrics*, 56(2), 309-313. <https://doi.org/10.1016/j.archger.2012.08.008>
- Kucharski, AJ., Klepac, P., Conlan, AJK., Kissler, SM., Tang, ML., Fry, H., Gog, JR., Edmunds, WJ. (2020). CMMID COVID-19 working group. Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings: a mathematical modelling study. *Lancet Infect*, 20: 1151-1160. doi:10.1016/S1473-3099(20)30457-6
- Khan, M.A., Khor, S.C., Ramendran, C. (2021). Impact of the COVID-19 Pandemic on the Financial Well-being among Older Adults in Malaysia. *International Journal of Management, Economics and Social Sciences* 2021, Vol. 10(2-3), pp. 140 – 155. doi:10.32327/IJMESS/10.2-3.2021.9
- Kissler, SM., Tedijanto, C., Goldstein, E., Grad, YH., Lipsitch, M. (2020). Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period. *Science*, 368: 860-868. doi:10.1126/science.abb5793

- Khetrupal, S., & Bhatia, R. (2020). Impact of COVID-19 pandemic on health system & Sustainable Development Goal 3. *The Indian journal of medical research*, 151(5), 395–399. https://doi.org/10.4103/ijmr.IJMR_1920_20
- Lam K, Lu AD, Shi Y, Covinsky KE. Assessing telemedicine unreadiness among older adults in the United States during the COVID-19 pandemic. *JAMA Inter. Med.* (2020) 180:1389–91. doi: 10.1001/jamainternmed.2020.2671
- Mehrotra, A., Chernen, M.E., Linetsky, D., Hatch, H., & Cutler, D.A. (2020). The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges. *The Commonwealth Fund*. <https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits>
- Mohd Salleh, M.F. (2017). Ageing in an Inclusive Society: Social Support System for Older Persons in Malaysia. *Malaysia Social Welfare Department*. https://www.kpwkm.gov.my/kpwkm/uploads/files/Muat%20Turun/MOST/S4_P1_Tuan%20Hj_%20Fazari.pdf
- Mustaffa, N., Lee, S., Mohd Nawi, S., Che Rahim, M., Chee, Y., Muhd Besari, A., & Lee, Y. (2020). COVID-19 in the elderly: A Malaysian perspective. *Journal of Global Health*, 10(2). doi: 10.7189/jogh.10.020370
- Netuveli, G., Blane, D. (2008). Quality of life in older ages. *British Medical Bulletin* 2008; 85: 113-126. doi: 10.1093/bmb/ldn003
- Ooi, P. B., Ong, D. L. T., Peh, S. C., Ismail, S. F., Paramanathan, S. A. M. S., Lee, A. S. H., & Chan, N. N. (2021). Active aging, psychological well-being and quality of life of elderly and pre-elderly Malaysians during movement control periods. *Educational Gerontology*, 47(8), 353-368.
- O’Sullivan, R., Burns, A., Leavey, G., Leroi, I., Burholt, V., Lubben, J., Holt-Lunstad, J., Victor, C., Lawlor, B., Vilar-Compte, M., Perissinotto, C.M., Tully, M.A., Sullivan, M.P., Rosato, M., Power, J.M., Tiilikainen, E., Prohaska, T.R. (2021). Impact of the COVID-19 Pandemic on Loneliness and Social Isolation: A Multi-Country Study. *Int. J. Environ. Res. Public Health* 2021, 18, 9982. <https://doi.org/10.3390/ijerph18199982>
- Rafee, H. (2021). Cover Story: Steady growth in Seputeh. *The Edge Malaysia*, August 31, 2021. Retrieved on 15-April 2020 from <https://www.theedgemarkets.com/article/cover-story-steady-growth-seputeh>
- Refaeli, T., & Aschdut, N. (2021). Financial Strain and Loneliness among Young Adults during the COVID-19 Pandemic: The Role of Psychosocial Resources. *Sustainability*, 13, 6942. doi:10.3390/su13126942
- Sarah, E.K., Peter, G.C., Dave, D. (2004). Spirituality and Well-Being in Frail and Non-frail Older Adults. *The Journals of Gerontology*, (59)3,P123–P129. <https://doi.org/10.1093/geronb/59.3.P123>
- Tyrrell, C. J., & Williams, K. N. (2020). The paradox of social distancing: Implications for older adults in the context of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S214.
- United Nations Development Programme. (2020). UNDP Rapid Assessment on Household Income Survey (RaHIS). Retrieved December 5, 2021, <https://www.my.undp.org/content/malaysia/en/home/news-centre/pressreleases/undp-malaysia-contributes-202-000-to-malysias-covid-19-fund.html>
- Zaninotto, P., Iob, E., Demakakos, P., Steptoe, A. (2020). Immediate and Longer-Term Changes in the Mental Health and Well-being of Older Adults in England During the COVID-19 Pandemic. *JAMA Psychiatry*. 2022;79(2):151–159. doi:10.1001/jamapsychiatry.2021.3749