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Analysis of the quality of life of college students and students in Indonesia who were undergoing large-scale social restriction (LSSR) during the COVID-19 pandemic

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ABSTRACT

Introduction: The Indonesian government's efforts to deal with the COVID-19 pandemic are implementing a Large-Scale Social Restriction (LSSR) policy. This LSSR policy becomes a problem for the quality of life of the people who carry out the policy, including college students and students. This research aims to determine the quality of life of college students and students in Indonesia who undergo LSSR during the COVID-19 pandemic.

Methods: This research is a descriptive study with a cross-sectional approach. This research used accidental sampling methods by 30 days of distributing e-questionnaires. The samples used in this study were college students and students who were undergoing the LSSR in Indonesia. The instrument used for this research was WHOQOL-BREF. The quality of life was analyzed descriptively by calculating each domain's average transformed score.

Results: Through this research, obtained 280 respondents consisting of 67 men and 213 women. Respondents aged 12-17 years were nine respondents, and 18-25 years were 271 respondents. The majority of respondents underwent LSSR for 9-12 weeks. Analysis of quality of life showed that the physical health domain had an average of 62.65 ± 0.87; psychological health of 62.58 ± 1.04; social relations of 53.76 ± 1.16; and the environment 61.53 ± 0.98.

Conclusion: The conclusion in this study is that college students and students who undergo PSBB have good physical health, good psychological health, moderate social relationship quality, and good environmental quality.

Keywords: College Student, COVID-19, LSSR, Quality of Life, WHOQoL-BREF.
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INTRODUCTION

According to the Indonesian Ministry of Health (2020),[1] coronavirus disease 2019 (COVID-19) is the most recent virus that belongs to the *Coronavirus* family. This virus previously had two types of viruses from the *Coronavirus* family, namely Severe Acute Respiratory Syndrome (SARS-CoV) and Middle East Respiratory Syndrome (MERS- CoV).

On March 11, 2020, positive cases of COVID-19 increased 13 times from various countries, so the World Health Organization (WHO) declared COVID-19 a pandemic (WHO, 2020).[2] Symptoms that can be experienced in patients who are positive for COVID-19 are in the form of mild to severe shortness of breath, cough and fever and severe pneumonia to death in cases of patients with severe symptoms.

In handling the COVID-19 pandemic case, the Indonesian government has established a disaster emergency status starting on February 29, 2020. The Indonesian government has also implemented a Large-Scale Social Restriction (LSSR) policy that applies to all Indonesians. LSSR is an effort to prevent the spread of viral infections. LSSR can be done by keeping a distance and contact between an infected person and a person not infected with a pathogen. According to Milne and Xie (2020)[3], social distancing is very effective in preventing the spread of COVID-19, which is carried out for ten weeks and can reduce the maximum daily cases that usually occur and flatten the curve of positive COVID-19 cases.

According to Zhang and Zhang (2020)[4], the social distancing policy implemented to prevent the spread of COVID-19 in Lioaning Province China shows the result that there is an increase in the number of mild stress. In addition, Haslam et al (2018)[5] also said that a pandemic causes stress for society. Quality of life is a person's view of their existence or position in their community concerning the cultural context and local values related to expectations and wills. Therefore, this research aims to determine the quality of life of students and college students in Indonesia who undergo LSSR during the COVID-19 pandemic.

METHODS

This research was conducted using a non-experimental observational research method with a cross-sectional approach. The samples in this study were college students and students in Indonesia who

were undergoing LSSR to prevent the spread of COVID-19 by using a sampling technique, namely accidental sampling methods with a duration of the spread of 30 days. The tool used in this research is a questionnaire distributed to college students and students in Indonesia who are undergoing LSSB as a preventive measure for the spread of COVID-19. The questionnaire used in this study is The World Health Organization Quality of Life (WHOQoL-BREF), which consists of 4 domains, including physical health, psychological, social, and environmental domains. Data analysis carried out in this research was to add up the scores obtained in each domain of each respondent and then transformed by raw table into a scale of 0-100 and for interpretation according to WHO[2], they are as follows; 00 - 20: the quality of life is very poor, 21 - 40: the quality of life is poor, 41 - 60: the quality of life is moderate, 61 - 80: the quality of life is good, and 81 - 100: the quality of life is very good.

RESULTS

Characteristic respondents based on gender

In table 1, it is shown that there were more female respondents at 76.07% than male respondents, which is 23.93%.

Based on table 1, it is shown that the percentage of female respondents is greater than male respondents. This result is because the concern of women in helping someone, giving donations, and volunteering such as filling out questionnaires is greater than men as in a study conducted by Larasati (2017).[6]

Characteristic respondents based on age

Table 2 shows that most respondents have an age range of 18-25% of 96.79%, while 12-17% is only 3.21%.

Based on table 2, the characteristics of the majority of respondents are from that aged 18 - 25 %, namely 96.79%, while respondents in the 12-17 years age group are 3.21%. Research conducted by Moons et al. (2004)[7] shows that age affects the quality of life. Based on this research, most respondents are 18-25 years old because, according to the Statistics Agency the number of children in Indonesia who run the Senior High School level amounting to 4.8 million, while the number of college students in Indonesia is 7 million.[8] This finding is reinforced by the statement of Hurlock (1986),[9] which states that the average age of high school students is 16-18 years and the average age of college students is 18-24 years.

In addition, the distribution of questionnaires was carried out using Google Forms. According to the Indonesian Internet Service Providers Association, internet users are dominated by 18-25 years old users, about 49% of all internet users in Indonesia, which means that people with the digital native category dominate internet users.[10]

Characteristic respondents based on the Duration of Undergoing LSSR

Table 3 shows that most respondents underwent PSBB for 9-12 weeks, namely 27.85%.

Table 3 shows that of all respondents, most respondents undergo LSSR for 9-12 weeks, namely 27.85%. This finding means that since the implementation of Large-Scale Social Restrictions (LSSR), both College students and students have been carrying out teaching and learning activities at home or online as a concrete form of the LSSR. The implementation of LSSR was from March 31, 2020, after the President of the Republic of Indonesia, Jokowi, enacted the Government Regulation (PP) Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Handling of Coronavirus Disease (COVID-19).

Characteristics based on the Provincial Distribution of Respondent in Indonesia

Characteristics of respondents based on the distribution of provinces in Indonesia can be seen in table 4.

Based on table 4, it is shown that the majority of respondents came from Central Java Province, namely as many as 46 respondents or 16.43% of all research respondents.

The number of respondents comes from Central Java Province, which means that it dominates all provinces in Indonesia. According to APJII data in 2018, most internet users in Indonesia come from Java Island, and Central Java Province is the second dominating province in Indonesia. Indonesia, namely 15.7%.

Table 1. Characteristic based on Gender.

Gender	Frequency (n)	Percentage (%)
Male	67	23,93
Female	213	76,07
Total	280	100

Table 2. Characteristics of Respondents based on Age.

Age (years)	Frequency (n)	Percentage %)
12 – 17	9	3,21
18 – 25	271	96,79
Total	280	100

Table 3. Characteristics of Respondents based on the Duration of Undergoing LSSR.

Duration Undergoing LSSR	Frequency (n)	Percentage (%)
< 2 weeks	12	4,29
2 – 4 weeks	21	7,50
5 – 8 weeks	31	11,07
9 – 12 weeks	78	27,86
13 -16 weeks	71	25,36
>16 weeks	67	23,92
Total	280	100

Analysis of Respondents Quality of Life based on Gender

The results of the analysis of the quality of life of College students and students who were undergoing LSSR based on gender can be seen in table 5.

Based on table 5, it was shown that for the physical health domain, both males and females have the same good results or have no specific differences in physical health. The same thing was said by Fitri et al. (2018)[10] in their research, showing that both males and females do not significantly differ in their physical activities. In the psychological health domain, male respondents have a lower quality of life than female respondents. This finding can be due to the psychological condition when undergoing LSSR where females respondents have a better psychological condition because they prefer to be at home than males.[11] In the social relation's domain, the two groups of respondents, both male and female, have the same quality of life in the medium category. This fact can be caused by both males and females being able to use social media as a place of communication when undergoing LRSS.[12] Furthermore, both males and females have the same quality of life in the good category for the environmental health domain. However, male respondents have a lower quality of life than females. This difference can be caused by females perception, as explained by Ratnasari. Ratnasari (2017)[12] stated that females can accept the home environment and still feel comfortable when they are at home because they feel warm and pleasant.

Table 4. Provincial Distribution of Respondents.

Origin of Province	Frequency (n)	Percentage (%)
Central Java	46	16,43
Yogyakarta	45	16,07
Lampung	28	10,00
East Java	26	9,28
Bangka Belitung Island	12	4,28
Riau Island	9	3,21
Bengkulu	8	2,86
West Nusa Tenggara	8	2,86
South Sulawesi	8	2,86
Banten	7	2,50
Jakarta	7	2,50
North Kalimantan	7	2,50
Riau	6	2,14
South Sumatra	6	2,14
Aceh	5	1,78
West Java	5	1,76
Bali	5	1,76
West Kalimantan	5	1,76
Jambi	4	1,43
South Kalimantan	4	1,43
North Sumatra	3	1,07
East Nusa Tenggara	3	1,07
Central Kalimantan	3	1,07
East Kalimantan	3	1,07
West Papua	3	1,07
West Sumatra	2	0,71
Gorontalo	2	0,71
North Sulawesi	2	0,71
Maluku	2	0,71
Papua	2	0,71
West Sulawesi	1	0,35
Central Sulawesi	1	0,35
Southeast Sulawesi	1	0,35
North Maluku	1	0,35
Total	**280**	**100**

Table 5. Analysis of the Quality of Life of College Students and Students by Gender.

Domain	Respondent	Mean	SE
Physical Health	Male	62,67	1,86
	Female	62,67	0,98
Psychological Health	Male	60,20	2,17
	Female	63,56	1,17
Social Relation Health	Male	54,47	2,56
	Female	53,77	1,29
Enviroment Health	Male	60,38	2,14
	Female	62,07	1,10

Analysis of Respondent Quality of Life based on Age

The results of the analysis of the quality of life of respondents by age can be seen in table 6.

Based on table 6, it was shown that the two groups of respondents had an average quality of life for the physical health domain, which was equally good. According to Wulandari (2014),[13] the adolescent age group, namely the 14-20 years, had shown a physically mature state. In addition, the COVID-19 pandemic had an impact on every age group.[14] In the psychological health's domain, the 18-25 year age group has a better quality of life than the 12-17 year age group. According to Maulana (2017)[15] the older a person is, the better their psychological state is in controlling his emotions. The domain of social relations shows that both the 12-17 year age group and the 18-25 year age group have the same quality of life in the medium category. According to Hamilton et al. (2020)[14] when experiencing a pandemic, the adolescent age group can

experience a dilemma for their social status. Furthermore, for the environmental health domain, the two groups had a quality of life categorized as good. This finding is like the research conducted by EPIC (2020)[16] that the impact of the COVID-19 pandemic on the environment shows positive results with reduced air pollution.

Analysis of the Quality of Life of Respondents based on the Duration of Undergoing the LSSR

The results of the analysis of the quality of life of respondents based on the duration of undergoing LSSR can be seen in table 7.

Table 6. Analysis of Respondent Quality of Life based on Age.

Domain	Respondent	Mean	SE
Physical Health	12 – 17 years	68,33	5,52
	18 – 25 years	62,50	0,88
Psychological Health	12 – 17 years	60,20	4,84
	18 – 25 years	62,58	1,05
Social Relations	12 – 17 years	55,55	9,90
	18 – 25 years	53,88	1,15
Environment	12 – 17 years	63,33	6,94
	18 – 25 years	61,61	0,99

Table 7. Analysis of the Quality of Life of College Students and Students based on the Duration of Undergoing the LSSR.

Domain	Respondent (weeks)	Mean	SE
Physical Health	< 2	58,66	4,50
	2 – 4	65,95	2,70
	5 – 8	60,22	3,42
	9 – 12	62,78	1,55
	13 – 16	64,94	1,71
	>16	60,22	1,74
Psychological Health	< 2	57,33	6,26
	2 – 4	64,95	3,35
	5 – 8	58,93	3,56
	9 – 12	64,75	1,68
	13 – 16	65,60	2,04
	>16	58,08	2,19
Social Relations	< 2	46,33	5,55
	2 – 4	61,04	3,86
	5 – 8	53,61	3,01
	9 – 12	53,50	1,98
	13 – 16	57,71	2,41
	>16	48,50	2,55
Environment	< 2	52,25	7,19
	2 – 4	65,33	3,22
	5 – 8	62,19	3,32
	9 – 12	61,05	1,73
	13 – 16	64,64	1,83
	>16	58,32	1,96

Table 8. Average Quality of Life of College Students and Students Who Undergoing LSSR.

Domain	Mean±SD	Intrepretation
Physical Health	62,65 ± 0,87	Good
Psychological Health	62,58 ± 1,04	Good
Social Relation	53,76 ± 1,16	Moderate
Environment	61,53 ± 0,98	Good

Table 7 shows that the best quality of life of respondents lies in respondents who undergo LSSR for 2 - 4 weeks. The quality of life of these respondents while undergoing LSSR was categorized as good compared to when they underwent less than two weeks. This result is because the community is increasingly aware that it is necessary to adopt a clean and healthy lifestyle during a pandemic due to an appeal from the government to increase their immunity.[17] Efforts that can be made to maintain one's health can be assisted by consuming healthy, nutritious and clean food and drinks.[18]

Average Quality of Life of All Respondents

The quality of life analysis results of the respondents who undergo LSSR as a preventive measure for the spread of COVID-19 can be seen in table 8.

Based on table 8, the quality of life of respondents for the domains of physical health, psychological health and the environment has a good quality of life. Meanwhile, the social relations' domain has a moderate quality of life.

DISCUSSION

The emotional impact caused by pandemics, according to Haslam et al.,[5] could cause feelings of stress, loneliness, and other feelings, which could affect the decline in the immune system when it was carried out in the long term. The implementation of LSSR in various countries, especially in Indonesia, impacted various sectors, including affecting the community's quality of life. A study that examined the direct impact of COVID-19 on mental health and quality of life in Chinese residents aged 18 years in Liaoning Province, China, showed that COVID-19 caused mild stress.[4] As stated by Haslam et al.,[5] a pandemic could cause stress for students. Therefore, the stress caused by the pandemic could affect student and student activities. Quality of life consists of 4 domains, namely the physical health domain, the psychological health domain, the social relations domain, and the environmental domain.[2]

The Physical Health Domain

In the physical health domain shown in table 8, respondents have an average quality of life of 62.65 ± 0.87, categorized as good. According to Effendy & Nasrul in Samranah (2017) human behaviour factors supporting individual physical health. Human behaviour that will help physical health are, among others: behaviour towards pain and disease, behaviour towards food in terms of selecting elements of the nutrients contained, and behaviour towards the health environment such as Clean and Healthy Living Behavior.[19]

Based on gender, the results indicate that neither men nor women have differences in physical health. This is said to be following the research results by Fitri et al. (2018), which showed that both men and women did not have significant differences in physical activity.[10] Wulandari (2014) suggests that adolescents have matured physically for the 14-20 year age group.[13] In addition, other study also revealed that the COVID-19 pandemic impacts every age segment in a population. According to Effendy & Nasrul in Samranah (2017), factors that can support human physical health are the human behavior in question. The behavior in question includes behavior towards illness and disease such as carrying out daily activities that maintain physical health, for example, exercising, behavior towards food such as choosing nutritional elements, and behavior towards the healthy environment such as implementing a clean and healthy lifestyle.[20]

The Psychological Health Domain

Respondents in the psychological health domain had an average quality of life of 62.58 ± 1.04 (good). Several factors can affect the quality of a person's psychological health, including reactions when encountering problems such as facing a pandemic, the individual's personality, the balance of thought, and a meaningful feeling of life.[21]

Furthermore, the psychological health domain based on gender for male respondents showed lower average results when compared to female respondents. This is not in accordance with research conducted by Sutjiato et al. (2015), where the female gender is more prone to stress in this case related to psychology.[22] In addition, research conducted by Nasrani et al. (2015) shows that men generally enjoy conflict more so that men feel positive encouragement.[23] Another cause of the lower psychological health of men than women can be because women prefer to be at home than men.[24] That is, when doing social distancing, some women feel no problem if they stay at home. However, both in terms of interpretation have the same results; namely, both men and women show good physical health.

Table 6 shows the results of a good interpretation for psychological health. This is because the older a person gets, the better they are at controlling their emotions, which are psychologically related. A person's psychological health can be supported by several factors, namely personality, reaction when getting a problem, balance of thoughts, meaningful life feelings included in internal factors and external factors, including customs, economy, and politics.[19] Then, healthy psychological characteristics based on psychodynamic theory include getting positive outcomes when interacting, having ego strength and direct behavior that can develop oneself, and being able to love oneself and work.

The Social Relations Domain

In the social relation's domain, respondents have an average quality of life of 53.76 ± 1.16 (moderate). According to Gerungan (2010)[21], a person's social relationships can be influenced by several factors such as identifying himself, motivating one person to another, and the surrounding conditions. Furthermore, the results showed that there were no significant differences between men and women. Van Dijk in Nasrullah in Setiadi (2016) said that social media as an online facility can increase the strength of social relations between one user and another.[11] When doing social distancing, both men and women can use social media to maintain social relationships. Then, the health of social relations shown in table 6 has an interpretation result that is moderate for both age groups of respondents. This is because, according to research conducted by Hamilton et al. (2020), at the time of a pandemic, the adolescent age group experiences a dilemma in their social status.[14] After all, you can only spend time on social media in social relations with others, which is very different from before the pandemic. In addition, according to Gerungan (2010), the factors that influence social relationships include self-identification/equalization, namely the effort of one person to be the same as another, then motivation, which is encouragement from one individual to another or the surrounding conditions to be fully accepted. Responsibility, rationality, and imitation is an attempt to imitate the behavior of other individuals or good surrounding conditions, for example, in terms of lifestyle.[21]

The Environmental Domain

The environmental domain based on table 4 shows that the respondents have a quality of life of 61.53 ± 0.98, which is categorized as good. Environmental aspects that can affect a person's environmental condition include physical and non-physical aspects. Physical aspects consist of season, weather, geographic and geological conditions, while non-physical aspects include local customs, values of socio-cultural conditions, and local norms.[25]

Then, this study shows that both have good interpretation results. However, men have lower environmental health than women. This is probably because women feel okay with an environment that is only at home when doing social distancing, whereas women in the home environment will still feel like a pleasant and warm place.[24] Environmental health in students and students in table 6 shows the results with good score interpretation for the 12-17 year age group and the 18-25 year age group. These two age groups showed good results. The impact of social distancing in the COVID-19 pandemic showed positive or good results in terms of environmental health as indicated by reduced air pollution in the vicinity.[16]

This study has limitations regarding the number of respondents and the lack of duration in the data collection process, only one month (30 days). There were no indicators that differentiated the characteristic of students' living areas.

CONCLUSION

Based on the research results, it can be concluded that College students and students in Indonesia who are undergoing LSSR during the COVID-19 pandemic had good physical health quality (62.65 ± 0.87), good psychological health quality (62.58 ± 1, 04), the quality of social relations is medium (53.76 ± 1.16). The quality of the environment is good (61.53 ± 0.98).

CONFLICT OF INTEREST

All authors have no conflict of interest to declare.

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ETHICS APPROVAL

This research has met ethical approval requirements from the Health Research Ethics Committee Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta no.159/EC-KEPK FKIK UMY/V/2020.

AUTHOR CONTRIBUTION

All authors have contributed to this research process, including preparation, data gathering, analysis, drafting, and approval to publish this manuscript.

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