

Chapter 6

Conclusions and Recommendations

February 2021

This chapter should be cited as
Study Team (2021), 'Conclusions and Recommendations', in Komazawa, O., N.W.
Suriastini, I.Y. Wijayanti, Maliki and D.D. Kharisma (eds.), *Older People and COVID-19 in
Indonesia*, Jakarta: ERIA and Bappenas; Yogyakarta: SurveyMETER, pp.75-79.

CHAPTER 6

Conclusions and Recommendations

1. Conclusions

Indonesia is one of the ASEAN Member States most affected by COVID-19 in terms of the numbers of confirmed cases and fatalities. Data from around the world shows that older people are most affected by COVID-19 in terms of mortality and seriousness of symptoms, but the impact of COVID-19 on older people is not limited to direct effect of this infectious disease. The COVID-19 pandemic requires the authorities to impose social restriction measures to prevent the spread, which is called *Pembatasan Sosial Berskala Besar* or PSBB (Large-Scale Social Restriction) in Indonesia. Social restriction measures can undermine the economic conditions, overall well-being, social connectedness of people, particularly underprivileged people – many older people are categorised as such. An urgent response by the government is required to support the people whose daily lives are desperately affected by this pandemic, and the real situations of their lives need to be revealed for effective and efficient action. However, due to the health protocol to prevent COVID-19 transmission, such as keeping social distancing or avoiding close contact, surveys requiring in-person interviews have been strongly discouraged during this pandemic.

This study used a telephone survey method, so it succeeded in avoiding close contact with the respondents while collecting the data. The sampling has the limitation that older people whose households did not have a telephone contact number were excluded. In some of seven villages/kelurahan taken as SILANI project sites, which are also the study sites of this survey, more than 30% of the households with older people did not have telephone contact numbers, in most cases more than half.

The readers of this report, therefore, are urged to be careful about the interpretation of the results of this study.

Another limitation is that the sample of this study is not nationally representative. The target provinces and districts/cities were selected purposively when SILANI was established in 2019. We believe the study sites are representative of Indonesia to some extent, i.e. Jakarta represents a megacity, Yogyakarta is an example of a middle-sized city, and rural area with high proportions of older people and Bali are examples of non-Muslim culture with high proportions of older people. The readers, however, should be aware that these study sites were not selected randomly.

In spite of these limitations, we still believe this study provides very important and valuable information about the impact of COVID-19 on older people. No other studies have been conducted in Indonesia in terms of the comprehensiveness of the contents of questionnaires, and no other studies have succeeded in approaching the real lives of older people during this pandemic. The following are some major findings of this study that may help policymaking to mitigate the impact of the pandemic.

1.1 Economic condition of older people

The study found more than half of the respondents experienced a decrease in income during the COVID-19 pandemic. The result shows that the pandemic most affected the income of the respondents who earned income from work and whose income depended on children who do not live together, while pensioners were less likely affected. Amongst the respondents whose income decreased, about 42% of them reported that the quality of their food became lower.

Amongst the respondents whose income decreased, more than half reported they had not taken any actions to overcome the decline in income, while about 18% asked for help from families and/or communities who had better economic conditions.

Support programmes by the government play important roles in daily subsistence of the respondents. In DKI Jakarta, about 85% of all respondents received *sembako* as one of the public services to underprivileged people, and most of them received *sembako* during the pandemic only. About 6.7% of respondents were the beneficiaries of PKH during the pandemic, and compared with before the pandemic, significantly

more respondents received PKH during the pandemic. It is notable that the non-governmental assistance is not ignorable. About 38% of respondents reported that they received assistance from community groups, private sector, school, or family members who do not live together.

1.2 Health condition of older people

The questionnaire of this study was designed to assess the needs of older people, as set out in *Strategi Nasional (Stranas) Kelanjutusiaan*. It includes the questions on self-assessed health, ADL, IADL, comorbidities, access to healthcare facilities, etc.

About 16% of respondents stated that their physical health had deteriorated. Only 1.6% of respondents reported that the number of diseases diagnosed by health professionals increased, but this result should be carefully interpreted because the difficulty in the access to health facilities during the pandemic may have affected the result. As for mental health, the result suggests that about one out of four respondents experienced a worsening of depression, but the oldest-old people were less likely to become more depressed.

Almost all respondents adopted practices to maintain physical health (99%) and mental health (98%). The practices engaged in by more than half of respondents to maintain physical health were sunbathing, adopting an active lifestyle, and exercising outdoors. Two out of three respondents reported that they prayed to maintain mental health.

Amongst the respondents who needed consultations with health facilities, about 11% of them had difficulty accessing healthcare facilities, the most common reason for it being fear of contracting COVID-19 at health facilities (45%). About 12% of respondents who needed routine medicine reported that they had run out of medicine during the pandemic, the most common reason being lack of money to buy medicine (45%).

1.3 Social support for older people

Social interaction is threatened by the COVID-19 pandemic. People are encouraged to stay at home and to communicate using telecommunication tools to maintain social connectedness without physical contact. But older people are believed to be at a great disadvantage when it comes to using communication tools and are likely therefore to be at risk of social isolation.

The results of the study show that, during the pandemic, only about 5% of respondents never communicated with relatives, friends, or neighbours either in person or through telecommunication. The most common way of social interaction was in-person communication (82%). One out of three respondents still participated in community activities outside their houses, whereas about 60% of respondents reported that they had suspended participating in community activities since the start of the pandemic. Even during the pandemic, around 43% of respondents still supported their families and communities. The most common form of support they provided was caring for children under 5 years old (20%), followed by *sembako* (19%).

In terms of social support, about 8% of respondents received some sort of support from *Posyandu* cadres, social cadres, and/or healthcare personnel through home visits or telecommunication. The most common form of support was the provision of information about COVID-19 (45% of respondents who received public and social support). Regarding the support from family and community, more than 90% of respondents reported that they received it. The most common types of such support were in-person visits and/or other forms of communications, such as phone calls, SMSs, or WhatsApp messages to keep socially connected (74%), followed by help in keeping the house and surroundings clean (67%).

2. Recommendations

Economic and social support for older people should be maintained and continued even after the pandemic. It is crucial to minimise the negative impact of falls in income and social restrictions on the welfare of older people – such as decreased food quality, more limited access to healthcare facilities, and their greater social isolation.

As mandated in the Guidelines for Older People Health Services in the COVID-19 Pandemic Era (Ministry of Health, 2020), the main priority is the prevention of COVID-19 amongst older people through effective and persistent efforts and collaboration with the government and the community, including family. However, the mitigation of the impact of economic distress and social isolation is also crucially important. The quick development of a comprehensive support system for older people is strongly encouraged. Such efforts would surely contribute to the accomplishment of the goals stated in the Concept of National Strategy on Ageing, which is to ensure independent, prosperous, and dignified lives of older people.