

# Executive Summary

Indonesia has confirmed hundreds of thousands of COVID-19 cases, together with thousands of death cases. The case fatality rate of COVID-19 amongst older people is quite high: about 15% as of 9 September 2020 (*Gugus Tugas Percepatan Penanganan COVID-19*, n.d.-a). The COVID-19 pandemic has several impacts on the economic, health, and social conditions of older people. This phone survey was conducted to identify such conditions during and/or after the COVID-19 pandemic.

This study was initiated by Bappenas and sponsored by the Economic Research Institute for ASEAN and East Asia (ERIA). SurveyMETER was responsible for data collection and basic analysis. The respondents were 3,500 older people aged 60 years and above and randomly selected from the target population of the project areas of SILANI (*Sistem Informasi Lanjut Usia*: Information System of Older People). SILANI covers three provinces in Indonesia: *Daerah Istimewa* Yogyakarta (DIY), Bali, and *Daerah Khusus Ibukota* (DKI) Jakarta. SILANI covered seven districts/cities (Sleman District, Bantul District, Yogyakarta City, Denpasar City, Gianyar District, West Jakarta City, and South Jakarta City), and one village/*kelurahan*<sup>1</sup> per each district/city was selected as a project area of SILANI. The first round of data collection of this phone survey was carried out in July 2020 and the second round will be conducted in November 2020. In the first round, we found 70 respondents had passed away. The total completed interview was 3,430. The findings from the first-round survey are discussed below.

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<sup>1</sup> To protect the research subjects, names of research villages/*kelurahan* remain undisclosed. *Kelurahan* is associated with urban areas, while village or *desa* is to rural areas. *Kelurahan* is the smallest government unit at the similar level as village, with some limited authority delegated by *kecamatan* (sub-district). It has no authority to make policies, manage its own financial resources, and elect leader like *desa* (Law No. 23 of 2014).

## The Economic Condition of Older People

Older people experience a decline in economic conditions. This affects the quality of their food. This is overcome by dipping into savings, looking for new jobs, and seeking assistance. During the pandemic, older people received more assistance than before the pandemic.

1. The main source of income of older people is work or job (36%) and children who are non-household members (30%). One out of two older people experienced a decline in income during the COVID-19 pandemic. The income of the respondents who generated income from work and the respondents depending on the income of children who do not live together was significantly more likely to decrease than that of their counterparts.
2. Amongst the respondents who reported their income decreased, for almost half the frequency did not decrease, nor did the amount and quality of food consumption, but for about 42% of them the quality of meals fell.
3. More than half of the respondents said they had not done anything to overcome the decline in income. Some respondents asked for help from richer families or communities, dipped into savings, and looked for new jobs.
4. About three out of four respondents received at least one type of assistance during the pandemic. Non-cash food assistance (*sembako*) dominated the type of assistance. Four out of five respondents whose income decreased received at least one type of assistance during the pandemic.
5. About 7% of the respondents were beneficiaries of the PKH (*Program Keluarga Harapan*: Family Hope Programme/Conditional Cash Transfer Programme) during the pandemic. About 70% of them received from the PKH during the pandemic only, whilst the rest (30%) received assistance from before the pandemic. Around 51% of respondents were recipients of the *Sembako* programme during the pandemic only, and 5% received the *Bantuan Pangan Non Tunai* (BPNT), which is equivalent to *sembako*, from before the pandemic.

## Health Condition of Older People

The physical and mental health of some older people during the COVID-19 pandemic has deteriorated. Several respondents have problems in getting health services and have run out of medicine. Older people carried out various activities to maintain physical and mental health during the pandemic.

1. One out of six respondents stated that their physical health has decreased during the pandemic. Eight percent also have problems doing activities of daily living (ADL), such as dressing, bathing, or feeding. A total of 9% of the respondents stated that they have experienced problems with instrumental activities of daily living (IADL) such as shopping or using an ATM (*anjungan tunai mandiri* or automated teller machine) without assistance.
2. The need for health services during the pandemic is quite high but some face problems in accessing health services. One out of nine respondents who needed to go for consultation at health facilities stated they have difficulty in accessing health services. Amongst the respondents who answered that they have difficulty in accessing health services, 45% cited that they felt worried or scared to go to a health facility, whilst about 28% said that health facilities were closed or did not provide services for older patients.
3. About 12% of respondents who need routine medicine stated that they had run out of medicine because they did not have money to buy medicine (45%).
4. Almost all respondents stated that they adopted the practices to maintain physical health (99%) and mental health (98%). More than 50% stated that they maintain physical health by sunbathing, adopting an active lifestyle at home and/or outside the home, and exercising outdoors. Meanwhile, more than 60% of respondents stated that they maintain mental health by praying.

## Social Support for Respondents

Social interaction is undermined by the COVID-19 pandemic because of social restrictions to prevent the spread of the disease. This study found, however, that many respondents still contributed to community service.

1. During the pandemic, only 5% of respondents stated that they have never communicated with relatives, friends, and neighbours either in person or through telecommunication, whereas about 75% of respondents stated that they keep social relations via telephone, short message service (SMS), or social networking service like WhatsApp during the pandemic. About 60% of the respondents suspended their participation in community activities which took place outside their houses after the onset of the pandemic, while about one third of respondents still participated.
2. During the COVID-19 pandemic, around 43% of respondents contributed to their families and communities. The commonest contribution was caring for children under 5 years old (20%), followed by donation of *sembako* (19%).
3. A total of 8% of respondents stated that during the pandemic they received visits or calls made by *Posyandu*<sup>2</sup> cadres, social cadres, and/or health workers. The commonest form of assistance received by the respondents was information about COVID-19 (45% of the respondents who received public and social support), followed by other health information (32% of same respondents as above). Regarding the support from family and community, i.e. neighbours, friends, village/*kelurahan*, *rukun warga*<sup>3</sup> staff, etc., the commonest form of support was 'keeping socially connected through home visits, phone calls, SMSs, or WhatsApp messages' (74%), followed by 'help in keeping the house and surroundings clean' (67%).

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<sup>2</sup> *Posyandu* (*Pos Pelayanan Terpadu*: Integrated Service Post) is a community-based health service for promotive and preventive effort purpose. It is carried out by communities; non-governmental, private, and social organisations, as well as in collaboration with several sectors. *Posyandu*'s cadres are responsible for managing regular activities. In Indonesia, there are two types of *Posyandu*, namely, *Posyandu Balita* for children under 5 years and *Posyandu Lansia* for older people (Minister of Health Regulation No. 67 of 2015).

<sup>3</sup> *Rukun warga* or government-fostered community institution under a village/*kelurahan* facilitates participation in planning, implementation, and supervision of development, as well as improvement of village community services. This institution is not a division of government administration. There are several *rukun warga* in a village or *kelurahan*.