Chapter 1

Introduction

February 2021

This chapter should be cited as
Study Team (2021), 'Introduction', in Komazawa, O., N.W. Suriastini, I.Y. Wijayanti, D.D. Kharisma, and Maliki (eds.), *Older People and COVID-19 in Indonesia*, Jakarta: ERIA and Bappenas; Yogyakarta: SurveyMETER, pp.1-7.

CHAPTER 1
Background and Objectives

1.Introduction

The World Health Organization declared on 11 March 2020 the Coronavirus disease (COVID-19) as a pandemic. Tens of millions of people in the world had been confirmed infected with COVID-19, and more than a million died. In Indonesia, the earliest cases were confirmed on 2 March 2020. To date, hundreds of thousands of cases have been confirmed as SARS-CoV-2 positive, and more than 10,000 fatalities have been reported. The number of confirmed cases has been steadily increasing since the first case was identified in early March 2020.

Older people are most affected by COVID-19 in terms of mortality

COVID-19 has impacted all aspects of life. SARS-CoV-2 infects all age groups, but older people are most affected in terms of hospitalisation and mortality.

In Indonesia, the case fatality rate of older people or those aged 60 and above was 13.9% as of 9 November 2020, whilst that of 19–30 years old was 0.47% (*Gugus Tugas Percepatan Penanganan* COVID-19, n.d.-a). Per the website of the Centers for Disease Control and Prevention of the United States (US), people with underlying medical conditions – such as cancer, chronic obstructive pulmonary disease, obesity, serious heart disease, type 2 diabetes, etc. – have an increased risk of COVID-19 (Centers for Disease Control and Prevention, 2020). The result of *Riskesdas* (*Riset Kesehatan Dasar*: Basic Health Research) suggests that more than 20% of Indonesian older adults are hypertensive, more than 15% have diabetes mellitus, about 5% have heart disease, about 15% have elevated creatinine

level which suggests chronic kidney disease, and about 4% have a chronic obstructive pulmonary disease (Ministry of Health, 2019).

Daerah Khusus Ibukota (DKI) (Special Capital Region) Jakarta is one of the provinces with a large number of population aged 60 years old or above, whilst Bali and *Daerah Istimewa Yogyakarta* (DIY) (Special Region of Yogyakarta) are amongst the provinces with the largest proportion of older people in Indonesia. We can conclude that the three provinces have been most affected by COVID-19 considering the high risk of fatalities and hospitalisation of older people. The Large-Scale Social Restrictions (*Pembatasan Sosial Berskala Besar* or PSBB), which Government Regulation Number 21 of 2020 and Minister of Health Regulation Number 9 of 2020 introduced, was enforced in DKI Jakarta. The PSBB requires people of targeted areas to adjust their lives to several social restriction measures, such as school closure, working from home, limitation of religious activities, and other activities in public facilities. The PSBB was not introduced in Bali and DIY, despite COVID-19 affecting older people's lives in many aspects like health, economy, and social inclusion.

As of 9 November 2020, 112,743 COVID-19 positive cases have been confirmed in DKI Jakarta (25.6% of nationally accumulated number); 12,293 (2.8%) cases in Bali; and 4,269 (1.0%) in DIY (*Gugus Tugas Percepatan Penanganan* COVID-19, n.d.-b). These numbers amount to 1,110 confirmed cases per 100,000 people in Jakarta, 296 in Bali, and 116 in DIY, if calculated with the data of SUPAS (*Survei Penduduk Antar Sensus*: Inter-census population survey) 2015 (BPS, 2015). Though the proportions of confirmed cases per population are comparatively low in Bali and DIY, the percentage of older people in the two provinces is high, i.e. 13.55% in DIY and 10.40% in Bali (BPS, 2015). We can say that these three provinces are vulnerable to the COVID-19 pandemic.

Taking this concern, we planned to conduct two rounds of telephone surveys to observe the conditions of older people during and/or after the COVID-19 pandemic in DIY, Bali, and DKI Jakarta. The first round of telephone surveys was conducted in July 2020 and the second round will be in November 2020.

Ethical approval for this study was obtained from Atma Jaya Catholic University.

2. Objectives

The objectives of this telephone survey study are as follows:

1. To measure the common knowledge of older people about COVID-19 and identify their source of the information;
2. To compare the welfare of older people before, during, and/or after the COVID-19 pandemic;
3. To understand the difficulties they face during this pandemic;
4. To monitor the assistance older people receive during the COVID-19 pandemic; and
5. To identify the most suitable policies on the health and welfare of older people.

3. Methodology

We conducted the first round of data collection in July 2020 using a quantitative approach with longitudinal research design. The sample size was 3,500. The number of respondents was assigned proportionally to the population of older people at each village/*kelurahan* which is included in SILANI (*Sistem Informasi Lanjut Usia:* Information System of Older People) project areas. Simple random sampling was done in each village/*kelurahan*.

SILANI, a project initiated by the *Badan Perencanaan Pembangunan Nasional* (Bappenas) or National Development Planning Agency, was designed to promote collaboration amongst multi-stakeholders to develop the integrated database on older persons, on both demand and supply sides, and to establish an integrated system to facilitate active ageing and long-term care.

SILANI's project sites comprise seven villages/*kelurahan*. One village/*kelurahan* was selected from each of the following seven districts or cities: Sleman District, Bantul District, Yogyakarta City, Denpasar City, Gianyar District, West Jakarta City, and South Jakarta City. All project sites of SILANI are located in any of the following three provinces in Indonesia: DIY, Bali, and DKI Jakarta.

The respondents of this phone survey were limited to older people whose households have a landline or cell phone, according to the results of the SILANI survey. In the first round of the survey, 'during the pandemic' refers to the period starting March 2020 (when the first case of COVID-19 in Indonesia was identified and WHO announced the pandemic status) until the time of the interview (July 2020). Therefore, 'before the pandemic' (or 'pre-pandemic') refers to the period before March 2020.

4. Completion Rate and Proxy

We defined 'completed' respondents as either of the following cases: (i) those who went through all the items in the questionnaire, whether they still live in the study areas or they have moved temporarily or travelled; or (ii) those who had died. Out of a total of 3,500 respondents of the original target sample, 2,574 (73.5%) respondents completed the interviews whilst 70 (2%) respondents died between the SILANI baseline survey and this phone survey. The original sample respondents who died were not replaced by the reserve sample.

To fulfil the target sample size of 3,500, we replaced the original respondents who could not complete the interviews (856 respondents) with a reserve sample (Figure 1.1). The reasons for replacement are described in Table 1.1.

Figure 1.1: Study Sample

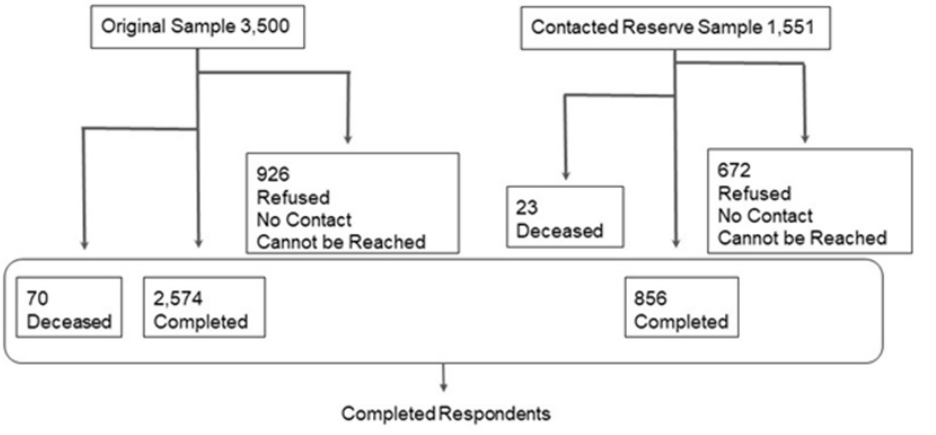

Table 1.1 Completion Rate

Information	N	%
1. Original Sample		
Completed		
Completed interview	2,574	73.50
Deceased	70	2.00
Not Completed		
Refused	45	1.30
Temporarily live in another place, do not have new contact	12	0.30
Moved out, do not have new contact information	23	0.70
Cannot be reached		
Phone not active	209	6.00
No response	476	13.60
Rescheduled, until the time was over	91	2.60
Total	3,500	100.00
2. Reserve Sample		
Completed		
Completed interview	856	55.20
Deceased	23	1.50
Not Completed		
Refused	11	0.70
Temporarily live in another place, no new contact	12	0.80
Moved out, no new contact information	1	0.10
Cannot be reached		
Phone not active	259	16.70
No response	343	22.10
Rescheduled, until the time was over	46	3.00
Total	**1,551**	**100.00**

Our team contacted 1,551 older persons from the reserve sample to meet the needs of 856 substitution respondents. A reserve respondent who died was replaced by another candidate. Eventually, to complete the 3,500 respondents, we contacted 5,051 older persons, i.e. 3,500 original sample respondents and 1,551 replacement candidates from the reserve sample.

In this study, a proxy was allowed if the respondents could not answer the questions for several reasons; a different questionnaire was used for proxies. As a result, proxies answered for 504 respondents (14.4% of the total sample). The reason for the four proxy cases was COVID-19. The most common reasons for proxy cases are hearing loss (364 respondents) and communication problems (275 respondents) (Table 1.2).

Table 1.2 Reasons for Proxy

Reason	N = 504 (Multiple answers allowed)	
	n	%
Sick because of COVID-19	4	0.50
Sick not because of COVID-19	85	11.20
Hearing disorder	364	48.00
Communication disorder	275	36.30
Cognitive	30	4.00
Total	**758**	**100.00**

5. Deceased Respondents

The telephone survey found 70 respondents had died. One respondent from the 70–79 age group died from COVID-19. About two out of five deceased respondents died before 2 March 2020, the beginning of the COVID-19 pandemic (Table 1.3).

Table 1.3 Deceased Respondents from amongst the Original Sample

Characteristics	Died from COVID-19	Died During the Pandemic, Not from COVID-19	Died Before the COVID-19 Pandemic	N
Total	**1.40**	**58.60**	**40.0**	**70**
Sex				
Male	0.00	51.40	48.60	35
Female	2.90	65.70	31.40	35
Age				
60–69 years	0.00	70.00	30.00	30
70–79 years	5.30	47.40	47.40	19
80 years and older	0.00	52.40	47.60	21