Chapter 4

Health

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CHAPTER 4

Health

The November 2020 phone survey applied the same instrument as the July 2020 phone survey. Therefore, some indicators and measurements used in this report's analysis have the same standard as the July 2020 phone survey report. For example, this study measured indicators related to physical health such as Instrumental Activities of Daily Living/IADL and morbidity score. In addition, mental health was measured by the modified four-item Geriatric Depression Scale (GDS) (Study Team, 2021c).

As explained in the July 2020 phone survey report, questions used to identify the respondents' mental health condition refer to the five-item GDS. However, one variable related to reluctance to go out of the home might confuse and create ambiguity in answers during the pandemic when older people were encouraged to stay at home. Therefore, we excluded this variable from the analysis. In our analysis, we summed up four variables and identified the score change between each survey round.

1.Physical Health

Table 4.1 shows that in November 2020, more respondents significantly reported that their physical health deteriorated compared to those in July 2020 ($p<0.01$, McNemar chi-squared test). In November 2020, about 21.41% of respondents (95% CI: 19.9%–22.8%) said their health deteriorated, while only 15.52% (95% CI: 14.2%–16.8%) reported the same issue in July 2020. In addition, older respondents were more likely to say that their physical health deteriorated ($p<0.05$, Wilcoxon rank-sum test).

More respondents living in urban areas reported that their physical health deteriorated in November 2020 than in July 2020 ($p<0.01$, McNemar chi-squared test). Significantly more respondents living in DKI Jakarta and Bali reported in November 2020 that their physical health deteriorated compared to those in July 2020 ($p<0.01$, McNemar chi-squared test). Also, those whose income decreased were more likely to report that their physical health deteriorated than their counterparts ($p<0.001$, Pearson chi-squared test).

The other findings show no significant differences between respondents aged 80 years old who reported their physical health deteriorated in the two survey rounds.

The fact that more respondents stated their health condition decreased might be related to better access to health services in November 2020 than those in July 2020, so they obtained more accurate information about their health conditions.

Table 4.1: Respondents Who Reported their Health Condition Deteriorated During the Pandemic

Characteristics	Health Conditions Deteriorated (%)		N	
	July 2020 (%)	November 2020 (%)		
All respondents	**15.52**	**21.41**	**3,125**	
Sex				
Male	15.46	21.05	1,449	
Female	15.57	21.72	1,676	
Age				
60–69 years	14.49	20.24	2,036	
70–79 years	16.91	23.11	822	
80 years and older	19.10	25.09	267	
Living Location				
Urban	15.04	21.30	2,873	
Rural	21.03	22.62	252	
Province				
Bali	15.69	21.11	701	
DIY	14.99	18.54	847	
DKI Jakarta	15.73	23.08	1,577	
Income			**Jul**	**Nov**
Decrease	19.91	28.24	1,693	1,211
Same/Increase	10.34	17.08	1,432	1,914

NGO = non-governmental organisation.

Notes: Respondents were allowed multiple answers.

Table 4.2 shows the percentage of respondents who answered 'no' to: 'Can you go shopping or use an ATM by yourself?' This question means the respondent cannot independently shop or use an ATM at the time of the interview, indicating the instrumental activities of daily life (IADL). The result shows that those with impaired IADL were significantly higher in November 2020 than July 2020 ($p<0.01$, McNemar chi-squared test). About 10.78% of respondents (95% CI: 9.7%–11.9%) answered that they had impaired IADL in November 2020 compared to only 9.22% (95% CI: 8.2%–10.3%) in July 2020.

Female respondents were significantly more likely to report that they need support for IADL compared to their male counterparts in both rounds of the survey ($p<0.001$, Pearson chi-squared test). Similarly, older respondents were significantly more likely to state impaired IADL ($p<0.001$, Wilcoxon rank-sum test). In November 2020, respondents living in rural areas were significantly more likely to answer that they have impaired IADL than their counterparts in urban areas ($p<0.001$, Pearson chi-squared test). Meanwhile, there was no significant difference in July 2020. On the other hand, respondents living in rural areas in November 2020 were significantly more likely to report impaired IADL than those in July 2020 ($p<0.001$, McNemar chi-squared test). Several factors such as technology adoption, availability of health devices, and access to health services are the main causes of their serious IADL problem in rural areas.

Respondents living in Bali were significantly more likely to have impaired IADL in November 2020 than those in July 2020 ($p<0.001$, McNemar chi-squared test). There is no significant difference between respondents living in DIY and DKI Jakarta in both survey rounds. Respondents whose income did not decrease significantly were more likely to report having IADL problems than those with declining income in both survey rounds ($p <0.001$, Pearson chi-squared test).

Table 4.2: Respondents Who Had Difficulty in Instrumental Activities of Daily Living (IADL)

Characteristics	Need Support for IADL* (%)		N
	July 2020 (%)	November 2020 (%)	
All respondents	**9.22**	**10.78**	**3,125**
Sex			
Male	6.97	7.38	1,449
Female	11.16	13.72	1,676
Age			
60–69 years	4.08	5.01	2,036
70–79 years	12.90	15.45	822
80 years and older	37.08	40.45	267
Living Location			
Urban	9.12	9.75	2,873
Rural	10.32	22.62	252
Province			

Characteristics	Need Support for IADL* (%)		N	
	July 2020 (%)	November 2020 (%)		
Bali	9.99	15.69		701
DIY	9.92	9.45		847
DKI Jakarta	8.50	9.32		1,577
Income			**July**	**Nov**
Decrease	7.50	8.34	1,693	1,211
Same/Increase	11.24	12.33	1,432	1,914

* means they could not shop/use an ATM by themselves.

This study also used the comorbidity score as an indicator of physical health. The 'comorbidity score' refers to the number of respondents' chronic conditions that health professionals have diagnosed. We asked them about six chronic conditions: high blood pressure, heart disease, diabetes, lung disease, kidney disease, and stroke. As for the analysis, the score change in July 2020 represents the change in the comorbidity score between the pre-pandemic period and the July 2020 phone survey, both of which were asked during the first interview. Meanwhile, the score change in November 2020 represents the change in the comorbidity score from July 2020 to November 2020. Thus, the comorbidity scores either increased, decreased, or did not change.

Table 4.3 shows that the respondents' comorbidity scores significantly changed in July 2020 and November 2020 ($p<0.001$, Wilcoxon signed-rank test). For example, the percentage of respondents whose comorbidity scores increased in November 2020 was about 15.58% (95% CI: 14.32%–16.90%) while, it was only 1.64% (95% CI: 1.22%–2.15%) in July 2020. Conversely, about 16.70% of the respondents (95% CI: 15.41%–18.06%) had decreased comorbidity scores in July 2020, while the percentage in November 2020 was only 9.51% (95% CI: 8.50%–10.59%).

Respondents living in rural areas experienced a significant change in comorbidity scores in July 2020 ($p<0.001$, Wilcoxon signed-rank test), while no significant change was found in November 2020. The percentage of respondents living in rural areas whose comorbidity score increased was 13.89% (95% CI: 9.87%–18.78%) in November 2020; in July 2020, it was only 1.19% (95% CI: 0.25%–3.44%).

Respondents living in Bali experienced a significant change of comorbidity scores in July 2020 ($p<0.001$, Wilcoxon signed-rank test), while no significant change was found in November 2020. The percentage of respondents living in Bali whose comorbidity scores increased was 12.91% (95% CI: 10.51%–15.63%) in November 2020, while it was only 0.72% (95% CI: 0.23%–1.67%) in July 2020. Respondents

with decreased comorbidity scores comprised 11.62% (95% CI: 9.34%–14.24%) in July 2020, but only 10.19% of respondents (95% CI: 8.04 %–12.67%) in November 2020.

At this point, in our opinion, the cause of the increasing comorbidity score in November 2020 cannot be interpreted as more cases of chronic conditions or more older people suffering from the disease. Another possibility is the relaxation of restrictions that resulted in better access to health facilities in November 2020. Fewer older people delayed medical check-ups, and more comorbidity cases could be diagnosed than those in July 2020. No significant correlations between age group or gender characteristics existed with the changes in comorbidity scores.

Morbidity rates are measured based on the respondents' six chronic conditions, i.e. hypertension, heart disease, diabetes, lung disease, kidney disease, and stroke, as diagnosed by a health professional. Table 4.4 shows significant changes in morbidity rates of almost all chronic conditions except stroke.

Table 4.3: Comorbidity Score Change

Characteristics	Comorbidity Score (%)						N
	Increased		Decreased		No Change		
	C Jul	C Nov	C Jul	C Nov	C Jul	C Nov	
Respondents who answered all morbidity questions	**1.64**	**15.58**	**16.70**	**9.51**	**81.66**	**74.91**	**3,113**
Sex							
Male	1.32	14.96	16.97	9.90	81.72	75.14	1,444
Female	1.92	16.12	16.48	9.17	81.61	74.72	1,669
Age							
60–69 years	1.87	15.09	16.71	9.63	81.43	75.28	2,035
70–79 years	1.22	16.63	16.01	9.66	82.76	73.72	818
80 years and older	1.15	16.15	18.85	8.08	80.00	75.77	260
Living Location							
Urban	1.68	15.73	16.64	9.58	81.68	74.69	2,861
Rural	1.19	13.89	17.46	8.73	81.35	77.38	252
Province							
Bali	0.72	12.91	11.62	10.19	87.66	76.90	697
DIY	2.26	14.49	14.73	10.81	83.02	74.70	842
DKI Jakarta	1.72	17.34	20.01	8.51	78.27	74.14	1,574

Characteristics	Comorbidity Score (%)						N	
	Increased		Decreased		No Change			
	C Jul	C Nov	C Jul	C Nov	C Jul	C Nov		
Income							**Jul**	**Nov**
Decrease	1.66	17.04	16.10	8.77	82.24	74.19	1,689	1,209
Same/Increase	1.62	14.65	17.42	9.98	80.97	75.37	1,424	1,904

Notes: C Jul = Change in score from before pandemic to July 2020 (both asked in July 2020).
C Nov = Change in score from July 2020 to November 2020.

Morbidity rates for hypertension, diabetes, and kidney disease significantly decreased from before the pandemic to July 2020 ($p<0.001$, McNemar chi-squared test). However, subsequently, these rates increased significantly from July 2020 to November 2020 ($p<0.001$, McNemar chi-squared test). In contrast, morbidity rates for heart and lung diseases significantly decreased in July 2020 ($p<0.001$, McNemar chi-squared test). Nevertheless, they did not change substantially in November 2020. This finding indicates that older people did not get a proper medical diagnosis during the pandemic. Indeed, some respondents faced difficulties with accessing or postponed visiting health facilities caused by social activity restrictions and changes in their condition affected by the COVID-19 pandemic. We will explore the detail in the following section.

Various efforts to restrain the spread of COVID-19 were being implemented until the November 2020 phone survey. Amongst these efforts is social activity restrictions, even though these are more likely to be relaxed and comply with health protocols in public places.

Table 4.4: Morbidity Rates of Six Chronic Conditions Before and During Pandemic

Type of Chronic Condition	Before COVID-19 Pandemic (%)	July 2020 (%)	November 2020 (%)	N*
High blood pressure	36.49	27.05	31.55	3,113
Heart disease	8.42	6.59	7.48	3,113
Diabetes	12.17	10.60	11.05	3,113
Lung disease	4.08	2.18	2.67	3,113
Kidney disease	1.99	0.96	1.38	3,113
Stroke	4.53	3.02	3.28	3,113

Note: *N refers to respondents who answered all morbidity questions.

Aside from the government effort, society, including older people, must maintain their physical health during the pandemic. However, as the pandemic continues, the strategies of older people also change. Table 4.5 shows the strategies that increased or were chosen by more respondents in November 2020 than July 2020.

Almost half of the respondents reported that they maintained their physical health by exercising outside their homes. In November 2020, the percentage of people who exercised outside their homes increased than in July 2020 ($p<0.01$, McNemar chi-squared test). In the July 2020 phone survey, around 53.9% of respondents (95% CI: 52.18%–55.71%) chose outdoor exercises. In November 2020, the percentage increased to 57.44% (95% CI: 55.68%–59.18%).

In addition, respondents who consumed vitamins, supplements, traditional medicine, and herbs increased in November 2020 than in July 2020 ($p<0.001$, McNemar chi-squared test). Respondents who chose this practice increased from July 2020, at only 0.93% (95% CI: 0.62%–1.33%), to November 2020, which reached 26.59% (95% CI: 25.05%–28.18%). Respondents who did breathing exercises, relaxation, and yoga also significantly increased ($p<0.01$, McNemar chi-squared test). Approximately 1.41% respondents (95% CI: 1.02%–1.88%) chose this health practice in July 2020; in November 2020, it increased to 2.24% (95% CI: 1.41%–2.82%).

Respondents who chose 'others' effort significantly increased in November 2020 ($p<0.01$, McNemar chi-squared test). Most respondents who chose 'other' practices stated that they maintained their physical health by their dietary pattern, drinking lots of water, and always thinking positively. Meanwhile, the number of respondents who chose not to make any effort to maintain their physical health did not significantly increase in the two survey rounds.

Table 4.5: Practices to Maintain Physical Health, with Increasing Trends

Characteristics	Practices to Maintain Physical Health (%)														N	
	Exercise Outdoors		Take Vitamins/ Supplements/ Spices/Herbs		Have Balanced Nutrition		Limit Time to Read the News on COVID-19		Do Breathing Exercises, Relaxation, Yoga		Other		None			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**53.95**	**57.44**	**0.93**	**26.59**	**14.50**	**15.58**	**0.13**	**0.22**	**1.41**	**2.24**	**0.90**	**1.79**	**0.86**	**1.31**	**3,125**	
Sex																
Male	62.04	66.05	0.69	24.57	14.15	14.01	0.21	0.28	1.79	3.04	1.10	2.21	0.55	1.17	1,449	
Female	46.96	50.00	1.13	28.34	14.80	16.95	0.06	0.18	1.07	1.55	0.72	1.43	1.13	1.43	1,676	
Age																
60–69 years	58.74	62.08	0.98	27.60	14.54	15.32	0.15	0.20	1.52	2.36	0.83	1.77	0.15	0.88	2,036	
70–79 years	50.36	52.92	0.85	24.70	15.09	15.45	0.12	0.36	1.22	2.19	1.09	2.07	1.09	1.09	822	
80 years and older	28.46	35.96	0.75	24.72	12.36	17.98	0	0	1.12	1.50	0.75	1.12	5.62	5.24	267	
Living Location																
Urban	56.11	56.77	0.90	26.73	14.97	15.18	0.14	0.24	1.46	2.26	0.94	1.88	0.90	1.39	2,873	
Rural	29.37	65.08	1.19	25.00	9.13	20.24	0	0	0.79	1.98	0.40	0.79	0.40	0.40	252	
Province																
Bali	43.37	49.64	1.14	21.83	8.42	22.40	0	0.43	1.85	3.42	0.57	1.57	1.57	0.86	701	
DIY	59.86	57.73	0	26.92	6.73	15.23	0	0	0.83	1.65	0	1.77	1.53	1.42	847	
DKI Jakarta	55.49	60.75	1.33	28.54	21.37	12.75	0.25	0.25	1.52	2.03	1.52	1.90	0.19	1.46	1,577	
Income															**Jul**	**Nov**
Decrease	54.11	60.20	1.00	26.51	14.06	12.39	0.18	0.33	1.30	2.06	0.83	1.40	0.65	0.99	1,693	1,211
Same/Increase	53.77	55.69	0.84	26.65	15.01	17.61	0.07	0.16	1.54	2.35	0.98	2.04	1.12	1.52	1,432	1,914

Note: Respondents were allowed multiple answers.

Table 4.6: Practices to Maintain Physical Health, with a Declining Trend

Characteristics	Practices to Maintain Physical Health (%)										N	
	Keep an Active Living Style Inside/ Outside the Home		Sunbathe		Follow the Protocol to Prevent COVID-19		Watch TV/ YouTube		Exercise Indoors			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**56.86**	**47.97**	**55.58**	**49.54**	**33.92**	**20.83**	**18.98**	**9.50**	**17.34**	**15.71**	**3,125**	
Sex												
Male	51.76	44.72	50.93	46.17	35.61	20.91	17.67	9.94	15.25	14.56	1,449	
Female	61.28	50.78	59.61	52.45	32.46	20.76	20.11	9.13	19.15	16.71	1,676	
Age												
60–69 years	58.79	50.00	55.30	48.58	37.62	22.45	18.86	9.18	17.73	15.72	2,036	
70–79 years	55.47	45.74	56.93	52.68	31.14	20.32	20.44	10.95	16.79	16.67	822	
80 years and older	46.44	39.33	53.56	47.19	14.23	10.11	15.36	7.49	16.10	12.73	267	
Living Location												
Urban	55.31	46.54	57.40	48.28	33.45	21.51	19.63	7.55	16.88	16.67	2,873	
Rural	74.60	64.29	34.92	63.89	39.29	13.10	11.51	31.75	22.62	4.76	252	
Province												
Bali	62.34	56.49	33.52	41.08	26.68	12.41	8.42	15.26	21.83	12.13	701	
DIY	63.52	56.55	49.00	37.43	15.11	15.35	26.33	6.97	11.10	13.11	847	
DKI Jakarta	50.86	39.57	68.93	59.80	47.24	27.52	19.72	8.31	18.71	18.71	1,577	
Income											**Jul**	**Nov**
Decrease	56.35	48.97	55.88	50.70	36.68	24.77	16.95	9.58	16.42	14.37	1,693	1,211
Same/Increase	57.47	47.34	55.24	48.80	30.66	18.34	21.37	9.46	18.44	16.56	1,432	1,914

(Table 4.6: Continued)

Characteristics	Practices to Maintain Physical Health (%)												N	
	Sleep Regularly/ Sufficiently		Read Book/Holy Book		Express Uncomfortable Feelings and Thoughts to Other		Listen to Music		Reduce Smoking		Sing/play Musical Instrument			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**14.69**	**13.12**	**3.10**	**1.89**	**1.95**	**1.02**	**1.89**	**1.82**	**0.86**	**0.80**	**0.54**	**0.42**	**3,125**	
Sex														
Male	14.70	14.29	2.69	1.86	1.52	0.83	2.35	2.90	1.79	1.73	0.83	0.62	1,449	
Female	14.68	12.11	3.46	1.91	2.33	1.19	1.49	0.89	0.06	0	0.3	0.24	1,676	
Age														
60–69 years	14.54	12.13	3.00	2.11	2.06	1.23	1.96	2.06	0.74	0.98	0.74	0.49	2,036	
70–79 years	15.33	14.96	2.92	1.22	2.19	0.36	1.58	1.58	1.34	0.61	0.24	0.12	822	
80 years and older	13.86	14.98	4.49	2.25	0.37	1.50	2.25	0.75	0.37	0	0	0.75	267	
Living Location														
Urban	15.84	11.14	3.13	1.88	2.02	1.04	1.81	1.78	0.94	0.84	0.56	0.38	2,873	
Rural	1.59	35.71	2.78	1.98	1.19	0.79	2.78	2.38	0	0.40	0.40	0.38	252	
Province														
Bali	6.13	26.82	1.43	1.00	0.57	0.57	2.00	2.28	0	1.00	0.29	0.86	701	
DIY	3.78	5.55	5.08	2.13	1.06	1.06	3.19	1.06	0.12	0.71	0.83	0.24	847	
DKI Jakarta	24.35	11.10	2.79	2.16	3.04	1.20	1.14	2.03	1.65	0.76	0.51	0.32	1,577	
Income													**Jul**	**Nov**
Decrease	15.71	12.88	2.89	1.73	2.19	1.32	1.89	1.98	1.24	1.49	0.65	0.66	1,693	1,211
Same/Increase	13.48	13.27	3.35	1.99	1.68	0.84	1.89	1.72	0.42	0.37	0.42	0.26	1,432	1,914

Note: Respondents were allowed multiple answers.

Some practices that respondents implemented to maintain their physical health showed a downward trend or were chosen by fewer respondents in November 2020 than in July 2020 (Table 4.6).

In July 2020, more than half of the respondents adopted an active lifestyle inside or outside the home and sunbathed. However, the percentage of respondents who adopted this practice decreased significantly in November 2020 ($p<0.001$ for both, McNemar chi-squared test). Respondents who practiced an active lifestyle declined from July 2020, at 56.87% (95% CI: 55.10%–58.61%), to November 2020, which reached only 47.97% (95% CI: 46.20%–49.74). Likewise, respondents who sunbathed decreased from 55.58% (95% CI: 53.82%–57.34%) to 49.54% (95% CI: 47.77%–51.30%).

Another fact revealed in November 2020 is that fewer respondents complied with health protocols to prevent COVID-19 than those in July 2020 ($p<0.001$, McNemar chi-squared test). This study shows that older respondents were less likely to follow health protocols to prevent COVID-19 ($p <0.001$, Wilcoxon rank sum-test). In November 2020, significantly more respondents living in urban areas followed protocols to prevent COVID-19 than those in rural areas ($p <0.01$, Pearson chi-squared test). More respondents stated that they chose to exercise at home ($p <0.001$, Pearson chi-squared test).

Respondents who maintained physical health by watching TV and/or Youtube decreased by almost half from July 2020, at 18.89% (95% CI: 17.61%–30.79%), to November 2020, which reached only 9.50% (95 % CI: 8.50%–10.59%). The relaxation in community activities' restrictions decreased the number of respondents who adopted strategies involving activities at home and increased outdoor activities.

2.Mental Health

As explained in the July 2020 phone survey report, this study used the five-item GDS to collect information on depression status in a short time via a phone survey (Study Team 2021c). The 5-item GDS version was validated as effective as the 15-item GDS to screen depression (Hoyl et al., 1999; Rinaldi et al., 2003). As for the Bahasa Indonesian version of GDS questions, we referred to the *Petunjuk Teknis Istrumen Pengkajian Paripurna Pasien Geriatri* (Technical Instructions for Plenary Assessment of Geriatric Patients) provided by the Ministry of Health (Ministry of Health-*Kementerian Kesehatan* RI, 2017).

The five-item GDS encompasses the following factors related to depressive status: (i) satisfaction, (ii) boredom, (iii) helplessness, (iv) reluctance to go out of the house, and (v) worthlessness. However, in line with the previous July 2020 phone survey, we excluded variable (iv) because this question might confuse and create ambiguity in answers during the pandemic when older people were

encouraged to stay at home. Therefore, the score of depression is the sum of the modified four-item GDS.

We analysed the change in depression scores from the pre-pandemic period (SILANI baseline interview) to the July 2020 phone survey and from the July 2020 phone survey to the November 2020 phone survey. Table 4.7 shows the change in the modified four-item depression score. The result indicates that fewer respondents experienced increasing depression scores in November 2020, comprising only 10.88% (95% CI: 9.7%–12.2%) than those in July 2020, which reached 23.97% (95% CI: 22.3%–25.7%).

Respondents' depression scores differed significantly in the three provinces except for those living in Bali in November 2020 ($p<0.001$ for each, Pearson chi-squared test). Respondents in DIY have the least percentage of those who experienced changes in depression scores than the other two provinces in both survey rounds. Meanwhile, respondents in Bali reported the highest percentage of those whose depression scores changed.

A significant difference in respondents' depression scores is found in all respondents' income characteristics in both survey rounds ($p<0.001$, Pearson chi-squared test). Respondents whose income decreased were more likely to experience changes – either increasing or decreasing – in their depression scores than their counterparts.

Table 4.7: Change in Depression Scores

Characteristics	Change of Depression Scores (%)						N
	Increased		Decreased		No Change		
	C Jul	C Nov	C Jul	C Nov	C Jul	C Nov	
Respondents who answered the five-item GDS questions in SILANI baseline and phone survey by themselves	**23.97**	**10.88**	**23.60**	**22.02**	**52.43**	**67.10**	**2,407**
Sex							
Male	23.94	10.98	22.30	21.78	53.76	67.24	1,157
Female	24.00	10.80	24.80	22.24	51.20	66.96	1,250
Age							
60–69 years	24.74	10.83	22.63	22.81	52.62	66.36	1,754
70–79 years	23.06	9.86	25.53	20.60	51.41	69.54	568

Characteristics	Change of Depression Scores (%)						N	
	Increased		Decreased		No Change			
	C Jul	C Nov	C Jul	C Nov	C Jul	C Nov		
80 years and older	14.12	18.82	30.59	15.29	55.29	65.88		85
Living Location								
Urban	24.03	10.97	23.63	22.08	52.33	66.95		2,251
Rural	23.08	9.62	23.08	21.15	53.85	69.23		156
Province								
Bali	31.26	12.89	16.23	23.87	52.51	63.25		419
DIY	17.63	8.30	19.11	14.67	63.26	77.04		675
DKI Jakarta	24.90	11.58	28.26	25.21	46.84	63.21		1,313
Income							**Jul**	**Nov**
Decrease	27.21	12.88	24.54	27.03	48.25	60.08	1,345	947
Same/Increase	19.87	9.59	22.41	18.77	57.72	71.64	1,062	1,460

Notes: C Jul = Change in score from before pandemic to July 2020 (both asked in July 2020).
C Nov = Change in score from July 2020 to November 2020.

Table 4.8 shows the proportion of physical and verbal cases experienced by the respondents during the pandemic and reported in both survey rounds. In November 2020, more respondents reported becoming victims of violence ($p<0.05$, McNemar chi-squared test). Physical or verbal violence reported by respondents in November 2020 reached 1.6% (95% CI: 1.2%–2.1%), while those in July 2020 only comprised 0.9% (95% CI: 0.6%–1.3%).

Respondents in urban areas were significantly more likely to report physical and/or verbal abuse in November 2020 than in July 2020 ($p<0.05$, McNemar chi-squared test). In contrast, there is no significant difference for respondents living in rural areas. The percentage of physical and/or verbal abuse reported by the respondents in DIY significantly increased in November 2020 compared to July 2020, when no respondents reported physical and/or verbal abuse.

Table 4.8: Respondents Suffering from Abuse

Characteristics	Respondents Suffering from Abuse (%)		N	
	July 2020	November 2020		
All respondents	**0.90**	**1.60**		**3,125**
Sex				
Male	0.83	1.24		1,449
Female	0.95	1.91		1,676
Age				
60–69 years	1.03	1.62		2,036
70–79 years	0.85	1.82		822
80 years and older	0.00	0.75		267
Living Location				
Urban	0.94	1.60		2,873
Rural	0.40	1.19		252
Province				
Bali	0.43	0.86		701
DIY	0.00	0.94		847
DKI Jakarta	1.59	2.28		1,577
Income			**Jul**	**Nov**
Decrease	1.18	1.57	1,693	1,211
Same/Increase	0.56	1.62	1,432	1,914

Maintaining health during this COVID-19 pandemic refers to physical and mental health so that older people can still prosper, be happy, and be healthy. It is a challenge since we have to adopt the 'new normal' habits during this pandemic.

In the July 2020 phone survey, almost all respondents made several efforts to maintain mental health during the pandemic (Study Team 2021c). However, the respondents' preferences changed with the length of the pandemic period. As a result, fewer respondents chose some efforts in the November 2020 phone survey (Table 4.9).

In July 2020, around 67.33% of respondents stated that they maintain mental health by praying (95% CI: 65.6%–69.0%); however, this number decreased in November 2020 to only 37.6 (95% CI: 35.9%–39.3%). Thus, this option significantly declined from July 2020 to November 2020($p<0.001$, McNemar chi-squared test).

Respondents who adopted an active lifestyle at home decreased from 34.62% (95% CI: 32.95%–36.32%) in July 2020 to almost half, 18.62% (95% CI: 17.27%–20.03%), in November 2020. Respondents in rural areas were significantly more likely to choose an active lifestyle at home than their counterparts in July 2020 and November 2020 ($p<0.001$, Pearson chi-squared test). Meanwhile, respondents in urban areas were significantly more likely to read more books, including the Holy Book, than their counterparts ($p<0.001$, Pearson chi-squared test).

Compliance with health protocols was significantly less preferred in November 2020 than in July 2020 ($p<0.001$, McNemar chi-squared test). In July 2020, respondents who complied with health protocols reached 17.28% (95% CI: 15.96%–18.65%), while it was 7.65% (95% CI: 6.74%–8.64%) in November 2020. Older respondents were significantly less likely to follow health protocols in preventing COVID-19 in July 2020 and in November 2020 ($p<0.001$, Wilcoxon rank sum-test).

The increasing percentage of respondents who used several strategies to maintain mental health during the pandemic illustrates changes in respondents' preferences. For example, in November 2020, around 39.84% of respondents (95% CI: 38.1%–41.6%) stated that they maintained mental health by listening to music, watching TV/YouTube, or listening to preachers. In contrast, only 12.99% of respondents (95% CI: 11.83%–14.22%) preferred these in July 2020. This means more respondents who chose these efforts significantly increased from July 2020 to November 2020 ($p<0.001$, McNemar chi-squared test).

Significantly more respondents chose several outdoor activities in November 2020 than in July 2020. Amongst these activities are walking outdoors, adopting an active lifestyle outside the house, and sunbathing ($p<0.001$, McNemar chi-squared test).

In July 2020, only 0.13% of respondents (95% CI: 0.03%–0.33%) chose walking outdoors to maintain mental health. In November 2020, this increased to 18.91% of respondents (95%) CI: 17.55%–20.33%). On the other hand, respondents who adopted an active lifestyle outside the house, such as going to rice fields, gardens, etc., increased quite dramatically from 0.58% (95% CI: 0.34 %–0.91%) in July 2020 to 14.14% (95% CI: 12.94%–15.41%) in November 2020. Similarly, respondents who sunbathed to maintain mental health increased from 0.51% (95% CI: 0.29%–0.83%) in July 2020 to 12.58% (95% CI: 11.43%–13.79%) in November 2020.

The increasing trend of outdoor activities to maintain mental health in November 2020 is in line with the restriction relaxation policy on community activities amidst the rising number of confirmed COVID-19 cases.

Table 4.9: Practices to Maintain Mental Health, with a Declining Trend

Characteristics	Practices to Maintain Mental Health												N	
	Pray		Keep an Active Lifestyle Indoors		Read Book/Holy Book		Exercise Outdoors		Follow the Protocol to Prevent COVID-19		Care for Plants			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**67.33**	**37.63**	**34.62**	**18.62**	**27.10**	**18.62**	**22.27**	**20.32**	**17.28**	**7.65**	**11.26**	**11.10**	**3,125**	
Sex														
Male	65.84	36.09	28.64	14.70	24.78	17.53	26.71	26.09	18.50	8.76	10.01	10.42	1,449	
Female	68.62	38.96	39.80	22.02	29.12	19.57	18.44	15.33	16.23	6.68	12.35	11.69	1,676	
Age														
60–69 years	69.06	38.90	36.39	19.16	27.75	19.60	23.97	22.79	18.66	8.40	11.59	12.48	2,036	
70–79 years	65.57	37.71	33.09	18.98	26.76	17.76	21.78	17.03	17.03	7.18	11.56	9.73	822	
80 years and older	59.55	27.72	25.84	13.48	23.22	13.86	10.86	11.61	7.49	3.37	7.87	4.87	267	
Living Location														
Urban	67.32	38.71	33.38	17.09	29.13	19.74	22.10	19.77	15.70	7.52	11.49	10.72	2,873	
Rural	67.46	25.40	48.81	36.11	3.97	5.95	24.21	26.59	35.32	9.13	8.73	15.48	252	
Province														
Bali	65.05	36.80	41.80	25.11	5.42	5.56	29.39	21.26	24.54	8.27	8.13	11.55	701	
DIY	73.20	42.50	30.11	15.47	40.97	23.38	19.36	14.05	12.40	7.79	16.53	15.35	847	
DKI Jakarta	65.19	35.38	33.86	17.44	29.30	21.88	20.67	23.27	16.68	7.29	9.83	8.62	1,577	
Income													**Jul**	**Nov**
Decrease	67.69	34.35	35.62	19.16	24.93	16.52	23.63	22.63	19.02	7.68	8.62	10.65	1,693	1,211
Same/Increase	66.90	39.71	33.45	18.29	29.68	19.96	20.67	18.86	15.22	7.63	14.39	11.39	1,432	1,914

(Table 4.9: Continued)

Characteristics	Practices to Maintain Mental Health												N	
	Spend More Time for Hobbies		Exercise Indoors		Maintain Environmental Cleanliness		Eat Balanced Nutrition		Limit Time to Read News about COVID-19		None			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**9.34**	**5.57**	**6.62**	**4.67**	**6.30**	**5.60**	**5.34**	**3.17**	**2.40**	**0.96**	**1.79**	**1.57**	**3,125**	
Sex														
Male	11.80	8.90	7.45	4.49	4.90	5.66	4.83	2.97	1.86	0.97	1.52	1.52	1,449	
Female	7.22	2.68	5.91	4.83	7.52	5.55	5.79	3.34	2.86	0.95	2.03	1.61	1,676	
Age														
60–69 years	10.02	5.89	7.12	4.86	6.78	5.94	5.70	3.19	2.41	1.18	0.74	1.08	2,036	
70–79 years	8.76	5.60	5.11	4.74	5.96	4.99	5.11	3.16	2.43	0.61	2.92	1.58	822	
80 years and older	5.99	3.00	7.49	3.00	3.75	4.87	3.37	3.00	2.25	0.37	6.37	5.24	267	
Living Location														
Urban	9.75	5.64	6.09	4.77	6.16	4.80	5.36	3.10	2.40	0.90	1.84	1.71	2,873	
Rural	4.76	4.76	12.70	3.57	7.94	14.68	5.16	3.97	2.38	1.59	1.19	0	252	
Province														
Bali	10.13	4.42	9.70	4.71	5.85	9.99	3.28	4.28	1.85	0.71	3.14	1.14	701	
DIY	6.14	6.61	2.72	3.90	5.55	5.08	4.01	2.01	2.13	0.59	1.77	1.77	847	
DKI Jakarta	10.72	5.52	7.36	5.07	6.91	3.93	6.98	3.30	2.79	1.27	1.20	1.65	1,577	
Income													**Jul**	**Nov**
Decrease	8.98	5.20	7.15	4.71	6.50	6.19	5.26	2.56	2.13	1.16	1.89	1.49	1,693	1,211
Same/Increase	9.78	5.80	6.01	4.65	6.08	5.22	5.45	3.55	2.72	0.84	1.68	1.62	1,432	1,914

Note: Respondents were allowed multiple answers.

Table 4.10: Practices to Maintain Mental Health, with an Increasing Trend

Characteristics	Practices to Maintain Mental Health										N	
	Listen to Music, Watch TV/YouTube, Listen to Preachers		Communicate with Friends and Family		Walk Outdoors		Keep an Active Lifestyle Outdoors		Sunbathe			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**12.99**	**39.84**	**28.32**	**35.14**	**0.13**	**18.91**	**0.58**	**14.14**	**0.51**	**12.58**	**3,125**	
Sex												
Male	13.39	38.85	27.74	33.54	0.21	20.70	0.97	15.53	0.41	12.63	1,449	
Female	12.65	40.69	28.82	36.52	0.06	17.36	0.24	12.95	0.60	12.53	1,676	
Age												
60–69 years	13.56	40.13	30.55	34.77	0	19.06	0.69	14.98	0.74	12.13	2,036	
70–79 years	12.04	40.27	25.67	35.28	0.24	19.10	0.36	13.26	0.12	13.38	822	
80 years and older	11.61	36.33	19.48	37.45	0.75	17.23	0.37	10.49	0	13.48	267	
Living Location												
Urban	13.75	39.23	29.73	33.73	0.14	17.26	0.63	11.28	0.56	11.17	2,873	
Rural	4.37	46.83	12.3	51.19	0	37.70	0	46.83	0	28.57	252	
Province												
Bali	7.56	37.66	11.55	39.23	0.29	23.11	0.71	24.25	0.14	14.98	701	
DIY	7.91	38.72	18.89	29.16	0	20.54	0	15.82	0	6.49	847	
DKI Jakarta	18.14	41.41	40.84	36.53	0.13	16.17	0.82	8.75	0.95	14.77	1,577	
Income											**Jul**	**Nov**
Decrease	13.76	40.21	29.36	40.13	0.06	20.15	0.89	15.03	0.53	13.38	1,693	1,211
Same/Increase	12.08	39.60	27.09	31.97	0.21	18.13	0.21	13.58	0.49	12.07	1,432	1,914

(Table 4.10: Continued)

Characteristics	Practices to Maintain Mental Health								N	
	Express Feeling to Others		Accept Changes		Do Breathing Exercises, Relaxation, Yoga		Other			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	**4.45**	**5.70**	**3.55**	**4.45**	**1.25**	**1.98**	**0.48**	**1.79**	**3,125**	
Sex										
Male	4.00	5.80	4.28	4.49	1.73	2.90	0.41	1.66	1,449	
Female	4.83	5.61	2.92	4.42	0.84	1.19	0.54	1.91	1,676	
Age										
60–69 years	4.42	5.80	3.88	4.76	1.42	2.06	0.54	1.92	2,036	
70–79 years	4.38	6.20	3.28	4.50	1.09	2.19	0.36	1.58	822	
80 years and older	4.87	3.37	1.87	1.87	0.37	0.75	0.37	1.50	267	
Living Location										
Urban	4.52	6.09	3.69	4.77	1.15	1.84	0.52	1.88	2,873	
Rural	3.57	1.19	1.98	0.79	2.38	3.57	0	0.79	252	
Province										
Bali	2.57	1.43	1.00	2.28	2.71	5.14	0.57	0.57	701	
DIY	3.54	4.72	0.35	1.89	0.83	0.94	0.24	2.24	847	
DKI Jakarta	5.77	8.12	6.40	6.79	0.82	1.14	0.57	2.09	1,577	
Income									**Jul**	**Nov**
Decrease	4.73	7.35	3.72	4.62	1.06	1.82	0.30	1.90	1,693	1.211
Same/Increase	4.12	4.65	3.35	4.34	1.47	2.09	0.70	1.72	1,432	1.914

Note: Respondents were allowed multiple answers.

3. Health Services

The government still recommends limiting visits to health facilities other than for emergencies. Based on the July 2020 survey report, people are also worried about going to health facilities for fear of being infected by COVID-19 (Study Team 2021c). On the other hand, some older people need regular visits to health facilities because they have chronic diseases requiring regular check-ups and treatment. Therefore, activity restrictions during the pandemic might have affected older people's access to health services.

Table 4.11: Respondents Who Have Difficulty Accessing Health Facilities during the Pandemic

Characteristics	July 2020			November 2020		
	Who Have Difficulty Accessing Health (%)	Who Have Difficulty Accessing Health (N)*	Who Need Health Services at Health Facilities (N)	Who Have Difficulty Accessing Health (%)	Who Have Difficulty Accessing Health (N)*	Who Need Health Services at Health Facilities (N)
Respondents	**11.27**	**196**	**1,739**	**9.63**	**221**	**2,295**
Sex						
Male	9.64	76	788	9.93	103	1,037
Female	12.62	120	951	9.38	118	1,258
Age						
60–69 years	10.69	123	1,151	9.65	142	1,472
70–79 years	13.67	63	461	9.76	62	635
80 years and older	7.87	10	127	9.04	17	188
Living Location						
Urban	12.08	189	1,564	10.24	217	2,119
Rural	4.00	7	175	2.27	4	176
Province						
Bali	7.08	23	325	4.51	22	488
DIY	2.25	10	444	7.38	44	596
DKI Jakarta	16.80	163	970	12.80	155	1,211
Income						
Decreased	13.01	122	938	10.18	91	894
Same/ Increased	9.24	74	801	9.28	130	1,401

Notes: * The dominators of these indicators are calculated based on numbers of "Respondents who need health services at health facilities"

The number of respondents who need to visit health facilities increased from July 2020 to November 2020. Regardless of the difference in the number of respondents who need health services, the percentage of respondents who have difficulty accessing health facilities in November 2020 (9.63%, 95% CI: 8.45 %–10.91%) was lower than those in July 2020 (11.27%, 95% CI: 9.82%–12.85%). Respondents in urban areas were more likely to have difficulty accessing health facilities than their counterparts in both survey rounds ($p<0.01$ for each, Pearson chi-squared test).

Amongst the three sample provinces, DKI Jakarta had the highest percentage of respondents who had difficulty accessing health facilities in both survey rounds ($p<0.001$ for each, Pearson chi-squared test). In contrast, the province with the least respondents experiencing challenges in accessing health facilities was DIY for the July 2020 telephone survey, then replaced by Bali in the November 2020 telephone survey ($p<0.001$ each, Pearson chi-squared test)

Respondents expressed various reasons for difficulty accessing health facilities. (Table 4.12). In July 2020, the most common reason reported by respondents was the worry or fear of being infected with COVID-19, which reached 44.39% (95% CI: 37.7%–51.1%). However, the percentage was lower in November 2020 (25.3%, 95% CI: 19.7%–31.6). Respondents in urban areas were more likely to answer that they were afraid or worried than those in rural areas in July 2020 ($p<0.05$, Pearson chi-squared test). Respondents in DIY tended to answer less fear or worried ($p<0.05$, Pearson chi-squared test) in the July 2020 phone survey, while there was no significant difference in the November 2020 survey.

Table 4.12: Reason for Difficulty Accessing Health Facilities, with a Declining Trend

Characteristics	Reason for Difficulty in Accessing Health Facilities						N	
	Worried/Scared		Facilities Closed/ Older Patients Not Accepted		No One to Accompany Older Person			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents with difficulty in accessing health facilities	**44.39**	**25.34**	**27.55**	**9.95**	**5.10**	**4.98**	**196**	**221**
Sex								
Male	36.84	21.36	25.00	11.65	5.26	1.94	76	103
Female	49.17	28.81	29.17	8.47	5.00	7.63	120	118
Age								
60–69 years	43.90	26.06	29.27	9.15	4.88	3.52	123	142
70–79 years	44.44	24.19	25.40	11.29	6.35	6.45	63	62

Characteristics	Reason for Difficulty in Accessing Health Facilities						N	
	Worried/Scared		Facilities Closed/ Older Patients Not Accepted		No One to Accompany Older Person			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
80 years and older	50.00	23.53	20.00	11.76	0	11.76	10	17
Living Location								
Urban	46.03	25.35	28.57	10.14	5.29	4.61	189	217
Rural	0	25.00	0	0	0	25.00	7	4
Province								
Bali	43.48	9.09	17.39	4.55	0	4.55	23	22
DIY	10.00	29.55	10.00	6.82	0	2.27	10	44
DKI Jakarta	46.63	26.45	30.06	11.61	6.13	5.81	163	155
Income								
Decreased	40.98	23.08	27.87	9.89	6.56	6.59	122	91
Same/Increased	50.00	26.92	27.03	10.00	2.70	3.85	74	130

Notes: The respondents were allowed multiple answers.

Respondents who stated that the reason for the difficulty accessing health facilities was that the facilities were closed or did not accept the elderly also decreased by almost a third from July 2020, which reached 27.77% (95% CI: 24.42%–34.37%) to November 2020, which reached only 9.95% (95% CI: 6.34%–14.68%).

The reasons for problems in accessing health services expressed by respondents in November 2020 tend to be different in July 2020, indicated by the decreasing percentage for several reasons (Table 4.12). On the other hand, other reasons increased in the percentage or were chosen by more respondents in November 2020.

Amongst the reasons stated by respondents and experiencing a large percentage increase is that they do not have money to pay for health services. Respondents reporting these reasons increased from 8.16% (95% CI: 4.9%–12.6%) in July 2020 to 20.81% (95% CI: 15.7%–26.8%) in November 2020. Respondents in rural areas were more likely to answer 'no money to pay for health services' than in urban areas in July 2020 ($p<0.01$, Pearson chi-squared test); nonetheless, no significant difference was found in November 2020.

Long queues are also why older people have difficulty accessing health services, with a higher percentage in November 2020 or almost six times than July 2020.

Table 4.13: Reason for Difficulty Accessing Health Facilities, with an Increasing Trend

Characteristics	Reason for Difficulty in Accessing Health Facilities										N	
	Do Not Have Money for Services		Long Queue		BPJS Not Available		Staff Busy re COVID-19		Limited Capacity of Patients			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents with difficulty in accessing health facilities	**8.16**	**20.81**	**3.06**	**18.10**	**5.10**	**7.69**	**4.59**	**4.98**	**1.53**	**4.52**	**196**	**221**
Sex												
Male	7.89	20.39	1.32	18.45	9.21	8.74	2.63	6.80	2.63	1.94	76	103
Female	8.33	21.19	4.17	17.80	2.50	6.78	5.83	3.39	0.83	6.78	120	118
Age												
60–69 years	8.13	21.13	3.25	18.31	4.07	9.15	4.07	4.93	0.81	4.23	123	142
70–79 years	9.52	24.19	3.17	16.13	7.94	6.45	4.76	4.84	1.59	6.45	63	62
80 years and older	0	5.88	0	23.53	0	0	10.00	5.88	10.00	0	10	17
Living Location												
Urban	6.88	20.74	3.17	17.97	5.29	7.83	4.76	4.61	1.59	4.61	189	217
Rural	42.86	25	0	25.00	0	0	0	25.00	0	0	7	4
Province												
Bali	26.09	36.36	4.35	22.73	0	9.09	0	9.09	0	4.55	23	22
DIY	0	2.27	20.00	25.00	20.00	13.64	0	0	20.00	11.36	10	44
DKI Jakarta	6.13	23.87	1.84	15.48	4.91	5.81	5.52	5.81	0.61	2.58	163	155
Income												
Decreased	9.02	21.98	4.10	17.58	4.10	6.59	4.10	4.40	2.46	5.49	122	91
Same/Increased	6.76	20.00	1.35	18.46	6.76	8.46	5.41	5.38	0	3.85	74	130

(Table 4.13: Continued)

Characteristics	Reason for Difficulty in Accessing Health Facilities								N	
	Do Not Have BPJS		Discrimination against Older People		Do Not Have Money for Transport		Others			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents with difficulty in accessing health facilities	**2.55**	**3.62**	**3.57**	**3.62**	**1.02**	**3.17**	**2.04**	**9.50**	**196**	**221**
Sex										
Male	2.63	3.88	3.95	2.91	1.32	1.94	5.26	12.62	76	103
Female	2.50	3.39	3.33	4.24	0.83	4.24	0	6.78	120	118
Age										
60–69 years	1.63	2.11	3.25	4.23	1.63	2.11	3.25	9.86	123	142
70–79 years	4.76	6.45	3.17	0	0	4.84	0	11.29	63	62
80 years and older	0	5.88	10	11.76	0	5.88	0	0	10	17
Living Location										
Urban	1.59	3.69	3.70	3.69	0.53	2.76	1.59	9.68	189	217
Rural	28.57	0	0	0	14.29	25.00	14.29	0	7	4
Province										
Bali	8.70	4.55	4.35	4.55	4.35	4.55	4.35	4.55	23	22
DIY	0	4.55	20.00	0	0	0	0	9.09	10	44
DKI Jakarta	1.84	3.23	2.45	4.52	0.61	3.87	1.84	10.32	163	155
Income										
Decreased	4.10	4.40	4.10	3.30	0.82	3.30	1.64	8.79	122	91
Same/Increased	0	3.08	2.70	3.85	1.35	3.08	2.70	10.00	74	130

BPJS = Badan Penyelenggara Jaminan Sosial.

Note: Respondents were allowed multiple answers.

The percentage of respondents who stated this was 3.06% (95% CI: 0.03%–7.11%) in July 2020 and increased to 18.10% (95% CI: 11.49%–27.3%) in November 2020. Respondents in DIY were more likely to answer long queues as a problem of access ($p<0.01$, Pearson chi-squared test).

The number of respondents who needed consultation at a health facility increased from July 2020 to November 2020. Yet, the percentage of respondents who postponed consultations in November 2020 is lower than those in July 2020.

Female respondents were more likely to delay their consultation than their male counterparts in both rounds of phone surveys ($p<0.001$ for July 2020 and $p<0.1$ for November 2020, Pearson chi-squared test). In addition, respondents in urban areas were more likely to delay their consultation than those in rural areas in November 2020 ($p<0.5$, Pearson chi-squared test). In contrast, no significant difference was found in July 2020.

Respondents in DKI Jakarta were most likely to delay consultation than other provinces in both survey rounds ($p<0.001$ for each, Pearson chi-squared test). Meanwhile, DIY had the lowest percentage of respondents delaying consultation in July 2020, while it was Bali in November 2020 ($p<0.001$ for each, Pearson chi-squared test).

Table 4.14: Respondents Who Delayed Consultation in Health Facilities during the Pandemic

Characteristics	July 2020			November 2020		
	Who Delayed Consultation at Health Facilities (%)	Who Delayed Consultation at Health Facilities (N)*	Respondents Who Planned Consultation at Health Facilities (N)	Who Delayed Consultation at Health Facilities (%)	Who Delayed Consultation at Health Facilities (N)*	Respondents Who Planned Consultation at Health Facilities (N)
Respondents	**28.82**	**538**	**1,867**	**21.00**	**482**	**2,295**
Sex						
Male	24.35	205	842	18.13	188	1,037
Female	32.49	333	1025	23.37	294	1,258
Age						
60–69 years	29.06	351	1,208	21.74	320	1,472
70–79 years	29.32	151	515	20.63	131	635
80 years and older	25.00	36.00	144	16.49	31	188

Characteristics	July 2020			November 2020		
	Who Delayed Consultation at Health Facilities (%)	Who Delayed Consultation at Health Facilities (N)*	Respondents Who Planned Consultation at Health Facilities (N)	Who Delayed Consultation at Health Facilities (%)	Who Delayed Consultation at Health Facilities (N)*	Respondents Who Planned Consultation at Health Facilities (N)
Living Location						
Urban	29.21	498	1,705	21.52	456	2,119
Rural	24.69	40	162	14.77	26	176
Province						
Bali	18.66	67	359	13.93	68	488
DIY	17.08	89	521	15.94	95	596
DKI Jakarta	38.70	382	987	26.34	319	1,211
Income						
Decreased	31.35	306	976	22.48	201	894
Same/ Increased	26.04	232	891	20.06	281	1,401

Notes: * The dominators of these indicators are calculated based on numbers of "Respondents Who Planned Consultation at Health Facilities"

Respondents whose income decreased in July 2020 were more likely to delay consultation than those whose income did not decline; no significant difference was found in November 2020.

The number of respondents who need routine medicine increased in November 2020 compared to July 2020 (Table 4.15). Likewise, the percentage of respondents who experienced a shortage of medicines increased from 11.66% (95% CI: 10.10%–13.37%) in July 2020 to 12.98% (95% CI: 11.37%–14.73%) in November 2020.

In July 2020, respondents in urban areas were more likely to experience a shortage of routine medicines than those in rural areas ($p<0.01$, Pearson chi-squared test). No significant difference was found in November 2020.

Respondents in DKI Jakarta were most likely to have a shortage of routine medicines than those in other provinces in both survey rounds ($p<0.001$ for each, Pearson chi-squared test). Meanwhile, DIY was the province with the lowest percentage of respondents experiencing a shortage of medicines in July 2020, while it was Bali in November 2020 ($p<0.001$ for DIY and $p<0.01$ for Bali, Pearson chi-squared test).

Respondents whose income decreased were more likely to experience a shortage of medicines than those whose income did not fall in both survey rounds ($p<0.001$ for July 2020 and $p<0.01$ for November 2020, Pearson chi-squared test).

Table 4.15: Shortage of Routine Medicines during the Pandemic

Characteristics	July 2020			November 2020		
	Respondents Who faced a Shortage of Medicines (%)	Respondents Who faced a Shortage of Medicines (N)*	Respondents Who Need Routine Medicine (N)	Respondents Who faced a Shortage of Medicines (%)	Respondents Who faced a Shortage of Medicines (N)*	Respondents Who Need Routine Medicine (N)
Respondents	**11.66**	**179**	**1,535**	**12.98**	**208**	**1,602**
Sex						
Male	12.01	79	658	12.87	91	707
Female	11.40	100	877	13.07	117	895
Age						
60–69 years	12.05	118	979	12.55	129	1,028
70–79 years	12.00	54	450	14.07	64	455
80 years and older	6.60	7	106	12.61	15	119
Living Location						
Urban	12.37	173	1,398	13.13	193	1,470
Rural	4.38	6	137	11.36	15	132
Province						
Bali	3.82	11	288	8.65	27	312
DIY	2.43	9	370	8.99	34	378
DKI Jakarta	18.13	159	877	16.12	147	912
Income						
Decreased	14.37	117	814	16.05	95	592
Same/ Increased	8.60	62	721	11.19	113	1,010

Notes: * The dominators of these indicators are calculated based on numbers of "Respondents Who Need Routine Medicine?

The most common reason respondents experienced a shortage of medicines in both survey rounds was the lack of money to buy the medicines. In July 2020, the percentage of respondents who reported not having money to buy drugs reached 43.58% (95% CI: 36.2%–51.2%). In November 2020, this percentage increased, although not significantly enough, to 46.15% (95% CI: 39.2%–53.2%). In November 2020, DIY had the lowest percentage of respondents stating this reason compared to other provinces ($p<0.05$, Pearson chi-squared test). However, in July 2020, no significant difference was found.

Table 4.16: Reasons for Shortage of Routine Medicines during the Pandemic, with an Increasing Trend

Characteristics	Reasons for Shortage of Routine Medicines (%)										N	
	Do Not Have Money for Medicines		Forgot/Late/ No time		No Stock		Worried/Scared		Do Not Have Money for Transport			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents with shortage of medicine	**43.58**	**46.15**	**8.38**	**22.60**	**13.97**	**18.75**	**6.70**	**8.65**	**1.12**	**4.81**	**179**	**208**
Sex												
Male	46.84	49.45	8.86	21.98	16.46	23.08	5.06	6.59	1.27	2.20	79	91
Female	41.00	43.59	8.00	23.08	12.00	15.38	8.00	10.26	1.00	6.84	100	117
Age												
60–69 years	44.92	50.39	8.47	20.16	14.41	15.50	7.63	9.30	0.85	4.65	118	129
70–79 years	40.74	40.63	5.00	25.00	12.96	25.00	5.56	9.38	0	4.69	54	64
80 years and older	42.86	33.33	0	33.33	14.29	20.00	0	0	14.29	6.67	7	15
Living Location												
Urban	43.35	44.56	8.67	23.32	14.45	19.69	6.94	8.81	0.58	4.15	173	193
Rural	50.00	66.67	0	13.33	0	6.67	0	6.67	16.67	13.33	6	15
Province												
Bali	45.45	62.96	0	18.52	0	7.41	0	11.11	9.09	7.41	11	27
DIY	44.44	26.47	11.11	35.29	0	14.71	0	5.88	11.11	2.94	9	34
DKI Jakarta	43.40	47.62	8.81	20.41	15.72	21.77	7.55	8.84	0	4.76	159	147
Income												
Decreased	47.86	54.74	5.98	13.68	15.38	14.74	5.98	9.47	0.85	8.42	117	95
Same/Increased	35.48	38.94	12.9	30.09	11.29	22.12	8.06	8.65	1.61	1.77	62	113

Note: Respondents were allowed multiple answers.

Table 4.17: Reasons for Shortage of Routine Medicines during the Pandemic, with a Declining Trend

Characteristics	Reasons for Shortage of Routine Medicines (%)												N	
	Facilities, Pharmacies Closed/Not Serving Older People		No One to Accompany Older Person		Discrimination against Older People		Do Not Have BPJS		Staff Busy re COVID-19		Others			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents with shortage of medicine	**17.32**	**4.81**	**13.97**	**5.29**	**2.23**	**0.48**	**1.68**	**0.48**	**0.56**	**0.48**	**2.79**	**0.48**	**179**	**208**
Sex														
Male	18.99	4.40	8.86	4.40	1.27	0	1.27	1.10	1.27	0	2.53	0	79	91
Female	16.00	5.13	18.00	5.98	3.00	0.85	2.00	0	0	0.85	3.00	0.85	100	117
Age														
60–69 years	17.80	4.65	11.86	3.88	2.54	0.78	1.69	0.78	0	0.78	2.54	0	118	129
70–79 years	16.67	4.69	18.52	7.81	1.85	0	1.85	0	1.85	0	3.70	1.56	54	64
80 years and older	14.29	6.67	14.29	6.67	0	0	0	0	0	0	0	0	7	15
Living Location														
Urban	17.92	4.66	13.87	5.70	2.31	0.52	1.73	0.52	0.58	0.52	2.31	0.52	173	193
Rural	0	6.67	16.67	0	0	0	0	0	0	0	16.67	0	6	15
Province														
Bali	9.09	3.70	18.18	0	0	0	0	0	0	0	18.18	0	11	27
DIY	11.11	5.88	44.44	11.76	0	0	11.11	0	0	0	0	0	9	34
DKI Jakarta	18.24	4.76	11.95	4.76	2.52	0.68	1.26	0.68	0.63	0.68	1.89	0.68	159	147
Income														
Decreased	14.53	7.37	12.82	4.21	2.56	0	2.56	1.05	0.85	1.05	2.56	1.05	117	95
Same/Increased	22.58	2.65	16.13	6.19	1.61	0.88	0	0	0	0	3.23	0	62	113

Note: Respondents were allowed multiple answers.

Respondents whose income declined significantly more likely experienced a shortage of medicines due to lack of money to buy medicines than those whose income did not decrease in November 2020 ($p<0.05$, Pearson chi-squared test). However, no significant difference was found in July 2020.

Forgetting, being late, or not having the time to buy medicines ($p<0.001$, McNemar chi-squared test) and not having money for transportation ($p<0.05$, McNemar chi-squared test) are other reasons widely reported by respondents and increased significantly from July 2020 to November 2020. Around 8.38% of respondents (95% CI: 4.77%–13.44%) stated they lacked routine medication because they forgot, were late, or did not have time to buy medicines in July 2020. Then, the percentage increased to 22.60% (95% CI: 17.10%–28.89%) in November 2020. Respondents who stated that they did not have money for transportation costs increased from 1.12% (95% CI: 0.13%–3.98%) in July 2020 to nearly 4.81% (95% CI: 2.33%–8.66%) in November 2020.

Regarding the reasons for medicine shortages, health facilities/pharmacies were closed or did not serve the older people ($p<0.01$, McNemar chi-squared test) and no one took them to the pharmacy or health facility ($p<0.05$, McNemar chi-squared test) decreased significantly in November 2020 than in July 2020.

The percentage of respondents who stated that health facilities were closed in November 2020 decreased to only 4.81% (95% CI: 2.33%–8.66%) compared to July 2020, which reached 17.32% (95% CI: 12.08%–23.67%). Meanwhile, respondents who stated that there was a shortage of routine medicines because no one took them to the pharmacy or health facilities decreased from 13.97% (95% CI: 9.25%–19.92%) to only 5.29% (95% CI: 2.67%–9.26%) in November 2020.