

Chapter 5

Interaction and Social Support

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CHAPTER 5

Interaction and Social Support

Older people are prone to experiencing social isolation and loneliness that will affect their morbidity and mortality (Mays et al., 2020). Thus, efforts have been made for older people to get involved regularly in activities or interactions in the community to maintain their physical and mental health. However, during this pandemic, activities to maintain social interaction cannot be conducted as in normal times.

The effectiveness of social restrictions during the pandemic should be evaluated, considering the increasing trend of COVID-19 cases. Social restrictions are implemented to restrain the number of COVID-19 cases, especially in the high-risk group, including older people. However, this policy also creates pros and cons.

On one side, social interaction patterns are changed so that older people are safe. Nonetheless, older people might be socially isolated. The risk can be reduced by providing a safe and effective social support mechanism.

1. Social Interaction

Social activity restrictions during the pandemic are a way of restraining the spread of COVID-19. On the other hand, social activity restrictions have many consequences, such as economic slowdown which affects social well-being and disrupts social interaction. Even though social activity restrictions tend to be relaxed, as shown in Figure 1.1, older people are a vulnerable group. Thus, they must still limit their social interaction.

Communication and social media are expected to accommodate social interaction with such social restrictions during the pandemic. However, not everyone, including older people, is quite familiar and quickly adapts to communicate through online media. Moreover, older people's digital literacy in Indonesia and globally is low. Only around 16.2% of older people aged 60–64 years and 8.5% of older people aged 65 years or older use the internet (APJII, 2018). Therefore, it will be problematic to implement social distancing while keeping social connectedness in the community.

This chapter discusses older people's social interaction patterns during the pandemic. Implementation of social distancing creates potential social isolation in the older people community. Social interaction in this study is measured using

three indicators: (i) how older people maintain their social relationship with relatives, friends, and/or neighbours during the COVID-19 pandemic, whether in person or indirect interaction; (ii) participation in outdoor activities during the pandemic, such as arisan,¹ older people's gathering; and (iii) contribution and support for family and community during the pandemic. Tables 5.1 to 5.3 present all three indicators.

Table 5.1 shows the platforms that respondents used to communicate with relatives, friends, and/or neighbours during the COVID-19 pandemic. In both rounds of the phone survey, there is a significant change in older people's preference for some platforms used to interact with each other.

Respondents who claimed they did not interact were significantly less in November 2020 than in July 2020 ($p < 0.001$, McNemar chi-squared test). In July 2020, respondents who stated that they did not interact were around 4.74% (95% CI: 4.02%–5.54%), whereas, in November 2020, the percentage was only 2.21% (95% CI: 1.72%–2.79%). Older respondents were less likely to interact than younger respondents in both rounds ($p < 0.001$, Wilcoxon rank-sum test). Thus, we can conclude that respondents interacted more in November 2020 (97.79%) than in July 2020 (95.26%).

Respondents in both survey rounds who are still socially interacting chose to meet in person. In November 2020, when social restrictions were more relaxed than in July 2020, significantly more respondents stated that they chose to meet their relatives, friends, and/or neighbours in person to maintain social connectedness ($p < 0.001$, McNemar chi-square).

Approximately 82.69% of respondents chose to meet in person to maintain social connectedness in July 2020 (95% CI: 83.31%–83.1%). In November 2020, that percentage increased by around 8.00% and 90.98% (95% CI: 89.92%–91.96%). Thus, there is no significant difference in almost all characteristics between the two survey rounds except for the respondents' income.

In July 2020, respondents with decreased income were significantly more likely to meet in person with their relatives, friends, and/or neighbours than their counterparts ($p < 0.05$, Pearson chi-squared test). However, in November 2020, there was no significant difference between those two income categories.

¹ *Arisan* is a regular meeting aimed at collecting a certain amount of money from a group of people as the main activity. At each meeting, a lottery is held to determine one or several numbers entitled to receive an amount of money or goods equivalent to the total money collected from all members. Thus, a round of these regular meetings will be completed until all members have received their share.

Table 5.1: Social Relationship with Relatives, Friends, and/or Neighbours during the Pandemic

Characteristics	Social Relationship with Relatives, Friends, and/or Neighbours										N	
	Meeting in Person		Phone Call		Message (SMS, WhatsApp, etc.)		Others		Never Interact			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	82.69	90.98	52.80	52.51	22.02	23.49	0	0.86	4.74	2.21	3,125	
Sex												
Male	85.51	92.68	53.00	52.66	24.02	26.02	0	1.04	3.04	1.86	1,449	
Female	80.25	89.50	52.63	52.39	20.29	21.30	0	0.72	6.21	2.51	1,676	
Age												
60–69 years	83.89	91.65	59.04	57.81	26.28	29.22	0	1.03	2.60	1.38	2,036	
70–79 years	81.27	90.15	45.62	45.62	15.45	15.21	0	0.61	7.54	2.68	822	
80 years and older	77.90	88.39	27.34	33.33	9.74	5.24	0	0.37	9.13	7.12	267	
Living Location												
Urban	82.94	91.09	55.13	54.51	23.70	24.89	0	0.94	4.35	1.81	2,873	
Rural	79.76	89.68	26.19	29.76	2.78	7.54	0	0.00	9.13	6.75	252	
Province												
Bali	74.18	88.59	30.39	31.95	6.28	9.42	0	0.00	12.41	4.85	701	
DIY	86.07	94.45	53.36	57.62	29.87	35.06	0	3.07	4.01	1.30	847	
DKI Jakarta	84.65	90.17	62.46	58.91	24.79	23.53	0	0.06	1.71	1.52	1,577	
Income											Jul	Nov
Decrease	84.11	91.66	51.57	50.37	19.37	19.82	0	0.33	4.43	1.65	1,693	1,211
Same/Increase	81.01	90.54	54.26	53.87	25.14	25.81	0	1.20	5.10	2.56	1,432	1,914

Note: Respondents were allowed multiple answers.

Respondents who used SMS (short message service) or WhatsApp were also significantly higher in November 2020 than in July 2020 ($p < 0.05$, McNemar chi-squared test). Around 22.02% of respondents (95% CI: 20.57%–23.51%) in July 2020 chose SMS or WhatsApp to interact socially compared to 23.49% in November (95% CI: 22.01%–25.10%).

Respondents who used SMS or WhatsApp significantly increased in the 60–69 years age group ($p < 0.01$, McNemar chi-squared test). On the other hand, respondents aged 80 years and above significantly did not use much SMS or WhatsApp in November 2020 than in July 2020 ($p < 0.05$, McNemar chi-squared test). Respondents living in rural areas, Bali, and DIY significantly increased using SMS or WhatsApp ($p < 0.01$ for each, McNemar chi-squared test).

Both survey rounds showed no significant changes in respondents who socially interacted with relatives, friends, and/or neighbours using the phone. However, between July 2020 and November 2020, there were significant changes in respondents in DIY and DKI Jakarta who used the phone for social interaction.

Respondents in DIY who interacted with relatives, friends, and/or neighbours using the phone were significantly higher in November 2020 than in July 2020 ($p < 0.05$, McNemar chi-squared test). On the other hand, those in DKI Jakarta reported significantly less in November 2020 ($p < 0.05$, McNemar chi-squared test).

Table 5.2: Participation in Community Activities during the Pandemic

Characteristics	Participation in Community Activities such as Arisan, Religious Activities, etc. (%)								N
	Always/ Often		Sometimes		Never		Not Participated even Before the Pandemic		
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	
All respondents	18.72	31.20	16.42	18.02	59.14	44.38	5.73	6.40	3,125
Sex									
Male	27.74	40.92	18.36	19.81	49.97	34.78	3.93	4.49	1,449
Female	10.92	22.79	14.74	16.47	67.06	52.68	7.28	8.05	1,676
Age									
60–69 years	20.92	35.76	19.16	20.19	57.86	41.90	2.06	2.16	2,036
70–79 years	16.06	24.70	12.90	16.18	61.92	49.51	9.12	9.61	822
80 years and above	10.11	16.48	6.37	7.12	60.30	47.57	23.22	28.84	267

Characteristics	Participation in Community Activities such as Arisan, Religious Activities, etc. (%)								N	
	Always/ Often		Sometimes		Never		Not Participated even Before the Pandemic			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
Living Location										
Urban	19.87	32.65	16.36	17.86	58.27	43.47	5.50	6.02	2,873	
Rural	5.56	14.68	17.06	19.84	69.05	54.76	8.33	10.71	252	
Province										
Bali	5.99	13.84	18.54	22.68	67.76	55.21	7.70	8.27	701	
DIY	24.32	47.11	15.23	13.70	55.14	32.82	5.31	6.38	847	
DKI Jakarta	21.37	30.37	16.11	18.26	57.45	45.78	5.07	5.58	1,577	
Income									Jul	Nov
Decrease	18.55	29.73	18.90	21.14	58.48	44.59	4.08	4.54	1,693	1,211
Same/Increase	18.92	32.13	13.48	16.04	59.92	44.25	7.68	7.58	1,432	1,914

Note: Respondents were allowed multiple answers.

In November 2020, restricting outdoor activities – such as *arisan*; older people’s gatherings; religious activities inside mosques, temples, churches; and others – was suggested to control the spread of COVID-19. However, social activity restrictions were not as rigid as at the beginning of the pandemic or in July 2020. Table 5.2 shows that community compliance to restricted outdoor activities decreased.

This analysis excluded respondents who did not participate in outdoor activities since pre-pandemic. For the rest of the respondents, more stated that they participated in outdoor activities in November than in July 2020. ($p < 0.001$, McNemar chi-squared test). The participation intensity of respondents in outdoor activities also increased in November 2020 ($p < 0.001$, Wilcoxon signed-rank).

Around 59.14% of respondents (95 CI: 57.39%–60.87%) stated they never participated in outdoor activities in July 2020. However, that percentage declined in November 2020 to 44.38% (95 CI: 42.63%–46.15%). In other words, respondents who participated in activities outside their house increased from 35.15% in July 2020 to 49.22% in November 2020.

The trend of each respondent’s characteristics between both survey rounds is similar, except for the respondents’ income. For example, in July 2020, respondents whose income did not decrease stated that they are less likely to participate in community activities than those whose income declined ($p < 0.01$,

Pearson chi-squared test). However, in November 2020, respondents whose income decreased stated that they were less likely to participate in activities outside their house during the pandemic ($p < 0.01$, Pearson chi-squared test).

Tables 5.1 and 5.2 show that, in November 2020, people were more likely to conduct social interaction than in July 2020. Respondents were significantly more likely to meet in person, communicate via WhatsApp and SMS, and participate in outdoor activities. Thus, restrictions and social distancing were more effective only at the beginning of the pandemic. However, these are not the only way to flatten the curve of COVID-19 cases. Restrictions and social distancing might not be economically and socially feasible to be imposed for a long time. Nevertheless, social distancing plays a greater role in delaying the sharp increase in cases, giving the community time to strengthen its healthcare capacity, and preparing a more comprehensive mitigation scheme when the restrictions are lifted (Matrajt and Leung, 2020).

Table 5.3 shows respondents' answers to the question 'What did you do to help your family and community during this pandemic?' In November 2020, almost all responses showed a significant decline compared to July 2020 ($p < 0.01$ for taking care of children under 5 years old and $p < 0.001$ for other options, McNemar chi-squared test), except providing daily necessities for neighbours or the community, such as the nine basic commodities, masks, and money.

Respondents who provided daily needs to their neighbours or the community decreased by only 1% point from July 2020 (18.34%, 95 CI: 19.99%–19.74%) to November 2020 (17.54%, 95 CI: 16.22%–18.91%). However, there were significant changes in several characteristics of the respondents who chose this kind of support. Respondents in rural areas ($p < 0.001$, McNemar chi-squared test) and in Bali ($p < 0.01$, McNemar chi-squared test) significantly chose this contribution in November 2020. On the other hand, those in DKI Jakarta who chose this contribution decreased in November 2020 ($p < 0.001$, McNemar chi-squared test).

More than half of the respondents said they did not do anything for their neighbours or the community in July 2020 (56.80%, 95 CI: 55.04%–58.55%). Moreover, that percentage declined in November 2020 to 41.92% (95 CI: 40.18%–43.67%). In July 2020, respondents in DKI Jakarta were the last to do something ($p < 0.001$, Pearson chi-squared test); however, in November 2020, the respondents living in DIY were the last to 'not do anything' ($p < .01$, Pearson chi-squared test).

Table 5.3: Support for Family and Community during the Pandemic

Characteristics	Support for family and community (%)												N	
	Take Care of Child under 5 Years old		Provide Daily Needs		Distribute Flyers on How to Avoid COVID-19		Distribute non cash food assistance, Masks, etc.		Others		Do not Do Anything			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	20.13	17.22	18.34	17.54	6.21	0.80	6.27	4.26	0.83	1.47	56.80	41.92	3,125	
Sex														
Male	17.53	16.56	17.74	17.53	8.01	0.97	8.83	6.63	1.24	2.28	56.04	38.10	1,449	
Female	22.37	17.78	18.85	17.54	4.65	0.66	4.06	2.21	0.48	0.78	57.46	45.23	1,676	
Age														
60–69 years	22.79	19.70	20.83	19.30	7.32	1.08	8.20	5.60	0.93	1.62	50.69	34.97	2,036	
70–79 years	16.91	14.23	15.09	16.55	5.11	0.36	3.16	2.31	0.85	1.46	64.11	48.91	822	
80 years and above	9.74	7.49	9.36	7.12	1.12	0.00	1.12	0.00	0.00	0.37	80.90	73.41	267	
Living Location														
Urban	21.09	17.33	19.53	17.72	6.44	0.87	6.68	4.42	0.87	1.53	54.47	40.06	2,873	
Rural	9.13	15.87	4.76	15.48	3.57	0.00	1.59	2.38	0.40	0.79	83.33	63.10	252	
Province														
Bali	19.54	21.26	7.42	11.70	4.14	0.29	1.57	1.85	0.57	0.57	71.04	57.20	701	
DIY	12.28	14.99	22.43	25.62	10.74	1.06	5.90	5.43	0.35	2.13	58.56	37.43	847	
DKI Jakarta	24.60	16.61	20.99	15.79	4.69	0.89	8.56	4.69	1.20	1.52	49.52	37.54	1,577	
Income													Jul	Nov
Decrease	20.85	19.32	17.01	16.02	5.91	0.74	6.62	4.54	0.95	0.83	56.65	56.73	1,693	1,211
Same/Increase	19.27	15.88	19.90	18.50	6.56	0.84	5.87	4.08	0.70	0.84	56.98	56.84	1,432	1,914

Note: Respondents were allowed multiple answers.

Out of several forms of support provided by respondents, the most common was taking care of children under 5 years old. In July 2020, around 20.13% of respondents (95 CI: 18.73%–21.58%) helped to take care of children younger than 5 years. However, in November 2020, the percentage declined to 17.22% (95 CI: 15.91%–18.58%). Respondents in DKI Jakarta provided this support the most in July 2020 ($p < 0.001$, Pearson chi-squared test), while those in Bali chose this option the most in November 2020. ($p < 0.01$, Pearson chi-squared test).

Respondents who chose to distribute non-cash food assistance, masks, etc. also decreased by 2% points in November 2020 (4.26%, 95 CI: 3.57%–5.02%) than in July 2020 (6.27%, 95 CI: 4.45%–7.18%). A significant decrease was evident in November 2020 from respondents aged 60–69 years ($p < 0.01$, McNemar chi-squared test), those living in urban areas, and in DKI Jakarta ($p < 0.001$ for both, McNemar chi-squared test). This significant decline was probably linked to the analysis result in Table 3.8 in which non-cash food assistance also decreased significantly in November 2020.

Respondents who helped distribute pamphlets on COVID-19 prevention in July 2020 were around 6.21% (95 CI: 5.39%–7.11%), while in November 2020, the percentage fell to 0.80% (95 CI: 0.52%–1.18%). In November 2020, when the pandemic persisted for almost 9 months, sharing information on COVID-19 prevention was not as massive as during the early onset of the pandemic.

2. Social Support

In this study, social support is measured by (i) support from *Posyandu* cadres,² health workers, social cadres through a home visit or phone call to older people; and (ii) support from family, neighbours, friends, village staff, and *rukun warga*, *rukun tetangga*, or NGOs during the COVID-19 pandemic.

In November 2020, around 593 respondents claimed they received home visits or calls (phone, WhatsApp, or SMS) from *Posyandu* cadres, health workers, or social cadres. That number more than doubled compared to July 2020, which totalled only 254 respondents. Some options decreased in the percentage of beneficiaries from July 2020 to November 2020.

Beneficiaries increased in November 2020 in the following types of support: face masks, mosquito larvae checks, and health checks. The greatest increase was on checking dengue mosquitos, rising by about 36% points from July 2020

² *Posyandu* (Pos Pelayanan Terpadu: Integrated Service Post) is community-based service promoting health and disease prevention. It can be conducted by the community, non-governmental organizations, private, social organizations, as well as in collaboration with several sectors. *Posyandu's* cadres are responsible for managing regular activities. Indonesia has two types of *Posyandu*: *Posyandu Balita* for children under 5 years old and *Posyandu Lansia* for older people (Minister of Health Regulation No. 67 tahun 2015).

(14.57%, 95 CI: 10.47%–19.51%) to November 2020 (50.59%, 95 CI: 46.49%–54.69%). Indonesia is a region with a tropical climate; thus, infectious diseases with mosquitos as the vector is a threat, especially during the rainy season. The second survey round was conducted in November, which is a rainy season; thus, checking mosquito larvae increased.

Health check support also increased by around 19% points in November 2020 (25.80%, 95 CI: 22.32%–29.52%) compared to July 2020 (7.48%, 95 CI: 4.56%–11.53%). This increase showed a good response to the need for health services of older people. As previously reported, this need was quite high during the pandemic. However, some older people experienced difficulties accessing health care (Table 4.11). Home visits, phone calls, or other communication media, such as WhatsApp and SMS, that *Posyandu* cadres, health workers, or social cadres provided will help older people needing health services.

As the duration of the pandemic extends, the implementation of health protocols adds to older people's list of needs, including masks. Based on this consideration, masks have become one of the most common non-cash support. Provision of masks to respondents increased in November 2020 (27.82%, 95 CI: 24.25%–31.62%) compared to July 2020 (23.62%, 95 CI: 18.65%–29.33%), indicating responses from *Posyandu* cadres, health workers, and social cadres. However, we should recognise that providing masks and other protective kits without increasing the awareness amongst older people and their families would not lead to optimum benefits to reduce the spread of COVID-19.

On the other hand, public and social support decreased. Table 5.5 shows that respondents who received COVID-19 and other health counselling services decreased from July 2020 to November 2020. Beneficiaries of COVID-19 counselling decreased from 45.28% (95% CI: 39.04%–51.62%) in July 2020 to 21.25% (95% CI: 10.02%–24.76%) in November 2020. On the other hand, those receiving other health counselling services decreased from 30.71% (95% CI: 25.09%–36.78%) in July 2020 to less than half, 12.31% (95% CI: 9.77%–15.22%), in November 2020.

Asking about the condition of older people slightly decreased in percentage because the pandemic has been ongoing for a while. It is assumed that people already know what to do and have adapted to the new normal. However, we need to be aware that the pandemic is not over, and we cannot start neglecting health protocols. *Posyandu* and social cadres and health workers should ensure older people's awareness in adhering to health protocols.

Another support that decreased even though it has more beneficiaries was non-cash food assistance and food preparation. The decrease in non-cash food assistance beneficiaries was relatively high from 7.48% (95% CI: 4.56%–11.43%) in July 2020 to 2.53% (95% CI: 1.42%–4.14%) in November 2020.

Table 5.4: Public and Social Support from Posyandu Cadres, Health Workers, and Social Cadres, with Increasing Trend

Characteristics	Support from Posyandu Cadres, Health Workers, or Social Cadres								N	
	Check on Mosquito Larvae		Health Check		Provide Face Masks		Others			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents who receive public and social support	14.57	50.59	7.48	25.80	23.62	27.82	3.94	4.05	254	593
Sex										
Male	12.50	52.33	4.46	25.67	25.89	26.00	4.46	3.00	112	300
Female	16.20	48.81	9.86	25.94	21.83	29.69	3.52	5.12	142	293
Age										
60–69 years	17.58	52.37	6.04	24.19	24.73	29.43	4.40	4.74	182	401
70–79 years	8.16	50.00	10.20	26.43	18.37	25.00	0	2.86	49	140
80 years and above	4.35	38.46	13.04	36.54	26.09	23.08	8.70	1.92	23	52
Living Location										
Urban	16.67	54.39	8.56	23.55	18.92	27.48	4.50	4.11	222	535
Rural	0	15.52	0	46.55	56.25	31.03	0	3.45	32	58
Province										
Bali	6.78	37.91	11.86	38.56	32.20	15.69	1.69	1.96	59	153
DIY	2.38	23.81	7.14	38.10	14.29	5.95	4.76	13.10	42	84
DKI Jakarta	20.92	62.36	5.88	17.42	22.88	38.20	4.58	2.81	153	356
Income									Jul	Nov
Decrease	14.38	46.00	6.16	28.00	28.77	26.00	2.05	3.00	146	200
Same/Increase	14.81	52.93	9.26	24.68	16.67	28.75	6.48	4.58	108	393

Note: Respondents were allowed multiple answers.

Table 5.5: Public and Social Support from Posyandu Cadres, Health Workers, and Social Cadres, with Decreasing Trend

Characteristics	Support from Posyandu Cadres, Health Workers, or Social Cadres										N	
	Provide Counselling on COVID-19		Provide Other Health Counselling		Ask About Condition		Provide Non-cash food assistance		Provide Food			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Respondents who receive public and social supports	45.28	21.25	30.71	12.31	23.23	20.91	7.48	2.53	1.97	1.52	254	593
Sex												
Male	47.32	22.33	33.04	10.67	25.89	21.67	7.14	2.00	0.89	2.00	112	300
Female	43.66	20.14	28.87	13.99	21.13	20.14	7.75	3.07	2.82	1.02	142	293
Age												
60–69 years	44.51	21.95	30.22	12.72	20.88	19.45	6.04	2.00	1.65	1.50	182	401
70–79 years	48.98	19.29	34.69	11.43	32.65	25.00	12.24	5.00	4.08	1.43	49	140
80 years and above	43.48	21.15	26.09	11.54	21.74	21.15	8.70	0	0	1.92	23	52
Living Location												
Urban	41.89	17.01	34.23	11.59	24.77	19.44	7.21	2.62	1.80	1.68	222	535
Rural	68.75	60.34	6.25	18.97	12.50	34.48	9.38	1.72	3.13	0	32	58
Province												
Bali	50.85	30.07	15.25	16.99	27.12	20.26	5.08	3.27	3.39	0.65	59	153
DIY	52.38	19.05	33.33	14.29	11.90	28.57	4.76	0	0	2.38	42	84
DKI Jakarta	41.18	17.98	35.95	9.83	24.84	19.38	9.15	2.81	1.96	1.69	153	356
Income											Jul	Nov
Decrease	50.00	23.50	32.88	10.00	23.97	28.00	8.90	3.50	2.05	2.50	146	200
Same/Increase	38.89	20.10	27.78	13.49	22.22	17.30	5.56	2.04	1.85	1.02	108	393

Note: Respondents were allowed multiple answers.

This is understandable considering that this kind of support is regarded as emergency assistance during the early days of the pandemic to ensure that older people would not have difficulty purchasing daily needs or preparing food. The declining trend of this support went hand in hand with the decline of non-cash food assistance (Table 3.8).

Table 5.6 shows the types of support received by respondents from family, neighbours, friends, village officials, *rukun warga*, *rukun tetangga*, or NGOs. Of the five types of support respondents received, all declined in November 2020, although not all significantly decreased.

Support to take care of environment cleanliness was also significantly less received ($p < 0.01$, McNemar chi-squared test). Those who received such assistance in July 2020 comprised 67.52% (95% CI: 65.84%–69.16%), while it was about 42.05% (95% CI: 40.31%–43.80%) in November. The decline was shown on all respondent's characteristics, except those living in rural areas, which increased though not significant.

Beneficiaries of support regarding mental health and handling stress decreased from 30.56% (95% CI: 28.85%–32.21%) in July 2020 to only 26.69% (95% CI: 25.14%–28.18%) in November 2020. The highest decline happened in November 2020 with the female recipients ($p < 0.01$, McNemar chi-squared test), respondents aged 60–69 years ($p < 0.01$, McNemar chi-squared test), urban respondents ($p < 0.01$, McNemar chi-squared test), and those living in DIY (0.001, McNemar chi-squared test).

Recipients who received support in buying daily needs also declined significantly ($p < 0.01$, McNemar chi-squared test) from 23.17% (95% CI: 21.70%–24.69%) in July 2020 to only 20.38% (95% CI: 18.31%–21.84%) in November 2020. The most significant decline happened amongst female respondents, urban respondents, and those living in DIY.

Support in providing food and maintaining social connectedness through visits, phone calls, WhatsApp, and SMS were the two types of support that did not significantly change between the two rounds of phone surveys although these changed significantly in some provinces. Respondents who received assistance in preparing food in DIY declined significantly ($p < 0.05$, McNemar chi-squared test) in November 2020 (9.80%, 95% CI: 7.88%–12.00%) than in July 2020 (14.52%, 95% CI: 12.22%–17.08%).

Table 5.6: Support from Family and Community during the Pandemic

Characteristics	Support from Family, Neighbours, Friends, Village Officials, Rukun Warga, Rukun Tetangga, or NGOs										N	
	Keep Social Connectedness		Help in Keeping the House and Surroundings Clean		Help in Mitigating Mental Problems and Coping with Stress		Help in Buying Daily Needs		Assist in Preparing Food			
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov		
All respondents	73.06	72.54	67.52	42.05	30.56	26.69	23.17	20.38	17.92	17.50	3,125	
Sex												
Male	71.43	70.12	68.46	42.44	26.71	25.40	19.25	17.32	16.70	15.73	1,449	
Female	74.46	74.64	66.71	41.71	33.89	27.80	26.55	23.03	18.97	19.03	1,676	
Age												
60–69 years	74.75	73.08	68.52	41.99	30.84	26.47	19.25	17.29	14.05	14.64	2,036	
70–79 years	71.05	28.47	65.45	41.24	29.20	27.13	26.76	23.60	22.26	20.32	822	
80 years and above	66.29	72.28	66.29	44.94	32.58	26.97	41.95	34.08	34.08	30.71	267	
Living Location												
Urban	74.77	74.59	69.40	41.11	30.87	26.52	23.15	20.68	18.38	18.00	2,873	
Rural	53.57	49.21	46.03	52.78	26.98	28.57	23.41	17.06	12.70	11.90	252	
Province												
Bali	64.34	64.91	52.92	45.51	28.96	32.67	26.96	26.68	17.69	19.40	701	
DIY	65.05	72.49	74.97	34.00	27.51	13.81	22.20	11.33	14.52	9.80	847	
DKI Jakarta	81.23	75.97	70.01	44.83	32.91	30.94	22.00	22.45	19.85	20.80	1,577	
Income											Jul	Nov
Decrease	73.24	70.27	69.76	45.83	32.60	28.90	22.68	19.98	18.13	16.76	1,693	1,211
Same/Increase	72.84	73.98	64.87	39.66	28.14	25.29	23.74	20.64	17.67	17.97	1,432	1,914

Note: Respondents were allowed multiple answers.

Support in maintaining social connectedness in DKI Jakarta also declined significantly ($p < 0.01$, McNemar chi-squared test) in November 2020 (75.97%, 95 CI: 73.78%–78.06%) compared to July 2020 (81.23%, 95 CI: 79.21%–83.13%). However, this type of assistance increased significantly in DIY ($p < 0.01$, McNemar chi-squared test) in November 2020 (72.49%, 95 CI: 69.35%–75.47%) than in July 2020 (65.05%, 95 CI: 61.74%–68.27%). The types of support presented in Table 5.6 were voluntarily provided by relatives, neighbours, friends, etc.

As another voluntary support, we cannot ensure its sustainability. The declining trend in these types of support is more likely caused by the assumption that, along with the length of the pandemic, people have been able to adapt towards new normal conditions so that the enthusiasm to provide voluntary support to others decreases.