

Executive Summary



The ongoing pandemic still negatively impacts older people disproportionately. Based on the findings from the first round of phone survey on 'Older People and COVID-19 in Indonesia' conducted in July 2020, older people experienced significant negative impacts, particularly on health, economic, and social aspects.

The relaxation of government restrictions on social activities, along with the duration of the pandemic, brings hope for economic recovery and better access to public facilities and outdoor activities, which were very limited during the early stage of the pandemic and had negatively impacted older people's health.

To determine the current situation of older people during this prolonged pandemic, we conducted the second round of phone surveys on older people and COVID-19 in Indonesia in November 2020. Through this follow-up phone survey, we intended to observe the change in older people's condition and the impacts they felt compared to the first round of phone surveys in July 2020. Therefore, we used the same instrument as the first round, with slight modifications related to the timeline.

We re-interviewed the first round of respondents to generate longitudinal data. As explained in the first round, the respondents were selected from the SILANI (Sistem Informasi Lanjut Usia: Information System of Older People) pilot project conducted in 2019.

This survey targeted 3,430 respondents who completed the interviews in the first round in July 2020. However, 70 respondents passed away after the first round. Some respondents did not complete the interview, refused, or were not reached by phone calls. Overall, the completion rate of the second survey round is 91.11%. This rate is relatively high compared to other longitudinal surveys. In total, 3,125 respondents completed the interviews. Since the attrition is random across the respondent characteristic, attrition bias is not a concern when interpreting changes between the two survey rounds. In this report, we selected the same respondents from the first survey round to present a comparative analysis with the second survey round.

This study was initiated by Bappenas and sponsored by the Economic Research Institute for ASEAN and East Asia (ERIA), while SurveyMETER collected the data collection and conducted the basic analysis. The findings from the survey's first and second rounds are discussed below.

The Economic Condition of Older People

The number of older people whose income decreased in November 2020 was less than in July 2020. The impact of reduced income on food consumption also changed. More older people adopted some strategies to overcome income decline. Fewer older people received social assistance in November 2020.

- 1) The percentage of older people with decreased income fell from 54.18% in July 2020 to 38.75% in November 2020.
- 2) Older people who stated that declining income did not affect food consumption increased from 47.78% to 50.04%. Accordingly, respondents who consumed lower food quality decreased from 42% to 37.99%. Meanwhile, those with less frequency or quantity of food increased from 16.77% to 18.08%.
- 3) More than half of older people said they did nothing to overcome the decline in income in July 2020. Hereafter, in November 2020, only about a quarter of those whose income decreased answered that they did nothing. The percentage of older people who asked for help from richer families decreased from 18.19% to only 9%. On the contrary, those who answered that they reduced spending as their strategy increased drastically from only 1.89% in July 2020 to 57.31% in November 2020.
- 4) Older people who received at least one type of assistance decreased from 76.42% in July 2020 to 70.08% in November 2020. Beneficiaries of all kinds of assistance declined, except BLT or BST beneficiaries which increased from 10.94% to 11.52%. Older people whose income decreased were less likely to lose their assistance.
- 5) Around 9.22% of older people living in PKH (*Program Keluarga Harapan* or Family Hope Program/Conditional Cash Transfer Program) families receive PKH transfer at least once before the pandemic (SILANI baseline) in July 2020 or in November 2020. Most PKH families (3.10% of total respondents) received the PKH assistance continuously in two rounds of phone surveys during the pandemic. In this study, non-cash food assistance before the pandemic refers to BPNT (*Bantuan Pangan Non Tunai*). During the pandemic, it refers to any kind of nine basic food commodities (*Sembilan Bahan Pokok*, sembako) assistance provided either by the central or local government. Approximately 61.06% of respondents received non-cash food assistance at least once amongst the three survey rounds. Most of them (42.21% of the total respondents) received it continuously in the two rounds of phone surveys during the pandemic.

Health Condition of Older People

Better access to health services in November 2020 than in July 2020 resulted in more physical health problems being identified. Meanwhile, older people's mental health conditions slightly improved. Nevertheless, several respondents still had difficulties accessing health services and had a shortage of medicines. In addition, older people changed their preference for activities to maintain physical and mental health as restrictions were relaxed.

- 1) Based on self-assessment, respondents who stated in November 2020 that their physical health had deteriorated comprised 21.41%. The number increased from 15.52% in July 2020. Likewise, respondents who needed support for instrumental activities of daily living (IADL) such as shopping or using an ATM (Anjungan Tunai Mandiri or automated teller machine) increased from 9.22% in July 2020 to 10.78% in November 2020.
- 2) More older people had increasing comorbidity scores from July 2020 (1.64%) to November 2020 (15.58%). On the other hand, respondents with decreasing scores also slightly lessened from 16.70% to 9.51%. This is most probably caused by better access to health facilities due to the relaxation of activity restrictions. Thus, more chronic conditions were properly diagnosed.
- 3) Older people whose depression scores increased from before the pandemic (SILANI baseline) to July 2020 reached 23.96%, while those from July 2020 to November 2020 reached 10.88%. Similarly, older people with decreasing scores declined from 23.60% to 22.02%.
- 4) The decreasing percentage of older people who had difficulties accessing health services indicated better access. In July 2020, it accounted for 11.27%. Hereafter, it only reached 9.36%. Those who delayed visiting health facilities also fell from 28.82% to 21%.
- 5) The reasons of respondents who still have difficulties accessing health services changed. In November 2020, the most common reasons were (i) did not have money to pay for health services and (ii) long queues. These findings are different from the July 2020 survey, where the dominant reason was worry and closed health facilities. The percentage of respondents who experienced a shortage of medicines and their reason for not having money to buy medicines did not change significantly.

- 6) Preference in activities to maintain older people's physical and mental health changed. Compliance with health protocols to maintain physical health decreased drastically from 33.92% in July 2020 to only 20.38% in November 2020, as fewer respondents chose this option. Conversely, more older people decided to take vitamins, supplements, spices, or herbs (from 0.93% to 26.59%) and do outdoor exercises (from 53.95% to 57.44%) to maintain their physical health. As for maintaining mental health, in November 2020, more older people chose to listen to music, watch YouTube, or listen to preachers (from 12.99% to 39.84%) and engage in outdoor activities. In contrast, fewer older people chose to pray, read books, including holy books (from 67.33% to 37.63%), and adopt an active lifestyle inside the house.

Social Support for Respondents

Older people who maintain social interaction through personal meetings increased in November 2020 compared to July 2020. On the other hand, fewer older people contributed to their communities. The number of public and social support increased; nonetheless, the types of support they received were lesser.

- 1) Older people who communicate with relatives, friends, and neighbours through personal meetings or telecommunications increased from 95.26% in July 2020 to 97.79% in November 2020.
- 2) More older people participated in activities outside the house such as *arisan*¹; gatherings of older people; and activities in mosques, temples, churches, etc. They increased from 35.15% in July 2020 to 49.22% in November 2020.
- 3) The number of older people who contributed to their families, relatives, and community increased from 43.20% in July 2020 to 58.08% in November 2020. However, the forms of contributions they made were lesser, as indicated by the decreasing percentage of beneficiaries.

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 members 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 when all members have received their share.

- 4) The total number of respondents who received support from *Posyandu*² cadres, social cadres, and/or health workers doubled from 254 respondents in July 2020 to 593 in November 2020.
- 5) Trends in the form of social support received by older people from July 2020 to November 2020 varied. Beneficiaries of COVID-19 counselling decreased from 45.28% to 21.25%. Likewise, those who received other health counselling decreased from 30.71% to only 12.32%. Conversely, beneficiaries of mosquito larvae checks increased from 14.57% in July 2020 to 50.59% in November 2020. An increasing percentage of beneficiaries received health checks, which increased from 7.48% to 25.80%.
- 6) All types of social support provided by family, neighbours, friends, village officials, *rukun warga*³, *rukun tetangga*⁴, or non-governmental organisations (NGOs) decreased from July 2020 to November 2020. The decrease is shown by the decline in the percentage of its beneficiaries. Some types of social support that significantly decreased were help in buying for daily needs (from 23.17% to 20.38%), help in keeping the house and surroundings clean (from 67.52% to 42.05%), and mitigating mental problems and coping with stress (from 30.56% to 26.69%). Change in the eligible beneficiaries and delay in distribution might affect the trend.

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

³ This facilitates community participation in planning, implementation, supervision of development, and improvement of village community services. This institution is not a division of government administration. There are several *rukun warga* in a village/*kelurahan*.

⁴ The role of this institution is like the *rukun warga* with a smaller territory. Commonly, each *rukun warga* comprises 3 to 10 *rukun tetangga*, while each *rukun tetangga* consists of 10–50 households.