Chapter 7

Capacity Building for Resilient Long-term Care in Indonesia

July 2023

This chapter should be cited as

ERIA study team (2023), 'Capacity Building for Resilient Long-term Care in Indonesia', in Takeo Ogawa, Takuma Kato, and Asuka Nagatani (eds.), *Resilient Long-term Care under the COVID-19 Pandemic in Indonesia, Japan, and Thailand*. ERIA Research Project Report FY2023 No. 08, Jakarta: ERIA, pp.114-121.

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1. Background of COVID-19 Infection in Indonesia

The novel coronavirus disease (COVID-19) pandemic has had an unprecedented effect on the lives of people, irrespective of social demographics. This trend is common all over the world. In terms of the number of confirmed cases and deaths from COVID-19 in member countries of the Association of Southeast Asian Nations (ASEAN), Indonesia is the most affected country (Komazawa, et al., 2020).

During the COVID-19 pandemic, older adults face significant fallout with regard to their physical and psychological wellbeing. Indonesia's older population has much higher COVID-19 fatality rates than younger generations. National data reported that by March 2022, as many as 12% of the total confirmed cases of COVID-19 were residents aged 60 years or over. However almost half of the total mortality (49.4%) in the country come from the population aged 60 years and over and put this percentage as the highest amongst other age groups (*Satgas Penanganan* COVID-19, 2022). According to the National Health Survey (2018) one in four older people suffer from one or more degenerative diseases whereas hypertension, cardiovascular disease, diabetes mellitus, chronic respiratory disease, and stroke are the major degenerative diseases suffered by Indonesian older people (Ministry of Health Republic of Indonesia, 2018). On the other hand, the ageing process induces the deterioration of immune system in older people (immunosenescense) and is another factor that puts older people in higher risk of mortality. An appropriate measure in COVID-19 prevention is highly needed to prioritise protection for older people especially those living in long-term care facilities and communities.

Several studies have identified various negative impacts arising from the COVID-19 pandemic on the elderly, from economic, health, and psychosocial points of view (Kaligis, Indraswari, and Ismail, 2020; Komazawa, et al., 2020; Muhtar, et al., 2020; Nugraha, et al., 2022; Saito and Cicih, 2022; Smeru Research Institute, et al., 2021).

The devastating impact of the COVID-19 pandemic not only caused suffering of older people living in the community but also those living in nursing homes. The pandemic has created enormous pressure on the entire health care system, but possibly the most tragic impact has been on the long-term care system for both younger and older people in long-term care facilities (LTCF). Although data on mortality due to COVID-19 in long-term care facilities are not well documented, attention to the importance of preventing transmission is very important. More than 85% of the residents in LTCFs are amongst the most vulnerable part of the population. Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by COVID-19.

As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) programme is critical to protect both residents and caregivers. Even as nursing homes resume more normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for COVID-19 infection amongst residents and caregivers in order to prevent spread and protect them from severe infections, hospitalisations, and death. Caregivers can get confused when facing the elderly, since they need to keep their distance as well as the need to support older people at the same time. As an essential worker in supporting older people, it is important to identify the knowledge, attitudes, and practices of caregivers in long-term care facilities and the community on how to directly interact with the elderly respond to COVID-19. This study investigated the resilience of older people in facing the pandemic of COVID-19, by investigating the current situation of long-term care for older people living in nursing homes and homebound in the community during the pandemic.

2. Findings of Study on the Resilience of Long-term Care Facilities

In order to figure out the resilience of Indonesian caregiver in supporting older people during the pandemic of COVID-19, we conducted two consecutive studies – a focus group discussion and survey on the knowledge, attitudes, and practice in COVID-19 prevention in LTCFs.

2.1. Qualitative Study

To figure out the resilience of the LTCF and community based LTC in dealing with the pandemic of COVID-19, in-depth interviews and focus group discussions (FGD) were conducted in September 2021. The informants of this qualitative study are LTCF managers and caregivers in Jakarta city and community caregivers in West Java Province.

The results of interviews and FGDs with LTCF staff showed that during the COVID-19 pandemic, LTCFs strived to make significant changes in budgeting and policy regulation to avoid transmission of COVID-19 in their facilities as they noticed that most residents are in the high risk group. This regulation is stipulated by the National Taskforce for Covid-19 (Ministry of Health Republic of Indonesia, 2020). LTCF staff were trained by the Ministry of Social Affairs and the Ministry of Health on how to manage the LTCF facing the COVID-19 pandemic. Several policies were undertaken by the LTCFs to prevent the transmission of COVID-19, including restricting visitors for residents, restricting other visitors, and the implementation of strict health protocols by requiring all residents to wear masks, wash their hands, and avoid crowds. In addition, the LTCF also carried out routine disinfection to all facilities, changing the working shift for caregivers, and allowing officers to work from home to minimise their mobility. To monitor the COVID-19 transmission, the LTCF performed regular rapid tests, especially for the mobile staff. The caregivers try to take preventive measures by implementing health protocols while at the facility and when traveling to and from home. They explained to the older people that there was currently a pandemic so they had to take care of their health. The residents were encouraged to perform physical exercise while sunbathing to increase their immunity.

2.2. Survey on Knowledge, Attitudes, and Practices of Caregivers

A field survey for identifying knowledge, attitudes, and practices of caregivers in LTCFs and the community were conducted from September to December 2021. Prior to the study, Indonesian researchers conducted field visits and performed interviews to capture the entire situation and condition of the older people in institutionalised care and the community. A knowledge, attitudes, and practices (KAP) survey is a quantitative method (predefined questions formatted in standardised questionnaires) that provides access to quantitative information. KAP surveys reveal misconceptions or misunderstandings that may represent obstacles to the activities that we would like to implement and potential barriers to behaviour change.

Table 7.1. Characteristic of Study Participants (n=292)

Variables	Number	Percentage (%)
Provinces		
DKI Jakarta	136	46.6
Jawa Barat	156	53.4
Location		
Public nursing home	86	29.5
Private nursing home	90	30.8
Community	116	39.7
Gender		
Male	66	22.6
Female	226	77.4
Education		
College degree	104	36
Non-college degree	188	64
Living Arrangement		
Living with older adult	154	52.7
Close contact living with older adult	196	67.1
History of Those Contracted with COVID-19		
Diagnosed COVID-19 positive	137	46.9
Family member diagnosed COVID-19 positive	130	44.5

Source: Drafted by the author based on the research findings in the current study.

A total of 292 caregivers in West Java and Jakarta participated in this study, with the average age of 39, the age range from 17–64 years old, and most of them female. They consist of 29.5% caregivers from public LTCFs, 30.8% are caregivers from private LTCFs, and nearly 40% are caregivers in community dwellings, most of them are educated with a non-college degree. About 52% of the caregivers are living with an elderly family member. Nearly half of them had been diagnosed with COVID-19, and had contact with a family member who had been diagnosed positive (Table 7.1).

Table 7.2. Knowledge about Infection Control According to Characteristics of the Workplace

Characteristics of Long-term Care Clients	Frequency	Percentage (%)
Elderly people in need of long-term care have a declining IADL/ADL or have a basic disease and are less resistant to infection.	212	72.4
Elderly people in need of long-term care have cognitive decline and are difficult to cooperate in infection control.	187	63.8
Characteristics of Long-term Care Services		
It is common for a single staff to be in charge of multiple clients, and infectious diseases may spread through the staff.	257	87.7
There are high risks of contact infection because of common use of many facilities and equipment.	171	58.4
Characteristics of Long-term Care Workers		
LTC workers are at risk of infection during commuting hours and off-hours because they are employees.	197	67.2
In a workplace engaged by multiple professionals, it is required to understand the division of roles in measures and common initiatives.	177	60.4
Everyone has a certain training in infectious disease control as a professional.	121	41.3
Competency of Caregiver		
Mastered the basic concept of infection control and how to wear personal infection protective equipment.	71	37.8
Actively participate in training, planning, and management of infection control in a long-term care facility, service provider, or corporation.	196	66.9
Understanding the location of the manual in occurring infectious disease.	165	56.3
Sharing information with doctors, nurses, and managers when clients are suspected of infecting.	92	48.9
Understand that caregivers provide advice and support on checking the elderly's health conditions, reporting to doctors, and measures to prevent the spread of infection.	120	63.8

IADL = instrumental activity of daily living, ADL = activity of daily living, LTC = long-term care.
Source: Drafted by the author based on the current research findings.

The knowledge of the caregiver according to the characteristic of the workplace are averagely good, with the highest understanding in the staff to be in charge of multiple clients, and infectious diseases may spread through the staff. However, when they have to face the pandemic situation, they likely find difficulties in understanding the basic concept of infection control and how to wear personal infection protective equipment. The limited facilities in the institution could become another hurdle

for the caregiver to provide appropriate care to the elderly during the Pandemic of COVID-19 (Table 7.2).

Table 7.3. Knowledge, Attitudes, and Practices of the Caregiver in COVID-19 Prevention

To what extent do you understand the following issues?	**Knowledge**
The types of infectious diseases?	56.0%
How infectious diseases occur?	65.9%
How to perform test for infectious diseases?	36.2%
The symptoms of COVID-19?	60.4%
The meaning of close contact?	54.6%
What is your perspective towards the following issues?	**Positive attitude**
Air infection preventive	44.0%
Droplet infection preventive	49.1%
Contact infection preventive	84.6%
Maintaining health protocol at home	21.2%
Maintaining health protocol when commuting	58.4%
Basic actions to prevent COVID-19 infection	68.6%
Take a move to COVID-19 spread	56.7%
Maintaining health protocol during shopping	43.7%
Maintaining health protocol during meal	47.1%
Maintaining health protocol during enjoying entertainment, sports, and events	49.8%
Human contacts control during the COVID-19 pandemic	43.7%
How to respond the long term care residents/community elderly who infected by COVID-19	29.7%
To what extend do you practice the following activity?	**Practices**
Avoid the pathogens	65.9%
Infection routes responses	62.1%
Host resistance improvement	64.5%
Take a standard precaution to prevent the infectious diseases	61.4%
Hand hygiene performs	53.2%
Cautions on how to use gloves	51.2%
Share the infection information	51.5%
Carry out disinfection and hygiene	51.5%
Cooperative to epidemiological studies for the infection suspect	17.7%
Caring the elderly with dementia under COVID-19	41.3%
Facilitate the infected person to the hospital	24.9%

Source: Drafted by author based on the research findings in the current study.

The results of the KAP survey and caregiver behaviour both in nursing homes and in the community show that most respondents have basic knowledge about COVID-19, modes of transmission, prevention, and definition of close contact. Caregivers have a poor understanding of various COVID-19 examination methods; this is possible because generally in Indonesia only rapid antigen tests and PCR are used (Table 7.3).

In relation to attitudes in preventing the transmission of COVID-19, more than 50% of respondents have a positive attitude in an effort to prevent the transmission of COVID-19, maintain health when traveling from home to nursing homes or other facility. Most respondents find it difficult to maintain health protocols while at home, and how to shop in a healthy and safe way to avoid COVID-19. Most respondents do not understand how to make referrals if someone is sick, and how to handle people who are infected with COVID-19.

In the practice of preventing the transmission of COVID-19, most respondents have implemented practices to avoid pathogens, infection route responses, host resistance improvement, take precautions to prevent infectious disease, perform hand hygiene, use gloves, share infection information, carry out disinfection, and personal hygiene implementation. The majority of study participants stated that they were less competent in working with the epidemiology team to carry out tracking and tracing of people suspected of being infected with COVID-19. They also do not have sufficient knowledge in the efforts to prevent and manage COVID-19 in older people with dementia. It is assumed that most of the respondents are caregivers who do not have a good medical background, so they have very little experience in collaborating with epidemiology officers. Handling patients with dementia is a challenge for caregivers. Many caregivers do not have good experience and ability in caring for the elderly with dementia.

In Indonesia and several ASEAN countries, care for the older people is often entrusted to families and communities, so mass infections in long-term care facilities may not be visible as a problem. Therefore, the problem of improving resilience to pandemic clusters in long-term care facilities for the older people not yet becoming a big concern. However, in order to realise the ideal ‘ageing in place’ for older persons, it will be necessary to gather the best practices and to design strategies for more effective prevention of infectious diseases.

3. Findings and Lessons Learnt

3.1. Constructing Resilient Care System under the Pandemic

Resilience is described as the capacity to cope with difficult situations, which usually fluctuates across the lifespan and is often interrelated with some psychological conditions. With better resilience, older adults may compensate their loss of functional capacity and physical health. Resilience has strong impacts on the recovery of physical, cognitive, and mental health during the COVID-19 pandemic .

The COVID-19 pandemic has had a significant impact on the lives of Indonesia’s older people who generally experience ageing in place. Older people used to receive various home or community services and were encouraged to interact with their relatives, friends, or neighbours in daily living, but the COVID-19 pandemic suspended most of these activities due to lockdowns and social

distancing. Unlike the elderly who live in long-term care facilities, numerous uncontrollable variables can trigger the transmission of COVID-19 to the elderly in the community.

There is a need to construct a community-based integrated care system that can demonstrate the resilience a pandemic situation such as the COVID-19 pandemic. This research identifies various efforts in the community that are carried out independently and collectively led by community leaders that have proven to reduce the risk of transmission of COVID-19. The community has a crucial role in controlling, protecting, and accompanying the elderly in dealing with this pandemic. Material and psychosocial support is carried out by the community for vulnerable groups such as the elderly. This effort is carried out in collaboration with care providers to assure and provide an adequate referral system and comprehensive protection. This system enables the elderly to remain resilient during the pandemic and enjoy a life of prosperity and dignity.

The providers of long-term care for the elderly in social institutions for the elderly, as well as social welfare institutions for the elderly need to pay serious attention to the safety and security aspects for both the elderly and caregivers, especially in the current pandemic situation. Universal precaution guidelines should always be emphasised in the development of long-term care facility management policies.

3.2. Training Programmes of Infection Prevention for Caregivers

Caregivers who work in long-term care facilities and in the community have similar characteristics of being essential workers as care providers. As a result, there is a high risk of COVID-19 infection and at the same time a high risk of each infection source of infected clusters. Therefore, an infection prevention programme is critical.

According to the findings of this study, researchers have developed a module for infection prevention LTCFs. This module is expected to become a guideline to increase the knowledge, attitudes, and practices for prevention of infectious diseases. Based on the findings of this study, it is highly recommended for all care providers both in the community and LTCFs to encourage caregivers to attend training programmes for infection prevention not only for COVID-19 but also for other communicable diseases.

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