

Chapter 5

Interaction and Social Support

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CHAPTER 5

Interaction and Social Support



1. Social Interaction

Social interaction is a dynamic social relationship between one individual and another, between one group and another, and between groups and individuals (Soekanto, 1995).



To stop the transmission of COVID-19, the government encourages people to stay at home and keep physical distancing. It has also quarantined confirmed and close-contact cases, imposed the *Pembatasan Sosial Berskala Besar* (PSBB) or Large-Scale Social Restrictions, etc.

Such recommendations and obligations are applied to all, including older people. In these circumstances, in-person interaction can be very limited, and indirect interaction using telecommunication tools is an essential means to keep social connectedness. Older people, however, are believed to have a big disadvantage in using communication media.

Social interaction in this study was measured through three indicators: (i) how older people establish social relations with relatives, friends, and/or neighbours during the COVID-19 pandemic, either in-person or indirect interaction; (ii) participation in activities outside the house during the pandemic, such as *arisan*¹, meetings amongst

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 who are entitled to receive an amount of money or goods equivalent to the total money collected from all members. Thus, a round of regular meetings will be completed until all members have received their share.

older people, and others; and (3) contribution and support to family and communities during the pandemic. The results of the three indicators are presented in Tables 5.1 to 5.3.

Table 5.1 shows the answers of respondents to the question, ‘how do you keep social connectedness and interaction with relatives, friends, or neighbours during the COVID-19 pandemic?’. Only 4.9% (95%CI: 4.24%–5.72%) reported that they had never interacted. The most common way of social interaction was ‘meeting in person’ (82%, 95%CI: 80.7%–83.3%), followed by phone calls (53%, 95%CI: 51.6%–54.9%).

Table 5.1 Social Relations with Relatives/Friends/Neighbours During the Pandemic

Characteristics	Social Relations with Relatives/Friends/Neighbours during the COVID-19 Pandemic				N
	Meeting in Person	Phone Calls	Texting (SMS/WhatsApp, etc)	Never Interacted	
All respondents	82.07	53.27	21.66	4.93	3,430
Sex					
Male	85.12	53.17	23.48	3.20	1,593
Female	79.42	53.35	20.09	6.42	1,837
Age					
60–69 years	83.28	59.35	25.82	2.73	2,231
70–79 years	80.68	46.47	15.23	7.73	906
80 years and older	77.13	27.99	9.90	12.97	293
Living location					
Urban	82.34	55.44	23.21	4.57	3,171
Rural	78.76	26.64	2.70	9.27	259
Province					
Bali	72.98	30.86	6.27	12.8	781
Daerah Istimewa Yogyakarta	85.88	53.76	29.95	4.21	878
DKI Jakarta	84.19	62.90	24.34	1.81	1,771
Respondents’ income					
Decreased	83.66	52.01	19.11	4.51	1,842
Same/Increased	80.23	54.72	24.62	5.42	1,588

Characteristics	Social Relations with Relatives/Friends/Neighbours during the COVID-19 Pandemic				N
	Meeting in Person	Phone Calls	Texting (SMS/WhatsApp, etc)	Never Interacted	
Caregivers' income					
Respondents who had caregivers	82.20	53.24	19.83	5.51	2,960
Decreased	82.15	48.43	16.03	6.28	1,815
Same/Increased	82.27	60.87	25.85	4.28	1,145

Note: Respondents were allowed multiple answers.

Male respondents were significantly more likely to meet relatives, friends, or neighbours in person than female respondents ($p < 0.001$), whilst female respondents were more likely to report that they had never had any social interaction during the pandemic ($p < 0.001$). The older respondents were more likely to answer that they had never interacted during the pandemic ($p < 0.001$, Wilcoxon rank-sum test), so were rural respondents than urban counterparts.

Amongst the three provinces in this study, the respondents in Bali were significantly less likely to meet in person with relatives, friends, or neighbours than those from the other two provinces. The respondents in Bali were significantly more likely to state that they had not interacted at all during the pandemic. Those whose income decreased were significantly more likely to have in-person meetings for social interaction than those whose income did not decrease ($p < 0.05$). Those who had decreased income were significantly less likely to send SMS or WhatsApp messages for social interaction ($p < 0.001$). The respondents whose caregivers' income decreased were significantly less likely to report that they made a phone call ($p < 0.001$) or they sent SMS or WhatsApp messages ($p < 0.001$) for social interaction during the pandemic. They were significantly more likely to state that they had not interacted socially ($p < 0.05$).

Table 5.2 shows the result of the question, 'during the COVID-19 pandemic, do you still participate in the activities out of your house, such as arisan, gatherings of older people, in a mosque, temple, or church, etc?'. About 59% (95%CI: 57.2%–60.5%) answered that they never participated in such activities during the pandemic, whilst only 6.2% (95%CI: 5.41%–7.05%) said they had not participated in such activities

since even before the pandemic. Female respondents were significantly more likely to answer that they never participated during the pandemic than male participants ($p < 0.001$).

Table 5.2 Support for Family and Community During the Pandemic

Characteristics	Participation in Community Activities During the Pandemic, such as Arisan, Religious Activities, etc.				N
	Always/ Often	Some- times	Never	Had Not Participated since Before the Pandemic	
All respondents	18.60	16.33	58.89	6.18	3,430
Sex					
Male	27.31	18.90	49.15	4.65	1,593
Female	11.05	14.10	67.34	7.51	1,837
Age					
60–69 years	20.71	18.83	57.96	2.51	2,231
70–79 years	16.11	13.36	61.15	9.38	906
80 years and older	10.24	6.48	59.04	24.23	293
Living location					
Urban	19.65	16.24	58.06	6.05	3,171
Rural	5.79	17.37	69.11	7.72	259
Province					
Bali	6.15	18.95	66.58	8.32	781
Daerah Istimewa Yogyakarta	24.03	14.81	55.35	5.81	878
DKI Jakarta	21.40	15.92	57.26	5.42	1,771
Respondents' income					
Decreased	18.51	19.00	58.03	4.45	1,842
Same/Increased	18.70	13.22	59.89	8.19	1,588
Caregivers' income					
Respondents who had caregivers	19.05	16.79	57.09	7.06	2,960
Decrease	16.64	17.74	58.18	7.44	1,815
Same/increase	22.88	15.28	55.37	6.46	1,145

By age group, if the respondents who had not participated in community activities even before the pandemic were excluded from the analysis, the older respondents were significantly more likely to state that they did not participate in activities outside their house during the pandemic ($p < 0.001$, Wilcoxon rank-sum test). Rural respondents were significantly more likely to answer that they never participated in the activities outside their house than urban respondents ($p < 0.001$).

The respondents in Bali were significantly more likely to report that they never participated in community activities outside their house during the pandemic than the other two provinces. Excluding those who had not participated in community activities even before the pandemic, the respondents whose income did not decrease during the pandemic were more likely to report that they never participated in community activities during the pandemic than their counterparts ($p < 0.01$).

Table 5.3 shows the answers of respondents to the question, 'what do you do to support your family and the community during the pandemic?'. About 57% (95%CI: 55.0%–58.3%) answered, 'do nothing'. Amongst the four specific alternatives to the answers to this question, most respondents selected 'take care of children under 5 years' (20%, 95%CI: 19.1%–21.8%).

Female respondents were significantly more likely to take care of children under 5 years than male respondents ($p < 0.01$). Male respondents were significantly more likely to participate in community activities such as distributing flyers containing information on the prevention of COVID-19 transmission ($p < 0.001$) and providing *sembako*, masks, etc. for neighbours or the community ($p < 0.001$).

Older respondents were less likely to be involved in supporting the family and the community ($p < 0.001$, Wilcoxon rank-sum test). Urban respondents were significantly more likely to be engaged in supporting the family and the community than rural respondents ($p < 0.001$). For example, about 21% (95%CI: 20.0%–22.9%) of urban respondents took care of children under 5 years old compared to only 8.9% (95%CI: 4.71%–11.0%) of rural respondents.

In Bali, about 70% (95%CI: 66.9%–73.5%) of the respondents reported that they did not do anything to support the family and the community; about half (95%CI: 47.4%–52.1%) of those in DKI Jakarta reported similarly.

The respondents whose income did not decrease during the pandemic were significantly more likely to donate *sembako*, masks, etc. to the communities than their counterparts ($p < 0.05$), so were those whose caregivers' income did not decrease ($p < 0.001$).

Table 5.3 Support for Family and Community During the Pandemic

Characteristics	Support for Families and Communities during the COVID-19 Pandemic						N
	Take Care of Children under 5 Years	Provide Daily Needs to Neighbour/ Community *	Distribute Flyers with Information on COVID-19 Prevention	Support for Delivery of <i>Sembako</i> , Masks, etc.	Do Nothing	Other	
All respondents	20.44	18.54	6.09	5.95	56.65	0.82	3,430
Sex							
Male	18.14	18.02	7.97	8.54	55.74	1.19	1,593
Female	22.43	19.00	4.46	3.70	57.43	0.49	1,837
Age							
60–69 years	23.22	20.71	7.04	7.71	50.96	0.90	2,231
70–79 years	16.56	16.00	5.30	3.09	63.47	0.88	906
80 years and older	11.26	9.90	1.37	1.37	78.84	0.00	293
Living location							
Urban	21.38	19.65	6.31	6.31	54.46	0.85	3,171
Rural	8.88	5.02	3.47	1.54	83.40	0.39	259
Province							
Bali	19.85	8.07	4.10	1.41	70.29	0.64	781
Daerah Istimewa Yogyakarta	11.85	23.12	10.48	5.81	58.43	0.34	878
DKI Jakarta	24.96	20.89	4.80	8.02	49.75	1.13	1,771
Respondents' income							
Decreased	21.06	17.05	5.92	6.30	56.57	0.92	1,842
Same/Increased	19.71	20.28	6.30	5.54	56.74	0.69	1,588
Caregivers' income							
Respondents who had caregivers	20.98	17.80	4.97	5.47	57.30	0.81	2,960
Decrease	21.43	14.10	4.74	4.85	60.06	0.83	1,815
Same/increase	20.26	23.67	5.33	6.46	52.93	0.79	1,145

Note: * *Sembako*, mask, money, etc.

The respondents were allowed multiple answers

2. Social Support

Social support refers to forms of assistance, appreciation, enthusiasm, or acceptance from people who have close social relationships, such as parents, siblings, children, friends, relatives, or other people. It can be in the form of information, certain behaviours, or material that can make the individual who receives help feel loved, cared for, and valued (Riadi, 2017).

For older people in general, social support is extremely important to maintain their independent lives because physical function deteriorates as people get older. The state of their mental health can also change. Social support from family and surrounding communities can make them feel valued, loved, and respected, which will finally contribute to increased self-confidence.

In this study, social support is measured in two ways: (i) assistance from *Posyandu*² cadres, health workers, and social cadres through a home visit or phone call; and (ii) assistance from family, neighbours, friends, village staff, *rukun warga*³, *rukun tetangga*⁴, or non-governmental organisations (NGOs) during the COVID-19 pandemic.

Regarding (i), 268 respondents (7.8%, 95%CI: 6.96%–8.79%) reported that they received home visits or communication (phone calls, messages through WhatsApp, or SMS) by *Posyandu* cadres, healthcare workers, or social cadres during the pandemic. The univariate analysis showed no significant relationship between the percentage of the respondents who received a home visit or contact and some characteristics of the respondents, namely, sex, age, and income. Rural respondents ($p < 0.01$) and those in DKI Jakarta ($p < 0.01$) were significantly more likely to receive home visits, phone calls, or messages through WhatsApp or SMS ($p < 0.001$ for both).

² *Posyandu* (*Pos Pelayanan Terpadu*: Integrated Service Post) is a community-based service promoting health and disease prevention. It can be conducted by the community, non-governmental organisations, private, social organisations, 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 of 2015)

³ This facilitates community participation in planning, implementation, and supervision of development, as well as 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* consists of 3 to 10 *rukun tetangga*, while each *rukun tetangga* consists of 10–50 households.

Table 5.4 Public and Social Support Received by Respondents through Home Visit or Telecommunication

Characteristics	Support for Families and Communities during the COVID-19 Pandemic									N
	Provide Face Masks	Provide Sembako	Provide Counselling on COVID-19	Provide Food	Asking about Conditions	Provide Healthcare Counselling besides COVID-19	Check Mosquito Larvae	Health Check	Other	
Respondents who received public and social support	23.13	7.46	45.15	1.87	23.51	32.46	13.81	7.46	3.73	268
Sex										
Male	25.42	7.63	46.61	0.85	26.27	34.75	11.86	4.24	4.24	118
Female	21.33	7.33	44.00	2.67	21.33	30.67	15.33	10.00	3.33	150
Age										
60–69 years	24.35	6.22	44.56	1.55	21.24	32.64	16.58	5.70	4.15	193
70–79 years	17.31	11.54	48.08	3.85	32.69	34.62	7.69	11.54	0.00	52
80 years and older	26.09	8.70	43.48	0.00	21.74	26.09	4.35	13.04	8.70	23
Living location										
Urban	18.80	7.26	41.88	1.71	25.21	35.47	15.81	8.55	4.27	234
Rural	52.94	8.82	67.65	2.94	11.76	11.76	0.00	0.00	0.00	34
Province										
Bali	31.25	4.69	51.56	3.13	26.56	17.19	6.25	10.94	1.56	64
Daerah Istimewa Yogyakarta	14.29	4.76	52.38	0.00	11.90	33.33	2.38	7.14	4.76	42
DKI Jakarta	22.22	9.26	40.74	1.85	25.31	38.27	19.75	6.17	4.32	162
Respondents' income										
Decreased	27.56	8.97	50.00	1.92	24.36	35.26	13.46	6.41	1.92	156
Same/Increased	16.96	5.36	38.39	1.79	22.32	28.57	14.29	8.93	6.25	112
Caregivers' income										
Respondents who had caregivers	23.95	7.56	44.54	2.10	24.37	32.35	12.18	7.56	3.78	238
Decrease	30.46	9.93	48.34	1.32	21.19	29.80	9.93	9.93	1.99	151
Same/increase	12.64	3.45	37.93	3.45	29.89	36.78	16.09	3.45	6.90	87

Note: The respondents were allowed multiple answers.

Table 5.4 shows the specific types of public and social support provided by *Posyandu* cadres, healthcare personnel, and social cadres through a home visit or telecommunication like a phone call, SMS, or WhatsApp message. About half (45%, 95%CI: 39.1%-51.3%) of the 268 respondents who received such support types listed in the questionnaire answered they had received counselling services on COVID-19. Rural respondents were more likely to receive face masks ($p<0.001$) as well as counselling services on COVID-19 ($p<0.01$) than urban respondents. Mosquito larvae checks and health checks were received only by urban respondents.

No significant difference was found amongst the three provinces in terms of the percentage of respondents who received face masks and counselling services on COVID-19 as public and social support. In Bali and DIY, only a few respondents received *sembako* and mosquito larvae checks from *Posyandu* cadres, healthcare personnel, or social cadres.

The respondents whose income decreased were more likely to receive face masks ($p=0.060$) and counselling services on COVID-19 ($p=0.079$) as public or social support although the statistical difference was marginal. Likewise, the respondents whose caregivers' income decreased were significantly more likely to receive face masks from public or social support personnel ($p<0.01$).

Table 5.5 shows the types of support that the respondents received from families, neighbours, friends, village officials, *rukun warga*, *rukun tetangga*, NGOs through home visits or telecommunication tools, like a phone call, WhatsApp messages, and SMS. About 7.1% (95%CI: 6.23%–7.98%) reported that, during the pandemic, they had never received such support as listed in the questionnaire: help in preparing meals; help in buying daily needs; help in keeping the house and surroundings clean; keeping socially connected through home visits or telecommunication tools such as phone call, WhatsApp, or SMS; and help in mitigating mental and emotional problems as well as coping with stress. The rural respondents ($p<0.001$) and those in Bali ($p<0.001$) were significantly more likely to answer that they had not received any of the types of support listed in the questionnaire.

Table 5.5 Support from Family and Community During the Pandemic

Characteristics	Support from Family, Neighbour, Friend, Village Official, <i>Rukun Warga</i> , <i>Rukun Tetangga</i> , or NGO during the COVID-19 Pandemic					N
	Help in Preparing Meals	Help in Buying Daily Needs	Help in Keeping the House and Surroundings Clean	Keep Socially Connected through In-Person Visit, Phone, WhatsApp Messages, or SMS	Help in Mitigating Mental Problem and Coping with Stress	
All respondents	18.13	23.12	67.32	73.73	30.41	3,430
Sex						
Male	17.20	19.71	67.98	72.19	26.93	1,593
Female	18.94	26.08	66.74	75.07	33.42	1,837
Age						
60–69 years	14.43	19.32	68.27	75.17	30.70	2,231
70–79 years	22.41	26.60	65.45	72.30	29.14	906
80 years and older	33.11	41.30	65.87	67.24	32.08	293
Living location						
Urban	18.57	23.15	69.06	75.43	30.78	3,171
Rural	12.74	22.78	45.95	52.90	25.87	259
Province						
Bali	18.18	26.76	52.75	65.43	28.81	781
<i>Daerah Istimewa</i> Yogyakarta	14.92	22.10	75.17	65.60	27.68	878
DKI Jakarta	19.71	22.02	69.85	81.42	32.47	1,771
Respondents' income						
Decreased	18.19	22.64	69.22	73.51	32.30	1,842
Same/Increased	18.07	23.68	65.11	73.99	28.21	1,588
Caregivers' income						
Respondents who had caregivers	19.49	24.43	67.03	76.39	32.20	2,960
Decrease	20.11	25.12	67.82	75.32	33.11	1,815
Same/increase	18.52	23.32	65.76	78.08	30.74	1,145

NGO = non-governmental organisation.

Note: The respondents were allowed multiple answers.

Amongst the answers to the five questionnaire items, the most selected (74%, 95%CI: 72.2%–75.2%) was 'home visit and contact through a phone call, WhatsApp, and SMS to ask the condition of older persons and keep social connectedness'. Female respondents were significantly more likely to receive support to shop for daily needs and mental support. The older respondents were more likely to receive support in preparing meals, shopping for daily needs ($p < 0.001$, Wilcoxon rank-sum test), whilst the younger respondents were more likely to have contact from families and communities ($p < 0.01$, Wilcoxon rank-sum test).

Significantly more urban respondents reported that they were supported in preparing meals ($p < 0.05$), cleaning the house ($p < 0.001$), and being contacted through home visits, phone calls, WhatsApp, or SMS to maintain social connectedness than their rural counterparts ($p < 0.001$).

The respondents in DIY were significantly more likely to receive support for cleaning their house and its surroundings than those from the other two provinces. Those in DKI Jakarta were significantly more likely to receive home visits or telecommunication messages to confirm their condition and promote social connectedness. The respondents whose income decreased were significantly more likely to receive support for cleaning their house ($p < 0.05$) and mitigating mental and emotional problems ($p < 0.05$).