



The New Normal among Indonesian Elderly: Their Perception on COVID 19 and Their Positive Perspective to Accept the Consequences

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Authors' contributions

This work was carried out in collaboration among all authors. Authors RHS, TS, FES and LNA designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors MA and MW managed the analyses of the study. Authors LSS and MBPN managed the literature searches, author RSOH make the electronic questionnaire and distributed it. All authors read and approved the final manuscript.

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ABSTRACT

Background: The Elderly are very prone to Covid-19. Since very early, focus being targeted to change public behaviour. Preventing infection is a challenge, because of potency co-morbidities. Slowly, there is gradually change in condition and people being prepared to get ready for the new normal. But unfortunately, we know very little about what our elderly perception is and their responses to the Covid-19 pandemic.

Methods: Using Whatsapp™ we deliver our electronic survey by “snow ball effect” based on specific groups, families or other supporting elderly community, conducted from June to August 2020. The electronic questionnaire divided into three sections: (1) demographic, (2) the knowledge, perception and compliance of Indonesia’s older people toward the new normal and (3) how this covid pandemic affect their daily life. All data collected and being pooled into one Microsoft excel™ sheet form then being analyzed statistically with suitable descriptive test.

Results: 1018 people joined the study, consist of 462 male (45.4%, mean age 62.66) and 556 female (54.6%, mean age 62.79). In general, 85.95% of our respondents claimed they were healthy during the study conducted. They were already aware on the issues of new normal and its consequences. They realize that it will affect their health, daily life routine, but most of our respondents denying that it will complicate their life. The challenges they foresee included feeling insecure, health service, financial and transportation. However, despite all of these troubles, most of our respondents still have a positive point of view in order to accept the pandemic and its consequences.

Conclusion: The Indonesian elderly, as one of important part of our society showed their maturity and exemplary that become the importance basis of their acceptance and positive reaction.

Keywords: Health; positive; co-morbidities; geriatric problems; ageing; opportunity; new normal.

1. INTRODUCTION

COVID-19 is changing everybody's daily routines, including the elderly [1,2]. Keeping healthy ageing during the pandemic is a true defiance for their own, the family, the community and even the authority/government [3,4]. Mortality due to covid among the elderly in Indonesia reached 38.6% [5]. Co-morbidities and its related impairment commonly found, and this condition add fatality to Covid patient.

Hence, the authority target older people especially to convince them to comply with all preventive measures needed, particularly when the adaptation to new normal began to be done gradually [4]. However, we still know little about the knowledge and perception of Indonesia’s elderly toward the new normal and how this covid pandemic affect their daily life; these two questions become the aim of this study.

2. MATERIALS AND METHODS

This simple cross-sectional survey based of the Indonesia elderly conducted using electronic questionnaire that were distributed using “snow ball effect” based on groups, families or other supporting elderly community. Study conducted

from June to August 2020 using famous social media platform, WhatsApp™.

The questionnaire divided into three section: (1) demographic, (2) the knowledge, perception and compliance of Indonesia’s older people toward the new normal and (3) how is their perspective on covid pandemic affect their daily life, whether it is positive or negative. Questions were being asked in a very simple way with closed ended questions. All data collected and being pooled into one Microsoft excel™ sheet form then being analyzed statistically with suitable descriptive test.

3. RESULTS AND DISCUSSION

During this 3 months of survey, actually there were 1114 respondents reply the calling and joined the study. But out of that number, only 1018 people had eligible data to continue for further analysis. Respondents who cannot be included were due to incomplete or inappropriate data and repetitive submission that caused double data in the same exact time.

The majority of our respondent were female (54.6%) with mean age between both gender is almost the same; 62.66 years old for male and

62.79 years old for female. At the moment when survey was conducted, most of our respondent live with their family (n=515/50.6%), 45.25% lives with their marital partner (husband/wife) and unfortunately 4.2% live by him/herself (n=43). Their location at the moment of survey conducted mostly were not in Jakarta (n=565/55.51%) and 453 (44.49%) were stayed in Jakarta. Our respondent history of education was quiet varied from Bachelor (n=725/71.21%), high school (273 (26.81%) and elementary school (16 people/1.57%). Out of 1018 respondents, 483 people had history of previous formal employment (47.44%) but 535 (52.56%) never been working in formal job. During the survey being taken, we asked our respondents about their health condition and the result as follows: healthy 875 (85.95%), 14 (1.37%) were currently ill (geriatric problems), and 129 people (12.67%) claimed that they were ill but their illness was under controlled.

This study result which aimed to investigate the knowledge and perception of Indonesia's elderly toward the new normal and how this covid pandemic affect their daily life showed us how the elderly sees, think and then responded to the change of situation as the impact of the covid-19. Eventhough this study cannot be said that it already represents the whole Indonesian elderly perspective, but the number of our respondents and their geographical scope cannot be ignored.

We used snow ball technique on delivering this questionnaire to potential candidates of our respondent using popular social media platform, Whatsapp™ and it was proven to be very helpful in gaining and or adding the number of people that fit to inclusion criteria. But this approach also in the same time become our limitation, because in order to fill the e-questionnaire thru Whatsapp™ then it needed the appropriate soft skill's ability to operate and responded by filling it electronically using social media; actually not all of our elderly in Indonesia were familiar with social media, or even smartphones. So, all of our respondents in this study were at least familiar with social media platforms and have the ability to operate in popular social media platforms.

3.1 Knowledge and Perception toward the New Normal

The knowledge and perception of our respondents toward the new normal were also one of our concerns. Several questions were asked in a very short and simple closed ended

questions with choices of Yes or No because we do not want to confuse them with incredible long question.

The elderly group member of any society level are by far the most vulnerable to the COVID-19 disease pandemic; this statement is the most solid consensus related to health, economy or any daily life aspects affected by Covid [1-6]. Prevention effort are tried and pushed (half imposed) to must be done [7-10]. Public authorities forced to give more attention on focus and target older people, due to their limitation, in order to convince them to comply with all preventive measures needed, e.g. use face mask, avoiding crowd, frequent hand washing and social distancing [1,2,10].

This global governmental strategy has consequences [4,11]. According to Armitage and nellum [2], an option to social isolation or limitation among the elderly is a "serious public health concern" because of their possibilities heightened the risk of complication from commonly found geriatric problem, e.g. muscular atrophy, neuro-cognitive, cardiovascular, autoimmune, and other serious mental health condition.

Concern are also raised due to "what we know factors" [3]. More complex studies on the role of these information, e.g. clinical trends, morbidity-mortality and even medications option and their result in COVID-19 infections are necessary to be conducted, because so many information seems still in pieces and need a very big effort to put them together into one basic solid understanding [3,4]. How to approach all of these information holistically by integrating our focus on overall socio-economic and humanitarian responses, including health, rights and long term care services for the elderly, are still global big challenge [4]. Every government in the world had their own difficulties due to Covid [10].

Recent data from Indonesia showed us that older people contributed to 38.6% of death cases related to COVID-19 in Indonesia [5]. among elderly patients being admitted to the hospital (n=44), 68% were aged 60-69 years, 66% were male and surprisingly had no history of close contact with COVID-19 patient (86%). classic symptoms of COVID-19, e.g. fever, cough and shortness of breath are the commonest symptom found, and the three most common chronic co-morbidities found were diabetes mellitus, hypertension, and malignancy. Multi-morbidity

was only found in 14% of patients, all of whom were able to survive (Covid-19 survivor) and remained alive following post- SARS-CoV-2 infection. The death rate among elderly inpatients with COVID-19 in this study was 23%, and male older adults contributed to 90% of death cases, as reported by Azwar et al. [5]. This data showed us that there is always an opportunity, even for the infected elderly to survive this pandemic.

In this study, most of our respondents were female with mean age 62.79%. Most of our

respondent claimed that they were healthy at the time electronic survey conducted (85.95%) and in the mean time, 1.37% stated they were ill (geriatric problem, not further defined) and 12.67% of our respondents claimed that even though they had geriatric problem but under controlled. This data is very interesting, if combined with the result study conducted by Azwar et al. [5] because 14% multi morbidity among Indonesian elderly infected with covid 19 to our opinion the number is quite low and theoretically manageable, without being underestimated all of the risk.

Table 1. Demographic characteristics of Respondents (n=1018)

Demographic characteristics		N (%)
Gender	Male	462 (45.4%)
	Female	556 (54.6%)
Age	Male minimum/mean/maximum (year's old)	50/62.66/81
	Female minimum/mean/maximum (year's old)	50/62.79/82
At this moment, respondent live with:		
	marital partner (husband/wife)	460 (45.25%)
	Family	515 (50.6%)
	By him/herself	43 (4.2%)
Location at this moment		
	Jakarta (the capitol of Indonesia)	453 (44.49%)
	Not in Jakarta	565 (55.51%)
History of education		
	Elementary school	16 (1.57%)
	High School	273 (26.81%)
	Bachelor	725 (71.21%)
History of Previous formal employment		
	Yes	483 (47.44%)
	No	535 (52.56%)
Health condition at this moment		
	healthy	875 (85.95%)
	Ill (geriatric problem)	14 (1.37%)
	Ill, but under control/treatment	129 (12.67%)

Table 2. The knowledge and Perception of the elderly toward the new normal (n=1018)

Knowledge and perception		n (%)
Knowledge on/about	New Normal implementation	Yes 908 (89.2%)
		No 110 (10.8%)
	the consequences due to the New Normal	Yes 864 (84.9%)
		No 154 (15.1%)
	when will the new normal start	Yes 657 (64.5%)
		No 341 (35.5%)
Perception about Covid	affect their health	Yes 859 (84.4%)
		No 159 (15.6%)
	affect their daily routine life	Yes 869 (85.4%)
		No 149 (14.6%)
	complicate their lives	Yes 467 (45.9%)
		No 546 (54.1%)
Difficulties related Covid	feeling insecure	171 (16.8%)
	Health	308 (30.2%)
	Financial	262 (25.7%)
	Transportation	276 (27.1%)

3.2 How COVID-19 Affect Their Life

The last but not least is we asked 2 questions, one was closed ended questions and one was open ended question. The closed ended was about their perspective on was there any opportunity wisdom on the way the see Covid pandemic and the open ended question was about how they describe the opportunity wisdom. All result presented in Table 3.

The result showed in Table 3 was in general divided based on both of our respondents' perspective on wisdom due to covid. In general, to the author's collective analysis and opinion, it can be classified as positive point (885 or 86.9%) of view and negative perspective (133 or 23.1%).

From the knowledge and perception of the elderly toward the new normal, our respondent showed us that in general they represent the ideas of more accepting the condition. They were aware that there are consequences due to the new normal that might affect their health (84.4%), daily routine life (85.4%) and not think that it might complicate their live (54.1%). To manage this kind of situation, lesson learned from a group of French practitioners, Koeberle et al [6] which proposed a territorial organization and coordination of health care, favoring organization

and communication between all stakeholders. Care for the elderly is based on three key points (1) by linking hospital settings and geriatric sectors regionally, (2) connecting private, medico-social and hospital as a centralized unit for evaluation and coordination of care and decision support and last but not least (3) organizing a specific ad hoc follow-up channel.

There are challenges to be overcome, e.g. in our study it is related to feeling insecure (16.8%), health and well-being effects (30.2%), financial/economic setbacks (25.7%), and transportation problem/limitation (27.1%). Further analysis needed to be conducted on how specific challenges affected the elderly life. But through all those difficulties, according to Morrow-Howell et al. [7] we must always see opportunities to be grateful for. These lists in our result e.g. faith in God, stronger family support, possible inter-generational connectedness, seeing opportunity, convenience service from information technology and online platforms to overcome the social isolation/limitation; more respect for self-care and time management. As an addition, increased awareness on the importance of advance directives and, potentially, increased interest across multi-disciplines approach on issues of aging society, as proposed by Ayalon et al. [12].

Table 3. Perspective on wisdom related Covid pandemic (n=1018)

Perspective on opportunity wisdom and their description on how they see that wisdom	n (%)
is there any chance for lessons to be drawn from the covid pandemic	
Yes (Positive perspective)	885 (86.9%)
No (Negative perspective)	133 (23.1%)
The description on the wisdom or lesson learned from covid considered as Positive perspective (n=885)	
Being grateful/get closer to God	451 (50.96%)
Get closer to the other family member	178 (19.77%)
More aware of maintaining their own health	91 (10.28%)
Inspired to search for opportunity, online based	52 (5.87%)
Healthy life style, reduced risk	43 (4.85%)
Opportunity for starting online business	29 (3.27%)
More time for hobbies	17 (1.92%)
More time for rest	14 (1.58%)
More unity as a nation	10 (1.12%)
The description on how our respondent failed to see wisdom along with Covid, considered as negative perspective (n=133)	
The business stopped and was in debt	49 (36.84%)
Not free to move and meet people	37(27.81%)
Inability to meet family	22 (16.54%)
More careful when interacting with anyone	14(10.52%)
Difficulties to have access to health service	9(6.76%)
Lack of control on this new normal implementation	2(1.5%)

As politically willingness, continuous efforts from the government to improve policies, programs and strategy that supported continuous improvement for longer and healthier lives of every member of the community nowadays that supposed to be more active and more productive [4,10]. As communication being pushed between consumers, public officials, and everyday citizens about who may be more aware of what isn't working, what is at stake, and what might be improved [13,14]. In order to recover fully, as a whole member of the society, everybody must contribute equally [12].

The last part of our study was about how our elderly sees difficulties related to Covid 19. The description on the wisdom or lesson learned from covid considered as Positive perspective (n=885) as follows: being grateful/get closer to God, get closer to the other family member, more aware of maintaining their own health, inspired to search for opportunity, online based, healthy life style with reduced risk, opportunity for starting online business, more time for hobbies, more time for rest and more unity as a nation. These lists showed us how our elderly as important member of our society put their selves in a more receptive and open minded position. But on the contrary, there were also a group of our our respondents which failed to see wisdom along with Covid, and we considered as negative perspective (n=133). The lists as follows: the business stopped and was in debt, not free to move and meet people/inability to meet family, precautions and more careful when interacting with anyone, difficulties to have access to health service, lack of control on this new normal implementation. Of course it is almost impossible to have 100% absolute answer, no matter what the questions was. But seeing that more respondents of ours that have positive point of view, all authors agree this is typical oriental/eastern perspective which is more receptive, adaptive and seeing goodness in everything that happened to them, no matter what is their religion. That is why connecting these positive point of view is vital [15].

Social connectedness is important on the time of the public health breakdown, more so when "ageism" becomes a key for stigmatization in this marginalized population [7,11,12]. This leads to potency of neglect and therapeutic nihilism, common situation for the elderly [8,9]. Most of the elderly are not familiar with smart phones, hence the information about precautions for a pandemic need to be explained repetitively to them in their own short and simple words [4,13].

Several cognitive impairment, and mental problems like wandering, irritability, and psychotic symptoms can worsen their panic condition and make it difficult for them to follow the precautions of social distancing, always use face mask and keeping the hand hygiene [8,16]. Measuring whether there is a shift in mental health during this pandemic and related it with daily affected socio-behavior shift is also urgent to be conducted, at least in order to identify and make a kind of contingency plan to overcome that problem [16-18].

Mukhtar [9] mentioned the differences on how the younger age vs. the elderly responded to the pandemic. The reliance on social media could act as a shield for the young age but for older age group the need of direct personal touch, social support, liveliness, and daily functioning remain unmet and cannot be replaced by old time technology [13,14]. That is why nowadays, modern online technologies and digital sources are being pushed and created to give virtual-digital social support network and to some extent have the ability to give or produce a perceived sense of belonging [12,13]. The problem now is in disparities in access to literacy of these modern technology are still limited and access less at the most of the elderly group of population [14,17,18]. That is why the approach to tackle all of these problems must be conducted in governmental level, considering how complicate the problem, might be different territorially even though pandemic took place in all area of the same country [10-13]. It will be very interesting if further study can be conducted on how far this technology can helped the elderly to live their routine daily life.

Van Bavel et al. [11] suggested the implementation of mixed social and behavioral science as an approach to support our COVID-19 pandemic response; because it is actually a global health crisis [4]. And because of that, the crisis requires large-scale behavior change and places significant psychological burdens on individuals [15,16]. All insights from the previous study in social and behavioral sciences can be used and combined with all the result of Biomedical and or clinical studies to help aligning and re-positioning routine daily human behavior, personally and also as community, with the recommendations of experts, e.g. epidemiologists and public behavior health scientist [17,18].

4. CONCLUSION

This study showed us that even in the middle of Covid 19 pandemic, our Indonesia elderly responded positively to the new normal and all preventive measures that everybody should adjusted themselves. Even though that the condition is difficult, but by organizing every stakeholder and give their best effort with every possible mechanism scientifically, our elderly will be able to survive during this pandemic.

ETHICAL APPROVAL AND CONSENT

As per international standard or university standard guideline participant consent and ethical approval has been collected and preserved by the authors.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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