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**OLDER ADULT  
PREPAREDNESS FOR  
LIVING WITH AN  
ENDEMIC COVID-19**

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

The current report aims to examine how prepared older adults are to live with an endemic COVID-19 by examining certain aspects of living with an endemic COVID-19. A summary of the findings and recommendations made in this report is provided below:

### [Mental Preparedness for living with an endemic COVID-19](#)

1. About 30% of older adults felt 'Not at all prepared' or 'Not too well prepared' mentally for living with an endemic COVID-19.
2. Older adults who did not trust the government's response to the COVID-19 situation in Singapore at all were four times more likely to feel 'Not at all' or 'Not too well' prepared mentally for living with an endemic COVID-19 as compared to respondents who trusted the government's response completely.

### [Willingness to get booster shot](#)

1. As of November 2021, 97.08% of respondents had either already gotten their booster shot (62.32%) or were intending to (34.76%). Only 2.92% of respondents stated that they did not intend to get a booster shot.
2. The main reason for not wanting to get a booster shot had to do with concerns about the safety and efficacy of the booster shot.
3. Respondents who had already gotten their booster shot in November 2021 were twice as likely to trust the government's response to the COVID-19 situation at least 'somewhat' as compared to respondents who did not intend to receive the booster shot.

### [Changes in behavior in response to COVID-19](#)

1. The top five 'COVID-19 Health Behaviors' that respondents had avoided or adopted in both May 2020 and October 2021 were:
  - a. Avoiding gatherings of people (90.38% did this in May 2020 and 86.98% in October 2021).
  - b. Reducing contact with friends (85.47% did this in May 2020 and 73.06% did this in October 2021).
  - c. Washing hands more frequently and for a longer duration (85.23% did this in May 2020 and 71.3% did this in October 2021).
  - d. Avoiding forms of physical contact such as shaking hands or hugging (83.84% did this in May 2020 and 76.03% did this in October 2021).
  - e. Avoiding shopping during peak times (83.42% did this in May 2020 and 79.3% did this in October 2021).
2. Generally, fewer respondents avoided certain preventive health behaviors (such as gathering in groups and shopping during peak times) or adopted others (such as washing hands more frequently) in October 2021 as compared to May 2020, possibly indicating that older adults' risk perception of COVID-19 have attenuated since the start of the pandemic, and that while many remain cautious, more older adults have begun to carry out such activities despite restrictions.

### [Use of self-medication against COVID-19](#)

1. A majority (91.95%) did not consider the use of medications that are not approved by the Health Sciences Authority (HAS), such as ivermectin, to prevent or treat COVID-19.

2. Respondents who did not trust the government's response to the COVID-19 situation were almost 3 times more likely to have considered self-medicating against COVID-19.

#### [Support for Differentiated Safe-Management Measures \(SMMs\)](#)

1. In August 2021, a majority of older adults (88.37%) agreed with the implementation of differentiated SMMs:
  - a. 92.33% agreed that differentiated SMMs are necessary to protect the wider community.
  - b. 91.76% agreed that differentiated SMMs would encourage more people to get vaccinated.
  - c. A smaller majority (77.01%) agreed that people who choose not to vaccinate do not deserve the same privileges as those who vaccinate.
  - d. More than half (53.74%) agreed that they found it difficult to understand the differentiated SMMs and how they would apply to themselves and their social groups.
2. In November 2021, we re-fielded three of the above statements on differentiated SMMs and found only slight changes in proportions of agreement compared to August 2021:
  - a. Slightly fewer (-4.20%) respondents agreed that differentiated SMMs are necessary to protect the wider community.
  - b. Slightly more (+2.04%) respondents found it difficult to understand the differentiated SMMs and how they would apply to themselves and their social groups.

#### [Opinions on Vaccinated Travel Lanes \(VTLs\)](#)

1. A majority (86.68%) reported some level of concern (somewhat/moderately/very) about the possible spread of COVID-19 from incoming tourists via VTLs.
2. Respondents who were less trusting of the government were more concerned about an increase in COVID-19 transmission via VTLs – respondents who did not trust the government's response to the COVID-19 situation at all were almost twice as likely to be moderately or very concerned about COVID-19 transmission via VTLs, as compared to respondents who trusted the government's response completely.
3. Over one-third (37.86%) of respondents were undecided about when to travel under the VTL Scheme, whereas another one-third (34.84%) expressed a preference for delaying travel for 1 year or more.

#### [Perceived infection and mortality rates from COVID-19](#)

1. Respondents who trusted the government's response to the COVID-19 situation either 'somewhat' or 'completely', estimated the risk of infection and mortality by COVID-19 to be lower, as compared to respondents who had lower trust in the government's response.

#### [Policy Recommendations](#)

Based on the findings listed above, the current report makes two general policy recommendations for consideration:

1. The findings highlight the importance of maintaining older adults' trust in the government's response to COVID-19 in preparing and helping them to live with an endemic COVID-19. Authorities can adopt several strategies in order to do this, including providing clear and consistent messaging with regards to issues relating to COVID-19, as well as transparency in and accountability for COVID-19 policies that are enacted.

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2. The findings also suggest that more can be done in, firstly, further educating older adults on what living with an endemic COVID-19 would mean for them, and secondly, providing older adults with the necessary resources to cope with living with an endemic COVID-19, such as organizing and developing social activities for older adults that can still be run in spite of restrictions.

## INTRODUCTION

As Singapore's strategy in facing COVID-19 switches to treating the disease as endemic rather than as a pandemic, it is important for authorities to ensure that our vulnerable groups do not get 'left behind' in this transition. In other words, it is important for authorities to ensure that all social groups, especially those vulnerable to the direct and indirect impacts of COVID-19, are able and prepared to live with an endemic COVID-19.

It is for this reason that the current report aims to examine the extent to which older adults in Singapore are prepared and able to cope with living with an endemic COVID-19. To do this, we look at various aspects of living with an endemic COVID-19 that we felt were of importance in ensuring that older adults would be able to cope. These aspects are listed as follows:

1. Mental preparedness for living with an endemic COVID-19
2. Willingness to receive booster shots and factors influencing willingness
3. Changes in behavior in response to COVID-19
4. Use of self-medication against COVID-19
5. Support for Differentiated Safe-Management Measures
6. Opinions on Vaccinated Travel Lanes
7. Perceived infection and mortality rates from COVID-19

These various aspects are deemed to be important in terms of ascertaining whether older adults perceive themselves to be prepared to live with an endemic COVID-19, whether they are willing or able to adopt behaviors that would enable them to live with an endemic COVID-19, and finally the level of support that older adults have for certain aspects of living with an endemic COVID-19. Such factors may inform whether older adults are indeed prepared to live with an endemic COVID-19. This report thus presents preliminary findings on these topics and subsequently offers several recommendations on how authorities may endeavor to better support older adults in the transition to an endemic COVID-19.

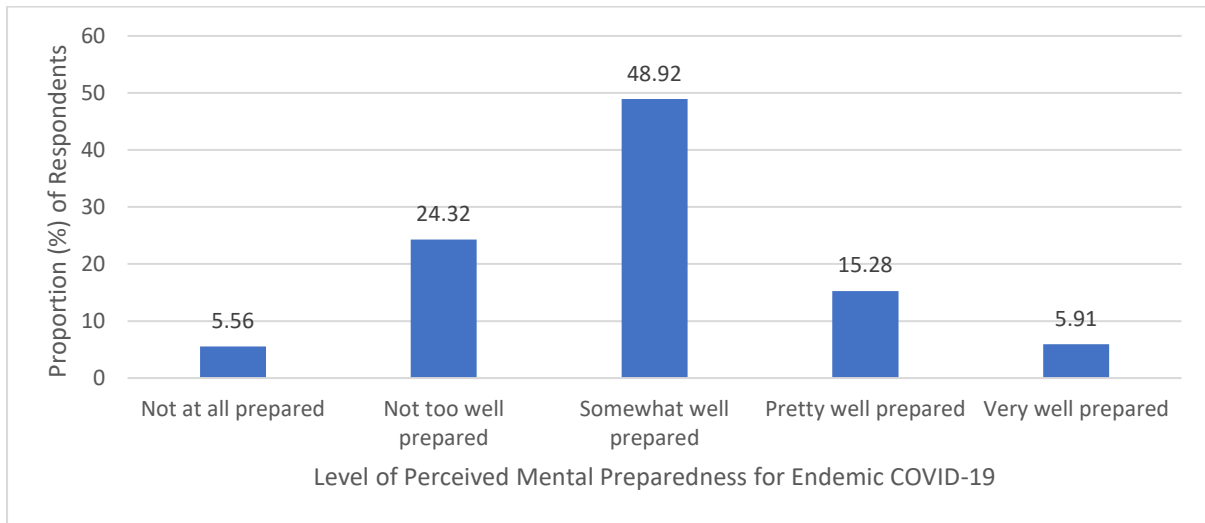
This report utilizes data from the Singapore Life Panel®, a population representative monthly survey of Singaporeans aged 56-75 (inclusive) in 2021 that has been conducted since 2015. The SLP has an average response rate of about 7,200 respondents per month and is web-based, allowing respondents to participate even during periods of full or partial social lockdown. A majority of the findings in this report are based on findings made from the August 2021, October 2021 and November 2021 surveys, where a total of 6,960, 6,660, and 6,908 older adults aged 56-75 in 2021 participated respectively.

## FINDINGS

### **Mental Preparedness for Living with an Endemic COVID-19**

We began by asking our respondents how mentally prepared they were for living with an endemic COVID-19. Respondents were asked in October 2021 to rate their level of mental preparedness from 'Not at all prepared' to 'Very well prepared'. The overall distribution of responses received is presented in [Figure 1](#) below.

Figure 1: Mental preparedness for endemic COVID-19 (n = 6545<sup>1</sup>)



As can be observed, about 30% of older adults felt ‘Not at all prepared’ or ‘Not too well prepared’ mentally for living with and endemic COVID-19. This is compared to a smaller 21.19% who reported feeling either ‘Pretty well prepared’ or ‘Very well prepared’. A majority (48.92%) of respondents reported feeling ‘Somewhat well prepared’, the midpoint of the scale.

This initial finding suggests that a majority of respondents are unsure of whether they are well prepared to live with the endemic, as a majority chose the midpoint. Additionally, about 9% more respondents reported feeling unprepared for living with the endemic as compared to the proportion of respondents feeling well prepared. This implies that more may need to be done to educate and inform older adults on what living with an endemic COVID-19 would entail and the resources available which can help mitigate the stress of uncertainty.

#### *Trends in Mental Preparedness for Endemic COVID-19*

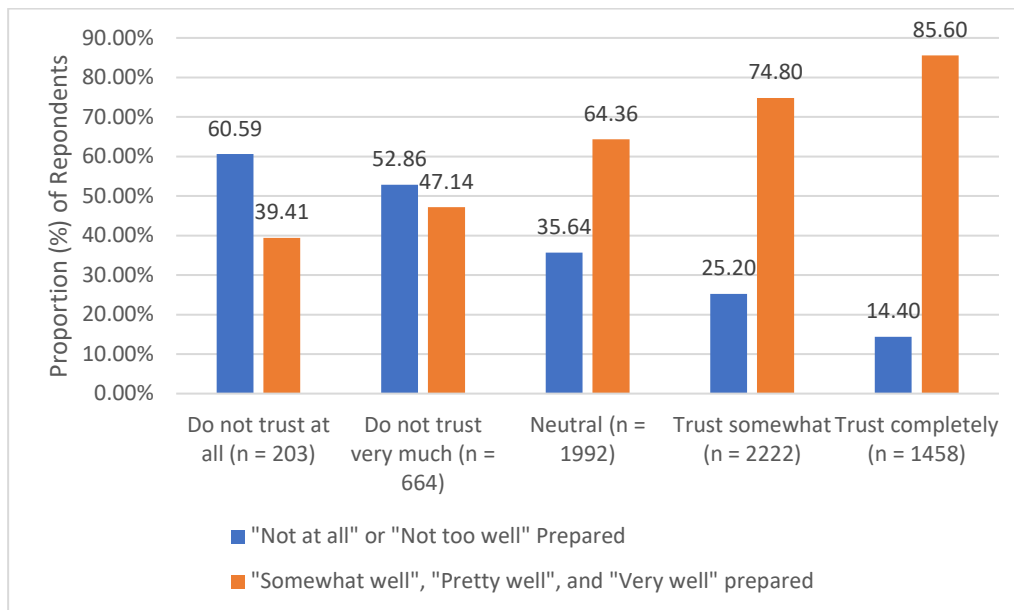
We proceeded to investigate if demographic factors, such as education or housing, might influence respondents’ level of mental preparedness to live with endemic COVID-19. This was done by examining the proportions of respondents who reported feeling “somewhat well”, “pretty well”, or “very well” prepared for endemic COVID-19 across different demographic groups. Based on the results, no strong trends were found (for full proportions, please refer to [Table A1](#) in the appendix).

In contrast to demographics, trust in the government’s COVID-19 response had large effects on the mental preparedness for endemic COVID-19. The results are shown in [Figure 2](#) below.

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<sup>1</sup> The smaller number of responses for this question relative to the overall response rate for the month is due to missing data for this particular question.

Figure 2: Mental Preparedness for Living with an Endemic COVID-19 by level of trust in government



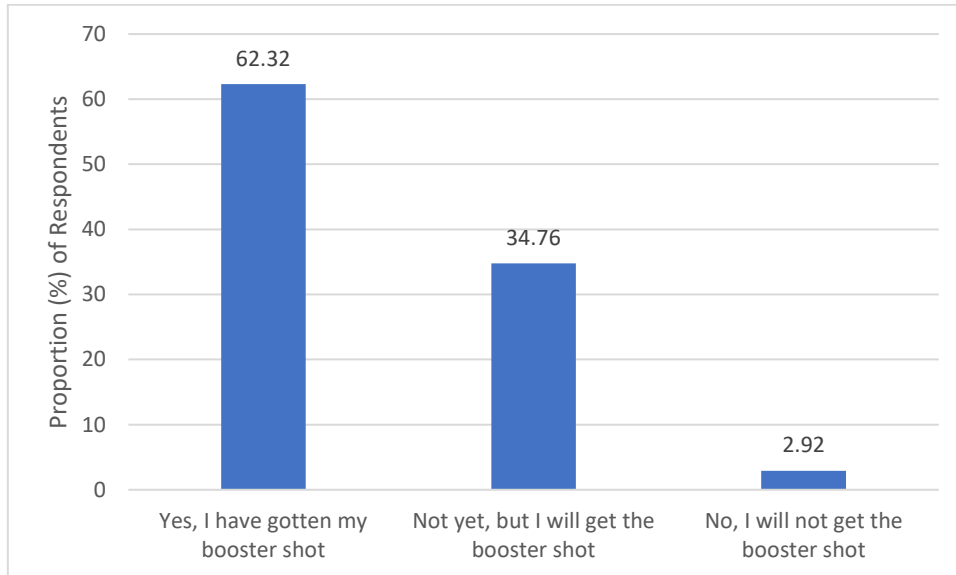
As can be observed, the findings imply that respondents with higher levels of trust in the government’s response to the COVID-19 situation are more likely to feel mentally prepared. 85.60% of respondents who trusted the government ‘completely’ indicated they felt at least ‘somewhat well’ prepared, more than double that of those who did not trust the government ‘at all’. Respondents were also four times more likely to report feeling ‘Not at all’ or ‘Not too well’ prepared for living with endemic COVID-19 if they did not trust the government’s response ‘at all’, as compared to respondents who trusted the government’s response ‘completely’. The results imply that the level of trust respondents place in the government’s response to the COVID-19 situation may be an important factor determining the level of mental preparedness for endemic COVID-19 that respondents reported.

A possible explanation for the importance of trust in the government’s response in determining how prepared respondents felt could be due to the central role the government plays as a primary source of authoritative information on the pandemic. Older adults with less trust in the government may be more inclined to mistrust pandemic information put forth by the government and perceive there to be fewer credible sources of information. Thus, with a lack of reliable sources to inform themselves with, these groups of older adults may feel more uncertain and less prepared for the endemic.

### Older Adult COVID-19 Booster Rates

Given the importance of COVID-19 booster shots in Singapore’s transition from pandemic to endemic, we also examined the willingness of vaccinated older adults to receive their COVID-19 booster shot in November 2021. We did this by asking respondents who were vaccinated if they had gotten their booster shot and if not, whether they were intending to.

Figure 3: Distribution of willingness to get booster shot among vaccinated respondents in November 2021 (n = 6685)

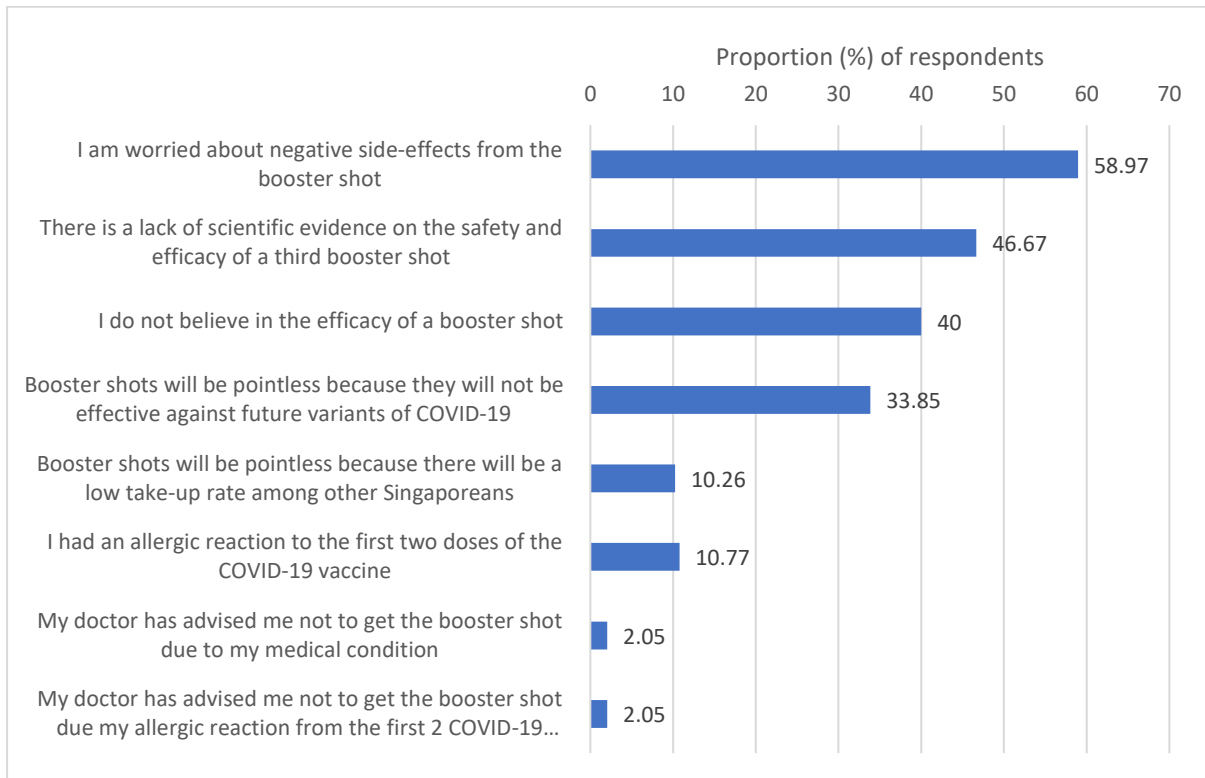


As is observed, 97.08% of respondents had either already gotten their booster shot (62.32%) or were intending to (34.76%) (see [Figure 3](#)). Only 2.92% of respondents stated that they did not intend to get a booster shot.

To identify why respondents did not intend to get the booster shot, respondents were asked to indicate why they did not intend to get the booster shot from a list of possible reasons. [Figure 4](#) illustrates the distributions of reasons cited.



Figure 4: Proportions of respondents who cited each reason for not wanting to receive booster shots (n = 195)

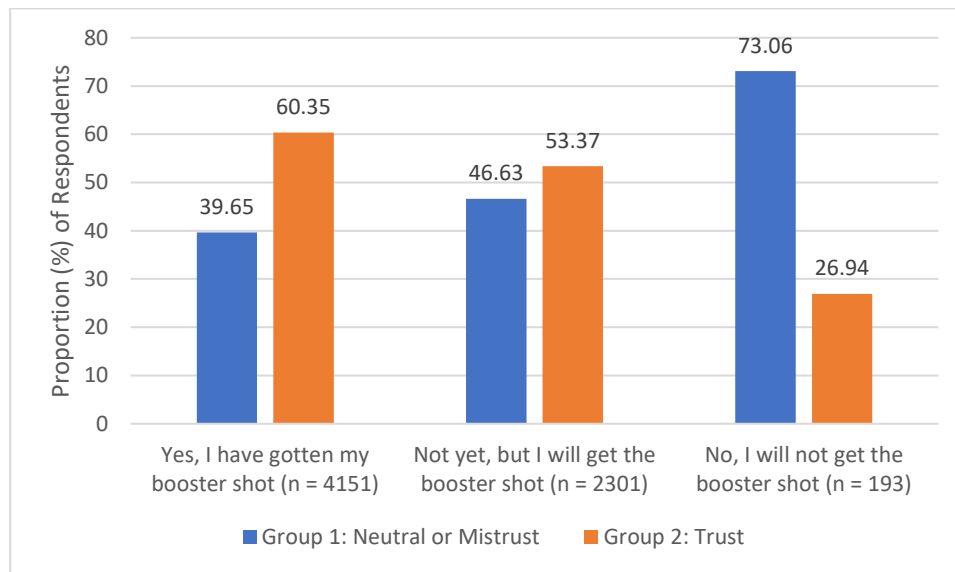


A majority of the respondents (58.97%) indicated their fears regarding negative side effects from booster shots (see Figure 4). Similarly, more than a third of respondents (46.67%) articulated the belief that there is a lack of scientific evidence on the safety and efficacy of a third booster shot. Overall, the top 3 reasons for not wanting to get the booster shots were related to the safety and efficacy of the booster shot. These findings are similar to the reasons why respondents were initially unwilling to receive the initial COVID-19 vaccine as published in the previous COVID-19 vaccine report<sup>2</sup> where about 79% of respondents who did not intend to receive the COVID-19 vaccine in June 2021 cited their worries about the negative side-effects.

We subsequently looked at whether trust in government might have influenced our respondents' willingness to get the booster shot. We first categorized respondents who mistrust or are neutral towards the government's response to the COVID-19 situation (Group 1), and those who trust the government's response (Group 2).

<sup>2</sup> You may access the report at the following link:  
<https://rosa.smu.edu.sg/sites/rosa.smu.edu.sg/files/Briefs/ROSA%20Special%20Report%20on%20COVID-19%20Vaccination%20Trends%20Among%20Older%20Adults%20in%20Singapore.1.5.pdf>

Figure 5: Proportions of respondents within each response category for booster willingness who trust, mistrust or are neutral towards government in November 2021

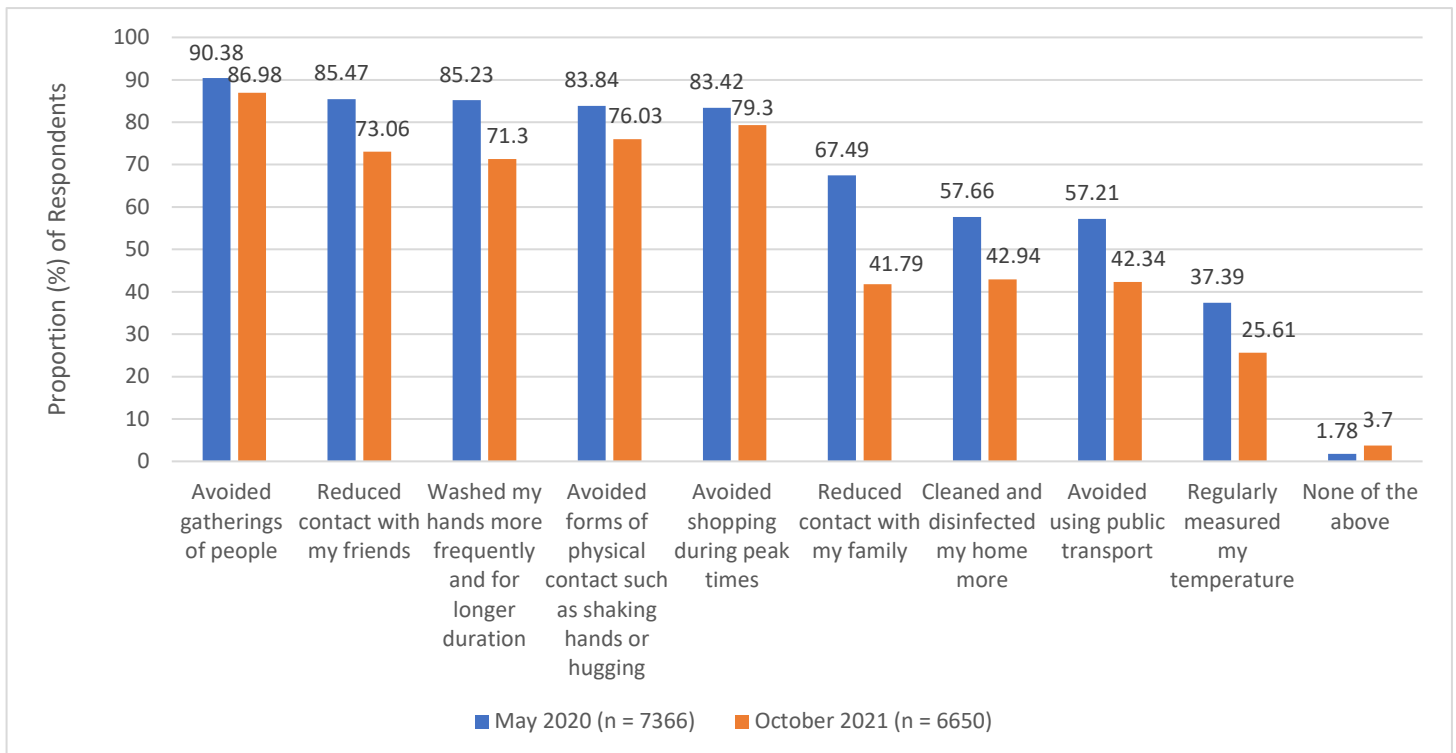


As can be seen from [Figure 5](#) above, respondents with greater trust in the government’s response are more likely to have gotten their booster shot. Those who are neutral or mistrust the government’s handling of the COVID-19 situation (Group 1) make up a large majority (73%) of respondents who do *not* intend to get their booster shot. In contrast, those who trust the government’s handling of the COVID-19 situation (Group 2), make up the majority of respondents (60%) who have already received the booster shot. This highlights that the level of trust the respondents place in the government is likely to be an important factor shaping their willingness to receive the COVID-19 booster shot.

### Changes in COVID-19 health behaviors

To assess how the COVID-19 pandemic has impacted the daily lives of older adults we also asked our respondents questions regarding their behavior, specifically with regards to whether they had changed certain behaviors due to COVID-19 (what we refer to as ‘COVID-19 Health Behaviors’). In particular, respondents were asked in May 2020 and October 2021 if they had made certain changes in their behaviors due to COVID-19 such as various habits that they may have practiced to reduce the risk of transmission to themselves and family members. These habits include personal hygiene habits, whether our respondents actively avoided physical contact where possible, and changes to any other daily activities. It should be further noted that in May 2020, Singapore was in the midst of a lockdown at the early onset of the pandemic. This is compared to October 2021, almost one and a half years into the pandemic, when Singapore experienced the largest community outbreak of COVID-19 since the pandemic began. [Figure 6](#) below presents how our respondents responded across the two months.

Figure 6: COVID-19 health behaviors in May 2020 and October 2021



As seen in [Figure 6](#), in May 2020, at least 80% of our respondents avoided gatherings of people, reduced contact with friends, washed their hands more frequently and for longer durations, and avoided forms of physical contact such as shaking hands or hugging. While these 5 behaviors remain the most practiced health behaviors as of October 2021, the proportion of individuals practicing these habits has reduced. For instance, the proportion of individuals who avoided gatherings of people reduced by 3.4% while proportion of individuals who washed their hands more frequently and proportion of individuals who reduced contact with friends dropped by 13.93% and 12.41% respectively. We also observe that the share of individuals who practice none of the listed health behaviors increased from 1.78% in May 2020 to 3.70% in October 2021.

These findings imply that while many older adults continue to remain cautious and adopt preventive behaviors, more older adults have since resumed their past behaviors. This suggests that older adults may have since recalibrated their risk assessment of COVID-19 and renegotiated a balance between adopting preventive behaviors and returning to past practices. In May 2020, COVID-19 was still a novel virus there were still many unknowns - thus, to guard themselves amidst the uncertainty, older adults likely adopted more precautionary behaviors to protect themselves from the virus. In October 2021, however, a large majority of older adults have been vaccinated and are likely to have gained confidence in their ability to live with the virus, including being more acclimated with restrictions. This may possibly explain the decrease in avoidance of certain activities.

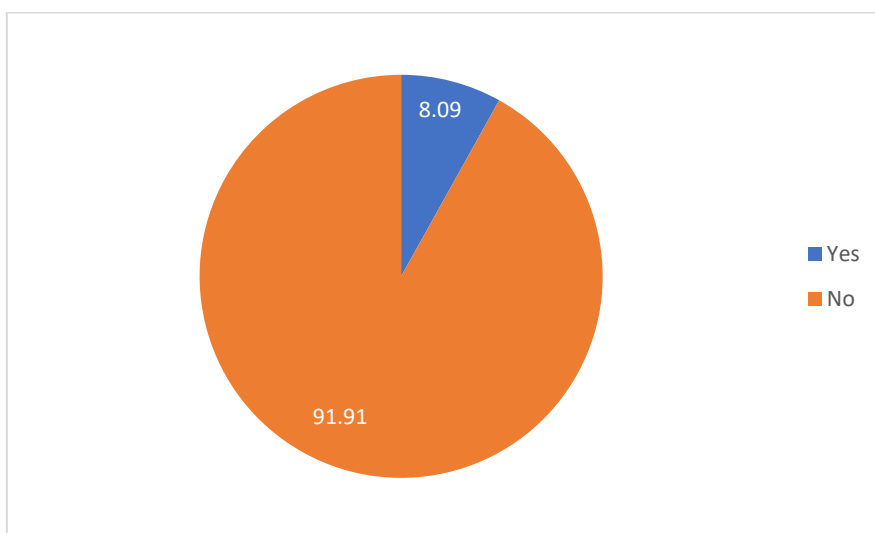
It should be noted, however, that a large proportion of our respondents (at least 70%) still report reducing their participation in certain activities, such as keeping in contact with friends and avoiding gatherings. While avoiding such activities may be prudent, social activities are vital for the social, physical, and psychological well-being of older adults. Thus, authorities should provide assurance that social activities can be resumed with the necessary precautionary measures in place, especially in Singapore’s transition towards an endemic COVID-19.

### Self-medication against COVID-19

In October 2021, the Health Sciences Authority (HSA) published a public advisory against the importation and use of ivermectin in the prevention and treatment of COVID-19. Ivermectin, a prescription-only medication registered in Singapore for the treatment of parasitic worm infections, is not approved by the HSA to prevent or treat COVID-19. Furthermore, a 2020 study conducted by the National University Health System has shown that existing registered medications in Singapore, including ivermectin, are not effective against COVID-19.

In light of the pressing issue of self-medication against COVID-19, we asked our respondents if they had considered using medicines that have not been approved by the HSA, such as ivermectin, to prevent or treat COVID-19.

Figure 7: Proportion (%) of respondents who considered self-medicating against COVID-19 (n = 6884)



While a majority of respondents (91.91%) did not consider self-medicating to prevent or treat COVID-19, concerningly, 8.09% of respondents reported considering self-medicating using non-HSA approved medications (see [Figure 7](#)). To identify profiles of respondents who may be more likely to consider the use of self-medication to treat COVID-19, a breakdown of the proportions of respondents who considered self-medication by demographic factors and trust in government is provided in [Table 1](#) below.

Table 1: Distribution of proportion of respondents who reported considering self-medicating against COVID-19 by demographics and trust in government

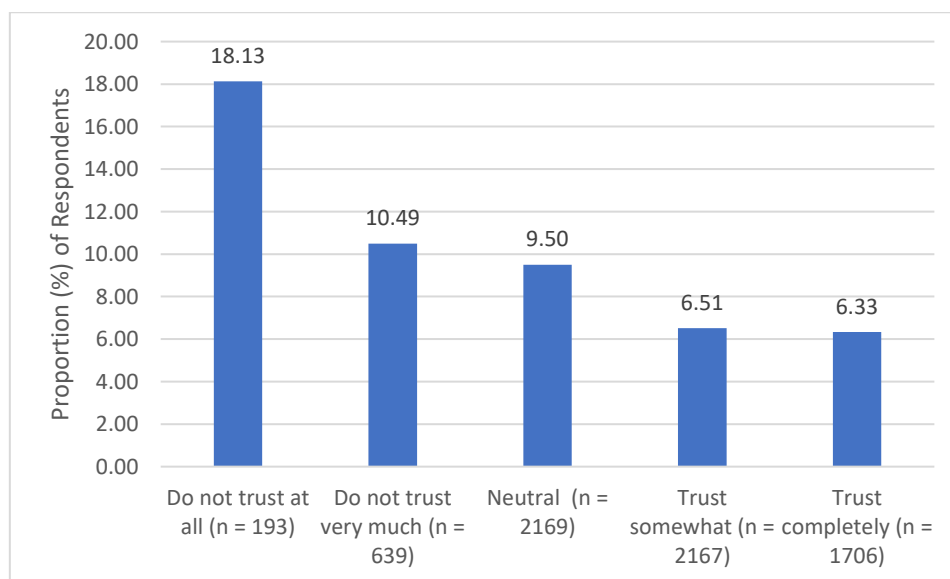
Demographic Factor	Proportion (%) of respondents who reported considering self-medicating
<i>Age group</i>	
56-60 (n = 1890)	8.25
61-65 (n = 2098)	7.67
66-70 (n = 1593)	9.23
71-75 (n = 1202)	7.32
<i>Gender</i>	
Male (n = 3376)	8.50
Female (n = 3883)	7.65

<i>Race</i>	
Chinese (n = 6380)	8.01
Malay (n = 374)	8.02
Indian (n = 362)	9.67
Other (n = 136)	5.88
<i>Education</i>	
Primary or no formal education (n = 1630)	6.99
Secondary (n = 2989)	8.53
Post-Secondary without University (n = 1525)	7.41
Post-Secondary with University (n = 1098)	9.11
<i>House type</i>	
HDB 1-3 Room (n = 1335)	9.44
HDB 4-5 Room and EC (n = 4262)	7.44
Private (n = 1212)	7.67

There were no significant variations across sociodemographic factors (i.e., gender, age, race, education, and housing). In terms of gender, however, there was a slightly larger proportion of males (8.6%) who considered self-medication, compared to females (7.74%). In terms of housing type, as well, there was a slightly larger proportion of respondents who live in 1-3 room HDBs (9.42%) who considered self-medication, compared to those living in 4-5 room HDBs (7.49%) and private properties (7.87%). More educated respondents were also observed to have been more likely to have considered self-medication, with 9.11% of respondents with university degrees having considered self-medication, compared to 6.99% of respondents with Primary or no formal education.

We once again examined if the level of trust that respondents place in the government’s response to the COVID-19 situation influenced their likelihood of considering self-medication against COVID-19. The results are shown in [Figure 8](#) below.

*Figure 8: Proportion of respondents who considered self-medication by level of trust in Government’s response to the COVID-19 situation*



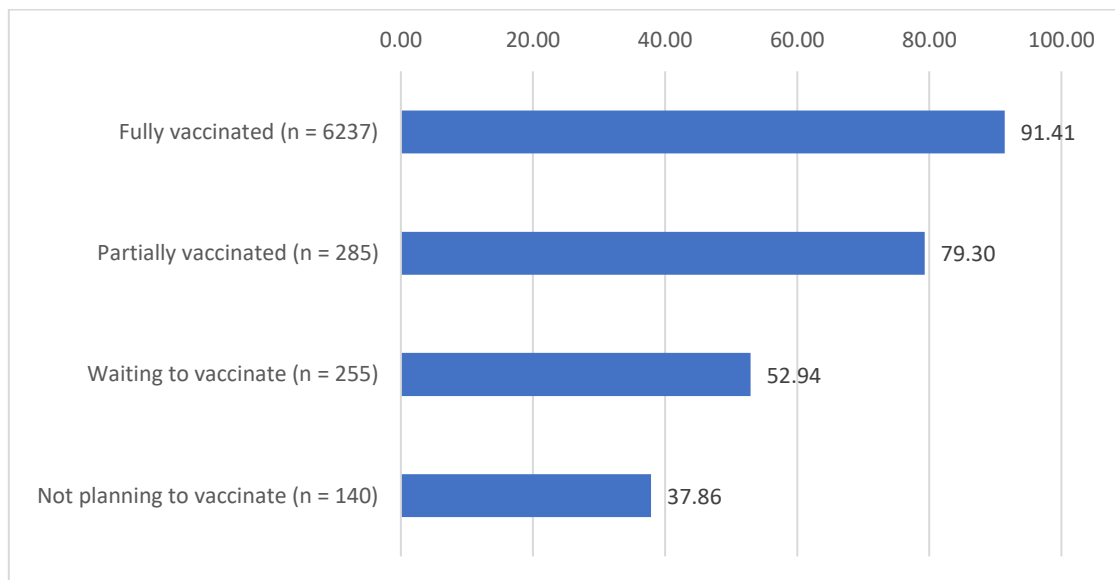
As seen, respondents who were less trusting of government were much more likely to consider self-medication. The largest proportion of respondents who considered self-medication (18.13%) had the lowest level of trust in government (“do not trust at all”), and we observe a downward trend in self-

medication as trust in government increases. Respondents who were more trusting of government were almost three times less likely to consider self-medication as compared to respondents who stated that they do not trust the government’s response ‘at all’. These findings suggest the importance of trust in government in deterring the use of unauthorized and potentially harmful means of COVID-19 prevention and treatment.

**Support for Differentiated Safe Management Measures (differentiated SMMs or differentiated measures for short)**

Respondents were asked in August 2021 to rate their agreement with (or support for) the implementation of differentiated measures based on whether an individual was vaccinated. A strong majority (88.37%) of older adults surveyed stated that they agreed (slightly agreed, agreed, or strongly agreed) with the implementation of such measures. The proportion of respondents stating that they agreed with the implementation of such measures was largely consistent across demographic groups, with little variation (see [Table A2](#) in the appendix for the full list of proportions).

*Figure 9: Proportion (%) of Respondents that support differentiated measures by vaccination status as of August 2021*



As expected, a much smaller proportion (37.86%) of individuals who were not vaccinated as of August 2021 support the implementation of such measures as compared to those fully vaccinated (91.41%) (see [Figure 9](#)). This is likely due to the fact that unvaccinated persons are adversely affected by the differentiated measures in terms of not being able to participate in many activities.

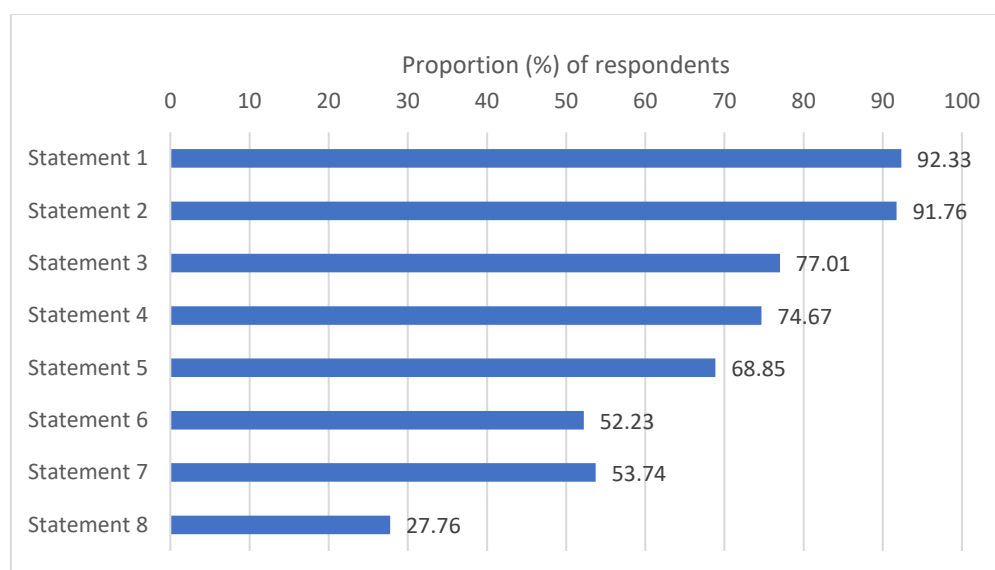
*Why do/don't older adults support differentiated measures?*

To further examine the reasons why respondents may or may not support the implementation of such measures, respondents were subsequently asked to rate their level of agreement with eight relevant statements listed in [Table 2](#) below. Table 2: Statements on differentiated Safe Management Measures (SMMs).

*Table 2: Statements on differentiated Safe Management Measures (SMMs)*

No.	Statement
1.	As Singapore starts to ease restrictions, differentiated SMMs are necessary to protect the wider community.
2.	The differentiated SMMs would encourage those who are unvaccinated (due to personal choice rather than medical reasons) to get vaccinated.
3.	People who choose not to be vaccinated should not get the same privileges as those who have been vaccinated.
4.	Other non-HSA approved vaccines (such as Sinovac) are as effective as HSA-approved vaccines.
5.	I do not trust people to adhere to the differentiated SMMs (for example, unvaccinated persons may gather in larger groups than allowed).
6.	I do not trust that vaccines will effectively reduce the spread enough to let vaccinated people gather in larger groups.
7.	I find it difficult to understand how differentiated SMMs will apply to myself and my social groups.
8.	Enough people have been vaccinated. We do not need to encourage more people to vaccinate through differentiated SMMs.

*Figure 10: Proportions of respondents who agree (slightly agree, agree, or strongly agree) with the respective statements in August 2021 (n = 6831)*

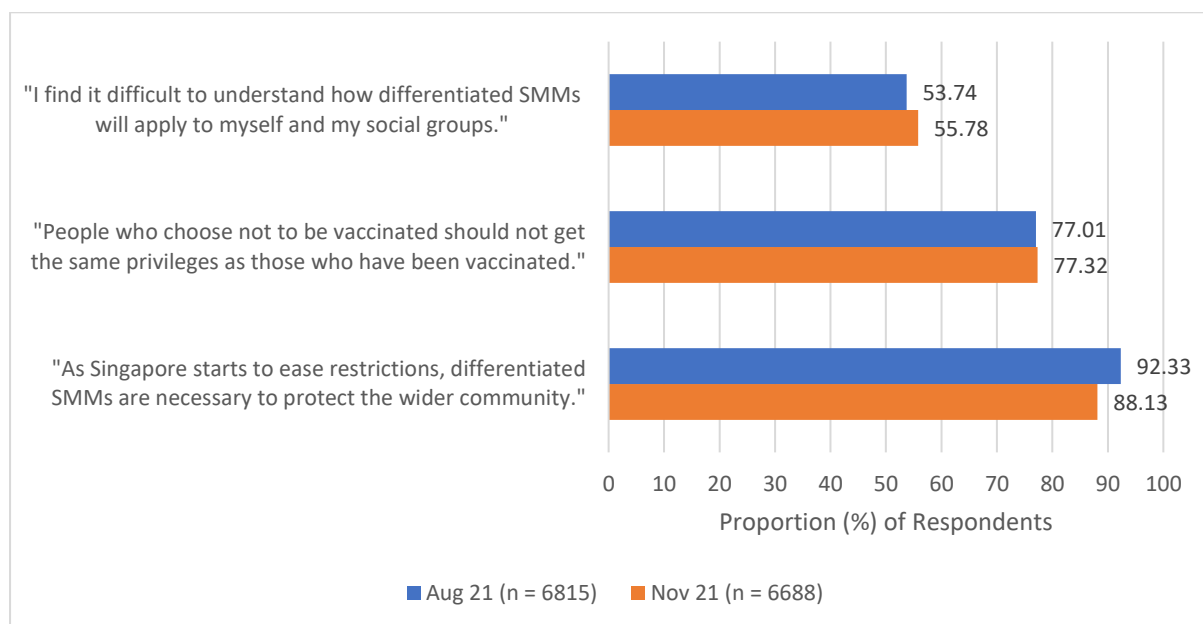


The proportions of respondents who agreed with each statement are displayed in [Figure 10](#). As can be observed, a large majority of respondents (92.33%) agreed that differentiated measures are

necessary to protect the wider community. Similarly, 91.76% of respondents agreed that the implementation of differentiated measures would encourage more people to get vaccinated. Most respondents (77.01%) also agreed that those who are not vaccinated should not have the same privileges as those who are vaccinated. It should be further noted that slightly more than half of respondents (53.74%) agreed that they found it difficult to understand how the differentiated measures would apply to them.

As a follow-up, we asked respondents again in November 2021 how much they agreed with three of the statements listed above to investigate if there had been any changes to our respondents' perceptions of the importance of differentiated SMMs over time. A comparison of the proportions of respondents who stated that they agreed with each statement in August 2021 and November 2021 is presented in [Figure 11](#) below.

*Figure 11: Comparison of the proportions of respondents who agree (slightly agree, agree, or strongly agree) with the respective statements in August 2021 and November 2021*



As can be seen, there was little change in the proportion of respondents who agreed with each statement although it should be noted that 4.2% fewer respondents agreed that differentiated SMMs are necessary to protect the wider community in November 2021. It is also worth noting that the proportion of respondents who stated that they found it difficult to understand how differentiated SMMs would apply to them and their social groups did not decrease over time but in fact increased albeit only slightly (2.04%). This is despite older adults having had more time to adapt to and understand the differentiated SMMs, and is perhaps a result of differentiated SMMs frequently changing over time.

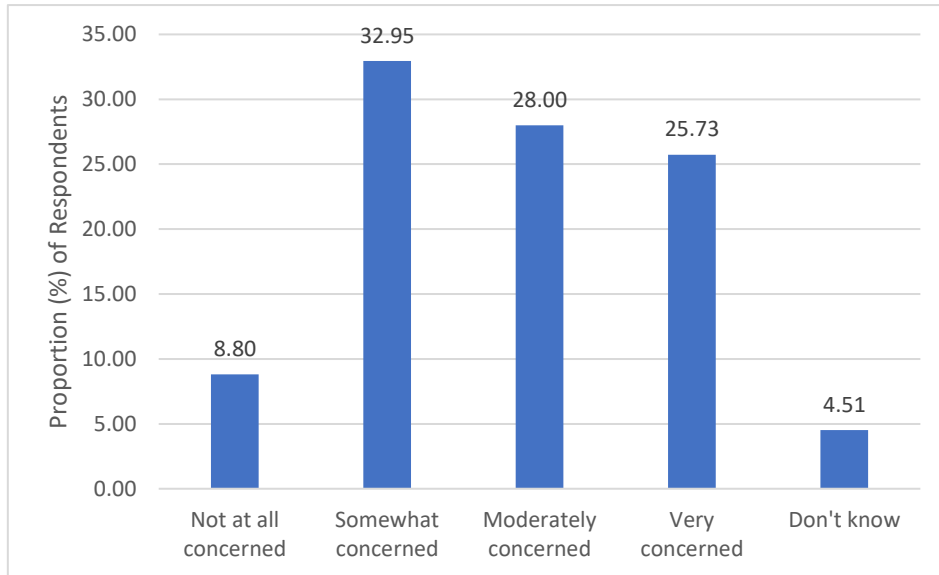
### **Older Adult Opinions on the Vaccinated Travel Lane (VTL) Scheme**

In November 2021, Singapore announced the opening of its Vaccinated Travel Lane (VTL) Scheme, which allows quarantine-free travel for eligible vaccinated travellers who meet all VTL requirements. Amidst a surge of Omicron cases, the government halted the sale of all new VTL ticket sales between 22 December 2021 and 21 January 2022, and announced that entry into Singapore from 21 January 2021 would also be temporarily reduced. As an important hallmark of Singapore's transition towards endemic COVID-19, we sought to examine older adults' attitudes towards the VTL Scheme.



In November 2021, respondents were asked how concerned they are with the possible spread of COVID-19 from incoming tourists under the VTL Scheme. The results are presented in [Figure 12](#) below.

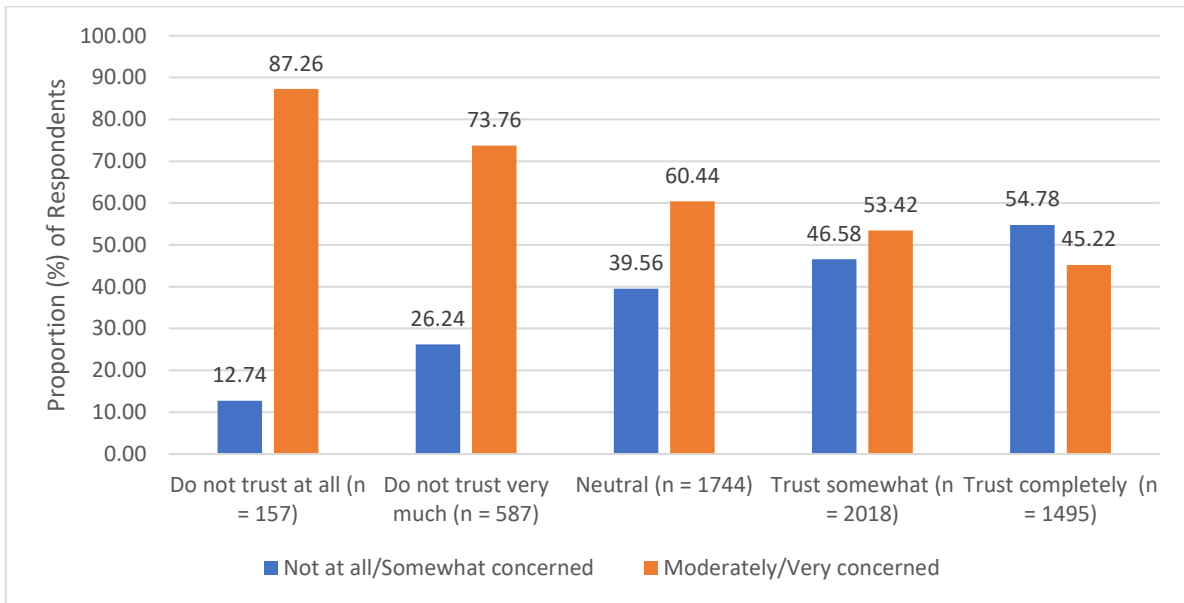
*Figure 12: Proportion of respondents who selected each level of concern of COVID-19 spread from tourists under VTL scheme (n = 6292)*



A majority of respondents expressed some level of concern about the possible increase in COVID-19 transmission via the VTL Scheme: 32.95% of respondents were somewhat concerned, 28% were moderately concerned, and 25.73% were very concerned. Less than one-tenth (8.80%) of respondents were not at all concerned.

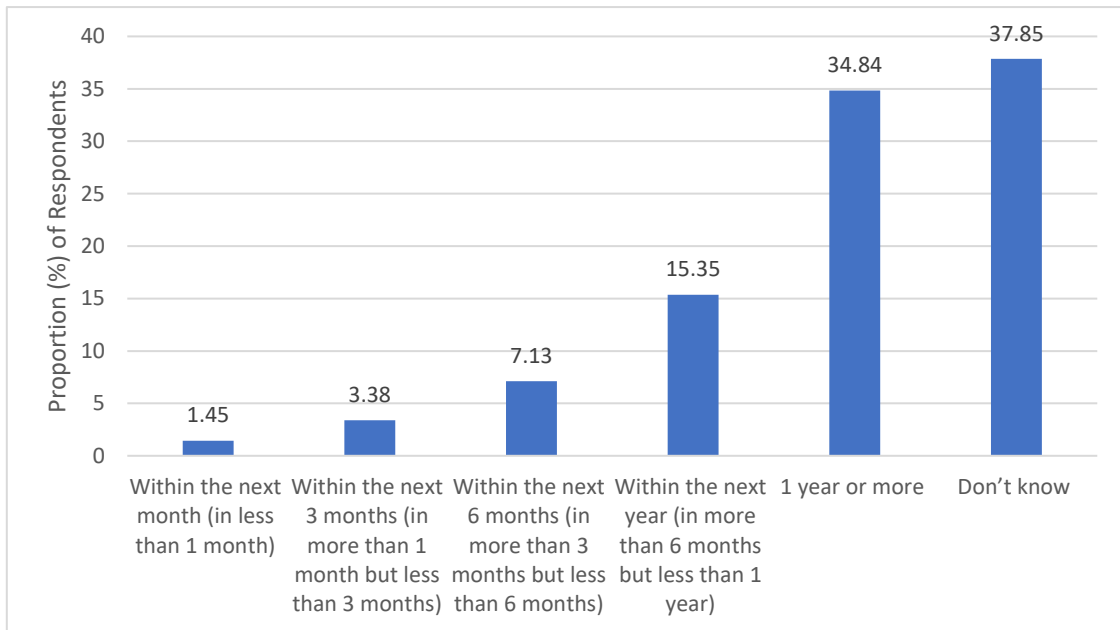
We also examined whether trust in government may be an important factor shaping respondents' concerns about the possible spread of COVID-19 from incoming tourists under the VTL Scheme. As shown in [Figure 13](#) below, lower trust in government was associated with higher levels of concern. 87.26% of respondents who did not trust the government 'at all' were concerned ('moderately' or 'very' concerned) about the spread of COVID-19 from incoming tourists, compared to just 45.22% who were concerned among respondents who trusted the government completely. As such, these figures indicate that the level of trust respondents have in the government's response to the COVID-19 situation is likely to be an important factor determining the level of concern that respondents have with COVID-19 transmission via VTLs. However, it should be noted that even among those with high trust in the government, a sizeable proportion (45.22%) of respondents remain concerned.

Figure 13: Concern about spread of COVID-19 from tourists under VTL scheme by level of trust in government's response to the COVID-19 situation



As a final point of inquiry regarding the VTL Scheme, we asked our respondents how soon they would see themselves travelling under the VTLs.

Figure 14: Respondents' willingness to travel under VTL scheme (n = 6295)

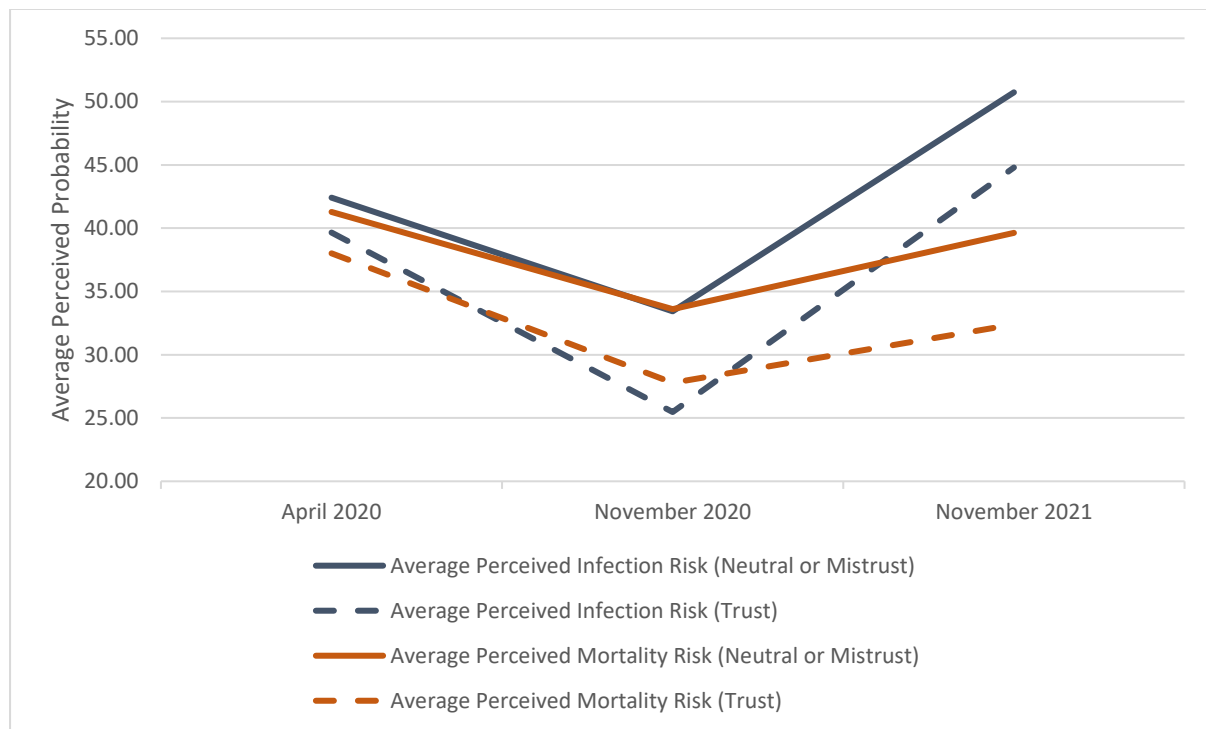


As can be seen in [Figure 14](#), while over one-third (37.85%) of respondents were undecided, the second most favourable response was '1 year or more' (34.84%). There was an increasing trend towards delaying travelling under the VTLs for at least 1 year or more. Given the short supply of VTL air and land tickets, higher cost of VTL travel, and potentially higher risk of COVID-19 infection abroad, it is understandable that many respondents are either undecided or inclined towards delaying travel for longer.

## Infection and mortality risk by trust in government

As a final point of inquiry, and due to the importance of trust in government as was revealed by our initial analyses, we looked at how older adults' perceptions of infection and mortality risk had evolved over the pandemic, as well as how this is shaped by respondents' level of trust in the government as it is likely that such perceptions would shape how willing our respondents are to live with an endemic COVID-19. Throughout the pandemic, we asked our respondents to rate their perceived probability of contracting COVID-19 (infection risk) as well as the perceived probability of dying from COVID-19 (mortality risk) on a scale of 0-100, with 100 indicating that they would definitely either contract or die from COVID-19. [Figure 15](#) below plots the average infection and mortality risk of our respondents across three months in the pandemic so far – April 2020, November 2020, and November 2021 – categorized by the level of trust that respondents placed in the government's response to the COVID-19 situation.

*Figure 15: Perceptions of infection and mortality risk by trust in government (Exact values can be found in [Table A3](#) in the appendix)*



Several observations can be made based on [Figure 15](#) above. Firstly, it is observed that those with greater levels of trust in the government's COVID-19 response perceived both the risk of infection and the mortality risk of COVID-19 to be lower, relative to respondents with less trust in the government's COVID-19 response. Secondly, we see that while perceptions of the risk of infection across both groups fell in November 2020, they rose in November 2021 to their highest levels throughout the pandemic so far. In particular, respondents with less trust in the government perceived a 50% chance of infection. This was likely due to the sharp increase in cases that Singapore experienced during this particular period. Thirdly, we also observed that while perceptions of mortality risk also increased in November 2021 relative to November 2020, the increase was less significant as compared to perceptions of infection risk. This was likely due to the rise of COVID-19 vaccinations that have been shown to reduce the severity of the disease. Nevertheless, respondents with less trust in the

government still felt that there was about a 40% chance that they would die from COVID-19 if they infected. Perceptions of mortality and infection risk dropped in November 2020 relative to April 2020.

Our findings suggest that the level of trust that older adults have in the government significantly shapes the level of perceived infection and mortality risk from COVID-19. This is perhaps a pressing point given that Singapore is currently (at the time of writing) on the cusp of an outbreak of the Omicron variant of COVID-19 which has been shown to be exceedingly more transmissible than previous variants. Thus, as it is expected that cases in Singapore will rise sharply in the coming weeks, authorities should keep in mind that maintaining trust in the government is an important means to reducing the perceived risk of infection and mortality, a likely source of stress for older adults. This point is further highlighted in the recommendations section following.

### Key Recommendations

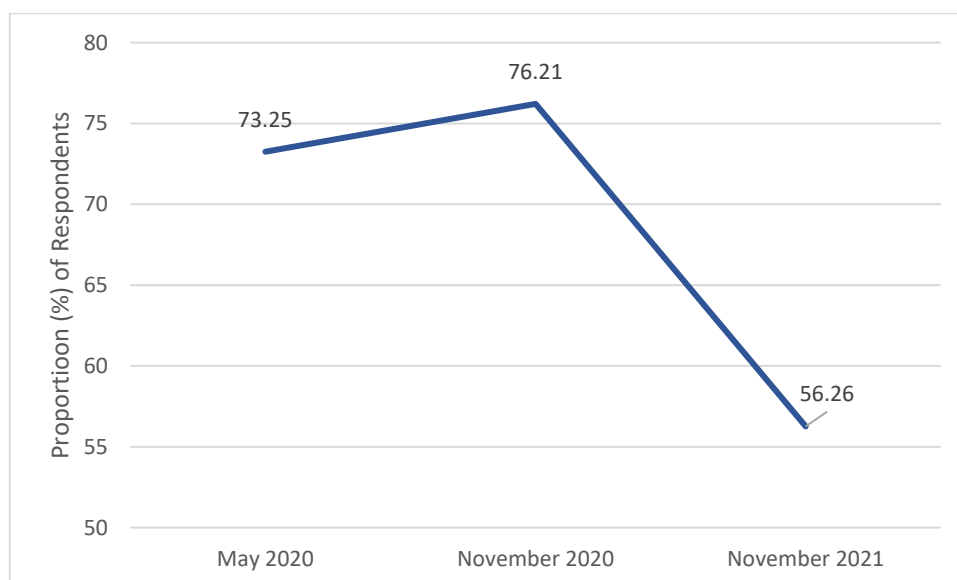
Based on the results of the report discussed above, we provide several recommendations to guide policymakers in supporting older adults in the transition to phase endemic.

#### *The importance of maintaining trust in government*

A common theme that has emerged in our analyses is the importance of trust in the government's handling of the pandemic in determining older adults' preparedness to live with an endemic COVID-19, as well as their compliance with certain behaviors or advisories that would help them to manage life in the post-pandemic environment.

It should be noted that since the start of the pandemic, the proportion of our respondents who stated that they trusted the government's response to the COVID-19 situation either 'somewhat' or 'completely' has declined (see [Figure 16](#) below).

*Figure 16: Proportion of Respondents who trusted the government's response to the COVID-19 situation 'Somewhat' or 'Completely'*



As seen above, in May 2020 when the pandemic first started, trust in the government's response remained relatively high, with 73.25% of respondents reporting trusting the government's response at least 'somewhat'. This later peaked in November 2020 with 76.21% of respondents stating that they trusted the government's response at least 'somewhat'. However, in November 2021, we see that the

proportion of respondents who trust the government's response at least 'somewhat' declined quite significantly, with only slightly more than half of respondents still stating that they trusted the government's response at least 'somewhat'.

Given the importance of trust in the government in ensuring older adult preparedness for living with an endemic COVID-19 as illustrated in this paper, we therefore recommend that authorities make significant effort to maintain the level of trust that older adults place in the government. Similar recommendations have been made by other studies (Han et al. 2021), and the current paper confirms the transposability of such findings to the Singapore context, particular to the older adult demographic. Authorities can possibly adopt certain strategies to maintain or build trust in the government such as providing clear and consistent messaging with regards to issues pertaining to COVID-19 (Nutbeam 2020), or by being transparent and accountable in policymaking (Ahern and Loh 2021).

#### *Equipping older adults with the skills needed to live with an endemic COVID-19*

The findings also reflect a need for authorities to further strengthen efforts to educate and equip older adults with the skills needed to cope with living with an endemic COVID-19. This is due to the fact that a large majority of respondents still report avoiding and reducing their participation in certain activities as a result of COVID-19. These activities are important for the social, physical, and psychological well-being of older adults, and authorities should continue to ensure that older adults are equipped with the skills that can enable them to participate in such activities despite restrictions, most importantly the ability to use digital social platforms that will enable them to participate in social activities virtually.

In addition to this, more effort should be made by authorities to design and provide physical and social activities that older adults can participate in while at the same time keeping them safe from COVID-19. This can include organizing social activities in smaller group settings or equipping facilities with the necessary equipment (plastic shields for instance) and protocols (pre-event testing) that can enable older adults to meet physically in a safe environment.

Such measures are especially important given the protracted nature of COVID-19. While we may have originally hoped that restrictions would only last in the short-term and that there was no need to make long-term adjustments to accommodate social activities among older adults, for instance, the rise of the Omicron variant and prolonging of COVID-19 illustrates the need for more long-term and significant changes to be made in order to enable older adults to adapt to living with an endemic COVID-19.

#### *Clear communication on what living with an endemic COVID-19 will mean for older adults*

A final recommendation that this report makes is that authorities should strengthen efforts to provide and communicate a clearer idea of what living with an endemic COVID-19 will mean for older adults. As the findings reveal, the proportion of respondents who felt that it was difficult to understand how differentiated SMMs would apply to them increased slightly from August 2021 to November 2021, despite respondents already having had more time in November 2021 to learn how the differentiated SMMs would affect them. As mentioned, this could potentially be due to the fact that differentiated SMMs have been constantly evolving as the COVID-19 situation in Singapore develops.

Authorities should thus strengthen efforts to educate and inform older adults on the differentiated SMMs, and more importantly, help them understand how they will be impacted by the differentiated SMMs. Older adults may require personal communication of such measures, and messages regarding

the differentiated measures should be targeted and explain the measures from the perspective of older adults.

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## Appendix

*Table A1: Distribution of proportion of respondents 'somewhat well', 'pretty well', or 'very well' prepared for living with an endemic COVID-19 across demographic factors and trust in government*

<b>Factor</b>	<b>Proportion (%) of Respondents</b>
<i>Overall</i>	70.11
<i>Age</i>	
56-59 (n = 1377)	72.55
60-64 (n = 2125)	69.84
65-69 (n = 1625)	69.66
70-75 (n = 1418)	68.69
<i>Education</i>	
Primary or No Formal Education (n = 1459)	66.07
Secondary (n = 2743)	71.40
Post-Secondary without University (n = 1401)	70.52
Post-Secondary with University (n = 1037)	71.55
<i>House type</i>	
HDB 1-3 Room (n = 1227)	69.44
HDB 4-5 Room and Executive Condos (n = 3924)	70.51
Private apartment/condominium/landed property (n = 1132)	70.58
<i>Race</i>	
Chinese (n = 5774)	69.35
Malay (n = 323)	79.88
Indian (n = 321)	72.59
Other (n = 119)	73.95
<i>Level of trust in govt</i>	
Do not trust at all (n=203)	39.41
Do not trust v. much (n = 664)	47.14
Neutral (n = 1992)	64.36
Trust somewhat (n = 2222)	74.80
Trust completely (n = 1458)	85.60
<i>Gender</i>	
Female (n = 3091)	71.79
Male (n = 3454)	68.62



Table A2: Proportions of respondents who agree with differentiated measures by demographics

Factor	Proportion (%) of Respondents that Support (Slightly - Strongly Agree with) DSSMs
Overall	88.37
Age	
56-60 (n = 1976)	88.01
61-65 (n = 2089)	87.75
66-70 (n = 1573)	88.05
71-75 (n = 1166)	90.05
Education	
Primary/none (n = 1581)	87.98
Secondary (n = 2825)	89.10
Post-secondary without University (n = 1429)	87.68
Post-secondary University (n = 1070)	87.76
House type	
HDB 1-3 Room (n = 1260)	88.57
HDB 4-5 Room and Executive Condos (n = 4039)	88.64
Private apartment/condominium/landed property (n = 1156)	88.75
Race	
Chinese (n = 6092)	88.33
Malay (n = 353)	89.80
Indian (n = 341)	87.39
Other (n = 127)	89.76
Vaccination Status (in August 2021)	
Fully vaccinated (n = 6237)	91.41
Partially vaccinated (n = 285)	79.30
Waiting to vaccinate (n = 255)	52.94
Not planning to vaccinate (n = 140)	37.86

Table A3: Average perceived infection and mortality by COVID-19 risk (overall and by level of trust in government)

Type of Risk	Level of Trust in Government's Response	Month		
		April 2020	November 2020	November 2021
Average Perceived Infection Risk	Overall	40.39	27.37	47.38
	Neutral or Mistrust	42.40	33.43	50.73
	Trust	39.66	25.47	44.79
Average Perceived Mortality Risk	Overall	38.88	29.17	35.57
	Neutral or Mistrust	41.28	33.60	39.63
	Trust	38.01	27.78	32.39

### **Research Team**

1. Micah Tan (Lead Author)  
*Research Associate, Centre for Research on Successful Ageing (ROSA)*
  
2. Paulin Tay Straughan  
*Professor of Sociology (Practice) and Director, Centre for Research on Successful Ageing (ROSA)*
  
3. Grace Cheong  
*Research Assistant, Centre for Research on Successful Ageing (ROSA)*
  
4. Wensi Lim  
*Centre Manager, Centre for Research on Successful Ageing (ROSA)*
  
5. Mindy Eiko Tadai  
*Research Assistant, Centre for Research on Successful Ageing (ROSA)*
  
6. Nadya Haifan  
*Research Assistant, Centre for Research on Successful Ageing (ROSA)*
  
7. Dyan See Toh Jun Wei  
*Research Assistant, Centre for Research on Successful Ageing (ROSA)*

Please contact the lead author, Micah Tan, at [micahtan@smu.edu.sg](mailto:micahtan@smu.edu.sg) for comments or queries regarding this report.

### ***About the Centre for Research on Successful Ageing (ROSA)***

ROSA is a multidisciplinary research centre based in SMU. It was established with an MOE Tier 3 social sciences research grant, as well as the generous support of The Ngee Ann Kongsi. Research at ROSA seeks to define and measure a holistic construct of well-being and to identify the factors that impact Singaporeans' well-being as they progress through the later phases of life. Through close collaboration with government and other partner agencies, ROSA also aims to translate research insights into policy innovations that advance the well-being of older adults holistically and promote successful ageing in Singapore. ROSA brings together a diverse team of leading international and local researchers in ageing and age-related issues from various disciplines. Through empirical evidence derived from a longitudinal methodological approach, the multidisciplinary and multi-institutional research team advances propositions that promote successful ageing in Singapore.

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