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The Perks of Well Targeting Social Protection Program: The Impact of *Kartu Prakerja* Program to Mental Health

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Executive Summary

Many workers in Indonesia experienced job loss and decreasing income during the pandemic of COVID-19. These phenomena have a tremendous impact on workers since they were affected by economic losses and worsened their mental health. To help the worker, the Government of Indonesia (GoI) is releasing Kartu Prakerja program (Pre-employment Card), an on-demand and self-targeting program.This study investigates the impact of *Kartu Prakerja* program on people's mental health conditions. We use online survey data collected from 4000 respondents from all over Indonesia in August-September 2020. Our main independent variables are mental health-related variables, such as happiness, sadness, anxiety, and anger level. By using ordered logistic regression, this study shows a positive and significant relationship between people who are receiving *Kartu Prakerja* on their sadness, anxiety, and anger level. Receiving *Kartu Prakerja* could reduce their sadness, anxiety and anger level. Whereas it does not affect their happiness levels.

JEL Classification: I18; I19; I38

Keywords

COVID-19 – *kartu prakerja* – mental health – Indonesia

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1. Introduction

The COVID-19 pandemic has infected the world for more than a year. It is already infected 167.85 million people and claimed 3.45 million lives (as of 25 May 2021). The COVID-19 pandemic takes effect on countries to different degrees. The survey conducted by LPEM FEB UI in 2020, showed that Indonesian most people started to feel the impact of the COVID-19 pandemic in March 2020 (39.40%). Financially, this survey also showed that 34.70% of respondents experienced a decrease in income of less than 50%.

Developed countries with limited resources are struggling to keep their citizen healthy during the pandemic (Kaligis et al., 2020). Not only affects physical health, but the pandemic also affects people's conditions of their mental health. Mental health condition becomes very crucial issues in the COVID-19 pandemic. In Indonesia, the COVID-19 pandemic has created 74% unemployed, 62% of WFH (work from home), and 50% of housekeepers or students reported experiencing depression (Suriastini et al., 2020). Compared with pre-pandemic depression conditions, Suriastini et al. (2017) found that the depression level documented in IFLS 2014 is half of the depression level now. It shows that there is a decreasing level of Indonesian mental health level.

The pandemic can be stressful for people, and the fear and anxiety of the disease also cause strong emotions to emerge in people, including children (Kaligis et al., 2020; Williams, 2020). Elder populations are at higher risk for the COVID-19 virus since they have chronic diseases. Children and teens, healthcare providers or first responders, and people who already have mental health conditions are also at risk (Kaligis et al., 2020). The risk of having mental health problems rises because of self and social isolation, disconnection from family and friends, quarantine, and lockdowns on movement resulting in more people than ever experiencing feelings of helplessness, isolation, grief, anxiety, and depression. Pre-existing mental health issues may worsen with the stress of the pandemic (Kaligis et al., 2020). This worsening condition of mental health is also driven by decreasing income or loss of jobs experienced by workers because the COVID-19 pandemic forced many businesses to lay off their employees to survive since the pandemic is also hurting the economy as it forces businesses to close or limit their activities following the government policies of lockdown or movement restriction in their regions to stop the COVID-19 pandemic spreading.

To tackle the increasing unemployment rate during the COVID-19 pandemic, the Government of Indonesia (GoI) is releasing *Kartu Prakerja* program. The program is addressed to unemployed and workers who want to increase their skills as well as the monetary benefit for those who experienced a decrease in income. As mentioned in PP 76/2020, this program aimed to enhance labor competency, competitiveness, and also entrepreneurship. It also became a means for skilling, reskilling, and upskilling for future jobs. This program is a part of the National Economic Recovery Program (PEN) from the social protection sector. This program offers several pieces of training which hoped can support the beneficiaries during and after the COVID-19 pandemic. According to Ford et al. (2010), unemployment conditions can give negative effects on their mental health.

Since *Kartu Prakerja* program is a tool to get a new or better job, which is designed for unemployed and workers who want to increase their skills, we want to know if getting accepted as *Kartu Prakerja* participants improves their mental health condition or not. This paper will analyze data from an online survey on the social and economic impact of the COVID-19 pandemic in Indonesia. We use the data to investigate to what extent *Kartu Prakerja* Program could impact the mental health condition in Indonesia during the COVID-19 pandemic.

There was a limited study, especially in Indonesia that try to capture people's mental health conditions during the COVID-19 pandemic, especially analyze from an economic perspective. This study is also the first study that estimatesthe impact of job training as a type of social protection program on mental health. This study could show that the social protection which gives not only monetary benefit but also productive activities such as job training can ease the negative emotion such as anger, sadness, and anxiety due to the shock of the COVID-19 pandemic. Furthermore, this is the first study in Indonesia that assess mental health issues from an economic perspective in the pandemic period. Thus, this study could extend the existing literature about mental health in Indonesia.

1.1 Indonesia's *Kartu Prakerja* Program

Kartu Prakerja program is an on-demand program, where the necessity of the program depends on the participants. It is also a self-targeting program, which provides direct access to participants via the official website (Kementerian *Koordinator Perekonomian Republik Indonesia*, 2020b). Based on Presidential Decree No. 36/2020 and Minister of Co- ordinating Economic Affair No. 3/20202 and Minister of Finance Decree No. 25/2020, the Government of Indonesiahas implemented *Kartu Prakerja* Program. This program is a part of the National Economic Recovery (PEN) from the social protection sector. This program aims to help the workers or people above 18 years old who looking for a job or experiencing job loss or decreasing income through online training (*Kementerian Koordinator Perekonomian Republik Indonesia*, 2020b). The Government of Indonesia hoped this program could support the workers or people to increase their skills and be absorbed into the job market and also reduce the skill gap in the Indonesian workforce.

There are various trainings offered by *Kartu Prakerja*. It varies from self-development, entrepreneurship, information and technology, finance, languages, beauty, food and beverages, and arts. *Kartu Prakerja* Program also collaborates with several platforms, such as *Tokopedia*, *Pijar*, *Bukalapak*, *Pintaria*, *Karier.mu*, and Ministry of Manpower as platform providers. The beneficiary candidates should have several tests on their basic skills and motivation before they could choose the training. In this program, the government gives the beneficiaries money to pay their training tuition fee and financial incentives after they finished the training. They are also eligible to get an extra Rp150,000 if they filled in three kinds of post-training questionnaires. The money will be delivered through digital platforms such as *OVO*, *LinkAja*, *GoPay*, and *BNI*.

After the training, the beneficiaries could apply for a job through *Kartu Prakerja* job platform partners, such as *Karir.com*, *Jobs.id*, *Topkarir*, and *JobStreet*.

Since 11 April 2020, *Kartu Prakerja* program has been attracting 43 million people and already accepted 5.6 million participants, with as many as 48% of participants aiming to improve their skills and 27% looking for the incentives (*Kementerian Koordinator Perekonomian Republik Indonesia*, 2020a). Most of them are not working, young, relatively educated, and not had any training before, which matches with *Badan Pusat Statistik* (BPS)'s found of unemployed demographic condition nowadays (*Kementerian Koordinator Perekonomian Republik Indonesia*, 2020b).

According to *Kementerian Koordinator Perekonomian Republik Indonesia* (2020b), the participants was including the disabled, people from remote areas, people with low education levels, the elderly, and also ex-migrant workers. BPS's *Survei Angkatan Kerja Nasional* (SAKERNAS) August 2020 period showed that 88.9% of *Kartu Prakerja* beneficiaries have improving skills, and 81.2% of beneficiaries told that they use the incentives to buy daily needs. This program also has impacted the financial inclusivity in Indonesia, since it could make 25% of the beneficiaries have bank accounts or e-wallets. Until May 2021, the government has implemented 17 waves of this program and plans to open the 18 waves in June 2021.

1.2 Mental Health, Economic Shock, Skill Training and Social Assistance

According to WHO (2013), mental health is defined as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively or fruitfully, and can make a contribution to her or his community. Furthermore, mental health is also integral to the conceptualization of well-being, because it enables people to do and be things that have reason to value. Conversely, being and doing things one has reason to values contributes to mental health.

WHO (2014) also explains that mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live. Social inequalities are also associated with the increased risk of many common mental disorders. Furthermore, unemployment and poor quality of employment areparticularly strong risk factors for mental disorders and area particularly significant cause of inequalities in mental disorders, as the risk of unemployment and poor quality employment closely relates to social class and skill levels. A study conducted by Li et al. (2020) shows that their survey participants in Hubei Province during the COVID-19 pandemic who experienced heavy income losses were found to have a high risk of developing unfavorable mental health symptoms such as depression, anxiety, insomnia, and distress. They may need psychological support or interventions.

Job loss also can be considered a stressor that provokes mental health problems. It affects individual behaviors, cognitions and emotions, and the material and social contexts of life, with the resulting psychosocial environment influencing positive self-regard and productivity (Dooley et al. 1996; Marmot & Wilkinson, 2005; Abbott & Kelly, 2005). Job

loss will create psychological costs such as the possibility of lost life meaning, changes in personal identity, and loss of self-conception which usually got from their job (Layardet al., 2012; Herbig et al., 2013).

Working-age people who lost their jobs at the beginning of the COVID-19 pandemic are likely to experience psychological distress, as well as poor mental and physical health due to reduced resources (including income) and social interactions (Griffiths et al., 2021). In Thailand, individuals who lost their jobs during the COVID-19 pandemic had a higher risk of perceived stress compared to those who maintained their job. Financial problems are significantly detrimental to mental health. Individuals with a 50% loss of monthly income due to the COVID-19 pandemic are at a higher risk of anxiety compared to individuals who have not lost their income (Ruengorn et al., 2021). In Indonesia, a study conducted by Anindyajati et al. (2021), in the initial period of large-scale social restriction implementation showed that the level of income was not significantly related to anxiety in the multivariate analysis. Meanwhile, the higher economy class did not show a high prevalence of anxiety, because they might have been more prepared in case of financial problems if they caught COVID-19 virus.

As a skill upscaling-focused program, *Kartu Prakerja* is providing numerous online training that can be accessed by its participants. Several studies found that the learning process has a positive impact on one's mental health. In the United Kingdom, Dench & Regan (1999) found that the majority of older respondents found that learning gives in confidence, life satisfaction, or their capacity to cope. Meanwhile, Schleiter (2008) found that the majority of respondents who being able to 'learn something new' made them 'very happy' in Germany.

Interestingly, since *Kartu Prakerja* also gives monetary benefits, it has social assistance characteristics. There are various studies with various results about the relationship between social assistance and mental health. Ensminger (1995) found mothers with welfare benefits are more likely to have developmental problems in the United States. Ford et al. (2010) found that uptake of income support is associated with a higher risk of mental problems, depending on their employment status (people who received jobseeker's allowance are not) in England. Rodriguez et al. (2001) found that men and women not working and receiving means-tested or social benefits are more likely to report depression symptoms in the short and long term. In South Africa, adults who retained paid employment during the COVID-19 pandemic lockdown have significantly lower depression scores than adults who lost employment (Posel et al., 2021). The study from Donnelly & Farina (2021) also shows that stronger social support policies that provided by the government could help the household to mitigate the mental health consequence from income shocks during the COVID-19 pandemic.

2. Data and Methodology

2.1 Data Collection and Sample Selection

This study utilized survey data that being a part of a survey conducted by LPEM FEB UI from August to September 2020 on the impact of the COVID-19 pandemic on Indonesia. The survey was conducted through an online survey to 4000 respondents throughout Indonesia. This survey was covering wide-range aspects that were affected by the COVID-19 pandemic, such as people's expenditure, income, education, mobility, and mental health aspect. For the mental health survey section, we have four questions and we constructed them based on Ekman's basic emotions (happiness, sadness, and anger) to capture the condition of people's mental health. Due to the uncertainty of the COVID-19 pandemic, the questionnaire also put the anxiety variable. This indicator is also used in mental health tests such as in GAD-7 (General Anxiety Disorder) and PHQ-9 (Patient Health Disorder). These were self-assessment questions, whether basic emotions were increasing or decreasing during the COVID-19 pandemic, compare to the previous period.

The sampling of this study was taken using the multi-stage random sampling method and the questionnaire was spread through e-mail and telephone. The study necessity is the respondent who is aged 18 years old or above and applied to *Kartu Prakerja* program. To achieve that, we cleaned the data by excluding the respondents who aged under 18 years old and did not apply to *Kartu Prakerja* program.

2.2 Variables and measurement

As previously explained, the purpose of this study is to find the impact of *Kartu Prakerja* program allocation on people's mental health conditions during the COVID-19 pandemic. To answer the question, we construct dependent variables and independent variables.

Dependent variable. The mental health variables retrieved from the survey are being set as the dependent variables in this study. The mental health variables consist of four variables: *happiness*, *anxiety*, *anger*, and *sadness*. These variables assess the change in respondents' mental health conditions from the pre-pandemic to the pandemic period. They are self-assessment variables, in which the respondents fill the questions about their mental health condition by themselves. Since the variables were self-assessment, there is a possibility that the respondent overestimated or underestimated their answers, and eventually will bias the result. To record the respondent's condition changes in their mental health, these variables are constructed by having three categories: increasing; steady; decreasing.

Independent variables. To find the impact of *Kartu Prakerja* program allocation on mental health beneficiaries, we are using *Kartu Prakerja* variable retrieved from the survey, which asks if the respondents are applied to *Kartu Prakerja* program and are being accepted or not by the program. Besides *Kartu Prakerja* variable, we also added control variables, including *marital status, work status, age, gender, location,* education *level*, *income changes*, and *asset resiliency*. The control variables were added to examine the impact of one's condition on their mental health conditions. The definition of dependent variables and independent variables can be seen in Table 1.1.

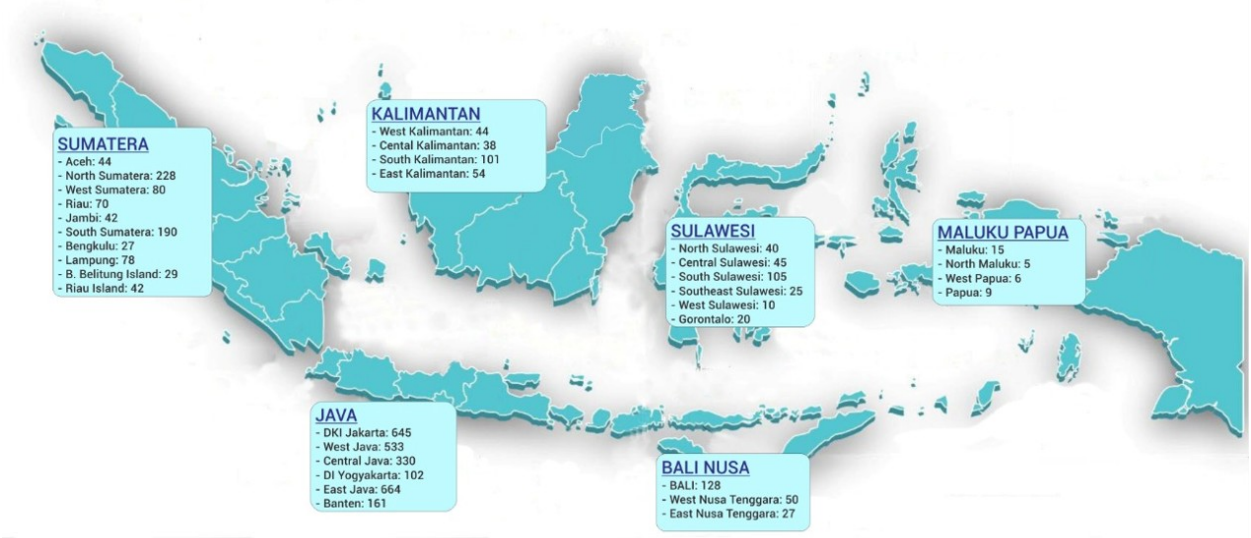


Figure 1.1. The Distribution of Respondents
Source: LPEM FEB UI (2021)

Table 1.1. Operationalisation of Variables

Category	Name	Description	Variable Construction
Dependent Variables	Happiness Anxiety Sadness Anger	change of respondent's mental health conditions from pre-pandemic to the pandemic period	Scale–1 - 3; decreasing, steady, increasing
Independent Variables	*Kartu Prakerja* Program	Status of respondent's *Kartu Prakerja* application	1 = accepted, 0 = not
	Marital Status	Respondent's status of marriage	1 = married, 0 = not
	Working Status	Respondent's status of work in the pandemic period	1 = working, 0 = not
	Age	Respondent's age	18 years old and above
	Gender	Respondent's gender	1 = male, 0 = female
	Location	Respondent's geographical location	1 = Java, 0 = outside Java
	Education Level	Last respondent's education level	1 = primary, 2 = secondary, 3 = tertiary, 4 = higher
	Income Changes	change of respondent's income from pre-pandemic to the pandemic period	1 = no income at all, 2 = decrease, 3 = steady, 4 = increase
	Asset resiliency	Respondent's assets resiliency to cover their living cost during the pandemic period	1 = under one month, 2 = one month to six months, 3 = more than six months

2.3 Analytical Methods

This study is using ordered logistic regression as its method and the latent variable model can be written as:

$$y* = \boldsymbol{x\beta} + e_{it}, e|x \sim Normal(0, 1)$$

where $\boldsymbol{\beta}$ is $Kx1$ and, for reasons to be seen, x does not contain a constant. Let $\alpha 1 < \alpha 2 < \ldots < \alpha J$ be unknown cut points (or threshold parameters), and define:

$$\begin{aligned} y &= 0 \quad \text{if } y* \le \alpha 1 \\ y &= 1 \quad \text{if } \alpha 1 < y* \le \alpha 2 \\ &\vdots \\ y &= J \quad \text{if } y* > \alpha J \end{aligned} \tag{1}$$

y_{it} denotes the probability of the respondents feeling the changes in their mental health conditions, including their happiness, anxiety, sadness, and anger conditions between the pre-pandemic and pandemic period. After that, x is the vector of independent variables, e is the error term, and $\boldsymbol{\beta}$ is the vector of regression coefficients which we want to estimate, including *Kartu Prakerja* as the independent variable, and control variables (*marital status*, *work status*, *age*, *gender*, *location*, *education level*, *income changes*, and *asset resiliency*).

3. Result and Discussion

3.1 Result

3.1.1 Descriptive Analysis

As shown in Figure 1.2., the respondents' mental health conditions are becoming worse during the COVID-19 pandemic. The number of respondents who experience a decrease of their happiness level was dominating, for around 51.67%. Meanwhile, the percentage of respondents who experience an increase of anger, sadness, and anxiety level were also high, for around 36.4%, 69.7%, and 54.03% respectively.

The Figure 1.3. illustrates the acceptance level in *Kartu Prakerja* program. Half of respondents declared that they not applied on *Kartu Prakerja* program, while there were more than 40% of respondents applied on the program.

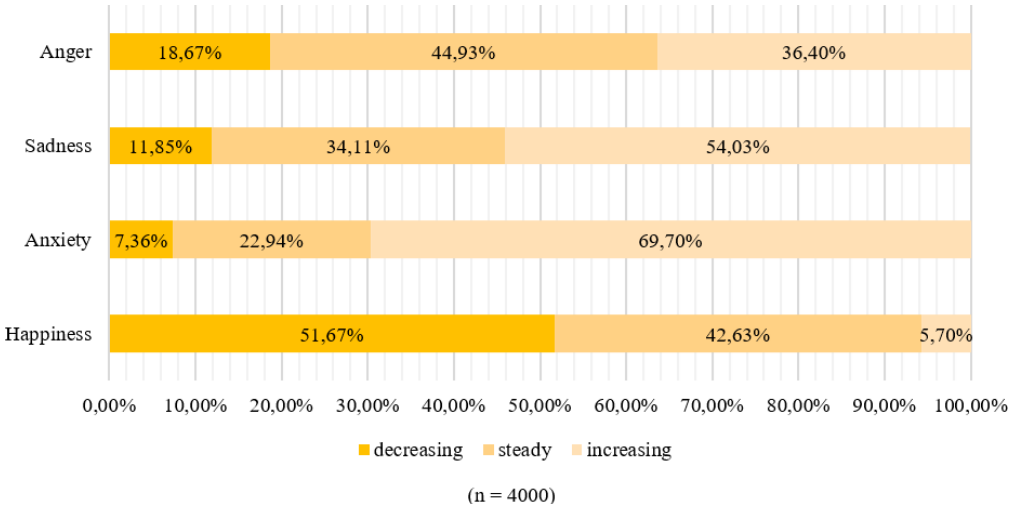


Figure 1.2. Mental Health Condition during the COVID-19 Pandemic
Source: LPEM FEB UI's survey

However, there were only around 16% who got accepted by the program, whereas the other 25% were not accepted. In addition, there was around 8% who did not know about it. So, Kartu Prakerja still needs more publications to promote the program to the society.

The Figures 1.4 explains the distribution of respondent's condition of their mental health and comparing to their application status in *Kartu Prakerja* program. There is an interesting condition that the percentage of increasing category on accepted applicants is smaller than respondents who does not, except happiness indicator. We can conclude that being accepted by *Kartu Prakerja* might not make respondents happier, whereas it might make them less anxious, sad and angry.

Figure 1.5. illustrates the application status in *Kartu Prakerja* program and compared with the change of working status from pre-pandemic to pandemic. In general, the majority of accepted applicants were people who are not working or becoming unemployed. Moreover, there is a found where percentage of unemployed who do not accepted as participants is higher (55.03%) compared to who do (45%).

The Figure 1.6 explains about the comparison between the application status in Kartu Prakerja and income changes between pre-pandemic and pandemic period. Overall, most of accepted applicants were people who have a decreasing income during the pandemic. However, there is a serious condition where percentage of people with decreasing income who do not accepted as participants is higher (65.45%) compared with its counterpart (61.50%).

3.1.2 Regression Model

This study is using four models four different dependent variables representing mental health indicators. Three models; anxiety, sadness, and anger model have similar significance relationship with *Kartu Prakerja*, where being accepted as participants of the program is reducing the probability of respondents to be anxious, sad, and angry duringthe pandemic. However, *Kartu Prakerja* is not have any significant relationship with happiness variable.

These four models have different significant factors to affect the probability of having better mental health conditions during the COVID-19 pandemic. Working during the pandemic is reducing respondents' probability to become more anxious, sad, and angry (Table 1.2., column 2–4). Meanwhile, being a male is also reducing probability to become more anxious, and sad. According to Nadeau et al. (2016), men may be hesitant to report depression symptom when their cause is attributed to factors outside the men's control. Another study held by Flohr et al. (2017) found that depression perceived as a disease which closely related to the emotional state of sadness. Furthermore, the probability to being sad and anxious is reduced if the respondents is a higher education graduate, even it is a weak relationship. Interestingly, income has a significant effect to mental health conditions. Having a steady or increasing income during the pandemic is increasing the probability to have a better mental health condition.

Consistent with the earlier results, in marginal effect analysis (Table 1.3), we can see that the marginal effects, on average, people accepted as a *Kartu Prakerja* program participant are 1.4 percentage points less likely than who do not to say their happiness is decreasing, and for about 4.3 percentage points more likely to say their sadness is decreasing.

3.2 Discussion

Numerous studies on education and training have found many positive effects on individuals, organizations, the economy, and society (Vila, 2000,2005; Feinstein et al., 2008). Not only affecting those aspects, but skill training has also given impacted better health (especially concerning mental disorders) (Field, 2009). Similar to previous studies, the program gives impacts the mental health conditions of its beneficiaries, where *Kartu Prakerja* has a negative significant relationship to anxiety, sadness, and anger variables.

According to Field (2009), the evidence that learning promotes well-being is overwhelming. This has huge implications in a society that is experiencing unprecedented levels of stress, mental illness, and anxiety about the future. Learning can also create wider, non-economic benefits (Searle, 2008). These can directly influence well-being, since they

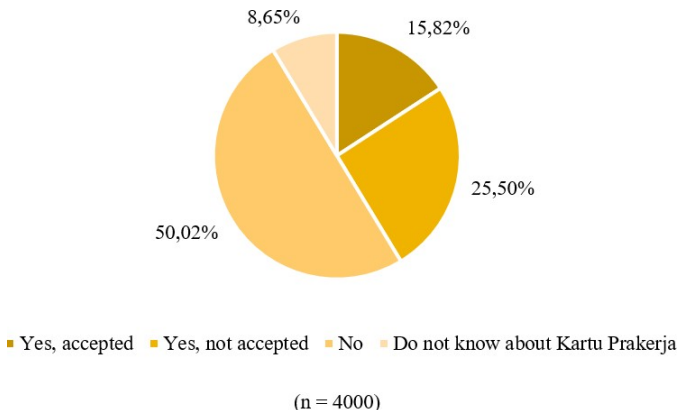


Figure 1.3. Acceptance Level in *Kartu Prakerja* Program
Source: LPEM FEB UI's survey

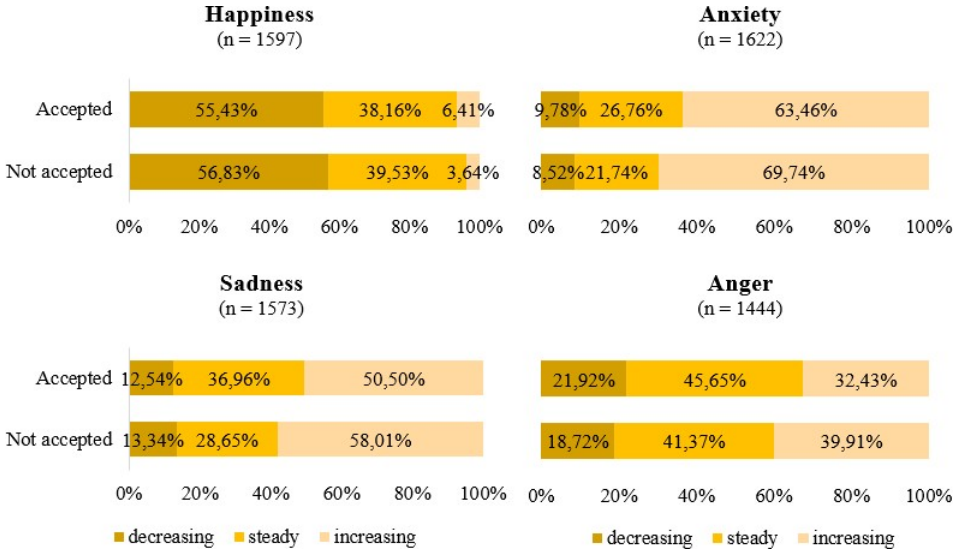


Figure 1.4. Distribution of Mental Health Conditions and Application Status in *Kartu Prakerja* Program during the COVID-19 Pandemic
Source: LPEM FEB UI's survey

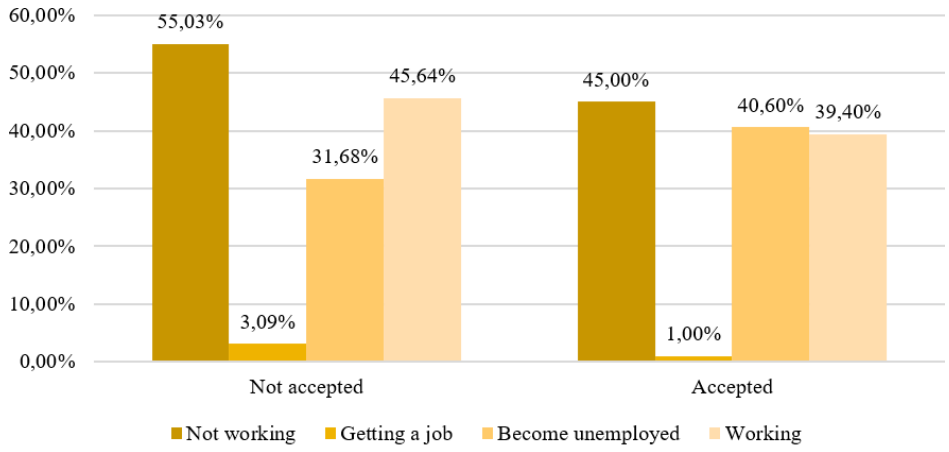
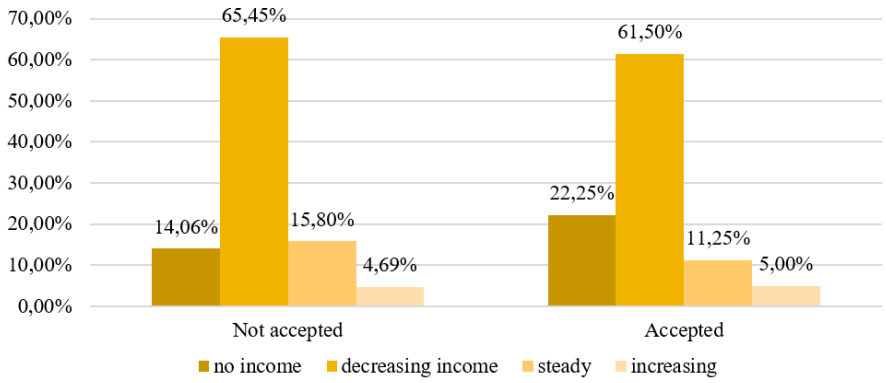


Figure 1.5. Application Status in *Kartu Prakerja* Program and Work Status Changes Between Pre-pandemic and Pandemic Period
Source: LPEM FEB UI's survey



(n = 976)

Figure 1.6. Distribution of Acceptance in *Kartu Prakerja* Program and Income Changes Between Pre-pandemic and Pandemic Period

Source: LPEM FEB UI's survey

Table 1.2. Ordered Logistic Regression Estimations

	(1)	(2)	(3)	(4)
VARIABLES	Happiness	Anxiety	Sadness	Anger
Kartu Prakerja	0.0618	-0.460***	-0.398***	-0.405***
	(0.137)	(0.146)	(0.134)	(0.133)
Marital Status	0.171	-0.119	-0.150	-0.0114
	(0.150)	(0.163)	(0.151)	(0.148)
Working Status	0.154	-0.354**	-0.354**	-0.294*
	(0.157)	(0.174)	(0.158)	(0.154)
Age	0.00893	-0.0161	-0.00358	-0.0152
	(0.00998)	(0.0106)	(0.0100)	(0.00983)
Gender	0.159	-0.274*	-0.359**	-0.0956
	(0.142)	(0.153)	(0.141)	(0.138)
Location	-0.0826	0.196	0.170	0.181
	(0.137)	(0.145)	(0.135)	(0.134)
Education Level				
Secondary	0.118	1.963	3.002*	0.820
	(1.697)	(1.553)	(1.695)	(1.441)
Tertiary	1.034	1.466	2.026	0.512
	(1.244)	(1.053)	(1.256)	(1.049)
Higher	1.091	1.758*	2.219*	0.697
	(1.243)	(1.051)	(1.255)	(1.048)
Asset Resiliency				
1–6 months	-0.0377	0.222	0.0227	0.136
	(0.145)	(0.154)	(0.143)	(0.142)
More than 6 months	0.378*	0.351	-0.0627	0.0154
	(0.211)	(0.237)	(0.212)	(0.208)
Income Changes				
Decreasing	0.552**	0.0676	-0.118	-0.131
	(0.214)	(0.225)	(0.203)	(0.199)
Steady	1.319***	-0.731**	-0.954***	-0.772***
	(0.283)	(0.292)	(0.271)	(0.269)
Increasing	1.483***	-0.896**	-0.885***	-0.727**
	(0.364)	(0.356)	(0.338)	(0.345)
Observations	939	954	920	841

Note: Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Table 1.3. Marginal Effect Result (*Kartu Prakerja* variable only)

Independent Variables	Decreasing	Steady	Increasing
Happiness	-0.0140	0.011	0.003
Anxiety	0.0330	0.058	-0.091
Sadness	0.0430	0.049	-0.092
Anger	0.0064	0.028	-0.092

act as protective influences against poor mental health and low levels of life satisfaction, including self-efficacy, autonomy, social competencies, health maintenance, civic engagement, community resilience, and a sense of agency or control over one's own life (Ananiadou et al., 2004).

Other research reported that participation in learning has positive consequences for mental health. Dench & Regan (1999) found that four-fifths of learners aged 51–70 reported a positive impact on such areas as confidence, life satisfaction, or their capacity to cope. A German survey reported that around 40% of respondents that being able to 'learn something new' made them 'very happy' – slightly above the proportion who said that a good holiday made them 'very happy' – while an overwhelming majority of 85% agreed with the statement that 'Happiness and well- being are closely connected to your own skills and learning through life' (Schleiter, 2008).

As mentioned before that *Kartu Prakerja* also has so-

cial assistance characteristics. From previous studies, social assistance programs in several countries, such as the United States, and England give a negative impact on the mental health conditions of their beneficiaries, but a different result was found in South Africa (Posel et al., 2021; Ensminger, 1995; Ford et al., 2010; Rodriguez et al., 2001). Furthermore, the program does not have a significant relationship with the happiness variable. We suspected that the insignificant relationship between *Kartu Prakerja* Program and the happiness variable is maybe caused by the COVID-19 pandemic situation, in which 51.67% of respondents declared that they experienced a decrease in their happiness.

This result contradicts Rodriguez et al. (2001), where the study found that men and women not working and receiving means-tested or welfare benefits are more likely to report depression in both the short and long term. The study argues that the reason the phenomenon happened is that the amount of benefit provided by the program is not sufficient to positively influence mental health. On the other hand, this study shows that being a worker and accepted as *Kartu Prakerja* program participants reduce the probability of respondents having worse mental health conditions. As the benefit of *Kartu Prakerja* is not only in monetary form, but also the opportunity for upscaling skills, this could be a guarantee for the beneficiaries that they not only can afford their needs by the monetary benefit but also wider opportunity to get a better job, especially for them who got a job loss. So, we suspect that the program can make their mental health conditions better, especially for people who cannot afford the demands or cannot enter the workforce.

This study also contradicts Ford et al. (2010)'s finding that the majority of social benefits given by England are significantly and positively correlated with CMD (common mental disorders). The greatest associations with CMD were found in those receiving long-term sick benefits, care benefits, and housing benefits, which may again represent confounding with concurrent health problems and/or social disadvantage. Interestingly, there is no associations or relationship between CMD and Jobseeker's Allowance (JSA) social benefit (Ford et al., 2010). Jobseeker's Allowance is a benefit for people who are not in full-time employment (work less than 16 hours per week), are capable of working, and are looking for work. JSA paid its beneficiaries £59.20 per week for participants under 25 and £74.70 per week for participants who are 25 or over (Turn2Us, 2021). We suggest it is caused by similarities between Jobseeker's Allowance in England and *Kartu Prakerja* program in Indonesia, which assess people who want to work. It does also not give social deprivation to its beneficiaries (Ford et al., 2010). Study about social deprivation or social isolation, such as Vanderschuren & Trezza (2013)'s experiment about social isolation in adult humans shows that isolation results in increased feelings of loneliness, craving for social contact, and decreased happiness. Another study shows that such isolation in prison leads to increased distress, depression, and aggression as well as an increased prevalence of self-harm in adults (Haney, 2003).

The geographical-based location regression comes up with interesting results. Similar to the first regression, the *Kartu Prakerja* variable is not significant to the happiness variable, both in Java and outside Java. Anxiety and anger variable have a similar result, where *Kartu Prakerja* variable is only significant to both of them in the Java area. This is because the worker population is more concentrated on Java island, and the economic contraction in Java is harder than in other regions than Java during the pandemic. Consequently, getting accepted by *Kartu Prakerja* Program is more impactful to those who live in Java. Furthermore, job opportunities outside the Java area are maybe fewer than in Java. It is shown that 40.5% of people who lived outside Java are not getting a job, even before the pandemic began, while it is only 37.2% in Java. Moreover, people outside Java who get a job are only 1.2%, compared to 1.5% in Java (LPEM FEB UI, 2021).

Interestingly, the sadness variable has different results compared to its counterparts. *Kartu Prakerja* is more significant to the sadness variable outside Java areas, whereas it has less significance in the Java area. This fact is caused by the number of *Kartu Prakerja* Program outside Java being more numerous (17.5%) compared to those in Java (14.8%) (LPEM FEB UI, 2021).

4. Conclusions and Limitations

4.1 Conclusions

In conclusion, our findings show that *Kartu Prakerja* program does not only have a significant impact on the improvement of Indonesian workers' skills and income but also on people's mental health conditions. Getting accepted by *Kartu Prakerja* Program can reduce people's anxiety, sadness, and anger level, even though it is insignificant to happiness. These found are linear with pieces of evidence that the survey has, were 9.78%, 12.54%, and 21.92% of people declared the decrease in those indicators, respectively. This is due to the uncertain condition of the COVID-19 pandemic. Having stable mental health conditions could be advantageous for the worker to be more productive and get a better job in the future.

4.2 Future Recommendation

Even though many studies show that there is no significant impact between traditional social assistance programs on their beneficiaries' mental health, our study which took *Kartu Prakerja* Program as the focus can prove that social protection that combines monetary benefit and skill improvement program can ease the negative emotion of the beneficiaries such as anxiety, anger, and sadness, especially at the time that full of uncertainty nowadays. The Government of Indonesia might consider strengthening the learning process in *Kartu Prakerja* program since it has a positive impact on mental health.

Nevertheless, since most of the respondence also experienced reduced in income and *Kartu Prakerja* Program also gives monetary benefit, the benefit period certainty should be considered by the Government of Indonesia. Beneficiaries' expectations about the certainty when they can receive the benefit also can affect their mental health, as shown in the survey result that 53.60% of the respondents with an easier and faster disbursement process. (LPEM FEB UI, 2021).

Table 1.4. Ordered Logistic Regression Estimations (Based on Geographical Location)

VARIABLES	Outside Java	Java	Outside Java	Java	Outside Java	Java	Outside Java	Java
Kartu Prakerja	0.0149	0.0572	-0.337	-0.521***	-0.532**	-0.292*	-0.213	-0.477***
	(0.228)	(0.175)	(0.234)	(0.190)	(0.222)	(0.172)	(0.221)	(0.171)
Marital Status	-0.0700	0.290	-0.180	-0.0734	-0.0400	-0.245	0.215	-0.148
	(0.249)	(0.193)	(0.263)	(0.211)	(0.250)	(0.192)	(0.253)	(0.187)
Working Status	-0.347	0.410**	-0.0589	-0.539**	-0.160	-0.484**	-0.358	-0.261
	(0.268)	(0.200)	(0.282)	(0.227)	(0.263)	(0.203)	(0.264)	(0.196)
Age	0.0223	0.00265	-0.00667	-0.0247*	-0.000473	-0.00338	-0.0140	-0.0136
	(0.0162)	(0.0130)	(0.0166)	(0.0139)	(0.0162)	(0.0130)	(0.0160)	(0.0127)
Location	0.162	0.216	-0.277	-0.303	-0.141	-0.552***	0.394*	-0.411**
	(0.232)	(0.185)	(0.241)	(0.201)	(0.229)	(0.183)	(0.231)	(0.177)
Education Level								
Secondary	0.0560	0.684	2.005	14.09	1.744	32.34	2.297	-0.551
	(1.975)	(1,355)	(1.972)	(725.8)	(1.954)	(5,887)	(1.935)	(2.195)
Tertiary	0.283	14.22	1.870	1.001	1.053	18.73	0.939	0.0219
	(1.396)	(1,106)	(1.429)	(1.562)	(1.412)	(5,840)	(1.380)	(1.609)
Higher	0.196	14.37	2.246	1.295	1.651	18.64	1.622	-0.119
	(1.394)	(1,106)	(1.429)	(1.558)	(1.412)	(5,840)	(1.381)	(1.605)
Asset Resiliency								
1–6 months	0.157	-0.112	0.455*	0.0571	0.168	-0.0649	0.159	0.0901
	(0.234)	(0.190)	(0.245)	(0.206)	(0.230)	(0.189)	(0.232)	(0.187)
More than 6 months	0.427	0.362	0.372	0.336	-0.00628	-0.0415	0.138	-0.0747
	(0.354)	(0.271)	(0.377)	(0.317)	(0.351)	(0.275)	(0.343)	(0.271)
Income Changes								
Decreasing	1.100***	0.255	-0.0776	0.179	-0.441	0.131	-0.479	0.107
	(0.359)	(0.273)	(0.351)	(0.297)	(0.329)	(0.263)	(0.333)	(0.255)
Steady	1.818***	1.062***	-0.890*	-0.653*	-1.314***	-0.677**	-0.855*	-0.668**
	(0.476)	(0.357)	(0.471)	(0.377)	(0.449)	(0.343)	(0.454)	(0.340)
Increasing	1.652***	1.418***	-1.206**	-0.755	-1.416**	-0.512	-0.752	-0.735*
	(0.603)	(0.464)	(0.580)	(0.464)	(0.560)	(0.433)	(0.570)	(0.445)
Observations	358	581	365	589	350	570	318	523

Note: Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

4.3 Limitations

We acknowledge the limitations of the study, the data is a respondent's self-perception of their mental health. It might not be a true condition since did not observe by the mental health professionals. Some information especially about the symptoms and other mental health indicators was not fully observed. What this paper observed is simply a correlation between the available variables. This paper also could not calculate how much this program can impact mental health conditions.

Furthermore, as the dynamic change in social-economic conditions due to the pandemic, the conditions might be different nowadays. Since Indonesia has been through two waves of the COVID-19 pandemic and also the government has given more social protection programs rather than Kartu Prakerja. Regarding mental health conditions, the impact of the COVID-19 pandemic might be seen in the long run which has not been captured on this survey's data.

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APPENDIX

Table 1.5. Descriptive Statistics

Variables	Obs	Mean	Std. Dev.	Min	Max
Dependent Variables					
Happiness	3840	0.54	0.602	0	2
Anxiety	3901	1.623	0.618	0	2
Sadness	3755	1.422	0.694	0	2
Anger	3481	1.177	0.721	0	2
Independent Variables					
Kartu Prakerja	1653	0.383	0.486	0	1
Marital Status	4000	0.382	0.486	0	1
Work Status	4000	0.45	0.498	0	1
Age	3964	29.07	8.613	18	69
Gender	4000	0.463	0.499	0	1
Location	4000	0.615	0.487	0	1
Education Level	4000	3.546	0.53	1	4
Asset Resiliency	4000	0.732	0.737	0	2
Income Changes	2373	1.219	0.712	0	3

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