

INDONESIAN HEALTHY AGING: SEEING OUR READINESS TO REALIZE HEALTHY AGING IN TERMS OF THE EXISTING POLICIES

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Abstract

Background: In 2017, the number of elderly in the Sidoarjo District reached 7.23% of the total 2 million people, and the elderly health service coverage decreased by 6.61%. However, enjoying a healthy life and being productive in old age is everyone's dream. This can be realized by providing health services for the elderly. This study aimed to find out the commitment support of the regional government for the elderly health services.

Method: A qualitative interview-based survey to explore the commitment support from the regional government to the elderly health services in the Sidoarjo District. The key informants were the coordinator of the elderly health programme and volunteers.

Results: Our findings showed three broad categories on the support of the regional government to the elderly health services – policy for the elderly, health services for the elderly, and cross-sector cooperation. Policy for the elderly is proven by the existence of the Regional Regulation number 4 of 2010 and Regent Regulation Number 57 of 2011 which regulates the welfare of the elderly. Health services for the elderly can be obtained at the Puskesmas by providing the elderly poly, geriatric poly at the hospital and the Posyandu for the elderly. The Sidoarjo District Health Office and other cross sectors actively establish the communication and coordination with the Elderly Regional Commander and the Gerontology Foundation to design innovative programmes for the elderly.

Conclusion: The healthcare policies for the elderly in the Sidoarjo District can be improved so that it can become a reference for other regions in providing health services for the elderly.

Keywords: *Commitment support, Elderly, Health policy, Health services, Healthy*

Introduction

The populations around the world are rapidly ageing. Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56%, from 901 million to 1.4 billion. By 2050, the global population of older people is projected to be more than double its size in 2015, reaching nearly 2.1 billion (1). In Indonesia, the number of elderly

is estimated at 21.7 million people or 8.5% of the total population. It is estimated that the elderly population will grow rapidly to reach more than 23% of the total population of Indonesia by 2050 (2).

Life expectancy increases and the elderly is the fastest growing age group in the population (3).

Unfortunately, the average prolongation of lifespan is not fully paralleled by the prolongation of the health-span. Strong evidence shows that the prevalence of the chronic diseases among the elderly have increased over the time (4). Many people aged 65 years and older suffer from chronic multi-morbid conditions associated with an increased disability and a reduced health-related quality of life (5).

In 2015, the elderly morbidity rate was 28.62%, meaning that in every 100 elderly people, 28 of them experience illnesses (6). This demographic dynamic poses a critical burden for the majority of the health care systems, stretched by the rising costs of care of this ever-growing fragile portion of the population (3). In 2017, the number of elderly people in the Sidoarjo District reached 7.23% of the total of 2 million people, and the elderly health service coverage decreased by 6.61% (7).

While most people can expect to live to 60 years and beyond, there is little evidence to suggest that these extra years are spent in good health. Cities and other human settlements can affect health directly, or through barriers or incentives that affect opportunities, decisions, and behaviour (8). Ageing is frequently said to be at the top of the policy agenda, locally, nationally and internationally (9). This study aims to find out the commitment support of the regional government to the elderly health services.

Methods

This was a qualitative study where the research was to explore the commitment support from the regional government to the elderly health services in the Sidoarjo District. The study was conducted from January 2019 to - February 2019, at the Sidoarjo District.

The study setting was the health sector stakeholders because we are interested in understanding the commitment to providing health services for the elderly.

To get data, we selected the informants based on the research objectives and the informants

who were considered to have the required information. The key informants were the coordinator of the elderly health programme at the Sidoarjo District Health Office. The snowball sampling technique was used to identify suitable interview participants who met the research criteria regarding health services for the elderly at the Primary Health Care Centre and Integrated Health Service Post levels and those who were willing to take part in the interview.

A total of 1 selected participant was the elderly programme holder in a Primary Health Care Centre and the 6 Volunteers of an Elderly Integrated Health Service Post selected based on the advice from the coordinator of the elderly health programme at the Sidoarjo District Health Office.

Therefore, in this study there were 8 informants, each from The District Health Office (at the district level) - 1 informant, the Primary Health Care Centre level (at the sub-district level) - 1 informant, and the Integrated Health Service Post level (at the village level) – 6 informants.

Healthcare and social care services for the elderly in the Sidoarjo District, including 1) Integrated elderly health development; 2) Establishment of Primary Health Care Centre Elderly friendly, and Integrated Health Service Post for the Elderly; 3) The availability of special Elderly counters, Special toilet facilities for the Elderly (toilet seat), and handrail in the elderly polite health centre; 4) Elderly services at the Primary Health Care Centre are carried out comprehensively including promotive, preventive, curative and rehabilitative efforts; 5) Availability of the "Elderly Corner" on certain days of the week at the elderly polite health centres ; 6) Community empowerment, cross-sector collaboration; 7) and fostering elderly families.

We used a qualitative interview-based survey. Using semi-structured in-depth interviews, this study explored in-depth about the public services for the elderly, especially the health services for the elderly in the Sidoarjo District. A semi-structured interview guide was

developed consisting of a series of open-ended questions. The topics covered during the interview were implementing health care policies for the elderly, management process health care for the elderly, and barriers to the implementation of services for the elderly. Interviews were audio-recorded and transcribed.

The data analysis was carried out together with the data collection process. The data analysis process began with collecting all the interview data, direct observation, and field notes. The data analysis method used is the Miles and Hubberman model. According to the model, the data analysis activities were carried out in 3 stages, namely: data reduction, data display, and conclusion drawing and verification.

The data reduction began by summarizing the data found during the study. At the data presentation step we tried to compile the relevant data so that it could be concluded and had a certain meaning. The last step in the qualitative data analysis was drawing conclusions based on the findings and verifying data. Verification efforts can be made by assessing data representativeness, assessing the subjectivity of researchers, making data comparisons, and triangulating data.

Ethical Approval

This study obtained ethical approval from the Health Research Ethics Committee, Faculty of Public Health Universitas Airlangga, Indonesia (601-KEPK).

Results

General Description of Elderly in the Sidoarjo District

Life expectancy in the Sidoarjo District continues to increase and has reached 71 years. This indicates that the health degree of the people of Sidoarjo has been realized. Increasing the life expectancy has an impact on increasing the number of elderly people and accompanied by various problems and needs for the elderly, especially in the health sector. Therefore, the current age group must be endeavored to remain in prime physical and mental condition. In this way, the elderly will

remain healthy, useful and have quality in the developing of the country. Projected Percentage of Elderly in Sidoarjo District in 2010 - 2020 can be seen in Figure 1. Figure 1 shows that the percentage of the elderly in the Sidoarjo District in 2010-2020 is estimated to continue to increase. In 2010, the percentage of the elderly in Sidoarjo District was 6.04%, in 2015 it was 6.86%, and in 2020 it will be 8.19%.

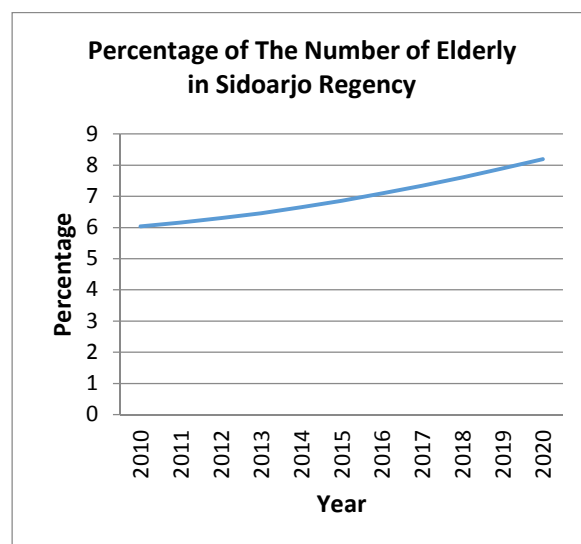


Figure 1: Diagram of the Percentage of Number of Elderly in Sidoarjo District 2010-2020

The efforts of the Sidoarjo District Government to realize Healthy Aging

1. Policy for the Elderly

The commitment of support from the Sidoarjo District Government is proven by the existence of the Regional Regulation number 4 of 2010 and the Regent Regulation Number 57 of 2011 which regulates the welfare of the elderly. The Regional Regulation number 4 of 2010 regulates Elderly rights to get an increase in Elderly welfare which is the joint responsibility of the District Government, family and community. The increase in Elderly welfare in question is 1) Religious and mental-spiritual services; and 2) Health services.

The health services aim to maintain and improve the degree of health and ability of the Elderly so that their physical, mental and social conditions can function optimally. The health services for the Elderly are carried out through

1) Extension and dissemination of health information (health promotion); 2) Preventive disease prevention services; 3) Health care treatment for diseases (curative). The Regent Regulation Number 57 of 2011 regulates the integrated health services for the Elderly, including 1) Senior Elderly Community.

Health Centre; 2) Establishment of the Elderly Integrated Health Care Post which is fostered by the Public Health Centre; 3) Provision of special Elderly counters at the Public Health Centre and Hospitals; 4) Provision of services for the Elderly (polyclinic of geriatric) polyclinic in the hospital every working day in a comprehensive and multi-disciplinary manner by the hospital geriatric medical committee.

2. Health Services for the Elderly

Services for the elderly can be obtained at the Puskesmas by providing elderly poly, geriatric poly at the hospital and the Integrated Health Care Post for the elderly. This has an impact on increasing the coverage of the elderly health services by 21.9% in the period of 2011-2015.

The coverage of the elderly health services in the Sidoarjo District during 2011-2015 can be seen in Figure 2. Figure 2 shows the coverage of the elderly health services in the Sidoarjo District in 2011-2015 which has increased. In 2011, the coverage of the elderly health services in the Sidoarjo District was 28.1%, in 2012 it was 72.6%, in 2013 it was 75.9%, in 2014 it was 80.2%, and in 2015 it was 86.5%.

3. Cross-Sector Cooperation

The Sidoarjo District Health Office and other cross sectors actively establish communication and coordination with the Elderly Regional Commander and the Gerontology Foundation to design innovative programmes for the elderly. The Sidoarjo District Social Service provides support facilities in the form of a gathering place for the elderly. Through the Elderly Regional Commission of the Sidoarjo

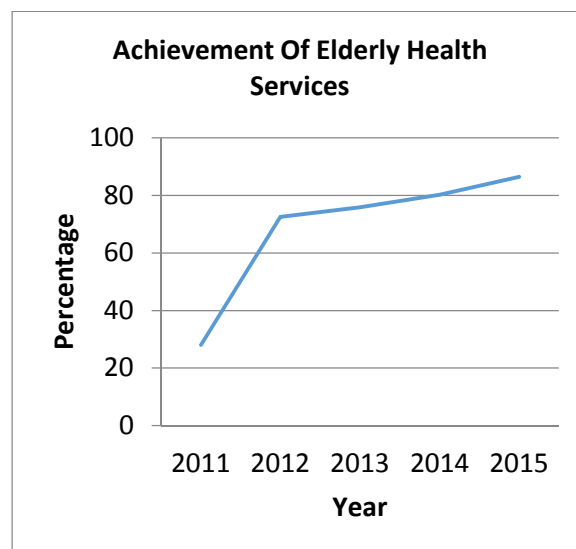


Figure 2: Percentage of Coverage of Elderly Health Services in Sidoarjo District

District, the elderly will get assistance in maintaining their health. Until now, the Sidoarjo Elderly Commander still exists in empowering the Elderly. The programmes have all gone well. The Sidoarjo District will always give attention to the elderly who are there. It is proven by the guidance to the elderly organizations. There are 350 Coral Reefs that have been fostered. In addition, there are 687 Elderly Integrated Health Care Posts which also receive assistance from the Sidoarjo District Government. He said that there were currently 9,155 elderly cadres active in the Integrated Health Care Post.

Discussion

In 2018, the percentage of the elderly in the Sidoarjo District was 7.61% and is predicted to reach 8.19% in 2020. A large number of the elderly population in Indonesia in the future will have a positive or negative impact. The positive impact is obtained if the elderly population is in a healthy, active and productive state. On the other hand, the large number of the elderly population is a burden if the elderly have health problems that results in an increase in the cost of health services, decreased income, increased disability, lack of social and environmental support that is not friendly to the elderly population (6).

While many people will function well and will live independently into an advanced old age, major acute health events, chronic disease and disability are prevalent in later life. Understandably, therefore a social policy priority in many developed countries is to contain the health and social care costs associated with later life through the promotion and maintenance of health in the older population (10). Whether people are living longer, healthier lives than previously and compressing morbidity into a shorter period is a key concern for the government, for society as a whole, and for individuals and their families (11).

The Sidoarjo District government always gives attention to the elderly. It is proven by the existence of the Regional Regulation number 4 of 2010 and the Regent Regulation Number 57 of 2011 which regulate the welfare of the elderly. This policy is an effort to realize healthy aging in the Sidoarjo District. Such policy often references notions of 'healthy' or 'successful' ageing, derived from models that are widely found in the gerontological research literature. However, despite their prevalence, such models have been criticised as having little connection to how older adults themselves consider health in the context of ageing, and the importance of health relative to other significant aspects of their experience of later life (10).

The Active Ageing Framework has been adapted as a global strategy in ageing policies, practices and research over the last decade. It has influenced ageing policies and practices across the world and drawn public attention to the new opportunities and challenges that global ageing brings to both individuals and societies. The active ageing framework advocates optimising opportunities for 'health', 'participation' and 'security' – three key determinants of the quality of later life. It also advocates recognizing physical health, mental health and social connections as equally important elements (12).

The services for the elderly can be obtained at the Puskesmas by providing elderly poly,

geriatric poly at the hospital and the Integrated Health Care Post for the elderly. Special needs that are very important for the elderly such as basic treatment and continuous treatment to the hospital. Besides that, they psychologically need social service programmes that provide them with a busy life as a free time filler, channelling hobbies, group therapy, sports and so on (13).

In Indonesia, the elderly health development programme has been developed since 1986, while the geriatric services in hospitals have been developed since 1988 by the Dr. Cipto Mangunkusumo General Hospital Centre and Dr. Kariadi Hospital in Semarang, Central Java. In 2000, the Ministry of Health began to develop the concept of the elderly polite health services, which began with the plan to develop a Public Health Center (Puskesmas) that organizes elderly health services throughout Indonesia through the forum of the Elderly Group (14).

The Sidoarjo District Health Office and other cross sectors actively establish communication and coordination with the Elderly Regional Commander and the Gerontology Foundation to design innovative programmes for the elderly. In 2016, the Government of Indonesia issued the Minister of Health Regulation No. 25/2016 concerning the National Action Plan for the Elderly Health Year 2016-2019 which regulates the role of the Central and Regional.

Governments and across sectors and communities in one of its missions to increase the empowerment of elderly people, families, and communities by realizing that the elderly who are healthy, independent, active and productive as long as possible (14).

Conclusion/Recommendation

The healthcare policies for the elderly in the Sidoarjo District can be improved so that it can become a reference for other regions in providing health services for the elderly.

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