

AN EVALUATION OF THE IMPLEMENTATION OF THE ELDERLY HEALTH PROGRAM IN INDONESIA: A CASE STUDY

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Abstract

Background: In an effort to overcome the elderly problems in Indonesia, the government has taken steps in offering a platform that can cater to the needs of the elderly people. In this constructed platform, the elderly people would be given services and guidance that would serve as an integrated health care post that strives to meet their health needs.

Objective: This study aims to evaluate the implementation of the elderly integrated health care post implemented in Sidoarjo city by looking at the benefits and shortcomings of the implementation.

Method: The current study is qualitative in design. Data were collected via interviews conducted with leaders of the health centers as well as the program holders. Some reviews of the documents related to the implementation of the elderly health care post were also performed so as to get a clearer picture of the implementation.

Result: The result showed that 13 of the 26 health centers in Sidoarjo city had implemented the elderly Integrated Health Care Post program. Observations showed that the executive staff for the program was sufficient with most facilities and infrastructure being implemented quite well. We further noted that there was an increase in the activities of the elderly Integrated Health Care Post by 21.9% in the 2011-2015 period. This figure had exceeded the standards set previously.

Conclusion: Health care centers provided by the government in Sidoarjo city to serve as a forum for the elderly program are going well.

Keywords: *Elderly, Evaluation, Healthy*

Introduction

In an effort to overcome the elderly problems in Indonesia, the government had developed a platform that can cater to the needs of the elderly. In this constructed platform, the elderly were provided services and guidance that could help them in meeting their health-care needs. This was called the elderly Integrated Health Care Post (3).

Based on data from Central Statistics Agency, the country had projected that the population of the elderly people aged 60 and above would be increasing from 27.1 million in 2020 to 33.7 million in 2025, and by 2035, the figure would hit 48.2 million. Based on the input of data centers from Indonesian Ministry of Health, it was noted that there were five provinces in the country that would be bursting with the elderly population. Ranging from the highest to the lowest, these five provinces are: DI Yogyakarta (13.4%), Central Java (11.8%), East Java (11.5%), Bali (10.3%) and North Sulawesi (9.7%). It was further noted that the elderly people in East Java ranked the third largest (4). The Temporary Census projection figures also noted that the elderly population in East Java in the year 2019 had reached 13.06 percent while for Sidoarjo regency, the figure had reached 7.89 percent. These figures showed that the Javanese population structure in the East composed of more elderly population (1).

According to the Sidoarjo District Health Office Profile, the elderly population of those >60 years in 2017 was 160,329, and those who received health services amounted to 96,688 or 60.31%, a small decline of the figure in 2016 which reached 66.82%. In 2017, there were 26 health centers in the Sidoarjo Regency spread across 322 villages. These health centers were obliged to implement the elderly health programs, one of which was developed as the Integrated Health Care Post for the elderly. From a total of 26 health centers in Sidoarjo Regency, 13 had implemented the elderly *posyandu* activities. The level of independence noted in the elderly Integrated Health Care Post activities seemed to be quite good, but the management of the elderly *posyandu* requires the strong support of various parties

involved. Some factors were noted to influence the non-implementation of the elderly Integrated Health Care Post. Among others were knowledge, distance to the location of the Posyandu, family support, attitude, and behavior of the elderly, economic income, support of health workers, facilities and infrastructure to support the implementation of the Integrated Health Care Post.

A preliminary survey conducted in February 2019 showed that the elderly Integrated Health Care Post was not operating well due to the low visit of the elderly. The analysis of the interview conducted with the program head and the village midwife noted that the factor that had affected the low visits was access because the distance was too far away for the elderly, there was also a lack of family support, and their work. The implementation of the elderly Integrated Health Care Post was carried out at 08.00 west Indonesia time in general, but the practice was rejected by the elderly people because many were unable to visit the elderly Integrated Health Care Post due to other commitments because many of them were also farmers and traders who had to work to support their livelihoods. It was noted that the implementation of the elderly Integrated Health Care Post in Sidoarjo Regency was only at 50 percent occupancy rate throughout the total of 26 health centers. Nevertheless, this figure is still considered good. In fact, in 2018, Sidoarjo Regency was even awarded a national ranking for the category of elderly friendly cities.

Method

This study is qualitative in nature. It uses a case study approach by focusing on the implementation of the elderly Integrated Health Care Post that has been implemented in one of the active health centers in the Sidoarjo Regency. The current study was conducted in February 2019, involving one of the active health centers with the Integrated Health Care Post activity. The subjects involved in this study were eight informants comprising one program leader, one village midwife, and six cadres. Data were then collected based on an interview conducted with the program

holders, and the health workers. The current study also conducted observations of the activity by observing the implementation of the elderly Integrated Health Care Post, and reviewing documents which were related to the implementation of the elderly *posyandu* activities. This study obtained the ethical approval from the Medical Research and Ethics Committee of the Faculty of Public Health Universitas Airlangga. (No: 592-KEPK).

Results

The number of elderly residents > 60 years in Sidoarjo Regency in 2017 was noted to be 160,329 people, and those who received health services then were 96,688 or 60.31%. This statistics is comparatively smaller than the 66.82% of 2016 (2).

Figure 1 illustrates the data on elderly health care coverage according to years. It can be seen that there was an increase of 21.9% in elderly health care coverage for the 2011-2016 period, a decrease in 2017, followed by a jump of 81% in 2018. Although this huge increase may not meet the target coverage of 100%, it is still considered to be a good percentage.

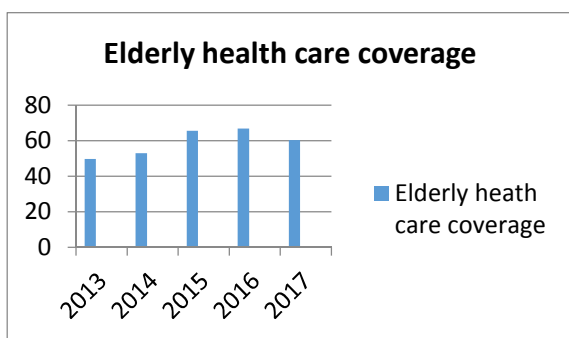


Figure 1: Elderly health care coverage

From a total of 26 health centers in the Sidoarjo Regency, it was noted that half of them (13 health centers) had implemented active elderly Integrated Health Care Post. This outcome was comparatively aligned to that of most active health centers conducting the elderly Integrated Health Care Post activities. Evidence is traced to the first position obtained in the elderly Integrated Health Care Post competition activity held by the Sidoarjo

district. The health centers conducting such elderly activities had a total of 104 cadres, with three health workers - one health promotor, one health center midwife, and one elderly holder.

For the purpose of this study, the interviews were conducted with the informants of each post. In total the informants were five cadres in a total of 1 *posyandu* of 25-26 people.

From the interviews performed at the Sekardangan Community Health Center which conducted the elderly *posyandu* activities, it was noted that the elderly people did not experience any shortage of cadres. However, from the interviews conducted at the health centers which did not carry out the elderly *posyandu* activities, it was noted that the cadres who were trained had sufficient interest in visiting the elderly at their homes due to the geographical location between the elderly people’s homes and the activity centers. This is because majority of the elderly had to work during the hours of the elderly *posyandu* activities.

Discussion

Input

The Sidoarjo City has 26 Public Health Centers of which 13 were active Health Center Due to its activities, one of the active health centers, Sekardangan Health Center, often wins competitions related to the elderly. The Elderly Integrated Health Care Post at the Sekardangan health centers had a total of 104 people but it is only operated by three main people - one health promotor, one health center midwife, and one elderly holder.

The program leader who was interviewed mentioned that there were no special funds provided to conduct the elderly Integrated Health Care Post activities.

“ There is no special fund of the program. But some were obtained from the Karangweda community and health departement...”
“This is a routine activity carried out by health centers, so there are no special funds except savings funds from the participants...”

Based on this information, it appears that the health centers would require more assistance from the social services, as well as the groups from the Karangweda village. Based on the interview it was noted that the facilities and infrastructure, such as scales, tension meters, registration books, administration, records, height gauges, extension equipment, speakers, medicines for tables, chairs and KMS were available at the Integrated Health Care Post at Sekardangan Health Center. Despite this, some informants also noted that the center was still experiencing a shortage in tables and chairs as well as devices like the blood pressure meter which had to be supplemented by the village midwives. Further to this, the centers' lack of funding also affected its operations in the elderly *posyandu* activities.

"Overall facilities and infrastructure are adequate, but there some equipment such as blood pressure gauge, table for registration still inadequate..."

The interview data also indicated that the organizational structure in each post had been implemented matching of the target, and overseen by a village head (advisor), a chairman, a secretary, a treasurer, and other members of the cadre. The interview further highlighted that the duties of each elderly Integrated Health Care Post officer were in accordance to the policy.

"The organizational structure can be seen over there, everything is in line with the policies..."
"Everything is appropriate standard operating procedures..."

Despite the good feedback, the informants also noted that the Public Health Center did not quite succeed in operating the elderly Integrated Health Care Post activities well. The interview data revealed that the health centers were short of cadres in its implementation. Efforts have been taken by the village head and village midwives but more needs to be addressed because currently, the health centers are short of funding, hence they do not have any special budget for the elderly Integrated Health Care Post activities. As a

result, there are inadequate facilities, infrastructure, and the place to conduct the elderly Integrated Health Care Post activities. The interview data suggested that there was no place close enough to the village to perform the various activities.

"Cadres is still relatively lacking, seeing of a lot elderly participants..."

"Some activities also cannot be carried out because there are no more funds..."

Another issue detected from the interview was that majority of the elderly who were supposed to attend the activities could not do so because they were also still working, hence they would be less likely to attend the *psyandu* activities.

Process

The process of planning the elderly Integrated Health Care Post activities at the Sekardangan Community Health Center is conducted once a month on the first Friday. Most of the informants explained that the work program comprised many issues such as minutes, attendance lists, planning of H-1 *posyandu* activities for cadre meetings in making PMTs, notifications for the elderly through mosque speakers, preparation of extension materials, preparation of elderly gymnastics, and preparation of the needs used in the Integrated Health Care Post for the elderly. On the day of the implementation, the equipment for the elderly Integrated Health Care Post would be prepared and the activities for the elderly would then be performed, for example, registration, body weight measurements, blood pressure measurements, and other examinations. All of these are conducted on the same day as the main events of the elderly program activities. The following day is for the cadres to do home visits of the elderly. The administrative reports of the implementation of the Integrated Health Care Post is written once a month.

The health center then analyzed any current problem it has among those overseeing the center such as the health workers and the

village midwives so as to identify solutions to the existing problems.

Although the implementation of the elderly posyandu in the Sekardangan Health Center and other health centers in each village has been running well with activities conducted once a month, there are still obstacles, such as the lack of infrastructure, the poor attendance of the elderly, poor transportation, employment, lack of health workers and cadres, facilities, poor awareness and knowledge among the elderly, poor road access, inadequate funding, the lack of a special post for the elderly, the lack of suitable elderly activities, elderly people's work schedules, lack of support from the family, and other forms of misconceptions. The interview data gathered from the village midwives and cadres provided an explanation for the elderly's poor attendance. Their lack of knowledge about their own health and the health center facilities seemed to be out of congruence. Clearly, the elderly need to visit the health centers more, whether sick or healthy. In this way, their awareness about what the health centers provide would increase. In this regard, the poor awareness of the elderly needs to be addressed. It is also necessary for the health centers to look for ways to provide new activities as another strategy to attract the elderly.

Output

The number of elderly visits at the Integrated Health Care Post for the elderly was noted to be both active and inactive. Among this outcome, it appears that the Public Health Center was still not operating fully in accordance with what had been set by the Sidoarjo Health Office. It conducts many elderly activities with visits of around 81%. Of those who did not attend, many had cited the excuse of work. For instance, private events such as weddings see a very little attendance from the elderly.

Conclusion

Based on the results of the current study which evaluated the implementation of the

Integrated Health Care Post for the elderly in Sidoarjo Regency, the following conclusion can be taken.

First, the implementation of the elderly Integrated Health Care Post in places such as the Sekardangan Community Health Center was well conducted, with adequate personnel, funds, facilities and infrastructure, and standard operating procedures. Nevertheless, there were also some obstacles such as the lack in achievement targets. Second, this study noted that health centers that were not active in conducting the elderly Integrated Health Care Post activities was hindered by their lack of facilities and infrastructure. As a result of this observation, it is recommended that such centers take the time and effort to modify the flow and plan of their activities so that these activities can be optimized for the elderly attendees. Further to this, current technological advances can be utilized as an alternative to to increase service coverage. Technology can be provided to monitor the elderly's attendance even though the elderly cannot attend the elderly activities organized. Evidently, these health centers need to improve on their services in terms of facilities and infrastructure as these two issues can help to increase the coverage of the elderly services.

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