

## COMMENTARY

# Readiness of healthcare providers to face the aging society in Indonesia

Maretalina<sup>1</sup>, Suyitno<sup>2</sup>

\*Corresponding author's email address: marena.linia.21@gmail.com

<sup>1</sup>Institute for Population and Social Research, Mahidol University, Thailand<sup>2</sup>M.PHM, ASEAN Institute for Health Development, Mahidol University, Thailand**ABSTRACT**

The demographic transition occurs all over the world, including Indonesia. The Indonesian Ministry of Health announced that Indonesia has been dominated by an aging society since 2017. The proportion of elderly has reached 9.03%. This commentary study aimed to see the general conditions of healthcare providers (primary healthcare centers and hospitals) in facing the aging society. Results showed that the primary healthcare centers and public hospitals are not ready yet to face the aging society. In fact, primary health care is not friendly to the elderly in terms of the facilities and the limited services of home visits. This study recommended the government and stakeholders to provide the optimal quality and quantity of health care services to the elderly who have dominated the population.

**Keywords:** *elderly, primary healthcare center, hospital, aging society, Indonesia*

## Introduction

As a result of demographic transition in Indonesia, several impacts have occurred such as the increasing numbers of aging populations aged 60 years and over, declining fertility and mortality, modernization in all aspects of life, practice of good disease prevention programs, and increasing life expectancy. The population pyramid of Indonesia in 1950, 1990, and 2020 showed the increased number of elderlies, then, the projections in 2030, 2050, and 2100 are showing the rapid increase of the elderly [1]. The aging population is defined as a significant decline of fertility level in a certain group of people that leads to fertility and mortality, and the increased proportion of elderly is calculated by comparing the number of old population and total population [2]. Indonesia has faced an aging population since the proportion of elderly was 9.6% in 2019 which was very close to 10%. The structure of the old population shows the proportion of old people is larger over time. The quantity and well-being of the elderly can indicate the quality of health, economic, and social status in a country. The adults of reproductive age are also important to support the economic development as well as the elderly's quality of life. The Indonesian Ministry of Health has categorized Indonesia as an aging country since 2017 because the proportion of elderly has reached 9.03% [3]. One study revealed that the elderlies did not want to go to public health centers because they felt unsatisfied with the

facilities and human resources [4]. The low utilization of healthcare services for the elderly might reflect inappropriate healthcare in terms of quality and quantity. This commentary article used the previous journal articles, the constitution, and guidelines from the Ministry of Health Indonesia. This current study aimed to comment on the readiness of health services in Indonesia to face the aging society.

## Main Arguments

In the past five decades, the population of elderly in Indonesia had increased twice since 1971 to 2019, from 9.6% or around 25 million which consisted of 1% more elderly women than men [5]. Another source shows that 3,274,100 elderlies were neglected, 5,102,800 were at high risk of being neglected, followed by 9,259 elderly who are homeless, and 10,551 who were abused [6]. Overall, Indonesia had 9.6% elderly in 2019 which increased from 9.03% in 2017 [7]. In 2015, every 100 people of the working-age had to bear 13 people in the age of less than 15 or more than 60 years [8]. In the same year, the Indonesian Ministry of Health reported that 28.62% elderly were likely to get a higher risk of morbidity due to non-communicable diseases [3]. Based on those facts, the government needs to pay more attention so they could be productive in old age.

Despite going to health services and getting medicines, elderlies in Indonesia tend to use traditional medicine. The Indonesian Central Bureau of Statistics reported that 96.46% of the elderly received traditional medicine or self-treatment more compared to medication in primary healthcare centers. Moreover, the preliminary survey showed that 25% of the elderly were smokers who were mostly males [8]. Generally, 74.15% of the elderly had a high risk of economic vulnerability. However, almost all of them lived in decent houses. Around 1% of the elderly were victims of violence. In total, 11.14 % of the elderly received social assistance and 69.69% received health insurance [5]. The frailty of the elderly is the result of age, functional status, and nutritional status [9]. The family relations between elderly and younger groups become more restrained due to modernization and social change [10]. Elderlies are the high-risk population for any diseases and most of them were not productive.

Primary healthcare centers as the foremost health care provider are responsible for providing programs for the elderly. However, the low participation of the elderly in attending the integrated health service post in North Sumatera and Banjarnegara occurred due to inadequate facilities and infrastructures at the primary healthcare centers [11,12]. Similarly, the study in West Sumatera showed the ineffective implementation of the integrated health service post for the elderly due to problematic input and process [13]. The integrated health service posts for the elderly need to be independent and run by trained health professionals [14]. Moreover, operations of integrated health service posts need monitoring and evaluation to ensure that every process follows the Standard Operational Procedure (SOP) [15]. Between urban and rural areas, the urban elderly tend to have a higher chance to utilize the outpatient service in primary healthcare centers [16]. A study in Yogyakarta found that insufficient public transportation for the elderly in terms of design and construction was the reason for their low participation [17]. The World Health Organization (WHO) produced eight dimensions of Age-friendly Cities Guidelines which include building and outdoor space, transportation, housing, social participation, respect and social inclusion, civil participation and employment, communication and information, and community support and health service [18].

There are many factors that might push the elderly not to avail of health services. Previous research from the Indonesian Basic Health Survey (Riskesdas) showed that the utilization of hospitals by the elderly was mostly influenced by socioeconomic status [19]. Based on the Indonesian Family Life Survey conducted in 2015, the outpatient service

utilization by the elderly was very low [20]. In comparison to hospital services, the home care service is increasing due to the high number of elderlies [21]. The Indonesian Constitution Number 13 of 1998 under the Elderly Well-being Service stated that the elderly have rights to develop social welfare, religious agencies, mental health, health, work opportunity, education and training, access to public facilities, and social assistance [22].

The elderly program in primary healthcare centers is not effectively implemented yet. Research in Dairi, North Sumatera showed that several factors influenced elderly participation in integrated health service posts. These factors included knowledge, distance from home, economic status, insufficient facilities, lack of information, lack of family support, defensive attitude, and behavior [11]. The condition when the elderlies become the main pillars to earn money for their families might also be a reason why their health became worse [23]. Research in Malang, West Java revealed that some factors influencing the utilization of health services by the elderly were decision making, funding sources, service quality, access distance, and access transportation [24].

Public facilities, especially in healthcare centers, are another main support for the elderly. A student from Kristen Petra University in Malang, East Java introduced a public garden for patients with Alzheimer's [25]. Safe facilities for the elderly can be found in a city park in Surabaya, East Java, [26]. where a city garden is constructed with auxiliary stairs and special ramps for wheelchairs for the elderly [26]. The Semarang government in Central Java also plans a hospital with a post-modern design for the elderly [27]. Health services and welfare are also provided for neglected elderly in Malang, East Java [28]. Students from Pasundan University advocated for the government to build open public spaces for the elderly [29]. A scholar from Institut Teknologi Bandung (ITB) also designed a vehicle to help the elderly who feel exhausted [30]. Bali also raises focus on providing public facilities for the elderly, for example, a city park. Sufficient public facilities enable old people to improve their active engagement in exercise, health care, and disease prevention. To empower the elderly, natural resources and human resources should be available with good management [31].

## Conclusion

Declining fertility and mortality rate likely cause aging in society. Health care providers are already participating in national health insurance which means the services for the elderly could be free. The Indonesian Constitution also

established the rights of the elderly, increase of home care services, and creation of public gardens and city parks. However, healthcare providers (primary healthcare centers and hospitals) are not yet equipped to face the aging society as seen from the inadequate facilities and infrastructure of primary healthcare centers for the elderly. Primary healthcare centers still have no elderly-friendly services as evidenced by the low participation in integrated health service centers. Consequently, the imbalance between the number of elderly and facilities indicates unreadiness to handle the aging society. Meanwhile, the elderly need intensive care that warrants everyone's attention. If unreadiness remains to occur, the dependency ratio will increase significantly. People in the labor force and reproductive age group will feel the burden to cover the elderly needs if there is a lack of health and social facilities in public spaces. The quantity and quality of public health services are the two main factors that motivate the elderly to visit and utilize services either in primary healthcare centers or hospitals. The limitation of this study is its inability to generalize the results for all health services in Indonesia. Future studies may include the assessment of the readiness of healthcare services based on the regulation established by the Ministry of Health Indonesia.

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