Community Participatory Health Care Program for Supporting The Health of the Elderly in Aceh Besar Distric

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Abstract— Indonesian population is aging rapidly, however aging has not yet been identified as an important policy issue in Indonesia.

Primary Health Care Centre (Puskesmas) is a functional health organization unit and public health development centre, it job is building community participation and provide comprehensive and integrated services to the community under its coverage in the forms of principal activities. There are many problem contracting puskesmas in Aceh (also in Indonesia). The first , many activities carried out by puskesmas do not correspond with the health problem in the community. Second, community involvement is an essential part of puskesmas, however this resources has not been optimized yet. The purpose of this project would be more on enhancing community involvement.

The government have initiated program for the elderly called Integrated Health Post for the elderly or usually called Posbindu as a peer group of elderly in villages. Posbindu could increase community involvement in field of health by providing health services in collaboration with health professionals of community health centers. However this program is not yet to be implemented in most part of Aceh. Therefore, in order to increase the community involvement in enhancing the health of the elderly we are planning to develop a prototype project called “Community Participatory Program for Supporting The Health Care of the Elderly (Keupula)”. The main purpose of Keupula is to increase the well being of elderly by conducting independent activities of elderly group.

To prove that by utilizing the community the well being of the elderly in the community could be achieved we need to conduct prototype project called Keupula. If Keupula can result in increasing the elderly well being, hopefully the district health office will consider to involved in the program, thus will create sustainability of the program.

Keywords-component: elderly; puskesmas; community involvement; Aceh

I. INTRODUCTION

As a consequence of demographic transition during recent decades, the Indonesian population is ageing rapidly. Aging population has started emerging as a distinct demographic feature and the proportion of older persons which remained around 6 per cent during the period 1950-1990, now exceeds 8 per cent and is projected to rise to 13 per cent in 2025 and further to 25 per cent in 2050. This means that by 2050 one in four Indonesians would be classified as an older person [1].

Although this figure is still quite modest compared with that of societies in more developed countries 18.3 per cent [2], the absolute numbers are significant. With such an increase in the absolute number of the elderly in Indonesia, this age group will reach almost 18 million within the next few years. Many of these will be poor, especially as there is no sign of a speedy economic recovery in Indonesia.

Despite the increase in the number of elderly people, ageing has not yet been identified as an important policy issue in Indonesia. The Government has paid little attention to this group, as can be seen from the lack of access to social security and social services for the elderly. Even in the Millenium Development Goals 2010 (MDGs) the Government priority is still lowering the Maternal Mortality Rate (MMR), the Infant Mortality Rate (IMR) and the Total Fertility Rate (TFR) [3]. Although they put eradicate extreme poverty and hunger as they first priority but still it does not cover the problems that most of the elderly face.

Actually, awareness of the seriousness of population ageing came rather late – in the 1990s – even among Indonesian demographers and demographers of Indonesia. The dominant demographic discussion at that time warned of an “aged boom”, and focused on the implications of the demographic characteristics of the elderly due to the demographic transition. Medical doctors also focused their attention on the ‘aged population’ from the medical perspective, concerned with diseases suffered by the old people. Professional organizations dealing with the elderly did/do exist and were/are also active in responding to the needs and concerns of their elderly members. All appealed to the Government to pay attention to the well being of the
elderly and to see population ageing as an integral part of the development process [4].

It is true that adverse effects of population ageing are not immediately apparent. Consequently, the issue is often overlooked. However, not only is the Indonesian populations ageing rapidly in terms of absolute numbers, but the social and economic problems that will result from this are considerable. The impact on the socio-economic, psychological and familial aspects of Indonesian society is potentially serious, since Indonesia does not have a comprehensive system of social security, health care and social services for the elderly. Existing services do not cover the needs of the majority of the aged population, especially in the face of recent experience of multiple crises. With the move toward regional autonomy population ageing is even less of a priority for provincial and local governments, which are struggling to deal with economic recovery and to increase regional income. As a result, policy makers are largely ignoring one of the most critical demographic and social problems facing contemporary Indonesia [4].

Existing government program for the elderly are limited in terms of funds and resources. They focus mainly on the poor elderly with specific problems, in particularly those who are neglected with or without families. Such program treat the elderly as if their needs and concerns are the same, based on standardized and centralized guidelines for implementation that do not respond to the diverse and changing needs of the elderly population [4].

Program managed by the Department of Social Affairs cover the elderly through nursing homes as well as home-care. Nursing homes are not popular because they are considered expensive to run and have limited coverage. Families also hesitate to use nursing homes, because most Indonesians consider it shameful to send elderly relatives to a nursing home, especially if there are still family members who could provide care. At present, according to Department of Social Affairs there are approximately 235 nursing homes for the elderly throughout Indonesia, covering 11,397 persons a tiny number compared with the size of the elderly population [5].

By contrast, home-care – allowing the elderly to remain in their own homes and communities while receiving a range of support services – is more acceptable. Home-care is also more cost-effective, and can thus cover more elderly, as well as creating a sense of self-reliance and solidarity within communities. Since the services provided are developed by and for the community, it is expected that they more closely meet the needs of the people concerned [6].

The Department of Health, Population and National Family Planning Coordinating Board and Department of Manpower also have program for the elderly. In general, services for the elderly can be broadly classified into two categories: social care (meals, recreation/sport, and spiritual guidance); and health care (health monitoring, health education, and health services). The State Ministry coordinates all Government program for People’s Welfare and the Alleviation of Poverty, yet it seems that each sector works in isolation. Coordination in program design and strategies is weak, and the capacity to build and manage program is limited in terms of both funds and resources. As a result, programs have been limited in scope and impact and fragile in terms of sustainability [7].

Recognizing its limitation and acknowledging the important role of the community in social development, the Government encouraged the involvement of civil society through NGOs and social organizations in activities for the elderly. Community-based support was also seen as a component of good governance in terms of popular participation in development and self-reliance. In 1998, Law No. 13 on Elderly Welfare was promulgated. It notes among others ‘Community has the right and opportunity to play a role in improving the welfare of the elderly’. The reform era and democratization also saw a paradigm shift in development programs, including programs for the elderly, toward increased community and civil society participation in governance in which government would act only as a facilitator. This resulted in various programs to promote a healthy and independent elderly population through support from the family and community.

II. CURRENT SITUATION

A. Problem of Elderly in Aceh

In Aceh the total population of people over 60 years old is estimated 304, 281 people and that count 7,5 per cent of total population [8]. Most of the elderly living in the rural areas and are poor, poverty in Aceh increased slightly after the tsunami (26.5%). The poverty level in Aceh is higher among others province in Indonesia and this has become problem that the provincial government faced [9].

As people getting older, they have particular needs that differ from those of younger members of a community. These require special consideration, in particular in the areas of physical and mental health, nutrition and access to essential services. Older people may be isolated or in ill health, or mobility problems may prevent them from reaching aid. They may have only limited literacy may not understand their entitlements and may be unable to compete with younger people for aid resources [9].

In Indonesia the first contact of the community with the health services is through the Primary Health Care Centre (Puskesmas). Puskesmas is a functional health organization unit and public health development centre, it job is building community participation and provide comprehensive and integrated services to the community under its coverage in the forms of principal activities. Puskesmas work under the distric level health office and every sub district will have one puskesmas. At the village level puskesmas has sub health centre (Pustu) however, some villages do not have pustu it depends on the size of the village, village midwife clinic (Polindes) and integrated health post (Posyandu) mostly for children and mothers [10].

There are many problem contracting puskesmas in Aceh (also in Indonesia), Two major will be discussed here. First, many activities carried out by puskesmas is not in accordance with the health problem in community. Puskesmas
has certain program from the district health office or province health office and sometime this program is not always related to the current problem that happen in the community and puskesmas has tight budget, therefore they cannot easily react toward the need of the community unless they have advanced planning before. Second, community involvement is an essential part of puskesmas, however this resources has not been optimized yet.

Puskemas program divided into two different part one is the primary health care programs that is program that all puskesmas in Indonesia has to perform. Second is the health development programs, these programs implemented based on the health problems found in the community and adjusted to the resources or the capability of the puskesmas.

The program for the elderly fall under the health development programs. One of the programs called the integrated health post for the elderly (posbindu). Some province in Indonesia implemented this program in their puskesmas. In Aceh only Aceh Timur District Health office who have this program implemented in 22 of its sub district. Out of 22 only 8 posbindu that has active participants and this number continuously decreasing [8]. Many factors contribute to this problem, research by Henniwati, shows that quality of service and distance have a significant influence in the used of services of the posbindu by the elderly. These factors should have been known before by the puskesmas, many of these seniors citizen has health problem and when they become ill they will not be able to go to the posbindu only the healthy one who is able to go and if this phenomena continue to happen, the frail elderly will never received health services from the puskesmas. Thus the goal of the puskesmas also not be achieved [11].

From the demographic changes to the effect of the health care of the elderly, I think it is important for every puskesmas to implement posbindu within their working area. However, since this program subject to availability of resources it is necessary to develop plan that will generate community participation. Therefore, the sustainability of the program can be maintained.

B. Current Law

Since the enactment of Law No. 13/1998 on Older Person Welfare up to the present Presidential Decree 93/M/2005 on the Appointment and Membership of the National Commission for Older Persons (2005-2008), there has been a set of Laws and Regulations specifically enacted to address matters related to the older population of Indonesia. These laws and regulations are the following:

- UU No. 13/1998 tentang Kesejahteraan Lanjut Usia [Law No. 13/1998 on Older Person Welfare]. This Law contains chapters on General Stipulation; Principles; Direction and Objective; Rights and Obligations; Tasks and Responsibilities; Empowerment; Implementation; Community Participation; Coordination; Criminal Stipulation and Administrative Sanction for mismanagement of program for older people.; Transitional Stipulation; and Closing Stipulation.
- UU No. 39/1999 tentang Hak Azasi Manusia [Law No. 39/1999 on Human Rights]. This Law has become the foundation of policy and program related to Ageing in line with the Principles of Older Persons issued by the United Nations in 1998. These principles are independence, participation, care, self-fulfillment, and dignity.
- PP No. 43/2004 tentang Perlakusaan Upaya Peningkatan Kesejahteraan Sosial Lanjut Usia [Government Regulation No. 43/2004 on Older Person Welfare Improvement Efforts]. This regulation contains articles on General Stipulation; Implementation of Older Person Welfare Improvement Efforts; Award; and Closing Stipulation. The article on Implementation contains parts on General Stipulation; Religious and Mental Spiritual Services; Health Services; Work Opportunity Services; Education and Training Services; Access to General Facilities and Infrastructure Services such as public facilities, general infrastructure such as accessibility to public buildings, public roads, parks and recreational areas, and public transportation; Legal Services and Assistance; Social Protection; and Social Assistance.
- Keppres 52/2004 tentang Pembentukan Komnas/ Komda [Presidential Decree 52/2004 on Formation of National/Regional Commission]. This Decree contains articles on Formation; Task; Organization; Appointment and Resignation; Work Mechanism; Budgeting; as well as Regional Commission and District/City Commission.
- Keppres 93/M/2005 tentang Keanggotaan Komisi Nasional Lanjut Usia [Presidential Decree 93/M/2005 on Appointment and Membership of National Commission for Older Persons period 2005-2008]. The document contains the names of members in the national commission for older persons representing the government and the public. The next period of the national commission membership will be based on members elected by the present members of the Commission. This means that the Commission will maintain its independence and will be accountable not only to the government but also to its constituents in the Commission.

III. COMMUNITY PARTICIPATORY PROGRAM

Referred to the demographic changes of population and analysis of the current law, many efforts need to be performed to improve community empowerment in achieving optimum level of health for the elderly. Community empowerment might be conducted with developing community participatory health care program. The government have initiate one of program for the elderly called Integrated Health Post for the elderly or usually called Posbindu. Basically, posbindu was established as a peer group of elderly in villages. It created as an organization to integrate health care activities of elderly. Posbindu is also an effort in increase the coverage, access and quality of health services in community. Posbindu could increase community involvement...
in field of health by providing health services in collaboration with health professionals of community health centers.

The purpose of posbindu is to increase health status of elderly with providing integrated health care services that primarily cover health prevention and promotion. Based on community needs, curative and rehabilitative activities could be conducted as well in collaboration of Puskesmas staff. In its development to prevent un-infectious disease, posbindu serves as a place for screening of un-infectious disease risk factors, such as body mass index, blood pressure, glucose level, uric acid level, and cholesterol level.

Eventhough government initiated this program however in practice not all puskesmas implemented the program as I mentioned earlier. Thus, emerge the idea of using the community to help the government in increasing health status of the elderly. However, this idea is not exactly new, some province in Indonesia such as Yogyakarta with PUSAKA program and Depok, West Java with Integrated Community Based Intervention (ICBI).

IV. ESTABLISHMENT OF KEUPULA

To have a program that based on the community strength does not necessarily mean we have to change the policy. Because the policy is already introduced and implemented in some part in Indonesia. It is common in Indonesia when the central government introduced new policy it does not mean that the new policy will be implemented at the provincial or district level. However, this policy need to be established in Aceh too regardless to the limitation of the resources from the puskesmas. Therefore, in order to implemented this policy in every puskesmas in Aceh Province we need to conduct a prototype project. The policy need to be put into action. The prototype project is called “ Community Participatory Program for Supporting The Health Care of the Elderly (Keupula)”.

A. Objectives

The main objective of Keupula is to increase the well being of elderly by conducting independent activities of elderly group. The objectives of Keupula are:

- To increase the access of elderly for utilizing basic and referral health services
- To increase the coverage and quality of basic health services for elderly, particularly on health promotion and prevention
- To develop active group of elderly in conducting sustainable activities

B. Target of Keupula

Keupula was targeted to specific group in community. The direct targets of Keupula are elderly 60 years or above with or without chronic illness. The indirect targets of Keupula are families of those direct targets and community where they live.

C. Intervention Area

The target area of the project is Lambaro Sukon Village. Lambaro Sukon village is under Darussalam Sub-district in Aceh Besar Distric, Aceh. This village has 700 population and 172 households. The elderly counts 11.6 per cent of the total population (81). Lambaro Sukon has a dark background, during the conflict time between the Acehnese separative movement (GAM) and Indonesian government this village was marked as dangerous area where many of GAM members were hiding. There are many cases of missing people in the village in that time and most of them are male adults. Moreover because of the conflict, it is difficult for the health personnel to access the area.

The most health problems for the elderly in this village is Rheumatoid Arthritis, hypertension and anemia. These data are gathered from the volunteer of Community Health Development Program from School of Nursing Syiah Kuala University in they 2008 monthly report.

D. Establishing Keupula in the Village

The steps that should be taken in establishing Keupula are:

- Village leaders meeting
- Survey of population target (assessment)
- Identify traditional healers in the community
- Villagers meeting (planning session with community)
- Training of cadre (if the village wants it, as they expressed during the presentation of the assessment results)
- Implementation of posbindu
- The School of Nursing Syiah Kuala University and the community will perform the monitoring and evaluation to prevent from bias.

E. Evaluation Plan

The evaluation have purpose to assess whether each program can be applied sufficiently and had achieved its target and objectives. The evaluation required important information to explain several questions, such as further intervention required if the program yet unable to achieve the target, whether the main objective of Keupula had been accomplished, and what necessary further action required to accommodate the problem if it was not accomplished, what program that most important in achieving the main objective of Keupula on increasing the well being of elderly and program sustainability.

The process evaluation of Keupula was focused on quality, interaction, and comprehensiveness of the particular elements below:

- The intervention activities have to meet the objective according to the process and impact indicator
- Roles and capacity of puskesmas, as the most direct government health service institution
• Roles and capacity among the health professional (GP, nurses, nutritionist, etc) in increasing the well being of elderly
• Capacity and Participation of community (individual, organization, private), planning, advocacy, and social action in increasing the well being of elderly as well as information dissemination.
• Roles and capacity of communication media in increasing the well being of elderly program.
• Program implementation/activity increasing the well being of elderly program including community access to health services, particularly in primary level (puskesmas) in Posbindu.

CONCLUSION
The numbers of elderly projected to increase in the upcoming years. Dealing with ageing issues requires the involvement of not only government agencies but all stakeholders concerned with issues of the aged. There are many laws and policy regarding to this population. However, socialization of policy and regulations on ageing sometime no be done at all levels especially at the local level government. When the policy is not implemented at the local level, as part of the community we need to find other way to establish the policy, by generating community participation. To prove that by using the community the well being of the elderly in the community could be achieved we need to conduct prototype project called Keupula. If Keupula can result in increasing the elderly well being, hopefully the district health office will consider to involved in the program, thus will create sustainability of the program.

REFERENCES