



## Health Accessibility In Rural Areas For The Elderly In Indonesia

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**ABSTRACT.** *The health services between urban and rural areas are quite interesting because they have many differences that can be seen, especially the gap between the two areas. One of the characteristics of urban and rural areas is accessibility development, urban areas tend to develop faster than rural areas. This article was created with the aim of knowing the condition of health service facilities in rural areas in Indonesia and their access, especially for the elderly. The search strategy used in this research is a systematic literature review. The disparity in the elderly's use of health facilities are impacted by their education level, socioeconomic status, ownership of insurance, distance traveled, and cost of transportation. In conclusion, access to healthcare is crucial in Indonesia, particularly for elderly people living in rural areas. The Indonesian government must evenly distribute medical facilities in rural areas and guarantee universal coverage with National Health Insurance. To improve elderly health care, the government needs to develop sufficient expertise with health and social care workers with the necessary training in integrated care services.*

**Keywords:** *Health Accessibility, Rural Areas, The Elderly*

**ABSTRAK.** Pelayanan kesehatan antara perkotaan dan pedesaan cukup menarik karena memiliki banyak perbedaan yang dapat dilihat, terutama kesenjangan antara kedua wilayah tersebut. Salah satu ciri kawasan perkotaan dan pedesaan adalah perkembangan aksesibilitas, kawasan perkotaan cenderung berkembang lebih cepat dibandingkan kawasan pedesaan. Artikel ini dibuat dengan tujuan untuk mengetahui kondisi fasilitas pelayanan kesehatan di pedesaan di Indonesia dan aksesnya, khususnya untuk lansia. Strategi pencarian yang digunakan dalam penelitian ini adalah sistematik literature review. Disparitas penggunaan fasilitas kesehatan lansia dipengaruhi oleh tingkat pendidikan, status sosial ekonomi, kepemilikan asuransi, jarak tempuh, dan biaya transportasi. Kesimpulannya, akses ke pelayanan kesehatan sangat penting di Indonesia, terutama bagi lansia yang tinggal di pedesaan. Pemerintah Indonesia harus mendistribusikan fasilitas medis secara merata di pedesaan dan menjamin cakupan universal dengan Jaminan Kesehatan Nasional. Untuk meningkatkan perawatan kesehatan lanjut usia, pemerintah perlu mengembangkan keahlian yang memadai dengan pekerja perawatan kesehatan dan sosial dengan pelatihan yang diperlukan dalam layanan perawatan terpadu.

**Kata kunci:** Aksesibilitas Kesehatan, Pedesaan, Lansia

## **INTRODUCTION**

The health services between urban and rural areas are quite interesting because they have many differences that can be seen, especially the gap between the two areas. One of the characteristics of urban and rural areas is accessibility development, urban areas tend to develop faster than rural areas. This is also influenced by the economic factors, a variety of more modern facilities, and the density of occupancy which results in development concentrated only in urban areas. If it is not controlled properly, this condition can cause inequalities between urban and rural. In fact, according to the principle of right equality, wherever the communities settle the right to health should be fulfilled without distinction in accordance with the principle of right equality (Wulandari & Laksono, 2019).

The World Health Organization (WHO) is responsible for public health throughout the world from various categories such as the elderly who are one of the vulnerable groups besides children, pregnant women, malnourished people, and sick people. The number of individuals over the age of 60 is predicted to rise from 901 million in 2015 to 1.4 billion in 2030, an increase of more than 56% over the preceding 15 years and the increase in elderly population will occur in developing countries. Currently Indonesia, with the fourth largest global population around 258 million in 2015 and had to deal with challenges from a rapidly increasing elderly population (Madyaningrum et al., 2018). The elderly or elderly population constitutes 9.9% of the total population of Indonesia, or as many as 26.8 million people. The problem that is often faced by the elderly population is health problems. This is considering the age that is no longer young and the physical factors that are aging (Badan Pusat Statistik, 2021).

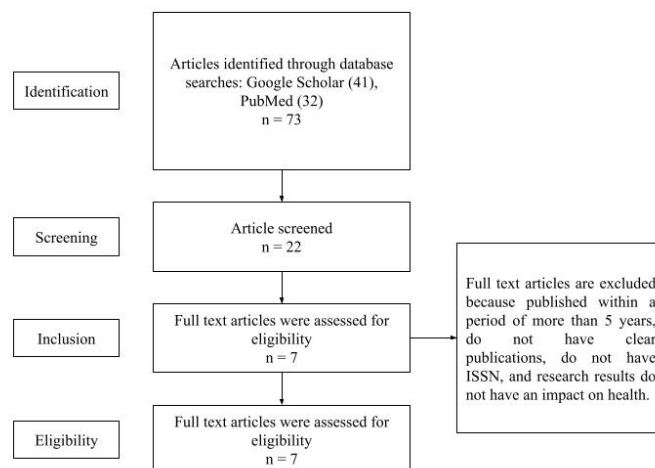
Most of Indonesia's elderly do not have health insurance. Education level, region, and chronic conditions are significant predictors for almost all types of primary health service utilization by Indonesian elderly. This suggests possible inequalities in health care for the elderly population. The regional aspect is the most predictive factor related to the utilization of primary health services among the elderly in Indonesia. Those living outside Java tend to use clinics, public health centers, nurses, midwives, or traditional medicine. On the outskirts of Java, although the National Health Insurance program aims to increase service utilization through removing financial barriers, other barriers remain such as transportation costs and travel time to primary health care centers. This may be partly because these facilities are geographically closer than primary health care centers (Chen

& Baithesda, 2020). Understanding the utilization of health services is one way to evaluate the performance of the health care system (Wulandari & Laksono, 2019).

Based on the conditions that occur, this article was created with the aim of knowing the condition of health service facilities in rural areas in Indonesia and their access, especially for the elderly, this article can be used as material for consideration for improving conditions and access to health services in rural areas in Indonesia and is useful for policy makers to make policies for a better health care system in Indonesia (Wulandari & Laksono, 2019)..

## METHOD

The search strategy used in this research is a systematic literature review. Systematic literature review (SLR) is a type of review article that aims to find evidence of clinical efficacy (evidence-based) for a problem, in order to get suggestions for solving the problem. The aim is to make an analysis and synthesis of existing knowledge related to the topic to be studied to find empty space for research to be carried out. The process used in a systematic literature review is to collect related articles, review the articles that have been collected, and review the findings and results of research on topics that have been determined by the researcher.



**Skema Diagram 1. Flowchart of Article Selection and Selection Process**

To select articles to be used in research, several stages were carried out. The first stage is identification, at this stage a search is carried out related to research titles or

keywords on online-based literature sites, namely Google Scholar and PubMed. The keywords used are Health Accessibility, Rural Areas, The Elderly. The second stage is screening, at this stage inclusion and exclusion criteria are screened. Inclusion criteria are articles published within the last 5 years (2018-2023), articles have free access, have complete text, are based on relevance, have an International Standard Serial Number (ISSN), use English or Indonesian, and discuss related articles with access to health in the elderly in rural areas. Meanwhile, the exclusion criteria were articles published within a period of more than 5 years, paid access, did not have an ISSN number, and research results had no impact on health. The last two stages, namely inclusion and eligibility, at this stage are carried out by reading articles to determine the feasibility of articles for review.

## **RESULT AND DISCUSSION**

The results of a literature search obtained 10 research articles related to health accessibility in rural areas for the elderly which are described in table 1.

**Table 1. Results of a literature search related to health accessibility in rural areas for the elderly**

<b>Researcher</b>	<b>Research Title</b>	<b>Research Method</b>	<b>Research Result</b>
Wulandari, R. D., & Laksono, A. D. (2019)	Urban-Rural Disparities in The Utilization of Primary Health Care Center Among Elderly in East Java, Indonesia	Cross-sectional survey with the multi-stage cluster random sampling	There is a disparity in the use of outpatient services in puskesmas by elderly who lived both urban and rural areas of East Java. The elderly who lived in urban areas were likely to use more than those who lived in rural areas. The disparity in the utilization of puskesmas by the elderly was also influenced by education level, socioeconomic level, insurance ownership, length of travel, and transportation cost.
Laksono, A. D., Nantabah, Z. K.,	Hambatan Akses ke Puskesmas pada	Quantitative descriptive	Elderly who live in both urban and rural areas have a

& Wulandari, R. D. (2018).	Lansia di Indonesia. <i>Access Barriers to Health Center for Elderly in Indonesia.</i>	moderate tendency to have access to the Puskesmas. There are still 15% of very poor elderly people who have big obstacles to accessing the Puskesmas. The access of the elderly to the Puskesmas is quite good, but access for the very poor elderly still needs more attention. The government needs to provide basic health service facilities in more rural areas.
Mulyanto Kringos Kunst (2019)	J, DS, AE. Socioeconomic inequalities in healthcare utilization in Indonesia: a comprehensive survey-based overview.	Cross-sectional study used stratified random sampling The findings underline the need to develop comprehensive efforts to tackle significant socioeconomic inequalities in healthcare utilisation in Indonesia. Potential areas of priority include removing financial and geographical barriers by providing the NHI programme with universal health coverage, improving the supply and distribution of secondary care services, simplifying the referral system procedure and developing a nationwide preventive care programme.
Widyasari V, Rahman FF, Lin KH, Wang JY. (2021)	The Effectiveness of Health Services Delivered by Community Health Workers on Outcomes Related to Non-Communicable Diseases among Elderly People in	Systematic review Health services delivered by community health workers is beneficial to elderly people in rural areas. The existence of CHWs is a solution to the access to health center problems, especially in areas with the special

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	Rural Areas: A Systematic Review.		geographical condition and utilizing social-emotional closeness between citizens to encourage each other to improve health level. The support system, such as government support, good program management, continuing education, and infrastructure support is the success key factors of this program. Another advantage possessed by CHWs is conveying health messages using local languages, so the messages given are at low risk of misunderstanding.
Chen, C.-M. and Baithesda, B. (2020).	Primary healthcare utilization by the elderly: a secondary analysis of the 5th Indonesian Family Life Survey	Cross-sectional with multistage stratified sampling of Indonesian households	The majority of the elderly prefer to visit nurse or midwife practitioners, followed by the Public Health Center. Education level, region, and chronic conditions are important factors for the elderly in choosing primary health services. This shows an imbalance in health services for the elderly population. The government must continue to develop primary health facilities that are in line with public health conditions in all regions, both in central and rural areas.

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Widagdo, T. M. M., Pudjohartono, M. F., Meilina, M., Mete, A. R., Primagupita, A., & Sudarsana, K. D. A. P. (2022).	Comparing well-being among rural and urban Indonesian older people: a quantitative analysis of the related factors	Quantitative	Urban elderly in Indonesia have higher welfare compared to elderly in rural areas. Higher levels of education and attitudes toward aging contribute to higher well-being of urban residents. Meanwhile, cognitive function and independence play a bigger role in the welfare of the elderly in rural areas. Disparities in welfare and health exist between rural and urban parents. Policy makers and planning public health programs need to consider this gap to optimize welfare and health for both urban and rural elderly.
Wulandari et al. (2022)	Hospital utilization in Indonesia in 2018: do urban–rural disparities exist?	Cross-sectional study through stratification and multistage random sampling	Based on the results, the study concluded that there were urban–rural disparities in hospital utilization in Indonesia. Those who live in urban areas have better odds of using hospitals in Indonesia.

Access is a shorthand term used for a broad set of concerns that center on the degree to which individuals and groups are able to obtain needed services from the medical care system. Access to health care means having "the timely use of personal health services to achieve the best health outcomes" (IOM, 1993). Meanwhile, in general, access to health services can be interpreted as a form of health services with various types of services that can be reached by the community (Language Development and Development Agency, 2016) in (Megatsari, et.al., 2019).

In general, access can be divided into several aspects, including: geographical, economic, and social access. Geographic access can be described as the ease of reaching

health services as measured by distance, travel time, type of transportation, and road infrastructure. Economic access places more emphasis on people's ability to allocate their financial capabilities in reaching health services. While social access is more on issues of communication, culture, friendliness, and service satisfaction (Laksono, 2016). Meanwhile, (Healthy People, 2020) in (Agency for Healthcare Research and Quality, Rockville, MD, 2018) mention that access to health services consists of four components:

1. Coverage: facilitates entry into the healthcare system. Uninsured people are less likely to receive medical care and more likely to have poor health status.
2. Services: having a usual source of care is associated with adults receiving recommended screening and prevention services.
3. Timeliness: ability to provide health care when the need is recognized.
4. Workforce: capable, qualified, culturally competent providers.

Access to health services is the ability of every individual to find health services needed. In Indonesia, especially in rural areas, it is still faced with a pattern of problems with the high population of parents but lack of health services. Problems are increasingly complex because knowledge and attention to parents' health problems are very limited. With the increase in life expectancy in most countries, the same thing applies to several generations that live at the same time. It is very important for health care providers to understand various factors that influence the use of health services, both driving and inhibitors (Pramono & Fanumbi, 2018).

The elderly, have special characteristics that will affect their needs for the use of health services. The increase in age is related to higher morbidity, higher use of health services, and greater demand for special services. Because of their special conditions, many elderly people have difficulty reaching health facilities. This condition reduces the affordability of health services, increases mortality and morbidity, and reduces the quality of life of parents in remote and rural areas. In addition, the distance of residence and health services that further reduce access and utilization of health services in rural areas. This condition will reduce the scope of health services and improve elderly health problems and make promotional and preventive aspects hampered. (Laksono et al., 2019)

The disparity in the elderly's use of health facilities are impacted by their education level, socioeconomic status, ownership of insurance, distance traveled, and cost of transportation (Wulandari & Laksono, 2019). Elderly morbidity was more likely to occur



and the elderly with lower levels of education required more outpatient care. The unhealthy lifestyle and low level of education of the elderly can contribute to their increased degree of morbidity. Their capacity to encourage preventive action is diminished, making them more susceptible due to their physical condition. Elderly with greater education have a better capacity to assimilate health information, resulting in improved health behavior (Wulandari & Laksono, 2019). Based on research data from Putri & Riasmini (2013) and Fu et al. (2018) found in the research of Wulandari & Laksono (2019), show that socioeconomic status influences how easily elderly people can receive healthcare. However, the condition of the elderly in rural areas is deficient, this can be seen from the elderly in rural areas which are dominated by very poor and poor socioeconomic status (Laksono et al., 2019).

In both urban and rural areas, the majority of the elderly citizens lacked coverage. For those who were covered, the coverage was provided by a government managed public insurance. Length of journey and transportation fee additionally had a large impact at the usage of outpatient offerings in puskesmas or different health facilities. A few boundaries for the elderly in rural regions encompass longer distance, lengthy time, and greater tough transportation. The greater boundaries they face, the longer they have a tendency to postpone treatment (Wulandari & Laksono, 2019). These factors make it difficult to access health services for the elderly in rural areas creating a comprehensive disparity in health status.

The older a person is, the risk of various chronic conditions will increase along with it. This situation makes the elderly a vulnerable group that requires more extra health services both in terms of the type of service, as well as the intensity of utilization of the services obtained. Based on research data from Putri & Riasmini (2013) and Fu et al. (2018) found in the research of Wulandari & Laksono (2019), many elderly people suffer from degenerative diseases which directly affect their movement limitations. In addition, many elderly people live alone or only together as husband and wife. Based on these conditions, the health condition of the elderly is not given much attention unless the health condition has reached a severe condition and causing serious consequences. Meanwhile, the obstacles faced by the elderly in rural areas are long distances to health care facilities that take a long time and difficult access to transportation. With limited mobility in the

elderly, they tend to choose to delay the treatment. Another perspective emerges for the elderly as proposed by Chen & Baithesda (2020). Interestingly, the elderly in rural areas choose to use traditional or alternative medicine. This shows that the enabling factors in the use of primary health services in the elderly are influenced by place of residence, region, level of knowledge, and socioeconomic conditions.

In health services for the elderly, health counseling programs and health check programs can make people aware of the importance of maintaining and checking their health regularly (Fitriahadi & Utami, 2020). There is a program called *Posyandu Lansia*, that has been carried out by the government to expand people's access to health services in Indonesia especially for the elderly. In improving elderly health care, the government needs to develop sufficient expertise with health and social care workers with the necessary training in integrated care services (He & Tang, 2021).

## CONCLUSION AND SUGGESTION

Access to health services is divided into geographical, economic, and social access, with coverage facilitating entry and uninsured people less likely to receive medical care. Access to health services is an important factor in Indonesia, especially in rural areas. The elderly have special characteristics that affect their needs for the use of health services, such as higher morbidity, higher use of health services, and greater demand for special services. The disparity in the elderly's use of health facilities is impacted by their education level, socioeconomic status, ownership of insurance, distance traveled, and cost of transportation. The government has implemented a program called *Posyandu Lansia* to expand people's access to health services in Indonesia. To improve elderly health care, the government needs to develop sufficient expertise with health and social care workers with the necessary training in integrated care services.

The Indonesian government needs to provide health service facilities in rural areas evenly. The government also needs to establish a National Health Insurance with tax-based funding to ensure universal coverage. The Ministry of Health issued a Healthy Nusantara policy aimed at increasing access and quality of basic health services in DTPK (*Daerah Tertinggal, Perbatasan, dan Kepulauan*) and DBK (*Daerah Bermasalah Kesehatan*), which also has the aim of maintaining continuity of health services, mobilizing community empowerment, being able to provide services integrated health services, as well as increasing the retention of health workers (Laksono & Wulandari, 2018).

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