

## **PROGRESS IN HEALTH COVERAGE AMONG INDONESIAN OLDER PEOPLE TOWARD THE WORLD HEALTH ORGANIZATION'S DECADE OF HEALTHY AGING 2021-2030**

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### **ABSTRACT**

**Introduction.** Older people are associated with health decline and age-related disability. Person-centered integrated care is an action plan for the 'Decade of Healthy Aging 2021-2030' to ensure older people enjoy healthier lives. **Purpose.** To participate in the Decade movement, evidence of the progress in health coverage among Indonesians elderly from 2015 to 2022 should be presented. **Methods.** This study uses the 2015, 2020, and 2022 National Socio-Economic Survey (SUSENAS) datasets with a sample of 94,326, 121,961, and 122,344 elderly aged 60 and over, respectively. Univariate analysis is used to determine the percentage of elderly utilizing outpatient treatment between 2015 and 2022. **Results.** The proportion of elderly without health insurance fell from approximately 45.4 percent in 2015 to 26.4 percent in 2015, and 26 percent in 2022. However, the proportion of older people with health insurance and a health problem but not seeking outpatient treatment rose from around 35.8 percent in 2015 to 45.2 percent in 2020, and 48.2 percent in 2022. Self-medication has been the highest prevalent reason for not utilizing outpatient treatment over time. Self-medication increased from about 57.5 percent in 2015 to 62.1 percent in 2020 and 73.9 percent in 2022. Only about 2.8 percent of the elderly did not utilize outpatient treatment in 2022 due to the COVID-19 pandemic. **Conclusion.** As self-medication was the most common reason, community awareness and collaboration with health care providers should be encouraged to carry out person-centered integrated treatment. **Keywords:** self-medication, person-centered integrated care, healthy aging.

### **ABSTRAK**

**Pendahuluan.** Lanjut usia (lansia) sangat erat kaitannya dengan penurunan derajat kesehatan dan disabilitas yang sejalan dengan penambahan usia. Perawatan terpadu yang berpusat pada kebutuhan individu lansia merupakan suatu rencana aksi dari gerakan 'Decade of Healthy Aging 2021-2030' untuk memastikan lansia menikmati hidup yang lebih sehat. **Tujuan.** Untuk berpartisipasi dalam gerakan ini, bukti keberhasilan peningkatan cakupan kesehatan semesta pada lansia dari tahun 2015 hingga 2022 akan disajikan. **Metode.** Penelitian ini menggunakan data Survei Sosial Ekonomi Nasional (SUSENAS) tahun 2015, 2020, dan 2022 dengan sampel masing-masing sebanyak 94.326, 121.961, dan 122.344 lansia berusia 60 tahun ke atas. Analisis univariat digunakan untuk mengetahui persentase lansia yang mengakses fasilitas kesehatan rawat jalan antara tahun 2015 dan 2022. **Hasil.** Proporsi lansia yang tidak memiliki asuransi kesehatan turun dari sekitar 45,4 persen pada tahun 2015 menjadi 26,4 persen pada tahun 2015, dan 26 persen pada tahun 2022. Namun, proporsi lansia yang memiliki asuransi kesehatan dan mempunyai masalah kesehatan tetapi tidak mengunjungi fasilitas kesehatan rawat jalan meningkat dari sekitar 35,8 persen pada tahun 2015 menjadi 45,2 persen pada tahun 2020, dan 48,2 persen pada tahun 2022. Mengobati diri sendiri telah menjadi alasan paling umum ditemui untuk tidak mengunjungi fasilitas kesehatan rawat jalan dalam kurun waktu tersebut. Persentase lansia yang beralasan mengobati diri sendiri meningkat dari sekitar 57,5 persen pada tahun 2015 menjadi 62,1 persen pada tahun 2020 dan 73,9 persen pada tahun 2022. Hanya sekitar 2,8 persen lansia yang tidak mengunjungi fasilitas kesehatan rawat jalan pada tahun 2022 karena pandemi COVID-19. **Kesimpulan.** Karena mengobati diri sendiri adalah alasan paling umum ditemui, kesadaran masyarakat dan membangun kerjasama dengan penyedia layanan kesehatan harus ditingkatkan untuk memastikan terlaksananya perawatan terpadu yang berpusat pada kebutuhan individu lansia.

**Kata kunci:** Pengobatan sendiri, perawatan terpadu, sehat di usia tua

## INTRODUCTION

Population aging has begun to emerge as a demographic aspect of Indonesia. The proportion of the Indonesian population aged 60 and over gradually climbed from around 7.59 percent in 2010 to 10.82 percent in 2021<sup>1</sup>. Furthermore, between 2010 and 2021, life expectancy at birth increased from around 69.81 to 71.57 years<sup>1</sup>.

Indonesia is predicted to benefit from the second demographic dividend as adult longevity rises. The magnitude of the benefits that result from increased longevity will be greatly influenced by one critical factor: health. However, aging is often associated with health decline and age-related disability. The high prevalence of chronic noncommunicable diseases (NCD) made Indonesian older adults more vulnerable. Data showed that the prevalence of cancer, stroke, chronic kidney disease (CKD), diabetes, and hypertension increased among Indonesian adults and older individuals between 2013 and 2018<sup>2</sup>.

With a rapidly aging population, Indonesia must adjust more quickly, including the development of health facilities and other social protection programs. Age-related disability, according to the International Classification of Functioning, Disability, and Health (ICF), can be reduced or postponed by engaging older people in healthy behaviors<sup>3-13</sup> and providing them with a supportive environment<sup>14-17</sup>. As a result, the emphasis must change from defining healthy aging as the absence of disease to cultivating the functional ability that allows older individuals to perform meaningful activities.

The World Health Organization's (WHO) Decade of Healthy Aging 2021-2030 is a movement that focuses on evidence-based interventions that may improve disability-free life expectancy while leaving no older individual behind. There are three action programs for the Decade of Healthy Aging: 1) developing age-friendly communities; 2) assuring person-centered integrated care for older people; and 3) providing health care and assistance for older people in the community<sup>18</sup>.

Universal health coverage is necessary to achieve the target of the Sustainable Development Goal (SDG) on good health and well-being. However, achieving the target will be impossible without taking into account the basic health and social needs of older people. Person-centered integrated care should be provided<sup>18</sup>. As a result, current health systems are better intended to meet the needs of older people rather than providers, to be available in the community, and to successfully coordinate with health care providers.

Evidence should be available to carry out the action plans following the movement of the Decade. Thus, this study will examine the progress of health coverage in Indonesian older people. This study will specifically focus on describing health insurance coverage and health service utilization among Indonesian older people from 2015 to 2022 because health insurance coverage alone will not be sufficient to meet the SDG objective for good health and well-being.

## METHOD

The 2015, 2020, and 2020 National Socioeconomic Survey (SUSENAS)-core datasets are used in this study. The data of SUSENAS-core is collected in March every year. Thus, using 2022 SUSENAS-core datasets to estimate healthcare utilization during the COVID-19 pandemic will be appropriate. The unit of analysis of this study is elderly persons aged 60 and over. The SUSENAS-core recorded 94,326, 121,961, and 122,344 older people aged 60 and over in 2015, 2020, and 2022, respectively. All data is weighted by incorporating the survey design and the sampling weight. Missing data is omitted.

This study examines two major indicators: the progress on health insurance coverage and outpatient treatment utilization. Outpatient treatment is used depending on the response of older people who seek outpatient care for a health concern. The variable of outpatient treatment is used to identify healthcare utilization since this behavior is more flexible on price and income than either inpatient or other preventive care<sup>19</sup>.

Furthermore, this study focuses on the reasons why people with health problems do not seek outpatient therapy. The reasons for not seeking outpatient therapy are required to examine. As the first step toward creating person-centered integrated care, it is necessary to consider the individual needs of older people.

This study uses univariate analysis for each survey wave. The frequency distribution is used to show the percentage of each variable.

SUSENAS-core datasets for 2015, 2020, and 2022 are available under the agreement between the National Population and Family Planning Board (BKKBN) and Statistics Indonesia (BPS). No personal information, such as name or address, is provided. As a result of the confidentiality of the datasets, no ethical approval should be required.

## RESULTS AND DISCUSSION

Findings show that the number of Indonesian older persons without health insurance declined rapidly from approximately 45.4 percent in 2015 to 26.4 percent in 2020, and then gradually decreased to 26 percent in 2022 (table 1). Thus, over the previous seven years, Indonesians have seen a major improvement in health insurance coverage among the elderly.

**Table 1. The distribution of older people aged 60 and over by type of health insurance coverage in 2015, 2020, and 2022, Indonesia**

	<b>Variable</b>	<b>2015</b>	<b>2020</b>	<b>2022</b>
Health Insurance Coverage*	National health insurance (BPJS)- Government funding (PBI)	26.3	44.6	47.9
	National health insurance (BPJS)- private expense (NonPBI)	10.1	23.2	20.4
	Municipal insurance (Jamkesda)	9.4	9.2	7.8
	Private insurance	0.5	0.4	0.4

Variable	2015	2020	2022
Company insurance	0.4	0.9	1.0
No health insurance	45.4	26.4	26.0

\*Respondent may have more than one type of health insurance

Source: 2015, 2020, and 2022 SUSENAS-Core (authors' calculation)

The descriptive results for each survey wave are shown in Table 2. There is an intriguing finding on the use of outpatient care among the elderly with health insurance. The table shows that the percentage of the elderly who have health insurance and a health complaint but do not use outpatient care rose from around 42.8 percent in 2015 to 49.6 percent in 2020 and 50.8 percent in 2022. Thus, it is presumed that other individual needs of the elderly are not being satisfied.

**Table 2. The distribution of older people aged 60 and over by health insurance coverage and a health complaint in 2015, 2020, and 2022, Indonesia**

Variables	2015	2020	2022
Outpatient treatment			
Yes	64.2	54.8	51.8
No	35.8	45.2	48.2
Reasons for not visiting outpatient treatment*			
Can not afford medical cost	6.2	0.0	0.0
Can not afford transport cost	1.3	0.8	0.4
No accessible transportation	0.2	0.3	0.1
Long waiting time	0.2	0.6	0.4
Self-medication	57.5	62.1	73.9
No family/community support to reach a health facility	0.6	1.0	0.4
Low perceived need for medical care	28.9	33.0	20.7
Fear of the COVID-19 spread	NA	NA	2.8
Other reasons	5.0	2.2	1.3

\*The percentage of explanations based on older people aged 60 and over who did not receive outpatient treatment. Source: 2015, 2020, and 2022 SUSENAS-Core (authors' calculation)

Table 2 also reveals that, from 2015 to 2022, self-medication was the most common reason for the elderly with a health complaint and health insurance not seeking outpatient care. Self-medication increased dramatically from approximately 57.5 percent in 2015 to 62.1 percent in 2020 and 73.9 percent in 2022.

Help-seeking behavior among the elderly may be influenced by the COVID-19 pandemic. However, the table shows that only about 2.8 percent of the elderly did not visit outpatient care in 2022 due to the fear of the virus outbreak. Therefore, self-medication is the primary reason the Indonesian elderly do not use outpatient treatment.

Furthermore, the percentage of people who have a low perceived need for medical care has risen from 28.9 percent in 2015 to 33 percent in 2020. The high prevalence of self-medication and low perceived need for medical treatment should raise community awareness to successfully coordinate with formal health care providers.

The elderly self-medicate for a variety of reasons. Recent research has found that self-medication is popular among the elderly as a result of an open drug market<sup>20</sup> and enhanced telemedicine

technology<sup>21</sup>. Self-medication is especially widespread among the elderly who are already using health services, restricting data on older persons who do not seek outpatient care in the first place<sup>22</sup>. This could be a drawback of our study because SUSENAS does not give data on the elderly seeking outpatient care for the first time. Other factors impacting people's self-medication include a lack of acceptance of environmental and healthcare professional supports<sup>23</sup>.

The prevalence of reasons for not seeking outpatient therapy other than self-medication and a low perceived need for medical care is very low. In 2020 and 2022, the prevalence of health care costs is negligible, in keeping with the rising prevalence of health insurance coverage. However, there was an increase in the prevalence of barriers to outpatient treatment from 2015 to 2020, including transportation costs, the availability of accessible transportation options, community/family support by accompanying the elderly to the health facility, and long waiting times in the health facility. According to Andersen's behavioral model of health-care use, factors such as transportation cost, availability and affordability of transportation, community/family support, and the quality of health-care services (waiting time) are enabling factors that impede service use. Previous research found that physical accessibility barriers (poor transportation system and poor facility architecture), economic barriers (low-income households), social barriers (poor family support), and unfriendly nature of the healthcare environment barriers (poor attitude of healthcare providers and long waiting times) are issues of unmet health care need for older people<sup>24,25</sup>.

The data presented above confirmed the absence of fundamental social and health services for older persons in Indonesia. To satisfy the basic social requirements of these older individuals, community-based social care and assistance should be offered, such as accessible transportation for older persons and caregivers accompanying the elderly to outpatient treatment. Healthcare providers must also fulfill the needs of the elderly, as extended wait times diminish the utilization of health services.

## **CONCLUSION AND SUGGESTIONS**

As the incidence of self-medication and the low perceived need for medical treatment becomes more common, community awareness should be raised to cooperate with formal health care practitioners and appropriately execute person-centered integrated health care. More research should be done to identify the specific factors that lead to older people's self-medication and a reduced perceived need for medical treatment.

### **Limitation**

The study's strength is its use of nationally representative data that can be estimated at the national level. The cross-section analysis, on the other hand, just measures the relationship of the variables. In addition, information on health insurance coverage and utilization provided solely by respondents or respondents' families may be biased.

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