

Social and Economic Factors Related to Elderly Health Care Utilization in Indonesia

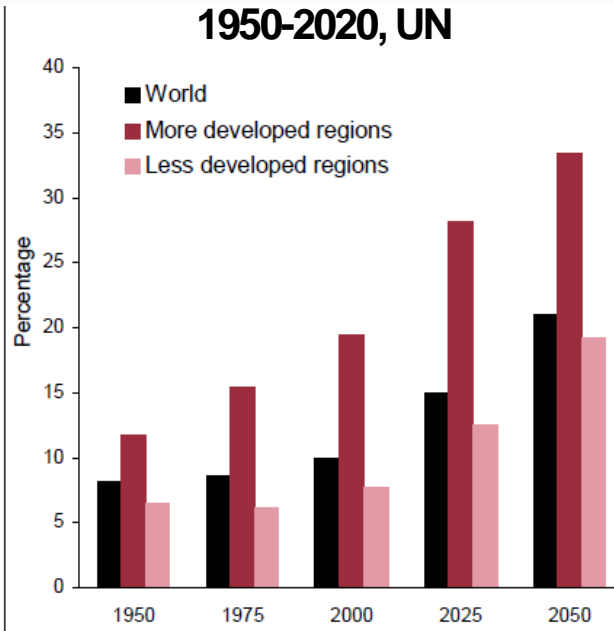


Siti Masfiah, SKM, M.Kes, MA¹⁾, Bhinuri Damawanti, SKM²⁾, Ratu Matahari, SKM, M.Kes, MA³⁾

¹⁾Public Health Department, Medicine and Health Sciences Faculty, Jenderal Soedirman University, Ministry of Health²⁾, Diponegoro University³⁾

Elderly and Needs of Health Care

**Proportion of
Population aged 60 and over;
1950-2020, UN**



- The older the person, the more likely they are suffering from the disease.
- However, it doesn't necessary, the aging can still keep the productivity, delay the pension time, improve the health status
- Improvement of the health status of aging population is highly associated with changes in pattern of utilization of health care system
- These points apply to developed countries, it has not established the need for understanding similar points in developing countries, including Indonesia.

Utilization of Elderly Health Care ?

Indonesia, BPS:

2000 : 7% pop
2010 : 9% pop
2020 : 11% pop

Elderly Health Care in Indonesia:

- Provided in primary, secondary, tertiary HC
- **Community Based HC**

Community Based HC for Elderly:

- It runs together by primary health care and community initiatives.
- Provide promotion, prevention, and limited curative and rehabilitation.
- Cost efficient; most of services are free, prioritizing on promotion & prevention

METHODOLOGY

- Data were obtained from Indonesian family life survey (IFLS) 2007, a cross-sectional research involving 14,641 household in Indonesia.
- The subject was the household member aged 50 years and over, and it was found about 6.078 elderly member
- Logistic regression is used to analyze social and economic factors related to utilization of elderly health services
- Variables: Utilization, gender, age group, per capita expenditure, education experience, marital status, Health insurance, community participation



Utilization: whether or not the elderly member (age 50 years and above) in household use the service of community health care in the past 4 weeks

Health Insurance: Whether or not the elderly member in household had health insurance or got beneficence of *social insurance* from other family member.

Community participation: Involvement of elderly in any community meeting during the past 12 months.

Health Care Utilization

Community Health Service Utilization among elders In Indonesia

Utilization of health services	Male (%)	Female (%)	Total (%)
Yes	1.3	4.0	2.7
No	98.7	96.0	97.3

The distance of home to community health service

distance (home - health service)	(%)
1. Less than 1 km	88.2
1. 1 – 3 km	9.3
1. More than 3 km	2.5

The kind of services use by elders

Services	Male n (%)	Female n (%)	Total n (%)
1. Health check-up and treatment	37.1	44.6	43.0
2. Health check-up and treatment and other purpose	48.6	46.9	47.3
3. Other purpose	14.3	8.5	9.7

- There is no detail data recorded about what kind of health check up, what kind of treatment
- Other purposes consist of: taking food supplements, social support, and counseling

Social and economic factors related to the service utilization

Variables	OR	SE	P value	95% CI	
Gender					
Male®					
Female	6.0	1.5	0.000	3.6	9.9
Age Group					
50 - 59®					
60 - 69	1.9	0.4	0.004	1.2	3.0
≥ 70	2.7	0.8	0.001	1.5	4.9
Education experience					
uneducated®					
Not complete elementary school	3.0	3.1	0.277	0.4	22.7
Graduated elementary school	4.9	5.0	0.118	0.6	36.2
Marital Status					
Never married®					
Married	1.4	1.8	0.751	0.2	11.1
Separated					
Divorce	2.8	3.2	0.375	0.3	26.8
Per capita expenditure					
Poorest®					
2 nd quintile	2.4	0.9	0.032	1.1	5.2
3 rd quintile	1.4	0.6	0.382	0.6	3.3
4 th quintile	1.7	0.7	0.172	0.8	3.7
richest	1.1	0.4	0.835	0.5	2.4
Health Insurance					
Yes	2.2	0.5	0.000	1.4	3.3
No®					
Community Participation					
Yes	3.2	0.7	0.000	2.1	5.0
No®					

- Female elderly are more likely to respond to illness, maintain and care about health compare to male elderly. This pattern also found in other developing countries
- Elderly utilized the service when they got the sign and symptoms. It shows most preference health services utilization are curative and rehabilitative post.
- Many studies also reported that health insurance coverage at age 65 and over has the largest increase in self-reported access to care. It's assumed that by just having an insurance card, it's already increase the willingness to access the health services.

Conclusion and Recommendation

- ❑ **Most of the elderly member did not utilize elderly health service.**
- ❑ **Elderly health service utilization in Indonesia is highly related to gender differences, age group, per capita expenditure, beneficence of health insurance, and community participation.**
- ❑ **Health insurance coverage for elders needs to be increased, to improve the access .**
- ❑ **Government and community cadres should promote the utilization of services to all economic level, because optimizing this services will contribute to reducing the national health expenditure spent for aging population.**