

USE CASE

Enhancing Utilization of Elderly Health Posts: The Role of Family and Community in Deli Serdang

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Note: An appendix listing key terms discussed in this article appears at the end.

Abstract

There is low utilization of Posyandu Elderly services in Deli Serdang Regency, even as the number of elderly is increasing. Today, only 5% – 10% of the elderly population uses this service, as a result of the perception of inadequate service quality and a mindset that Posyandu is only for the sick, with minimal understanding of its benefits. The purpose of this study is to determine the role and influence of students, village heads, cadres and peers on the utilization by the elderly Love House at the Integrated Health Post. This research design follows a quantitative cross-section involving 192 elderly respondents from a population of 7,883 registered at the elderly health post in Lubuk Pakam District, using stratified random sampling and analyzed with the chi-square test at an alpha level of 0.05. This study reveals that the utilization of the Rumah Kasih (elderly Love House) charity home (charged with caring for the poor, elderly, homeless, and abandoned individuals in government hospitals free of charge) is significantly influenced by the roles of stakeholders, including cadres, village heads, and peers, while student involvement remains suboptimal. Notably, emotional and informational support from families also plays a crucial role. These findings highlight the need for innovative collaboration among these key groups, emphasizing a holistic approach to elderly care that integrates community support and enhances access to and utilization of Rumah Kasih.

Plain Language Summary

In the Deli Serdang regency—Indonesian province of North Sumatra—only 5% – 10% of the elderly utilize Posyandu services, despite a growing elderly population, due to poor service quality and misconceptions about its services. This study examines how the roles of health cadres, village heads, peers, and students influence the use of Rumah Kasih (Elderly Love House). Findings reveal that while the involvement of target groups significantly boosts service utilization, student participation is low. Additionally, family support plays a crucial role. To enhance access to these services, it is essential to foster collaboration among stakeholders, raise awareness of the benefits, and create a supportive community environment for elderly care.

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Health is a fundamental right of every individual, encompassing physical, mental, spiritual, and socio-economic dimensions. It is a crucial foundation for human dignity, as good health is essential for accessing other rights. Moreover, a healthy population contributes to societal stability and economic growth, fostering a more productive workforce. When individuals are healthy, they can actively participate in their communities, enhancing social cohesion. Ultimately, prioritizing health benefits individuals as

well as strengthening the fabric of society as a whole.¹ In the 1945 Constitution of Indonesia, Article 28H, paragraph 1, affirms the right of every individual to a healthy and safe life. Additionally, Article 34, paragraph 3, establishes the government's responsibility to provide healthcare facilities for all citizens.²

Today, the global population is experiencing an aging trend, with individuals aged over 60 years exceeding 7% of the total population. This demographic shift presents significant challenges for healthcare systems, social services,

and economic structures worldwide. As life expectancy increases, it is essential to address the needs and rights of older adults to ensure their well-being and active participation in society.³

By 2050, it is predicted that 33 countries will have populations of older adults exceeding 10 million, with 22 of these being developing nations. This shift underscores the urgency to develop policies and programs that address the specific needs of the elderly in these regions.⁴ In Indonesia, for example, this rapid growth of older adults is fueling a demographic transition, characterized by lower mortality and birth rates. Consequently, it is essential to develop strategies and policies that cater to the needs of this aging demographic.⁵⁻⁷

According to the Central Statistics Agency in 2021, life expectancy in Indonesia has reached 73.5 years and will continue to increase. In the same year, the National Family Planning Coordinating Board reported that the number of elderly people (aged >60 years) in Indonesia reached 10.82%, with a projected increase to 200% in 2045.⁸ The focus of this research is in Deli Serdang Regency, one of the largest in North Sumatra, which is characterized by a highly dispersed area that necessitates accessible and integrated health services (Figure 1). In addition, Deli Serdang offers an elderly-friendly caring regency, that offers services through the 19 elderly-friendly community health centers (Puskesmas Santun Lansia) and 446 Elderly Integrated Posyandu (Posyandu Lansia) across 34 Puskesmas work areas in 22 sub-districts.

In Puskesmas Lubuk Pakam, there are 5,164 elderly individuals. Monthly visits to the elderly Posyandu range between 500 and 600 people, which means that the monthly visitation rate reaches only 5% – 10% of the total elderly population. Thus, the utilization of elderly health

services at the Posyandu remains far below the target set by the Ministry of Health of the Republic of Indonesia, which aims for a coverage rate of 90% of the elderly population.

The low rate of visits among the elderly in Posyandu in the Lubuk Pakam work area of Deli Serdang Regency might be attributed to the inadequate quality of available health services. The primary focus of the elderly Posyandu is on curative outcomes, leading elderly individuals to refrain from seeking routine checkups unless they experience health complaints. Many older individuals perceive the elderly Posyandus as a place solely for sick individuals seeking treatment. This results in healthy seniors believing they do not need to take advantage of the service.

Additionally, those who received care from other health services might feel it unnecessary to return to the Elderly Posyandu.⁷ Ultimately, the community does not fully understand the benefits of the facilities available at Elderly Posyandus. This ignorance may contribute to underutilization of resources designed to support the health and well-being of the elderly.⁹

When not managed properly, the elderly are potentially exposed to serious complications, including heart disease, impaired vision, neurological complications, and kidney failure. Through counseling, it is hoped that the community will appreciate the importance of a healthy diet, regular physical activity, and blood glucose monitoring.¹⁰ Counseling is not only about providing information; it also encourages sustainable behavioral change. Optimizing public health through counseling is a strategic step in creating a society with greater awareness of the importance of personal and collective health and preventive measures to maintain quality of life.



Fig. 1. The focus of this research is the Deli Serdang Regency in North Sumatra.

Purpose

As a tool, counseling instills the importance of cooperation among individuals, families, and communities in addition to disease prevention and management. Counseling encompasses more than providing information and encouraging sustainable behavioral change. Optimizing public health through counseling is a strategic step in creating a society that is more aware of the importance of personal and collective health and can take preventive measures to maintain their quality of life.

Scope and Definition

Table 1 defines key terms and considerations applied to this study. The authors examined the utilization of Posyandu Elderly services, focusing on the Rumah Kasih (Love House) in Deli Serdang Regency. It targets elderly individuals aged 60 years and above, analyzing how various community stakeholders—specifically health cadres (community health workers), village heads (local leaders), peers (other elderly individuals), and students (youth volunteers).

Methods

This was a quantitative study with a cross-sectional research design. The population was comprised of 7,883 elderly people registered at the elderly health post in the Lubuk Pakam. By using the Hosmer-Lemeshow test formula, a sample of 192 respondents was obtained using stratified random sampling. The data were analyzed using the chi square test with an alpha of 0.05.

Results

Table 2 reveals that respondents generally stated their consideration for and utilization of the Love House were good, with the role of cadres at 82.81%, the role of the village head at 77.6%, and peers at 72.4%. However,

the role of students was only 50%. Application of the chi-square statistical test revealed a significant relationship between the role of students, village head, cadres and peers with the utilization of the Love House by the elderly ($p < 0.05$).

Based on Table 3, in general, respondents stated that the utilization of the Love House was good with the presence of emotional support from the family (94.27%); information support from the family (94.27%); instrumental support from the family (83.33%); and appreciation support (94.27%). Application of Chi-Square statistical test revealed a significant relationship between emotional support, information, and appreciation by the family regarding the utilization of the Love House by the elderly ($p < 0.05$).

Discussion

A significant ($p = 0.05$) relationship exists between the role of students and the utilization of the Love House by the elderly. Through “Real Work Lecture” at Posyandu, students can assist in strengthening active community participation by increasing the role of the community in organizing basic health efforts and services to toddlers and children. One example is routine monitoring of weight so that the growth and development of toddlers and children can be monitored. The community can be involved in Posyandu activities and learn to manage and maintain the program independently. Real Work Lecture activities at Posyandu allow students to integrate theoretical knowledge gained during lectures with practical experience in providing public health services. This results in the dual benefit of enriching students’ learning experiences and providing substantial benefits to the local community.

Conditions before the research Love Home program showed that if cadres do not provide information to the elderly, the elderly will not use the elderly Posyandu service. Cadres, in addition to having duties and functions, must be able to communicate well and be able to invite and motivate groups and communities. In addition, cadres must be able to foster all stakeholders in the implementation of Posyandu, as well as monitor the growth and development of the elderly.^{11–13} The self-image of cadres must be taken into account and the quality of themselves as cadres must be improved.^{14,15} Cadres and their families should motivate the elderly to use the elderly Posyandu services.

The credibility of Posyandu cadres significantly influences community participation. The expertise of these cadres, along with their trustworthiness and appeal, plays a crucial role in encouraging community engagement. When cadres are perceived as reliable and skilled, it fosters greater confidence among community members, leading to increased participation in health services and programs.^{16,17} Therefore, it is essential to enhance the knowledge of Posyandu cadres through technical guidance and health training. Additionally, creating engaging and

Table 1. Key terms and considerations applied to this study.

Key terms	Defined
Study objectives	Identify barriers to service utilization and propose effective strategies to enhance support for the elderly population
Posyandu Elderly	Integrated health posts that provide specialized health services and support for elderly individuals
Rumah Kasih	A dedicated space within the Posyandu designed to offer care, social interaction, and health services tailored for the elderly
Stakeholders	Health cadres (community health workers), village heads (local leaders), peers (other elderly individuals), and students (youth volunteers) who can influence service utilization
Utilization	Pertains to the engagement and access of elderly individuals to the health services available at the Posyandu and Rumah Kasih

Table 2. The Influence of the role of students, village heads, cadres and peers* on the utilization of the Posyandu Elderly Love House.

Variable Category	Utilization of Rumah Kasih				Total		<i>p</i>	CI 95%
	Beneficial		Less beneficial					
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Students								
1. Good	86	66.15	10	16.13	96	50.00	0.000	10,164 (4,715–21,910)
2. Less	44	33.85	52	83.87	96	50.00		
	130	67.71	62	32.29	192	100		
Cadres								
1. Good	119	91.54	40	64.52	159	82.81	0.000	5,950 (2,653–13,342)
2. Less	11	8.46	22	35.48	33	17.19		
	130	67.71	62	32.29	192	100		
Village head								
1. Good	119	91.54	30	48.39	149	77.60	0.000	11,539 (5,219–25,514)
2. Less	11	8.46	32	51.61	43	22.40		
	130	67.71	62	32.29	192	100		
Elderly peers								
1. Good	119	91.54	20	32.26	139	72.40	0.000	22,718 (10,051–51,350)
2. Less	11	8.46	42	67.74	53	27.60		
	130	67.71	62	32.29	192	100		

*Cadres: community health workers; peers: other elderly individuals; students: youth volunteers who can influence service utilization; village heads: local leaders.

Table 3. The influence of the role of family support on the use of Rumah Kasih by the elderly.

Family support variables	Utilization of Rumah Kasih						<i>p</i>	CI 95%
	Beneficial		Less beneficial		Total			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Emotional support								
1. Good	130	100.00	51	82.26	181	94.27	0.000	0.282 (0.223–0.356)
2. Less	0	0.00	11	17.74	11	5.73		
Total	130	67.71	62	32.29	192	100		
Informational support								
1. Good	130	100.00	51	82.26	181	94.27	0.000	0.282 (0.223–0.356)
2. Less	0	0.00	11	17.74	11	5.73		
Total	130	67.71	62	32.29	192	100		
Instrumental support								
1. Good	109	83.85	51	82.26	160	83.33	0.837	1.120 (0.502–2.496)
2. Less	21	16.15	11	17.74	32	16.67		
Total	130	67.71	62	32.29	192	100		
Reward support								
1. Good	119	91.54	62	100.00	181	94.27	0.018	0.657 (0.592–0.730)
2. Less	11	8.46	0	0.00	11	5.73		
Total	130	67.71	62	32.29	192	100		

innovative health programs can attract community participation in health initiatives. By equipping cadres with the necessary skills and implementing appealing programs, we can encourage greater involvement from the community in health-related activities.

The results of the respondent interviews revealed that the cadres already had good experience, but there were still many respondents who stated that the cadres did not convey the place and date of the implementation of the Love House, where the delivery of information or

announcements related to the implementation of the Love House was only conveyed during the “PKK” (Family Welfare Empowerment) meeting while there were still many respondents, especially those who were not present. As a result, there remained many respondents who did not know about the announcement of the implementation of the Love House.

Respondents also stated that the cadres in providing services at the Love House were not friendly, in addition, respondents stated that the cadres did not explain the benefits obtained from visiting the Love House or invite and motivate respondents to visit the Love House, so that respondents felt they did not get sufficient support from the cadres as related to using the Love House.

The role of the village head as a leader in the region has a significant influence on the implementation of health service activities.^{18–20} Through the influence of the village head, its citizens can be motivated and coordinate the use of health services to produce healthy and productive citizens even though they are elderly. The village head can also collaborate with cadres and health workers in providing the best service to the community, especially the elderly.^{21,22} Posyandu is implemented as a community self-help initiative aimed at improving health in specific villages, under the leadership of the village head. This program focuses on enhancing the health status, productivity, and welfare of the community. By promoting local participation and mobilizing resources, Posyandu seeks to address health issues effectively and sustainably, fostering a healthier and more prosperous population.²³

Peer support is critical for successful information transmission. Through peer support, a reciprocal relationship is established to influence stakeholders in positive behavioral changes. Visits to the Posyandu by elderly patients with hypertension respond to peer support, which is carried out over 2 weeks for up to three meetings. Thus, visits by elderly hypertensive patients to the elderly Posyandu are increasing.²⁴

Each stakeholder has its own advantages and roles to form a comprehensive service optimization for elderly patients. The process has not been well integrated, and it is hoped that there will be improvements, motivation, and improvement from time to time. There must be input from the patient or user of the Rumah Kasih service to improve the health of the elderly. Increasing social support leads to a higher quality of life for the elderly. Therefore, it is necessary to identify needs in a timely manner and promote comprehensive social support to improve the quality of life in the elderly.²⁵

The purpose of “Rumah Kasih” and its activities are beneficial if followed properly by the elderly who monitor their health, with early identification of illness and, when necessary, take immediate anticipatory action, for example, through referral to a health center or hospital. This conclusion is based on the results of this study

that activities at Rumah Kasih run optimally if there is participation and support from various stakeholders, such as family and community, health workers, cadres, village heads, along with the participation of the elderly themselves.

Conclusion

The results of this research indicate that the utilization of Rumah Kasih by the elderly is significantly influenced by the role of cadres, village heads, and peers. In this regard, the role of students is less than optimal. In addition, emotional support, information, instrumental support, and appreciation from the family contribute significantly to the utilization of this facility.

Collaboration among the various parties to increase access to and the use of Rumah Kasih for the elderly is critical. For example, a special program is needed to optimize the role of students support of elderly health activities, including training that emphasizes their social responsibility towards the community.

Empowering the capacity of cadres and village heads to strengthen their ability to promote the utilization of Rumah Kasih and manage effective health programs is another area of need, as is developing a family support strategy to increase family support, with a focus on providing information and ongoing emotional support for the elderly. Through the use of continuous evaluation and feedback the Rumah Kasih program will identify deficiencies and improve service quality.

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Appendix: Key Terms Discussed in This Article

Deli Serdang: A regency in the Indonesian province of North Sumatra.

Lubuk Pakam Health Center: A non-inpatient health center located in Deli Serdang Regency of Maylasia.

Posyandu Lansia: A community-based health service in Indonesia that provides integrated care for the elderly.

Puskesmas: Government-mandated community health clinics located across Indonesia. Love House: charity home charged with caring for the poor, elderly, homeless, and abandoned individuals in government hospitals free of charge.

Rumah Kasih (Love House): A charity home charged with caring for the poor, elderly, homeless, and abandoned individuals in government hospitals free of charge.