Changes in Model of Health Care Due to Increasing Numbers of the Elderly in Indonesia

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Abstrak

Indonesia saat ini sedang melangkah ke dalam era industrialisasi. Hal ini membawa dampak antara lain perbaikan di bidang kesehatan. Akibat selanjutnya adalah bertambahnya umur harapan hidup yang berarti semakin bertambah jumlah orang berusia lanjut. Makalah ini membahas masalah kesehatan pada orang lanjut usia. Pembahasan meliputi jenis-jenis gangguan kesehatan yang banyak dialami para lanjut usia dan pelayanan kesehatan apa saja yang diperlukan.

Introduction

INDONESIA is now stepping into the age of advanced industrilization in the next decade and the problem of the growing number of the elderly in the population needs also a change in the model of health care.

The health care sytem has been weak and its foundation is unstable because of the different cultural and ethnic groups in the society. At the same time a lot has been done in the control of the acute communicable diseases and not much attention has been paid to the rapidly increasing older people and their chronic degenerative diseases, coronary heart disease, cancer, etc.

In well depeloped countries the group aged 65 years and above in 1968 constituted 12.1% of the population in the USA, France 13.2%, West Germany 15.1%, UK 15.3% and Sweden 17.5%. In developing countries the figures are still low, but with the advance of industrialization and the improvement in the living standards, decrease in infant mortality, improvement in nutrition, immunization programmes with the result life expectancy is likely to increase further by 10%. According to the 1980 cencus the population of Indonesia aged 55 years and above was about 7.5% and by 1985 it was estimated to be 13.5% or 8% for the total population. By the year 2000 it will be estimated another 10% will increase.

Building of nursing homes and long term care institutions will not solve the problem of the increasing numbers of the elderly. However, an attempt should be made to let them live in their own homes, especially with other family members and at the time a sound system for their health care should be introduced.

Health Status of the Elderly

The elderly population obviously has the highest morbidity and mortality rates. Morbidity rises steeply with age and multiple disabilities often combined limit severely the physical activities.

Many of the disabilities of the elderly are caused by illness, such as chronic bronchitis, and heart diseases (rheumatic fever) which occur in younger age groups as well, later become more common in old age, visual and hearing defects, dental problems, and some of the mental disorders, joint diseases etc.

In order to have to healthier and more prosperous and industrious older population, preventive health care programmes should become the most important procedures. Methodologically, sound studies of preventive measures of selected disorders and benefits should be initiated and the availability of screening procedures for such disorders should be provided. Such preventive care programmes can assist in reducing the country's expenses for medical care and building of institutions.

At the moment a high prevalence of undetected correctable medical conditions occur most frequently amongst the older in the community. If only screening could be done as a community programme many diseases could be prevented and early diagnosis can reduce the risk of complications. Diseases that need screening programmes for older persons include:

1. Vision testing for refractive errors
2. Skin inspection for fungal infection and skin cancer, drug eruptions and xerosis
3. Surveys of hearing defects
4. Audiometric testing for presbycusis
5. Dental examination for caries
6. Blood pressure measurement for hypertension
7. Breast examination and mammography cancer
8. And also some cases of mental disorders.

Not all diseases reach the health services. In some cases, simple treatments can do much to improve many of the handicaps suffered by the elderly, espesially spectacles for visual defects, hearing aids can transform the lifes of the partial deafness, proper fitting dentures can assist those with few or no teeth and physiotherapy can restore mobility and independence after stroke. If these conditions are left untreated they can produce vicious circle for example, poor vision combined with foot disabilities make a fall more likely, fear of a fall in traffic may make the person housebound, can result in social isolation and an inadequate diet, this in turn may lead to depression and nutritional deficiencies and so on. This chain can be broken by early detection treatment thereby allowing the elderly to continue leading an independent life.

Screening tests shold be an integral component of a public health programme for older persons where much emphasis should be given on *prevention*

The Need for Appropiate and Flexible Methods of Health Delivery

The key to achieving the goal of health program is the primary health care. This care is based on the needs of the health structure and centralized it requires the active participation of the community and family, and carried out by non-specialized general health workers collaborating with personnel

of the health department other governmental and non-governmental sectors.

These general health workers should be trained in the use of simple but effective techniques widely applicable, such as mobilizing community action, stimulating self help groups and providing health education with particular emphasis on health promotion and disease prevention. The health sector should be structured to support these decentralized activities.

The key components are thus, decentralization, delegation of certain medical tasks to general health care workers and to the people themselves, and a permeation of health knowledge and techniques into other sectors, utilizing non health personnel to promote health.

Reference

1. **Kartini DS.**, *Final report on the study of the determinats of healthy aging and age-associated disease in the Indonesia population.*
2. **Mats Thorslund**. *The increasing number of very old people will change the Swedish model of the walfare state*, **Soc.Sci. Med.,** Vol.32 *———No.4 pp 455 - 464. Printed in Great Britain.
3. **WHO, Geneva,** *Community control of hypertension, 1973.* □

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7. Bila tidak, Pusat Jaringan meneruskan permintaan ke jaringan di luar negeri (WHO-SEARO, SEAMIC dan lain-lain).

Peningkatan kemudahan memperoleh informasi dan literatur luar negeri terutama disebabkan semakin meningkatnya kerjasama ditingkat regional maupun global. Ini mencakup kegiatan-kegiatan kerjasama berikut :

1. Kerjasama dalam jaringan SEAMIC (*South East Asia Medical Information Center*) yang terdiri atas negara-negara Asia Tenggara yang diprakarsai oleh Jepang.
2. Kerjasama Jaringan dengan kantor Regional WHO Asia Tenggara dan negara-negara anggotanya melalui HELLIS (*Health Literature, Library and Information Services), Health Services Research Information System, dan Primary Health Care Information System.*
3. Kerjasama dengan *National Library of Medicine* (NLM) di Amerika Serikat, terutama dalam penelusuran bibliografi.
4. Kerjasama dengan *British Library Document Supply Center* (BLDSC) di Inggris.
5. Kerjasama dengan Pusat-pusat informasi lain, baik regional maupun global, terutama dalam penelusuran bibliografi. □