

COMMUNITY-BASED SOCIAL PROTECTION FOR ELDERLY IN INDONESIA: A CASE STUDY OF KARANG WERDA DHARMA KUSUMA INTEGRATED HEALTH POST IN MALANG CITY, INDONESIA

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Abstract: This study aimed to describe the model of community-based social protection for elderly in Indonesia. In addition, the implementation of community-based social protection model for elderly was examined using a qualitative method and a case study design at Karang Werda Dharma Kusuma (KWDK) Integrated Health Post in Cemorokandang Subdistrict, Malang City, Indonesia. Data collection methods included interviews, observations, and documentation. The subjects were purposively selected, consisting of the managers of KWDK Integrated Health Post and elderly clients. Meanwhile, the analysis comprised data collection, condensation, display, as well as conclusion and verification. The results showed that social protection programs for elderly included social service, social protection, and social assistance programs. Community-based social protection model was implemented through the establishment of KWDK Integrated Health Post for elderly and managed by community. The programs for the social well-being of elderly included routine health examinations, leisurely activities, specialized catering during Ramadan, regular physical exercise and gymnastics sessions, monthly collective savings, social and communal engagement events, skill development workshops, art training sessions, and "*Rantang Kasih*" designed to assist overlooked individuals. Elderly expressed satisfaction with the independently managed programs implemented by KWDK Integrated Health Post.

Keywords: Model, Social Protection, Elderly, Community.

Introduction

Indonesia Law Number 13 of 1998 on the welfare of elderly states that individuals aged 60 years and above are officially designated as elderly. The demographic signifies the concluding phase in the lifespan of a human being (Akbar et al., 2021). World Health Organization (WHO) states that the period is divided into four categories, namely ages 45-60, 60-75, 75-90, and above 90 referred to as Middle Age, Elderly, Old Age, and Very Old Age, respectively (Lee et al., 2018).

Kidd (Kidd et al., 2018) reported that approximately 6% of Indonesian population was aged 65 or older in 2020. This figure was expected to increase to 8% and 14% in 2030 and 2050, respectively. According to 2020 National Socio-Economic Survey of Indonesia, the number of people aged 60 and above reached 26.8 million, or around 9.9% of the total population (Hastuti, et al., 2020). This number is expected to increase, reaching an estimated 74 million or about 25% of the population by 2050. The highest of extreme poverty in Indonesia are found among older person aged 65 and above (Kidd et al. 2018). Stephen, Sri, and Dyah (Muis et al., 2020) stated that

the highest poverty rate was found among the population aged 65 and above. This is due to 85% of elderly lacking economic assurance or income, and 50% of those aged over 60 suffering from chronic health problems. The highest poverty rate is found among the population aged 65 and above, with approximately 85% lacking income assurance. According to Susenas (2017) the elderly is over-represented among the poorest segment of Indonesia society, a comprehensive social protection system for the elderly reduce national poverty and inequality significantly.

Elderly can be broadly categorized into two groups. First, the potential elderly group, comprising individuals capable of performing work and activities to generate goods or services. This group is mostly enthusiastic on daily activities such as work, exercise, and social events, conducted independently without assistance. Second, the non-potential elderly group consists of individuals who are unable to earn a living, rely on assistance from others, or are entirely unable to engage in any activities (Mutiarany; & Anjani, 2021).

Elderly face weaknesses, limitations, and disabilities, leading to a decrease in life quality (Yuliati et al., 2014). This phase leads to different challenges due to changes in physical, cognitive, and psychosocial aspects. Generally, individuals entering elderly phase become less productive and vulnerable to various risks and shocks, particularly in socio-economic conditions. The three main factors that make elderly vulnerable (Bloom et al., 2011) are no longer economically productive, health issues, and the need for a caregiver as a companion. Socio-demographic factors and economic resources play an important role in explaining the vulnerability of elderly (Adisa, 2019). Cases of neglect and violence against elderly occur in several regions (Habil & Berlianti, 2023). Considering these situation, the provision of adequate social protection programs becomes important role in realizing the human right to social security for older persons, in ensuring income security and access to essential services including health and care services in a way that promotes their rights and dignity (ILO 2014; Kidd 2018). The Social Protection Floors Recommendation (No. 202) was adopted in 2012 which endorsed by the G20 and the United Nations, with basic guarantees include access to essential health care and income security are key to a dignified and secure life for older women and men (ILO 2014). Major challenges facing by the elderly in Indonesia are the growing incidence of disability, access to appropriate living arrangement, income security, growing demand and high cost for health services (Adioetomo & Mujahid 2014).

Social protection system for the elderly in Indonesia is less established than in many other ASEAN countries (Malaysia, Singapore, Thailand and Brunei) but Indonesia well known for community based social protection through noble values of *Pancasila* especially those related to the principles of solidarity and mutual-help (gotong-royong) both in the sense of intra-generation and inter-generation of incomes contributions (Tulus & Bambang 2002). Past studies show that most adult children in Indonesia and Malaysia take responsibility for providing financial support to their parents despite facing various dilemmas and financial constraints (Nur Irina et al. 2022; Alavi et al., 2011; Chan & DaVanzo, 1996). Malaysia promote the care of the elderly in the community, the Activity Center for Senior Citizens (*Pusat Aktiviti Warga Emas* [PAWE]) was established in accordance with the National Elderly Action Plan (PTWEN) which advocates for the potential development for senior citizens and provides facilities for community activities. It is

This literature review will focus on discussing social protection for elderly. Social protection is defined as a series of public policies and specific programs conducted by community in facing various situations of vulnerability and marginalization. This is a system provided through a series of public policies to minimize the economic and social impact from the loss or reduction of income due to illness, pregnancy, workplace accidents, unemployment, disability, old age, or death (Shamadiyah & Jayaputra, 2021). Social protection describes all government and private initiatives that provide income and consumption transfers to the poor, protect vulnerable groups from livelihood risks, and enhance the social status and rights of marginalized groups. The objective is to reduce the economic and social vulnerability of poor, vulnerable, and marginalized groups (Spitzer et al., 2009).

Various organizations and institutions have provided numerous definitions of social protection. For example, Asian Development Bank (ADB) explained that social protection was a set of policies and programs designed to reduce poverty and vulnerability. This was achieved through efforts to enhance and improve the population's capacity to be protected from disasters and income loss. ADB divides social protection into 5 elements, such as (1) labor market, (2) social insurance, (3) social assistance, (4) micro schemes and area-based protection for local community, and (5) child protection (Ortiz, 2001). According to Gosal and Prianto (Mutiarany; & Anjani, 2021), elderly social protection can be classified into three groups, including financial, non-financial, and active aging protection.

ADB concept of social protection has been updated by World Bank, which considers the previous definition. Traditional social protection is known as a broader concept that includes security, insurance, and safety nets (Barrientos, 2011). This variable can be defined as a set of public efforts to address and alleviate vulnerabilities, risks, and poverty that exceed limits (Norton et al., 2002)

Social protection system is intended to support the response to the possibility of emergencies. The types can be categorized based on service providers, namely governmental, governmental and non-governmental, non-governmental, and community groups. According to Loewe and Schüring (Loewe & Schüring, 2021), social protection has three functions, namely to prevent, alleviate and fight poverty. Loewe referred to basic social protection as benefits, which are instruments and programs for protecting individuals and households against the worst forms of poverty (Loewe, 2008).

The International Labour Organization (ILO) defined social protection as a system provided through a series of public policies to minimize the impact of economic and social shocks caused by the loss or reduction of income due to illness, pregnancy, workplace accidents, unemployment, disability, old age, or death. Meanwhile, the United Nations Children's Fund (UNICEF) defined the concept as a series of public and private policies to prevent, reduce, and eliminate economic and social vulnerability to losses and poverty.

Sabates-Wheeler and Devereux (Sabates-Wheeler & Devereux, 2013) mentioned that social protection had four elements, namely provision, preventive actions, promotive actions, and

transformative roles. Firstly, the provision element includes safety net programs with specific targets. Secondly, the preventive element comprises social risk management actions for vulnerable households. Thirdly, the promotive element includes government interventions to increase the income and capabilities of the population. Fourthly, the transformative element comprises actions to enhance relationships between stakeholders and support vulnerable community groups. Scott (Scott, 2016) added that the most common types of social protection programs included social assistance, social insurance, labor market interventions, and community-based/informal programs. Social protection is divided into two groups, namely social assistance and insurance programs (Ferreira & Robalino, 2012). The variable can be defined as any form of policy and public intervention carried out to respond to various risks and vulnerabilities. The primary objective of social protection is to mitigate the risks faced by the population and alleviate prolonged suffering. This enhances the capabilities of poor and vulnerable groups to overcome poverty and socio-economic inequality. The groups are empowered to maintain a dignified standard of living, thereby preventing the intergenerational transmission of poverty. Social protection revolves around two key facets, namely assistance and insurance (Retnaningsih, 2021).

Action Plan on Aging and Health, designed by WHO, showed the importance of providing home and community-based care to allow older adults to "age in place" with dignity. Community care services enable these individuals to age while receiving support such as daily and medical care, as well as spiritual recreation. Some studies show the positive impact of community care services in developing countries, designed to fulfill basic physical and spiritual needs at a higher level. Different services have different objectives and roles in achieving healthy aging. The example is to prevent the decline of elderly physical health, through medical care services, which are crucial in supporting aging. Another way is to improve the psychological conditions of lonely older adults by connecting to community. An example is providing life care services that relieve caregiver stress, benefiting family of elderly and contributing to life satisfaction (Ma & Shen, 2023).

Community serves as the primary space for activities and living for elderly in the city. A good community environment contributes to the improvement of elderly health. WHO promoted the concept of an "age-friendly community" and enhanced social interactions, and meaningful activities, as well as better health opportunities for elderly through improvements in the physical environment. Social ecology focuses on the interaction between the environment, human behavior, and human health. Previous studies often used behavior as a mediating variable for the impact of community environment on elderly health (Saadatjoo et al., 2021).

Methods

This study aims to describe the model of community-based social protection for elderly located in community of Cemorokandang Village, Kedungkandang Subdistrict, Malang City. The object is Karang Werda Dharma Kusuma (KWDK) Integrated Service Post for elderly. The qualitative method (Denzim & Lincoln, 2005) provides detailed explanations of human experiences (Marvasti, 2004) and this includes the use of a case study (Creswell, 2007).

The subjects are determined based on purposive or judgmental sampling methods (Babbie, 2008); (Neuman, 2007). Purposive sampling is used in situations where the study strategically selects participants based on specific criteria to serve a defined purpose. The data collection process uses Interviews, Observation, and Documentation. In terms of data validity, the study focuses on the criterion of confirmability, and the credibility used is time extension and referential sufficiency. Meanwhile, confirmability uses detailed description and truth audit techniques (Kusumastuti, 2019). The analysis is conducted through qualitative data processing stages, including collection, display, condensation, and conclusion/verification (Miles, Huberman, & Saldana, 2014).

Results and Discussion

Social Protection Policy for elderly in Indonesia

In Indonesia, social protection policies for elderly are regulated through the Indonesia Law Number 13 of 1998 concerning Elderly Welfare. This is strengthened by the Indonesia Government Regulation Number 43 of 2004 concerning the implementation of efforts to improve elderly welfare. The issue is technically governed by Minister of Social Affairs Regulation Number 16 of 2020, which pertains to Social Rehabilitation Assistance.

Law Number 13 of 1998 defines elderly as individuals who have reached the age of 60 and above. Based on the condition, the group is divided into two categories. Firstly, Potentially Able Elderly are those who can still perform tasks or activities that generate goods and services. Secondly, Non-Potentially Able Elderly are those who are unable to earn a living and depend on the assistance of others.

Efforts to improve social welfare are carried out by Government and community. These efforts include coordinated activities aimed at empowering elderly to sustain social roles and actively participate in community, national, and state life. In Indonesia, social welfare improvement is implemented through three programs, namely Social Service Program, Social Assistance Program, and Social Protection Program.

The policy for social service programs includes different initiatives. For the Potentially Able Elderly, these programs comprise (1) Religious and spiritual mental services, (2) Healthcare services, (3) Employment opportunity services, (4) Education and training services, (5) Services to facilitate the use of public facilities, and (6) Legal assistance programs. Meanwhile, programs for Non-Potentially Able Elderly include (1) Religious and spiritual mental services, (2) Healthcare services, (3) Services to facilitate the use of public facilities, and (4) Legal assistance programs. Further explanation of the policy for Potentially Able and Non-Potentially Able Elderly is as follows:

Firstly, Religious and spiritual mental service program aims to strengthen faith and devotion to the Almighty. This includes increasing religious activities following individuals' beliefs. Services for elderly are (1) religious guidance programs, and (2) the construction of worship facilities with accessibility.

Secondly, Healthcare service program is intended to maintain and improve health for the normal function of the physical, mental, and social conditions. This includes (1) health education and information dissemination, (2) curative programs extended to geriatric/gerontological services, and (3) development of institutions for the care of elderly with chronic and terminal illnesses.

Thirdly, Employment Opportunity Service Program for Potentially Able Elderly aims to provide opportunities to use knowledge, skills, abilities, talents, and experience. This is implemented in formal and non-formal sectors, through individuals, groups/organizations, or institutions. The program for employment opportunities in the formal sector is carried out through policies that provide job opportunities. For the non-formal sector, the program is implemented through policies that promote a business-friendly environment for elderly with skills and expertise to engage in independent businesses. Potentially Able Elderly with skills and expertise for independent or joint businesses will receive social assistance for business capital.

Fourthly, Education and Training Service Program aims to enhance the knowledge, skills, abilities, talents, and experiences of Potentially Able Elderly. The service is provided by government or community-based educational and training institutions.

Fifthly, Service Program aims to Facilitate the Use of Facilities, Infrastructure, and Public Amenities for elderly. This program is implemented through (1) providing convenience in administrative services from the government and the general public, (2) facilitating services and reducing costs to provide ease of travel, (3) providing specialized recreational and sports facilities, and (4) promoting government administrative services, such as obtaining a lifetime Identity Card.

Sixthly, Legal Services and Assistance are also provided for elderly. This program is intended to protect and provide a sense of security. The provision is carried out through (1) legal guidance and consultation, and (2) legal services and assistance outside and in the courts.

Social assistance programs are provided to economically disadvantaged Potentially Able Elderly to improve welfare. These programs are non-permanent and take the form of material, financial, service facilities, and information assistance to promote self-reliance. The provision of social assistance aims to meet the needs of economically disadvantaged elderly, develop businesses to increase self-sufficiency and facilitate opportunities for entrepreneurship. Social assistance is provided based on skills, abilities, talents, interests, and capabilities of economically disadvantaged Potentially Able Elderly.

Some assistance is provided to engage in independent or joint business ventures in the non-formal sector. This program is based on the skills, abilities, talents, interests, and capabilities of Potentially Able Elderly. The government also provides guidance and support through mentoring, counseling, education and skills training, and information dissemination.

Social Protection is an effort to provide service convenience for economically disadvantaged elderly to achieve a decent standard of living. This program is implemented through the maintenance of social welfare standards organized in and outside care facilities. Economically disadvantaged elderly abandoned and passed away are buried according to religion and become the responsibility of the government and community.

Community-Based Social Protection for Elderly in Malang City

Efforts to improve social welfare of elderly are carried out by the government and community. This is a series of coordinated activities to fulfill social functions and actively participate in community, national, and state life. Community-based social welfare improvement efforts are conducted in Cemorokandang Village, Kedungkandang Subdistrict, Malang City, Indonesia, through the formation of an Integrated Service Post group specifically for elderly, named KWDK.

The vision of KWDK includes Independence, Prosperity, Productivity, Dignity, and Wisdom. Meanwhile, the mission includes (1) Providing healthcare services and facilitating ease of access to public services, (2) Empowering elderly according to age and abilities, (3) Promoting respect and honor for elderly as a reflection of the nation culture, and (4) Developing self-confidence among elderly to remain useful and of high quality. An Integrated Service Post program in providing social protection for elderly includes the following programs:

Firstly, Routine health check-up program. The program is a routine healthcare examination service for elderly conducted monthly. This is carried out in collaboration with Community Health Center in Kedungkandang Subdistrict. The objective is to monitor health conditions and provide medical treatment for patients. Healthcare services are also provided through home visits when there are reports of sick elderly at home.

The health check-up program conducted by KWDK is free of charge. Elderly will be directed to a healthcare center or hospital when a severe illness necessitating medical intervention and hospitalization is experienced. The financial responsibilities associated with the treatment will be assumed by elderly or respective family when resources are possessed. Conversely, when an economically disadvantaged elderly are afflicted by a serious illness, the government will assume the financial burden associated with medical care.

Secondly, Regular gymnastics exercise program. Routine gymnastics exercises for elderly are conducted every Sunday morning to remain healthy and active. The individuals can remain actively engaged to maintain the functioning of body muscles through the exercise. The exercises are led by instructors specializing in exercises for elderly.

Thirdly, "*Rantang Kasih*" program for abandoned elderly. This program provides daily food packages for abandoned or economically disadvantaged individuals without family support. The package consists of rice and side dishes (fish) for daily meals in Cemorokandang Village. The distribution of meals is carried out three times a day, namely in the morning, afternoon, and evening, in collaboration with the Social Welfare Center.

Fourthly, Skills Training Program. Skills training activities are conducted for elderly to remain productive and earn additional income. Additionally, the program is designed to fill and make better use of the leisure time. Training activities include baking, knitting, and tablecloth decoration.

Fifthly, Islamic Boarding School Program for elderly during the month of Ramadan. The activities of the program include Qur'an recitation, religious lectures, the practice of proper prayer

rituals, ablution method, and memorization of short verses from the Qur'an. The main objective is to enhance the faith and piety of elderly to become closer to God.

Sixthly, Joint Recreation Program. This program is carried out regularly, usually every three months. The activities comprise visiting tourist destinations to provide recreational facilities and the destinations are located around Malang Raya area. The purpose is to reduce monotony and boredom in the daily lives while increasing a sense of joy and happiness.

Seventhly, Regular Meetings Program, Monthly Savings Gatherings, and Social Activities. KWDC organizes regular meetings of economically capable and incapable elderly every month for savings gatherings. Subsequently, social activities follow, such as visits to the homes of abandoned or economically disadvantaged elderly to provide assistance.

Discussion

Community inclusion in providing social protection for elderly is important. The formation of Older People's Associations (OPAs) is an innovative community-based organization to improve the living conditions of elderly. In Indonesia, one form of OPAs established by community is in the form of Elderly Integrated Service Post. Reports from Help Age International (HAI) Thailand state that OPAs have made a significant contribution to improving social welfare and protection for elderly in several ASEAN regions. According to the records, there are several important roles played by community-formed OPAs.

Firstly, the Role in Building livelihood security. In developing countries, elderly are often categorized as a poor group. The role of OPAs is to help the individual access various assistance and services, such as microcredit facilities, employment, and job training to generate income.

Secondly, the Role in Improving healthcare. Lack of access to basic healthcare services is a fundamental issue faced by elderly. OPAs in various developing countries have played an important role in (1) conducting health examinations, promotion strategies, and education, (2) connecting with local health centers to provide better services, such as home visits, and reducing wait times at clinics, (3) providing training on the required process to care and treat elderly.

Thirdly, the Role in Promoting participation in community life. The program enhances mutual support among elderly and reduces isolation and vulnerability by developing social support networks to facilitate development activities. OPAs strive to empower elderly and the majority of members are women. The benefits include (1) mutual support and friendship with other members; (2) improving emotional well-being, sharing burdens, and collectively solving problems faced by family and community, (3) organizing celebrations and religious ceremonies, and (4) providing social support and assistance when an elderly is sick, facing financial difficulties, or in emergency.

Fourthly, the Role in Promoting Participatory Governance. OPAs in several countries play an important role in increasing awareness of the rights of elderly and improving access to existing social services. Developing cooperation with government social service providers enables members to benefit from the services.

Fifthly, the Role in Supporting Disaster Response. Natural and human-made disasters such as heatwaves, floods, droughts, and earthquakes cause increased suffering for humans, leading to

loss of life and finances. The role of OPAs in various countries includes collaboration with various stakeholders in risk reduction activities, such as disaster mitigation, early warning systems, and providing assistance and social rehabilitation for victims.

Conclusion

In conclusion, efforts to improve social welfare for elderly were a joint responsibility of the government and community. The government-led efforts included three programmatic forms, First, Social Services, comprising religious and spiritual mental services, health services, job opportunity services, education and training services, facilities accessibility services, and legal assistance services. Second, Social Assistance was provided to non-potentially able elderly to elevate welfare. This program was non-permanent and took the form of material, financial, service facilities, and information to promote self-sufficiency. Third, Social Protection was implemented through the maintenance of well-being of the elderly in and outside of their homes and delay nor prevent institutionalization. Community efforts to improve social welfare of elderly were conducted by forming Integrated Service Post, such as KWDK. This group was initiated by community in Cemorokandang Village, Kedungkandang Sub-district, Malang City. Activities carried out by KWDK to enhance social welfare were routine health check-ups, regular gymnastics exercises, "*Rantang Kasih*" for the destitute elderly, skills training, elderly Islamic boarding school, joint recreation, and regular meetings, monthly savings gathering, and social activities. Participation in social protection efforts significantly aided the government in improving social welfare. Therefore, the efforts to establish KWDK Elderly Integrated Service Post could be considered community-based model for elderly social protection. The study recommended that activities and program by KWDK can foster intergenerational support systems to ensure the elderly received multiple social protection through community based programs to enhance the social and psychological wellbeing.

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