

## Women and Health

### Editorial

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Cultural Value Factors That Affect Mother and Child Health

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The Vulnerability of Occupational Health of Women Home Workers: A Study Labor-Intensive Industries in Penjarangan, North Jakarta

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*Dina Lumbantobing, Sita Van Bemmelen, Andi Misbahul Pratiwi & Anita Dhewy*

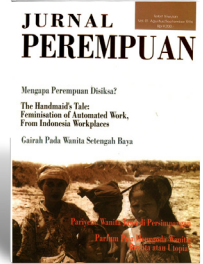
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This JP edition is published by Yayasan Jurnal Perempuan with the support from the Australia-Indonesia Partnership for Gender Equality and Women's Empowerment (MAMPU). MAMPU program is a joint initiative between the government of Australia and the government of Indonesia that aim to improve access of poor women in Indonesia to public services and other government programs in order to achieve gender equality and women's empowerment. Opinion in the articles solely belong to each of the authors and do not represent the views of the government of Indonesia and the government of Australia.

## Women and Health

**H**ealth is a human right that has always been an important issue for both the public and the individuals, including women. In Indonesia, health is one of the important issues that is regulated in the constitution with an allocation in the State Budget (APBN). However, various data and researches show the complexity of public health issues and also health issues with regard to gender and age group.

Basic Health Research Data (Riskesdas) in 2018 mentioned that nutrition and non-communicable diseases remain Indonesia's biggest homework. The same data noted that the Ministry of Health was only able to reduce the stunting rate from 37.2 percent to 30.8 percent over five years. Malnutrition was only slightly reduced, from 19.6 percent to 17.6 percent. Meanwhile, the obesity rate actually increased from 14.8 percent to 21.8 percent. At the same time, non-communicable diseases, such as cancer, strokes, chronic kidney disorders, diabetes, and hypertension, have almost all increased.

The condition of the health sector in Indonesia can also be seen from the condition of family's health and women's health. Currently, there are obstacles in the application of vaccines for infectious diseases such as Measles & Rubella (MR) and polio vaccines due to the incompatibility between the product's standards with religious values, as well as myths surrounding the impact of vaccines on children.

Meanwhile, data from the Ministry of Health in 2015 shows that the maternal mortality rate (MMR) in Indonesia is still high: of 100,000 live births, around 305 ended in the death of the mothers. Data from the Ministry of Health 2017 also shows that the highest number of persons with AIDS by status/ occupation are housewives, of 14,721 persons.

The health sector is an important issue for the women's movement and feminist studies. Feminists find gaps in the relations between women, health and the medical world. In the second wave of the global women's movement, feminist groups struggled to bring the issue of women's health to the surface. The positive impact of the second wave women's movement can be seen today with more and more women taking part in the field of medicine and the increasing attention and resources dedicated to women's health issues. Nevertheless, feminists remain critical of the medical field that is still biased or gender neutral. This can be seen in existing

practices such as diagnosis, prescription or different medical actions between men and women due to gender stereotypes, or medical research that does not include sex-based analysis.

Furthermore, feminist thinking offers a comprehensive approach to health issues. This approach is based on the concept that places humans as a unit (body and mind) that interacts with their social and physical environment. As such, this approach defines health holistically, as a result of social relations. This is different from the biomedical approach, which views the body mechanically, defining individuals as a collection of components.

Feminist approach also encourages recognition of physiological and social differences between the sexes and recognizes the diversity of individuals, whether male or female, rich or poor, heterosexual or other sexual preferences, with special needs or not, and so on, using the intersectionality approach. Feminist approach views health as a matter of social justice.

In Indonesia, the issue of health policy is also a concern of the women's movement. The issue of maternal mortality, for example, has been the focus of attention of the women's movement since several decades ago. But to this day, it remains to be a critical issue that has never been resolved.

Women's health is also related to the position of women as subjects. Particularly in term of reproductive health, knowledge on sexual and reproductive rights and health (SRHR) determine not only women's physical health condition but also women's well-being.

Several research papers in this edition of *Jurnal Perempuan* show that values and cultural elements that are prevalent in society have strong influence on people's beliefs, decisions, attitudes and behavior towards women's health. The local context's aspect needs to be seriously considered in all efforts to improve and to advance women's health. In addition, the experience of women dealing with health issues should not be viewed in uniformity and universally. These whole aspects need to be well understood by policy makers and health officers so that health policies and health services would truly consider the voices and the needs of women. Furthermore, health policies and services should position women as subjects who are entitled to make their own decisions regarding their health. **(Anita Dhewy)**



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Inang Winarso & Ressa Ria Lestari (Asosiasi Antropologi Indonesia [AAI] Pengurus Daerah Jawa Barat, Bandung, Jawa Barat, Indonesia)

**Cultural Value Factors That Affect Mother and Child Health**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, Agustus 2019, pp. 149-159, 1 image, 1 table, 6 ref

Mother and child health as a key indicator of community welfare is measured by the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). But why have efforts to reduce MMR and IMR not yet reached the target? This research answers this question by using an approach of cultural values in mother and child health. The focus of this research is on the human life cycle starting from marriage, pregnancy, birth and death in Situbondo Regency, East Java and Ngada Regency, NTT. Research has found four cultural elements that predominantly influence health beliefs, family and community decisions in dealing with maternal and infant health problems. These cultural elements are the religious system, the kinship system, the knowledge system and the livelihood system. These four systems can increase or decrease the risk of maternal and infant mortality. The government must consider the cultural values of the community in making health policies. First, strengthen factors that reduce the risk of maternal and child mortality. Second, reduce the factors that increase the risk of maternal and child mortality.

Keywords: cultural values, ethnography, mother and child health, maternal mortality, infant mortality.

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Evania Putri Riflyana (Trade Union Rights Centre [TURC] Lembaga Pusat Studi dan Advokasi Perburuhan, Jakarta Pusat, Indonesia)

**The Vulnerability of Occupational Health of Women Home Workers: A Study in Labor-Intensive Industries in Penjaringan, North Jakarta**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp.161-175, 11 images, 2 graph, 26 ref

Labor-intensive industries oriented to low prices, has a strategy of reducing labor costs to compete in a competitive market. To streamline the production burden, the company issues a portion of its production commodities to workers outside the factory, in this case homeworkers. The majority of homeworkers are poor women who live around industrial areas. Through a qualitative approach, this study wants to find out the working conditions of women homeworkers working in labor-intensive industries, especially in the shoe sector, in the slums of the Capital City of Jakarta, namely the Penjaringan area, North Jakarta. The study found that women homeworkers do not have access to proper occupational health, making their conditions vulnerable. This vulnerability is influenced by poor working environment conditions, inadequate Health and Safety (K3), and the absence of social protection and security for women homeworkers. In addition, the house, which is used as a production space on a massive scale, also has implications for the daily survival of women homeworkers and their families.

Keywords: women, homeworkers, laborers, Occupational Health and Safety (OHS).

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Theresia Pratiwi Elingsetyo Sanubari & Catherina Frisca Yaniariyani (Universitas Kristen Satya Wacana, Salatiga, Indonesia)

**Preliminary Study on Access to Health Service for Elderly Women: The Age and Socio-Economic Issues of Elderly Women in Pancuran Village, Salatiga**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 177-187, 1 image, 3 tables, 38 ref

The increasing number of elderly people from year to year shows the high life expectancy in elderly women. This situation coupled with cultural and social aspects can trigger vulnerability for elderly women, including the health aspect. This study aims to describe the factors of access to health services for elderly women in the village of Pancuran, Salatiga. The method used is descriptive-quantitative with data collection carried out in Pancuran Village using a questionnaire. Elderly women in Pancuran Village have different economic, educational, employment and social status backgrounds but have the same vulnerability to access health services due to the unavailability of posyandu for the elderly in Pancuran Village. Nevertheless, efforts to access health services are still underway. This research shows that cultural involvement in health care is needed to realize integrated, patient-centered, and gender-friendly health services.

Keywords: elderly women, health services, social culture.

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Saskia Wieringa (Universitas Amsterdam, Amsterdam, Belanda)

**Data Collection to Fulfill the Targets for the SDGs: The APIK Gender Justice Index (AGJI)**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 189-202, 10 tables, 23 ref

Indonesia has committed itself to the 2030 Agenda with 17 Sustainable Development Goals (SDGs) which were approved by the United Nations on September 25, 2015. Seventeen objectives and 169 related targets must be achieved by 2030. Gender equality is an independent goal (SDG number 5), but gender related issues are also contained in the goal of poverty alleviation (SDG 1), health care including maternal and child health (SDG 3) and education (SDG 4). SDG number 16 concerns a commitment to peace, access to justice and strong institutions. Reliable and inclusive gender statistics are needed to monitor progress towards achieving gender equality and justice and to identify key gender inequalities that require policy interventions. Both quantitative and qualitative data are needed. In addition, certain problems are specific for women, such as maternal death. Given the wide diversity in gender relations and socio-economic conditions of the Indonesian archipelago subnational data are required. This article outlines the methodology of designing the APIK Gender Justice Index. The main findings are that the availability of sex-disaggregated data at the subnational level leaves much to be desired. The AGJI proves to be a reliable, comprehensive and flexible tool that can easily be used by policy makers and activists to design policies and programs to address gender-based discrimination in Indonesia, for instance in the field of health. The AGJI is based on locally available data. The advantages of the AGJI are that it can be computed with a minimum of cost and effort to achieve a maximum of reliability and ease in use. The GSI was found to be comparable with the Global Gender Gap Index (GGGI) for Indonesia but it is more sensitive to

political empowerment. The AGJI assesses in how far women have been able to take up leadership positions at subnational levels, including at the village level and are represented in the major decision-making bodies such as the judiciary.

Keywords: gender index, gender justice, gender statistics, SDGs.

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Abby Gina & Atnike Sigiro  
(Jurnal Perempuan, Jakarta, Indonesia)

### **Personal Experiences of Women Surviving Breast Cancer as a Confrontation of the Meaning of the Women's Body**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 203-213, 14 ref

This study highlights the experiences faced by women breast cancer survivor in Jakarta in defining their bodies. Despite of medical assessment, breast cancer needs to be analyzed through feminist's lense because breast cancer has close link with discourse of sexual body and engendered body. This study used a qualitative methodology that emphasizes critical analysis. Data collection was gathered through interviews with 8 women who are breast cancer survivors. The research reveals that under the normality of femininity of the patriarchal society, the women breast cancer survivors could confront the dominant interpretation upon women's body.

Keywords: breast cancer, body experience, gender structure, feminine, body normalization.

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<sup>1</sup> Dyan Widyaningsih, <sup>1</sup> Elza Samantha Elmira & <sup>2</sup> Andi Misbahul Pratiwi (<sup>1</sup> The SMERU Research Institute, Cikini, Jakarta, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

### **Poor Women's Access to Antenatal Care and Childbirth Services in Indonesia: A Case Study in Five Districts**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 215-227, 3 images, 2 tables, 13 ref

The health of pregnant women often becomes an indicator of human development. On the other hand, the fact of the high maternal mortality rate, raises questions related to the government's attention to the health of pregnant women, especially women in poor areas. This article focuses on poor women's access to health services for antenatal care and childbirth in five regencies in Indonesia. The aspects studied include the availability of health services for antenatal care and childbirth, poor women's access to these services, and supporting factors/actors and barriers to poor women's access to health services. This article showed that the availability of health facilities is not always in line with the increased awareness of pregnant women to access these services. Road infrastructure condition, distance, and cost to access health service still remain a challenge. Meanwhile, the policy of incentives and disincentives to traditional birth attendants has an influence on the increasing number of pregnant women who check their pregnancies and childbirth at health facilities. Thus, health issues of pregnant women and safe childbirth require a different effort. Aspects of the local context and supporting infrastructure also require serious attention.

Keywords: access to health for poor women, antenatal care, childbirth.

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1 Dewi Komalasari & 2 Jane Daniels (1 Jurnal Perempuan, Jakarta, Indonesia & 2 MAMPU, Setia Budi, Jakarta, Indonesia)

### **Review of Policy-Oriented Research on Maternal Mortality**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 229-238, 34 ref

Maternal mortality remains an unresolved critical issue. This condition indicates that women's reproductive health rights has not yet been fulfilled. Maternal mortality occurs due to medical and non-medical factors. Even though a small amount of those deaths still happens due to unpreventable causes, however most of those deaths could have been prevented and avoided. Government efforts to address the problem of maternal mortality are carried out through various policies that focus on medical factors and through programs aimed at increasing the coverage and quality of maternal health services. On the other hand, other factors such as social economic and cultural are being neglected. A review of researches on the theme of maternal mortality found various factors that contributed to the causes of maternal mortality such as socio-cultural barriers that limit women's access to health, ranging from poverty, geography and local culture. Unmet need for contraception in family planning program, adolescence reproductive health issue that still hasn't been addressed in a serious and comprehensive manner, as well as unsafe abortion are the key underlying causes of maternal mortality.

Keywords: maternal mortality, reproductive health, family planning, adolescence reproductive health, unsafe abortion.

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<sup>1</sup> Herna Lestari & <sup>2</sup> Atnike Nova Sigiro (1 Yayasan Kesehatan Perempuan, Jakarta, Indonesia & 2 Jurnal Perempuan/ Universitas Paramadina, Jakarta, Indonesia)

### **Women's and Health Officer's Knowledge on Access to Reproductive and Sexual Health Services Covered by the National Health Insurance: Surveys in 15 District-Cities in Indonesia**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 239-251, 15 tables, 22 ref

The availability of reproductive and sexual health services provided by the National Health Insurance (Jaminan Kesehatan Nasional/ JKN) in Indonesia could expand women's access to reproductive and sexual health services. However, the knowledge of community and service provider will determine to what extent women will access the reproductive and sexual health services provided by JKN. This article assesses and analyzes the knowledge of women and health officers about the availability of reproductive and sexual health services provided in JKN. The article elaborates for main findings from the research that was conducted by women organizations that are members of the Women's Health Care Network (Jaringan Perempuan Peduli Kesehatan or JP2K). JP2K conducted longitudinal research with a series of surveys in 2015, 2016, and 2017 in 15 regions of districts/ cities in Indonesia on knowledge and access to reproductive and sexual health services provided by JKN. The surveys show limited knowledge of the respondents, both women and health officers, about forms and scope of reproductive and sexual health services that are covered by JKN. The research concludes that one of the important agendas for encouraging women's access to health services covered by JKN is through intensifying the socialization of the scope of sexual and reproductive health to women and health facility officers.

Keywords: national health insurance, reproductive and sexual health, women's health.

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<sup>1</sup> Dina Lumbantobing, <sup>1</sup> Sita Van Bemmelen, <sup>2</sup> Andi Misbahul Pratiwi & <sup>2</sup> Anita Dhewy (<sup>1</sup> PERMAMPU, Medan, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

**Community Knowledge and Behavior Towards Unintended Pregnancy in Eight Provinces of Sumatera: Between Religious, Customary, and State Norms**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 253-265, 2 tables, 8 ref

Based on field observations and experiences in assisting women by the PERMAMPU Consortium, there are still many women who face unintended pregnancy (KTD). Therefore it is needed research to find out the needs of women related to KTD. This article focuses on three things, namely (1) understanding and knowledge of informants about KTD; (2) perception of the best and the worst solutions for KTD cases; (3) women's behavior related to KTD. The study uses three categories

of KTD: KTD experienced by married women, KTD experienced by unmarried women, and KTD experienced by victims of acts of violence. This article is written from the 2014 PERMAMPU Consortium research report entitled The Compilation of Unintended Pregnancy Research Reports/KTD in Eight Provinces, Sumatra Island. The study used a qualitative approach with data collection conducted through interviews and FGDs. This paper shows that there are similarities and differences in the understanding, perceptions, behavior of women and society in relation to KTD. Various forms of rules and norms generally view pregnancy as natural, so that it is always desirable, have controlled women and society in behaving and handling KTD. There are various forms of KTD and various forms of coping methods that are not always in line with existing rules and are generally done secretly. Thus, women who experience unintended pregnancy need recognition of their problems, including their voices and needs and supported to make decisions for themselves.

Keywords: unintended pregnancy, religious norms, customary norms, abortion.



## Preliminary Study on Access to Health Services for Elderly Women: Age and Socio-Economic Issues of Elderly Women in Pancuran Village, Salatiga

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### Abstract

The increasing number of elderly people from year to year shows the high life expectancy in elderly women. This situation coupled with cultural and social aspects can trigger vulnerability for elderly women, including the health aspect. This study aims to describe the factors of access to health services for elderly women in the village of Pancuran, Salatiga, using a descriptive-quantitative method with data collection carried out in Pancuran Village via a questionnaire. Elderly women in Pancuran Village have different economic, educational, employment and social status backgrounds but have the same vulnerability to access health services due to the unavailability of *posyandu* for the elderly in Pancuran Village. Nevertheless, efforts to access health services are still underway. This research shows that cultural involvement in health care is needed to realize integrated, patient-centered, and gender-friendly health services.

Keywords: elderly women, health services, social culture

### Introduction

Indonesia is experiencing an increase in the number of elderly people from year to year. The projection of the elderly population in Indonesia shows that in 2017 the elderly population have reached 22.66 million, and this number will increase to 49.19 million in 2035 (Kemenkes RI 2017). Data from the Central Statistics Agency (2017) shows that the situation of elderly women is different from that of elderly men. Many elderly women live alone (14.37%), in comparison to elderly men (4.75%). In the realm of education, many elderly women have only finished elementary school (SD) or less (Central Statistics Agency 2017). The low education experienced by the elderly women also increases the number of elderly women who are unable to fulfill their needs. In fact, only 33.79% of elderly women who have jobs, compared to 63.29% of elderly men (Central Statistics Agency 2017). The vulnerability of elderly women in aspects of life expectancy, education and employment, would require a real program design in Indonesia.

The increasing number of elderly people has pushed the Indonesian government to develop various programs and policies. Among those is the provision of health services. The form of health service is developed based on residential based aging process (aging in place) that comes in the form of nursing homes provision

and integrated health posts (*Pos Pelayanan Terpadu*) regulated under the Minister of Health. The program of nursing home provision is regulated under the Law No. 13/1988 concerning Elderly Welfare. The challenges faced by nursing homes lie in the view of the community. Families who bring elderly family members to a nursing home are still viewed in a negative light, including by the nursing home staff (Napsiyah 2005). This despite of the fact that the elderly who live with their families are often not in a better condition. One third of the elderly who live with families tend to lend material support, and almost half carry the responsibility for their grandchildren (Schröder-Butterfill & Fithry 2014). The numbers of elderly people living in the community encourages active work by integrated health posts (*posyandu*) as a platform to provide health services.

*Posyandu* are intended to provide social services as well as services in the fields of religion, education, skills, sports, arts and culture, in order to improve the health and quality of life of the elderly population. The challenge for the elderly *posyandu* came from the Indonesian government system which was decentralized in 1999. This system has caused disconnected communication between regional and provincial authorities, which supposed to provide administrative support, direction and monitoring upon the district area. This change

resulted in a limitation for *posyandu* in term of funding and human resources (Kadar, Francis & Sellick 2013). Such limitation also limit the service provided by *posyandu*; for example, services were only provided once a week or only provided in the form of general check up.

Limited health services for the elderly will be riskier for elderly women because elderly women have vulnerability due to aging process and hormonal changes in the postmenopausal process. This health condition can get worse if elderly women have limited access to food. Consumption of nutritious foods will help with their psychological well-being, lead to better health, and an improved quality of life for the elderly (Fernandes et al. 2018). Chronic illness, decreased cognitive and physical abilities, depression, loss of appetite, strokes, eating dependency, problems with chewing and difficulty in swallowing will make the elderly vulnerable to malnutrition (Mamhidir, Kihlgren & Soerlie 2010). For this reason, gender differences need to be considered to overcome the problem faced by the elderly.

Another problem for the elderly is that if we take a look at the bigger number of population of elderly women than older men, then an equal health care system is needed for health security and equality services. This equality assurance is important because based on WHO, being an active elderly can be achieved through integration between aspects of participation, health and safety, which unfortunately remain a challenge for elderly women due to gender inequality (WHO 2007). Furthermore, gender inequality positions to the elderly women (Hightower 2010) create a lot of discrimination in the health sector because of the lack of understanding on gender perspectives within the health care workers (Govender & Penn-Kekana 2007). Vulnerability also increases because elderly women have higher life expectancies compare to the elderly men (WHO 2007). Through the National Action Plan for Elderly Health in 2016-2019, Indonesia also states that one of the principles for realizing healthy, independent, active and productive elderly is advanced through services that pay attention to the principles of justice and gender equality. Article 17 of the Law No. 36/2009 on Health reinforces this, that the government is responsible for providing access to information, education, and health service facilities to improve and maintain the highest possible of health quality.

According to WHO, the integration of economic determinants, health and social services as well as behavior, individual, and physical services are required to overcome complex problems of the elderly (World

Health Organization 2007). This means that the elements of health, especially health services and access to food for elderly women must be integrated in order to ensure an active elderly woman. This particularly important because in reality, most health services still do not have elderly-friendly facilities, such as special waiting rooms, special toilets, special elevators or stairs. In addition, many elderly people have a low health status and still take role as the head of the family (Trihandini 2007). Elderly women are also still the main individuals who manage the food in the family, to cook and to provide food, but at the same time do not have a say in decision making. Situations like these often make elderly women ignore their own health (Vatsala, Prakash & Prabhavathi 2017). The multiple vulnerability of elderly women in regards to health services requires further studies to build a health care system that is sensitive to elderly women. For that reason, this paper provided a preliminary study on the health services for elderly women in one of the villages in Salatiga. Salatiga was chosen because it is one of the popular destinations in Indonesia for retirement time for the elderly. Pancuran Village is the focus of this study because it is located in the center of Salatiga City, the most populous area with relatively easy access to transportation and food. This study aims to describe the factors of access to health services for elderly women in Pancuran village, Salatiga.

## Research Method

This research uses a quantitative-descriptive approach. It uses questionnaire for data collection that includes socio-demographic data, access to food, environment, health services, and disability. The selection of respondents was done purposively. This research was conducted in Pancuran Village, Kutawanangun Lor, Salatiga City. The selection of respondents was made based on inclusion criteria of elderly women aged over sixty years and living in Pancuran Village. In total, there were 30 elderly women of respondents. The researchers faced a couple of challenges because the head of community association (Rukun Warga/ RW) refused to provide information about population of elderly women. In addition, the head of the RW only provided the number of elderly people in each neighborhood association (Rukun Tetangga/ RT), which consists of elderly women and elderly men. Negative views upon the elderly persons related to physical and psychological conditions were brought up by the head of the RW, so that when the researchers asked for additional elderly female respondents, their request was denied.

### Government Programs and the Response from the Elderly Women in Pancuran Village: Demographics and the Existence of Health Services

The number of elderlies that increases every year can be interpreted as an increase in Life Expectancy (Angka Harapan Hidup) and a longer life in the low- and middle-income countries (Ng et al. 2010). Meanwhile in Indonesia, the population structure has changed with the high number of elderly people since in 1950 (Department of Economic and Social Affairs Publications 2007; 2013). Changes in the number of elderly pose challenges to the health system and government. Moreover, changes in family structure, work patterns, and pension funds have caused challenges to the economic situation, especially the social security system. The fact is that pensions and social security can only provide minimal protection for Indonesian citizens who work in the formal sector of reproductive age group and do not consider the elderly population (Heller 2014). Even so, the Indonesian government finally began to realize the uneven conditions of social security and the health system.

In 2015, the government began to give attention to the needs of the elderly through the nine priorities agendas (Nawa Cita) National Development 2015-2019, with one of the agendas is on social protection, and the Republic of Indonesia's Minister of Health Regulation No. 25 year of 2016 concerning the National Action Plan for Elderly Health year of 2016- 2019. Social protection emphasizes reduction of poverty and inequality; improving the quality of people and society; and increasing the culture of social solidarity in the implementation of social protection,

one of which is focused on persons with disabilities and the elderlies (Bappenas 2015). Unfortunately, the program designed has not fully captured the needs of the elderlies. The scheduled service only focuses on poor elderly people with specific problems, such as being abandoned or not having a family. Meanwhile, programs to meet the needs of the elderly such as responding to crises in economic recovery and increasing regional income are not yet included in the Nawa Cita draft (Do-Le & Raharjo 2002). The absent of dimension on elderly vulnerability will eventually lead to other vulnerabilities. It is unfortunate that the design of government programs are still not accessible by the elderly women in Pancuran village due to the economic and social problems.

Data in Pancuran Village shows that all elderly women live with their families with an average of four family members. The existence of families living with the elderlies has caused the government's social protection program did not prioritize elderly women in Pancuran Village. Data obtained shows that only five elderly women out of 30 respondents are employed (Table 1). There are three elderly women who do irregular work as entrepreneurs of cracker/ rice cracker makers and only earn an average of 50 thousand rupiahs per day. In addition, there is one elderly woman who still rents the house she lives in. This vulnerability to social security can lead to poor health condition and poor life quality, especially prone to non-communicable chronic diseases and a lack of financial support to access health services (Ng et al. 2010), including access to *posyandu* services for the elderly programmed by the Ministry of Health to address the needs of the elderly.

**Table 1. Demographics of the Elderly Women in Pancoran Village**

Respondent	Age	Number of family members living in the same house	Employment status	Housing status
1	70 years	5	No	Private property
2	68 years	4	No	Private property
3	63 years	2	No	Private property
4	67 years	2	Yes	Private property
5	64 years	6	No	Private property
6	71 years	7	No	Private property
7	81 years	3	No	Private property
8	80 years	6	No	Private property
9	65 years	4	No	Private property
10	70 years	3	No	Private property
11	61 years	1	No	Private property
12	63 years	3	Yes	Private property
13	63 years	2	Yes	Private property

Respondent	Age	Number of family members living in the same house	Employment status	Housing status
14	64 years	5	No	Private property
15	75 years	7	No	Rent
16	61 years	2	Yes	Private property
17	70 years	7	Yes	Private property
18	103 years	3	No	Private property
19	74 years	4	No	Private property
20	65 years	7	No	Private property
21	88 years	3	No	Private property
22	76 years	2	No	Private property
23	61 years	6	Yes	Private property
24	61 years	3	No	Private property
25	60 years	4	No	Private property
26	72 years	2	Yes	Private property
27	78 years	2	No	Private property
28	77 years	7	No	Private property
29	65 years	8	Yes	Private property
30	63 years	4	No	Private property

Source: based on field research 2019

The elderly care *posyandu* aims to support the aforementioned age group to become more active. Unfortunately, the challenges of the financial side and physical access to quality of health services grew after Indonesia implemented a decentralized system (Kadar, Francis & Sellick 2013). Whereas the *posyandu* for the elderly should pay attention to easy accessibility, proactivity, and respect for the elderly compared to

other types of *puskesmas* for other targets. Furthermore, the development of the principles of human rights in terms of availability, access, adaptation, equality and universality must be considered especially for elderly women. Difficulties to access the *elderly posyandu* with a common program makes elderly women reluctant to visit it. Apparently not all *elderly posyandu* services are accessed by the elderly.



Image 1. Distance from Pancuran Village to Tegalrejo Health Center (Puskesmas) or Dr. Asmir Hospital

Source: Googlemaps

The results of data collection showed the absent of *elderly posyandu* service in Pancuran Village. The absence of *elderly posyandu* force elderly women to seek other access to health services. The research found one elderly who receives health services from church, while the other 29 elderly women access the health services to *puskesmas* in Tegalrejo area health center or to Dr. Asmir DKT Hospital. The distance from Pancuran Village to *puskesmas* in Tegalrejo is about 2.8 km-4.1 km; while the distance to Dr. Asmir DKT Hospital is about 800 m-1 km (Image 1). The elderly women in Pancuran Village usually have to go this distance by walking. Due to the distance factor, there were 21 elderly women who access health services only when they are sick; 6 elderly women claim to have never accessed any health service, while 3 elderly women have accessed health services more than once. The distance to reach health services and the absence of an *elderly posyandu* Pancuran Village creates vulnerability for the elderly women to access health services.

#### **Health Services and Response of the Elderly Women in Pancuran Village: Economy, Age and Disease**

The absence of health services in Pancuran Village bring consequences to the elderly women. Four out of six elderly women who do not access health services are at age between 60-65 years, and only one elderly woman is employed. These five elderly women claimed that they did not access any health services because they were not sick. These women's ages are still classified as "late elderly" based on the category of the Department of Health (2009) that refers to it as an age where elderly people can still be active. Even though the aforementioned four elderly women do not work, their age within the range of active elderly people exclude the thinking about the negative aging process (Sun & Smith 2017) as healthy conditions that do not require access to health services. This situation is also supported by the four elderly women who claim to be happy with with their lives as they are still given the breath of life and carry no burden because their children have worked and so they can spend time with their grandchildren. Statements of happiness like these are quite common in the elderly people in Indonesia due to the strong assumption that the family is the party responsible for long-term care for elderly persons (Setiyani, Sumarwati & Ramawati 2015). Yet, according to McPake and Mahal (2017) intervention to the elderly on concerning the health services is needed to help the elderly to overcome problems due to aging process.

One of the elderly women who does not access health services is 103 years old. This age, which exceeds the average life expectancy in Indonesia, shows that the elderly woman has accepted her aging process and is happy because her husband is also still alive. The social support from her husband and the three other people with whom she lives together has correlation with the mental health in this elderly woman (Tajvar, Grundy & Fletcher 2018). Families can provide social support in terms of personal relationships (Li, Ji & Chen 2014). Meanwhile, one of the other elderly women does not access health services due to economic factor and age situation. Research conducted by Bierman (2014) about the correlation between age and financial conditions found correlation between age on women or elderly with low level education, but the same situation was not found on elderly persons who belong to middle upper economic background. Low educational conditions on elderly women will increase barriers in getting a job. Elderly women who do not work and live in rented homes would increase concerns about access to health services that require costs. Based on her testimony, this elderly woman did not have any disease, but the testimony of family members who live together with her suggests otherwise, saying she had been vomiting blood.

Meanwhile, twenty-one elderly women who access health services only during sickness have range of ages of 60-65 year. This difference is influenced by health complications experienced by elderly women (Table 2). More than one non-communicable disease such as diabetes and hypertension that are experienced by elderly women aged 60-65 years requires them to be examined by health services, especially if the illness recurs. The number of complications on elderly women in Pancuran Village is also influenced by economic factors. Poverty which are experienced since their early stage of lives will influence certain illness during old age. Sometimes exposure to toxic substances and the environment during work or life can cause high prevalence of non-communicable diseases and disability to the elderly persons (Mudege & Ezech 2009). An example found in Pancuran Village with the elderly women who have Diabetes Mellitus (DM). Complications of diabetes mellitus presence in individuals based on their socioeconomic status. Individuals in poor areas will be more affected by diabetes mellitus than individuals in the middle upper economy (Mudege & Ezech 2009). Meanwhile, the elderly who are older than 67 years are also influenced by a negative view of the aging process,

which will make elderly women less likely to seek preventive health services (Kim et al. 2014). Nevertheless, access to health services by elderly women in Pancuran Village is also influenced by social support they receive

from the community and their families. All of the elderly women who still access health services usually only access them if they are taken there by at least one of their family members living in the same house.

**Table 2. Risk of Illness of Elderly Women in Pancuran Village**

Respondent	Age	Assuming have illness	Kind of illness	Time of accessing healthcare
1	70 years	Yes	Hyperuricemia	During illness
2	68 years	Yes	Hypertension & Hyperuricemia	During illness
3	63 years	No		
4	67 years	Yes	Cholesterol	During illness
5	64 years	Yes	Diabetes Melitus & Hypertension	During illness
6	71 years	Yes	Kidney & Hypertension	During illness
7	81 years	Yes	Hypertension & Ulcer	During illness
8	80 years	Yes	Hypertension	During illness
9	65 years	Yes	Hypertension	2x per month
10	70 years	Yes	Heart	During illness
11	61 years	Yes	Hypertension & Diabetes Melitus	During illness
12	63 years	Yes	Diabetes Melitus	During illness
13	63 years	Yes	Hypertension	During illness
14	64 years	No		
15	75 years	No	Vomiting blood	During illness
16	61 years	No		
17	70 years	Yes	Vertigo	During illness
18	103 years	No		
19	74 years	Yes	Stroke	1x per month
20	65 years	Yes	Anemia	During illness
21	88 years	Yes	Stroke + Diabetes Melitus	During illness
22	76 years	Yes	Diabetes Melitus	During illness
23	61 years	No		
24	61 years	Yes	Hypertension	During illness
25	60 years	Yes	Hyperuricemia	During illness
26	72 years	Yes	Hypertension & Diabetes Melitus	During illness
27	78 years	Yes	Vertigo	During illness
28	77 years	Yes	Stroke	During illness
29	65 years	Yes	Kidney & Diabetes Melitus	2x per month
30	63 years	No		

Source: based on field research 2019

Economic factors that also play a role in shaping the perception related to health service access are also seen in two elderly women aged 65 years who have permanent jobs. The Indonesian government's program to establish a body as regulated under the Law No. 24 year 2011 on the Social Security Administrative Body shows that BPJS (Badan Penyelenggara Jaminan Sosial/ BPJS) is a body that provides assurance of protection and social welfare for all of the people. This law is then followed up through (Government Regulation) PP No. 12 year 2013 concerning Health Insurance, which was changed to PP No. 111 of 2013 concerning Amendments to PP No. 12 of 2013. The formation of this body and its implementation that began in 2014 had an effect on the public and private sectors mandated by the BPJS to realize the right to health for workers (Wahyati Yustina 2015). The formal work undertaken by the two elderly women provide guarantees for them to get health insurance. Despite her statement that she was not happy since she cannot be active, one of the elderly women claimed that she had no economic problems and owned a health insurance, so accessing health services twice a month is not a problem for her. Meanwhile, the other elderly woman faced no difficulty to access health services although she has not any health's complication.

### **Social Aspects and Vulnerability of the Elderly Women in Accessing Health Services**

In addition to economic factors, social factors also influence elderly women's access to health services. The social aspect in term of gender often requires women to cook for all members of their families. The women feel

that they have the responsibility to manage food security for her family. For this reason, women oblige to cook and serve food for their family members, while in contrary they do not have any right to make decisions. This assumption often makes women neglect their health and prioritize care of their families (Vatsala, Prakash & Prabhavathi 2017). This situation will continue until they are old. This sense of neglect is also relevant to the elderly women in Pancuran Village who access health services only when experience sickness. The existence of families living with elderly women, with an average of four people, will trigger the elderly to neglect their health, especially with the lack of health services in Pancuran Village. On the other hand, the minimal role of elderly women in making decisions including in term of serving food could increase the risk of elderly women experiencing malnutrition.

The elderly women who have a low level of education, social status and standard of living could increase their risk to malnutrition without balanced nutrition. However, there are also other changes that cause the elderly to be at a higher risk of malnutrition, such as physiological changes that occur, including a quickly feeling full over eating, as well as dental and chewing problems. Data in Pancuran Village shows there were only three elderly women who still have a complete set of teeth. Meanwhile, 27 other elderly women who no longer have their complete set of teeth admit having difficulty to chew. The elderly women who still have their complete set of teeth can consume food up to three times while those who do not have could consume food only twice a day (Table 3).

**Table 3. The Elderly Women and Food**

Respondent	Age	Cooking/ Buying Food	Number of Teeth to Chew	Number of meals
1	70 years	Cooking	Incomplete	2
2	68 years	Buying	Complete	3
3	63 years	Buying	Incomplete	3
4	67 years	Cooking	Incomplete	2
5	64 years	Cooking	Incomplete	2
6	71 years	Buying	Incomplete	2
7	81 years	Buying	Incomplete	1
8	80 years	Buying	Incomplete	2
9	65 years	Cooking	Complete	3
10	70 years	Cooking	Incomplete	3
11	61 years	Cooking	Incomplete	2
12	63 years	Cooking	Incomplete	3
13	63 years	Cooking	Incomplete	2
14	64 years	Cooking	Incomplete	3
15	75 years	Cooking	Incomplete	3
16	61 years	Cooking	Incomplete	3
17	70 years	Cooking	Complete	3
18	103 years	Buying	Incomplete	3
19	74 years	Cooking	Incomplete	2
20	65 years	Cooking	Incomplete	2
21	88 years	Buying	Incomplete	3
22	76 years	Cooking	Incomplete	3
23	61 years	Cooking	Incomplete	1
24	61 years	Cooking	Incomplete	2
25	60 years	Cooking	Incomplete	2
26	72 years	Cooking	Incomplete	3
27	78 years	Buying	Incomplete	3
28	77 years	Cooking	Incomplete	2
29	65 years	Cooking	Incomplete	2
30	63 years	Cooking	Incomplete	2

Source: based on field research 2019

Malnutrition risks could also increase because the low economic income's correlation with poverty that are associated with low levels of education. Based on education level, there were only 5 elderly women who graduated from senior high school, while 12 of them never attended any school, 9 persons had only finished elementary school (SD), and 4 were junior high school graduates. The low education level of elderly women in Pancuran Village have caused increased vulnerability to their economic security. This situation will ultimately affect their awareness over food selection (Donini et al. 2013). In addition, the choice of food will change with along with

the growing age, pain, and the lack of independence that occurs to the elderly women (Peura-Kapanen, Jallinoja & Kaarakainen 2017). Food choices made by the elderly will ultimately affect their food intake due to changes in gustatory function. Psychological changes will also affect the number of teeth that become incomplete in elderly people. This situation causes the elderly to consume less fruits and vegetables. Favorite foods of the elderly are mostly sweet and soft foods (Sergi et al. 2017). The food selection is also influenced by social factors, such as ease and price (Locher et al. 2008); however, for the elderly women in Pancuran Village, the challenge to food selection is not the easy access but rather the price.

Pancuran village's location behind the city market has the advantage of easy access to food. However, out of 30 respondents, there were six elderly women with disabilities (Table 4), they can't walk without walking sticks and are unable to make many body movements. This disability will affect their access to reach food sources. In addition, the condition of disability will also increase the vulnerability of the elderly women to make decision on food serving for their families.

The high risk of malnutrition upon the elderlies was also realized by government, therefore the Minister of Health Regulation of the Republic of Indonesia No. 25 year 2016 on the National Action Plan for Elderly Health year of 2016-2019 states that one of the national strategies is the integrated nutrition development activities to improve the elderly's quality of life. This program was then translated into *Elderly Care Posyandu* (Posyandu Santun Lansia) through provision of supplementary foods, such as milk, mung beans, eggs, fruits, and other less fat supplementary food. Unfortunately, this program remains inaccessible by the elderly women in Pancuran Village, where there was only one elderly woman has ever received health services' assistance in the form of staple food. Aid from this health service was not provided by government's health services, but from the church. Gender position of the elderly women can be a risk factor for other vulnerabilities in the health aspect, such as malnutrition.

### **Cultural Aspects in the Health Services for Elderly Women**

Marginalization of women can expose women to be more vulnerable to poverty in old age if the women do not get high salaries during their lives. Poverty will also create vulnerability to other things, including high exposure to risks of decreasing access to health services (Mudege & Ezech 2009). Concerns about health services for elderly women also come with high life expectancy of older women which increase the aging population. Long life expectancy is associated with the burden of disease, which at the same time is associated with increasing burden of possible illness and increasing cost of health care (Hazra, Rudisill & Gulliford 2018). Although multiple layers of vulnerabilities occur in elderly women in Pancuran Village and there is a lack of health services, but the elderly women continue to seek health services and assume that coming to health services give significant change to the recovery of their illness. This assumption arises because of the suggestive belief of the elderly

women towards the health services that can help them despite of its availability.

The research conducted by Triratnawati, Wulandari and Marthias (2014) shows that suggestive belief arises only in traditional medical healing but not towards the accessible modern health services. In fact, study in Pancuran Village shows that the elderly women combine belief with modern health services. Suggestive belief which arise from cultural values become stronger because these suggestions are built by the habit of visiting one place repeatedly. A total of 25 elderly women who say that accessing health services give positive effects are the same elderly women who have non-communicable diseases and eight elderly women who have at least two complications of illness. Non-communicable diseases often recur if the women do not make efforts to manage their health, such as dietary management. Therefore, these elderly women will routinely come to the health service providers and have a great opportunity to meet the same doctor or nurse.

These findings indicate that the perception of the elderly, the development of understanding upon the values and choices of the elderly, and social interaction are important factors that can encourage the elderly to seek health services. Although the government and the community have strong view that the elderly who live with families get better support support, but the role of the family is not entirely sufficient. This is related to demographic changes that cause urbanization and migration of family members of productive age to find work. They often leave their children to their elderly parents to go to work. This situation will increase the vulnerability of the elderly women because they will feel responsible for taking care of their grandchildren and do not care about their own health (Shetty 2012). Therefore, it is common for elderly women to continue working in their old age, although they do not get a regular income. Therefore, provision of a health system that responds to the needs of the elderly is much required.

The study in Pancuran Village show the importance for the health service system to consider gender positions in order to encourage the elderly to become active elderly people as stated by WHO, can be realized among others through inclusion of the cultural aspects. This aspect becomes important because culture, as social aspect and emerges from the community, is a dominant factor that increases the complexity of problems among the elderly women. In addition, the inclusion of cultural aspects that consist of different values in each

organization, community, individual and professional can help in realizing an integrated service (Miller 2018). The emergence of cultural aspects in the health services will also encourage the emergence of patient-centered services that can improve patient's quality. Patient-centered health services will provide opportunities for patients to get feedback that suits their needs (Saha, Beach & Cooper 2008). This health care model not only give effect on the patients but also on the families.

Cultural aspects in the form of suggestive belief do not only appear to elderly women in Pancuran Village but also to the families. Family involvement to always be present in accessing health services in Pancuran Village shows that families also have strong belief on the intended health services. Family beliefs on cultural aspects are also shown in research conducted by Simbolon and Simbolon (2018) about the correlation between culture and belief with the use of health services. For this reason, the mainstreaming of cultural aspects in health services should emerge from behaviors, attitudes and policies that are integrated with the systems, institutions and professionals that work effectively in multicultural situations. To make this pattern sustainable, knowledge, awareness, behavior, attitudes are needed at all levels of service, from administration to practitioners.

## Conclusion

The system and the existence of health services in Indonesia face challenges mainly because of the changes in the population's structure. The number of elderly women especially with high life expectancy have become one of the challenges for the health services. Pancuran village that is located in Salatiga, has an absent role of health services. The economic situation of the elderly women in Pancuran Village, which is classified as middle to lower class, have caused vulnerability to their health, and this is coupled with poor physical condition and old age. Aside from economic aspect, gender social and cultural assumptions on women also influence their health's vulnerability. Elderly women in Pancuran Village live with family members, on average of four people. This situation allows the elderly women to assume that they must carry out for serving family's food and neglecting their health condition. This assumption could result in the increased malnutrition. Nevertheless, the elderly women in Pancuran Village still make effort to access the health services that locate further than 1 km away, when they are sick. This research shows that cultural aspect is important for health care service. The mainstreaming of cultural aspect in health services should emerge from

behaviors, attitudes and policies that are integrated with the systems, institutions and professionals that work effectively in multicultural situations. To maintain this pattern, knowledge, awareness, behavior and attitudes are required at all levels of services, from the administration and also the practitioners. The emergence of this cultural aspect will guarantee an integrated, patient-centered, and gender-friendly health services.

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