Policy Brief

Home Visits to Older People in Indonesia

Insights from a Pilot Programme

Some older people require round-the-clock care at the end of their lives.

> *"Transportation will be very difficult, not to mention when I get to the hospital, I have to push a wheelchair, the queue will be long. Before [elderly husband] was like this, he regularly went for health check-ups on his motorbike."*

Older woman in Yogyakarta, explaining why her bed-bound husband is no longer seeing a doctor

Background

The Indonesian population is ageing rapidly. In many parts of Java, one in seven persons is aged over 60. Most older people lead active lives and contribute by working, volunteering, or caring for others. However, many people experience a decline in health and abilities with age because of illness, falls, or loss of strength. They require medical attention and help with activities of daily living. Some older people are unable to leave the house independently due to disability, poor eyesight, or cognitive decline. A small minority are bed-bound and entirely dependent on others for care, especially towards the end of their lives. This raises a central human and policy concern:

How can older people who are house-bound receive good care?

Evidence from a comparative study of five communities across Indonesia shows that care dependent older people often don't use health services. Common barriers are difficulty and costs of transporting an older person with mobility limitations to a health facility. Family carers who work struggle to find time to take an older relative to the health centre or hospital. There are also common misconceptions that health problems in old age are inevitable, normal, and don't require medical attention. As a result, many care-dependent people with significant healthcare needs are not accessing health services and missing out on advice and support.

There is a need for primary health services to reach older people who are house-bound.

In Indonesia, the care for older people is considered a family responsibility. Support with caregiving from the government or community organisations is rare. When an older person needs help with eating, personal hygiene, and moving around, or requires constant supervision due to cognitive decline, this falls on family carers. The repetitive and demanding nature of care can leave family carers overwhelmed and exhausted. They lack training and information about how to provide good care.

There is a need to develop programmes that support family carers at home.

During first home visits, assessments of older people's health and care arrangement are made.

Existing (health)care for older Indonesians

Indonesia has a network of accessible primary health centres (*puskesmas*), staffed by doctors, nurses, and midwives and offering curative and preventive healthcare. Many communities run monthly health clinics for older people (*posyandu lansia)*. These clinics are a central pillar of healthcare delivery to older people in Indonesia. They identify common health problems via health checks (weight, blood pressure, blood sugar, cholesterol), provide health advice and referrals to local health centres. The clinics are primarily staffed by volunteers (*kader*). *Kader* are usually women, including older women, who are recruited from the community. They have good understanding of the local population and are considered approachable. However, older people who are house-bound cannot access the monthly clinics.

There is a need to extend volunteer-run health services to older people who can no longer leave the house.

Home Visit Pilot Programme in Sleman, Yogyakarta

In 2023, a small pilot home visit programme for older people was implemented in a village in Sleman, Yogyakarta. The purpose of the home visits was to provide health monitoring, health advice, and health referrals by *kader* to older house-bound people, and to offer guidance, information, and encouragement to family carers.

We selected a community already running monthly health clinics for older people (*posyandu lansia*). Eleven *kader* were recruited from existing healthcare volunteers. A Non-Governmental Organisation, *Indonesia Ramah Lansia* (IRL), delivered training to prepare *kader* for home visits. The eight training sessions covered communication with older people, mobilising and providing care to bed-bound older people, nutrition, common health problems, referral to health services, simple exercises, psychological support, assistive devices and age-friendly homes, emergency first aid, and what to do during home visits. After the training, the volunteers conducted two home visits accompanied by a nurse, then four to six independent home visits over several months. The programme was accompanied by a researcher and evaluated through interviews and observations.

The recipients of home visits were 15 older house bound people. They included three older people living alone, two bed-bound elders, others with mobility problems because of stroke, diabetes, or arthritis; six had high blood pressure, four had suspected dementia. During the visits, *kader* observed the home and care environment, assessed older people's health and functional status, provided health and care advice to older people and their carers, and offered help with care tasks. *Kader* sometimes recommended herbal remedies and introduced simple exercises for an older person while sitting or lying. Family carers were given advice, like the importance of sunlight and ventilation, or how to make simple home modifications to facilitate care-giving. If the older person was ill, visiting a doctor was encouraged. In only one case were home visits refused by the family carer.

> *"Home visits are important … first, as a volunteer's contribution to older people, especially bedridden elders. Second, as an effort to strengthen families who care for older bedridden members. Third, for the older people themselves, because bedridden older people cannot go to [monthly health clinics], so they need to be cared for, asked questions, so that their quality of life improves."*
>
> Executive Director, Indonesia Ramah Lansia (IRL) Foundation

A volunteer teaches a granddaughter to move her grandmother's stiff toes and suggests soaking the foot in warm water.

Impact of home visits

The volunteers, who all had experience of supporting older people during community health clinics, emphasised the importance of extending this service to housebound older people.

A volunteer checks an older man's blood pressure. She reminds him of the importance of taking blood pressure medication regularly.

Volunteers also understood that older people feel lonely and cut off if they can't leave the house. They saw themselves as providing older people with companionship and a listening ear, and family carers with encouragement and advice.

"Support for families with older people who cannot leave the house is about moral support; to be more patient and careful in caring for the elder and [providing] the kind of knowledge the family needs in order to care for a bedridden older person."

(Kader Yani)

Volunteers did not want to be paid for their time, but receiving training was hugely valued, not least because the new knowledge could be applied to volunteers' own ageing or family caregiving.

"There are many benefits [from the training]. I also learn to prepare, yes, tomorrow I will also be old!"

(Kader Putri)

"Home visits … are necessary to find out the condition of the older people … so that we can know what is needed, what care should be carried out. But if the older person requires more care, then we must involve the family to take the older person to a health service."

(Kader Yani)

"I think it's a kader's duty to visit older people who can't leave the house. They can tell stories. Maybe they can't be open with their families, but with the kader they can reveal what they're having trouble with."

(Kader Susi)

Volunteers received eight training sessions before the home visits.

Older people receiving the home visits most appreciated the companionship and health checks.

"It's nice to be noticed, and I'm having my blood pressure measured. Normally, if I want to have that, I should go to the hospital. [Now] someone will come and wait on me. Then they invited me to chat and gave suggestions."

(Older recipient Karsih)

Family caregivers emphasised the importance of someone outside the family giving attention to the older person. However, help with caring tasks was rejected because family members considered caring their responsibility. Accepting outside help with caregiving is still difficult for families.

A weakness of the home visits was imperfect linkage with wider health services. The local health centre (*puskesmas*) was aware of the pilot programme and contributed to the training. Ideally, the volunteers would alert the health centre to older people who need follow-up visits by health professionals. But because home visits are not part of regular *kader* duties and health centre staff extremely busy, such follow-up did not occur.

Lessons and recommendations

- Our pilot programme shows that home visits by trained community volunteers succeed in extending basic healthcare to housebound older people. This is important because access to healthcare is a human right (World Health Organization 2017). Ideally, home visit programmes are linked to community health centres via reporting and medical follow-up.
- Caregiving is important, difficult, and invisible work. Home visits provide advice and recognition to family carers. Although families find it difficult to accept help with caring, home visits can socialise the idea of involvement from outside the family.
- Developing a home visit programme is feasible if there is an existing network of committed community health volunteers (*kader*) to build on. This is because only a small minority of older people are house- or bed-bound and in need of visits.
- Home visit volunteers require training, for example from an NGO like IRL. A small budget for this could be allocated from communities' social welfare budgets. The receipt of training is an important incentive for volunteers' participation.

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Use this QR code to find publications, resources and films about the study and home visit programme.