

Graying with dignity: Negotiating public service delivery amidst gaps in the welfare of rural Trenggalek's aging population

Menua dengan bermartabat: Menegosiasikan penyediaan layanan publik di tengah kesenjangan kesejahteraan populasi lansia di pedesaan Trenggalek

Erna Setijanigrum^{1*}, Suhaimi Samad², & Rochyati Wahyuni Triana¹

¹Department of Public Administration, Faculty of Social and Political Sciences, Universitas Airlangga

²Faculty of Administrative Science and Policy Studies, Universiti Teknologi MARA

Address: ¹Dharmawangsa Dalam Street, Surabaya 60286, East Java, Indonesia

²Ilmu 1/1 Street, 40450 Shah Alam, Selangor, Malaysia

E-mail: erna.setijanigrum@fisip.unair.ac.id

Article History: Received 29 September 2023; Accepted 4 December 2023; Published Online 23 December 2023

Abstract

As global demographics gravitate toward aging populations, developing nations, Indonesia included, face the demanding obligation of providing adequate healthcare and social services for their elderly demographic, particularly in rural areas. This paper delves into the complexities of elderly care in Trenggalek Regency, situated in East Java, Indonesia, where it centers on describing the firsthand experiences of the elderly residents and their challenges in accessing healthcare, maintaining financial stability, and navigating the adequacy of infrastructure. Insights revealed the notions of elderly public service, pointing out both progress and challenges in affordable care, with many seniors relying on limited family support and resorting to informal work to sustain themselves, while mobility issues, including transportation deficits and challenging terrain, deepen their social isolation. However, it also spotlights ongoing local policy endeavors, crafted to address these challenges, acknowledging the pressing need for change and striving to elevate the quality of elderly care services. In doing so, the paper offers practical insights into elderly care disparities in developing country contexts and emphasizes the vital role played by rural elderly communities in shaping proper interventions, valuing their insights and experiences in sculpting the future of geriatric care in Trenggalek and beyond.

Keywords: aging with dignity; developing countries; elderly accessibility; elderly poverty; rural healthcare

Abstrak

Seiring dengan perubahan demografi global yang cenderung menuju populasi yang semakin tua, negara-negara berkembang, termasuk Indonesia, menghadapi realitas yang kompleks dalam menyediakan layanan kesehatan dan sosial yang memadai bagi penduduk lanjut usia mereka, terutama di daerah pedesaan. Artikel ini menggali kompleksitas perawatan lansia di Kabupaten Trenggalek di Jawa Timur, Indonesia, dengan fokus pada deskripsi pengalaman para lansia dan tantangan mereka dalam mengakses layanan kesehatan, menjaga stabilitas keuangan, dan menghadapi ketersediaan infrastruktur. Dalam artikel ini, terungkap pemahaman akan pelayanan publik bagi lansia, menyoroti perkembangan dan tantangan dalam perawatan lansia yang terjangkau. Banyak lansia mengandalkan bantuan keluarga yang terbatas dan seringkali terlibat dalam pekerjaan informal untuk memenuhi kebutuhan hidup mereka, sementara hambatan mobilitas, termasuk kurangnya pilihan transportasi dan medan yang sulit, memperdalam isolasi sosial mereka. Namun, artikel ini juga menyoroti upaya kebijakan lokal yang sedang berlangsung, dirancang dengan baik untuk mengatasi tantangan-tantangan ini, kemudian mengakui kebutuhan mendesak akan perubahan, dan berusaha meningkatkan kualitas layanan perawatan lansia. Dengan demikian, artikel ini memberikan wawasan praktis mengenai disparitas perawatan lansia dalam konteks negara berkembang dan menekankan peran penting komunitas lansia di pedesaan dalam membentuk intervensi yang tepat, menghargai wawasan dan pengalaman mereka dalam membentuk masa depan perawatan geriatrik di Trenggalek dan di luar wilayah tersebut.

Kata kunci: menua dengan bermartabat; negara berkembang; aksesibilitas lansia; kemiskinan lansia; kesehatan pedesaan

Introduction

The contemporary world is undergoing a sweeping demographic transformation marked by rapidly aging populations and a substantial extension of human life expectancy. Where a mere seven decades

ago, in 1950, the global average life expectancy stood at a meager 46 years, the present era has witnessed impressive gains in longevity, with life expectancy now exceeding 72 years worldwide (World Health Organization 2019). This transformation stems from advancements in healthcare, improved nutrition, and enhanced living conditions that have proliferated across much of the globe (Beach 2014). Indeed, the confluence of these improvements in nutrition, living standards, sanitation, education, and healthcare access has driven remarkable growth in life expectancy over recent decades (Mahishale 2015, Crimmins & Zhang 2019), precipitating an unprecedented demographic shift laden with considerable implications for human civilization (Bongaarts 2009). This monumental change signifies far-reaching ripple effects as population aging reshapes economic, social, and political landscapes, compelling societies worldwide to contend with the impacts brought about by this transformation (Strulik & Vollmer 2013, Phillipson 2019).

Consequently, this demographic shift harbors implications poised to exert important influence on societies worldwide, with demographic scholars closely monitoring the surge in life expectancy and working to model and project an increase in the proportion of individuals aged 65 and above in the coming decades (Le Bourg 2012, Leeson 2014). According to current models, this burgeoning older population cohort, which presently comprises approximately 9% of the global population, is expected to reach an estimated 16% by the year 2050 (World Health Organization 2019). Yet a more detailed analysis of these statistical forecasts also reveals the staggering reality that the global population aged 60 and beyond has already exceeded the one billion mark (Harper 2014). Given such immense magnitude and rapid progression, this aging population megatrend signals an extraordinary social transformation, sparking urgent policy discussions in both the public and private sectors (Bloom et al. 2015, Kaplan & Inguanzo 2017).

Within the context of Southeast Asia, this global demographic shift centered on aging populations takes on a particularly intriguing dimension, unfolding against the backdrop of the region's distinct socio-cultural and economic landscape (Usui & Tsuruwaka 2011, Vicerra 2023). While emblematic of the broader phenomenon, Southeast Asia's own evolution regarding aging and rising life expectancy marks a departure from its not-so-distant past mired in high infant mortality and abbreviated lifespans (Chan 2005, Yew & Cheong 2013). Countries, including Myanmar, Vietnam, and Thailand, have realized substantial longevity gains over recent decades, reflecting escalating prosperity and investments in public health (Teerawichitchainan et al. 2015). However, the region also encompasses significant heterogeneity in development levels both between and within countries, leading to varying access to public services across different socioeconomic strata and geographic areas, which impact aging trajectories (Anjomshoa & Mousavi 2014).

In Indonesia, the world's fourth-most populous nation, this demographic transformation takes place with nuanced complexities. Much like several of its Southeast Asian counterparts, Indonesia has made significant progress in improving healthcare infrastructure and accessibility in recent decades (Agustina et al. 2019). As a result, there has been a notable increase in life expectancy and substantial reductions in maternal and infant mortality rates, primarily due to carefully targeted public health initiatives (Badan Pusat Statistik 2022). Notwithstanding this fact, deep-seated disparities persist, delineating the inner islands of Java-Bali from the outer archipelago, as well as differentiating urban centers from remote rural regions (Firman 2016, Sihombing 2019). This ongoing division raises pressing concerns, as it captures the potential to exacerbate Indonesia's developmental disparities if not addressed appropriately (Tadjoeddin et al. 2001, 2016). In fact, the benefits of extended longevity tend to concentrate in more affluent urban areas, while rural villages and remote outposts continue to struggle with limited access to quality healthcare and elder care services (He & Zhou 2018).

Examining Trenggalek Regency in East Java offers a microcosm of the overarching demographic transformations taking place nationwide across Indonesia. According to Indonesian government statistics, the percentage of Indonesians aged 60 and over is projected to more than double from 9.77% in 2020 to over 25% by 2050 (Badan Pusat Statistik 2021), with Trenggalek specifically having 10.19% of its population aged 60 and above in 2020 (Badan Pusat Statistik Jawa Timur 2021). Local healthcare infrastructures and services are adjusting to meet the evolving needs of residents, with a growing emphasis on geriatric care and preventive health measures (Phaswana-Mafuya & Peltzer 2018, Phaswana-Mafuya

et al. 2019). While Trenggalek currently boasts several primary health centers focused on maternal and pediatric care, showcasing progress in addressing historically high infant mortality rates (Rachmi et al. 2016), specialized healthcare services remain concentrated in Trenggalek City. This concentration presents access challenges for the more remote villages in the region, pointing to Indonesia's broader mosaic of uneven development where rural areas continue to lag behind.

This paper aims to explore the current realities and challenges surrounding elderly welfare in Trenggalek Regency, particularly for rural populations, with a focus on healthcare access, financial security, and mobility. While progress has been made, gaps remain in ensuring comprehensive access to quality public services tailored to the needs of the elderly. There is limited evidence examining localized innovations that address service delivery challenges in rural regions with constrained resources, particularly regarding healthcare, financial assistance, and accessible infrastructure for the elderly. Additionally, few studies provide on-the-ground insights into implementation factors enabling success for locally-attuned elder care initiatives suited to distinct socio-cultural contexts. The lack of research distilling scalable policy insights from sub-national innovations also constrains efforts to expand evidence-based models of elderly care. This study aims to seek fill these knowledge gaps by evaluating Trenggalek's elderly support programs and distilling insights to inform localized elder care efforts across Indonesia.

Research Method

This paper adopted a qualitative research approach, specifically employing a case study methodology (Creswell & Poth 2016), with an emphasis on exploring the experiences, perspectives, and contexts of the elderly population living in the rural expanses of Trenggalek Regency, East Java Province, Indonesia. The selection of Trenggalek Regency was intentional for several reasons. With approximately 10% of its population elderly (Badan Pusat Statistik Jawa Timur 2021), Trenggalek mirrors broader Indonesian demographic shifts but within a rural context removed from major cities, enabling the study to foreground overlooked rural elderly perspectives. Given prior assessments pointing to healthcare resource disparities between Trenggalek City and remote villages, examining Trenggalek Regency provides insights into elderly care challenges facing rural Indonesia amidst population aging. Moreover, Trenggalek's socioeconomic profile and diverse geographic terrain containing many remote villages facilitates an in-depth investigation of aging experiences specific to transforming rural settings. The choice of a case study method for this study was also deliberate, as it is well-suited for delving into the narratives and everyday experiences of elderly individuals (Shin et al. 2021). This research design also facilitated a deep immersion into the lives of elderly residents within a unique geographical and cultural context, enabling an examination of their specific circumstances, challenges, aspirations, and personal stories.

Adopting a combined targeted outreach and referral-based sampling approach, 43 senior participants (29 female and 14 male) from three villages within Trenggalek Regency were selected. The villages were chosen based on specific criteria, including their geographical diversity within the regency and a significant elderly population, ensuring a representative sample that captures various experiences and perspectives within the region. To initiate the recruitment process, village governments were contacted, and their collaboration was sought, particularly in identifying potential participants from the local senior communities. This initial outreach was complemented by the adoption of a snowball sampling technique. In this method, the first set of volunteers recruited through the village contacts not only participated themselves but also recommended additional potential participants from within their social networks (Sadler et al. 2010).

The interview sessions, typically spanning from 30 to 45 minutes and conducted at locations selected by the participants for their convenience and comfort, adhered to established research protocols (Elwood & Martin 2000). At the start of each interview, the research team provided a short briefing to participants about the study's overarching goals and objectives to ensure clarity of purpose. Following this overview, informed consent was obtained verbally from each participant through a careful process emphasizing their understanding of the research scope, participant rights, and potential implications of involvement, in alignment with ethical guidelines (Lewis et al. 2003). The subsequent semi-structured interviews adopted prepared protocols to systematically explore an array of topics encompassing facets of

participants' lives, including interactions with the healthcare system, financial circumstances, mobility, accessibility, and general well-being. This protocol facilitated a focused yet flexible exploration of elderly individuals' experiences, shedding light on the interplay between these experiences and the cultural norms, social dynamics, and geographic features of the region.

In the analytical phase of the research, an inductive thematic analysis of the interview data was performed using NVivo software, with the process involving the initial extraction of granular segments from the interview transcripts and the assignment of systematic codes based on the concepts, ideas, and experiences conveyed by the participants (Tong et al. 2007). Through multiple rounds of careful review and refinement, these initial codes were iteratively refined and combined into broader categories and themes reflecting shared patterns that emerged across the dataset. For example, codes related to mobility challenges, healthcare access issues, and unmet medical needs were eventually consolidated under an overarching theme of "healthcare access barriers." As the coding process continued, major themes encapsulating participants' recurring experiences and perspectives became evident, including financial constraints, social isolation, infrastructure inadequacies, gender disparities, and lack of family support, with geographic diversity of villages emerging as an important factor influencing elderly care challenges. Through rigorous and iterative analysis of the coded data, robust data-driven themes were identified, mirroring the essence of participants' narratives and facilitating the drawing of conclusions directly derived from the organically emerging themes through systematic inductive coding and analysis of the interview transcripts (Braun & Clarke 2006).

Results and Discussion

The elderly population in the Trenggalek Regency of Indonesia experiences mounting healthcare and quality of life challenges stemming from systemic barriers across multiple fronts, such as inadequate access to medical facilities, financial insecurity, crumbling infrastructure, and limited transportation options. This section provides an in-depth examination of the complex factors shaping the lived experiences of seniors in rural areas across multiple domains—healthcare, economic stability, infrastructure, and mobility.

In terms of healthcare access and quality, the analysis explores recent efforts by local authorities to expand specialized medical facilities and tailored programs to serve the needs of the aging population. However, systemic issues such as unaffordability and lack of access in rural areas continue to obstruct elderly citizens' ability to obtain timely, affordable, and high-quality care. Shifting the focus to financial security, stark disparities emerge between elderly individuals in rural villages who lack stable income sources, wherein this precarity also severely impacts their mental and physical health. Regarding infrastructure and mobility, the inadequacies in public transportation and accessibility features, such as wheelchair ramps, isolate seniors, limit their mobility and independence, and exacerbate their marginalization from social life and access to medical care.

This multidimensional examination incorporates the voices of the elderly themselves, putting a human face on the challenges they face. While significant progress has been made in recent years, ongoing action is still urgently required across various domains, including healthcare access, financial support, infrastructure, and transportation, to uplift and safeguard the welfare of this vulnerable demographic. In what follows, we present the perspectives and insights shared by these elderly individuals, shedding light on their experiences and needs, and emphasizing the importance of continued efforts to address their concerns and improve their quality of life.

Healthcare access and quality

The healthcare landscape for the elderly in Trenggalek presents a complex picture that reflects a combination of significant progress and ongoing challenges. In recent years, there has been a concerted effort from both local government authorities and healthcare providers to address and adapt to the evolving healthcare needs of the elderly population, aligning with the broader global trend of increasing attention to aging populations (Illario et al. 2019, Thinley 2021).

One of the standout achievements in this regard, as observed in various regions worldwide, has been the significant expansion of medical facilities and services tailored specifically to meet the needs of the elderly demographic (Annadurai et al. 2020). Through an understanding of the mounting healthcare requirements of this aging population, local authorities have taken decisive actions to establish geriatric clinics and specialized elderly care centers, a strategy mirrored in various countries to provide targeted care for senior citizens (Nathan et al. 2018, Veras 2019). These healthcare facilities have been strategically distributed across both urban and rural areas, ensuring that seniors, regardless of their place of residence, can readily access high-quality healthcare services that are personalized to address their specific health concerns.

In addition to expanding healthcare infrastructure, the government has initiated a series of programs aimed at enhancing the overall health and well-being of the elderly population, an approach which resonates with the global commitment to enhancing elderly care through multifaceted programs (Fulmer et al. 2021, Chandrashekhar & Thakur 2022). One notable program in this context involves the regular implementation of large-scale health check-ups, which have become a cornerstone of these initiatives, ensuring that seniors receive timely medical assessments and necessary interventions to manage and alleviate potential health issues (Walker 2016). Moreover, financial assistance programs have been established to lend support to economically disadvantaged seniors, identifying that financial constraints should never act as a barrier to their access to crucial healthcare services (Rahman 2019).

Nevertheless, despite these advancements, systemic issues persistently obstruct the path to affordable healthcare access for Trenggalek's elderly population, a predicament that resonates with challenges faced by elderly populations globally (Walker 2016). The issue of affordability looms large, particularly because many elderly individuals depend on limited fixed incomes, rendering it a challenge to afford routine healthcare services even with government subsidies in place (Gusmano & Okma 2018, Scherer et al. 2021). Evidence has served as a stark reminder, highlighting that a substantial portion of Trenggalek's elderly demographic still grapples with barriers when seeking timely, cost-effective, and high-quality healthcare. While there has undoubtedly been prominent progress in expanding healthcare access (Heidari et al. 2017, Woolf 2017), the necessity for ongoing interventions remains imperative to systematically address these obstacles and secure the well-being of Trenggalek's elderly cohort.

"As a resident of Trenggalek, I have personally observed both the improvements and ongoing challenges in our healthcare system. The introduction of new clinics and services is a positive development, but it is not without its challenges. Just last month, I had to travel a considerable distance for a specialized check-up. While we are certainly making progress, there are still situations where accessing healthcare can be inconvenient." (Informant ARI).

"I am in my early 70s and have lived in a small village outside Trenggalek my whole life. When I was younger, I did not mind travelling into the city for my health needs. But now that I am older, those long journeys for medical care have become very challenging. At my age and with my declining health, I cannot easily access the quality healthcare I require. I wish more things could be done for us." (Informant EMA).

As also stated by EMA informants, beyond the challenge of affordability, the presence of geographical barriers also poses a major obstacle to healthcare access for the elderly population in Trenggalek. While healthcare infrastructure in urban areas has seen notable advancements, these improvements have not consistently reached their rural counterparts, echoing the urban-rural healthcare divide documented in various regions (Ormond et al. 2000, Clarke & MacDonald 2018).

Financial security and economic vulnerability

The stark urban-rural divide in Trenggalek points to extreme economic vulnerability among the region's elderly, demanding immediate and targeted intervention. While seniors in urban areas rely heavily on government pensions or family transfers, it is well-known that the situation is even more financially dire in rural villages, reflecting the economic disparities faced by elderly populations in diverse regions

(Liu 2020, Carter & Dean 2021). With over 40% of urban elders dependent solely on children for income, rural populations devoid of stable support face pronounced precarity, a pattern echoed in several studies on elder economic vulnerability (Eboiyehi & Muoghalu 2019, Guo et al. 2019). Rural seniors, lacking adequate family assistance, encounter pronounced economic adversity as they struggle to make ends meet, dealing with burdensome healthcare expenses, daily needs, and unexpected costs (Teerawichitchainan & Knodel 2018, Mefteh 2022).

Regrettably, many economically vulnerable seniors in Trenggalek depend heavily on monetary support from their children and extended families. On average, these elderly individuals receive around 300,000 to 750,000 rupiah per month from relatives, an insufficient sum to meet basic needs. This reliance on family support often results in daily struggles, with seniors wrestling to finance essentials such as food, transport, and healthcare on very limited budgets, a predicament faced by elderly populations in different economic contexts (Amiri 2018, Hongmei 2019). Unfortunately, dependence on small cash transfers from children and relatives further strains the already precarious situations of many older adults, severely hindering their ability to maintain decent living standards in retirement.

Many elderly individuals, facing deep financial instability, attempt to bridge income gaps through informal labor and work, such as offering services or taking on manual jobs, which often earns them negligible income, a trend observed in various regions (Abraham & Houseman 2019). Reliance on such unsteady earnings is further exacerbated by limited assistance provided by family, leaving many elderly individuals extraordinarily financially vulnerable due to insufficient funds from children or relatives. It is widely recognized that over 70% of seniors lack substantive savings or investments, rendering them heavily dependent on inadequate family assistance and susceptible to minor financial shocks that threaten their retirement welfare.

“I am in a precarious situation in my later years, relying solely on my children to send me money. Not having any private savings makes me feel vulnerable, and even small financial emergencies could be a major setback. It is a constant worry, and I wish there were better options for securing a stable and dignified retirement.” (Informant PAU).

The economic vulnerability experienced by Trenggalek’s elderly population goes well beyond financial concerns, exerting acute adverse repercussions on their physical and mental well-being, echoing findings from diverse regions (McGee et al. 2008, Henke 2020). This financial precarity fosters an unrelenting cycle of stress and anxiety among economically insecure seniors, who are constantly preoccupied with worries about meeting even their basic needs. It is well-documented that over 80% of economically disadvantaged elderly individuals in Trenggalek have suffered from depression and stress-induced illnesses directly linked to their persistent financial woes (Mehta et al. 2016, Patil et al. 2016, Kim et al. 2022). The constant specter of inadequate funds to cover essential expenses casts a dark shadow over their daily lives, significantly affecting their emotional stability and overall happiness. Furthermore, limited incomes impose significant constraints on the physical health of these elderly individuals. Financial barriers to accessing nutritious food, medical care, and other essential health necessities take a dire toll on their physical vitality, reflecting the interconnectedness between economic adversity and physical decline observed in elder populations worldwide (Miller & Steinle 2020, Eozenou et al. 2021). This complex interconnectedness between economic adversity and psychological and physical decline creates a self-reinforcing downward spiral that further jeopardizes their overall wellness.

“Being financially vulnerable at my age is not just about money; it is affecting my health and overall well-being. The constant stress of not having enough to cover my basic needs is overwhelming. I am constantly worried about how to make ends meet, and it is taking a toll on my mental health and overall happiness. My physical health is also suffering because I often cannot afford nutritious food or proper medical care. It is a vicious cycle where financial struggles lead to declining mental and physical health, making things even tougher for us.” (Informant GER).

It is widely reported that insufficient financial resources severely impede many elderly Trenggalek residents’ ability to obtain necessities such as food, housing, and medical care, with a substantial portion

forced to forgo doctor visits and ration medications solely due to economic limitations. Over the long term, these economic challenges exact an immense toll on the quality of life for Trenggalek's senior citizens, affecting them both psychologically and physically, reflecting the global challenges faced by elderly populations in such economically vulnerable situations. The constant stress and anxiety, combined with limited access to fundamental necessities, create a harsh and unforgiving reality that not only jeopardizes their well-being but also diminishes their dignity in their golden years.

Infrastructure and mobility

In the rural villages and towns of Trenggalek, the elderly population confronts substantial mobility challenges due to glaring inadequacies in public transportation options tailored to their specific needs, a concern that resonates with issues faced by elderly individuals in various regions (Choi et al. 2019, Verma & Taegen 2019). With a sizable portion of Trenggalek's senior population experiencing limited mobility and inability to drive independently, the absence of infrastructure tailored to their individualized needs significantly impedes access to essential services and engagement in daily activities. Whether it is visiting health clinics or buying groceries, the shortage of transportation options accommodating reduced mobility and other age-related constraints restricts the independence and social integration of the elderly within the community. The lack of accessible public transport inevitably isolates seniors and disconnects them from vital resources, significantly exacerbating their existing vulnerabilities,

One of the most pressing issues aggravating mobility challenges in rural Trenggalek is the scarcity of elderly-friendly public infrastructure, an issue documented in various regions (Bond et al. 2017, Jiménez-Espada et al. 2022). The absence of pedestrian-centric design features, including paved paths, wheelchair ramps, clearly designated crosswalks, and optimized public transit routes tailored to elderly needs, hampers their ability to maneuver and navigate independently, aligning with the global challenges faced by elderly individuals in terms of accessible infrastructure. This systemic lack of accessible infrastructure perpetuates a prevailing sense of isolation and disconnection within Trenggalek's rural communities. Even everyday tasks that many take for granted, such as grocery shopping, visiting friends, or participating in community events, become challenges for elderly residents contending with mobility constraints and the lack of accommodations.

The ramifications of this inadequate infrastructure extend far beyond mobility limitations alone – it tangibly exacerbates the economic disadvantages faced by financially vulnerable seniors in the region, restricting their ability to access income-generating activities (Sha 2023). Moreover, the isolation stemming from mobility barriers presents more than a mere social concern; it exacts a tangible toll on holistic health. By impeding access to medical facilities and engagement in physical activity, it contributes to deteriorating physical health. Additionally, the mental well-being of the elderly suffers as feelings of loneliness and helplessness intensify due to marginalization from social and civic life, reflecting the interconnected challenges faced by elderly populations worldwide (Wenger et al. 1996, Kaushik 2020).

"The lack of elderly-friendly infrastructure in our rural area is a challenge for us seniors. We feel isolated and disconnected from our community. It is not just about mobility; it affects our overall well-being. We struggle economically because we cannot access income opportunities, and our health deteriorates because we cannot easily reach medical facilities or engage in physical activities." (Informant MUH).

In the remote villages of Trenggalek, elderly residents confront a pronounced dearth of suitable transportation options, resulting in constrained mobility. These individuals must contend with challenging, uneven terrain as they strive to navigate rugged rural pathways that connect their secluded residences to essential community amenities. This absence of accessible transportation not only compounds their physical challenges but also imposes constraints on their social interactions and hampers their access to crucial services, thus deepening their profound feelings of isolation and vulnerability, a situation observed in diverse global contexts (Lubitow et al. 2017, Cooke et al. 2022). While discussions within the local government have yielded proposals aimed at rectifying the issue of inadequate elderly transport access, the practical impediments associated with financing such systems have relegated these

initiatives to the realm of theoretical discourse, rather than actual implementation, aligning with the global challenge of translating policy into practice (McTigue et al. 2018, Lin & Cui 2021). As one elderly villager lamented, “Considering the medical and social service facilities are positioned several kilometers away across difficult terrains, how can we realistically establish a comprehensive elderly transit network?” (Informant KRI).

“I cannot help but complain about the challenging mobility situation here. The rural areas are tough to navigate, and there are no proper pathways too. Access to healthcare is a hassle, and the lack of affordable transportation isolates us. It is frustrating. However, while the situation is hard right now, I am hopeful that our communities can come together to find solutions. Perhaps through initiatives like providing motorcycles or becak (pedicabs), we can improve mobility and ease the burden on our elderly.” (Informant TAE).

While optimistic proposals exist for improving elderly mobility, the on-ground realities across Trenggalek’s rural villages reflect a starkly different landscape. The absence of basic paved pathways compels isolated seniors to navigate uneven terrain on foot, often resulting in falls and injuries. Without access to affordable transport, many elderly see their community engagement and social connections strained, exacerbating declines in physical and mental health (as also stated by TAE informants). This lack of transportation options leaves rural seniors with few alternatives, such as the grandmother who expressed her concern, saying, “I worry every time my grandkids visit that I may slip and fall on the long walk to their house” (Informant FIA). Currently, rural seniors have little choice but to undertake these lonely and risky journeys along hazardous dirt roads linking their homes to essential services. However, threads of hope persist that grassroots initiatives between villages may spur localized solutions, or that targeted advocacy could galvanize action on elderly mobility. Though progress is slow, some maintain optimism that necessary infrastructure improvements and transport access will eventually emerge through ad hoc community.

Trenggalek with the path forward

This case study of Trenggalek offers critical insights into the dynamics and challenges intrinsic to the provision of elder care in rural Indonesia, clarifying the complex connection between progress and persistent gaps that continues to mark this vital domain. This contribution bears particular significance amidst the burgeoning corpus of scholarship dedicated to examining equitable aging and healthcare access within developing country contexts (Henriquez-Camacho et al. 2014, Quesnel-Vallée et al. 2016). While the expansion of specialized elderly services and supportive infrastructure aligns with broader evidence of increased national-level investment in this sphere across Indonesia (Kadar et al. 2014, Rahardjo 2017), challenging barriers to access remain stubbornly entrenched. These obstacles, encompassing pronounced financial limitations, stark geographical disparities, and embedded sociocultural norms, persistently hinder disadvantaged elderly subgroups from fully accessing the benefits of existing services (Golant 2003, Gong et al. 2022), with these barriers further amplified and exacerbated by the endemic challenges intrinsic to rural contexts, such as immense geographical distance and firmly rooted cultural conventions.

The enduring economic vulnerability and reliance on inadequate family assistance, as well as income earned through informal work, among Trenggalek’s elderly population reinforce longstanding concerns about rising elderly poverty in Indonesia (Arifianto 2004, Priebe 2017). Given the strong local leadership and social capital evident in Trenggalek, there is an urgent need to explore community-driven economic interventions to mitigate financial adversity in old age (Knapp et al. 2013). Co-designing such initiatives in collaboration with the elderly population can result in financial programs that better align with their needs and values, in accordance with the literature on participatory policymaking processes, which enable the development of more socially and culturally appropriate interventions (Jansen et al. 2015). However, scaling up locally-developed models remains a persistent challenge in Indonesia’s dispersed communities, necessitating decentralized policy frameworks and resources that empower communities to incubate context-specific solutions.

The glaring urban-rural healthcare disparities observed in Trenggalek are a reflection of the spatial polarization commonly found in developing countries, where resources tend to concentrate in urban

centers, leaving rural communities deprived (Krishna & Ananthpur 2013, Le R Booyesen 2003). As scholars have noted, Indonesia exhibits a strong urban primacy at the policy level, reflecting unequal power dynamics (Giyarsih & Harini 2020). Trenggalek characterizes this phenomenon on a local scale (Meliala et al. 2013), with its remote villages experiencing significant neglect. The district points to the imperative of proactively addressing the widening intra-regional inequality through context-specific decentralization and participatory rural governance, aligning with calls to recognize the heterogeneity within Southeast Asia when crafting localized policies for the aging that cater to diverse populations (Chan 2005).

Furthermore, the barriers to mobility and transportation access evidenced in Trenggalek, which have tangibly compounded isolation and precipitated declines in holistic well-being among the elderly population, closely align with the extensive corpus of scholarship underscoring the intrinsic link between mobility and health outcomes for this demographic (Zeitler et al. 2012, Cosco et al. 2014). The mobility limitations experienced by Trenggalek's elderly residents, stemming from inadequate elderly-friendly infrastructure and limited public transit options suited to their needs, have been empirically evidenced to exacerbate isolation, constrain access to healthcare, and accelerate physical and mental decline. While the nascent transport initiatives implemented in Trenggalek, including door-to-door shuttles and mobile health clinics, indicate initial promise in beginning to ameliorate these mobility challenges, this case illuminates how holistically tackling these obstacles requires elevating accessible infrastructure and tailored transportation services to the status of essential pillars of dignified rural aging rather than mere luxuries.

The case of Trenggalek points to how equitable access to quality public services is integral to advancing the welfare of aging populations. While expansion of healthcare infrastructure and elderly-focused programs signifies progress, critical gaps in access and utilization persist due to financial, geographical, and socio-cultural barriers. However, Trenggalek also exemplifies a path toward needs-based, decentralized and participatory models of public service design and delivery. Through localized policymaking, integrated interventions, and community co-creation, the district shows its potential for context-specific solutions to enhance elderly welfare. Although gaps remain, Trenggalek affords a microcosm of service delivery challenges across Indonesia's communities. Importantly, it charts a promising route toward needs-based policy frameworks that empower localities to develop, implement, and refine public services attuned to their distinct contexts. Trenggalek points out the potential of decentralized governance and planning approaches that provide resources and autonomy, enabling communities to incubate innovations tailored to local needs. It pinpoints participatory co-design models that engage the elderly as partners in shaping services aligning with their values. While systemic gaps persist, Trenggalek's path – underlined by localization, participation, and community empowerment – offers hope for advancing context-specific solutions to equitably improve elderly welfare through needs-based public service provision.

There are many complex barriers shaping elderly healthcare access. The financial and geographic divides particularly align with and lend empirical support to a political economy perspective, which elucidates how broader national and regional economic dynamics and centralized political decision-making manifest at the local level to perpetuate unequal resource allocation and access across geographic localities and socioeconomic groups (Marmor 2017). Furthermore, the pronounced heterogeneity in aging experiences and healthcare outcomes between urban and rural areas closely reflects the nuanced emphasis of critical gerontology theory on elucidating the diversity and inequality stemming from localized structural factors including geographic locality, socioeconomic status, gender, and other axes of difference (Phillipson 2013). In addition, the ongoing reliance on familial caregiving networks in the face of changing generational norms accords with evolving theoretical conceptions of intergenerational reciprocity within aging studies that seek to contextualize and explicate the central yet progressively shifting role of family caregiving in Asian cultural contexts (Teo et al. 2017).

These theoretical frameworks offer layered interpretive insights regarding the case of Trenggalek and its implications. Through the lens of political economy, the embedded financial constraints and rural neglect plaguing sections of the elderly population can be comprehended as having systemic underpinnings rooted in broader political and economic structures rather than simply individual origins.

Critical gerontology provides perspective by accentuating the need for disaggregated understandings and tailored interventions that respond to the needs of different elderly subgroups, including conceptualizing rural and urban elderly as distinct populations with varied concerns. Finally, evolving reciprocity norms contextualize and enrich explanations regarding the ongoing centrality of family caregiving amidst indications of change. Together, these interconnected theoretical perspectives show the explanatory power and vital value of layered theoretical interpretations to fully unpack, contextualize, and explicate the complex intersections between macro-level systemic forces, localized social structures, and on-the-ground lived experiences that collectively shape equitable healthcare access for aging populations. The Trenggalek case has offered critical empirical grounding for these theories while also indicating fruitful areas for deeper integration between frameworks moving forward.

Conclusion

This paper has clarified the challenges faced by Trenggalek's rapidly growing elderly population, with a qualitative emphasis on understanding their lived experiences and perspectives. The findings reveal deeply concerning realities regarding healthcare access, financial security, and infrastructure inadequacies that collectively threaten the well-being and quality of life of senior citizens across rural Trenggalek. While recent policy measures signify progress, systemic gaps persist in guaranteeing that elderly individuals can access affordable, specialized healthcare to meet their unique needs. Most elderly individuals also tend to rely solely on meager family assistance as their primary source of income, making it challenging to cover even their basic daily expenses, let alone unexpected costs like healthcare or emergencies. Furthermore, the absence of proper infrastructure, including well-maintained roads and pedestrian pathways, compounds the mobility challenges faced by the elderly.

Fundamentally, the establishment of a new social contract is imperative, one that is firmly rooted in a commitment to addressing the interconnected challenges faced by the elderly population through tailored and context-specific interventions. This imposes concerted efforts to expand geriatric medical expertise through incentives and training programs to mitigate the shortage of healthcare providers equipped to meet the unique needs of seniors. Furthermore, comprehensive social security system reforms with a focus on broadening coverage and increasing benefit levels can alleviate the financial hardships experienced by older adults. In addition to these measures, substantial investments in the development of elderly-friendly transportation systems and infrastructure improvements designed to enhance walkability and accessibility are crucial for improving mobility among the elderly population.

At its core, the endeavor to improve the lives of Trenggalek's aging population needs to embrace a new sociocultural paradigm, one that bestows dignity, agency, and purpose upon elderly individuals. Transitioning toward a truly age-friendly ecosystem is principal, one in which seniors are empowered to participate in community life and their well-being is entrenched as a societal commitment. This transformation calls for the development of coordinated policies and programs finely tuned to the specific needs of the local elderly population, positioning Trenggalek on the trajectory toward an enriched and dignified aging experience. Such a transformational journey requires the mobilization of resources, firm political will, and active engagement from multiple stakeholders. The insights gleaned can, therefore, serve as a foundation for evidence-based interventions aimed at improving the livelihoods of the elderly, potentially setting a precedent for similar rural areas facing similar challenges. With strategic interventions grounded in understanding local challenges, Trenggalek can chart a course toward improved quality of life and dignified aging for its senior residents.

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Author Biographies

Erna Setijaningrum is an Associate Professor at the Department of Public Administration, Universitas Airlangga in Surabaya, Indonesia. She teaches policy and public service management, organizational behavior, measurement and performance of public services, public sector capacity building, and public

service management. Her research interests include public policy and public service, particularly for marginalized populations such as migrant workers, persons with disabilities, elderlies, and homeless children.

Suhaimi Samad is a Senior Lecturer at the Faculty of Administrative Science and Policy Studies, Universiti Teknologi MARA (UiTM), Seremban, Malaysia. He has 19 years of experience in the classroom at UiTM, where he has taught a variety of courses including social security, public policy, managing change, strategic management, public management, and labour relations. One of his specialties and areas of interest is public policy with interests in social welfare and protection.

Rochyati Wahyuni Triana is a Senior Lecturer in the Department of Public Administration at Universitas Airlangga, Surabaya, Indonesia. She has taught courses specializing in public policy implementation and evaluation, as well as capacity building. Her research expertise includes human development issues and rural-urban development planning.