



Understanding Elderly Health in Riau: Phenomenology Study on Healthcare Access, Chronic Diseases, and Care Challenges

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Abstract: Despite recent improvements in health indicators, ensuring affordable, quality healthcare for the elderly in Riau Province remains challenging. This study examines personal experiences accessing healthcare services, costs, barriers, and strategies to develop more effective solutions for elderly welfare. We conducted a qualitative phenomenological study with 20 seniors in Riau Province (November-December 2024) with equal gender representation. Experienced interviewers gathered information about healthcare seeking, accessibility, affordability, and strategies. Data were analyzed using thematic analysis. Results revealed unsatisfactory health conditions among elderly populations, with many suffering from benign tumors, chronic kidney disease, persistent pain, and gastric ulcers. Most participants had multiple non-communicable diseases, particularly diabetes and hypertension. The elderly faced significant obstacles accessing both government and private healthcare, including inadequate facilities, long wait times, complicated referral systems, and limited medication and medical personnel availability. Financial constraints presented major barriers, especially for private services with high costs. Limited understanding of procedures and additional expenses further complicated access. Transportation issues and lack of awareness about available services highlighted the need for targeted interventions to improve health outcomes in this demographic. System improvements and service enhancements are necessary for optimal healthcare access. Policymakers and elderly care providers must prioritize elderly-friendly healthcare infrastructure with affordable care costs to improve health conditions among senior citizens in Riau Province.

Keywords: Care Challenges; Chronic diseases; Elderly health; Healthcare access.

Introduction

The ageing population trend in Riau is in line with national patterns; the Indonesian Ministry of Health (Kemenkes, 2022) reports that Indonesia is undergoing a demographic transition towards an ageing population structure, characterised by a rising proportion of elderly from 9.92% in 2020 to an estimated 19.8% by 2045. Statistical data from the Central Bureau of Statistics

(BPS) of Riau Province in 2023 reveals a notable elderly population in Riau, with a total of 514,783 people spread across age categories: 60-64 years (219,627 people), 65-69 years (149,087 people), 70-74 years (85,456 people), and 75 years and older (60,613 people). This data shows that elderly women outnumber elderly men, particularly in the 75 years and older age category (Dinas Kesehatan Provinsi Riau, 2023).

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Health concerns, where the elderly suffer physical and mental deterioration as well as a high frequency of chronic illnesses, are among the primary challenges they confront (Hung et al., 2011; Maresova et al., 2019; Vogeli et al., 2007; Wang et al., 2018). With hypertension being the most prevalent, the elderly are susceptible to chronic illnesses like diabetes, heart disease, and hypertension (Ciumărnean et al., 2021; Jana & Chattopadhyay, 2022; Jia & Sowers, 2021). Many senior people find it challenging to get medical treatment from an economic standpoint as they lack a set income (Banerjee et al., 2023; Wang et al., 2024). Socially, the elderly can suffer loneliness, isolation, and prejudice (Neves & Petersen, 2025). Their well-being is also significantly impacted by insufficient elderly-friendly public amenities and long-term care services (Chockalingam et al., 2024; Komasi et al., 2023; Yang et al., 2024).

This study emphasises four key areas: First, in line with Brathwaite et al. (2020) method of grasping obstacles to health care access for hypertension patients, we investigate the experiences and difficulties the elderly in Riau Province encounter in obtaining health services. Second, as underlined in Shamsi et al. (2017) study on living experiences with hypertension, one should note how chronic illness conditions affect several aspects of quality of life for the elderly in Riau Province. Third, study of financial, transportation, and structural obstacles limiting the old in accessing sufficient health care, which is a major concern in Chantakeeree et al. (2022) work on health promotion behaviours in the elderly with hypertension. Fourth, using the solution approach suggested by Wang et al. (2018) in studies on old health services in community health centres, the creation of suitable plans and methods to enhance health care accessibility for the elderly population in Riau Province.

Method

A descriptive phenomenological technique is used in this paper using a qualitative approach. The phenomenological approach was selected because it emphasises the subjective views of elderly people in accessing health services and seeks to understand the lived experiences of individuals; as Frechette et al. (2020) explain, interpretive phenomenology is a particular technique for investigating life experiences. Aiming to describe the meaning of life experiences—both in terms of what is experienced and how the experience is felt—the phenomenological method lets researchers capture and examine the essence of life experiences from the viewpoint of individuals who experience them directly (Neubauer et al., 2019). Riau Province was the site of two months of study from November to December 2024.

The site choice was influenced by Riau Province's reported rise in old population to 514,783 persons and a hypertension prevalence of 29.14% among the population ≥ 18 years, as (Apriyus et al., 2024).

With a fair gender distribution (10 men and 10 women), the informants in this research were 20 old people living in Riau Province, aged 60 years and above. Informants were chosen using a purposive sampling method depending on inclusion criteria: aged 60 years and above; experiencing at least one chronic disease condition; having accessed health services in the last six months; able to communicate eloquently; and willing to be research informants by signing informed consent. The number of informants was determined by the concept of data saturation, which holds that data collecting ceased when no new relevant information was found, akin to what Wang et al. (2018) did in their study with 18 participants to reach data saturation in research about elderly experiences.

The researcher armed with a semi-structured interview guide created from literature studies pertaining to older health care access was the primary tool in this study. Adopting the Shamsi et al. (2017) approach in qualitative research on living experiences with hypertension that used semi-structured interviews to investigate patient perspectives and experiences, the interview guide addressed several main dimensions: health conditions and chronic disease experiences; physical and geographical accessibility to health services; financial affordability; availability and quality of services; and strategies to overcome experienced barriers. In-depth interviews spanning 60 to 90 minutes for each source were used to gather data. Interviewers qualified in qualitative research who have received particular training on sensitive interview approaches for older persons performed the interviews. Interviews were held in sites selected by the informants to provide comfort and privacy, such as at the informant's home or senior community sites, in line with best standards in phenomenological research as described by Pascal et al. (2011).

This study's data analysis applied the thematic analysis technique as described by Braun & Clarke (2023), comprising six steps: data familiarization via transcription and repeated reading; systematic initial coding; searching for possible themes; reviewing themes; defining and naming themes; and writing reports following Dodgson (2023) recommended approach for phenomenological data analysis in health research. The analytic procedure was run repeatedly by academics always comparing data and creating interpretations. This study employed source triangulation methods by interviewing health service providers and elderly family members; member

checking by confirming data interpretations with informants; and peer debriefing with research colleagues not directly involved in data collecting, similar to the approach used by Chantakeeree et al. (2022) in investigating elderly perspectives on health promotion behaviours, so improving data validity.

Result and Discussion

Riau Province's Health Services Accessing Elderly Experiences and Challenges

The findings of the study show that Riau Province's seniors struggle in many ways to get health care. Thematic analysis revealed four key themes connected to the experiences and difficulties of the elderly: The four key topics found are: geographical and transportation obstacles; health service restrictions; financial limits; and health information voids.

Geographic and Transportation Obstacles

For the elderly in Riau Province, particularly for those living in rural regions, physical accessibility is one of the key challenges. The elderly find it difficult to get the health treatments they need given the great distance between homes and health facilities; Brathwaite et al. (2020) back this up by showing how distance to health facilities influences patient referral visits in rural regions. Many of them in this survey recounted:

"My home is in the hamlet, far from the health facility. Should no one be around to drive me, I cannot get therapy. Sometimes I have to wait for my kid to arrive first; it can be a week before I can visit the health clinic". Female, 68 years old.

"By motorbike, it takes me an hour from my home to the health centre. Rain makes the road slick and muddy. Should I travel alone, I fear falling". Male, 72 years, P7

Adequate public transportation's shortcomings are also a major concern for the elderly, as Schutte et al. (2023) show, as geographical distance and transportation constraints hinder their access to hypertension health care in underdeveloped nations. Elderly individuals without family transportation assistance find it more challenging to receive health services, particularly for regular check-ups or prescription fills.

Health Service Constraints

For the elderly with hypertension, shortcomings in the health care system provide a major difficulty. Similar to the results of Wang et al. (2018) in research on older health services in community health centres, long waiting times, a small number of medical workers, and drug availability are typical issues the elderly encounter while using health services. Participants said it thus way:

"Sometimes I spend a whole day at the health centre." There's just one doctor and the line is lengthy. Sometimes, after the test, the recommended medicine is not in stock, therefore I must get it from outside providers". Female, 75 years old, P9

"The mechanism of referrals is unclear. Once I was sent to the district hospital; when I arrived, they told me it could be handled at the health centre level and asked me to go back. Going back and forth is exhausting". Male, 67 years, P12

Elderly experiences also revealed constraints in the referral system as a major issue. In keeping with Shamsi et al. (2017) results on system obstacles in hypertension treatment, administrative complexity and lack of coordination between primary and secondary health institutions lead the elderly to have difficulty in obtaining adequate care.

Budgetary Limitations

Though many seniors are covered by the National Health Insurance (JKN) program, transport costs and other indirect charges remain a major financial concern, as noted by Chantakeeree et al. (2022), who claim that indirect costs hinder access to health services for seniors with hypertension. Participants said,

"Certainly, BPJS makes treatment free but travel costs are high." Not to mention if tests cannot be finished in one day, so you must remain in the city". Seventy years old, male, P2.

"Sometimes BPJS does not cover the drug, therefore I have to buy it myself. A tiny retirement income forces me to sometimes decide between purchasing medicine and meeting my daily requirements". P15, female, 73 years of age

Some seniors also rely financially on other relatives, which compromises their ability to get health treatments; studies by Chantakeeree et al. (2022) confirm this finding by showing that economic limitations influence hypertension medication compliance in the elderly.

Deficiencies in Health Information

Similar to the results of Apriyus et al. (2024) on awareness and knowledge of the community connected to hypertension in Riau Province, the elderly in Riau Province face major obstacles from a lack of knowledge about hypertension and other chronic diseases as well as restricted access to health information. Several individuals expressed:

"I'm not very educated about this high blood pressure. The doctor stated I had to diet and take medicine consistently; it wasn't described in depth. Sometimes I get mixed up about what foods are permitted and what are not". Female, 65 years, P5

"Our town still lacks knowledge about illnesses and how to manage them. Counselling is uncommon; even if it exists, it's

often done in the health facility, which is distant from home".
Male, 69 years old, P11

In accordance with studies by Shamsi et al. (2017), which underline the need of patient education in hypertension management, this knowledge gap affects geriatric understanding of the need of regular check-ups and follow-up to hypertension therapy.

Chronic Disease Effects on Elderly Quality of Life

Examining how chronic diseases—especially hypertension affect the quality of life of seniors in Riau Province produced three key ideas: The three main themes were: physical and functional effects; psychosocial effects; and economic effects.

Functional and Physical Effects

According to Zheng et al. (2021), hypertension and other chronic illnesses greatly affect the everyday physical and functional capacities of the elderly, since they are linked to worse health-related quality of life ratings for physical health. Study subjects said,

"I usually have dizziness and stiff necks because I have high blood pressure. When it flares up, I can't garden. Still, the family relies on it for money". Male, 65 years old, P6

"I was once involved in religious events. Now, if my blood pressure increases, I must stay at home. Sometimes I can't leave the home for weeks". Female, 71 years, P14

Consistent with studies by Lionakis et al. (2012) on the influence of hypertension on older independence, physical activity restrictions brought on by hypertension symptoms compromise the independence of the elderly in doing everyday tasks, hence affecting general quality of life.

Psychological Effects

Hypertension affects the social contacts and psychological state of the seniors as well. Like the results of Shamsi et al. (2017) on the psychosocial elements of living with hypertension, anxiety, fear of problems, and changes in social roles predominate in the experiences of old with hypertension. Participants voiced it like way:

"I always fear my blood pressure may go up again. Like my neighbour, I am horrified of suddenly suffering a stroke. Thinking about it sometimes makes sleep impossible". Female, 67 years, P8

"I hardly engage in community events since I become unwell. When I suddenly get unwell and inconvenience others, I feel humiliated. I generally simply remain at home now". Male, 74 years old.

Elderly with hypertension also start to worry about stigma and being a burden to their families, which may

affect their involvement in social and communal activities in accordance with Benetos et al. (2019), who noted social isolation as a risk factor in the elderly with hypertension.

Effects on the Economy

As Schutte et al. (2023) discovered on the economic effect of hypertension in low- and middle-income nations, hypertension creates a major financial strain on the elderly and their families both from direct treatment expenses and from reduced production as well. Participants said,

"Routine check-ups and drug prices eat most of my retirement income. Not to mention if I have to purchase extra vitamins or supplements". Male, 68 years, P10

"I can't work as previously after I became ill. Though health requirements have really grown, income has dropped". Female, 65 years, P17

Another major problem is economic reliance on other family members, which might compromise the autonomy and self-esteem of the elderly, consistent with the results of Rony et al. (2024) on economic issues connected to old quality of life.

Financial, transportation, and system barriers to health service access.

Financial Barriers

Even though the JKN program covers the majority of the elderly in Riau Province, they still encounter numerous financial barriers. Indirect costs such as transportation, accommodation, and food while seeking health services become an additional burden for the elderly, in line with the findings of Brathwaite et al. (2020) on cost barriers in hypertension service systems. As expressed by participants:

"To go to the health centre, I have to take a round trip by motorcycle taxi for Rp 50,000. Not to mention if I have to wait a long time, I need money for food and drink. Occasionally it can cost Rp 100,000 for one treatment". (P13, female, 69 years)

"If referred to the provincial hospital, the cost is even greater. You must spend a minimum of one night in the city. The cost of living in the city is expensive". (P1, male, 72 years)

The limited coverage of medications in the JKN program is also a constraint, where some medications must be purchased independently, adding to the financial burden on the elderly. This is supported by research from Chantakeeree et al. (2022) on barriers to hypertension treatment adherence.

Transportation Barriers

Limited transportation facilities and road infrastructure are significant barriers for the elderly in

Riau Province in accessing health services, in line with the findings of Schutte et al. (2023) on physical access barriers in hypertension services in developing countries. Participants explained:

"In our village, there is no public transportation. If you want to go to the health centre, you have to take a motorcycle taxi or hitch a ride with a neighbour's car. During the rainy season, the road becomes difficult to pass". (P16, male, 73 years)

"The bridge to the next village, where the health center is located, is often damaged. Damage to the bridge necessitates a lengthy detour or the use of a small boat. It's dangerous for elderly people like us". (P19, female, 70 years)

Dependence on family for transportation is also a problem, especially for the elderly whose family members work or live separately, supported by Price (2003) on transportation isolation in the elderly.

System Barriers

Complex health service systems and complicated bureaucracy often become barriers for the elderly in accessing health services, in line with Wang et al. (2018) on systemic challenges in elderly health services. Participants expressed:

"The procedures are convoluted. Patients must wait in line at numerous counters. For elderly patients like us, it's exhausting". (P18, male, 76 years)

"The referral system is often problematic. Sometimes, I get to the hospital only to be told to return to the health centre because something is missing". (P20, female, 68 years)

The shortage of health personnel, especially specialists, in rural areas is also a significant constraint in hypertension health services for the elderly, as found by Danielli et al. (2023) on the distribution of health personnel in low- and middle-income countries.

Strategies and Approaches to improving Health Service Access

Based on elderly experiences and identification of existing barriers, several strategies and approaches can be developed to improve health service access for the elderly in Riau Province: strengthening community-based health services; optimising the role of families and carers; innovating referral systems and service coordination; and enhancing health literacy for the elderly.

Strengthening Community-Based Health Services

The importance of developing health services closer to elderly residences became a prominent theme in this research, in line with recommendations from Schutte et al. (2023) to strengthen primary health services in hypertension management. Participants conveyed their hopes:

"If possible, there should be a health post in the village that can check blood pressure and provide routine medication. So there's no need to go far to the health centre". (P5, female, 65 years)

"There needs to be health cadres who go around to monitor elderly health at home, especially those who have difficulty travelling". (P14, female, 71 years)

The development of Elderly Integrated Service Posts (*Posyandu Lansia*) and optimisation of the role of health cadres in routine hypertension monitoring can be an effective strategy to improve health service access for the elderly, supported by Carey et al. (2018) on community-based approaches in hypertension control.

Optimising the Role of Family and Carers

Family and carer involvement in elderly health management becomes an important factor in overcoming barriers to health service access, in line with findings from Chantakeeree et al. (2022) on the importance of social support in health promotion behaviours for the elderly with hypertension. Participants expressed:

"Family is very helpful to me in getting treatment. They are the ones who take me, help with administration, and remind me to take medication". (P9, female, 75 years)

"If there were special companions for the elderly in health centres or hospitals, it would be very helpful." We are often confused by the existing system". (P12, male, 67 years)

Family education programs and elderly carer training can be a strategy to increase social support for the elderly in accessing health services, supported by research from Chantakeeree et al. (2022) on family support in hypertension treatment adherence.

Innovating Referral Systems and Service coordination

Simplification of referral systems and improved coordination between health facilities become important needs to improve health service access for the elderly, in line with recommendations from Schutte et al. (2023) to strengthen health systems in hypertension management. Participants suggested:

"There should be a special schedule for the elderly at health centres, so they don't have to queue for a long time with other patients". (P2, male, 70 years)

"There needs to be better communication between health centres and hospitals. If possible, patient data should be integrated so there's no need to repeat examinations". (P15, female, 73 years)

The development of integrated health information systems and fast tracks for the elderly can improve referral systems and health service coordination in

accordance with recommendations from Brathwaite et al. (2020) to strengthen referral systems in hypertension services.

Enhancing Health Literacy for the Elderly

Improving elderly understanding about hypertension and its management becomes an important strategy to increase treatment adherence and health service access, in line with findings from Shamsi et al. (2017) on the importance of health literacy in hypertension management. Participants suggested:

“There needs to be regular counselling about hypertension and how to handle it. If possible, in places close to settlements, such as in the village hall”. (P11, male, 69 years)

“Health information should be made in a form easily understood by the elderly, for example with pictures or videos”. (P8, female, 67 years)

Health education programs tailored to elderly characteristics and involving local health cadres can improve elderly health literacy in line with recommendations from Apriyus et al. (2024) to increase community awareness about hypertension in Riau Province.

Conclusion

Particularly with regard to hypertension control, this study uncovers different experiences and obstacles the elderly in Riau Province have in obtaining health care. Elderly people's experiences reveal primary themes of geographical and transportation obstacles, health care restrictions, financial limits, and health information shortages. Hypertension and other chronic diseases significantly impact the quality of life of the elderly physically, psychosocially, and economically. A comprehensive strategy to improve health service access for the elderly in Riau Province needs to include strengthening community-based health services, optimising the role of family and carers, innovating referral systems and service coordination, and enhancing health literacy among the elderly. This approach requires multisector collaboration between government, health service providers, community, and family to create a health service system that is more responsive to elderly needs.

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