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# The health condition profile of elderly migrants in Teluk-Bintuni West Papua, Indonesia: the importance of access to health services

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## ABSTRACT

**Background:** Several studies of migrants have frequently explored their importance in the workforce, but very few have investigated elderly migrants, despite the significant social and health risks they experience. This study aims to evaluate the health conditions of elderly migrants in Teluk Bintuni Regency, West Papua.

**Methods:** A quantitative-qualitative approach was carried out by drawing on data/literature from a socio-economic survey conducted between 2015 and 2016. The health of elderly migrants within the context of household conditions, access to health services, income, and education was analyzed in narrative sentences.

**Results:** This study finds that the majority of elderly migrants

had experienced some symptoms of illness (headaches, nausea, coughing, etc.) in the last three months. Statistical testing of the variables mentioned above indicates that elderly migrants' health condition is influenced by their income and access to health services.

**Conclusion:** Elderly migrants in Teluk Bintuni Regency are in relatively good health. No elderly migrants with degenerative symptoms or major illnesses were noted in the survey. The health condition of elderly migrants is closely linked to two factors, namely income and access to health services, whereas having a clear positive correlation with elderly migrants' health.

**Keywords:** elderly migrants, health, symptoms of illness, access to health services

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## INTRODUCTION

Studies of migrants have frequently explored their importance in the workforce and distinguished between skilled and unskilled labor.<sup>1-3</sup> Rarely have studies explored the conditions and experiences of elderly migrants—be they persons who migrated in their youths or persons who migrated in their later years<sup>4</sup>—even though elderly migrants have been identified as highly vulnerable.<sup>5-6</sup> Various factors, including a limited command of the local language, different culture, unequal control of resources, and lack of health insurance, contribute to elderly migrants' difficulty accessing health services.<sup>7-9</sup> As such, researchers must seek to understand not only migrants of productive age but also elderly migrants. Given the Sustained Development Agenda's emphasis that no one must be left behind (including the elderly), it is high time for studies of the health condition of elderly migrants.

In developed countries such as Australia, Germany, and the United Kingdom, migrants are identified as having better health than in their regions of origin.<sup>9,10</sup> This may be attributed to these countries' social policies, which value all members of society. Unfortunately, in less developed countries, the reverse is true; migrants often have

worse health than in their region of origin. This is influenced by various factors, including cultural differences, homesickness, and access to health services.<sup>11,12</sup>

The link between geriatric health and elderly migrants' access to health services has been widely discussed. It has been found that geriatric health decreases as the distance from health services increases.<sup>9,10</sup> Seniors often treat their symptoms and illnesses, generally by changing their diets and resting more, unwilling to pay the high costs of transportation and health services. When experiencing certain symptoms, such as headaches, back pain, and nausea, elderly migrants may decide not to seek healthcare. For more serious conditions, such as strokes, dementia, and Alzheimer's, they often lack access to proper health services. In Belgium, for example, insufficient health services are available for elderly migrants (particularly those from Morocco). Saloua, Sofie, and Liebeth note that elderly migrants experiencing dementia face a range of challenges, including limited access to healthcare.<sup>13</sup>

In Indonesia, the elderly have received increased attention in recent years.<sup>14</sup> The country's elders population has grown significantly, from 7.2% of the population in 2000, 7.6% in 2010, and 8.5% in

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2015 and it is predicted to reach 15.8% in 2035.<sup>15</sup> Furthermore, 44% of Indonesian elders live in poverty and thus experience difficulty accessing healthcare services.<sup>16</sup> The State, meanwhile, has yet to provide proper support, and existing programs are oriented towards seniors who are aged 70 or older.<sup>16</sup> Ultimately, Indonesia's elderly depend on their families for their continued welfare. It is in this context that senior studies—such as those by Abikusno and Kusumaratna have been conducted.<sup>17</sup> The study have examined the household structures, socio-economic backgrounds, and cultural situations of seniors.<sup>17</sup> Only rarely have studies examined elderly migrants, despite their importance in providing universal health coverage and ensuring universal access to health services. According to the National Team for the Acceleration of Poverty Eradication (TNP2K), only some 26% of seniors are covered by the national health insurance scheme.<sup>16</sup>

Seniors may migrate together with their children or have migrated in their youth and remained until old age. Seniors in these distinct categories, despite their differences, share various risk factors. Migrants experience different dynamics, as influenced by their political, security, economic, social, and cultural conditions. Teluk Bintuni offers one attractive location for migration research. Formed out of the Manokwari Regency after Indonesia began its political reform, this regency has seen significant development. Its economic activities, including its gas and forestry industries, have attracted migrants from Maluku, East Nusa Tenggara, Sulawesi, and Java. Between 2005 and 2013, the percentage of migrants living in Teluk Bintuni increased from 4% to 11%.

Based on those mentioned above, this study aims to evaluate the health condition profile of elderly migrants in Teluk-Bintuni West Papua, Indonesia during 2015 and 2016 period.

## METHODS

This article explores the health condition of elderly migrants in Teluk Bintuni by analyzing a survey of 17,125 households conducted between 2015 and 2016. This survey found approximately 652 elderly migrants, whose health condition can be ascertained based on their responses to two questions: “have you had any health complaints in the last three months” and “what health complaints did you experience”. The findings are presented descriptively below using quantitative-qualitative, with a focus on three themes: characteristics of elderly migrants, health, and the correlation between them.

Data analyzed from surveys were evaluated in a narrative synthesis into several indicators such as the demographic and social conditions, health

condition of senior migrants,

## RESULTS

### Elderly Migrants: Their Demographic and Social Conditions

The 2015/2016 survey from different census identified 652 elderly migrants in Teluk Bintuni. There were 52.1% males and 47.9% of females recorded. This cannot be separated from previous migration trends; another survey, conducted in 2005, found that the vast majority of migrants in Teluk Bintuni were men. Lee has shown that men have more opportunities to migrate greater distances, and indeed many of Teluk Bintuni's migrants come from outside the province or even outside Papua.

Migrants who had lived in Teluk Bintuni since 2005 were identified through a unique code, which served to distinguish established and new households. Households that were surveyed in 2005 were given a specific code, which they retained in the 2015/2016 survey. These households were identified as “panel households” and represented 67.8% of households with elderly migrants. As such, most of the elderly migrants in the 2015/2016 survey had lived in Teluk Bintuni since before 2005. It is possible that seniors in these households had migrated for work, then remained into their twilight years.

The growth of exploitive and non-exploitive industries in Teluk Bintuni since 2000 was a significant driver of migration. Migrants travelled to Teluk Bintuni in search of an income and a better life. Many entered the industrial and trade sectors, working as labourers, opening shops, or driving motorcycle taxis. Successful migrants shared their stories with their families and their neighbours in their hometowns, thereby provoking the second wave of migration. Migrants may have travelled on their own or together with other household members, potentially including seniors. Collected data indicate that 0.2% of seniors surveyed had only recently moved to Teluk Bintuni.

Elderly migrants may be further divided into three age groups: “Young Old” (age 60–74), the “Old” (age 75–84), and the “Oldest Old” (age >85). Most elderly migrants in Teluk Bintuni (94.1%) fall into the first category. Members of this group are generally more productive than the others, and the vast majority (95.4%) remain involved in various economic activities. They retain the energy to remain economically active, selling vegetables, working fields, fishing, and driving taxis (Table 1).

Elderly migrants' involvement in economic activities contributes significantly to their household welfare. For the 32.5% of seniors

are the heads of their households, continued participation in economic activities offers a means of supporting their spouses and children. Elderly migrants generally have a low level of education; approximately 67.9% did not complete elementary school. Often, these migrants only attended school for several years, being unable to continue their studies owing to financial restrictions and/or socio-cultural factors (i.e. a belief that education is not essential). Of the seniors who completed their elementary studies, none pursued further education (Table 1).

### Health Condition of Senior Migrants

It is usual for one's health to deteriorate as one age and one's organs become less efficient. This has likewise occurred among the elderly migrants in Teluk Bintuni, 82.3% of whom had medical complaints in the previous three months. Their complaints varied, including fever, coughing, nausea, shortness of breath, bloating, and back pain. Only if these symptoms persisted for three days, perceived as severe, or merely seeking medical attention.

Some elderly migrants indicated that they had sought medical treatment, predominantly from government clinics. Health services are available in every district, although some districts only provide these services at the district chief's office or doctors' homes. A few migrants—predominantly those living nearby—sought treatment at the government hospital in Babo District. Other elderly migrants treated themselves by resting, drinking “Jamu” (traditional herbal drinks), or using oils, hoping to cure their symptoms and prevent further ones.

Elderly migrants who sought treatment at government clinics were generally not charged

for the services they received. According to government regulations, these health services must be freely provided to all who seek treatment. However, in more developed districts such as Babo, these services were not free. Patients were charged for the services received, in accordance with the severity of their symptoms and their welfare. Where patients required special services and medicines or were diagnosed with severe illnesses, they could only receive treatment at the government hospital. In such cases, patients would receive a referral from their local clinic, allowing them to receive treatment at the regional hospital. The vast majority of elderly migrants did not have health insurance; only four of the elderly migrants had received protection as part of their retirement scheme.

The clinics in Teluk Bintuni Regency have standard medicines that they use when providing medical treatment. When elderly migrants receive treatment for mild complaints such as fever, nausea, and bloating, these medicines are sufficient. Many clinics offer such services freely. However, in Babo, persons seeking clinical treatment must pay for their treatment. This may be attributed to residents' being relatively better off than those of other districts. The average household income in Babo is Rp. 1,200,000, higher than in surrounding districts, where many people do not have fixed incomes. Among fishers, for example, the revenue is seasonal. Certain seasons bring an abundance of fish, which can be sold for Rp. 18,000 to Rp. 25,000 per kilogram, while in other seasons the catch dwindles significantly (from an average of 10–15 kg to 5 kg).

### Important Factors

Various studies have shown that elderly health correlates closely with healthy behaviour, income, welfare, social support, education, education, and access to health services. This study applies a chi-square statistical analysis to understand the link between the health of elderly migrants and various factors. The results of this analysis are presented in Table 2 below. Income and access to health services are positively correlated with elderly health, as shown by the level of significance is 1% (less than 0.5).

The health of elderly migrants can be ascertained based on their medical complaints over the previous three months. Most elderly migrants experienced medical distress, reporting a wide range of symptoms (most commonly headaches, nausea, bloating, back pain, coughing, and fever). The frequency of such medical complaints is indicative of general health, with more medical claims indicating a lower level of health.

**Table 1. The distribution of elderly migrants by age, employment, and illness at Teluk Bintuni**

Parameter	N=656	Percentage (%)
Age	617	94.1
The Young Old (60–74 years)	28	4.3
The Old (75–84 years)	11	1.7
Oldest Old (>85 years)		
Employment	626	95.4
Employed	4	0.6
Retired	26	4.0
Unemployed		
Experience with illness	109	17.7
No symptoms	508	82.3
Some symptoms		

Source: Socio-Economic Census, 2015–2016

**Table 2. Effects of Income and Access to Health Services on the Health of Elderly Migrants**

Variables	P-Value
Income	0.0114*** (0.00595)
Accessibility (far)	0.0166*** (0.00715)
Observation	656
Chi Model	59.49
p-Values Model	0.000
Pseudo R2	0.0766

The robust standard error in parentheses, \*\*\* sig at 1%; Analyzed from Socio-Economic Census, 2015–2016

In Teluk Bintuni, health is closely correlated with income. Elderly migrants with a higher income tend to have better health, as their access to funds enables them to fulfil their needs. A sufficiently high income allows migrants to access social and health insurance, through which they can access health services at a lower cost (or even at no cost) to them. In addition, the majority of costs are borne by the government, thus minimizing the likelihood that they will not pursue treatment due to costs. The average household income in Teluk Bintuni is only Rp. 800,000 per month, a level of income that cannot guarantee their wellbeing (economic, social, and personal). This is particularly true in larger families, i.e. those with five or more members.

Access to health services is influenced by the availability of transportation and the distance between prospective patients and healthcare providers. As the access to health services is positively correlated with health, this affects the health of elderly migrants — the more accessible their access to health services, the better their health.

## DISCUSSION

The physical and psychological wellbeing of elderly migrants is influenced by various factors, including education, income, behaviour, access to health services, and social support networks. The link between geriatric health and education has been explored by Ross L et al as well as Smith and Kington, who used cross sectional analysis to find that seniors' level of education was positively correlated with their level education.<sup>18,19</sup> Similarly, a two-year study by Zunzunegui MV et al using longitudinal data found that health levels are lower among seniors with low levels of education.<sup>20</sup>

The link between geriatric health and education found by these studies has not occurred in Teluk Bintuni, as the health levels of educated elderly migrants in Teluk Bintuni are equivalent to those elderly migrants with little education. These different studies used an Activities of Daily Living

(ADL) approach to obtain detailed measurements, with seniors being identified as healthy if they can independently complete their everyday activities. Conversely, this study has measured senior health based on their medical complaints. These studies' different measurements, it may be concluded, has affected their findings and discussion of geriatric health.

Geriatric health is also linked to income and welfare. Arber S and Gin J analyzing data from a household survey in Great Britain found that seniors who rented their homes had higher health risks, as most of their money is allocated for rent rather than healthcare.<sup>21</sup> Arber S and Gin J also found that car ownership is an essential indicator of geriatric health, potentially because they can use these vehicles to access health services or conduct social and recreational activities.<sup>21</sup> In Teluk Bintuni, valuable assets include fields and plantations, which provide seniors with a livelihood and source of income. However, most such assets are owned by indigenous people. Not all migrants in Teluk Bintuni own land, which helps explain the significance of asset ownership with the health of elderly migrants.

Healthy living also contributes significantly to the health of elderly migrants, but not in Teluk Bintuni. Information on healthy living is generally obtained by analyzing habits, nutrition, smoking, and alcohol consumption.<sup>22</sup> None of this data was collected in the 2015/2016 socio-economic survey in Teluk Bintuni. Households that use water from unhealthy sources for drinking, bathing, and cooking are at increased risk of illness; this affects not only seniors but also their children.

Elderly migrants' health is also linked to access to health services, which includes access to transportation, road conditions, and distance. In Teluk Bintuni, elderly migrants can readily access health services at government-run clinics. Many elderly migrants live relatively close to a clinic, and can thus travel to clinics by foot; however, in some districts, such as Taroy and Babo, residents have begun using motor vehicles to travel. Clinics offer their services every workday, and many of their medical staff (i.e. doctors) will provide home care services.

Based on this discussion, it may be concluded that two variables are closely related to the health of elderly migrants, namely education and access to health services. A strong correlation with other variables, such as healthy living, social support, income, and assets—despite having been linked to geriatric health elsewhere—has not been found. This may be attributed in part to different processes being used for measurement. The socio-economic survey that collected the data analyzed

here were not explicitly designed to collect data on geriatrics. Instead, it obtained a broad range of data, including demographics, welfare, assets, health, gender, population, good governance, and household decision-making, which made it possible to examine the links between diverse variables such as migration, age, and health. This limitation distinguishes the current study from previous ones.

This study has analyzed data that were collected through a socio-economic census. As a result, an in-depth analysis could not be conducted to explain the results. As such, a further qualitative study is necessary for the future. Particularly noteworthy is a study that explores migration within the context of the oil and gas industry, migrants' socio-economic ties with their peers, and the implications of these factors on migrants' social support and continued resilience.

## CONCLUSION

Elderly migrants in Teluk Bintuni Regency are in relatively good health. Data from a 2015–2016 socio-economic survey indicates that the majority of elderly migrants had experienced some symptom of illness (commonly headaches, nausea, back pain, and fever) in the past three months. No elderly migrants with degenerative symptoms or major illnesses were noted in the survey. The health condition of elderly migrants is closely linked to two factors, namely income and access to health services. Both have been shown to have a clear positive correlation with elderly migrants' health.

## CONFLICT OF INTEREST

There is no competing interest regarding manuscript

## ETHICAL CONSIDERATION

Ethics approval has been obtained prior to the study being conducted from Ethics Committee of Universitas Gadjah Mada, Yogyakarta, Indonesia

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None

## AUTHOR CONTRIBUTION

All of authors are equally contributed to the study from the conceptual framework, data gathering, data analysis, until reporting the results of study.

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