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Health Services for the Elderly in the Perspective of Law Number 13 of 1998 concerning the Welfare of the Elderly

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Abstract

This study aims to analyze the implementation of Law Number 13 of 1998 on the Welfare of the Elderly in fulfilling elderly health rights in Indonesia. Based on the Preamble to the 1945 Constitution and Article 28C, the state is obligated to improve the welfare of all citizens, including the growing elderly population that is projected to make Indonesia an aging society. This research employs a normative qualitative method with conceptual, comparative, and literature review approaches, examining legal regulations, scholarly works, and international instruments such as CEDAW and CRPD. The findings show that the law regulates elderly rights to comprehensive healthcare, government and community roles, priority for vulnerable groups, funding mechanisms, and social protection through BPJS Kesehatan. However, implementation challenges remain, including disparities in healthcare access, limited funding, and low awareness. The discussion highlights derivative programs such as Elderly Posyandu, geriatric services, and medical rehabilitation, though their reach is uneven. The study concludes that while the legal framework is adequate, stronger policies, better budgeting, and improved public education are needed. Recommendations include expanding community-based health programs, enhancing geriatric training, and strengthening multi-stakeholder collaboration to support active aging.

Keywords: *Elderly Welfare, Healthcare Services, Law Number 13 of 1998, Public Policy Protection, Social Rights.*

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1. Introduction

The preamble to the 1945 Constitution of the Republic of Indonesia outlines the goals of the Republic of Indonesia: to protect the entire Indonesian nation and its entire homeland, to advance the general welfare, to educate the nation, and to contribute to the establishment of a world order based on freedom, eternal peace, and social justice. Specifically, regarding the second goal, "...to advance the general welfare," if this goal is interpreted more deeply, the state must be responsible for improving the welfare of all Indonesians without exception. This also correlates with the rights of every citizen, as stipulated in Article 28C of the 1945 Constitution, which mandates that everyone has the right to develop themselves through the fulfillment of their basic needs, the right to education, and to benefit from science and technology, arts, and culture, to improve their quality of life and the welfare of humanity.

Indonesia is the fourth-largest country in the world with the highest elderly population after China, the United States, and India. In fact, the Central Statistics Agency (*Badan Pusat Statistik*/BPS) released data on the elderly population in March 2021, showing a steady increase in the number of elderly people over the past five years. In 2017, there were 26.35 percent of elderly households and this figure increased to 29.52 percent in 2021.[1] This figure can certainly be predicted to continue to increase in the following years, so it can be said that Indonesia will have a relatively old demographic in the future.

The growing number of elderly people presents both good news and a social challenge. While some elderly people can still contribute to development, others receive assistance to meet basic needs and certain services. Furthermore, several major issues urgently require a response to improve policies for the welfare of the elderly.[2] First, the residual approach is considered irrelevant and needs to be replaced with an approach that fulfills, protects, and respects the rights of the elderly. Second, the elderly are no longer objects of development but are subjects of development involved in the overall development process. Third, the shift towards an autonomous government system must be accompanied by policies supporting budgets and infrastructure. Fourth, the provision of elderly welfare must be a shared responsibility between ministries/institutions and the community.[3]

The issue of population size in relation to the number of elderly people has significant consequences, necessitating a program for developing elderly welfare that can support the lives of Indonesia's elderly.[4] The issue of elderly welfare has also become a global issue at world-class conferences such as the first International Conference on Population and Development (ICPD) in 1994. Important points to note are the economic and social impacts of population aging, which constitute both opportunities and challenges for society. In addition to these global commitments, addressing elderly welfare also requires reference to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ratified by the Indonesian government through Law Number 7 of 1984, and to the General Comments of the Committee on the Rights of Persons with Disabilities (CRPD) of the UN.[5] The essence of these two conventions is that the principle of non-discrimination must be the basis for government action in designing policies, programs, and public services. In

[1]Badan Pusat Statistik (BPS), *Statistik Penduduk Lanjut Usia 2020* (Jakarta: BPS, 2021), 12.

[2] Muh Akbar, "Kajian Terhadap Revisi Undang-Undang No. 13 Tahun 1998 Tentang Kesejahteraan Sosial Lanjut Usia," *Jurnal Mimbar Kesejahteraan Sosial* 2, no. 2 (2019): 343.

[3] Adji Ardi, Hidayat Taufik, Tuhiman Hendratno, Kurniawati Sandra, and Maulana Achmad, "Pengukuran Garis Kemiskinan di Indonesia: Tinjauan Teoretis dan Usulan Perbaikan," (2020): 42.

[4] Nurul Hikmah, and Ergina Faralita, "Upaya Peningkatan Kesejahteraan Lanjut Usia Terlantar Di Kota Banjarmasin Oleh Dinas Sosial Kota Banjarmasin," *Indonesian Journal of Islamic Jurisprudence, Economic and Legal Theory* 3, no. 2 (2025): 1350.

[5] Fanny Priscyllia, "Kajian Hukum Terhadap Fasilitas Pelayanan Publik Bagi Penyandang Disabilitas," *Lex Crimen* 5, no. 3 (2016): 69. See too, Moch Affandi, "Faktor-faktor yang mempengaruhi penduduk lanjut usia memilih untuk bekerja," *Journal of Indonesian Applied Economics* 3, no. 2 (2009): 164.

addition, the handling of elderly welfare also refers to, among other things, accessibility, the right to live independently, and the right to involvement in the field of education.[6]
Given these various global and national demands, a more in-depth study is needed to assess the extent to which government efforts to fulfill the rights and welfare of the elderly have been effectively implemented.
This study aims to analyze the implementation of Law Number 13 of 1998 concerning the Welfare of the Elderly in the context of fulfilling the health rights of the elderly in Indonesia. Based on the Preamble to the 1945 Constitution of the Republic of Indonesia and Article 28C, the state is obliged to improve the welfare of all citizens, including the elderly, whose population continues to grow and is projected to make Indonesia an aging society in the future.

Based on this background, this research aims to answer the following research questions:
1. What is the constitutional meaning of "advancing the general welfare" in the context of conservation, protection, and respect for the rights of the elderly in Indonesia?
2. How effective are elderly health services in improving the quality of life for the elderly?
3. What are the main challenges in implementing elderly welfare development, particularly related to changes in policy approaches, inter-institutional coordination, budget support, and the principle of non-discrimination?

2. Research Method

This research is qualitative research, using legal materials originating from laws and regulations, books, journals and other publications.[7] The selection of this qualitative method is based on the need to comprehensively explore the meaning, context, and implementation of legal norms that cannot be explained solely through quantitative data. This research is qualitative, aiming to gain an in-depth understanding of a legal phenomenon. A qualitative approach does not focus on numbers or statistical data, but rather on the interpretation and analysis of the meaning, values, and context of a problem. In legal research, a qualitative approach is highly relevant because it allows researchers to examine legal norms, legal principles, and their impact on practice through descriptive and analytical approaches.

[6] Dennis P. Stolle, "Professional Responsibility in Elder Law: A Synthesis of Preventive Law and Therapeutic Jurisprudence," *Behavioral Sciences & the Law* 14, no. 4 (1996): 459.
[7] Peter Mahmud Marzuki, *Penilitian Hukum Edisi Revisi* (Jakarta: Kencana Prenada Media Group, 2014), 23.

Qualitative research in the legal field is normative in nature, where researchers not only describe a situation but also analyze and assess applicable legal norms. This approach is used to examine laws and regulations, legal doctrines, legal principles, and relevant court decisions. The primary focus is to understand how a legal provision applies, is interpreted, and is applied in social life. In conducting this research, the researcher used legal materials as the primary data source. These legal materials include applicable laws and regulations, both at the national and international levels, related to the research topic. In addition, the researcher also utilized scientific literature such as books, legal journals, scientific articles, and other relevant publications. These sources were systematically analyzed to gain a comprehensive understanding of the legal issue being studied.[8]

By relying on a qualitative approach and adequate legal sources, it is hoped that this research can contribute in the form of in-depth scientific studies and can be a reference in the development of law, both at the theoretical and practical levels. Analysis of legal materials will be carried out by means of literature studies, conceptual (conceptual approach) and comparative (comparative approach). This article presents a descriptive analysis in the sense that it does not provide a prescription for a particular A theory that is considered more widely applied.

Literature study is a data collection method conducted by tracing and reviewing various literature sources, such as laws and regulations, legal textbooks, scientific journals, academic articles, and other relevant official documents. Through this approach, researchers can identify applicable legal norms, trace the development of legal thought, and understand the theoretical context underlying the issue being analyzed. A conceptual approach is used to explore and analyze legal concepts related to the research topic. In this approach, researchers focus on clarifying and analyzing specific legal terms or principles, with the aim of understanding their meaning and scope theoretically. This approach is crucial in legal research because concepts often have diverse interpretations, requiring systematic explanation based on the doctrines and theories developed in the legal literature. Meanwhile, a comparative approach is conducted by comparing legal provisions or legal practices from one legal system with another. The goal of this approach is to identify similarities and differences in the application or regulation of law across jurisdictions and to identify potential best practices. This

[8] Nurin Ainistikmalia, "Determinan penduduk lanjut usia perempuan dengan status ekonomi rendah di Indonesia," *Jurnal Ilmu Ekonomi Terapan, Departemen Imu Ekonomi Fakultas Ekonomi dan Bisnis Unair* 4, no. 2 (2019): 356.

approach can also enrich the analysis by providing a broader cross-national or cross-legal system perspective.

3. Research Results and Discussion

3.1. Promoting the Welfare of the Elderly in Healthcare Services

Based on Law Number 13 of 1998 concerning the Welfare of the Elderly, healthcare services for the elderly in Indonesia are regulated as part of efforts to achieve social, economic, and health welfare.[9] Several key points resulting from the analysis of this law are:

3.1.1. The Right of the Elderly to Health

Article 5 of Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly explicitly stipulates that the elderly have the right to receive comprehensive health services.[10] These services include disease prevention, treatment during illness, and rehabilitation to restore health. This is important considering that the elderly often face various health problems due to the aging process, such as degenerative diseases, decreased organ function, or mobility disorders.[11] Furthermore, this law also emphasizes that the government has an obligation to provide health facilities that are easily accessible and tailored to the specific needs of the elderly. This accessibility includes the availability of health services at various levels, from community health centers to hospitals, as well as adjustments to facilities and infrastructure to be friendly to the elderly, such as special lanes, priority services, or medical personnel trained in geriatrics. Thus, it is hoped that the elderly can obtain optimal health services without being constrained by factors such as distance, cost, or the lack of adequate facilities. With this guarantee, Law Number 13 of 1998 not only affirms the right of older people to health, but also places a major responsibility on the government to ensure that the national health system can truly meet the needs of this age group in an inclusive and sustainable manner.[12]

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[9] Tomy Michael, "Korelasi Teori Love Thy Neighbour Dengan Undang-Undang Republik Indonesia Nomor 13 Tahun 1998 Tentang Kesejahteraan Lanjut Usia," *DiH: Jurnal Ilmu Hukum* 4, no. 3 (2014): 34.

[10] Uswatun Hasanah, "Hak Perlindungan Sosial Bagi Lanjut Usia Menurut Undang-Undang Nomor 13 Tahun 1998 Dan Hukum Islam Di Kecamatan Medan Amplas," *Jurnal Hukum Kaidah: Media Komunikasi Dan Informasi Hukum Dan Masyarakat* 20, no. 3 (2021): 366.

[11] A. Alexander, "Lebih Dari 50 Persen Kasus Kematian COVID-19 di Gunungkidul dari Kelompok Lansia," *TribunNews,* July 23, 2021 from. https://jogja.tribunnews.com/2021/06/23/lebih-dari-50-persen-kasuskematian-covid-19-di-gunungkidul-dari-kelompok-lanjut usia.

[12] Dahlia, and Anggo Doyoharjo, "Sosialisasi Undang-Undang No. 13 Tahun 1998 Tentang Kesejahteraan Lanjut Usia," *Adi Widya: Jurnal Pengabdian Masyarakat* 4, no. 2 (2020): 45. See too, Putri,

3.1.2. **The Elderly's Right to Health: The Role of Government and Society**

Articles 6-9 of Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly emphasize the importance of collaboration between the government, the private sector, and the community in providing adequate healthcare services for the elderly.[13] The government has primary responsibility for designing policies and providing healthcare infrastructure that supports the needs of the elderly, such as community health centers (*Pusat Kesehatan Masyarakat*/Puskesmas), hospitals, and specialized programs like the Elderly Integrated Health Post (*Pos Pelayanan Terpadu*/Posyandu Lansia).[14] However, this role cannot be optimally implemented without the support of the private sector, which can contribute through the provision of quality healthcare services, medical technology innovation, or Corporate Social Responsibility (CSR) programs specifically aimed at improving the well-being of the elderly.

The community also plays a crucial role in supporting the health of the elderly, both through participation in community-based healthcare programs and by providing direct care within the family environment.[15] The family, as the smallest unit of society, has a responsibility to ensure that the elderly receive the medical attention they need, while community organizations such as Karang Werda (Ward Community Groups) or other social institutions can play a supporting role in facilitating the elderly's access to healthcare services. Furthermore, this law emphasizes that elderly healthcare programs must be integrated with the national healthcare system to be more effective and sustainable. This integration includes aligning policies, funding, and program implementation between the central and regional levels, so that elderly health services are not operated in isolation but become part of comprehensive health efforts. For example, early detection programs for degenerative diseases in the elderly must be connected to national health data to facilitate monitoring and timely intervention. With this integrated approach, it is hoped that older

Arista. "Belasan Ribu Lansia Terlantar Meski Angka Kemiskinan Menurun." *gunungkidul.sorot.co.* 31 Januari 2018. Retrieved in September 24, 2025 from. https://gunungkidul.sorot.co/berita-95490-belasan-ribu-lansia-terlantar-meski-angka-kemiskinan-menurun.html.

[13] Undang-undang Republik Indonesia Nomor 13 Tahun 1998 tentang Kesejahteraan Lanjut Usia

[14] Dina Khunaini, Rosidah Rosidah, and Hinfa Mosshananza, "Implementasi program posyandu lanjut usia (lansia) di desa sriwedari kecamatan tegineneng kabupaten pesawaran," *Jurist: Jurnal Ilmu Hukum dan Ilmu Politik* 2, no. 1 (2025): 27.

[15] Dika Wahyu Putri, and Asma Karim, "Perlindungan hukum terhadap hak atas kesehatan yang layak bagi warga binaan pemasyarakatan perempuan lanjut usia (Studi di Lembaga Pemasyarakatan Kelas IIA Magelang)," *Juris Humanity: Jurnal Riset dan Kajian Hukum Hak Asasi Manusia* 2, no. 1 (2023): 96.

adults can receive holistic health services, from promotive and preventive to curative and rehabilitative, in line with their evolving needs as they age.[16]

Although Law Number 13 of 1998 provides a strong legal foundation, its implementation still faces several challenges.[17] One of these is the disparity in healthcare access between urban and rural areas, where healthcare facilities for the elderly in remote areas are often limited or inadequate. Furthermore, a lack of public awareness of the importance of healthcare for the elderly is also a barrier, particularly in terms of early disease detection and utilization of available services. To address this, stronger synergy between all stakeholders is needed. The government needs to strengthen supporting regulations, such as incentives for the private sector involved in healthcare for the elderly or training of healthcare workers specifically in geriatrics.[18] The private sector can innovate by developing affordable and elderly-friendly healthcare services, while the community needs to be encouraged to participate more actively in community-level healthcare programs for the elderly. With this collaborative effort, it is hoped that healthcare for the elderly will not only meet minimum standards but also significantly improve the quality of life for the elderly, in line with the spirit of Law Number 13 of 1998 to realize holistic well-being for the elderly in Indonesia.[19]

3.1.3. **Service Priorities**

Article 11 of Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly specifically provides attention to elderly people who fall into vulnerable groups, namely those living in poverty, those with disabilities, or those without family support.[20] This policy is based on the principles of social justice and the protection of the neediest groups in society. In its implementation, priority services for these vulnerable elderly are realized through several concrete policies. The government, through health

[16] Deyana Firdhausya Nurazmimar, "Implementasi Perlindungan Hukum Dalam Pemberian Pelayanan Sosial Lansia Terlantar Berdasarkan Undang-Undang Kesejahteraan Lansia Di Balai Rehabilitasi Sosial Lansia Budhi Dharma Bekasi," *Jurnal Privat Law* 11, no. 1 (2023): 35.

[17] Uswatun Hasanah, "Hak Perlindungan Sosial Bagi Lanjut Usia Menurut Undang-Undang Nomor 13 Tahun 1998 Dan Hukum Islam Di Kecamatan Medan Amplas," *Jurnal Hukum Kaidah: Media Komunikasi Dan Informasi Hukum Dan Masyarakat* 20, no. 3 (2021): 367.

[18] Esa Auli Maftukha, and Arif Hidayat, "Kerangka Regulasi Pemenuhan Hak Pelayanan Kesehatan Lansia Melalui Community-Based Integrated Care Perspektif Welfare State," *Jurnal Hukum Lex Generalis* 6, no. 8 (2025): 42.

[19] N. Anggraini, "Analisis Kebijakan Pemberdayaan dan Perlindungan Sosial pada Kelompok Lanjut Usia (Lansia)," *Program Studi Pengembangan Masyarakat Islam, UIN Sultan Maulana Hasanuddin Banten* (2016): 151.

[20] Muh Akbar, "Kajian Terhadap Revisi Undang-Undang No. 13 Tahun 1998 Tentang Kesejahteraan Sosial Lanjut Usia," *Jurnal Mimbar Kesejahteraan Sosial* 2, no. 2 (2019): 344.

facilities such as community health centers (Puskesmas) and hospitals, is obliged to provide more intensive health services to this group, including exemption or reduction of medical costs. This is crucial because economic constraints are often a major barrier for poor elderly people to access adequate healthcare.[21]

For elderly people with disabilities, health services must be accompanied by special adjustments in terms of both physical facilities and medical approaches. For example, the provision of mobility aids, specialized rehabilitation therapy, or psychosocial support for elderly people with mental disabilities.[22] Meanwhile, elderly people without family (elderly orphans) receive special attention through support programs by social workers or integrated elderly service institutions. This priority policy is also implemented in the national health insurance program (*Badan Penyelenggara Jaminan Sosial*/BPJS Kesehatan), where elderly people from poor families receive free membership (Contribution Assistance Recipients).[23] Furthermore, various social assistance programs, such as basic food packages or cash assistance, are also aimed at supporting the basic needs of vulnerable elderly people, including nutritional needs, which significantly impact their health.

This emphasis on vulnerable groups demonstrates the government's awareness that within the elderly population itself, there are groups that are more vulnerable and require additional protection.[24] This approach aligns with human rights principles and the concept of inclusive development, which leaves no one behind, especially those in the most vulnerable positions in society.

3.1.4. **Funding**

Article 20 of Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly explicitly regulates the funding mechanism for healthcare services for the elderly through various complementary sources. The primary source of funding comes from allocations from the State Budget

[21] Dennis P. Stolle, "Professional Responsibility in Elder Law: A Synthesis of Preventive Law and Therapeutic Jurisprudence," *Behavioral Sciences & the Law* 14, no. 4 (1996): 460.

[22] Fanny Priscyllia, "Kajian Hukum Terhadap Fasilitas Pelayanan Publik Bagi Penyandang Disabilitas," *Lex Crimen* 5, no. 3 (2016): 68. See too, Enggal Aflah Syafiqoti, and Teti Hadiati, "Pemenuhan Hak Aksesibilitas Penyandang Disabilitas dalam Pelayanan Hukum," *Manabia: Journal of Constitutional Law* 3, no. 02 (2023): 259.

[23] M. Fakih, and Kasmawati Kasmawati, "Perlindungan Hukum terhadap Peserta BPJS Kesehatan dalam Pelayanan kesehatan di rumah sakit," *Pactum Law Journal* 1, no. 02 (2018): 165.

[24] Liberthin Palullungan, and Astria Tonapa, "Perlindungan Hukum Terhadap Lanjut Usia Terlantar Di Kabupaten Toraja Utara," *Paulus Law Journal* 4, no. 2 (2023): 19.

(*Anggaran Pendapatan dan Belanja Negara*/APBN) and Regional Budgets (*Anggaran Pendapatan dan Belanja Daerah*/APBD), demonstrating the state's commitment to ensuring the health of elderly citizens as part of its constitutional responsibility.

Funding allocations from the APBN/APBD are used to finance various elderly health programs, ranging from providing specialized geriatric healthcare facilities and training health workers to implementing community-based health posts (Posyandu) for the elderly.[25] Regional governments play a crucial role in optimizing the elderly health budget according to the characteristics and needs of the elderly in their respective regions, including for innovative, locally-based programs.[26]

In addition to the government budget, this law also opens up space for alternative funding sources through public donations and collaborations with private institutions. Donations can come from individuals, community organizations, or philanthropic institutions concerned with the welfare of the elderly. Meanwhile, collaboration with private institutions can be realized in the form of corporate social responsibility (CSR), health service partnerships, or sustainable elderly empowerment programs.[27]

Over time, funding models for elderly health continue to evolve to meet the needs and developments of the times. Several regions have initiated innovative partnership programs between the government, the private sector, and community organizations to create more sustainable funding sources. For example, through elderly adoption programs by companies or the development of productive business units involving healthy elderly people, with profits allocated to support vulnerable elderly people.[28] However, the main challenge faced is the limited budget allocation specifically for elderly health compared to actual needs on the ground. Many regions still view elderly programs as residual programs, not a top priority in health budget

[25] Dina Khunaini, Rosidah Rosidah, and Hinfa Mosshananza, "Implementasi program posyandu lanjut usia (lansia) di desa sriwedari kecamatan tegineneng kabupaten pesawaran," *Jurist: Jurnal Ilmu Hukum dan Ilmu Politik* 2, no. 1 (2025): 28.

[26] Dwi Ardiyanti, Hartati Hartati, and Eko Nuriyatman, "Pelayanan Kesehatan Lanjut Usia Melalui Kebijakan Pemerintah Provinsi (Studi Penelitian Pemerintah Kota Jambi)," *Jurnal Ilmiah Mahasiswa Fakultas Hukum Universitas Malikussaleh* 8, no. 2 (2025): 430.

[27] Dwi Ardiyanti, Hartati Hartati, and Eko Nuriyatman, "Pelayanan Kesehatan Lanjut Usia Melalui Kebijakan Pemerintah Provinsi (Studi Penelitian Pemerintah Kota Jambi)," *Jurnal Ilmiah Mahasiswa Fakultas Hukum Universitas Malikussaleh* 8, no. 2 (2025): 431.

[28] Dina Khunaini, Rosidah Rosidah, and Hinfa Mosshananza, "Implementasi program posyandu lanjut usia (lansia) di desa sriwedari kecamatan tegineneng kabupaten pesawaran," *Jurist: Jurnal Ilmu Hukum dan Ilmu Politik* 2, no. 1 (2025): 25.

allocations. Furthermore, fundraising mechanisms from donations and the private sector are often incidental and poorly institutionalized.[29]

To address this, strengthening derivative regulations is needed to more specifically regulate: (1) the minimum budget allocation for elderly health in the national/regional budgets (APBN/APBD), (2) fiscal incentive mechanisms for businesses that contribute to elderly health programs, and (3) strengthening institutional management of elderly health funds at the national and regional levels. Thus, funding for elderly health can be more sustainable and able to address the challenges of the increasing elderly demographic in Indonesia.

3.1.5. **Social Protection**

Article 13 of Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly explicitly guarantees the right of the elderly to social protection, including access to health insurance programs such as BPJS Kesehatan (Indonesian Health Insurance).[30] This guarantee represents state recognition of the contributions made by the elderly during their productive years and also embodies the constitutional mandate that guarantees the right of every citizen to health services. In its implementation, the government has integrated the elderly health insurance program through the BPJS Kesehatan system, allowing elderly people from low-income families to participate free of charge as Premium Assistance Recipients (PBI).[31] This mechanism ensures that economic barriers do not hinder the elderly from accessing comprehensive health services. Furthermore, elderly people with financial means are encouraged to participate in this social security program through a tailored contribution payment scheme.[32]

Although the social security system has provided significant benefits, its implementation still faces various challenges. Many elderly, particularly those in remote areas, do not fully understand the mechanisms and benefits of the BPJS Kesehatan program.[33] Furthermore, budget constraints often result in

[29] Lucy Ariesty, "Analisis Perbandingan Hukum Regulasi Perlindungan Hukum Terhadap Korban Lanjut Usia di Indonesia dan Australia," *Jurnal Hukum Ius Publicum* 4, no. 2 (2023): 58.

[30] M. Fakih, and Kasmawati Kasmawati, "Perlindungan Hukum terhadap Peserta BPJS Kesehatan dalam Pelayanan kesehatan di rumah sakit," *Pactum Law Journal* 1, no. 02 (2018): 165.

[31] Ririn Heryani, "Tanggung Jawab Pemerintah Terhadap Pelayanan Kesehatan Bagi Warga Lanjut Usia Dalam Hukum Positif Indonesia," *Collegium Studiosum Journal* 6, no. 2 (2023): 647.

[32] Chenghua Jin, and Yinfeng Yuan, "The Rule of Law Dimension of the Right to Health of the Elderly," *Law Sci.* 2 (2023): 413.

[33] M. Fakih, and Kasmawati Kasmawati, "Perlindungan Hukum terhadap Peserta BPJS Kesehatan dalam Pelayanan kesehatan di rumah sakit," *Pactum Law Journal* 1, no. 02 (2018): 167.

suboptimal coverage of services for the elderly, particularly for degenerative diseases that require long-term and costly treatment. Going forward, the development of a social security system for the elderly needs to be directed at several key aspects. First, intensive public education is needed on the importance of early health insurance participation, so that when they reach old age, they already have adequate protection. Second, strengthening the referral system and expanding the coverage of specialized services for the elderly at primary healthcare facilities.[34] Third, developing additional programs such as critical illness insurance specifically for the elderly that can complement the basic benefits of BPJS Kesehatan. By continuously improving this social security system, it is hoped that all elderly in Indonesia will be able to receive comprehensive and sustainable health protection, allowing them to live their old age with greater prosperity and dignity. This aligns with the spirit of Law Number 13 of 1998, which positions the elderly as a group deserving special attention and protection from the state.

3.2. **The Effectiveness of Elderly Health Services in Improving the Quality of Life of the Elderly**

Law Number 13 of 1998 concerning the Welfare of the Elderly has provided a solid legal foundation for the development of various elderly health programs in Indonesia. One concrete implementation of this law is the Healthy Elderly Program, initiated by the Ministry of Health, which is comprehensively designed to address health challenges in the elderly population.[35]

The Senior Citizens' Integrated Health Post (Posyandu) serves as the spearhead of this program and serves as the frontline for regular health monitoring. Through this activity, seniors can regularly check their blood pressure, blood sugar levels, nutritional status, and other basic health parameters.[36] This approach is highly effective for early detection of various health problems commonly faced by seniors and also serves as a means of health education for seniors and their families. The existence of these Senior Citizens' Integrated Health Posts (Posyandu) is a concrete manifestation of the

[34] Amalia Puswitasari, "Perlindungan Hukum Terhadap Pasien Sebagai Konsumen Jasa Pelayanan Kesehatan (JKN) Rumah Sakit," *Jurnal Hukum, Politik Dan Ilmu Sosial* 1, no. 2 (2022): 229.

[35] Undang-undang Republik Indonesia Nomor 13 Tahun 1998 tentang Kesejahteraan Lanjut Usia.

[36] Ririn Heryani, "Tanggung Jawab Pemerintah Terhadap Pelayanan Kesehatan Bagi Warga Lanjut Usia Dalam Hukum Positif Indonesia," *Collegium Studiosum Journal* 6, no. 2 (2023): 648.

spirit of Law Number 13 of 1998, which mandates easily accessible and tailored health services to the needs of seniors.[37]

At the hospital level, implementation of this law is realized through the development of Geriatric Services, which specifically address degenerative diseases such as diabetes mellitus, arthritis, and dementia.[38] These geriatric units provide not only curative treatment but also a holistic approach that considers the physical, psychological, social, and functional aspects of elderly patients. The existence of these specialized services is crucial given the complexity of managing health problems in the elderly, which often involve multi-morbidity and treatment side effects that require special consideration.[39]

Medical rehabilitation is another important component in the implementation of this law, particularly to assist seniors with limited mobility. Through physiotherapy and various other rehabilitation therapies, this program aims to maintain or improve the functional abilities of seniors so they can remain independent and enjoy a good quality of life. These services often determine whether an elderly person can remain active in society or become dependent on others for assistance.[40]

3.3. **The Effectiveness of Elderly Health Services in Improving the Quality of Life of the Elderly**

Although these programs have shown positive results, several challenges remain in their implementation. Coverage of Posyandu (Integrated Health Posts for the Elderly) is not evenly distributed across Indonesia, with significant disparities between urban and rural areas.[41] Similarly, geriatric services are still concentrated in large hospitals in major cities. The limited number of health workers competent in geriatrics also poses a serious obstacle to optimal service provision. Going forward, the development of these programs needs to be directed at several strategic aspects. First, expanding the

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[37] Muh Akbar, "Kajian Terhadap Revisi Undang-Undang No. 13 Tahun 1998 Tentang Kesejahteraan Sosial Lanjut Usia," *Jurnal Mimbar Kesejahteraan Sosial* 2, no. 2 (2019): 343.

[38] Amalia Puswitasari, "Perlindungan Hukum Terhadap Pasien Sebagai Konsumen Jasa Pelayanan Kesehatan (JKN) Rumah Sakit," *Jurnal Hukum, Politik Dan Ilmu Sosial* 1, no. 2 (2022): 230.

[39] K. Adhi, "Belasan Ribu Lanjut usia di Gunungkidul Hidup Dalam Kemiskinan Maupun Terlantar," *Pidjar.com*, 2019, https://pidjar.com/belasan-ribu-lansia-digunungkidul-hidup-dalam-kemiskinan-maupun-terlantar/8435/.

[40] Pande Putu Erwin Adiana, and Ni Luh Karmini, "Pengaruh Pendapatan, Jumlah Anggota Keluarga, Dan Pendidikan Terhadap Pola Konsumsi Rumah Tangga Miskin Di Kecamatan Gianyar," *E-Jurnal Ekonomi Pembangunan Universitas Udayana* 1, no. 1 (2012): 42.

[41] Dina Khunaini, Rosidah Rosidah, and Hinfa Mosshananza, "Implementasi program posyandu lanjut usia (lansia) di desa sriwedari kecamatan tegineneng kabupaten pesawaran," *Jurist: Jurnal Ilmu Hukum dan Ilmu Politik* 2, no. 1 (2025): 29.

reach of Posyandu for the Elderly to remote areas through innovative approaches such as mobile Posyandu for the Elderly or integration with regular Posyandu.[42] Second, strengthening the capacity of health workers through specialized geriatric training and incentives for health workers willing to work in areas with high elderly populations. Third, developing a more effective referral system between Posyandu for the Elderly, community health centers, and hospitals to ensure continuity of health services for the elderly.[43] By continuously refining the implementation of various programs derived from Law Number 13 of 1998, it is hoped that health services for the elderly in Indonesia will become increasingly high-quality, equitable, and able to address the health challenges of an era of significant aging. This aligns with the spirit of the law, which positions the elderly as a group deserving of special attention and services from the state.

4. Closing

4.1. **Conclussion**, Law Number 13 of 1998 concerning the Welfare of the Elderly has provided a strong legal framework for the protection and fulfillment of the rights of the elderly, particularly in healthcare. This law affirms that the elderly have the right to receive adequate treatment and access to quality healthcare services as part of their well-being. However, although this legal framework has been in place for more than two decades, its implementation still faces various challenges. Access to healthcare programs for the elderly remains unequal across regions, particularly in rural and remote areas. Many health facilities lack programs or medical personnel specifically trained to address the needs of the elderly. Furthermore, limited government budget allocations for programs for the elderly mean that available services are often temporary or unsustainable. This demonstrates that the existence of regulations alone is insufficient without adequate budgetary support and commitment from local governments to implement them. Public awareness of the importance of caring for and protecting the elderly also needs to be improved. While the culture of respecting the elderly remains strong in Indonesian society, understanding of the specific needs of the elderly, particularly in physical and mental health, remains low. Many families don't yet understand the importance of regular health checkups or a healthy

[42] Liberthin Palullungan, and Astria Tonapa, "Perlindungan Hukum Terhadap Lanjut Usia Terlantar Di Kabupaten Toraja Utara," *Paulus Law Journal* 4, no. 2 (2023): 23.

[43] Dina Khunaini, Rosidah Rosidah, and Hinfa Mosshananza, "Implementasi program posyandu lanjut usia (lansia) di desa sriwedari kecamatan tegineneng kabupaten pesawaran," *Jurist: Jurnal Ilmu Hukum dan Ilmu Politik* 2, no. 1 (2025): 29.

lifestyle for the elderly. Currently, healthcare services available to the elderly, both in government and private facilities, are still focused on curative and promotive services. Considering the current demographics of the elderly population, the government should also encourage the implementation of curative services for the elderly to increase immunity against infectious diseases.

4.2. **Suggestions** the implementation of Law Number 13 of 1998 must be strengthened with inclusive policies, adequate budgets, and synergy between the government, health workers, families, and the community. This will ensure optimal, dignified, and human rights-based healthcare services for the elderly. Therefore, concrete recommendations are needed to address challenges in healthcare services for the elderly. Underdeveloped, remote, and island regions require serious attention in providing access to sustainable healthcare services. The central and regional governments need to increase budget allocations specifically for healthcare programs for the elderly, including training for geriatric healthcare workers and the development of elderly-friendly facilities in remote areas. Furthermore, a regular monitoring and evaluation mechanism for policy implementation is necessary to ensure equitable service delivery. The government also needs to expand the scope of preventive services, such as immunizations, regular health check-ups, and appropriate physical and mental activities for the elderly, to ensure their overall quality of life. To implement regulations related to preventive healthcare programs for the elderly, the government needs to develop regulations based on scientific studies. These regulations can be formalized in the form of Ministerial Regulations or Regional Regulations, which govern service standards, financing, the role of healthcare facilities, and training for medical personnel. Furthermore, integration with national policies and cross-sectoral and community-based organizations are key to effective and sustainable implementation of these regulations.

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