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# **Ladder Of Participation: Capacity Development For The Elderly Through Prolanis**

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## **Abstract**

**This study aims to know learn of the participation of the elderly in the capacity development process, and then to see what factors influence the success of capacity development. The research location was in the community health centres namely Medokan Ayu of Surabaya, the Sumbersari of Jember, and the Pandian of Sumenep. The results of this study indicate the conclusion that there are different factors that influence the success of elderly capacity development through Prolanis in a big city, medium city and small city. The success in the big city and middle city is more influenced by the active participation of the elderly. The success in the small city is more influenced by the strong commitment of the apparatus of community health centre.**

**Keyword: Capacity development, Participation, Prolanis, Elderly**

## **Escalera De Participación: Desarrollo De Capacidades Para Personas Mayores A Través De Prolanis**

### Resumen

El objetivo de este estudio es conocer la participación de los adultos mayores en el proceso de desarrollo de capacidades y luego ver qué factores influyen en el éxito del desarrollo de capacidades. La ubicación de la investigación fue en los centros de salud comunitarios, a saber, Medokan Ayu de Surabaya, el Sumbersari de Jember y el Pandian de Sumenep. Los resultados de este estudio indican la conclusión de que existen diferentes factores que influyen en el éxito del desarrollo de la capacidad de los adultos mayores a través de Prolanis en una ciudad grande, mediana y pequeña. El éxito en la gran ciudad y la ciudad media está más influenciado por la participación activa de las personas mayores. El éxito en la pequeña ciudad está más influenciado por el fuerte compromiso del aparato del centro de salud comunitario.

Palabra clave: Desarrollo de capacidades, Participación, Prolanis, Ancianos

### 1. INTRODUCTION

Indonesia is in the ageing population era because the current number of the elderly is more than 7%. Based on the Susenas data (2017), the elderly population in Indonesia is 9.3%. The prediction of the elderly population in Indonesia has increased up to 10% in 2020, 11.8% in 2025, 13.8% in 2030 and 15.8% in 2035. The increase in the elderly population is in line with the rise in the life expectancy in Indonesia. The high life expectancy in Indonesia is due to the improved quality of health in Indonesia (JUNAIDI, ERFIT & PRIHANTO, 2017). The current life expectancy in Indonesia is 70.8 years and the prediction for 2035 is 72.2 years. There are five provinces which have a high elderly population in Indonesia, including Yogyakarta (12.48%), East Java (9.36%), Central Java (9.26%), Bali (8.77%), and West Java (7.09%).

There is a threat to aging that has become a serious concern for some coun-

tries (KHAIRUDIN, et al., 2011). One of the elderly problems is health. The age factor causes the elderly to be susceptible to chronic degenerative diseases such as cardiovascular disease (ALESANDRA et al 2011, CHENCHEN WANG et al 2015), heart valve disease (CARDIOL, 2019) and diabetes (NILKA, 2018). Besides degenerative diseases, the elderly also have problems with oral diseases (FRANK A. SCANNAPIECO et al, 2016), mental disease (ALESANDRA et al 2011) and osteoarthritis (MICHALEK et al, 2019).

Based on the Basic Health Research (2013) conducted by the Indonesian Health Ministry, the five most common diseases suffered by the elderly in Indonesia are hypertension, arthritis, stroke, pulmonary and diabetes. To overcome this problem, the Government of Indonesia through The Social Security Agency (called BPJS as Health Insurance Platform) created a Chronic Disease Management Program (called Prolanis) carried out through the community health service. This program aims to encourage the elderly with chronic diseases to achieve optimal quality of life. Prolanis is a promotive and preventive healthcare system conducted through a proactive approach to maintain their health. The Prolanis program seeks to develop the capacity of the elderly so then they able to take preventive actions against their health problems. Prolanis activities include exercises, medical check-ups, medical consultations, education, reminders (SMS Gateway), home visits etc. This study aims to see how the process of capacity development in the elderly is engaged through Prolanis. This study also wants to learn of the participation of the elderly in the capacity development process and to see what factors influence the success of capacity development.

Research on developing the capacity of the elderly has been carried out before. First, there is the research with the title “Development and Effectiveness of a Community-based Intervention Program for Elderly Women in Malaysia” by MOHD NOOR NORAINI (2016). This study found that to build the personal and social resources of the elderly women, it requires there to be a health empowerment approach through five fields, namely physical health, cognitive function, influence and control, social function, and religion. Second, there was the research titled “Participatory development of an instrument for the elderly for an autonomous optimization of their nutrition and physical activity profile” by HASSEL, SCHULTE AND KEIMER (2010). The red line of this study is that when developing

age-based counselling aids, particular support in structuring, reminding and simple handling has to be considered. In order to develop an effective aid for the elderly, the target group is involved in the development process. Third, there was the research titled “Vascular Access for Elderly Hemodialysis Patients: What Should we Aim for?” by FERREIRA AND COENTRAO (2016). This study argued that there was scarce literature on this topic suggesting that the elderly CKD (Chronic Kidney Disease) patients are more likely to undergo unnecessary vascular access procedures. Fourth, was the research entitled “Development of an Educational Program on Prevention of Hypoglycemic Events Among Elderly Veterans With Type 2 Diabetes” by MEULSTEE, WHITTEMORE AND WATTS (2015). This study concluded that the development of an evidence-based educational program for health care providers was focused on the prevention of hypoglycemia with important clinical implications. Fifth was the research entitled “Homesharing for The Elderly” by HOWE (1985). This study explained that elderly people often have needs that younger people do not have, such as financial assistance, security, companionship, and help with the activities of daily living. Sixth, there was the research titled “Effects Of Eight Months Of Whole-Body Vibration Training On The Muscle Mass And Functional Capacity Of Elderly Women” by FERNANDA SANTIN MEDEIROS et al. (2015). The study stated that WBV training (training the whole body’s vibration with a focus on muscle mass) could prevent a loss of strength and aid in quadricep balance in the elderly women so then they can walk well. Seventh, was the research with the title “Lower Limb Explosive Strength Capacity In Elderly Women: Effects Of Resistance Training And Healthy Diet” by EDHOLM et al. (2017). This study argued that a healthy diet rich in n-3 PUFAs could optimise the resilient effects of the healthy elderly women’s movements.

The previous research focused more on the direct health therapy carried out by the medical personnel. The elderly are the only recipients of the program in an effort to develop the capacity of the elderly. This research observes the process of developing the ability of the elderly through a proactive approach that involves the elderly actively. As the subject, the participation of the elderly is very important in the process of developing capacity in Prolanis.

## 2. RESEARCH METHODS

This study used descriptive qualitative methods that tend to be based on the textual context to gain an understanding of the underlying reasons and motivations for a particular social phenomenon (DANN & NEUMAN, 2016). Qualitative research is an approach to exploring and understanding the meaning of individuals or groups as a social or human problem (CRESWELL, 2018). The technique of collecting the data was done in three ways, namely observation, interviews, and documentation (YIN, 2011). The data collection is done through various activities such as 1). defining the settings of the locations, 2). gaining access and building relationships, 3). purposeful sampling (informant determination), 4). collecting the data, 5). recording the information, 6). solving the field problems and 7). storing the data (CRESWELL, 2018). The data analysis includes the three steps from MILES AND HUBERMAN (2014), namely data reduction, data presentation and the concluding results. The data analysis activities began with data compiling, reduction and categorisation (disassembling), data compilation (reassembling), the interpretation of the data (interpreting) and the conclusion (concluding) (YIN, 2011).

The research location was in community health centres namely Medokan Ayu of Surabaya representing a big city, Summersari of Jember representing a middle city and Pandian of Sumenep representing a small city.

### **3. RESULTS AND DISCUSSION**

#### **3.1 Capacity Development Process**

The United Nation Development Program (2009) defines capacity development as “The process by which individuals groups, organisations, institutions and societies increase their abilities: to perform functions solve problems and achieve objectives; to understand and deal with their development need in a broader context and in a sustainable manner”. BROWN (2001) defines Capacity Development “as a process that increases the ability of persons, organisations or system to meet its stated purposes and objectives”. BOLGER’S (2000) study ‘Capacity Development: Why, What and How’ defines capacity development as: “Capacity development refers to the approaches, strategies and methodologies used by developing country, and/or external stakeholders, to improve performance at the individual, organizational, network/sector or broader system level”. Generally, the definition of Capacity Development is a process to do something or it is

a series of movements in an individual or group that aims to improve the ability of a person or group to achieve the desired objectives.

The Prolanis program at the Medokan Ayu Community Health Centre in Surabaya City, at the Summersari Community Health Centre in Jember Regency, and at the Pandian Community Health Centre in Sumenep regency is a form of capacity development because the program aims to improve the ability of the elderly. The capacity development aims to enable the elderly to take preventive actions towards their health problems which results in an increase in their quality of life. The capacity development activities include sport exercises to maintain their health, medical check-ups to monitor their health and taking anticipatory actions against possible degenerative diseases. In addition, health socialisation is involved to encourage the elderly to learn how to maintain their health. Last but not least, a healthy diet is to encourage the elderly to have a healthy diet menu and to inform them regarding the healthy food that is suitable for their needs.

Capacity development is a sustainable ongoing process on a long-term basis so then the learning group target can improve their capability. It is related to the learning that is ongoing within individuals, groups and communities. There are five processes within the capacity development according to the United Nations Development Program (UNDP, 2009), namely engaging the stakeholders in capacity development, assessing the capacity assets and needs, formulating the capacity development and program, implementing capacity development and evaluating capacity development. The following figure explains the capacity development process.



Figure 1: Capacity Development Process

Source: JOE BOLGER, CIDA Consultant, *Capacity Building: Why, What and How* (2000)

The process of elderly capacity development through the Prolanis Program at the Medokan Ayu Community Health Centre in Surabaya City, at the Summersari Community Health Centre in Jember Regency and at the Pandian Community Health Centre in Sumenep regency used five stages from UNDP.

**Stage 1: Engaging with the stakeholders**

Engaging in the stakeholders is a part of determining all types and schedules of the available activities, thus involving the elderly as stakeholders. The initial stage is to recruit the elderly who are willing to take part in Prolanis activities. They were all elderly patients registered in the health centres who had a degenerative disease history. The apparatus of the community health centre explained to the elderly about the funding of the Prolanis activities by BPJS. The activities in Prolanis consist of sports exercises, a healthy diet, health counselling and medical check-ups.

**Stage 2: Assessing the capacity assets and needs.**

The implementation of this step is through providing the freedom for the elderly to determine their own needs. For example, the elderly are involved in choosing the type of exercise that they want to do such as aerobic exercise, choosing their instructors and deciding on the schedule. The elderly can also choose the healthy diet menu that they want and the health consultation topic. For example, degenerative diseases, healthy food for the elderly, elderly dental health, a healthy lifestyle etc. The following table shows the Prolanis activities within the elderly initiative.

Table 1: Prolanis Activities and the Elderly Initiatives

Types of Activities in Prolanis	Elderly Initiatives		
	Medokan Ayu	Sumbersari	Pandian
Exercise activity : elderly exercise	<ul style="list-style-type: none"> <li>▪ Soft aerobic exercise</li> <li>▪ Tera exercise</li> <li>▪ Poco-poco exercise</li> </ul>	<ul style="list-style-type: none"> <li>▪ Soft aerobic exercise</li> <li>▪ Finger exercises</li> <li>▪ Poco-poco exercise</li> </ul>	<ul style="list-style-type: none"> <li>▪ Soft aerobic exercise</li> <li>▪ Poco-poco exercise</li> </ul>
Medical check-up: blood, urine, kidney, liver, detection of HBA 1 c (for diabetics)	-	-	-
Health Education:	<ul style="list-style-type: none"> <li>▪ Healthy food for the elderly</li> <li>▪ Diet for the diabetes mellitus patients</li> <li>▪ Diet for the heart patients</li> <li>▪ Dental health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Healthy food for the elderly</li> <li>▪ Diet for the diabetes mellitus patients</li> <li>▪ Diet for the heart patients</li> </ul>	-
Home visit: The apparatus of the community health centre for visiting the elderly's house	The elderly visit each other's homes to strengthen their relationships	The elderly visit each other's homes to strengthen their relationships	
-	Recreation : <ul style="list-style-type: none"> <li>▪ Walking around the city</li> <li>▪ Taking public transportation around the city</li> <li>▪ Tour</li> </ul>	Recreation : <ul style="list-style-type: none"> <li>▪ Walking around the city</li> <li>▪ Taking public transportation around the city</li> <li>▪ Tour</li> </ul>	-
-	Creativity : <ul style="list-style-type: none"> <li>▪ Creating a Whatsapp group</li> <li>▪ Uniform</li> </ul>	Creativity : <ul style="list-style-type: none"> <li>▪ Creating a Whatsapp group</li> <li>▪ Uniform</li> <li>▪ Creating songs for encouragement</li> </ul>	

Source: field data processing

Based on the table above, we know that the activities of the elderly initiative are numerous and varied. One of the elderly initiatives is creating a song as a form of encouragement so then they can enjoy a healthy life in their old age. The elderly sing the song together after their exercises. Here are the “elderly” song lyrics:

Para lanjut usia, yang disebut lansia .. Walau sudah tua, tampak masih muda... Apa resepnya awet muda .. Yang kita dambakan semuanya... Kese-

hatan jiwa dan raga, harus kita jaga .. Makan cukup saja, yang tinggi gizinya .. Gemar olah raga, nyanyi jangan lupa .. Kerja giat tanpa paksa, jangan ngoyo santai saja .. Dengan hati selalu gembira, dekat kepada Nya

The elderly are called lansia. Even though they are old, they can also look young. What is the recipe to looking ageless? It is all that we crave. Mental and physical health, we must guard. Eat enough, and what is high in nutrition. Love exercising and don't forget to sing. Work hard without force, don't force it and relax, with a happy heart and be close to God.

In addition, it can be seen that beside the activities provided by Prolanis, namely exercise, medical check-ups and home visits, the elderly in Medokan Ayu and Summersari Community Health Centres want other activities such as recreation and creativity.

Stage 3: Formulating the capacity development and program.

The implementation of these activities was conducted through the analysis of various proposals to meet the elderly needs. Furthermore, the apparatus of the community health centre is used to formulate multiple activities in order for this to be realised. The apparatus of the community health centre strongly supports all activities originating from the proposal of the elderly through the infrastructure support for said activities. The implementation of the Prolanis activities every Saturday is based on the following schedule.

Table 2: The Schedule of Prolanis Activities

No	Week	Activity			Funding
		Medokan Ayu	Sumbersari	Pandian	
1	Week 1	Soft aerobic and poco-poco exercises, medical check-ups and eating together	Soft aerobic and poco-poco exercises, medical check-ups, eating together and home visits	Soft aerobic and poco-poco exercises, medical check-ups and eating together	BPJS
2	Week 2	Soft aerobic and tera exercises, medical check-ups, eating together and home visits	Soft aerobic and finger exercises, medical check-ups and eating together	Soft aerobic and poco-poco exercises, medical check-ups, eating together and home visits	BPJS
3	Week 3	Soft aerobic and poco-poco exercises, medical check-ups, eating together and health education	Soft aerobic and finger exercises, medical check-ups and eating together	Soft aerobic and poco-poco exercises, medical check-ups and eating together	BPJS
		-	Visiting the elderly person's house to strengthen the relationship	-	Self-funding by the elderly
4	Week 4	Soft aerobic and poco-poco exercises, medical check-ups, eating together and health education	Soft aerobic and poco-poco exercises, medical check-ups, eating together and health education	Soft aerobic and poco-poco exercises, medical check-ups and eating together	BPJS
5	Week 5 (if any)	Soft aerobic and tera exercises, medical check-ups, eating together and health education	Soft aerobic and finger exercises, medical check-ups and eating together	Soft aerobic and poco-poco exercises, medical check-ups, eating together and health education	BPJS
		Recreation, home visits and shared meals	Recreation and home visits	-	Self-funding by the elderly

Source: *The Medokan Ayu, Summersari, and Pandian Community Health Centre*

#### **Stage 4: Implementing capacity development.**

The implementation of all Prolanis activities is arranged according to an agreed schedule. All of the elderly Prolanis participants have this schedule so then they can prepare themselves beforehand. The activities are on every Saturday starting at 07:00am and ending at 10:00am. The next activity is flexible, such as visiting one of the participants' homes, travelling,

recreation and other activities. In addition, the elderly also incur a personal cost for some of the activities. For example, at the Medokan Ayu and Sumbersari Community Health Centres, they want to have routine exercises once a week, four times a month. This situation makes them pay more for the instructor fees, since BPJS only covers the funding three times in a month. Furthermore, the participants also want recreational activities to create togetherness, home visits, and shared meals at the restaurant or in the houses of the elderly (see Table 2 above).

Stage 5: Evaluate capacity development.

The evaluation was carried out jointly between the community health centre apparatus and the elderly Prolanis participants. There were several evaluation records used, namely the evaluation of the exercise activities, health checks, health education, healthy eating together, home visit, recreation and creativity. The following table is a record of the evaluation activities.

Table 4: Evaluation of the Prolanis Activities

No	Activity	How to Evaluate and the Result of Evaluation
1	Exercises	Evaluation of adjusting exercise movement with the physical condition of the elderly. Initially, the elderly asked for aerobic exercise to make the elderly more enthusiastic in moving their body. After the public health centre has conducted the evaluation, the movement was deemed to be unsuitable for the elderly so they had to make changes to the movement. Finally, there was an agreement that aerobic exercise should be still carried out but with softer music and motions.
2	Medical Check Up	We evaluated the medical check-up using the medical record every week. If there are conditions that require the treatment by the doctor such as the rises of blood pressure, the increases of blood sugar, and so on. Then the elderly will get a recommendation to consult with the doctor immediately.
3	Health Education	The evaluation of the health education is done by asking the elderly about the material from the authorities. If the elderly do not understand, then the explanation will be repeated. This activity is related to the extension methods. The implementation of consultation should be done in a comfortable space, relaxed atmosphere and in a short time, so for no more than one hour, so then the elderly still have the energy for it.
4	Eating healthy food together	The evaluation of healthy food is done by asking the elderly whether they like the food. After that, the elderly and the apparatus will discuss the food menu that will be served the next week.
5	Home visit	The evaluation of the home visits is done by asking the elderly about the benefits of the "home visits" that bring positive energy in for the elderly. It is able to strengthen their friendship, compactness, and make them happy. The home visit activities are conducted regularly.

6	Recreation	The evaluation of recreation is done by asking the elderly about the recreational benefits. The elderly enjoyed the activities and were happy. The recreation is always conducted routinely even though the activity is only strolling around the city.
7	Creativity	The evaluation of creativity is done by looking at the various creative actions of the elderly such as creating an anthem song, uniforms, determining the healthy eating menus, discovering multiple activities and others. These activities are capable of stimulating the excitement of the elderly so then their creativity continues to develop since it provides them with the opportunity to express their ideas.

*Source: field data processing*

### 3.2 Ladder of Participation

Prolanis is a promotive and preventive healthcare system that is engaged through the proactive approach of the elderly in order to maintain their health. Therefore the participation of the elderly in the process of capacity development greatly determines the success of Prolanis. ARNESTEIN (1969) introduced the ladder of participation which categorised participation, based on the degree of participation. Arnestein recognised three categories (a) no participation consisting of manipulation and therapy (b) tokenism consisting of informing, consultation and placation and (c) citizen power, consisting of partnership, delegated power and citizen control. The lowest level represents a very low level of community participation whereas the top level represents large and strong community participation (ARNSTEIN, 1969). The following is an explanation of the community participation in the ladder of participation of Arnestein.

Table 5: Ladder of participation

Ladder of Participation	The Nature of Participation	Level of Participation
<i>Manipulation</i>	The government elects community representatives to approve the various programs	No participation
<i>Therapy</i>	The government only informs the public about the programs.	
<i>Informing</i>	The government informs various programs that will be and have been implemented, yet merely communicates through one way direction.	Tokenism
<i>Consultation</i>	The government discusses the various agenda with many elements of society. All suggestions and criticism are heard but those who have the power decide on the results.	
<i>Placation</i>	The government promises to enact various suggestions but despite criticism from the public, they secretly run the original plan.	
<i>Partnership</i>	The government treats society as a co-worker. They partner in designing and implementing public policies together.	Citizen power is in the community
<i>Delegated Power</i>	The delegation of authority by the government to the community.	
<i>citizen control</i>	The public is more dominant than the government, even going so far as to evaluate the governments' performance.	

Source: (Arnstein 1969)

Associated with the theory of the Arnstein, the degree of participation of the elderly in Medokan Ayu and Summersari is assumed to be based on the degree of citizen power. The degree of participation of the elderly in Pandian is assumed to be based on tokenism. Looking further, it turns out that with respect to the ladder of participation, the elderly in Medokan Ayu and Summersari are in a partnership, and the elderly in Pandian are the source of the information. Data on the degree of participation and the ladder of participation can be seen in the process of capacity development through Prolanis, as given below.

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choose the theme of health socialisati on such as degenerati ve disease, healthy food for the elderly, a diet for diabetes mellitus, dental health etc	choose the theme of health socialisati on such as degenerati ve disease, healthy food for the elderly, a diet for diabetes mellitus, dental health etc	carried out  Pandian: The government determines the activities that will be carried out
Home visit : ▪ The elderly want to visit each other's homes to strengthen their relationships	Home visit : ▪ The elderly want to visit each other's homes to strengthen their relationships	

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choose the theme of health socialisati on such as degenerati ve disease, healthy food for the elderly, a diet for diabetes mellitus, dental health etc	choose the theme of health socialisati on such as degenerati ve disease, healthy food for the elderly, a diet for diabetes mellitus, dental health etc	carried out  Pandian: The government determines the activities that will be carried out
Home visit : ▪ The elderly want to visit each other's homes to strengthen their relationships	Home visit : ▪ The elderly want to visit each other's homes to strengthen their relationships	

<i>Formulate capacity development and program</i>	<p>Schedule:</p> <ul style="list-style-type: none"> <li>The elderly want the activity to be carried out every week (including the fifth week)</li> </ul> <p>Activities :</p> <ul style="list-style-type: none"> <li>The elderly choose a number of activities that can realistically be carried out</li> <li>The elderly choose a gymnastic instructor</li> </ul> <p>Financing :</p> <ul style="list-style-type: none"> <li>The elderly calculated the activity costs that cannot be funded by BPJS</li> </ul>	<p>Schedule:</p> <ul style="list-style-type: none"> <li>The elderly want the activity to be carried out every week (including the fifth week)</li> </ul> <p>Activities :</p> <ul style="list-style-type: none"> <li>The elderly choose a number of activities that can realistically be carried out</li> <li>The elderly choose a gymnastic instructor</li> </ul> <p>Financing:</p> <p>The elderly calculated the activity costs that cannot be funded by BPJS</p>	<p>Activities :</p> <ul style="list-style-type: none"> <li>The elderly choose a number of activities that can realistically be carried out</li> </ul>	<p>The apparatus of the Community Health Centre can accommodate and discuss all proposals</p>	Idem
<i>Implement a capacity development</i>	<p>Schedule:</p> <ul style="list-style-type: none"> <li>Activities are carried out every week at</li> </ul>	<p>Schedule:</p> <ul style="list-style-type: none"> <li>Activities are carried out every week at</li> </ul>	<p>Schedule:</p> <ul style="list-style-type: none"> <li>Activities are carried out every week at</li> </ul>	<p>The apparatus of the Community Health Centre</p>	Idem

	07.00 am - 10:00 am	07.00 am - 10:00 am	07.00 am - 10:00 am	accommodate and discuss all proposals	
	Funding: <ul style="list-style-type: none"> <li>Elderly incurred costs that were not covered by the BPJS such as instructor fees in the fifth week, recreation, home visits, etc.</li> </ul>	Funding: <ul style="list-style-type: none"> <li>Elderly incurred costs that are not covered by the BPJS such as instructor fees in the fifth week, recreation, home visits etc.</li> </ul>			
<i>Evaluate capacity development</i>	The elderly and the apparatus of the Community Health Centre conducted an evaluation of the activities.	The elderly and the apparatus of the Community Health Centre conduct an evaluation of the activities.	The apparatus of the Community Health Centre conducts an evaluation of the activities.	The apparatus of the Community Health Centres at Medoka Ayu and Summersari accommodate and discuss all proposals, but the apparatus of Pandian conduct the evaluation without the elderly.	Idem

Source : Data Analysis

Based on the table above, it can be seen that the government (the apparatus of the Community Health Centre) has provided opportunities for the elderly to actively participate. The elderly at Medokan Ayu and Summersari responded to this by providing a lot of ideas but the elderly at Pandian only put forward a few ideas. The apparatus of Medokan Ayu and Summersari responded to all input or ideas from the elderly by accommodating and discussing them with the elderly population in order to settle on the best decision. In contrast to Pandian, the elderly only provided a little input so then the officials must actively seek solutions to get the best decisions.

#### 4. CONCLUSIONS

There are differences factors that influence the success of elderly capacity development through Prolanis in cities of various sizes. The success of capacity development in the big city and middle city is influenced by the active participation of the elderly. The success of capacity development in the small city is more influenced by the strong commitment of the apparatus of the community health centre to assist and support all Prolanis activities for the elderly.

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## REFERENCES

- ARNSTEIN, Sherry. 1969. "A Ladder of Citizen Participation". *Journal of the American Planning Association*. Vol. 35, No 4: 216-224.
- BADAN PENELITIAN DAN PENGEMBANGAN KESEHATAN, Ministry of Health, Republic of Indonesia. 2013. *RISKESDAS: Riset Kesehatan Dasar Tahun 2013*. Jakarta: Kementerian Kesehatan RI.
- BADAN PUSAT STATISTIK. 2017. *SUSENAS: Survei Nasional Ekonomi Indonesia Tahun 2017*. Jakarta: BPS RI.
- BOLGER, Joe. 2000. "Capacity Development: Why, What and How". *Canadian International Development Agency*. Vol. 1 No 1: 1-8.
- BROWN, Lianne. 2001. *Measuring Capacity Building*. Carolina Population Center. The University of North Carolina. Chapel Hill.
- CARDIOL, World J. 2019. "Heart valve disease in elderly". *World Journal of Cardiology*. Vol. 11 No 2: 71-83. doi: 10.4330/wjc.v11.i2.71
- CRESWELL, J.W. 2018. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, fifth edition. New York: SAGE Publisher.

- DANN, K.C & NEUMANN, I. B. 2016. *Undertaking Discourse Analysis for Social Research*. United States: University of Michigan Press.
- EDHOLM, P., STRANDBERG, E., & KADI, F. 2017. "Lower limb explosive strength capacity in elderly women: effects of resistance training and healthy diet". *Journal of Applied Physiology*. Vol. 123, No 1: 190–196.
- FERREIRA, H., & COENTRAO, L. 2016. "Vascular Access for Elderly Hemodialysis Patients: What Should we Aim for?" *The Journal of Vascular Access*. Vol. 17, No 1\_suppl: 38–41.
- HASSEL, H., SCHULTE, B., & KEIMER, M. 2010. "Participatory development of an instrument for the elderly for an autonomous optimization of their nutrition and physical activity profile". *Health Education Journal*. Vol. 69, No 3: 353-361.
- HOWE, E. 1985. "Homesharing for the Elderly". *Journal of Planning Education and Research*. Vol. 4, No 3: 185–194.
- JUNAIDI., ERFIT., & PRIHANTO, P. H. (2017). "Faktor-Faktor Sosial Ekonomi yang Mempengaruhi Keterlibatan Penduduk Usia Lanjut Usia dalam Pasar Kerja di Provinsi Jambi". *Masyarakat, Kebudayaan, dan Politik*. Vol. 30, No 2:197-205.
- KHAIRUDIN, et al. 2011. "Depression, Anxiety and Locus of Control among Elderly with Dementia". *Pertanika Journal of Social Sciences and Humanities*. Vol. 19, No 5: 27-31.
- MARENGONI, ALESSANDRA MD. PhD., WINBLAD, BENGT, MD, PhD., KARP, ANITA PhD. & FRATIGLIONI LAURA. MD, PhD. (2008). "Prevalence of Chronic Diseases and Multimorbidity Among the Elderly Population in Sweden". *American Journal of Public Health*. Vol. 98, No 7: 1198-1200. <https://doi.org/10.2105/AJPH.2007.121137>
- MEDEIROS, S.F., LO PEZ, LOZANO., S.A, MONTERO, & VALLEJO, G.N. 2015. "Effects Of Eight Months Of Whole-Body Vibration Training On The Muscle Mass And Functional Capacity Of Elderly Women". *Journal of Strength and Conditioning Research*. Vol. 29, No 7: 1863–1869.
- MEULSTEE, M., WHITTEMORE, R., & WATTS, S. A. 2015. "Development of an Educational Program on Prevention of Hypoglycemic Events Among Elderly Veterans With Type 2 Diabetes". *The Diabetes Educator*. Vol. 41 No 6: 690–697.
- MICHALEK, Jaroslav., VRABLIKOVA, Alena., ADAS, Darinskas., LUKAC, Ladislav., PRUCHA, Jaroslav., SKOPALIK, Josef., TRAVNIK, Jan., CIBULKA, Marek & DUDASOVA, Zuzana. 2019. "Stromal vascular fraction cell therapy for osteoarthritis in elderly: Multicenter case-control study". *Journal Clinical Orthopedics and Trauma*. Vol. 10, No 1: 76-

80. doi: 10.1016/j.jcot.2018.11.010

MILES, M. B & HUBERMAN, M.A. 2014. *Qualitative Data Analysis*. New York: SAGE Publisher.

NOOR, M.N., ALWI, A & IQBAL. 2016. "Development and Effectiveness of a Community-based Intervention Program for Elderly Women in Malaysia". *International Journal of Behavioral Science*. Vol. 11, No 2: 1-20.

RÍOS, BURROWS, Nilka., Li ,YAN, Feng., W. GREGG, Edward., GEISS , Linda S. 2019. "Declining Rates of Hospitalization for Selected Cardiovascular Disease Conditions Among Adults Aged  $\geq 35$  Years With Diagnosed Diabetes, U.S., 1998–2014". *Journal of Diabets Care*. Vol. 41, No 2: 293-302. <https://doi.org/10.2337/dc17-1259>

SCANNAPIECO. Frank A, CANTOS. Albert. 2016. "Oral inflammation and infection, and chronic medical diseases: implications for the elderly". *Periodontology 2000*. Vol. 72 pp. 153-175. <https://doi.org/10.1111/prd.12129>

UNDP. 2009. *Capacity Development: A UNDP Primer*. New York: United Nations Development Programme.

YIN, Robert K. 2011. *Qualitative research from start to finish*. New York: Guilford Press.

WANG, Chenchen., TU, Yifan., YU, Zongliang., LU, Rongzhu. 2015. "PM2.5 and Cardiovascular Diseases in the Elderly: An Overview". *Int. J. Environ. Res. Public Health*. Vol. 12, No 7: 8187-8197. <https://doi.org/10.3390/ijerph120708187>



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