

Collaborative Governance in the Elderly Population Empowerment Program in Penggilingan Village, East Jakarta Administrative City

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ABSTRACT

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Indonesia is undergoing a demographic shift towards an aging population, with an increasing number of elderly citizens. This research aims to analyze the implementation of collaborative governance in the empowerment of elderly residents in Penggilingan, East Jakarta. The study employs a qualitative descriptive approach with case study methods, focusing on the involvement of various stakeholders such as local governments, NGOs, and community groups. Data were collected through interviews, observations, and document analysis. The results indicate that collaborative governance has been implemented through regular forums, promoting communication and coordination among stakeholders. However, challenges such as limited resources and insufficient trained personnel hinder optimal program outcomes. The findings highlight key factors influencing the success of collaborative governance, including leadership, mutual trust, shared vision, and community participation. Strengthening stakeholder capacity and increasing resource allocation are recommended for improving the program's effectiveness. Further research is suggested to explore innovative models of collaborative governance for elderly empowerment in Indonesia.



Introduction

Indonesia has undergone a demographic transformation towards an aging population in the past decade. On the one hand, Indonesia is also the fifth largest country in the world with 25.9 million elderly people in 2019 (Fitriana, 2022). Data from the Ministry of Health of the Republic of Indonesia explains that the elderly population in Indonesia is characterized by the dominance of the increase in the number of elderly population since 2010, from 18 million people (7.56%) in 2010 to 25.9 million people (9.7%) in 2019, and is expected to continue to increase to reach 48.2 million people (15.77%) in 2035 (Fitriyah, 2023).

Based on gender, the life expectancy of the elderly has also increased since 2018, from 69.30 years for men and 73.9 years for women to 69.59 years for men and 73.46 years for women in 2020 (Fanani & Ibrahim, 2018). In comparison, life expectancy in Indonesia in 1970 was only 45 years (average for men and women). The increasing life expectancy of the elderly is also influenced by the ease of access to health services, technology, medicines, medical professionals, and other public services (Bkkbn, 2022).

The Central Statistics Agency (BPS) has announced that Indonesia has entered an aging population structure (BPS, 2023). This can be seen from the percentage of the population aged 60 years and over (elderly) which has exceeded 10% since 2021 (Apriliandra & Krisnani, 2021). This increase in the number of elderly people can have a variety of complex consequences if not carefully addressed. With the increase in the number of elderly people, the population dependency rate will also increase (Evitasari & Kisworo, 2020). In 2022, the results of the March 2022 National Socio-Economic Survey (Susenas) showed a dependency ratio value of 16.09% for the elderly population, meaning that every elderly population is supported by around 6 people of productive age (aged 15-59 years) (Databoks, 2023). The female elderly population is more than the male elderly population, which is 56.05 percent of the female elderly population compared to 48.19 male elderly residents (Central Statistics Agency, 2022).

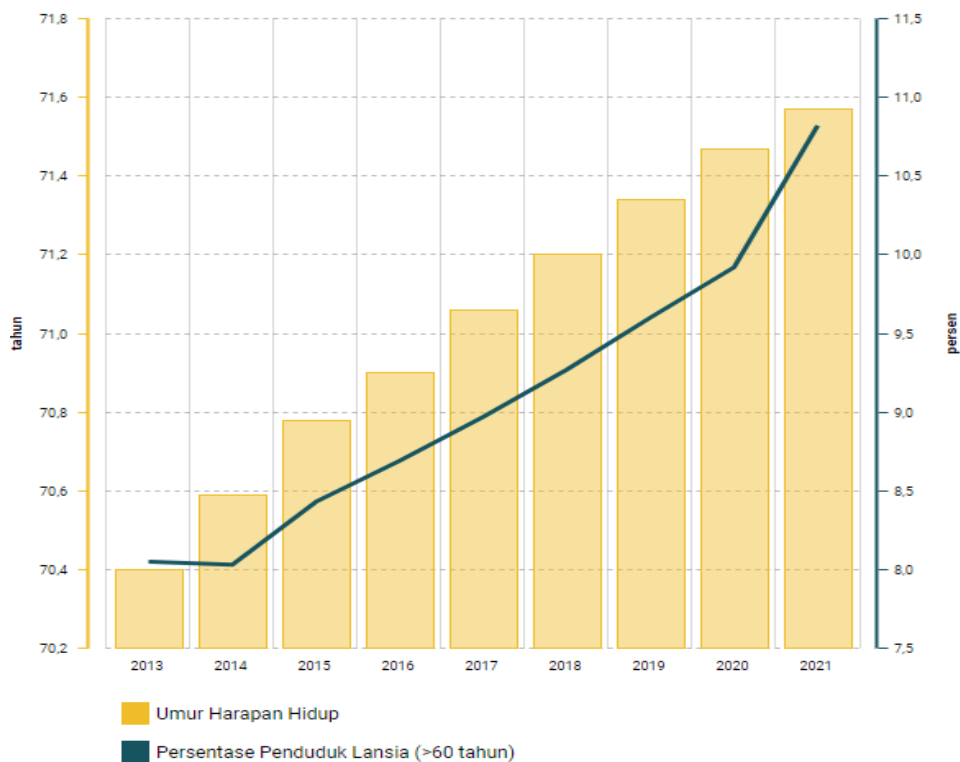


Figure 1 Percentage of Elderly Population and Life Expectancy in Indonesia

Based on the BPS National Census Survey (Susenas) in March 2022, the percentage of the elderly population reached 10.48% that year. This means that about 1 in 10 of Indonesia's population is elderly (Bryson & Roering, 2018). The elderly dependency ratio

in March 2022 reached 16.09%. This means that every elderly person is supported by around 6 people of productive age (aged 15-59 years). The portion of the elderly in urban areas reached 56.05% in March 2022, this figure is larger than in rural areas which only reached 43.95% (BPS, 2022). In terms of age group, as many as 65.56% of the elderly are included in the young elderly group (aged 60-69 years), then 26.76% are intermediate elderly (aged 70-79 years), and 7.69% are elderly (aged 80 years and above) (Mardiana et al., 2022).

Population aging, or the phenomenon of an aging population, that occurs in a country like Indonesia is a very important demographic event and cannot be ignored (Ministry of Health, 2020). The government has taken concrete steps to deal with this demographic phenomenon through Government Regulation Number 43 of 2004 concerning Efforts to Improve Social Welfare for the Elderly Population. The regulation covers a wide range of social services, including religious and health services, job opportunities, education and training, and easier access to public facilities. All of these are concrete steps taken by the government to socially empower the elderly community in Indonesia (DWINARKO & MUHAMAD, 2023).

Eight provinces in Indonesia are included in the category of an aging population, as well as one province that is almost included in this category. The province with the highest percentage of the elderly population is located in the Special Region of Yogyakarta, reaching 16.69% of the total population of Yogyakarta. Meanwhile, the province with the lowest percentage of elderly population is Papua Province, with only 5.02% of the total population (Dewi, 2019). DKI Jakarta Province is close to the threshold of 10% with a percentage of 9.90% of the elderly population (BPS, 2022).

DKI Jakarta Province has almost reached the status of an aging population with a percentage of 9.90% of the elderly population of its total population, while this province also has the highest population density in Indonesia (Vermeire et al., 2022). Special attention to the elderly population is important because if not handled properly, the increase in the elderly population can cause significant health, social, and economic problems. Elderly residents, often referred to as the "golden age," require special care including aspects of health and social conditions, so that they can feel and enjoy their old age with a good quality of life. Attention to the elderly population is one of the efforts to maximize Indonesia's demographic bonus (Sutikno, 2020).

Based on the research questions, the objectives of this research are as follows:

1. Analyze the implementation of Collaborative Governance in elderly population empowerment activities.
2. Analyze factors that can affect the Collaborative Governance process in elderly population empowerment activities.

Research Methods

This research is a qualitative descriptive research. According to Faisal (2003), descriptive research aims to explore and explain certain social phenomena or realities by describing various variables related to problems and research units. In this context, this

study aims to describe and explain the situation, identify data, and describe the symptoms related to the implementation of Collaborative Governance in the empowerment activities of the elderly population.

The selection of qualitative descriptive research in this context is based on its ability to provide in-depth insights, and contextual understanding, and answer research questions related to the collaborative process of governance in health and social services for the elderly population in Peggilingan Village, East Jakarta.

Type of Research

This study adopts a qualitative approach with a focus on a single case study, which aims to deepen the understanding of dynamics in a single context. The reason for using a single case study is that it becomes very important to test the theory that the researcher has developed. This theory has detailed a series of propositions and identified the conditions under which the proposition is considered to be true. Yin (2014) describes that case studies are a social science approach that investigates contemporary events (cases) in real-world contexts, especially when there are boundaries between phenomena and contexts that may not be visible.

Data Collection Methods

In this study, data collection was carried out through four data collection strategies described by (Creswell, 2012) in a qualitative method. First, qualitative observation in which the researcher directly observes the behavior and activities of individuals at the research site. Second, qualitative interviews can be conducted face-to-face, by phone, or with in-depth interviews. Third, data collection from documents, both public documents and private documents such as reports, regulations, and planning documents. Finally, data collection from audio-visual materials such as photos, videos, or sound recordings.

The data used in this study consisted of primary data and secondary data. Primary data was obtained through in-depth interviews with stakeholders related to the research, such as elements of the government, NGOs, and communities involved in elderly population empowerment activities. The selection of informants was carried out purposively based on relevance to the research theme. In addition to in-depth interviews, data collection also involves observation with informants who are part of the stakeholders involved. This study also uses archival document tracing as one of the data collection methods (Baumer & Van Horn, 2013).

Data Analysis Techniques

The data analysis process is carried out in three stages which include open coding, axial coding, and selective coding. Open coding and axial coding are used to identify stages in the process of collaboration between stakeholders and the factors that influence the process. Selective coding is then used to analyze the stage of collaboration and the factors that influence it.

Data Validity Techniques

Several researchers argue that qualitative research can be biased and tend to be subjective, so it is important to maintain a level of confidence or validity of qualitative research to improve its quality and objectivity. There are four main criteria used to

maintain the validity of qualitative research, namely credibility, transferability, dependability, and confirmability (Creswell, 2012).

Research Process

1. Prepare and organize data for analysis.

The data that needs to be prepared includes transcripts of interview results that have been collected, field notes, and observation results.

2. Observe the data that has been collected, reflect on the significance of the information that has been obtained, and record general thoughts about the information. Then, undergo an in-depth analysis through the coding process. Coding is the stage in organizing material into pieces or segments before becoming meaning in information.
3. Design detailed descriptions of individuals, locations, and events for analysis using a coding process. Coding will result in a theme or category that emerges as the main finding in qualitative research.
4. Describe descriptions and themes in the form of qualitative narratives.

Interpret and analyze the meaning of the data. Interpretation is the understanding provided by the researcher, while the meaning of the data is the comparison between the findings and the information obtained from theory or literature.

Research Location

This research was conducted in Penggilingan Village, East Jakarta Administrative City. The selection of this location was carried out with the consideration that Penggilingan Village is an area that faces certain significant health and social challenges for the elderly population. The location of this research was chosen because it wanted to explore the concept of collaborative governance in different contexts. East Jakarta is a large area with diverse social and demographic characteristics, so this study can provide a broader insight into how collaborative governance can be applied in the context of elderly empowerment.

Results and Discussion

Implementation of Collaborative Governance in Empowering the Elderly Population. Based on the results of the research, the implementation of collaborative governance in empowering the elderly population in Penggilingan Village, East Jakarta shows that there are collaborative efforts between various stakeholders. Local governments, NGOs, and local communities are involved in the planning and implementation of elderly empowerment programs.

One form of collaboration that can be seen is the existence of a joint forum involving representatives from the village government, health cadres, and community leaders. As revealed by Mrs. Aminah, a health cadre:

"We routinely hold monthly meetings to discuss elderly programs. There were representatives from the village, we cadres, as well as community leaders. We share information and plan activities."

This forum is a forum for sharing information, planning programs, and evaluating the implementation of elderly empowerment activities. This is in line with the concept of

collaborative governance which emphasizes the importance of communication and coordination between stakeholders (Ansell & Gash, 2008).

However, there are still challenges in the implementation of this collaborative governance. One of them is the limitation of resources, especially budget and trained personnel. As conveyed by Mr. Abdi, Village Staff:

"We want to hold more programs for the elderly, but we are constrained by budget. It also needs more skilled personnel to accompany the elderly."

Factors Influencing the Collaborative Governance Process

Some of the key factors that affect the collaborative governance process in empowering the elderly in Penggilingan Village include:

1. Facilitative leadership: The active role of village heads and community leaders in facilitating collaboration between stakeholders.
2. Mutual trust: There is mutual trust between the government, NGOs, and the community that is built through regular interaction.
3. Shared vision: Stakeholders share a common vision to improve the well-being of the elderly.
4. Limited resources: Budget constraints and trained human resources are factors that hinder program optimization.
5. Community participation: The level of community participation, especially of elderly families, affects the success of the program.

These findings are in line with the integrative collaborative governance framework put forward by (Emerson et al., 2012), which emphasizes the importance of factors such as leadership, shared motivation, and the capacity to act together in the collaborative process.

Penggilingan Village plays a central role in the implementation of collaborative governance for the empowerment of the elderly population. As the smallest government unit, the village functions as the main facilitator and coordinator in connecting various stakeholders.

a. Initiators and Facilitators of Collaborative Forums

The village took the initiative to form a collaborative forum involving various parties. As expressed by Mr. C, Penggilingan Village Head:

"We initiated the formation of the Elderly Care Forum involving representatives from villages, health centers, health cadres, NGOs, and community leaders. This forum is our forum to discuss and plan programs together." This forum is an important means to build understanding and coordinate efforts to empower the elderly from various parties.

b. Data and Information Provider

Villages play an important role in providing the latest data and information on the condition of the elderly population in their area. This data is the basis for more targeted program planning.

Collaborations involving community leaders and health cadres have increased public awareness of the importance of empowering the elderly. Mrs. Tri Wahyuningsih, a PKK cadre, said:

"Now more families are actively bringing their parents to the elderly posyandu. They are also more concerned about the health and social activities of the elderly."

c. Program Innovation

Through the exchange of ideas in collaborative forums, program innovations such as "Elderly Go Digital" have emerged that introduce simple technology to the elderly to help them with their daily activities.

However, there are still challenges in the implementation of this collaborative governance, especially related to the consistency of stakeholder participation and limited resources. Continuous efforts are needed to strengthen collaboration mechanisms and increase the capacity of all parties involved.

This discussion shows that the active role of the village as a facilitator and coordinator is very important in the success of collaborative governance. The positive results that have been achieved demonstrate the potential for a collaborative approach to improving the effectiveness of elderly empowerment programs at the community level.

Well, I will compile field findings based on the collaborative governance framework developed by (Ansell & Gash, 2008). The framework includes several key components: initial conditions, institutional design, facilitative leadership, collaborative processes, and outcomes. The following are the field findings compiled based on the framework:

Initial Conditions

a. Resource Imbalance:

There is an imbalance of resources between stakeholders. Penggilingan Village has formal authority and access to the government budget, but it is limited. Local NGOs have expertise in community empowerment but lack financial resources.

"We have experience and trained volunteers, but the funding of the program is still very dependent on the government or donors," said Mr. Didi, a representative of a local NGO.

b. Incentives to Participate:

All parties have a strong incentive to collaborate, especially due to awareness of the increasing number of elderly people and the complexity of the problems faced.

c. History of Cooperation or Conflict:

There is a history of informal cooperation between the village and health cadres in the elderly posyandu program, which is a positive social capital for further collaboration.

Institutional Design

a) Participation Inclusivity:

The Elderly Care Forum was formed quite inclusive, involving representatives from villages, health centers, health cadres, NGOs, and community leaders. However, the direct involvement of elderly representatives is still limited.

b) Clear Basic Rules:

There are ground rules agreed upon in the forum, including a schedule of regular meetings and consensus decision-making mechanisms.

c) Process Transparency:

The decision-making process and resource allocation are quite transparent, with meeting minutes accessible to all forum members.

Facilitative Leadership

Penggilingan Village Head shows strong facilitative leadership in coordinating various stakeholders.

"The Village Head always encourages us to convey ideas and be active in discussions. She also often goes directly to the field to understand the situation," said Mrs. H, coordinator of health cadres.

Collaborative Process

a) Face Tap Dialog:

The Elderly Care Forum holds regular monthly meetings, facilitating direct dialogue between stakeholders.

b) Building Trust:

Trust between stakeholders is built through regular interaction and openness in information sharing.

c) Commitment to Process:

There is a strong commitment from all parties to be involved in the collaboration process, although sometimes constrained by their respective busyness.

d) Shared Understanding:

Through intensive discussions, a common understanding was built about the problems and needs of the elderly in the region.

e) Results Between:

Several intermediate results have been achieved, such as mapping the needs of the elderly and a joint action plan.

These field findings show that despite the challenges, the implementation of collaborative governance in the empowerment of the elderly in Penggilingan Village has shown positive developments by the Ansell and Gash framework. The ongoing collaborative process has produced some concrete achievements, but it still requires continuous efforts to optimize the results.

Conclusion

Based on the results of the study, it can be concluded that the implementation of collaborative governance in empowering the elderly population in Penggilingan Village, East Jakarta shows collaborative efforts involving various stakeholders. The joint forum formed is an important forum for coordination and program planning. However, there are still challenges, especially related to limited resources.

Factors that affect the collaborative governance process include facilitative leadership, mutual trust between stakeholders, shared vision, limited resources, and the level of community participation. These findings provide important insights into the dynamics of collaborative governance in the context of empowering the elderly in urban areas. To increase the effectiveness of collaborative governance in the empowerment of the elderly, efforts are needed to strengthen stakeholder capacity, increase resource

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allocation, and develop strategies to increase community participation. Further research is needed to explore innovative models of collaborative governance that can be applied in the context of elderly empowerment in Indonesia.

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