
PHILANTHROPY PRACTICES AND SOCIAL SOLIDARITY IN SERVICES FOR THE ELDERLY AT THE LIONS CLUB MEDAN

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Abstract

This study aims to analyze philanthropic practices, social solidarity mechanisms, and their contribution to improving the welfare and social functioning of the elderly through a case study of Lions Club Medan. This study applied a qualitative case study design. Primary data were gathered through in-depth interviews with cabinet management and field volunteers, alongside passive observation of health services and documentation review. Data were analyzed using the Miles, Huberman, and Saldaña interactive model and validated through source and technique triangulation. The findings reveal that philanthropic practices of Lions Club Medan are manifested through four structured pillars: nutritional distribution in nursing homes, white cane provision, hearing aid distribution, and monthly zero-cost end-to-end cataract surgeries. Viewed through Émile Durkheim's sociological perspective, this movement embodies organic solidarity through an integrated division of labor among management, specialized medical teams, and community volunteers who successfully overcome medical stigma resistance and rural transport barriers via subsidies and self-help initiatives. This philanthropic intervention contributes significantly to restoring physical vision, diminishing daily dependence, and reconstructing the social functioning and dignity of underprivileged elderly individuals within society.

Kata Kunci:

Filantropi Sosial; Solidaritas Organik; Perawatan Lansia; Fungsi Sosial; Lions Club Medan

Abstrak

Penelitian ini bertujuan untuk menganalisis praktik filantropi, mekanisme solidaritas sosial, serta kontribusinya terhadap peningkatan kesejahteraan dan fungsi sosial para lansia melalui studi kasus Lions Club Medan. Penelitian ini menggunakan desain studi kasus kualitatif. Data primer diperoleh melalui wawancara mendalam dengan pengurus klub dan relawan lapangan, disertai dengan observasi pasif terhadap layanan kesehatan serta tinjauan dokumentasi. Data dianalisis menggunakan model interaktif Miles, Huberman, dan Saldaña serta divalidasi melalui triangulasi sumber dan teknik. Hasil penelitian menunjukkan bahwa praktik filantropi Lions Club Medan direalisasikan melalui empat pilar terstruktur: pendistribusian makanan bergizi di panti jompo, penyediaan tongkat putih, pendistribusian alat bantu dengar, serta pelaksanaan operasi katarak gratis secara komprehensif setiap bulan. Dilihat dari perspektif sosiologis Émile Durkheim, gerakan ini mewakili solidaritas organik melalui pembagian kerja yang terintegrasi antara pejabat, tim medis khusus, dan relawan masyarakat yang berhasil mengatasi resistensi terhadap stigma medis serta hambatan transportasi di daerah pedesaan melalui subsidi dan inisiatif swadaya.

Intervensi filantropis ini memberikan kontribusi signifikan dalam memulihkan penglihatan, mengurangi ketergantungan dalam aktivitas sehari-hari, serta merekonstruksi fungsi sosial dan martabat kelompok lansia kurang mampu dalam kehidupan masyarakat.

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INTRODUCTION

Increasing life expectancy globally and nationally has triggered a demographic transition toward an aging population, with complex implications for the social welfare system (Yendri & Prasetyo, 2024). In Indonesia, the surge in the proportion of older adults (elderly) triggers multidimensional vulnerabilities, ranging from functional decline and declining economic status to the degradation of social roles due to the weakening of traditional family support systems amidst the rapid flow of modernization and urbanization (Duha et al., 2023). More specifically, at the regional level, older adults in North Sumatra Province, especially in urban and buffer areas such as Medan City, face an escalation of crucial geriatric health risks, particularly the high prevalence of sensory impairment due to chronic cataracts, which leads to limited mobility and social isolation (Tampubolon et al., 2024). This condition is exacerbated by the limited reach of the government's formal social security system in providing inclusive, specialized eye health services, thus placing the majority of underprivileged older adults in a marginalized situation (Frastito, 2025). This phenomenon underscores the urgent need for civil society philanthropic organizations to fill gaps in community-based social health services for older people at the local level.

The disparity between the soaring need for elderly care and the limited capacity of formal social protection underscores the urgent need for a third sector, namely civil society organizations and philanthropic institutions (Candra, 2025). From a sociological perspective, philanthropic interventions cannot be reduced to temporary individual acts of charity; rather, they are manifestations of organized social action rooted in empathy and collective ethical responsibility (Budiman et al., 2023). Modern philanthropy is moving toward meeting essential needs and restoring the social functioning of vulnerable groups sustainably (Isman, 2023). In the context of elderly care in Medan City, philanthropic organizations play a strategic role as agents of change and resource mediators, consolidating material capital and volunteerism from surplus groups and distributing them to underprivileged elderly who are isolated from health services (Hidayati et al., 2023).

The philanthropic movement in elderly care can be conceptually explained through

Émile Durkheim's theory of social solidarity. In modern, differentiated societies, Durkheim argued that social integration is bound by organic solidarity, which operates through the division of labor and functional interdependence between individuals and social groups (Ulziamil et al., 2024). Philanthropy-based elderly care reflects organic solidarity, where donors, organizational administrators, professional medical teams, and community volunteers carry out differentiated roles to respond to older people's vulnerabilities in an integrated manner (Sebayang, 2024). This clear division of labor builds essential social capital to expand community-based care networks.

Previous scientific studies on philanthropy and elderly protection generally lack focus. Sukmawati's (2023) research focused on Islamic philanthropy-based economic empowerment for the underprivileged and micro-entrepreneurs. In the geriatric care dimension, Duha et al. (2023) analyzed the effectiveness of residential institutional nursing homes. Meanwhile, studies by international organizations in Indonesia, such as Lubis and Suriadi (2025), focused more on evaluating educational literacy programs, and Sebayang's (2024) research on Lions Clubs remained descriptive medical-practical reports without elaborating on sociological theoretical constructs related to volunteer networks and the motives of social solidarity within them. This gap indicates a lack of sociological studies that integrate organized philanthropic practices with organic solidarity mechanisms in local, non-nursing elderly care. This research is novel in its in-depth sociological analysis of how the Lions Club Medan constructs a health philanthropy movement—particularly free cataract surgery, distribution of mobility aids, and nutritional assistance—through a functional division of labor and the mobilization of volunteers who reach out to underprivileged older adults in rural areas.

Based on the limitations of previous research and objective conditions in the field, this study aims to analyze the forms of philanthropic practices carried out by the Lions Club Medan, identify the construction of social solidarity and the dynamics of field volunteer work, and evaluate the real contribution of philanthropic synergy in restoring physical, social, and psychological functioning to improve the welfare of the elderly beneficiary group.

METHOD

This study uses a qualitative approach with a case study design to provide an in-depth picture of philanthropy and social solidarity practices in elderly services at the Lions Club Medan (Agustini et al., 2023). The research was conducted at the Lions Club Medan during July–August 2026. The researchers purposively selected informants based on their involvement in and knowledge of the Lions Club's social service activities. The research involved two informants, namely RW (38 years old), the Cabinet Secretary of the Lions Club

Indonesia District 307-A2, who provided information regarding the management and implementation of social service programs, and TG (51 years old), a recipient of social service assistance and a volunteer of the Lions Club Indonesia District 307-A2, who provided information based on his experience of involvement in social activities and community service. The informant's identity is written using initials to maintain confidentiality.

Data collection used in-depth interviews, observation, and documentation. Researchers conducted interviews directly with two informants using an interview guide developed around the research focus, including forms of social services for older people, the implementation of philanthropic activities, the involvement of administrators and volunteers, forms of social solidarity, and the benefits of services for aid recipients. In addition to interviews, researchers observed the activities and processes of Lions Club Medan's social services to gain an overview of activity implementation and interactions among the parties involved (Riasnugrahani & Analaya, 2023). Documentation was used as supporting data in the form of activity documentation and information related to the Lions Club Medan social service program. Data from these three techniques were then recorded, categorized, and compared to obtain information aligned with the research focus (Soesana et al., 2023).

Data analysis was conducted in stages, from data collection through to completion. Interview data and observation notes were first selected and aligned with the research focus, then grouped into themes on philanthropic practices, social solidarity, and how services contribute to older people's well-being and social functioning. The data were then presented in narrative form to demonstrate the relationships between these themes. The final stage involved drawing conclusions based on the patterns and findings obtained from interviews, observations, and documentation. Data validity was verified by comparing information from both informants and matching it with observations and documentation obtained during the research.

RESULTS AND DISCUSSION

Based on the results of research conducted at the Lions Club Medan during July–August 2026, it was found that social services provided to the community, especially older people, not only consist of assisting in meeting basic needs, but also include health services and social support carried out through the involvement of administrators, volunteers, medical personnel, and beneficiaries. The research findings indicate a link between the Lions Club's philanthropic practices and the formation of social solidarity in implementing service activities. The involvement of various parties with different roles allows social programs to be implemented in an organized manner and reach people in need. In addition, the services

provided also benefit beneficiaries' physical condition, independence, and social functioning. Therefore, the results of this study are discussed in three main focuses, namely the philanthropic practices of the Lions Club Medan in serving older people, the forms of social solidarity and the dynamics of volunteers in the implementation of services, and the contribution of philanthropic activities to the welfare and social functioning of the elderly.

Lions Club Medan Philanthropic Practices in Elderly Services

The philanthropic practices organized by the Lions Club Medan represent a fundamental shift from sporadic charitable initiatives to structured, institutionalized social interventions aimed at sustaining the basic needs of older people. Based on field findings, philanthropic services targeting geriatrics focus not only on immediate subsistence needs but also on several strategic program pillars addressing nutrition, sensory disabilities, and curative medical interventions.

The framework of the social service program targeting older people was comprehensively outlined by the Cabinet Secretary of the Lions Club Indonesia District 307-A2, RW, who emphasized the four pillars of the organization's routine activities:

"Lions Clubs International is a non-profit community service organization founded in 1917 and has served underprivileged communities in various parts of the world. In serving the elderly, some routine activities that have been carried out include: distribution of nutritious food to the elderly in nursing homes, distribution of guide canes for elderly people with visual impairments, implementation of free cataract eye surgery every month for the elderly community, and distribution of hearing aids for elderly people with hearing loss."

This statement shows that the philanthropic approach developed by the Lions Club Medan adopts an integrated model that addresses both quality-of-life maintenance and functional capacity restoration. Providing nutritious meals in nursing homes serves as a nutritional safety net for neglected seniors, while distributing assistive devices such as canes and hearing aids aims to address decreased mobility and interpersonal communication barriers common in aging (Tucker et al., 2022).

Among these pillars, the monthly free cataract surgery program is a flagship initiative with the highest intensity and social impact. In implementation, the program uses an integrated service management model from upstream to downstream (end-to-end service delivery). Services are not limited to the operating table, but include initial screening, general health checks (blood pressure and blood sugar levels), surgical procedures by a team of ophthalmologists, provision of meals during treatment, and the provision of post-operative recovery facilities such as free medication and protective eyewear (Sucipto et al., 2025).

The technical implementation of this integrated medical service without any fees was emphasized by TG, a field volunteer who actively assists underprivileged older adults in rural areas:

"The service is very good and very helpful to the community. Especially for residents who suffered from cataracts, now all of them have recovered and can see again... Actually, it is for all ages; the most important thing is that they suffer from cataracts. Age doesn't matter; they don't have to be elderly. As long as they have cataracts and are physically healthy—normal blood sugar levels and normal blood pressure—they must undergo surgery without being charged a single cent... The majority are indeed elderly... The patient's consumption needs during the activity are guaranteed and provided. Post-surgery, patients are also immediately given free medication and protective glasses."

Informants' accounts confirm that Lions Club Medan eliminates all out-of-pocket expenses, which are often a major barrier for underprivileged seniors in accessing specialized eye care. By standardizing strict medical protocols—such as monitoring blood pressure and blood sugar to minimize the risk of surgical complications—Lions Club Medan demonstrates that modern philanthropy demands technical accountability and professionalism on par with formal institutional services. Meals and protective eyewear complete the service chain. Interviews with program managers revealed that the program provides support throughout the treatment and recovery process free of charge, enabling patients to access a series of services without additional financial burden on their families (Sucipto et al., 2025).

Forms of Social Solidarity and Dynamics of Field Volunteers

The research findings show that social solidarity in the services provided by the Lions Club Medan is evident not only in cooperation among members but also in volunteers' direct involvement in ensuring that the community, particularly older adults in need, can receive services. This solidarity is evident through the division of roles between administrators, medical personnel, and field volunteers. Administrators organize programs and connect the organization with supporting parties; medical personnel provide health services; and volunteers interact directly with the community to identify potential beneficiaries, provide information, assist with administrative processes, and help beneficiaries obtain services. This division of roles demonstrates complementary cooperation, characteristic of organic solidarity, which forms through the division of labor and interdependence among parties in achieving common goals (Khairulyadi et al., 2022).

In an interview, RW (38), the Cabinet Secretary of Lions Club Indonesia District 307-A2, said the organization's work system and community trust support the continuity of service activities. This trust is an important asset for volunteers when carrying out community activities because the community is more receptive to the information and services the

organization offers. RW explained that the Lions Club's experience carrying out social activities has built community trust, so service implementation does not face significant institutional obstacles. This shows that solidarity within the organization is built not only through internal relationships among members, but also through social relationships between the organization and the beneficiary community.

At the field level, solidarity is more evident in volunteers reaching out to communities in need. TG (58), a recipient of social assistance and a volunteer for the Lions Club Indonesia District 307-A2, explained that he began his involvement in Lions Club activities after participating in community activities around 2012. His involvement then continued in the organization's social activities. According to TG, Lions Club activities are a form of social service, and volunteers do not receive a basic salary. For him, seeing underprivileged communities receive assistance and express gratitude is a satisfaction in itself. These findings indicate that volunteer involvement is driven by concern for the community's condition and a desire to help, not merely to obtain material benefits. This pattern aligns with the concept of altruism in volunteer activities, where moral and social satisfaction drives helping others (Anggraini et al., 2022).

The volunteers' solidarity was also evident when they faced community rejection or doubt regarding the health service program. While seeking potential beneficiaries, TG explained that some people initially believed the free surgeries were a trial or practice for doctors. This situation required volunteers to explain the program to the community and gradually build trust. They achieved this by demonstrating the experience and results of services provided to previous patients. As more people witnessed the service's success, acceptance of the program improved. These findings indicate that volunteers not only carry out technical activities but also perform social communication functions within the community. Volunteers act as bridges between the organization and the community by providing information, persuasive approaches, and direct assistance.

Another form of solidarity is evident in the volunteers' efforts to overcome transportation barriers for people living far from service locations. According to TG, some prospective beneficiaries from remote areas struggle to afford travel costs to Medan. In some cases, volunteers assist with travel costs independently when they can. However, if they cannot cover these costs personally, volunteers communicate the beneficiary's situation to the Lions Club chairman or administrators to obtain transportation subsidies for those truly in need. These findings show that the solidarity formed goes beyond moral concern and is expressed through concrete actions to reduce the barriers beneficiaries face.

This practice demonstrates the relationship between volunteers' personal solidarity and the organization's institutional support. Volunteers take personal initiative when they face urgent needs in the field, while the organization provides support when those needs require greater resources. Thus, service delivery does not depend on one party alone. Volunteers and administrators complement each other according to their respective capacities. This situation demonstrates the flexible division of labor in Lions Club social services, as volunteers can take direct action in the field while simultaneously remaining connected to the organizational structure. This pattern aligns with findings that solidarity in social services can be formed through a combination of personal concern and institutional support (Marlena et al., 2025).

These findings show that Lions Club Medan volunteers' solidarity is evident in several key practices: their willingness to devote time to social activities, their direct involvement in identifying and assisting beneficiaries, their explanations to those still unsure about the program, and their help covering transportation costs. This solidarity takes place through direct interaction between volunteers and the community and is strengthened by coordination with the organization's management. Thus, volunteers play a crucial role in ensuring that philanthropic programs do not stop at assisting but are accepted and utilized by the communities they serve.

Philanthropic Contribution to the Welfare and Social Functioning of the Elderly

The Lions Club Medan's synergy of philanthropy and social solidarity goes beyond clinical success; the program transforms seniors' well-being by restoring biological function, individual independence, and social reintegration into the community.

From a biological and functional perspective, free cataract surgery breaks the cycle of visual impairment that has crippled productivity and limited mobility in the elderly. Severe visual impairment in the elderly is directly correlated with a high rate of physical accidents (such as falls or injuries) and a loss of ability to perform basic daily living activities (Azman et al., 2018). When vision is restored, older people are no longer completely dependent on family members.

As expressed concisely and firmly by TG regarding the real results experienced by the residents he assists:

"Especially for residents who suffered from cataract blindness, now all of them have recovered and can see again."

This empirical statement indicates the program's success in restoring the most fundamental personal asset of older adults, namely visual sensory function. This restoration of vision has a spillover effect on older adults' psychosocial well-being. Before receiving

medical treatment, older adults with cataracts often experience alienation, helplessness, and emotional anxiety due to feeling like an economic and psychological burden on their domestic environment (Angkawidjaja et al., 2026). This lack of independence often leads to withdrawal from social interactions and religious or community activities.

With restored vision, older people regain emotional stability. They can manage their personal needs, interact confidently, and participate actively in community activities without feeling inferior. From a sociological perspective, this recovery marks older people's return to social functioning as autonomous subjects within their families and communities. (Aryani et al., 2026)

The restoration of sensory function and the fulfillment of basic needs through the Lions Club Medan philanthropic program have a measurable, transformative impact on three main dimensions of elderly beneficiaries' lives: physical-biological, psychological, and socio-community. Physically and biologically, free cataract surgery and the distribution of assistive devices such as canes and hearing aids directly restore the elderly's basic mobility capacity (activities of daily living). Field findings show that older people who previously had limited mobility and were completely dependent on family members can now carry out personal activities independently, such as walking without a companion, maintaining personal hygiene, and moving around the home without the risk of falling. In assisted nursing homes, routine interventions such as the consistent distribution of nutritious food minimize the risk of malnutrition and help maintain immune stability in vulnerable older adults.

Psychologically, the restoration of vision and physical health alleviated emotional anxiety, feelings of helplessness, and the stigma of being a "family burden" that had long fueled depression in underprivileged elderly people. Older people expressed a return to self-confidence and self-dignity after regaining clear vision and communicating effectively. These positive psychological effects had direct implications for the social dimension, as the elderly experienced reintegration and reconstruction of their social functioning. Elderly individuals who had previously isolated themselves from public spaces returned to actively participating in religious activities at places of worship, attending religious studies or services, and socializing with their neighbors. Thus, the integrated philanthropic practices implemented by the Lions Club Medan do not merely focus on temporary medical-charitable actions, but serve as an instrument of social emancipation that strengthens people's sovereignty, independence, and integration of the older fabric of community life in a sustainable manner.

CONCLUSION

This study concludes three main points about philanthropy and social solidarity in

elderly services at the Lions Club Medan. First, the form of philanthropic practice carried out by the Lions Club Medan has transformed from merely sporadic charitable actions into a structured and holistic social intervention model that rests on four pillars: nutritional assurance for the elderly at the nursing home, distribution of physical aids (walking sticks and hearing aids), and a flagship program of free monthly cataract surgery with an end-to-end service approach at no cost (zero cost). Second, the operational mechanism of this movement embodies Émile Durkheim's construction of organic solidarity through an integrated functional division of labor (division of labor) between the management ranks (strategy and resource managers), the specialist medical team (clinical executors), and grassroots field volunteers (grassroots brokers). This clear division of labor has proven effective in reducing field barriers by dissolving socio-cultural resistance and medical stigma in rural communities through evidence-based trust, and by overcoming geographical-spatial obstacles through a subsidy scheme and self-funded transportation costs. Third, the synergy of philanthropy and social solidarity makes a real, transformative contribution to the integrated restoration of older people's well-being. This intervention not only restores older people's physical-biological capacity and independence in daily mobility, but also alleviates psychological dependence and restores self-dignity. Ultimately, this recovery rebuilds the social functioning of underprivileged elderly, enabling them to reintegrate and participate actively in family life and community activities sustainably.

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