THE ELDERLY OF INDONESIA

Current policy and programmes

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Summary

Objectives: To inform related stakeholders on current policy and programme development for the older population in Indonesia.

Method: Compilation of various primary and secondary data on policy and programme development.

Results: Older persons are defined as those men or women of age 60 years and above. The current life expectancy for the Indonesian population is 68 years. It will be the same number as the under five years population in the next decade and double its current number in the next two decades. Highlights in policy on older persons are (1) The enactment of Law 13 in 1998 on Older Persons Welfare; (2) National Plan of Action for Older Person Welfare Guidelines in 2003; and (3) Presidential Decree on the formation of the National Regional Commissions on Ageing in 2004. Presently, older persons programme development is focused on community-based home care and older person empowerment in the rural areas. The main focus of these programmes is on poor and neglected older persons; the majority are older females. The pilot study is being conducted by an older person NGO, Yayasan Emong Lansia, in cooperation with various government and non-government stakeholders both national and international with funding from the Republic of Korea through ASEAN. This project has cooperated with the National Training Centre on Ageing that has trained 40 volunteers as home helpers or home companions of 40 poor neglected older persons living in the community of Tegal Alur sub-district, west Jakarta. These older persons, were selected from 400 living in this community. Volunteers were trained from community social workers, women groups, and youth Red Cross members. The training was a 4-day course followed by fieldwork, and their main tasks were to provide older persons with companionship, personal care, house services, personal activities, and referral services. Another main programme was Older Person Empowerment coordinated by the Coordinating Minister’s office for People Welfare. A pilot study was conducted in Jakarta that covered a substantial number of older persons in Indonesia and had developed community-based programmes at the grass-roots level. The main function of these older person groups was providing services in health, socialization, supplementary feeding, exercise, and economic productive activities.

Introduction

The older population is defined as those women and men aged 60 years and above; they constitute 7% of the total population in a circumscribed area. There are 8 provinces in Indonesia with an aged structured population; in fact, Indonesia has an older population of 7.18%. The aged structured population provinces according to the National Plan of Action (2003) are 1) Jogjakarta (12.48%), 2) East Java (9.36%), 3) Central Java (9.26%), 4) Bali (8.77%), 5) West Sumatra (8.08%), 6) North Sulawesi (7.64%), 7) West Java (7.09%), and 8) South Sulawesi (6.98%).

The trend in population growth of Indonesia within the first decade of the new millennium will show an older population equal to or exceeding the under five children population. Within the next two decades of the new millennium, the older population will double its present number (around 20 million) and

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increase to 30-40 million persons. This is mainly due to advancement of medical technology resulting in a shift from infectious to degenerative disease, increased welfare and improved nutritional status, as well as decreased fertility rate due to expansive family planning programme especially during the later part of the last century [1]. The present life expectancy is 68 years, with older females slightly higher (71 years) and older males slightly lower than the average (65 years). Within the next two decades, life expectancy will be 71 years, with older females slightly higher (74 years) and older males slightly lower than the average (69 years).

The situation stated above will have a great impact on policy and programme development for the older population in Indonesia in the near future. Older person related science that presently is in its infancy in Indonesia will be forced to develop in view of the great impact that these sciences have on the older population. There are two sciences directly related to the older population namely gerontology and geriatrics. Gerontology is the science that studies aspects of biology, psychology and sociology of the normal human ageing process, while geriatrics is the science that studies management aspects of older patients (60 years and above) suffering from multiple degenerative diseases that is managed through a holistic approach related to health, nutrition and psychosocial aspects.

A normal ageing process begins at the point of conception in the womb, and subsequently is followed by birth, infancy, childhood, adolescence, adulthood, mid-life and old age with eventual death due to natural or pathological causes. Two types of ages should be differentiated namely 1) chronological age and 2) biological age. Chronological age is related to one's actual age, while biological age is measured by the degree of physical, mental and social changes that occurs in an individual, greatly influenced by genetic predisposition, quality of nutrition, life style behaviour, and illness. Thus chronological age is not necessarily followed by biological ageing. A person with a chronological age of 60 years may have a biological age of 40 years due to good nutrition and a healthy life style behaviour. On the other hand, a person of chronological age of 40 years, may appear 60 years of age due to premature ageing caused by degenerative diseases occurring early in life such as hypertension, diabetes mellitus, cardiovascular disease, and stroke [2]. This person may have been born prematurely causing his hormones and organs to work hard in order to catch up on growth in situations of prematurity. Thus when a person reaches midlife he is usually already affected by numerous ailments which normally occur at a later age.

Therefore, it is pertinent to understand fully the concept of ageing. This can be achieved through both formal and informal education with the ultimate goal of achieving a society for all ages, where the main objective is maintaining as long as possible elderly persons with an independent, healthy, active and productive lifestyle.

Policy initiatives in ageing

In Indonesia this initiative has been promoted mostly through stakeholder coalitions both at a national and international level since 1997 [3, 4]. In 1998, the Republic of Indonesia government through the National Family Planning Body/Minister's office of Population received substantial funding from UNFPA (United Nations Population Fund) to develop 1) a National Plan of Action on Family and Community Support of the Aged Population, and 2) a multi centre study on Social Cultural Aspects of the Ageing Population in Indonesia. This multi centre study was later the impetus of InResAge officially declared by the State Minister for Population, which included participating Population and Development centres in the 5 regions namely north Sumatra, Jogjakarta, East Java, Bali and South Sulawesi, besides Jakarta as research coordinator [5, 6]. The National Plan of Action was further developed into the second edition known as the National Plan of Action for Elderly Welfare by the State Minister of Transmigration and Population, and the third version known as the National Plan of Action for Older Person Welfare Guidelines by the Ministry of Social Affairs under the coordination of the Coordinating Minister's office of People Welfare in 2003 [7, 8]. In the process of preparing the draft...
of the third version of the NPA, the coordinating minister facilitated by the RI Minister of Social Affairs formed a national task force consisting of representatives from related government sectors, NGOs, and academia with the task of revising the existing NPA, drafting the Presidential decree on the National and Regional Commission on Ageing. The presidential decree was issued in 2004. The RI government regulation on supporting older person welfare was issued in October 2004. The members of the National Commission for Older persons have been nominated by related government agencies and NGOs that represent government, public, academic and private sectors.

**NPA-related programmes**

In anticipation of the issuance on the Presidential decree of the members of the National Commission on Ageing, the national task force has been involved in two major programmes related to the NPA namely 1) Community-based home care, and 2) Older person empowerment at the grass roots level.

**Community-based home care**

Community-based home care in Indonesia is supported by the Republic of Korea through the ASEAN project on home care in 9 countries of ASEAN within a span of 3 years. The first year will be conducted in three countries namely 1) Indonesia, 2) Philippines, and 3) Vietnam. In Indonesia this project has been awarded to YEL (Yayasan Emong Lansia) a national NGO that is concerned with poor and disadvantaged older persons living in the community. InResAge Jakarta provided technical assistance in grant proposal development and presentation. It is also a member of the advisory council of this project together with other members representing government sectors and NGOs. YEL also cooperated with the National Training Centre for Ageing coordinated by the National Alzheimer Association in Cibubur, West Java to provide training for volunteers recruited for this project. The project objective was to determine whether there was a difference between service provided by home helper volunteers of this project compared to those provided by the existing community-based home care providers in the study area. The study area was Tegal Alur sub-district in West Jakarta considered as one of the poorest areas in Jakarta metropolitan area. This area was unanimously approved by all stakeholders at the first National community-based home care seminar held by YEL at the RI Ministry of Social Affairs in Jakarta. This district was also selected because it was supported by a network of potential volunteers, a local health centre and hospital that could provide referral services of poor, disadvantaged older persons.

There were 40 volunteers recruited as home helpers that were trained at the training centre. These volunteers were recruited from 1) community social workers, 2) family planning and older person family guidance field workers, 3) youth Red Cross members and 4) women organizations. The latter proved to be the most dedicated volunteers in their respective communities. Criteria for recruitment were personal experience and professional experience with older persons. They attended a four-day course and were trained in 1) companionship, 2) personal care, 3) house services, 4) personal services and 5) referral services. After the course, the volunteers were evaluated on their capability to provide the above services as home helper and they had to agree to participate in the project for 1 year until the time when the project will be evaluated. The advantage the home helpers would get out of the project is that they would have experience as home helpers as stated by the certificate they received, and they would have expertise should they decide to further their career professionally in providing services for older persons.

In Tegal Alur sub-district, West Jakarta, a survey was done on poor, disadvantaged older persons. Out of a total number of 400 older persons, there were 40 who were selected because they desperately needed to be assisted by the home helpers. The older person home helper pair would be monitored and evaluated at intervals of 3, 6 and 12 months. The results could be compared either to their baseline data that consists of parameters measuring 1) ADL, 2) IADL, 3) life satisfaction, and 4) level of depression, or to a cohort of older persons who have been participating in an existing community-based
home care programme (PUSAKA) in the same area. The object of this evaluation is to see whether there are any differences between the two cohorts related to their quality of life.

Older Person Empowerment

Another programme related to the NPA is that coordinated by the Coordinating minister’s office for People Welfare focused on empowering older persons at the grassroots level. The model used for empowering older persons is Jogjakarta community older person programme activities. These activities have been in existence because 1) Jogjakarta has the highest older population in Indonesia (12.48% and above), and 2) many innovative programmes related to the older population have been initiated in Jogjakarta such as older person health posts (posyandu lansia) which were formerly designed for providing nutritional services for small children. In these posts, activities related to older persons such as health, nutrition and promotion of healthy lifestyles have been routinely conducted.

A qualitative study was done on informants representing older person managers of older person grassroots group in Jogjakarta. The results of the study showed that groups were organized by older persons themselves. Initially the activities were self-funded. They were mostly retirees concerned with the welfare of other older people in their immediate community. Thus within the older person groups there was cross-subsidy provided by older persons of upper middle class to their peers of middle lower class. Eventually, they would receive funding externally from social services, provided that their organization has been officially registered and eligible for social funding by the local government agency.

The activities of these grassroots older person groups varied depending on their needs and group capacity. The activities of such groups consisted of 1) health maintenance, routine medical checkups and regular group exercise usually in the mornings provided by the local health service and a certified trainer, 2) recreational and socialization activities, 3) morality and religious activities, 4) economic productive activities for those members who still need income for their daily livelihood, and 5) savings and loan cooperatives mainly for house repair, grand child’s school tuition, and burial costs of deceased members.

Conclusion

Indonesia in the future will be the fourth most populous aged society in the world after China, India and the United States. In a relatively short span of time namely not more than a decade it has built the foundation for a healthy and prosperous aged society in the future. The development of policy and programmes for the older population in Indonesia has achieved its present state through:

1) A core coalition of stakeholders representing related government agencies, NGOs, and academia.

2) A favorable response from the RI government in the implementation of the universal goals on Ageing as stated in the Second World Summit on Ageing in Madrid, and the Shanghai Regional Implementation Strategies declared in 2002.

3) The positive support from international government and private organizations related to Ageing such as UNFPA and HelpAge International in the form of funding, expertise and networking.

4) Finally, older persons themselves were proactively involved in the efforts to promote their own political, social and cultural as well as economic welfare.

Reference


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