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ESID/HLM-MIPAA/CR.8
9 October 2007

ENGLISH ONLY

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

High-level Meeting on the Regional Review of the Madrid International Plan
of Action on Ageing (MIPAA)

9-11 October 2007
Macao, China

Country Report

*Indonesia**

* This paper was prepared by Indonesia, for the High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing (MIPAA), 9-11 October 2007, Macao, China. The views expressed do not necessary reflect those of the United Nations. The paper has been reproduced as submitted.

REVIEW OF MADRID INTERNATIONAL
PLAN OF ACTION ON AGEING
Country Report of Indonesia,2007

Introduction

National Development has had an impact on Indonesia's population life expectancy, so that the number of older persons has increased. Based on data , it is estimated that the next decades the number of older persons will be double, and in 2020 the older population will reach 11.34% of the total population(28.8 million people) .

To ensure the success of older persons social initiatives, a coordinating body is needed that continuously analysis and researches instruments of law, monitors and evaluates older persons program management as well as compiles policy material and recommendation for presidential policy on the aged.

In accordance with the 1998 Law Number 13 on Older Persons welfare as well as to synergize improved older person welfare initiatives by government and elements of public, the National Commission for Older Persons was established.

The National Commission for Older Persons (NCOP) has the following functions:

1. Coordination
2. Analysis and Research
3. Advocacy and Socialization
4. Monitoring
5. Evaluation

Based of those functions mentioned above, NCOP has conducted a research in 33 provinces on Socio – economic condition of older persons , and the implementation of older persons program. The Indonesia country report is based on the finding of those researches and other studies.

Method

The review of Indonesian older persons condition and program is based on :

1. Socio-economic and health of older persons study and the assessment of program implementation which were conducted by employing the cross sectional survey in 33 provinces in Indonesia covering 1710 respondents . The data collection technique was structural questionnaire which is based on a questionnaire developed by Ivonne Susy Handajani, 2005 and the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 2005. Variables are included: socio and demographic aspects, residential environment, social and economic activities, illness and its symptoms, healthy living behavior, psycho-social condition, and treatment from community.
2. Other related studies and secondary data from various institutions.

Results

The results will be presented in three priority directions of MIPAA (Madrid International Plan of Action on Ageing) focused on several key issues. In the case of Indonesia the situation at the end of 2006 is as follows:

1. Older persons and development

1.1.Active community participation and development

It was found that in this study, most respondents who were from urban area as well as rural area never attend and did not graduate from primary school (59%) . This fact provides a picture that when respondents were born and young, it happened during the colonial era and the beginning of Indonesia independency. However, it was also found that many respondents graduated from senior high school and university (10.3%) The proportion of respondents who graduated from senior high school and university in urban area was higher than the proportion of respondents who graduated from senior high school and universities in rural area .

The activity concerning community participation and development are as follows : There were 89.5% elderly people who are still active and who do their activities outside their houses. In this case, 35.5% of the older persons was working inside the house and 20% of them was working outside the house. It is also important to know that , older persons were still active in household and social activities such as (1) taking care of the grandchildren which is done by elders in urban and rural areas (approx. 40%); (2) do the cooking that is done by older persons in urban area (49%) while only 36% of elders in rural area still do the cooking; (3) cleaning up the house which is done by 68% of older persons in urban area while only 51% of elders in rural area do that activity; (4) gardening is done only by 6% older persons in urban area , and 20 % in rural area; and (5) praying together is done by 64.91% of elders .

From those figures mentioned above we conclude that basically, the healthy older population remains at work to fulfill their livelihood needs. This condition illustrates that the majority of older persons indirectly still have a role in development programs in the country.

1.2. Work and older work force

Around 81.9% of older men and 52.84% older women still work to fulfill their livelihood, the highest percentages are in the agricultural and informal sectors (Central Statistical Body, 2002). In 2006 we found the participation of older persons in workforce as follows:

Table 1. Elderly People who work in order to earn income based on rural and urban areas

Working Elderly		Urban		Rural		Total	
		N	%	N	%	N	%
Working to earn income	<i>Yes</i>	293	36.0	250	30.0	543	33.0

Having Primary Income	<i>No</i>	522	64.0	582	70.0	1104	67.0
	Total	815	100.0	832	100.0	1647	100.0
	<i>Yes</i>	307	37.9	236	28.5	543	33.2
	<i>No</i>	503	62.0	591	71.5	1094	66.8
	Total	811	100.0	827	100.0	1638	100.0

In order to earn income, there were 12 activities done by the elderly . Working as a trader was the most common and important activity to elderly in this study. In this case, 5.51% of older persons worked as traders. The other important activities were to be involved in wage laborer (5.39%), working on land (3.32%) and pension (3.91%). To relate between the activities as traders and wage laborers with the educational level of elderly is important. Most elderly who had low level of education worked as traders and wage laborers. In conjunction to this, it can be said that elderly people in this study had limited income. There were only 18.2% of older people who received Rp1000 000,- or more per month .

1.3. Village development, migration and older persons

Many older persons are forced to work in the village because young people in rural areas have migrated or urbanized to large cities. In the rural areas many families still remain extended that may also include neighbors in the immediate surrounding community, while in urban areas because of village migration the tendency of young families is more nucleus in nature.

1.4. Intergenerational solidarity

Based on Act No.13/1998 on Older person Welfare and Government Regulation No. 43/2004 on implementation of efforts to improve older person social welfare stated that provision of services and accessibility to older persons is based on gratitude and respect to the older generation because of their previous contribution to society and the nation.

This situation is also worsen by the limitation of the provision of social security for the aged. In order to cope with these situation, financial support is given to the elderly from other people especially younger generation. One reason for this is because the value of *hormat* (lit. ‘respect’) : younger people should show respect to older persons. The value of respect appears in form of providing financial support to elderly. In relation to this issue, 53.1% of the elderly in urban area received financial support while only 46.3% of

them who lived in rural area received it. Source of financial support particularly come from family members.

Table 2. Source of Financial Support Received by the Elderly

Source of Support from	Urban		Rural		Total	
	N	%	N	%	N	%
Spouse	58	4.35	50	3.75	108	8.11
Son	217	16.29	236	17.72	453	34.01
Daughter	211	15.84	187	14.04	398	29.88
Son/Daughter In-Law	100	7.51	70	5.26	170	12.76
Grandchildren	27	2.03	29	2.18	56	4.20
Brother	15	1.13	10	0.75	25	1.88
Sister	13	0.98	7	0.53	20	1.50
Other	42	3.15	60	4.50	102	7.66
	683	51.28	649	48.72	1332	100

1.5 .Income security, social protection and poverty protection

In 2004 with the issuance of Act No. 40/2004 on National Social Security System could be used as reference in income security, but presently its implementation is not yet felt especially by older persons. Social protection and prevention of poverty is regulated in Act No. 13/1998 and Government Regulation No. 43/2004 especially for non-potential/dependent older persons. The income security of older persons is presented in the following table.

Tabel 3 . Older Persons' Social Security

Social Security		Urban		Rural		Total	
		N	%	N	%	N	%
Pension	Yes	188	23.53	111	13.37	299	18.35
	No	611	76.47	719	86.63	1330	81.65
Total		799	100	830	100	1629	100
Savings	Yes	87	10.88	34	4.09	121	7.42
	No	713	89.13	797	95.91	1510	92.58
Total		800	100	831	100	1631	100
Insurance	Yes	27	3.38	28	3.37	55	3.37
	No	772	96.62	803	96.63	1575	96.63
Total		799	100	831	100	1630	100
Others	Yes	25	3.18	15	1.82	40	2.49
	No	762	96.82	807	98.18	1569	97.51
Total		787	100	822	100	1609	100

The poverty protection program has been initiated by the Department Of Social Affair with their particular support to the families with older persons who do not have pension or other main income . However the financially support for poor older persons is still limited to 10 provinces. Other strategies to eliminate poverty are :providing seed money, In addition, it is obvious that there is no system or special treatment for older persons in emergency situations. The National Commission for Older Persons has piloted the concept of health posts advocacy to manage older persons in disaster areas to be implemented in the fiscal year of 2006.It was also shown that the Department of Social Affair has implemented cash transfer for about about 10% of poor older persons; a direct insurance for the poor Rp 100 000,- per month /household ; and Social Insurance for very poor older people Rp 300 000,- per month /person.

Based on the assessment of institutions which are responsible to implement Ageing Programs in 33 provinces , the results show as follows:

1. Active participation in community was conducted by 75% provinces. Variation in empowerment program of older persons in each province may be due to level of understanding of agency on the ageing policy. In-depth study further showed that some were unaware of ageing policy such as Law no. 13 on older person welfare Year 1998, National Plan of Action and other related documents were not available. They considered nursing homes as the main program, those who manage older homes considered that older person still had potential and participated in local older person associations.
2. Work and older workforce programs were still very limited and initiated by about 33 % of provinces. In relation to work and the older workforce, there is a small proportion of agencies that have programs on older person job occupation. For those having such programs are usually managed by pensioners in the respective agency. In the rural areas, it is related to handicraft to be sold at the marketplace, religious teacher and advisor of an organization. In urban areas it is more varied as instructor of cultural activities and education/training, for those who are educated. For those with low education, there is no definite program

3. Access to knowledge, education and training was also very rare, and unstructured , only 33% provinces provided the accessibility to long - life education. Accessibility to education and training are done in all the provinces surveyed because basically there is no discrimination for every citizen to receive education. Specifically for older persons in the form of skills training, knowledge provided in public seminars and training by older person groups/associations. These activities occur in the community and usually facilitated by government agencies
4. Solidarity between generations was conducted by 50% of provinces . Solidarity between generations is done through integrated activities between older persons and young people, or organized by various social organizations that invite older persons to participate. In several regions there are health post that integrate both mother and child health with older person.
5. Minimal income for poor older persons is only provided by Department of Social Welfare , and implemented in 10 provinces. Social security was still not prevalent, if available it was only related to civil service and armed forces pension or private pension schemes. Older persons with no regular income or in the informal sector have not been covered by the social security system. Older person protection as consumer to alleviate poverty is not popular .Social security was only provided by about 20 % of provinces. In addition, accessibility to support in emergencies are very rare.

2. Advancing Health and well - being into old age

Advancing Health and Well – being into old age have been implemented in Indonesia , some the activities have done regularly and the others are conducted sporadically and unstructured , based on community participation. The results are as follows:

2.1.Improving access to health care services and quality of life

a. Prioritizing lifelong health and welfare.

There is policy and commitment of the Department of Health encompassing prevention, promotion and treatment for the middle and old aged. However, its implementation is not visible in the community. Advancing lifelong health and welfare initiatives is till not

prevalent. In this study of all provinces in Indonesia, there are four provinces that do not have this program yet.

b. Universal access to health services

There are many older person health posts in the community, older person special counters and older person free medication for those 80 years and above. Access to aged friendly services is quite good in areas that have been surveyed; only some provinces have not implemented it yet. The reason is that they want to pilot it first before it becomes a service provided by the regional government. There is no specific policy in mental health for older persons. It is implemented through general mental health facilities. Mental health needs of older persons are accommodated in older person services at the hospital, clinic or nursing home. Law on older person and the disabled is available but its implementation is still not specific for these vulnerable groups; there is no special treatment for older persons. Older person and disability is integrated in existing social welfare and health services.

2.2. Training of care providers and health professionals

Sporadically, it is implemented in several established nursing and non-nursing homes. There is a pilot project to train care givers with assistance from HelpAge Korea/ASEAN. Training of older person caregiver is not yet popular, even though it is an essential need of frail elderly. Training in gerontology and geriatrics for health providers is still not routinely organized. Even though in several hospitals there are special geriatric wards, however, not all providers receive training. Particularly in University Hospitals such as Ciptomangunkusumo Hospital in Jakarta, and Karjadi Hospital in Semarang Central Java, trainings for health providers and care givers are routinely /annually conducted. The participants come from government and private hospitals in Indonesia.

3. Ensuring enabling and supportive environments

3.1. Care support for care givers

Concern and support of health provider (through funding for training and counseling for older persons and caregivers) of health providers to provide an aged friendly environment is still in the initiation by the Department of Health. Some of the provinces have implemented those kind of support .

3.2. Changing family structures and living environments

In general, policy and program ensuring conducive environment for older persons are still minimal. If available, it is not a special program for older persons such as housing, promotion of ageing in place as well as support for health providers. These programs are part of regional programs based on their respective needs. Furthermore, those related to transportation, initiative to protect elderly from violence and understanding the positive image of older persons in the community is not yet available. There are still many obstacles to its implementation.

Housing and living environment regulations are stated at:

- Minister of Public Works Decree No. 468/1998 on Building Accessibility
- Act No. 28/2002 on **Building Structure (UUBG)** and Government Regulation No. 36/2005 on UUBG implementation

Conclusion and recommendation

1. Policy to improve the welfare of the older population (60 years and above) by the Indonesian government is based on the Indonesian Constitution, law, legislation, regulation and related Ministerial decree and circulars.
2. Indonesian society has independently formed association, clubs, foundations or other social/community organizations concerned with older persons.
3. The President has decreed the formation and membership of the National Commission for Older Persons as a coordinating body in efforts to improve older person welfare and provide advice and consideration in the development of policy for the older population.
4. Whether the level of older persons financial condition is relatively low, as long as the older persons are still active, it can be determined to some extent by

- examining the impact of physical and social activities of older persons on the reducing of cost and financial support for older person
5. Information on financial condition of older persons can be used to understand implications of old people financial situation and to be able to assess the needs of the elderly. The findings are also significant to bridge a discussion in which community can be made aware of older persons' problems. It can build important steps in providing supports for elderly people.
 6. The problems of financial condition and support for old persons suggest that these issues are one that requires further research. However, the research on financial condition and support for older person is not an easy field of study. It is a complicated area and involved not only health aspect but also social, cultural and economic aspects.
 7. Active participation in community was relatively implemented well in some provinces. Variation in empowerment program of older persons in each province may be due to level of understanding of agency on the ageing policy.
 8. The program to facilitate older persons participation has to be designed properly as most of the older persons had low education level but they were still active in household and social activities such as taking care of the grandchildren, cooking, cleaning up the house, gardening, social gathering, and praying together.
 9. On the other hand, the labor market is also has to be designed to predict the higher level of education of the older persons in the future as most of the educated older persons are willing to participate in education, cultural activities and social services.
 10. Accessibility to education, specifically for older persons in the form of skills training, knowledge provided in public seminars and training by older person groups/associations is highly needed and must be in line with local value and condition.
 11. Access to aged friendly services is quite good in areas that have been surveyed, and it will be important to improve health status of older people.
 12. Training in gerontology and geriatrics for health providers is highly needed. The role of University Hospitals in which Geriatric Services have been done routinely in these kind of trainings will be very important.

13. In general, policy and program ensuring conducive environment for older persons are still minimal, therefore the policy related to these programs should be part of regional programs based on their respective needs.

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Jakarta, September 23 , 2007

On behalf of
The General Secretary for National Commission for Older Persons
The Republic of Indonesia

Prof. Tri Budi W. Rahardjo