PAPERS IN POPULATION AGEING

3

Older Population in Indonesia:

Trends, Issues and Policy Responses

UNFPA Indonesia
and Country Technical Services Team
for East and South–East Asia
Bangkok, Thailand

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

"The issues of ageing must be at the centre of the global development agenda. Today, the elderly are the world's fastest–growing population group, and among the poorest. One person in ten is 60 years or older, but by 2050, the rate will be one person in five. We must meet the needs of the older persons who are alive today and plan ahead to meet the needs of the elderly tomorrow. In the developing world, there are almost 400 million people over age 60, the majority of whom are women, and this figure is expected to rise dramatically in the coming decade".

UNFPA Executive Director Ms. Thoraya Obaid's address to the Second World Assembly on Ageing in Madrid in 2002

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Older Population in Indonesia:
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for East and South-East Asia, Bangkok
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Foreword

This report is a part of a publication series titled Papers in Population Ageing initiated by the UNFPA Country Technical Services Team (CST) in Bangkok for East and South-East Asia. It is dedicated to analyzing the trends, issues and policy responses in Indonesia in the context of the country's increasing older population. This report is the third in this publication series, the first covered a sub-regional overview and the second analysed the implications of rural-urban migration for intergenerational solidarity. Two more reports in this series are nearing completion, one dealing with the situation of population ageing in China and the other in Thailand.

Population ageing in East and South-East Asia is a demographic reality resulting from sustained declines in fertility and improvements in longevity. Japan, China, the Republic of Korea and Thailand are in the forefront of this phenomenon in the sub-region. Indonesia is rapidly catching up with these countries with an expected increase in the population of older persons (60 years and above) from the current level of over 8 per cent to 25 per cent in 2050. These percentages in Indonesia mean very large numbers – nearly 74 million older persons in 2050. Further, the proportion of oldest old (that is, those who are 80 years and above) among the older population is expected to increase. Secondly, among the oldest old, over 60 per cent are women. The development planners and policy makers cannot ignore such shifts in age structure.

The fact that such trends are taking place during these times of globalization and consequent migration of younger persons to urban areas in search of employment tends to add further to the urgent need for a policy and programme response. These trends push up the dependency and impoverishment of older persons, unless accompanied by social protection, community involvement and changing mindsets of older persons themselves. Public policies, care mechanisms and legal frameworks must be in place to provide safety nets for the ageing and senior Indonesians.

This report points out several important socio-economic challenges to be addressed for effective management of the consequences of population ageing in Indonesia. Several older people lead active, healthy, meaningful lives. However, those challenges that do exist – inadequate health and care services, a lack of welfare provision, a legal framework which often does not specifically address older people – will get much more serious in years to come. Getting prepared to meet these challenges is therefore essential.

Population ageing is sometimes seen as a 'burden' placed on families, communities, and governments. This wrong perception is countered by this report, as in the Chapter on emergencies when the experience, knowledge and wisdom of older people repeatedly proved valuable during the Aceh tsunami and the Jogjakarta earthquake.

It is our hope that this report can contribute to preparing Indonesia to face population ageing. UNFPA is committed to supporting the Indonesian Government and civil society in this process. In particular, UNFPA has provided technical support on the issue of demographic bonus, focusing on how to take full advantage of the opportunities afforded by a changing age structure. UNFPA will continue to support further work in this area.

Many colleagues have provided invaluable inputs and guidance in preparing this report. Mr. Ghazy Mujahid, Adviser on Population Policies and Development in CST Bangkok has added much value to this report with a generous offering of his expertise and experience in this area. Mr. Richard Makalew and Ms. Kristine Blokhus of the UNFPA Country Office in Indonesia have provided very valuable inputs in editing this report. Finally, we wish to express out sincere thanks to our consultant Dr. Nugroho Abikusno for drafting this excellent analytical report.

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Acronyms

ADL	Activities of Daily Living
BAPPENAS	National Development Planning Board (of Indonesia)
BPS	BPS Statistics Indonesia
HAI	HelpAge International
IADL	Instrumental Activities of Daily Living
IDPs	Internally Displaced Persons
IDR	Indonesian Rupiyah
MIPAA	Madrid International Plan of Action on Ageing
NAD	Nanggroe Aceh Darussalam
NCOP	National Commission of Older Persons, Indonesia
NGO	Non-governmental Organization
NPA	National Plan of Action
SUSENAS	National Socio-Economic Survey (of Indonesia)
TFR	Total Fertility Rate
UNDESA	United Nations Department of Economic & Social Affairs
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Population ageing, defined as an increase in the proportion of older persons (those aged 60 years and above) in the total population has occurred all over the world. In developed countries, population ageing occurred over a time span of more than a century and hence these countries were able to prepare themselves for an aged society.

In Indonesia too, population ageing has started emerging as a distinct demographic feature and the proportion of older persons, which remained around 6 per cent during the period 1950-1990, now exceeds 8 per cent and is projected to rise to 13 per cent by 2025, and further to 25 per cent by 2050. This means that by 2050 one in four Indonesians would be classified as an older person, compared to one in twelve at present.

The Demographics of ageing

Population ageing in Indonesia is the result of the decline in fertility, increase in survival rates and improvements in life expectancy. The absolute number of older people in Indonesia, both men and women, has increased from 4.9 million in 1950 to 16.3 million in 2000. By 2050 it will increase to 73.6 million. The demographic scenario Indonesia faces to the year 2050 is therefore characterized by rapid increases in the older population.

Over the next five decades, while incremental changes to population below age 60 years will become smaller, incremental changes to the older population will become larger. The changing age structure affects the balance between the younger and older population. The total dependency ratio as well as the child-dependency ratio have been declining since 1970 and will continue to do so, the former until 2025 and the latter until 2050. In 2050, it is estimated that there will be 1.4 persons aged 60 years or over for every one person aged below 15 years.

Demographic profile of Indonesia's older population

A notable aspect of the ageing process in Indonesia has been that the population of the "oldest old" (aged 80 years or over) has been increasing faster than that of those aged between 60-79 years. What is more significant is that with faster ageing in the next few decades, the proportion of the "oldest old" in the older population, will increase from the current 7 per cent to nearly 10 per cent in 2025 and 16 per cent in 2050.

Women constitute a majority of the older population and, in most countries, an even greater majority of the oldest old population. At present, nearly 60 per cent of Indonesia's oldest old are women and this proportion is expected to increase to 64 per cent by 2030. While older persons should not stand in need of work, in Indonesia, as in most developing countries where social security coverage is at best very limited, economic activity can be used as a proxy for financial security and independence. In addition to a greater likelihood of being single in old age, older women are also more likely to be economically inactive, having no income of their own. Only 30 per cent of women aged 65 years or over are economically active as compared to 57 of men aged 65 years and over.

According to the 2000 Census, the proportion of the population aged 60 years or more is 7.9 per cent in the rural areas and 6.2 in the urban areas. A greater degree of ageing in the rural population is despite the lower life expectancy and higher fertility in the rural areas. The higher incidence of population ageing in rural areas can therefore be attributed to patterns of rural-urban migration: more younger persons migrate to urban areas.

Variations in ageing within Indonesia

There are wide variations in the extent of population ageing across the provinces of Indonesia. In provinces with a lower TFR and a higher life expectancy at birth, the proportion of older persons in the total population is generally higher.

The five provinces with the highest proportions of older population exceeding 8 per cent of the total population are Jogjakarta, East Java, Central Java, Bali and West Sumatra. Of these, Jogjakarta, having the highest proportion of older persons (12.8 per cent), also has the lowest fertility rate (1.4) as well as the highest life expectancy at birth (73 years). The five provinces with the lowest proportions of older population are Jakarta, Central Kalimantan, Riau, East Kalimantan and Papua. While in Jakarta the older population constituted 4 per cent of the total population in 2000, in the remaining four it was less than 4 per cent. Jakarta has below replacement fertility (1.6) and the highest life expectancy at birth (73 years). In-migration explains the low ageing.

Variations between provinces in the seriousness of the emerging population ageing situation assume significance in the formulation of policies and programmes for the elderly.

Key ageing-related issues

Overall, the majority of health complaints of older men and women are: (1) cough, and (2) running nose. The prevalence of illness among the older population is 30.2 per cent; while the prevalence of illness in rural areas is slightly higher than in urban areas. Older men are relatively more susceptible to disease than older women. At the primary care level, the Indonesian health department has designated district health centres to provide age-friendly primary health care services (Puskesmas Santun Lansia). Geriatric services are mostly centred in the main hospital in capital cities of provinces. This is especially the case in those that have higher rates of population ageing as in the majority of major cities in Java, Sumatra and Sulawesi.

Older people naturally tend to become more dependent the older they get. There is a need for long term care and facilities as elderly people become increasingly dependent due to gradual loss of function, and may have to spend most of their time bedridden. The option is being institutionalized or ageing within the confines of one's own home (ageing in place). To make the latter arrangement more liveable there should be a more enabling environment to support the needs of these elderly people. The informal caregiver is usually a daughter who lives with her elderly parents. The majority of older persons still live with at least one child or with other kin, or have at least one child living in the same village. Thus, there is still a potential caregiver in the immediate community. However, this situation is problematic especially for elderly parents aged above 75 years. There are more older men than older women who are neglected, both in the urban and rural areas. There were twice as many older persons who were potentially vulnerable to neglect, and the proportion was higher among older persons in rural compared to urban areas. In almost all of the provinces where the majority of older persons reside, the social service older homes are managed by the private sector such as community and social organizations.

Older people become more vulnerable as they grow older because of the gradual onset of physical and mental disabilities. They often become victims of people close to them in their daily life; either a family caregiver or institutional care provider. In eastern cultures violence against older persons or other vulnerable groups such as women and children is often "swept under the rug" because it is the duty of families to take care of their elders. It is not uncommon that families with low education and low social economic status abuse older persons more, because they are considered a burden, due to their disabilities. Furthermore, these families do not have the capacity and time to care for their elderly parents.

There are two trends among older persons who are economically active. First, some are working as entrepreneurs and assisted by labourers, as seen in 19 provinces (63.3 per cent). This is typical in rural areas. Second, some older persons work independently, assisted by labourers, seen in 11 provinces (36.7 per cent). This is the general pattern in urban areas.

Older persons in disaster situations

Older persons suffered more in the tsunami. However, they were able to provide knowledge and share experiences with younger family members. Given their knowledge of disaster mitigation and preparedness based on their previous experiences, older persons informed younger family members about recognizing the early natural signs of a tsunami and the exit strategy to higher ground from their present housing location.

Policy responses and measures

The ageing movement in Indonesia was initiated through the formation of coalitions in ageing of various stakeholders at the national and regional levels since 1997. These coalitions of stakeholders consisted of government agencies, academia, and older person institutions as well as older person activists. The current National Plan of Action for Older Persons Welfare Guidelines 2003 is version III developed in response to the Second World Assembly on Ageing held in Madrid and the meeting held in Shanghai to develop the International Implementation Strategy on Ageing in 2002. Various agencies were involved in its compilation.

Since the enactment of Law No. 13/1998 on Older Persons Welfare up to the present Presidential Decree 93/M/2005 on the Appointment and Membership of the National Commission for Older Persons period 2005-2008, there has been a set of Laws and Regulations specifically enacted to address matters related to the aged population of Indonesia. The Commission has the following tasks: (a) to assist the President in coordinating the improvement of older persons social welfare initiatives; and (b) to provide recommendations to the President in developing policies for improving older persons social welfare. In implementing its tasks, the Commision cooperates with government agencies, social organizations, experts, international organizations and other related parties. The Commission reports routinely to the President and whenever needed.

Assessment of implementation of national policies and programmes

Law No. 13/98 on Older Persons Welfare is still normative and not completely implemented. Several articles in the Law require modification related to system, scope, and definition. Further, the use of terminology is outdated and unfair to elderly people. The law is also difficult to implement due to the current regional autonomy policy. There is also no provision on older persons in emergency situations such as natural disasters, conflicts and epidemics. Sanctions in the Law are limited to deviations in the provision of health discounts and social protection for neglected older persons.

The study on implementation of policies and programmes in Ageing was focused on provinces in Java because this is where the majority of older persons reside. Several government agencies have implemented efforts to improve older persons welfare such as health, social affairs, and public works (for new buildings). The Family planning agency conducted older persons guidance programmes. However, these activities are diminishing because this was formerly a centralized programme. Presently, the regional autonomy policy allows the provincial government less influence on the district/city governments to adopt these programmes. All programmes at this level have to be approved by the local parliament through the local legislature for its implementation and funding.

Central Java and Jogjakarta (July 2007) have already established a Regional Commission of Older Persons. East Java has already drafted the membership of its Regional Commission of Older Persons and is at the stage of deliberation and waiting for the issuance of the Regional Regulation on Older Persons Welfare by the local Government. West Java and Jakarta are in the preparatory stages of establishing a Regional Commission of Older Persons through a communication forum that was established jointly by a number of agencies, NGOs, and professionals. Members of this forum have been requested to nominate its representative in the Regional Commission of Older Persons.

UNFPA provided a grant to the Indonesian Government to develop a National Plan of Action to support family and community initiatives for the aged (NPA version I, 1998), for older person welfare (NPA version II, 2000) and post Madrid International Plan of Action on Ageing (MIPAA). The Indonesian Older Persons Welfare Guidelines

(NPA version III, 2003) was facilitated by UNESCAP, and HelpAge International. The latter has conducted training courses on ageing for NGOs since 2000, through its partner in Indonesia, Yayasan Emong Lansia (YEL). UNESCAP facilitated the country review and appraisal of the MIPAA since 2005 and conducted an expert group meeting in Bangkok to review and appraise the MIPAA, involving experts from Indonesia.

Recommendations

(a) To revise all laws and regulations related to ageing to be more age-friendly based on principles of independence, participation, care, self fulfillment, and dignity.

(b) The social and economic conditions of older persons in general are still poor, particularly in rural areas, even though the health condition of older persons is relatively good. Thus more community-based income generating initiatives should be made available especially for poor and disadvantaged older persons in the rural and poor urban areas.

(c) Family assistance given to older persons is still limited, and older persons welfare provided by the Government and the community is still low. Thus government at all levels should provide tax incentives for businesses to provide good corporate responsibility initiatives for active older persons in the community.

(d) The proportion of older people working is generally quite high in agriculture and informal sectors due to low education. Thus income generating activities for the poor and disadvantaged elderly should be available so that they may remain active and contribute to development programmes at the local level.

(e) Psycho-social conditions of older persons are relatively good. However, efforts have not been made to create an age-friendly environment. Thus priority should be given to develop an age-friendly environment especially in areas with a large elderly population.

(f) Accessibility to health services is quite good but to other public services is still limited. Thus accessibility of older persons to health services at the highest level and improving existing public services to support older persons accessibility to public facilities should be a priority.

(g) Public attitude and participation in activities in general is good. However, programmes to include older people in development are still limited. Thus, mainstreaming and older persons inclusion in development programmes should always remain the main priority to achieving a society for all ages.

(h) Age- and sex-disaggregated statistical data should be available at all levels of government administration, especially at local district/city levels.

(i) Budget should be allocated for advocacy and socialization of ageing issues, in particular at the local and district/city levels. Central government agencies should have budgets for developing technical guidelines in their respective agencies on ageing issues. Socialization of policy and regulations on ageing should be done at all levels of government from the central to the local level.

(j) Representatives of the national/regional/district/city commissions should ensure that policies on ageing be implemented in the spirit of pro-ageing initiatives and consistent with the existing laws and regulations on ageing. Priority should be given particularly by governments in provinces where population ageing is higher provincial governments to the establishment of regional/district/city commissions based on regional laws and regulations on ageing.

(k) To accommodate inter-sectoral coordination and implementation of ageing programmes, inter-sectoral representatives should be appointed from the same echelon, preferably with decision-making authority. Inter-sectoral management of ageing issues should be facilitated by the development of working groups at the national/regional/district/city commission levels.

(l) Government should encourage and facilitate community-based initiatives through older persons associations to increase the coverage of social protection and welfare programme for programmes for older persons.

Introduction

Population ageing, defined as an increase in the proportion of older persons (those aged 60 years and above)[1] in total population has occurred all over the world. In developed countries, population ageing occurred over a time span of more than a century and hence these countries were able to prepare themselves for an aged society. This has not been the case in developing countries, where the phenomenon has come to characterize the changing age structure of population particularly since the turn of the century and the population is projected to age within the next three to four decades at rates much higher than those experienced by the developed countries during the 20th century.[2] Thus it is important for policy makers to anticipate these drastic changes in population structure so that programmes can be designed to accommodate the needs of older persons within the context of a society for all ages.

In Indonesia too, population ageing has started emerging as a distinct demographic feature and the proportion of older persons which remained around 6 per cent during the period 1950-1990, now exceeds 8 per cent and is projected to rise to 13 per cent in 2025 and further to 25 per cent in 2050. This means that by 2050 one in four Indonesians would be classified as an older person, compared to one in twelve at present. Such a major shift in the age structure of the population within a period of about four decades will give rise to diverse socio-economic issues which will need to be addressed to preserve the social fabric, ensure sustainable development and maintain overall stability in the country. This paper reviews the progress of population ageing in Indonesia since 1950 and how it is projected to emerge by the year 2050. It analyses the demographics of ageing, identifies the characteristics of the older population and assesses the impact the changing situation can be expected to have on Indonesia's economic and social structure. The paper reviews policy measures that the Government has already started to put in place to address various issues emerging from population ageing and provides recommendations for further actions.

The paper is divided into seven sections. Section 1 explains the demographics of ageing: the fertility decline and improvements in life expectancy in Indonesia which underlie the changing age structure of the population and the demographic impact of population ageing. Section 2 describes the demographic profile of the older population in Indonesia between 1950 to 2050, highlighting the increasing life expectancy of older persons, the predominance of females in the older population as well as rural-urban differences in the extent of ageing. Section 3 brings out the variations between selected provinces in Indonesia in the extent and pace of population ageing. Section 4 reviews various issues emanating from the increasing proportion of older persons in the population. These include those relating to older persons' health status, their poverty and need for social security as well as to exploiting the potential of older persons' for contributing to the family, society and national development. Section 5 discusses older persons in disaster situations drawing on Indonesia's experience of the Tsunami in December 2005. Section 6 describes policies and programmes on ageing introduced by the Government of Indonesia and the actions undertaken as a follow-up to the Second World Assembly on Ageing (Madrid, 2002).

This section also reviews the role played by other stakeholders and by international organizations in support of the ageing programmes in Indonesia. Recommendations for policy development on the basis of the assessment of the ageing situation in Indonesia and the current implementation of policy initiatives are summarized in Section 7.

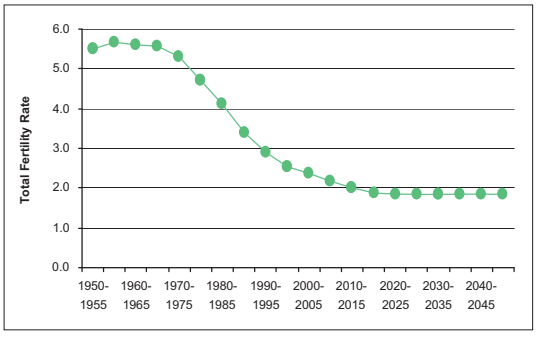
Section 1: The Demographics of Ageing in Indonesia

At the beginning of the 1960s, Indonesia's population had reached 100 million and was increasing at an annual rate of 2.1 per cent. Recognizing the severe socio-economic implications of the continuation of these trends, the Government of Indonesia launched a family planning programme which has been recognized as one of the most successful in the Developing World.[3] That Indonesia's population was predominantly Muslim made this success all the more spectacular and the Indonesian experience has served as an example of how proponents of family planning can engage and work with orthodox religious groups.[4]

1.1 Decline in fertility and mortality

As a result of a comprehensive family planning programme, Indonesia was able to bring down its fertility rate. Total fertility rate (TFR), that is the average number of children a woman is expected to have during her reproductive years, which had remained above 5 until the mid-1970s, came down to half that level towards the close of the century.

Figure 1: Trends in fertility, 1950-2050

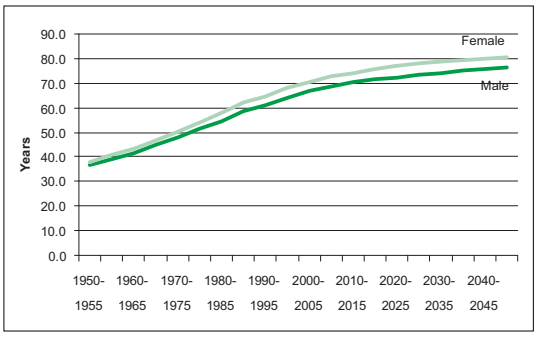


Source: Annex Table A–2

As shown in Figure 1, TFR fell from 5.3 in 1975 to 2.5 around 1995. It is projected to decline to 1.85 by 2025 and stabilize at that level until 2050.

While fertility declined, improvements in the coverage and quality of health services, contributed to falling mortality rates as reflected in sustained increases in life expectancy. Figure 2 depicts the consistent improvements in life expectancy since 1950. Female life expectancy has always been higher than male life expectancy and the difference has widened since 1950. Overall, while on average an Indonesian born in 1950 could expect to live to the age of 38 years, one born today can expect to survive to age 70 years.

Figure 2: Life expectancy at birth, 1950-2050



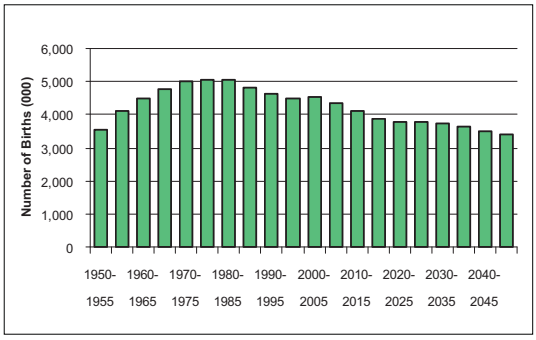
Source: Annex Table A–2

1.2 The changing age structure

The decline in fertility and improvements in life expectancy have contributed to population ageing in Indonesia – the former by reducing the inflow of population to the younger cohorts and the latter by reducing the outflow from the older cohorts. Fewer Indonesian children are being born, Indonesians are living longer and an increasing number are reaching the age of 60 years.

Figure 3 shows the impact of declining fertility on the number of births in Indonesia. The average annual number of births per year increased from 3.5 million to 5 million during 1950-1985. This figure has now dropped to 4.4 million and is projected to decline gradually to 3.4 million by 2050.

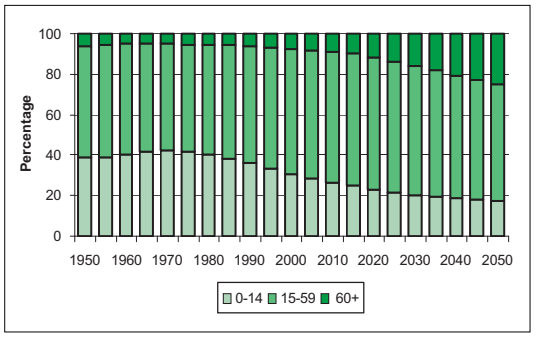
Figure 3: Average annual number of births, 1950-2050



Source: Annex Table A–2

At the same time, improvements in life expectancy shown above imply the life span of an average Indonesian has been increasing and will continue to do so. Hence, a larger proportion of the population can be expected to reach old age. The "survival rate to age 60 years" is the proportion of newborns that can be expected to reach the age of 60 years if the age-specific mortality rates at the time of birth were to continue for the next 60 years. The survival rate to age 60 years is currently estimated at 78.9 per cent – 81.6 per cent for females and 76.3 per cent for males. It is projected to increase gradually to 90.8 per cent in 2050, with 92.2 per cent of female babies and 89.3 per cent of male babies expected to reach the age of 60 years. The changing age structure of population as a result of the decline in the number of births and an increasing proportion of the population surviving to age 60 years is shown in Figure 4.

Figure 4: Distribution of population by major age groups, 1950-2050



Source: Annex Table A–1

The proportion of the age-group 0-14 years has been declining since 1970. While this cohort accounted for 42 per cent of total population in 1970, it currently constitutes about 28 per cent of the population. This share is projected to decline to 17.5 per cent by 2050. The share of the working age population (15-59 years) is projected to increase until 2020 after which it will begin to decline as the sustained declines in the number of births finally begins to impact on that group. At the same time the proportion of older persons which was around 6 per cent in 1990 and now exceeds 8 per cent, is projected to increase to 14 per cent in 2025 and 25 per cent in 2050.

The demographic scenario Indonesia faces to the year 2050 is therefore characterized by continuous increases in the older population. Over the next five decades, while increments to population below age 60 years will become smaller, increments to the older population will become larger. As such, increments to the older population will constitute an increasing proportion of the total increments in population.

From figures presented in Table 1 below, it is clear that since 1950, older persons have accounted for an increasing proportion of the increment in total population. The increase in the share of the older population in the total increment will be significantly higher during the next forty years than it has been in the past. In fact, after 2030, the population below the age of 60 years will start declining and only the older population will increase.

Table 1: Changes in Indonesia's population by broad age groups, 1950-2050

Period	Increments in population (000)				Increase as per cent of increase in total population		
	Total	0-14	15-59	60+	0-14	15-59	60+
1950–60	16,393	7,205	9,119	69	44.0	55.6	0.4
1960–70	24,602	12,749	10,612	1,241	51.8	43.1	5.0
1970–80	30,575	10,031	18,592	1,952	32.8	60.8	6.4
1980–90	31,738	4,349	24,324	3,065	13.7	76.6	9.7
1990–00	28,847	–1,278	25,166	4,959	–4.4	87.2	17.2
2000–10	27,906	–341	23,055	5,192	–1.2	82.6	18.6
2010–20	22,269	–3,955	17,059	9,165	–17.8	76.6	41.2
2020–30	17,799	–3,897	7,549	14,147	–21.9	42.4	79.5
2030–40	12,394	–1,088	–2,241	15,723	–8.8	–18.1	126.9
2040–50	4,824	–3,048	–5,257	13,129	–63.2	–109.0	272.2

Source: Annex Table A–1

1.3 Impact of changes in age structure

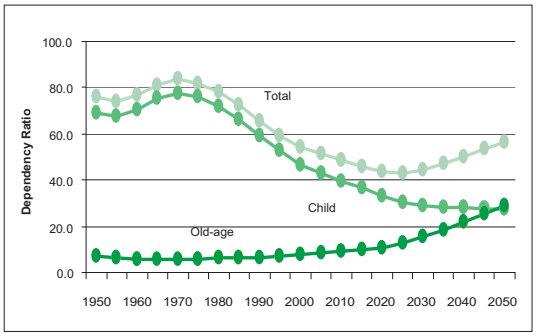
The changing age structure affects the balance between the younger and older population. The impact of the shifts in this balance are reflected in changes in the (a) dependency ratio; (b) ageing index; (c) median age of the population; (d) potential support ratio; and (e) the parent support ratio.

1.3.1 Dependency ratio

The total dependency ratio is a commonly used measure of social support needs. It is the ratio of the number of persons under 15 years of age and persons aged 65 years or more per 100 persons of aged 15-64 years. The underlying assumption is that those aged 65 and over and those under 15, are "non-working" and hence dependent on and requiring the support of the working population aged 15-64 years. The total dependency ratio can be split into two self-explanatory components: the child-dependency and the old-age dependency ratios.

Figure 5 brings out the trends in the total dependency ratio and its two components.

Figure 5: Dependency ratios, 1950-2050



Source: Annex Table A–3

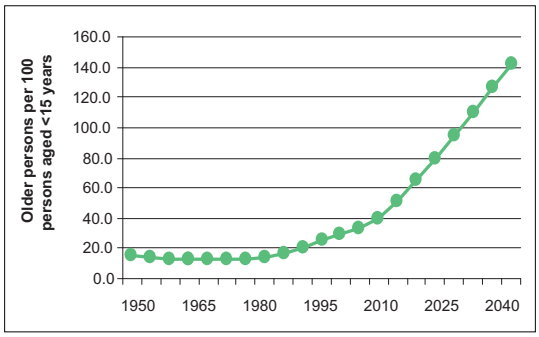
The total dependency ratio as well as the child-dependency ratio have been declining since 1970 and will continue to do so, the former until 2025 and the latter until 2050. From 2025, the total dependency ratio will again start increasing as the increase in the old-age dependency ratio will more

than offset the decline in the child-dependency ratio. The most significant feature to note is that while the old-age dependency ratio was 7.0 in 1950 and 7.5 in 2000, it will increase to 29.0 in 2050. This brings out the striking difference in the trends in ageing of Indonesia's population between the periods 1950-2000 and 2000-2050.

1.3.2 Ageing index

The changing balance between the child and older population is brought out by trends in the ageing index, calculated as the number of older persons per 100 persons aged below 15 years. (Figure 6)

Figure 6: Ageing index, 1950-2050



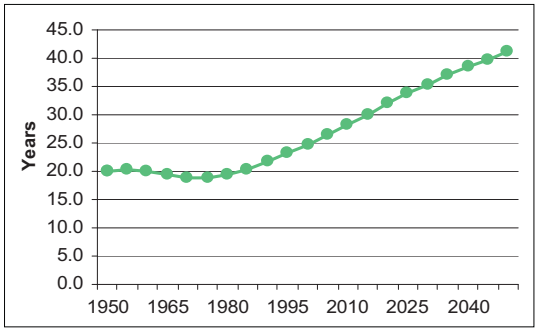
Source: Annex Table A–3

In 1950, there were 16 older persons per 100 children in Indonesia. The Index which currently stands at 30 will cross 100 during 2035-2040. That is during the next 30 years, for the first time in Indonesia's history the number of older persons will exceed the number of children. By 2050, it is estimated that there will be 1.4 persons aged 60 years or over for every one person aged below 15 years.

1.3.3 Median age

The shift in the age structure of the population towards older age groups is reflected in a rise in the median age of the population. The median age is the age that divides the population into two equal parts, one with ages below the median age and the other with ages above the median age. Figure 7 shows that the median age dropped slightly from 20 years in 1950 to 19 years in 1975. It then increased gradually by about 6 years over the next 25 years, and is currently estimated at 27 years. It will increase to 41 years in 2050, an increase of more than 16 years during 2000-2050 compared to an increase of only 5 years during 1950-2000. This again reflects a marked increase in the ageing of Indonesia's population during the period up to 2050.

Figure 7: Median age, 1950-2050

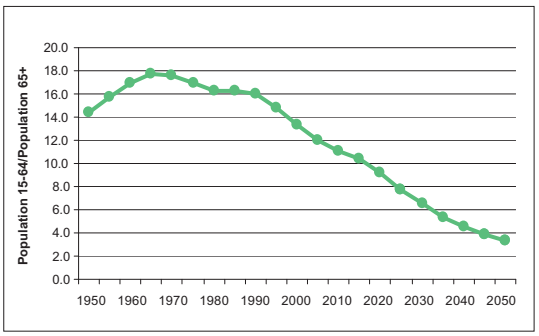


Source: Annex Table A–3

1.3.4 Potential support ratio

Population ageing raises the question of support available for sustaining the increasing number of older persons, particularly when the economically-active working population begins to shrink. The potential support ratio provides a measure of the relationship between those more likely to be economically productive and the older population more likely to be dependents. It is the inverse of the old-age dependency ratio and provides a more direct indication of the support base available for the older population as its proportion in total population increases. Figure 8 shows the declining trend of the potential support ratio in Indonesia.

Figure 8: Potential support ratio, 1950-2050



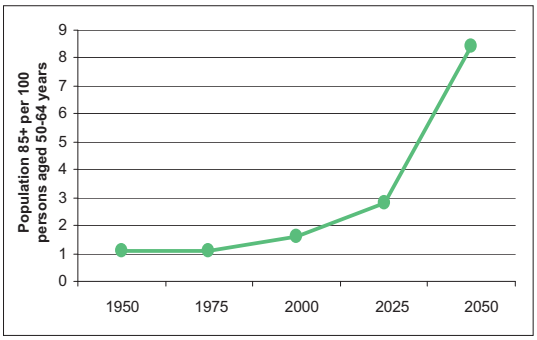
Source: Annex Table A–3

There were about 18 persons of working age population per person aged 65 and over in 1965. Since then this ratio has declined to its current level of less than 12. It is projected to decline to about 8 by 2025 and further to 3.4 in 2050. Broadly speaking this indicates that the support base for the older population will shrink to less than one-third of its current level within the next 40 years.

1.3.5 Parent support ratio

The parent support ratio is the number of persons aged 85 years or more per 100 persons aged 50-64 years. This is a measure used to assess the demands on families to provide support for their oldest members. It reflects the "burden" of the population aged 85 years or more on their hypothetical offspring, that is those born 20 or more years after them. Figure 9 shows how the increase in the parent support ratio has increased significantly during the past twenty years and the much greater increments projected after 2025. At present, 100 persons aged 50-64 years are available to provide care to an average of less than 2 persons aged 85 years or more. By 2050, 100 persons aged 50-64 years will have on average more than 8 persons aged 85 years or over as potentially in need of care.

Figure 9: Parent support ratio, 1950-2050



Source: Annex Table A–3

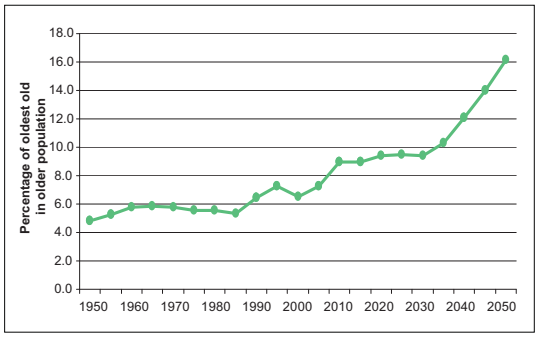
Section 2: Demographic Profile of Indonesia's Older Population

As has been observed in other countries around the World and, in particular, in countries of East and South-East Asia, in Indonesia too the process of population ageing is characterized by an ageing of the older population itself, a predominance of females in the older population and a greater extent of ageing in rural areas.[5] It is important to review the extent to which these characteristics can be expected to manifest themselves in a country's ageing process as each of these is of relevance in the formulation of policies for addressing the diverse ageing-related issues.

2.1 Ageing of the older population

A notable aspect of the ageing process in Indonesia has been that the population of those aged 80 years or over has been increasing faster than that of those aged between 60-79 years. Those aged 80 years or over, categorized as the "oldest old" population, comprise about 7 per cent of the older population compared to less than 6 per cent in 1950. What is more significant is that with faster ageing in the next few decades, the proportion of the "oldest old" in the older population, will increase to nearly 10 per cent in 2025 and to 16 per cent in 2050, as shown in Figure 10.

Figure 10: Ageing of the older population



Source: Annex Table A–1

The increasing proportions of the "oldest old" signal very large increments in absolute terms. The numbers of the "oldest old", who until now have constituted less than 1 per cent of the country's total population, will increase from the current 1.5 million to 3.6 million in 2025 and almost 12 million in 2050, accounting for 4 per cent of the total population. The ageing of the older population is explained by the increasing life expectancy at age 60, resulting in improved survival rates to age 80 years plus increasing life expectancy at age 80 years (Table 2).

Table 2: Life expectancy and survival rates of older and oldest old persons

	2005-2010	2025-2030	2045-2050
Life expectancy at age 60 (years)	17.3	18.4	20.4
Survival rate to age 80 years (per cent)	31.1	38.7	48.8
Life expectancy at age 80 (years)	5.8	6.2	7.2

Source: UNDESA (2007a)

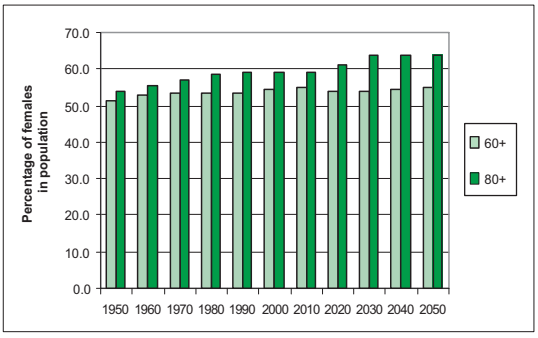
The data presented in Table 2 shows that with improved longevity at age 60 years, a higher proportion of the population can be expected to reach 80 years. Also, those who reach 80 years can be expected to live on average an increasing number of years. While on average a person reaching 80 years at present can expect to live another 5.8 years, this expectancy will increase to 7.2 years by 2045-2050. Hence, an increasing proportion of the older persons will be entering the "oldest old" cohorts and living more years. It should also be noted that improvements will be greater during the latter period which explains the faster ageing of the "older population" described earlier.

2.2 Feminization of ageing

Women constitute a majority of the older population and, in most countries, an even greater majority of the oldest old population. Figure 11 shows that in Indonesia women have always constituted more than 50 per cent of the older population and are projected to do so until 2050. Moreover, they constitute an even higher proportion of the oldest old population. At present, nearly 60 per cent of Indonesia's oldest old are women and this proportion is expected to increase to 64 per cent by 2030.

The excess of females over males in the older population is explained by the higher longevity of women. Table 3 brings out the sex-differentials in the life expectancy and survival rates. Life expectancy at all ages and survival rates to both ages 60 years and 80 years are consistently higher for females. Moreover, the gender gap between all indicators, except survival rate to age 60 years, is projected to widen. However, while the difference between the percentage of women and men reaching age 60 years is projected to narrow, the widening of the gap in life expectancy at both ages 60 and 80 years explains the continued predominance of women in the older population and by a greater degree in the oldest old population.

Figure 11: Feminization of ageing in Indonesia



Source: Annex Table A–1

Feminization of ageing assumes significance because of the greater vulnerability of older women as compared to older men. The degree of vulnerability in the older population in Indonesia may be assessed from gender differences in current marital status, occupational/work status and level of educational attainment. Older persons who are single are likely to be less financially secure and not have access to as much care in illness and disability as those who have a spouse. While

Table 3: Life expectancy and survival rates for Indonesian men and women

	2005-2010		2025-2030		2045-2050	
	Male	Female	Male	Female	Male	Female
Life expectancy at birth (years)	66.9	70.5	71.3	74.9	74.9	78.9
Life expectancy at age 60 (years)	16.3	18.1	17.4	19.4	18.6	22.1
Life expectancy at age 80 (years)	5.6	6.1	5.9	6.4	6.2	8.0
Survival rate to age 60 (per cent)	76.3	81.6	83.6	88.4	89.3	92.2
Survival rate to age 80 (per cent)	26.7	35.5	33.5	43.9	41.1	56.4

Source: UNDESA (2007a)

older persons should not stand in need of work, in the context of Indonesia, as of most developing countries where social security coverage is at best limited, economic activity can be used as a proxy for financial security and independence. Similarly, educational attainment besides determining access to productive employment is a key to empowerment. On all these three counts – marital status, labour force participation and educational attainment – evidence shows that older women are far worse off than older men in Indonesia.

Photo credit: UNFPA Indonesia

Village older women's group with community social worker

In 2004, 86 per cent of older men as against only 38 per cent of older women in the urban areas were reported as currently married. The majority of older women were widowed (57.6 per cent) compared to only 12.3 per cent of older men.[6] In rural areas, 86 per cent of older men were currently married compared to only 40 per cent of older women. As in urban areas, in rural areas too the majority of older women were widowed (56.4 per cent) compared to only 12.9 per cent of older men. The National Family Planning Body in 1998 had stated that the reason for the lower proportion of older women being currently married is that women have a higher life expectancy than men and their re-marriage rate is much lower. Older men who are widowed or divorced remarry immediately while re-marriage among elderly widows is much less common.

In addition to being more likely single in old age, older women are also more likely to be economically inactive having no income of their own. Only 30 per cent of women aged 65 years or over are economically active as compared to 57 of men aged 65 years and over. Moreover, older women earn much less than older men. This is because women manage to get only low-paid jobs due to their lack of education and because of gender discrimination. Table 4 shows a higher concentration of working older women in the lower salary scales.

Table 4: Distribution of working older persons by gender and monthly salary (IDR 000)

		<50	50-99	100-149	150-199	200-299	300 +
Men	60–64	9.8	27.6	19.1	16.8	11.2	15.5
	65+	16.2	27.3	20.7	16.4	9.1	10.3
Women	60–64	49.1	35.8	8.5	3.3	0.0	3.3
	65+	44.4	41.6	5.6	2.7	3.7	1.9

Source: NPA (2003)

In terms of educational attainment, the level of literacy is much lower for older women. Only 45 per cent of older women are literate as compared to 73 per cent of older men. Differences in educational attainment are shown in Table 5.

Table 5: Percentage distribution of older persons by educational attainment

Education	Men	Women	Total
No schooling	26.0	53.5	40.4
Primary: not graduated	34.0	27.0	30.3
Primary	24.7	13.5	18.8
Junior High School	6.7	3.1	4.8
Senior High School	6.6	2.5	4.5
University	2.0	0.4	1.2

Source: BPS (2004)

Among older men and older women 60 per cent and 80 per cent respectively have had either no or less than primary schooling. The gender-gap widens as one moves up the educational ladder.

2.3 Ageing of the rural population

Evidence from around the world shows that the proportion of older persons is higher in the rural areas than in the urban areas.[7] The same is true for Indonesia. According to the 2000 Census, the proportion of the population aged 60 years or more was 7.9 per cent in rural areas and 6.2 in urban areas. A greater degree of ageing in the rural population is despite the lower life expectancy and higher fertility in the rural areas.

Data on differences in life expectancy in rural and urban areas are very difficult to come by. This is true not only for Indonesia but for most other developing countries. However, whatever evidence that is available shows that life expectancy would be higher in urban areas due to better sanitation, availability of clean water and greater access to quality health care facilities. Table 6 shows that fertility rates, despite declining in both rural and urban areas, have during the last four decades always remained higher in the rural areas of Indonesia.

Table 6: Rural-urban fertility differentials in Indonesia

Period	Total fertility rate	
	Rural areas	Urban areas
1967–1970	5.8	5.2
1971–1975	5.3	4.7
1976–1979	4.9	4.1
1981–1984	4.3	3.5
1985–1989	3.6	2.7
1991–1994	3.1	2.4
1995–1999	2.6	2.1
2001–2004	2.4	2.1

Source: BPS (2005)

The higher incidence of population ageing in rural areas can therefore be attributed to the patterns of rural-urban migration. In most cases it is the younger population which moves out of rural areas for education or to seek jobs. Moreover, it has also been observed that after a full working life in urban areas some older persons return to rural areas to spend their retirement. Hence, the rural-urban flow is predominantly of younger persons while there is an urban-rural flow of older persons. This contributes to the higher proportion of older persons in the population of rural areas.

Another feature of the migration flows is the gender composition. The proportion of women in the older population is higher in the urban areas. In Indonesia, while women accounted for 51.8 per cent of the older rural population this proportion was 53.1 per cent among the older urban population. This phenomenon, again observed in many other countries,[8] is explained by a higher incidence of older women remaining behind in urban areas while the older men return. This may be due to older women preferring to remain behind with their adult children settled in urban areas rather than accompany their husbands into their post-retirement years in rural areas. Also, on the death of their husbands, older women in rural areas may move to live with their adult children settled in urban areas.

Section 3: Variations in Ageing within Indonesia

There are wide variations in the extent of population ageing across the provinces of Indonesia. Data on population ageing from the 2000 Census in each of Indonesia's provinces[9] is brought out in Table 7. The Provinces are arranged in descending order of proportion of older persons in total population. The data shows that the extent of ageing varied from 12.8 per cent in Jogjakarta to 2.0 per cent in Papua. In ten provinces the proportion of older persons in total population was 6 per cent or more, in another ten it was 5 to 5.9 per cent and in the remaining ten less than 5 per cent.

Table 7: Proportion of older persons in populaton by province, 2000

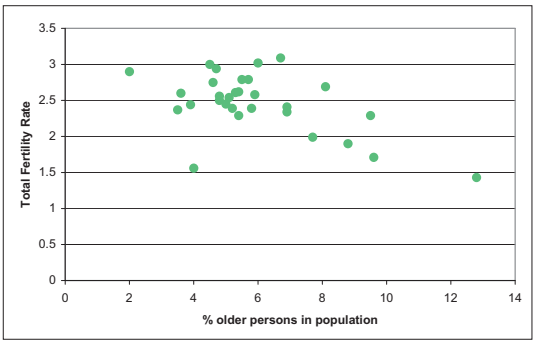
Province	Per cent	Province	Per cent	Province	Per cent
Jogjakarta	12.8	Lampung	5.9	Jambi	4.8
East Java	9.6	Bangka Belitung	5.8	Central Sulawesi	4.8
Central Java	9.5	West Nusa Tenggara	5.7	Southeast Sulawesi	4.7
Bali	8.8	North Sumatra	5.5	West Kalimantan	4.6
West Sumatra	8.1	Aceh	5.5	North Maluku	4.5
North Sulawesi	7.7	South Kalimantan	5.4	Jakarta	4.0
West Java	6.9	Banten	5.3	Central Kalimantan	3.9
South Sulawesi	6.9	Gorontalo	5.2	Riau	3.6
East Nusa Tenggara	6.8	South Sumatra	5.1	East Kalimantan	3.5
Maluku	6.0	Bengkulu	5.0	Papua	2.0

Source: Annex Tables A–4 & A–5

3.1 Factors explaining inter-provincial variations in ageing

What factors explain these variations? To answer this question we will look at the three factors highlighted in Sections 1 and 2, namely, differentials in fertility and mortality and migratory flows. Figure 12 brings out a negative correlation between population ageing and the total fertility rate (TFR) across the 30 provinces. In general, in provinces with a lower TFR the proportion of older persons in total population is higher.

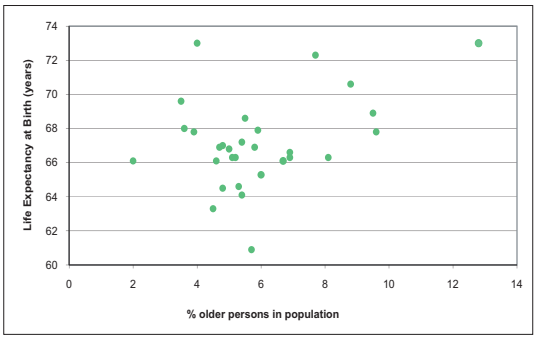
Figure 12: TFR and population ageing



Source: Annex Tables A–4, A–5 & A–6

Figure 13 brings out the relationship between life expectancy at birth and population ageing across the 30 provinces. Though the relationship is weaker than in the case of TFR, it shows that in a province with a higher life expectancy at birth the proportion of older persons in the total population too would be higher. Further insight into factors explaining variations in population ageing across the provinces can be obtained by looking at some individual provinces.

Figure 13: Life expectancy at birth and population ageing



Source: Annex Tables A–4, A–5 & A–7

3.2 The "most aged" provinces

The five provinces with the highest proportions of older population exceeding 8 per cent of the total population are Jogjakarta, East Java, Central Java, Bali and West Sumatra. Of these, Jogjakarta, the province with the highest proportion of older persons (12.8 per cent) also has the lowest fertility rate (1.4) as well as the highest life expectancy at birth (73 years). Jogjakarta was one of the first six provinces where family planning was implemented in 1970 and had reached below replacement level fertility in the mid-1990s.[10] Of the remaining four provinces, Bali, East Java and North Sulawesi also achieved a TFR of less than 2 by the year 2000. Bali and North Sulawesi were also the only two other provinces where life expectancy exceeded 70 years in 2000. In West Sumatra, however, TFR at 2.7 was fifth highest among all the provinces. The high proportion of ageing in West Sumatra can be explained by *merantau* (a tradition of out-migration).[11]

3.3 The "least aged" provinces

The five provinces with the lowest proportions of older population are Jakarta, Central Kalimantan, Riau, East Kalimantan and Papua. While in Jakarta the older population constituted 4 per cent of the total population in 2000, in the remaining four it was less than 4 per cent. Jakarta has below replacement fertility (1.6), the second lowest among the 30 provinces and the highest life expectancy at birth (73 years). The low proportion of older persons is explained by the long history of in-migration, a characteristic of all major cities in developing countries. The remaining four provinces all have a relatively high TFR ranging from 2.4 in East Kalimantan to 2.9 in Papua. It should be pointed out here that Papua's TFR is the second highest, with that of East Nusa Tenggara at 3.1 being the highest. However, in East Nusa Tenggara the percentage of older persons in total population is much higher (6.7 per cent) and has been explained by in-migration.

The variations in the extent of population ageing within Indonesia can thus be explained largely by differences in fertility and by internal migration. The analysis of these variations also throws light on the link between population ageing in Indonesia and its successful family planning programme; those provinces where the family planning programme was implemented earliest, and hence where fertility fell earliest, are also those that today are more 'aged'.

3.4 Inter-provincial variations in ageing to 2025

Population ageing is projected to take place across all provinces in varying degrees. The overall provincial scenario based on official projections is summarized in Table 8:

Table 8: Distribution of provinces by extent of population ageing

Percentage of population 60+	Number of Provinces	
	2000	2025
Less than 5	11	0
5 – less than 8	14	1
8 – less than 10	4	4
10 – less than 15	1	20
15 and more	0	5

Source: Annex Tables A–4 & A–5

While in 2000 the proportion of older persons in the population was less than 10 per cent in 29 provinces, by 2025 there will be only 5 provinces in that category. Of the 25 provinces with older persons accounting for more than 10 per cent of the total population, in 5 the proportion of older persons will be more than 15 per cent. Comparing with national figures on population ageing across the East and South-East Region, this means that in 2025 Indonesia's most aged province – East Java – with 19 per cent of the population aged 60 years or over will rank above all the countries except Japan, Republic of Korea, Singapore and China.[12]

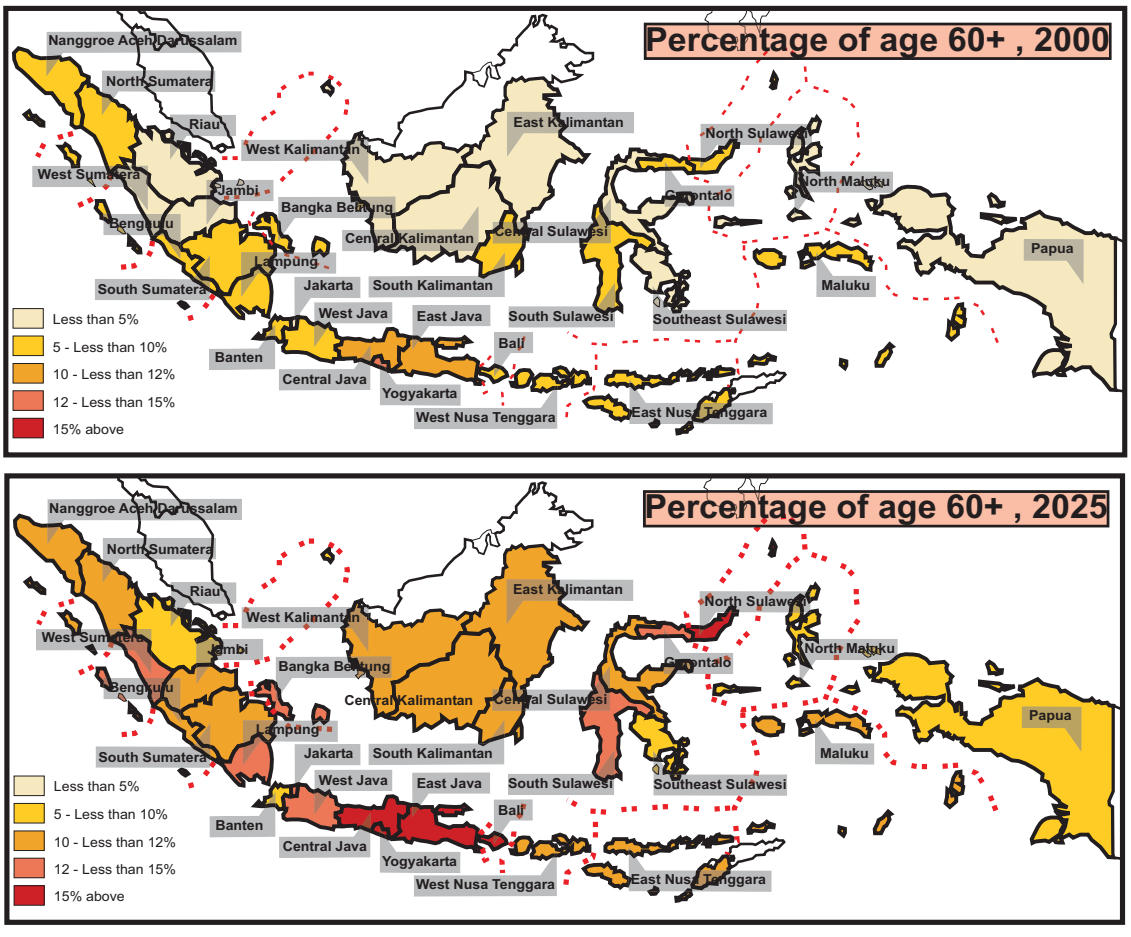
Variations between provinces in the seriousness of the emerging population ageing situation assume significance in the formulation of policies and programme for the elderly. Table 9 shows the proportion of the total increase in population the older population will constitute during 2000-2025.

Table 9: Share of older persons in increase in total population: 2000-2025

Province	Per cent	Province	Per cent	Province	Per cent
Aceh	92.5	West Nusa Tenggara	22.8	West Sumatra	53.8
North Sumatra	32.8	West Kalimantan	23.3	West Java	23.8
Riau	9.5	Central Kalimantan	17.3	Central Java	115.9
Jambi	22.3	South Kalimantan	26.5	Jogjakarta	41.2
South Sumatra	24.5	East Kalimantan	19.1	East Java	154.3
Bengkulu	21.2	Central Sulawesi	21.5	Bali	37.1
Lampung	28.6	Southeast Sulawesi	15.5	East Nusa Tenggara	23.2
Bangka Belitung	30.3	Gorontalo	55.0	North Sulawesi	43.5
Jakarta	86.4	North Maluku	18.4	South Sulawesi	35.2
Banten	13.3	Papua	21.9	Maluku	18.7

Source: Annex Tables A–4 & A–5

During 2000-2025 the increase in the older population will constitute 31 per cent of the increase in Indonesia's total population. However, this proportion will vary widely across provinces, being only 9.5 per cent in Riau and exceeding 100 per cent in Central Java and East Java. In these two provinces, increase in older persons will exceed the increase in total population, that is there will be an absolute decline in the population aged below 60 years. Older persons will be the only population group that will increase. In another 4 provinces the increases in the older population constitute more than half the total population increase. These include Jakarta where the proportion of older persons is currently only 4 per cent and it ranks among the least aged of the provinces. During the period 2000-2025, older persons will comprise more than 85 per cent of the total increase in Jakarta's population. How these changes will impact on the provincial variations in the extent of population ageing is depicted in the maps showing the distribution in 2000 and 2025.



Section 4: Key Ageing-Related Issues

The increasing proportion of older persons in the population gives rise to a number of issues which need to be addressed through appropriate policies and programmes. The rapidly growing population of older persons calls for ensuring that their health needs are met, that they have adequate income and financial support, appropriate living arrangements and adequate facilities (such as age-friendly infrastructure) which facilitate their leading as much as possible an independent life. At the same time, improving health standards of older persons in general presents an opportunity to explore their potential for making positive contributions to the well-being of the family and society and to national development.

4.1 Health status of older persons

4.1.1 Health complaints of older persons

Provision of health services for the older population in Indonesia should be based on the health needs of this population. Table 10 shows the latest available information on health status.

Table 10: Percentage of older persons reporting health complaints during the last month by type of complaint, gender and residence, 2004

Type of complaint	Urban	Rural	Total
Male			
Fever	20.8	20.0	20.3
Cough	46.6	50.4	48.9
Running nose	30.8	29.6	30.1
Tooth ache	18.7	19.5	19.2
Female			
Fever	20.5	22.1	21.5
Cough	41.9	44.7	43.6
Running nose	28.1	27.4	27.7
Tooth ache	23.1	22.8	22.9
Both sexes			
Fever	20.6	21.1	20.9
Cough	44.1	47.4	46.1
Running nose	29.4	28.5	28.8
Tooth ache	21.1	21.2	21.2

Source: BPS (2004b)

The Table shows that overall, the majority of health complaints of older men and women are: (1) cough, and (2) running nose, both in urban and rural areas. Thus, the majority of diseases suffered by the older population in Indonesia are still infectious diseases closely related to health behaviour and environmental health. Health behaviour is the adoption of healthy lifestyle preferably early in life and environmental health relates to healthy environment such as non-crowding, good ventilation, good lighting, pest-free housing, sanitary toilet facilities as well as good waste, sewage and garbage disposal facilities.

The provinces with the highest incidence of health complaints are North Maluku (64.9 per cent), West Nusa Tenggara (63.9 per cent), and Bangka Belitung (62.8 per cent). The provinces with the lowest health complaints are Maluku (33.6 per cent), Central Kalimantan (35.6 per cent), and Papua (35.8 per cent).

4.1.2 Incidence of illness among older persons

Table 11 shows that overall the prevalence of illness among the older population is 30.2 per cent; with the prevalence of illness in rural areas being slightly higher than in urban areas (30.8 per cent and 29.2 per cent).

Table 11: Percentage of older persons reporting an illness during the last month by gender and type of area, 2004

Gender	Urban	Rural	Total
Male	29.3	31.5	30.6
Female	29.1	30.3	29.8
Both sexes	29.2	30.8	30.2

Source: BPS (2004b)

In urban areas, the prevalence of illness among men is slightly higher than among women (29.3 per cent versus 29.1 per cent). In rural areas also, the prevalence of illness is higher among men than among women (31.5 per cent versus 30.3 per cent).

These figures show that older men are relatively more susceptible to disease than older women. This may be due to the fact that older men have to continue working to fulfill the livelihood needs both for themselves and their extended families even though as they grow older their ability to work decreases due to disease and disability. The higher prevalence of disease in older men compared to older women could also affect longevity and explain the lower male life expectancy.

Table 12 shows that overall, older persons are sick on average 4-7 days and 1-3 days in urban areas (37.9 per cent and 33.7 per cent respectively). In rural areas, older persons are sick between 1-3 days and 4-7 days (37.1 per cent and 36.9 per cent respectively).

Table 12: Percentage distribution of illnesses reported by older persons by duration of illness and residence

Duration of illness (days)	Urban	Rural	Total
1–3	33.7	37.1	35.5
4–7	37.9	36.9	37.4
8–14	9.7	9.9	9.8
15–21	6.2	4.9	5.5
22–30	12.6	11.2	11.9
Total	100	100	100

Source: BPS (2004b)

Older persons with the highest number of sickness for 1-3 days are in the provinces of Bali (50.5 per cent), Jakarta (44.5 per cent), and South Sumatra (44.8 per cent). The lowest number of sick days (1-3 on average) are taken in Maluku province (21.3 per cent), Central Sulawesi (24.1 per cent), and East Nusa Tenggara (24.8 per cent). In urban areas, older persons are hospitalized relatively longer than older person in rural areas. The shorter duration of hospitalisation in rural areas is most likely due to the type of disease suffered by older persons, and a limit on the amount of time older persons can afford to be hospitalized. Also, less facilities are available in rural areas compared to urban areas.

4.1.3 Self medication practices among older persons

Table 13 shows that overall, the older population self medicate using modern and combination of medication (48 per cent and 37 per cent respectively). Urban and rural populations combine modern and traditional medicines in similar ways, although there is a higher percentage of urban older people using modern medicines.

Table 13: Percentage of older persons reporting self medication by type of medication and residence, 2004

Type of medication	Urban	Rural	Total
Traditional	12.4	13.0	12.7
Modern	51.9	45.7	48.0
Others	1.7	2.0	1.9
Combination	34.1	39.4	37.4
Total	100	100	100

Source: BPS (2004b)

The proportion of older persons who self medicate is higher in urban areas compared to rural areas. This may be due to the fact that older persons in urban areas are more educated and have greater access to over the counter drugs and can afford buying the drugs. In rural areas, older persons have access to simple generic medication for common ailments and the patented drugs are not readily available and relatively costly.

The proportion of older people who self medicate in the respective provinces in Indonesia varies between 29 and 63 per cent. Provinces with the highest number of older persons who self medicate are Central Kalimantan (63.0 per cent), North Sulawesi (57.7 per cent), Central Java (57.3 per cent), and South Kalimantan (57.3 per cent). Provinces with the lowest number of older persons who self medicate are Bali (29 per cent), Nanggroe Aceh Darussalam (31.5 per cent), and North Maluku (32.3 per cent).

4.1.4 Ambulatory medication

As can be seen in Table 14, older people seek medication at a variety of outlets, most notably health centres, private practices and paramedic practices. There are some differences between urban and rural trends in this respect: not surprisingly, urban people are more likely to have access to hospitals, and hence are more likely to seek medication there than their rural counterparts.

Table 14: Ambulatory medication of older population by place of service and residence, 2004 (percentage of older persons)

Place of medication	Urban	Rural	Total
Hospital	16.8	6.3	10.7
Private practice	40.1	23.7	30.7
Health centre	37.8	43.7	39.5
Clinic	3.7	2.2	2.8
Paramedic practice	17.2	32.6	26.1
Traditional practice	1.9	1.8	1.8
Others	3.3	4.6	4.1

Source: BPS (2004b)

In urban areas, the majority of older persons seek medication from private practitioners, while older persons in rural areas rely on the local health centre for medication. Thus, in urban areas, more private practitioners should be trained to provide basic geriatric medicine while in the rural health centres the health providers responsible for providing medical treatment for older persons should be trained in medical gerontology.

Table 15 shows that overall, older persons seek health treatment at health centres over all other medical service centres. These are followed by private practices and paramedic practices. While patterns are similar for men and women, there are differences between urban and rural populations: urban older people most often seek medical care at private practices (40 per cent), whereas their rural counterparts tend more toward health centres (44 per cent) and paramedic practices (31.6 per cent).

Older persons who seek treatment to the health centre varies enormously between provinces: 77 per cent in Papua versus 24 per cent in Jogjakarta. East Nusa Tenggara, Nanggroe Aceh Darussalam are other provinces where the use of health centres is high, whereas Jakarta and North Sumatra show trends of lower usage of health centres versus other medical service providers.

Table 15: Ambulatory treatment of older population by place of treatment, gender and residence, 2004

Place of treatment	Urban			Rural			All Areas		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Hospital	19.1	14.8	16.8	7.8	4.8	6.3	12.4	9.1	10.7
Private practice	42.0	38.3	40.1	25.4	22.1	23.7	32.3	29.1	30.7
Health Centre	31.0	36.2	37.8	42.8	44.6	43.7	37.9	41.0	39.5
Clinic	4.0	3.3	3.7	2.3	2.1	2.2	3.0	2.6	2.8
Paramedic practice	16.5	17.9	17.2	31.6	33.6	32.6	25.4	26.8	26.1
Traditional practice	2.0	1.8	1.9	1.7	1.9	1.8	1.8	1.9	1.8
Others	3.7	2.9	3.3	4.7	4.6	4.6	4.3	3.8	4.1

Source: BPS (2004)

At the primary care level, the Indonesia health department has designated district health centres to provide age-friendly primary health care services (*Puskesmas Santun Lansia*). The health centres are usually assigned a physician and two nurses to provide special attention on the health needs of older patients visiting the outpatient unit in the health centre. However, age-friendly primary health care as espoused by WHO should consist of three pillars: (1) health providers specially trained in geriatrics or medical gerontology, (2) an online or computerized data base that addresses the multiple nature of diseases in the elderly to accommodate efficient referral from the primary to the secondary and/ tertiary levels, and (3) health facilities that are age-friendly such as age-friendly readable signs, access of disabled elderly into the examination rooms, restroom with railings, adequately lighted hallways, and comfortable waiting rooms.

Photo credit: UNFPA Indonesia

Older person morning exercise group

Geriatric services are mostly centred in the main hospitals in capital cities of provinces especially those that have age-structured populations in the majority of major cities in Java, Sumatra and Sulawesi. As for provision of quality geriatric care for older persons, hospitals are equipped with geriatric clinics in the major cities on Java island such as Dr. Cipto Mangunkusumo Hospital in Jakarta, Dr. Karyadi Hospital in Semarang, Dr. Sardjito Hospital in Jogjakarta, Dr. Sutomo Hospital in Surabaya, and Dr. Hasan Sadikin Hospital in Bandung. In the future, geriatric clinics should be available in all cities/regencies especially with a large older population. Most geriatricians providing geriatric medical services are internal medicine specialists with further training in geriatrics, mostly from Australia. In the health centres at least one health provider is trained in medical gerontology by the referral hospital geriatric support team such as in Jakarta and Jogjakarta.

4.1.5 Gender differences in healthy lifestyle

Results from the National Social Economic Census (2004) analyzed by Setyowati showed how the health risks of older persons varied with gender. There was a significant proportion of older men (56.7 per cent) who were smokers compared to the proportion of older women (5 per cent). There was an equal proportion of older men (87 per cent) compared to older women (87.8 per cent) who ate fruits/vegetables. There were significant proportions of older men (18.9 per cent) who actively exercised compared to the proportion of older women (7.5 per cent). A cross-sectional study on active ageing was done in south Jakarta.[13] A hundred free living elderly club members in the community participated as respondents. The proportion of older men (50 per cent) was more than older women (28 per cent) who were still working. The proportion of older men (54 per cent) was more than older women (30 per cent) who routinely exercised. There was equal proportion of older men and women who were socially active (50 per cent respectively). The proportion of older women (60 per cent) was more than older men (30 per cent) who were active in religious activities. There was equal proportion of older men and women who were involved in various hobbies/pastime (25 per cent respectively). The proportion of older women (55 per cent) was more than older men (25 per cent) who were active in recreational activities. The proportion of older women (55 per cent) was slightly more than older men (45 per cent) who were active in routine house work such as sweeping and cleaning floors.

4.2 Disability and long-term care facilities

With ageing, the likelihood of disability increases and hence the increasing need for long-term care and facilities to accommodate older persons' gradual loss of function. The options are either being institutionalized or ageing within the confines of one's own home (ageing in place). To make the latter arrangement more livable there should be a more enabling environment to support the needs of these elderly people. The informal caregiver is usually a daughter who lives with her elder parents. Sons who are economically well off are often given responsibility for providing financial assistance to elderly parents. Given this dependence on informal caregivers, routine training from community outreach services would greatly benefit a large number of care givers and their dependents.

Intergenerational relationships are very important in elderly care, because children are expected to take care of elderly parents. Urban migration may have a negative impact on elderly care especially in rural areas where the young move into the cities.[14] Most older persons live with one of their children or with other kin, or have at least one child living in the same village. However, the situation is problematic for those elderly people who require more specialized care which cannot be provided by informal caregivers.

4.2.1 Age-related decline in functionality

There are two measurements used to determine the level of functionality of older persons[15] namely: (1) Activities of Daily Living (ADL), and (2) Instrumental Activities of Daily Living (IADL).

ADL is measured by the ability of older persons to bathe, dress themselves, carry out tasks relating to personal grooming, toileting, continence, transferring (rise or retire to bed), walking and eating. Table 16 shows the degree of dependence that increases with age. Overall, one in three older persons are dependent on assistance for their ADLs especially in the older age groups. The proportion of older persons who were dependent was higher in rural compared to urban areas.

Table 16: Percentage of older persons reporting dependence in ADL

Area	Age	Dependent
Urban	60–64	34.5
	65–69	29.9
	70–74	34.6
	75–79	41.1
	80+	42.2
Rural	60–64	40.4
	65–69	34.0
	70–74	30.5
	75–79	32.4
	80+	46.2
All		36.1

Source: NCOP (2006)

Table 16 shows that in urban areas for ADLs, older persons in the 65-69 age group were less dependent compared to the other age group, with the oldest age group being the most dependent. In rural areas, older persons in the 70-74 age group were less dependent compared to the other age group with the oldest age group again being the most dependent. Thus, it seems that older persons in rural areas more easily able to manage their daily personal activities than their urban counterparts. Perhaps this is because the rural people surveyed had been more active; they had to remain active compared to older persons in urban areas where facilities to support their personal needs were relatively closer to reach.

IADL is measured by the ability of older persons to use the telephone, travel, shop, prepare meals, do housework, take medicine and manage their finances. Table 17 shows the extent to which the degree of dependence diminishes as one ages. Overall, almost nine in ten older persons are dependent for their IADLs. The proportion of older persons who were dependent was higher in rural compared to urban areas.

Table 17, on IADLs, shows similar findings to the ADLs. In both urban and rural areas, dependency increases with age and at all ages rural elderly are more dependent than their urban counterparts.

Table 17: Percentage of older persons reporting dependence in IADL

Area	Age	Dependent
Urban	60–64	76.0
	65–69	78.3
	70–74	83.0
	75–79	86.3
	80+	92.2
Rural	60–64	88.3
	65–69	88.3
	70–74	90.3
	75–79	91.9
	80+	96.2
All		86.1

Source: NCOP (2006)

Box 1: Caregivers activities

Profile of informal caregivers in 5 municipalities of Jakarta (n = 205) showed that the majority of caregivers were daughters and had high school education or above. Spouses provided more hours of care compared to daughters (>10 hours/day versus <10 hours/day). Most of the routine activities of caregivers were assisting in elderly activities of daily living and accompanying the elderly (Handayani, 2006).

4.2.2 Neglect of older persons

Table 18 shows that overall, elderly men are more likely to be neglected than elderly women. In addition to those older people who are actually neglected, there are significant numbers that are vulnerable to neglect: this risk can be seen to be higher in rural than in urban areas.

Table 18: Percentage of older persons "vulnerable" and "neglected" by sex and residence, 2003

Area/gender	Vulnerable	Neglected
Urban		
Males	21.9	9.1
Females	22.4	8.2
Both	22.2	8.7
Rural		
Males	33.2	20.0
Females	32.5	17.7
Both	32.8	18.8
All		
Males	29.0	15.9
Females	28.6	14.1
Both	28.8	15.0

Source: BPS (2003)

As can be seen in Table 19, elderly people with low economic status are more neglected, and more vulnerable to neglect than those that are better off. Older people in higher income households were both the least vulnerable to neglect and the least neglected. Both vulnerability to neglect and actual neglect increased for households of lower economic status.

Table 19: Percentage of older persons "vulnerable" and "neglected" by household economic status, 2003

Economic status	Vulnerable	Neglected
Lowest 40 per cent	31.3	20.5
Middle 40 per cent	28.5	12.2
Highest 20 per cent	23.6	8.5
Total	28.8	15.0

Source: BPS (2003)

4.3 Living arrangements and family support

There have not been many population-based studies on living arrangements and family support. However, it is known that in Indonesia most older persons live within an extended family household. Available literature on the topic has mainly focused on single older persons, family support, co-residency, earning potential and changing size of older families.

It has been found that unmarried women living in multigenerational households may be better placed financially than their male peers, because they receive direct as well as indirect support from family members. Multiple economic indicators examined include source of income, receipt of financial and material support, income levels, ownership of assets, and subjective well-being. Older men tended to report higher levels of income than older women. However, there was little gender difference in housing characteristics, asset ownership, or reports of subjective well-being.[16]

In the case of Javanese and Batak Karo ethnic groups, for which qualitative research has been available,[17] support to older persons refers primarily to transfers of time and money, while companionship, knowledge and experience are less quantifiable, albeit a very important means

of support. Some elderly parents completely support their children, while in most cases the support is reciprocal.

The majority of elderly people co-reside with at least one child; urban elderly are most likely to live with their children, while rural elderly are more likely to live without children. The latter are more likely to be working (in agriculture or services) and have higher monthly expenditures.[18] Co-residence provides support for ageing parents, however, the needs of children play an important role in the decision to co-reside.[19] The estimated earning potential of parents and their children did not seem to influence co-residency.[20]

A trend can be identified away from larger extended families and toward nuclear families, something that can be explained by a move of young people from rural to urban areas to seek livelihoods and build new lives. Sociological studies on informal support for older persons in the Minangkabau community (West Sumatra) showed that neighbours are ranked second to families in providing support namely instrumental, emotional such as companionship, as well as visiting and assistance when an older person is sick, except providing financial support.[21]

A small fraction of older persons reside in care homes. However, with declining family size coupled with globalization and migration, the need for care homes is increasing. Most of the care homes are managed by the private sector. Table 20 shows that in almost all the provinces in Indonesia (which together account for a majority of older persons), care homes for the elderly are managed by the private sector, including community and social organizations, with the highest percentage in West Java (89) and the lowest percentage in South Sulawesi (33). Bali is the only exception, where all are managed by central government agencies.

Table 20: Older person social service homes in Indonesia

Province	Central	Regional	Private	Total
North Sumatra	–	5	8 (61.5)	13
West Sumatra	–	2	2 (50.0)	4
Jakarta	–	5	9 (64.3)	14
West Java	1	4	41 (89.1)	46
Central Java	–	8	13 (61.9)	21
Jogjakarta	–	3	2 (40.0)	5
East Java	–	10	17 (63.0)	27
Banten	–	2	11 (84.6)	13
Bali	–	2	–	2
North Sulawesi	–	1	14 (93.3)	15
South Sulawesi	1	1	1 (33.3)	3

Source: GOI (2004)

4.4 Abuse, crime and domestic violence against older persons

With ageing, vulnerability to abuse and violence tends to increase because of the gradual onset of physical and mental debility and disabilities. More often than not older persons become victims of those close to them, such as family caregivers or institutional care providers. In eastern cultures violence against older persons or other vulnerable groups such as women and children is often "swept under the rug" because it is the duty of families to take care of their elders. Cases of

abuse are not uncommon, with poorly educated, low income families more likely to be abusive than their more educated peers. It seems likely that families with low education and low income have fewer resources, including time, to look after additional family members.

The Principles of Older Persons issued by the United Nations in 1998 espoused independence, participation, care, self fulfillment, and dignity. Further, the issue of older persons abuse has been a main priority to detect and offenders must be penalized by Law. In its inaugural programme the National Commission for Older Persons (Komnas Lansia) of Indonesia assigned a working group to do a survey on the current situation of older persons in Indonesia. Table 21 summarizes the results on the abuse of older persons.

Table 21: Percentage of older persons reporting violence by type of violence and residence

Act of Violence	Urban	Rural	Total
Shouted at	12.9	6.6	9.7
Forced	3.4	1.3	2.3
Discriminated	5.0	3.3	4.1
Hit	1.3	1.0	1.1
Belittled	3.4	1.5	2.4

Source: NCOP (2006)

The figures show that in urban areas the two most frequent types of violence are: (1) shouted at (12.9 per cent), and (2) discriminated (5 per cent). In rural areas, too, the two most frequent types of violence are: (1) shouted at (6.6 per cent) and, (2) discriminated (3.3 per cent). Even though the percentages are relatively low, a higher proportion of older persons in urban areas are susceptible to abuse compared to older persons living in rural areas.[22] This could be due to greater respect for tradition in the rural communities.

As can be seen from Table 22, older persons in urban areas are very likely to remain silent about any abuse they experience (34 per cent). Interestingly, the situation is somewhat different in rural areas, where elderly victims of abuse are somewhat less likely to remain silent and a much higher proportion report to their children-in-law.

Table 22: Percentage of older persons voicing complaints by person complaint voiced to and residence

Complaint voiced to:	Urban	Rural	Total
Children	18.3	17.1	17.7
Son/Daughter in–Law	16.2	27.1	21.4
Grand children	2.0	1.1	1.6
Caregiver	19.3	20.4	19.8
Village Authority	5.1	2.8	4.0
Remain silent	33.5	27.1	30.4
Others	5.6	4.4	5.0

Source: NCOP (2006)

Photo credit: UNFPA Indonesia

Elderly road sweeper

4.5 Poverty and income security

With age, the ability to work and earn an income declines. In the absence of adequate pensions, older persons in Indonesia, as in most developing countries, are faced with increasing prospects of poverty. However, data on the incidence of poverty is hard to come by as data available for poor families is seldom disaggregated by age,[23] except where cases of abuse and neglect have been repeatedly reported to social services. Those having no financial resources and/or income of their own become dependent on transfer payments from younger members of the household which hurts their dignity and may also be inadequate due to the competing demands of other family members that the younger adults may have to meet.

The three most likely sources of ensuring older persons financial independence are: employment, social security and welfare payments. With advancing age a person faces prospects of retirement. In Indonesia the retirement age depends on a person's occupation. People working in areas such as the armed forces, especially those of lower rank, must usually retire earlier. People working as teachers or in academia retire later. For people working in the informal sector, particularly in agriculture, there is no official retirement age.

Table 23: Percentage of working older population by work status, gender and residence, 2004

Area/gender	Work alone	Work assisted by temporary workers	Work assisted by permanent workers	Worker/ employee	Unpaid worker in agriculture	Unpaid worker in non-agriculture	Unpaid worker
Urban							
Male	35.00	28.94	8.05	17.41	6.14	2.83	1.62
Female	43.45	16.26	3.25	9.57	9.05	1.96	16.47
Both	37.68	24.92	6.53	14.92	7.06	2.55	6.33
Rural							
Male	25.28	51.70	4.92	5.17	8.48	1.10	3.34
Female	27.18	20.34	2.54	5.03	10.10	0.92	33.90
Both	25.89	41.63	4.16	5.12	9.00	1.04	13.16
All							
Male	28.18	44.91	5.86	8.82	7.79	1.62	2.83
Female	31.97	19.14	2.75	6.36	9.79	1.22	28.77
Both	29.40	36.66	4.86	8.03	8.43	1.49	11.13

Source: BPS (2004b)

Table 23 provides an overview of the pattern of employment of older persons. It can be seen that the majority of older men work independently. Moreover, a higher percentage of older women than older men work as unpaid workers. Though the proportion of both older men and women working as unpaid workers is higher in rural areas, the overall patterns of employment are similar in both urban and rural areas.[24]

There are two patterns among older persons in the workforce. First, older persons that work assisted by labourers and working as entrepreneurs seen in 19 provinces (63 per cent) which is the general pattern in rural areas. Second, older persons that work independently and working assisted by laborers seen in 11 provinces (37 per cent) which is the general pattern in urban areas. The average earnings for older persons, as shown by figures given in Table 24, decline with age and are lower for women. The concentration of women is higher in the lower pay scales.

Table 24: Percentage of working older population by monthly salary and gender, 1996

	Monthly salary (1,000 rupiah)						Total
	50	50-99	100-149	150-199	200-299	300+	
Males							
60–64	9.8	27.6	19.1	16.8	11.2	15.5	100.0
65+	16.2	27.3	20.7	16.5	9.1	10.3	100.0
Females							
60–64	49.1	35.8	8.5	3.3	0.0	3.3	100.0
65+	44.4	41.6	5.6	2.7	3.7	1.9	100.0
Both sexes							
60–64	22.4	30.2	15.7	12.5	7.6	11.6	100.0
65+	24.8	31.7	16.1	12.3	7.5	7.7	100.0

Source: BPS (1998) as cited in Abikusno (2003)

Financial assistance is provided by Government to older persons considered neglected or poor. Out of a total of an estimated 16.2 million older persons, about 15 per cent are considered neglected and 28.8 per cent vulnerable.[25] Among those neglected, presently 70,397 are covered by services where 16.2 per cent are housed in nursing homes, 28.4 per cent receive deconcentration funding, 17.1 per cent covered by PUSAKA, 24.1 per cent covered by social organizations, and 14.2 per cent by other parties.[26] Overall, these represent only 2.9 per cent of neglected elderly in Indonesia.[27]

Recently, the Government enacted Law No. 40 Year 2004 on the National Social Security System. This Law includes Old Age security as one of several social security schemes provided by the government for the citizens. However, the government regulation of this Law is still being formulated in Parliament. Nationally, social security has been provided to 2,500 disadvantaged older persons in 6 provinces in Java (Jakarta, West Java, Central Java, East Java, Jogjakarta and Banten) in 2006 to be followed in 2007 to be given to 3,500 disadvantaged older persons in 10 provinces in Indonesia (in addition to the six provinces, North Sumatra, South Kalimantan, South Sulawesi and East Nusa Tenggara will be included). By 2008 it is intended to cover 39,132 older persons and by 2009 it should cover 78,264 older persons. However, the total number of neglected older persons in Indonesia is more than 2.5 million.

4.6 Need for elderly-friendly infrastructure and facilities

Older people's access to public facilities has been addressed in the government regulation on the welfare of older persons. This government

regulation places responsibility for ensuring access to public facilities for older people on the public sector. In line with this regulation, a survey was carried out by a working group of the National Commission for older persons.[28]

A report on the Policy on Accessibility of Older People found that only one of 19 informants (5.3 per cent) working in the health sector across in 33 provinces were aware of the existence of the policy. The results were similar in the social services; again, only one of 19 informants (5.3 per cent) were awere of the policy. In the transportation service agency, 29 per cent knew about the policy on older person accessibility. The proportion was highest – 40 per cent – in the public works agency.

Three main aspects of older person accessibility were focused on in in-depth interviews: (1) general facilities such as wheel chair, railing, floor surface, (2) transportation, including aspects such as ticket discounts, and (3) various discounts on expenses such as property tax, electricity, telecommunications, as well as special counters in public service facilities for older people.

Box 2: Productive ageing of older women

In Bali, older women worked based on their skills to fulfill their psychological needs. These needs consisted of: (i) being busy in their spare time. Being idle, eating, sleeping, were all monotonous activities for the older women; (ii) being able to communicate with their peers. Preparing religious paraphernalia entails buying material, constructing and eventually selling these religious items. These activities make them active and they do not have time to think about stressful things that frequently occur when they remain idle at home; and (iii) they become proud because they are productive and their services are greatly appreciated by the community. Thus, for older women being productive also means that they can fulfill their social, biological, and psychological needs.

Out of 195 regional agencies concerned with the management of older person services, only 7 per cent had an understanding on this issue. Thus, an understanding of managing services for older person accessibility is still low at the regional level. More socialization on older person accessibility policy and programmes should be given to related agencies at the city/district level. Further, follow up of programmes related to older person accessibility has been done mostly by two main agencies, transportation and public works.

Obstacles encountered in policy and programme implementation of older person accessibility at the regional level have been listed as: (1) lack of reference framework; (2) lack of funding; (3) lack of support and awareness; (4) lack of regulation/law (at regional level); (5) lack of socialization of policy on older person accessibility; (6) lack of priority; (7) lack of budget support from policy maker; (8) coordination not reinforced by government regulation; (9) awareness of regional government (city/district); and (10) regulation not implemented by regional government.

4.7 Positive contributions of ageing/older persons

Older persons in Indonesia, in addition to undertaking income earning activities, also contribute in several other ways in the form of providing assistance in house keeping, bringing up grandchildren, imparting skills and providing advice. Older persons in the rural areas are generally able to remain active for a longer period of time than their urban counterparts, due to the opportunities of employment in the agricultural sector. While many young people migrate to the urban areas for better education and work opportunities, which are usually scarce in the rural areas, their older parents usually maintain the responsibility of caring for and supporting their grandchildren's education. This is because due to the lower cost of living in rural areas, education is often still affordable.

Many older persons become trainers in their field of expertise before they officially retire, and provide knowledge and skills to younger co-workers both in the formal and informal

sectors. In Indonesia the official retirement age for a teacher or university professor is usually between 65-70 years. Many university professors are still active above the age of 80 and the secret for longevity lies in their remaining active, especially in keeping up-to-date with current knowledge and expertise in their professional work. Further, many politicians are veterans of the independence war and aged above 70 years. In fact, older persons still play an active role in life at the family, community and government levels. In the informal sector, many older persons are entrepreneurs and usually assisted by younger workers or they may work in groups or associations of older persons. The majority of older persons are women and there are many examples of these associations and intergenerational relations at the grassroots level.[29]

Photo credit: UNFPA Indonesia

Artistic creativity is passed on by the elderly

The majority of older persons still play a significant role in performing daily household work. This is clearly shown in a recent survey on the current situation of older persons conducted by the National Commission for Older Persons in 2006.[30]

Box 3: Active ageing of older women

Madura is an island north–east of East Java province that produces salt as the main source of income for the people of this island. The people on this island are well–known for their work ethics. Older women on this island consider working not only as a pastime, but consider producing salt as their main occupation. In general, older women in the rural areas of Madura are merchants of almost everything, both food and other natural commodities. Besides this occupation, older women on Madura partake in religious activities such as reciting the Holy Quran daily. This is because the level of religiosity in Madura is relatively high compared to other areas in Java. By memorizing the verses in the holy book they fulfill their religious and spiritual needs. In addition, this activity also prevents them from being forgetful because their recent memory is constantly challenged by memorizing the verses of the Holy Quran.

Table 25: Percentage of older persons reporting work to assist household by type of activity and residence

Activity	Urban	Rural	Total
Cleaning house	60.2	46.7	53.4
Cooking	44.2	28.1	36.1
Cleaning dishes	43.7	34.8	39.2
Taking care of grandchildren	39.8	33.7	36.7
Washing and ironing clothes	34.0	25.5	29.7
Gardening	12.9	21.9	17.5
Needle work	9.4	6.4	7.9
Animal husbandry	5.4	10.1	7.8
Others	13.9	14.2	14.0

Source: NCOP (2006)

Table 25 shows the proportion of older persons doing housework to have been relatively higher among older persons in urban compared to rural areas. This may also be an indication of their level of fitness or level of active ageing.

Cleaning house was the household activity reported by the largest proportion of older persons. This was followed by cooking, cleaning dishes, taking care of grandchildren, washing and ironing clothers. A higher percentage of older persons in urban areas than in rural areas reported assisting in these activities. However, a higher proportion of older persons in rural than in urban areas reported as assisting in gardening and animal husbandry.

The higher proportion of older persons assisting in housework in urban areas can be explained by the urban lifestyle and cost of living. Hired help is more expensive in urban areas. Also nuclear families are more the norm in urban area, and hence it is less common to have younger relatives co-residing in the same household. Moreover, there is an increasing tendency for daughters or/and daughters-in-law who have traditionally been responsible for housework to be having paid jobs.

Section 5: Older Persons in Disaster Situations

On 25 December 2004, an underwater earthquake occurred miles off the west coast of Nanggroe Aceh Darussalam (NAD) province causing a huge Tsunami wave off the west coast of Aceh. It also affected the island of Nias (its west and northern shores) off North Sumatra. The total number of victims affected by the Tsunami was higher than 200,000 in Aceh and several thousands on Nias island.

Photo credit: Yayasan Emong Lansia, Indonesia

Older woman amidst ruins of her house in Yogyakarta earthquake, 2006

One year after the tsunami, a census was conducted to provide a demographic profile of the population in NAD. Out of a total population of 3.97 million, there are 243,000 older persons, that is 6.1 per cent of the total. In all older age groups, there are more women than men. The proportion of women in the older population increases with age: the sex ratio declining gradually from 95 in the age group 60-64 years to 75 in the age group 75 years and over. Feminization of ageing however varies within the island. Out of the four districts in NAD, Aceh Besar has the highest proportion of older women with a sex ratio of 89 while Aceh Jaya has the highest proportion of older men with a sex ratio of 107.

The majority of older persons in NAD live in rural areas (82.1 per cent). Out of the four districts in NAD, in Aceh Jaya 96.3 per cent of older persons live in the rural areas, while in Banda Aceh the entire population is urban.

Most of older persons are married, followed by widowed, divorced and single. The majority of older persons have primary education followed by not completed primary and no schooling. Out of the four districts in NAD, the education distribution followed a similar pattern in all the districts except in Banda Aceh, where the highest proportion have primary education followed by university and senior high education.

Out of a total 160,011 older people living in tents after the tsunami, 790 had had their physical buildings destroyed, while 627 were still able to use their buildings. Aceh Jaya had the highest proportion of older persons living in tents that had their physical buildings destroyed (16.4 per cent). The occupancy status of older person dwelling units was mostly owned (93.8 per cent) followed by parent or family ownership (1.7 per cent) and free occupancy due to displacement (1.5 per cent).

The main source of drinking water of older persons was pump/well followed by spring water and piped water. However, bottled water was ranked third in Banda Aceh (11.4 per cent). The flooring material of older person homes

were mostly cement followed by wood and dirt/soil. However, ceramic flooring was ranked second in Banda Aceh (32.6 per cent). Sanitation facility of older persons was mostly toilet and septic tank followed by pond/river and yard/ bushes/forest. However, pond/river was ranked highest in Aceh Jaya (36.5 per cent) followed in West Aceh (24.4 per cent).

The majority of older persons work status during the week prior to the census was "employment" followed by "outside the labour force" and "available for work". However, there were more older persons who had activity outside the labour force in Banda Aceh (62.4 per cent), mainly in the informal sector post tsunami. The majority of older persons employment status was private entrepreneurship. In Banda Aceh it was equally divided between own account unassisted (37.1 per cent) and employed (34.3 per cent).

Box 4: Older persons' experience

Older persons' could provide knowledge and share experience with younger family members. They stressed the importance of rebuilding village cooperatives, markets, health clinics, and the availability of clean water sources in their villages. In terms of their knowledge and experience in disaster mitigation, many older persons still informed younger family members of their previous experience in disaster preparedness such as recognizing the early natural signs of a tsunami and the exit strategy to higher ground from their present housing location so that, in the case of Afulu (west coast) and Lahewa (east coast) villages, there were many lives that were saved even though their homes were totally destroyed (Abikusno, 2005).

The total number of older Internally Displaced Persons (IDPs) after the Tsunami was 8,450 or 3.48 per cent of the total older population of 242,838. The majority of older IDPs were in the 60-64 age group totaling 3,825, and the rest were in the 75 and older age group totaling 1,085. One year after the Tsunami, the condition in the IDP camps had deteriorated further; the health conditions in particular were bad given people's vulnerabilities living in shelter conditions.

From the four districts/cities affected by the Tsunami, the highest number of refugees (1594) came from Aceh Besar. However, the highest percentage of older IDPs came from Aceh Jaya (34.1 per cent), followed by West Aceh (12.3 per cent), Banda Aceh (10.8 per cent) and Aceh Besar (8.5 per cent). This shows that the hardest hit district of Aceh was Aceh Jaya.

The Tsunami greatly affected the older population in NAD province, especially because people lost members of their families, their homes, and their incomes. The number of older persons suffering from mental problems was 4,000 (47.3 per cent).

In Nias island, older persons were often overlooked by volunteers providing relief for older persons in displacement. Older victims were not personally visited by relief volunteers because they were considered as the members of the displaced extended family unit. Their needs were similar to other family members such as food, clothes, and cash (immediate) as well as housing and seed money (long-term). However, the issue remained whether older persons as individuals had their needs fulfilled within the displaced family unit where relief resources were scare and often prioritized for the young and active members of the family.[31]

In Aceh, HelpAge International (HAI)[32] identified in the current health care policies, services and programmes, various issues related to inadequate data and information on the health status and needs of older people crucial for planning appropriate age-friendly health programmes:

- Limited capacity and knowledge among health providers in government and NGO health programmes on age-specific health problems and treatments in addition to lack of specialist equipment;
- Limited involvement of older people in community-based health initiatives;
- Limited access of older people to existing health facilities and services because of their reduced mobility, the distance and cost of travel, and due to poor coordination; and

- Uncoordinated or insufficient allocation of resources to develop age-friendly and old-age – specific health facilities/services, particularly at the community level.[33]

A 3-month post tsunami follow-up needs assessment suggested the following activities for disaster preparedness and disaster risk reduction on Nias island:[34]

- Development of disaster early warning system at grassroots level especially for coastline areas directly facing the open sea;
- Provision of trauma counselling for displaced older persons who are idle and only remain inactive at home;
- Provision of micro-financing for active displaced older persons to develop subsistent village economy;
- Providing displaced older persons with their own shelter with basic facilities especially for those disabled; and
- Public education of disaster awareness and the importance of living in safer zones as a means to developing local village economy.

Section 6: Policy Responses and Measures

The Government has been cognizant of the demographic situation that has been emerging and initiated steps to address issues relating to population ageing and older persons in the 1990s. In 1993 it issued the Coordinating Minister for People's Welfare Decree which made the Minister for Social Affairs responsible for safeguarding the rights and promoting the status of older persons. The first policy instrument was Law 13 in 1998 on Older Persons Welfare. This section reviews policies and measures introduced since then, highlighting actions taken following Indonesia's endorsement of the Madrid International Plan of Action on Ageing (MIPAA) adopted by the Second World Assembly on Ageing held in Madrid in 2002. It discusses the Laws and Regulations related to ageing, the implementation of national policies and programmes, the part played by other players, and the role of UNFPA and other UN agencies and international organizations.

6.1 Implementing the Madrid Plan of Action

Concern related to population ageing has been reflected in the formation of coalitions in ageing of various stakeholders at the national and regional levels since 1997. These coalitions of stakeholders consisted of government agencies, academia, and older person institutions as well as older person activists. In 1998, the Indonesian Government received a grant to develop a National Plan of Action (NPA) for Older Person Welfare. Population and development research centres in 5 regions in Indonesia representing 5 major ethnic groups namely Batak, Java, Pendalungan, Bali and Bugis were assigned to undertake a study on the social cultural profile of the aged. The objective of this study was to provide a basis for the development of the NPA as well as to develop culturally sensitive education material on Ageing for mostly older persons and younger generations through the use of the social cultural operational research (SCOR) technique.[35]

The current National Plan of Action for Older Person Welfare Guidelines 2003 is version III developed in response to the recommendations of the Second World Assembly on Ageing (Madrid, 2002) and of the Regional Implementation Strategy for the MIPAA developed in Shanghai in 2002. A number of agencies were involved in compiling this document.[36]

In anticipation of the increase in the number and proportion of older persons in Indonesia a document has been complied entitled National Plan of Action (NPA) for Older Persons Welfare Guidelines (2002-2008). This document has been compiled by the Ministry for Coordination of Peoples Welfare with other related sectors including community social organizations concerned with issues related to the older population and supported by international organizations.

The objectives of the NPA 2003 document compilation are: (a) to establish political commitment among policy makers, as well as NGO activists, community leaders and religious leaders in the management of older persons issues; (b) to establish older person informal support that maintains and enforces family and community support of the older population; (c) to establish older persons' formal support through improvement of health and social services including establishment of older persons' social security

system; (d) to strengthen institutional capacities through increasing inter-sectoral cooperation by enforcing operational commitments in older person management; and (e) to establish the role of older persons in issues related to the family, community, nation and state.

The method used to compile the NPA document was a combination of literature study, policy document analysis, in-depth interviews, and a series of workshops.

In applying policy on older population in Indonesia it is important to work through integrated community-based policy approaches combined with formal and informal support encompassing family, community, government, and the private sector as well as independent older persons.

Seven strategic steps were formulated to improve the welfare of the older population: (i) formation and strengthening of older person institutions; (ii) strengthening coordination between related institutions; (iii) strengthening the management of poor, neglected, disabled and victimized older persons; (iv) maintaining and strengthening family and community support of the aged; (v) reinforcing older persons health services; (vi) increasing older person quality of life both economic, mental, religious, and self-actualization; and (vii) increasing availability of special facilities for older people.

Several programmes and plans incorporated in the NPA have been formulated in the form of main programmes and supporting programmes. Each main and supporting programme has been elaborated into specific individual programmes.

6.2 Laws and regulations related to ageing

Since the enactment of Law No. 13/1998 on Older Person Welfare up to the present Presidential Decree 93/M/2005 on the Appointment and Membership of the National Commission for Older Persons (2005-2008), there has been a set of Laws and Regulations specifically enacted to address matters related to the older population of Indonesia. These laws and regulations are the following:

UU No. 13/1998 tentang Kesejahteraan Lanjut Usia [Law No. 13/1998 on Older Person Welfare]. This Law contains chapters on General Stipulation; Principles; Direction and Objective; Rights and Obligations; Tasks and Responsibilities; Empowerment; Implementation; Community Participation; Coordination; Criminal Stipulation and Administrative Sanction for mismanagement of programmes for older people.; Transitional Stipulation; and Closing Stipulation.

UU No. 39/1999 tentang Hak Azasi Manusia [Law No. 39/1999 on Human Rights]. This Law has become the foundation of policy and programme related to Ageing in line with the Principles of Older Persons issued by the United Nations in 1998. These principles are independence, participation, care, self fulfillment, and dignity.

PP No. 43/2004 tentang Perlaksanaan Upaya Peningkatan Kesejahteraan Sosial Lanjut Usia [Government Regulation No. 43/2004 on Older Person Welfare Improvement Efforts]. This regulation contains articles on General Stipulation; Implementation of Older Person Welfare Improvement Efforts; Award; and Closing Stipulation. The article on Implementation contains parts on General Stipulation; Religious and Mental Spiritual Services; Health Services; Work Opportunity Services; Education and Training Services; Access to General Facilities and Infrastructure Services such as public facilities, general infrastructure such as accessibility to public buildings, public roads, parks and recreational areas, and public transportation; Legal Services and Assistance; Social Protection; and Social Assistance.

Keppres 52/2004 tentang Pembentukan Komnas/ Komda [Presidential Decree 52/2004 on Formation of National/Regional Commission]. This Decree contains articles on Formation; Task; Organization; Appointment and Resignation; Work Mechanism; Budgeting; as well as Regional Commission and District/City Commission.

Keppres 93/M/2005 tentang Keanggotaan Komisi Nasional Lanjut Usia [Presidential Decree 93/M/

2005 on Appointment and Membership of National Commission for Older Persons period 2005-2008]. The document contains the names of members in the national commission for older persons representing the government and the public. The next period of the national commission membership will be based on members elected by the present members of the Commission. This means that the Commission will maintain its independence and will be accountable not only to the government but also to its constituents in the Commission.[37]

The National Commission for Older Persons (Komisi Nasional Lanjut Usia abbreviated Komnas Lansia) has formed several working groups to facilitate and monitor implementation of Pedoman Rencana Aksi Nasional untuk Kesejahteraan Lanjut Usia. [National Plan of Action for Older Person Welfare Guidelines] These working groups formed during the inaugural year of the Commission were focused on: (1) analysis of present Laws and Regulations related to Ageing that include all related government sectors; (2) review of policy implementation related to ageing focused on those provinces of Java island where the proportion of older persons in population was high; (3) mapping of older persons in the 33 provinces in Indonesia, as well as older homes and social organizations related to the older population; and (4) developing a website to communicate and cooperate with all related parties concerned with the older population in Indonesia, both domestic and overseas. The website address of the Commission is http://komnaslansia.or.id

As stated in the Presidential Decree 52/2004 on Formation of National/Regional Commissions for Older Persons, the Commission has the following tasks: (a) assisting the President in coordinating the improvement of older person social welfare initiatives; and (b) providing recommendations to the President in developing policy on improvement of older person social welfare. In implementing its tasks as stated above, Komnas Lansia can cooperate with government agencies, social organizations, experts, international organizations and/other related parties. The Report on task implementation is submitted by Komnas Lansia to the President routinely or whenever it is needed.

6.3 Analysis of laws and regulations on ageing

The working group recommended priority reviews be made for the four following laws: Law No. 13/98 on Older Person Welfare, Law No. 23/92 on Health, Law No. 39/99 on Human Rights, and Law No. 40/04 on National Social Security System.

Law No. 13/98 on Older Person Welfare/Ageing

The Law on Ageing, of 1998, provides a definition of ageing, and spells out the social and health services older people have a right to. The Law also established the National Commission on Older People.

The main issue relating to this law is that it is not implemented in practice: older people frequently have no access to the services outline in the law. Furthermore, the decentralization process created some discrepancies between national and regional law. Further, there is no provision on older persons in emergency situations, although older people are among the most vulnerable in these situations. Sanctions in the Law are only limited to deviations in the provision of health discounts and social protection for neglected older persons.

Law No. 23/92 on Health

The 1992 Indonesian Law on Health was passed during a politically and socio-economically turbulent time, and analysts point out today that the law was unable to anticipate the pace and nature of developments in the health and social sectors. For this reason, the Law on Health, which essentially outlines the country's health services at its various levels, as well as encompassing the pharmaceutical sector, has made less of an impact on community health management than what was hoped. Provisions for older persons' health should be much more explicitly stated in the Law; currently there is no specific focus on older persons. Directives on age-friendly health services for older people should also be elaborated.

Law No. 39/99 on Human Rights

The Law on Human Rights encompasses the broad base of Indonesian citizens' basic individual rights, and the Government's obligations in fulfilling these. Based on international conventions and statutes, the law itself is deemed to be well developed; the problem, as ever, lies in its implementation. With regards to older persons, the main weakness of the law is that it groups older persons together with women, children, and other vulnerable groups. As older persons have specific needs, this grouping together overlooks some fundamental rights of older persons.

Law No. 40/04 on National Social Security System

The Law on National Social Security was passed in May 2004 to help create a comprehensive national security system to better protect the Indonesia pension sector. However, several obstacles remain regarding the exact institutional arrangements and the long-term financial and social impacts of the future national social security structure. In particular, the law fails to be sufficiently clear on transparency and accountability issues when it comes to implementation. There is currently a debate ongoing in Indonesia about the best way of financing social security entitlements

6.4 Assessment of implementation of national policies and programmes[38]

Many institutions have not been socialized on Laws related to Ageing, except for Social Services, and the local Regional Government Social Welfare Bureau. Meanwhile Health Services received socialization only on management of older population in primary health care.[39]

Several government agencies have implemented efforts to improve older person welfare such as health, social affairs, public works (for new buildings), even though this agency has not received official socialization on efforts to improve older person welfare. Family planning agency conducted older person guidance programmes. However, these activities are gradually diminishing due to it formerly being a centralized programme. Presently, regional autonomy policy allows the provincial government less influence over the district/city governments to adopt these programmes. All programmes at this level have to be approved by the local parliament through local legislature for its implementation and funding.

Services provided for older persons welfare are: (1) Health services in the health centre that are provided on designated days (some have already provided special counters for older persons). The health services have also published Guidelines for older person health services in the health centre (age-friendly primary health service); (2) Social protection and assistance is limited in number, and provided to 450 frail elderly in the sum of USD 34 per person per month. Presently this programme has been extended to include more disadvantaged older persons; (3) Despite compulsory installation of railing in public restrooms/toilets of new stations, only a few facilities are equipped with railing in central Java; (4) Family planning service provided guidance to older person families (*Bina Keluarga Lansia*); and (5) The Governor of East Java had circulated a letter number 460/7410/2005 on the establishment of *Karang Wreda* (older person groups/associations) at the village/sub-district level on August 8th 2005 directed to all Regents/Mayors to implement/establish these institutions under their jurisdiction.

In general, various social organizations and groups concerned with older persons have implemented various activities related to efforts to improve older persons welfare. However, these organizations/groups are not aware of the existence of Laws and Government Regulations that have been issued by the Government. Thus, the activities that have been implemented are usually integrated with various social activities related to the needs of the local community such as religious activities, physical exercise, and potluck/social gatherings. The majority of these activities are held on specific occasions, such as on the commemoration of local government day, National Independence Day, or commemoration of a company's day. However, there are also activities organized every month. Health activities are conducted in cooperation with the local health centre or with individual physicians concerned with older people health care.

Agencies also assign units within their organizations to provide guidance to older persons namely social, health and within the Provincial government agencies. Agencies that organized activities in efforts to improve older persons welfare are the social, health, social welfare bureau, and family planning, that have specific budget on efforts to improve older persons welfare or older persons guidance.

Assistance provided to older persons was in the form of: (1) Health services (*Puskesmas Santun Lansia*); (2) In Jakarta, 105 Family Assistance Centres (Pusat Santunan Keluarga acronym PUSAKA) are community initiatives at the neighborhood level to provide daily meals for disadvantaged elderly; and (3) Working capital in the form of work instruments are provided based on older persons interest/expertise by social affairs and national family planning body.

Social organizations and community groups concerned with and implementing efforts to improve older persons welfare exist at the village level in the form of: (1) Foundations (community); (2) Nursing homes (government and private/ community); (3) Older Person Family Guidance (National Family Planning Body); and (4) Older person groups/associations (community-based).

Each Province has a social home managed by both the Government and private sector/community. Those managed by the Government receive funding from both National and Regional Income and Expenditure Budget (APBN and APBD). Those managed by the private sector/community receive funding from outside sources/donors, such as *Dharmais*,[40] and local companies.

Institutions for older persons development have been established in several provinces in Indonesia. These institutions aim to assist the implementation of policies and programmes at the regional area levels with local government.[41]

Efforts to improve the welfare of older persons are at times constrained by the attitude of government officials, the population at large and even older persons themselves.

(a) Attitude of the government

The Government's view tends to be that older persons are not productive, that they are a burden, and hence they are not given special attention in the budget. Regional autonomy is also a major obstacle because Central government agencies where Ageing policy and programmes have been initiated can no longer directly instruct officials at a lower tier especially District/City levels. For example, transportation services cannot instruct the public transportation organization and private companies to provide obligatory free transport for older persons.

(b) General attitude

"What is the use of taking care of older persons? They have only a short life to live!" This attitude reflects the prevailing negative image of ageing that the general public has on older persons that are considered as frail, sick and demented.

(c) Attitude of older persons

The majority of older persons express pessimism and feel vulnerable. Their only goal in their remaining life is to lead a secluded and quiet life. All these views do not support efforts to improve the welfare of older persons. However, there are some older persons who adopt a positive view. They refuse to be considered weak/frail, they still want to show their potential, and do not want any charity.

6.5 Role of civil society

Older persons programmes and activities are mostly initiated by the Government. However, similar activities have also been initiated by NGOs or social organizations at the community level. Several community organizations have formed social homes that are managed and funded by the community. The private sector or community manages 55.5 per cent or 86 social homes of 157 social homes. Data from Social Affairs showed that there are at least 438 social organizations working in the field of older population. These consist of 357 non-institutional NGOs and 81 institutional nursing homes.[42]

Several NGOs such as the Indonesian Veteran Legion (LVRI), Armed Forces Retirees (Pepabri) and Civil Servant Retirees (PWRI) have been organized by retirees and well-educated older persons. In 1985, Indonesia Gerontology Association (Pergeri) was founded. This is an NGO in the field of older population, noted for its various activities. Pergeri similarly to PWRI and Pepabri has offices in all parts of Indonesia. The Older Person Welfare Institute (LKLU) was sanctioned by Social Affairs in 1998. It has been declared as the Older Person Institute (LLI) from 29th May 2000.

There is large support from the community through NGOs and social organizations in various activities relating to the older population that may require further development in the future. Centre for Family Assistance, or Pusat Santunan Keluarga (PUSAKA) is a social welfare organization that organizes older persons social services for the poor or neglected through a non-nursing home system. It is community based at the neighbourhood level in Jakarta. In 2003, there were 106 community-based home care centres operating in Jakarta.

Recently, the Republic of Korea through HelpAge Korea and ASEAN initiated the community-based home care project in 9 ASEAN countries including Indonesia where Yayasan Emong Lansia (YEL) was awarded a grant to organize this activity in the peri-urban area of Tegal Alur with support from the local regent and women's organization (PKK). This was a 3-year project and another 3 years funding was awarded to YEL (Yayasan Emong Lansia), extending its activities to include not only Jakarta but also Jogjakarta and Aceh.

Based on impact evaluation of the home care project, Indonesia was selected together with 2 other ASEAN countries for extension of the project. In Indonesia this project has been awarded to YEL in cooperation with the National Training Centre on Ageing that provided training for volunteers recruited in the project.[43]

Box 5: Home care programme

Results of the SWOT analysis of the community–based home care programme tended to focus on the following solutions: (1) Coordination of home care programme at the national and regional level facilitated by the National and Regional commissions; (2) Duplication of home care programme done by various stakeholders both government and community provided that they are equipped with guides and technical guidelines recommended by a national or regional authoritative body; and (3) For volunteers who decide to continue in providing home care as a career could be facilitated to increase their professional skills through certification by an authorized accreditation body (Abikusno, 2006).

The obstacles encountered in the community-based home care programme were the following: (i) wide variations in the needs of the bedridden elderly which increased with advances in age and disability; (ii) low accessibility of frail elderly to home care services; and (iii) limited infrastructure and supporting instrumentation of homecare services. Evaluation of the homecare programme showed that: (i) it was greatly needed by the community and should be developed in more areas in Indonesia; (ii) the home care programme was in line with the basic culture of the Indonesian people who preferred to take care of their elderly in the home rather than shift them to nursing homes; (iii) it was also appropriate to be developed in disaster situations such as in the case of Aceh; (iv) participation of the private sector is needed to expand the scope of this programme; and (v) home care has been legalized by the Minister of social affairs decree No. 67/HUK/2006.[44]

6.6 Role of international organizations

Among International organizations, UNFPA has been the only one in being involved to date in the ageing issue in Indonesia. UNFPA gave a grant to the Indonesian Government to develop a National Plan of Action, initially to support family and

community initiatives for the aged (NPA version I, 1998), for older person welfare (NPA version II, 2000) and post Madrid International Plan of Action on Ageing (MIPAA) for older person welfare guidelines (NPA version III, 2003). The latter was facilitated by UNESCAP and HelpAge International. Meanwhile HelpAge International conducted training courses on Ageing for NGOs since 2000, through its partner in Indonesia, YEL. UNESCAP facilitated the country review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA) since 2005, and conducted an expert group meeting in Bangkok on the review and appraisal of MIPAA where experts from Indonesia were included.

One year after the tsunami in Aceh, UNFPA funded a Post-Tsunami Population Census in Aceh and Nias, carried out by BPS. Interestingly, in spite of the difficult circumstances – post-tsunami and internal conflict in the province – this census has been considered very successful. Based on the Census, a UNFPA supported publication entitled "Analysis of the Aged Population in Nanggroe Aceh Darussalam" was prepared by BPS Statistics Indonesia. UNFPA also funded the National Development Planning Board together with BPS Statistics Indonesia, in conducting and publishing a document on the Indonesian Population projections between 2000-2025. Based on this publication, an analysis of the ageing population by province has been made available. These projections, also used in this study, are being used to improve the understanding of the ageing situation in the country.

UNFPA recognizes the increasing importance of population ageing in Indonesia and it is expected that its support for ageing-related activities in Indonesia will increase under the next cycles of assistance. At the High-Level Meeting organized by the United Nations Economic and Social Commission for Asia and the Pacific in Macao, China to review the implementation of the MIPAA in the region, UNFPA identified Indonesia as one of the countries where population ageing would call for increasing attention.[45]

Section 7: Recommendations

Dealing with ageing issues requires the involvement of not only government agencies but all stakeholders concerned with issues of the aged.

7.1 General recommendations

Ageing begins at the time of conception and ends at the time of death. Thus mainstreaming ageing in society to achieve the goals of a society for all ages and to encourage an understanding of the basic concepts of ageing, should begin early in an individual's education, both formal and informal, based on the life cycle approach. In practice, the age friendly approach should be integrated into Government policy and programme at all levels of government namely central, regional, provincial or local levels.

The image of negative stereotyping of older persons (ageism) should be balanced by more positive images of active ageing. Public messages on active ageing should be broadcast by television and radio as part of social corporate responsibility to be contributed to the general society. Role models of active older persons in various walks of life should be exposed to provide local wisdom, knowledge and experience to the younger generation. Older people who have pioneered in various fields of public service should be showcased to share their wisdom, knowledge and experience especially in the social cultural fields such as traditional medicine, traditional cosmetics, independence war veterans to espouse values of bravery and nationalism, traditional arts and crafts, and many more related fields.

Considering that 3 out of the 4 largest older populations are in the Asia region namely China, India and Indonesia, greater cooperation should be encouraged between the ageing societies of these three large ageing populations. In this case, UNFPA as the main United Nations organization concerned with population and development[46] should, in collaboration with UNESCAP,[47] take the lead in initiating and facilitating this discourse on ageing between countries with a large number of aged people as well those countries with an emerging aged population in the world in general and Asia specifically.

7.2 Mainstreaming ageing into development

The social economic condition of older persons in general is still low, more so in rural than in urban areas, although the health condition of older persons is relatively good. Hence, more community-based income generating initiatives should be made available especially for poor and disadvantaged older persons in the rural and poor urban areas.

Family assistance given to older persons is still limited, as well as older persons welfare provided by the general community and government is still low. Government at all levels, particularly in provinces where the proportion of older persons is relatively higher, should provide tax incentives for businesses to provide good corporate responsibility initiatives for active older persons in the community.

The proportion of older people working is quite high (70-80 per cent), most commonly in agriculture and in the informal sectors due to low education. Thus income generating activities for the poor and disadvantaged elderly should be made available so that they may remain active and contribute to development programmes at the local level.

The psycho-social condition of older persons is relatively good. However, age-friendly environments have not been developed. Thus priority should be given to develop age friendly environments especially in areas with large older populations.

Accessibility of health services is quite good, while accessibility of public services is still limited. Thus it is important to maintain the accessibility of older person health services at the highest level and improve the existing public service to support older person accessibility to public facilities.

Public attitudes and participation in activities in general is good. However, programmes to include older people in development are still uncommon. Thus, the mainstreaming of ageing into development programmes and the social inclusion of older persons should always be given priority to ensure the realization of a society for all ages.

7.3 Reviewing laws on ageing

In general Law No. 13/98 on Older Person Welfare is still normative and not implemented in areas where: (1) several Articles require modification (systematic, scope, definition, etc.); (2) the use of terminology is not fair and difficult to implement (potential/non potential) and it should not be discriminatory; (3) there are many regulations not implemented due to restrictions in the regional autonomy policy that requires authorization based on deliberation and consensus by the regional parliament to approve its budget allocation; (4) no provision is provided for older persons in emergency situations such as natural disaster, conflict, epidemics, etc.; and (5) sanctions only limited to health discounts and social protection for neglected older persons that further should be more diversified in order to be complied by various related stakeholders concerned with ageing issues.

In Law No. 39/99 on Human Rights, women, children and elderly are still grouped together in one Article. However, considering the growing numbers of older persons in Indonesia, and the increasing magnitude of problems related to ageing issues, the rights and obligations of older persons should be stated in separate Articles on its rules and regulation.

In Law No. 23/92 on Health Articles related to ageing issues should be explicitly stated and focused on directives of age-friendly health services for older people.

In Law No. 40/2004 on National Social Security System, no Article on Social Security for Older Persons exists. Further, there are several regulations overlapping between Social Affairs and other Departments related to social security for older persons.

7.4 Specific policy measures

- Statistical data should be available on older population disaggregated by age group and gender at all levels of government administration especially at the local district/city levels.
- Budget should be allocated for advocacy and socialization of ageing issues in particular at the local and district/city levels.
- Central government agencies should have budget for developing technical guidelines in their respective agencies on ageing issues.
- To accommodate inter-sectoral coordination and implementation of ageing programme, sectoral representatives should be appointed from the same echelon preferably with decision-making authority.
- The representatives of the national/regional/district/city commission should ensure that policies on ageing be implemented in the spirit of pro-ageing initiatives and consistent with the existing laws and regulations on ageing.
- Socialization of policy and regulations on ageing should be done at all levels of government from the central to the local level.
- Intersectoral management of ageing issues should be facilitated by the development of working groups at the national/regional/district/city commission levels.
- Priority should be given by age-structured provincial governments for the establishment of regional/district/city commissions based on regional laws and regulations on ageing.
- Government should facilitate community-based initiatives to increase the coverage of older person welfare programmes.

Endnotes

1 The cut off age for the definition of older persons is internationally accepted as 60 years, and was endorsed by the Second World Assembly on Ageing held in Madrid in 2002. However, countries are free to set any cut off date for purposes of their national policies and programmes.

2 Kinsella & Phillips (2005).

3 IDRC (2005).

4 Shiffman (2004).

5 Mujahid (2006).

6 BPS (2004a).

7 Skeldon (2001).

8 Mujahid (2006).

9 Indonesia was divided into 30 provinces at the time of the 2000 census. Three new provinces have since been demarcated – Riau Islands, West Papua and West Sulawesi.

10 The other five provinces were Jakarta, West Java, Central Java, East Java and Bali.

11 Arifin & Ananta (2004).

12 Mujahid (2006).

13 Rahardjo (2005).

14 Knodel et al. (2007).

15 Landefeld, et al. (2004).

16 Comprehensive analysis was done in eight southern and eastern Asian countries including Indonesia, Ofstedal et al. (2004).

17 Qualitative case studies were done on elderly parents and their adult children in urban and rural areas of Javanese and Batak Karo ethnicity, Beard & Kunharibowo (2001).

18 Arifin, E.N. (2006).

19 Frankenberg et al. (2002).

20 Cameron (2000).

21 Nugroho (2004).

22 Results of the study on current situation in 33 provinces in Indonesia from the working group of the National Commission for Older Persons, Republic of Indonesia, 2006.

23 Data available from three countries – Indonesia, Thailand and Viet Nam – cited in HAI (2007) shows the proportion of older persons in poverty to be much higher than that of those below age 60 years.

24 BPS (1998) as cited in Abikusno (2003).

25 BPS (2004a).

26 Deconcentration is funds by the central government to the regional government to promote central government initiatives such as social protection for disadvantanged elderly. It is temporary and it will terminate when the regional government has provided their own regional budget for this activity through regional legislature. PUSAKA (Pusat Santunan Keluarga or Center for Family Support) is a community-based movement of women groups in the community of Jakarta established since the mid 70s that provides meals on wheels for disadvantaged elderly in their community. There are more than 90 PUSAKAs dispersed in neighborhoods in metropolitan Jakarta and some neigborhood areas in west Java.

27 Soeweno (2007).

28 There is a need for age-friendly infrastructure as a population ages. In its 2006 Annual Report, the National Commission for Older persons conducted an in-depth interview with various agencies related to older persons accessibility based on the Law in the 33 provinces in Indonesia. NCOP (2006).

29 Subiyantoro (2002).

30 NCOP (2006).

31 A needs assessment was conducted three months post-tsunami in Nias Island. It was based on in-depth interviews with older persons where some were also disabled. Abikusno (2005).

32 HAI (2006a).

33 In the rehabilitation and rebuilding process of Aceh, HelpAge International (HAI) has made three issues for older persons in displacement its major priorities, namely: (1) health, (2) social protection, and (3) participation of older persons through older persons associations in the development process. HAI (2006).

34 InResAge has conducted several studies in Nias Island, an often forgotten area, which also suffered from the impact of the tsunami. Many also died in Nias, but less than in Aceh, where 200,000 perished.

35 As a result of the study, Indonesia Research on Ageing Population Network was formed, and its membership is institutional as well as individual. Presently, it encompasses research centres in Jakarta, Medan, Jogjakarta, Surabaya, Denpasar and Makassar.

36 Government agencies involved in ageing issues in Indonesia were the Ministries of Peoples Welfare, Social Affairs, Health, Manpower, Education, Religious Affairs, Internal Affairs, Housing and Infrastructure, Finance, Industry and Commerce, Transportation, Sea and Fishery, Cooperative and Small to Medium Enterprises, Agriculture and Forestry, Women's Empowerment, Justice and Human Rights, Family Planning, Communication and Information, Environmental Affairs, and the Central Statistics Body.

37 There are 25 members. The government is represented by 15 members (60 per cent) consisting of 3 from the Ministry of Social Affairs and one each from the Ministries of Health, Law and Human Rights, Family Planning, Manpower and Transmigration, Education, Religious Affairs, Public Works, Women's Empowerment, Culture and Tourism, Transportation, Internal Affairs, and the Coordinating Ministry of People's Welfare. The public is represented by 10 members (40 per cent) consisting of older person institutions, academia, and private sector including business and mass media.

38 The assessment is based on a survey conducted by a working group set up by the National Commission for Older Persons and reported to the President in its Annual Report. NCOP (2006).

39 The relevant laws were: Law Number 13, 1998, on Older Person Welfare; Government Regulation Number 43, 2004, on Implementation of Efforts to Improve Older Persons Welfare; and the Republic of Indonesia Presidential Decree Number 52, 2004, on the National Commission for Older Persons.

40 *Dharmais* is a social foundation established by the former president Soeharto 32 years ago. The foundation provides support to thousands of orphanages and elder homes, provides free cataract operations, and supports patients with thalasemia (website: http://www.dharmais.com).

41 Central Java and Jogjakarta have already established a Regional Commission for Older Persons (2007). East Java has drafted the membership of its Regional Commission for Older Persons and is at the stage of deliberation, waiting for the issuance of the Regional Regulation on Older Persons Welfare by the Local Government. West Java and Jakarta are in the preparatory stage of establishing a Regional Commission of Older Persons namely through a communication forum that has been established consisting of various agencies, NGOs and professionals. Members of this forum have been requested to nominate representatives for the Regional Commission for Older Persons.

42 Abikusno (2003).

43 At the end of the initial phase of the pilot study, a qualitative evaluation was done on various stakeholders of the home care programme, namely older people, volunteers, family care givers, community and government. The areas of evaluation were: (1) familiarity, (2) acceptability, (3) favorability, (4) importance, and (5) influence. Scoring ranged from 1 to 4, where 3.85 was the cut off for very satisfactory. In each category filled out by stakeholders, the scores were above 3.6.

44 Sabdono (2007).

45 "Countries where population ageing is expected to receive increased priority in UNFPA Country Programmes are, among others, China, India, Indonesia, Mongolia, Myanmar, Sri Lanka and Thailand.", Mujahid & Pawliczko (2007).

46 For a concise review of UNFPA's assistance to countries in Asia and the Pacific in addressing ageing-related issues and the implementation of the MIPAA, see Mujahid & Pawliczko (2007).

47 As the Regional Commission for Asia and the Pacific, UNESCAP is the designated coordinator of all UN activities related to populatin ageing.

Statistical Annex

Table A-1

Population of Indonesia by Broad Age Groups: 1950-2050 (thousands)

	0-14 year		15-59 years		60+ years		80+ years		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1950	15,177	15,980	21,877	21,553	2,402	2,551	128	148	39,456	40,084
1955	16,639	16,951	23,984	23,925	2,360	2,588	135	166	42,983	43,464
1960	19,304	19,055	26,122	26,428	2,372	2,651	142	177	47,798	48,134
1965	22,737	22,002	28,234	28,775	2,540	2,906	148	194	53,511	53,683
1970	25,973	25,138	31,387	31,772	2,918	3,345	160	212	60,278	60,255
1975	28,744	27,831	35,655	35,895	3,383	3,872	173	239	67,782	67,598
1980	31,073	30,068	40,844	40,907	3,826	4,388	190	268	75,743	75,363
1985	32,669	31,672	46,805	46,761	4,409	5,033	229	333	83,883	83,466
1990	33,255	32,235	53,124	52,952	5,251	6,027	293	425	91,630	91,214
1995	33,133	32,094	59,501	59,143	6,245	7,291	365	525	98,879	98,528
2000	32,663	31,550	65,812	65,431	7,420	8,818	450	651	105,895	105,799
2005	32,657	31,489	71,758	71,291	8,538	10,332	569	808	112,953	113,112
2010	32,533	31,338	77,396	76,901	9,654	11,775	743	1,073	119,583	120,014
2015	31,949	30,750	81,947	81,726	11,505	13,689	941	1,409	125,401	126,165
2020	30,545	29,372	85,770	85,586	14,110	16,486	1,165	1,828	130,425	131,444
2025	29,315	28,142	88,415	88,190	17,182	19,983	1,354	2,290	134,912	136,315
2030	28,610	27,409	89,649	89,256	20,634	24,108	1,556	2,762	138,893	140,773
2035	28,416	27,170	89,595	88,876	24,142	28,565	2,025	3,518	142,153	144,611
2040	28,103	26,828	88,905	87,759	27,462	33,003	2,671	4,681	144,470	147,590
2045	27,439	26,170	87,792	86,208	30,620	37,172	3,432	6,047	145,851	149,550
2050	26,561	25,321	86,654	84,754	33,156	40,440	4,299	7,584	146,371	150,515

Source: UNDESA (2007b)

Table A-2

Indicators of Fertility and Mortality: 1950-2050

	TFR	Births (000)	Life expectancy at birth (years)		
			Total	Male	Female
1950–1955	5.5	3,547	37.5	36.9	38.1
1955–1960	5.7	4,107	39.9	39.2	40.7
1960–1965	5.6	4,470	42.5	41.7	43.4
1965–1970	5.6	4,795	46.0	45.0	47.0
1970–1975	5.3	5,009	49.2	48.0	50.5
1975–1980	4.7	5,075	52.7	51.5	54.0
1980–1985	4.1	5,057	56.2	54.5	58.0
1985–1990	3.4	4,797	60.1	58.5	62.0
1990–1995	2.9	4,625	62.7	61.1	64.5
1995–2000	2.6	4,499	66.0	64.2	67.9
2000–2005	2.4	4,523	68.6	66.7	70.5
2005–2010	2.2	4,360	70.7	68.7	72.7
2010–2015	2.0	4,118	72.2	70.2	74.3
2015–2020	1.9	3,857	73.6	71.4	75.7
2020–2025	1.9	3,795	74.7	72.5	76.9
2025–2030	1.9	3,783	75.7	73.5	77.9
2030–2035	1.9	3,741	76.5	74.3	78.7
2035–2040	1.9	3,639	77.2	75.0	79.5
2040–2045	1.9	3,500	78.0	75.7	80.2
2045–2050	1.9	3,380	78.6	76.4	80.8

Source: UNDESA (2007b)

Table A-3

Indicators of Age Structure

Year	Dependency Ratio			Ageing Index	Median Age	Potential Support Ratio	Parent Support Ratio
	Total	Child	Old-age				
1950	75.8	68.9	7.0	15.9	20.0	14.4	1.12
1955	73.9	67.6	6.4	14.7	20.2	15.7	1.06
1960	76.5	70.6	5.9	13.1	20.0	16.9	1.09
1965	81.3	75.7	5.6	12.2	19.5	17.8	1.04
1970	83.5	77.8	5.7	12.3	18.9	17.6	1.06
1975	82.0	76.0	5.9	12.8	18.9	16.9	1.08
1980	78.3	72.1	6.1	13.4	19.4	16.3	1.07
1985	72.4	66.3	6.1	14.7	20.3	16.3	1.02
1990	65.6	59.3	6.3	17.2	21.7	16.0	1.08
1995	59.5	52.7	6.8	20.8	23.2	14.8	1.28
2000	54.3	46.8	7.5	25.3	24.8	13.3	1.57
2005	51.3	42.9	8.3	29.4	26.5	12.0	1.73
2010	48.7	39.6	9.0	33.6	28.2	11.1	1.84
2015	46.0	36.4	9.6	40.2	30.1	10.4	2.06
2020	43.7	32.9	10.8	51.1	32.0	9.2	2.35
2025	43.2	30.3	12.9	64.7	33.8	7.8	2.77
2030	44.4	28.9	15.5	79.9	35.4	6.5	3.16
2035	47.2	28.5	18.6	94.8	37.0	5.4	3.58
2040	50.3	28.3	22.0	110.1	38.4	4.5	4.61
2045	53.4	27.8	25.5	126.5	39.8	3.9	6.32
2050	56.4	27.3	29.0	141.8	41.1	3.4	8.40

Source: UNDESA (2007b)

Table A-4

Total Population by Province: 2000-2025 (thousands)

	2000	2005	2010	2015	2020	2025
Aceh	3,929.3	4,037.9	4,112.2	4,166.3	4,196.5	4,196.3
Bali	3,150.0	3,378.5	3,596.7	3,792.6	3,967.7	4,122.1
Bangka Belitung	900.0	971.5	1,044.7	1,116.4	1,183.0	1,240.0
Banten	8,098.1	9,309.0	10,661.1	12,140.0	13,717.6	15,343.5
Bengkulu	1,455.5	1,617.4	1,784.5	1,955.4	2,125.8	2,291.6
Central Java	31,223.0	31,887.2	32,451.6	32,882.7	33,138.9	33,512.8
Central Kalimantan	1,855.6	2,137.9	2,439.9	2,757.2	3,085.8	3,414.4
Central Sulawesi	2,176.0	2,404.0	2,640.5	2,884.2	3,131.2	3,372.2
East Java	34,766.0	35,550.4	36,269.5	36,840.4	37,183.0	37,194.5
East Kalimantan	2,451.9	2,810.9	3,191.0	3,587.9	3,995.6	4,400.4
East Nusa Tenggara	3,823.1	4,127.3	4,417.6	4,894.9	4,957.6	5,194.8
Gorontalo	833.5	872.3	906.9	937.5	962.4	979.4
Jakarta	8,361.0	8,699.6	8,981.2	9,168.5	9,262.6	9,259.9
Jambi	2,407.2	2,657.3	2,911.7	3,164.8	3,409.0	3,636.8
Jogjakarta	3,121.1	3,280.2	3,439.0	3,580.3	3,694.7	3,776.5
Lampung	6,730.8	7,291.3	7,843.0	8,377.4	8,881.0	9,330.0
Maluku	1,166.3	1,266.2	1,369.4	1,478.3	1,589.7	1,698.8
North Maluku	815.1	890.2	969.5	1,052.7	1,135.5	1,215.2
North Sulawesi	2,000.9	2,141.9	2,277.2	2,402.8	2,517.2	2,615.5
North Sumatra	11,642.6	12,452.8	13,217.6	13,923.6	14,549.6	15,059.3
Papua	2,213.8	2,518.3	2,819.9	3,119.5	3,410.8	3,682.5
Riau	4,948.0	6,108.4	7,469.4	8,997.7	10,692.8	12,571.3
South Kalimantan	2,984.0	3,240.1	3,503.3	3,767.8	4,023.9	4,258.0
South Sulawesi	8,050.8	8,493.7	8,926.6	9,339.8	9,715.1	10,023.6
South Sumatra	6,210.8	6,755.9	7,306.3	7,840.1	8,369.6	8,875.8
Southeast Sulawesi	1,820.3	2,085.9	2,363.9	2,653.0	2,949.6	3,246.5
West Java	35,724.0	39,066.7	42,555.3	46,073.8	49,512.1	52,740.8
West Kalimantan	4,016.2	4,394.3	4,771.5	5,142.5	5,493.8	5,809.1
West Nusa Tenggara	4,008.6	4,355.5	4,701.1	5,040.8	5,367.7	5,671.6
West Sumatra	4,248.5	4,402.1	4,535.3	4,893.4	4,785.4	4,846.0

Source: BAPPENAS (2005)

Table A-5

Population Aged 60 Years and over by Province: 2000-2025 (thousands)

Province	2000	2005	2010	2015	2020	2025
Aceh	214.1	253.8	290.4	330.6	385.3	461.0
Bali	278.6	314.6	364.0	432.3	523.9	638.9
Bangka Belitung	52.5	60.3	74.0	96.1	124.6	155.4
Banten	432.0	471.7	559.4	730.4	1,006.3	1,393.4
Bengkulu	72.5	83.6	101.7	133.6	184.7	250.1
Central Java	2,974.1	3,216.4	3,530.9	4,052.6	4,795.3	5,628.2
Central Kalimantan	72.8	91.8	122.1	169.3	244.0	342.8
Central Sulawesi	105.1	127.5	162.1	211.0	278.6	362.2
East Java	3,322.2	3,650.1	4,116.7	4,860.2	5,897.5	7,068.2
East Kalimantan	85.2	111.5	155.5	227.4	328.1	458.2
East Nusa Tenggara	257.9	291.5	335.0	393.6	476.9	576.0
Gorontalo	43.5	52.0	64.7	81.1	101.0	123.7
Jakarta	336.1	424.2	547.7	709.7	903.5	1,113.0
Jambi	114.5	136.8	170.3	222.3	298.0	388.9
Jogjakarta	398.2	422.0	451.1	502.6	578.0	668.0
Lampung	399.5	458.0	548.6	690.0	894.5	1,143.4
Maluku	70.5	77.2	89.0	108.6	136.8	170.2
North Maluku	36.3	41.7	51.2	65.5	85.5	110.0
North Sulawesi	154.1	176.8	213.7	270.7	342.1	421.4
North Sumatra	637.1	728.7	864.3	1,094.6	1,411.4	1,758.3
Papua	44.6	65.5	103.4	162.9	250.1	366.4
Riau	178.1	232.0	311.5	438.4	632.0	903.9
South Kalimantan	161.5	188.2	229.5	291.8	385.2	499.0
South Sulawesi	554.3	624.1	728.7	865.5	1,043.2	1,249.3
South Sumatra	316.9	370.4	451.0	578.4	759.7	970.1
Southeast. Sulawesi	84.8	103.7	132.1	173.7	231.6	306.3
West Java	2,465.9	2,777.7	3,267.6	4,039.8	5,152.6	6,515.5
West Kalimantan	186.3	229.8	290.4	371.7	479.5	604.1
West Nusa Tenggara	226.6	263.1	319.1	394.0	492.2	606.4
West Sumatra	342.3	357.1	390.9	462.9	562.9	663.8

Source: BAPPENAS (2005)

Table A-6

Fertility Levels by Province: 2000-2025

Province	Total Fertility Rate					
	2000	2005	2010	2015	2020	2025
Aceh	2.6	2.4	2.3	2.2	2.2	2.2
Bali	1.9	1.9	1.9	1.9	1.9	1.9
Bangka Belitung	2.4	2.2	2.1	2.1	2.0	2.0
Banten	2.6	2.4	2.3	2.2	2.1	2.1
Bengkulu	2.5	2.2	2.1	2.0	2.0	2.0
Central Java	2.3	2.2	2.1	2.1	2.0	2.0
Central Kalimantan	2.4	2.3	2.2	2.1	2.1	2.1
Central Sulawesi	2.5	2.3	2.2	2.1	2.1	2.1
East Java	1.7	1.7	1.6	1.6	1.6	1.6
East Kalimantan	2.4	2.2	2.2	2.1	2.1	2.1
East Nusa Tenggara	3.1	2.7	2.5	2.3	2.1	2.1
Gorontalo	2.4	2.3	2.2	2.1	2.1	2.1
Jakarta	1.6	1.5	1.5	1.5	1.5	1.5
Jambi	2.6	2.4	2.2	2.1	2.1	2.1
Jogjakarta	1.4	1.4	1.4	1.4	1.4	1.4
Lampung	2.6	2.4	2.2	2.1	2.1	2.1
Maluku	3.0	2.8	2.6	2.4	2.4	2.4
North Maluku	3.0	2.7	2.6	2.4	2.4	2.4
North Sulawesi	2.0	1.9	1.9	1.9	1.8	1.8
North Sumatra	2.8	2.5	2.3	2.2	2.1	2.1
Papua	2.9	2.6	2.4	2.2	2.1	2.1
Riau	2.6	2.4	2.2	2.2	2.1	2.1
Souheast Sulawesi	2.9	2.6	2.4	2.2	2.1	2.1
South Kalimantan	2.3	2.2	2.1	2.1	2.0	2.0
South Sulawesi	2.4	2.3	2.2	2.1	2.1	2.1
South Sumatra	2.5	2.3	2.1	2.1	2.1	2.1
West Java	2.3	2.2	2.2	2.1	2.1	2.1
West Kalimantan	2.8	2.5	2.3	2.2	2.1	2.1
West Nusa Tenggara	2.8	2.5	2.3	2.2	2.1	2.1
West Sumatra	2.7	2.5	2.3	2.2	2.1	2.1

Source: BAPPENAS (2005)

Table A-7

Life Expectancy by Province: 2000-2025

Province	Life Expectancy at birth (years)					
	2000	2005	2010	2015	2020	2025
Aceh	67.2	67.3	69.2	71.1	72.8	72.8
Bali	70.6	72.4	73.5	74.2	74.6	74.6
Bangka Belitung	66.9	69.0	70.8	72.1	73.0	73.0
Banten	64.6	67.3	69.4	70.9	71.9	71.9
Bengkulu	66.8	68.9	70.7	72.3	73.4	73.4
Central Java	68.9	71.0	72.6	73.6	74.2	74.2
Central Kalimantan	67.8	70.0	71.7	72.6	73.0	73.0
Central Sulawesi	64.5	67.0	69.1	70.8	72.0	72.0
East Java	67.8	70.0	71.9	73.2	73.9	73.9
East Kalimantan	69.6	71.6	73.1	74.1	74.6	74.6
East Nusa Tenggara	66.1	68.4	70.3	71.9	72.9	72.9
Gorontalo	66.3	68.7	70.7	72.0	72.8	72.8
Jakarta	73.0	74.0	74.7	75.4	75.8	75.8
Jambi	67.0	69.1	70.8	72.0	72.9	72.9
Jogjakarta	73.0	74.0	74.7	75.4	75.8	75.8
Lampung	67.9	70.1	71.8	73.1	73.8	73.8
Maluku	65.3	67.7	69.8	71.3	72.5	72.5
North Maluku	63.3	66.3	70.7	72.6	74.0	74.0
North Sulawesi	72.3	73.6	74.4	75.1	75.6	75.6
North Sumatra	68.6	70.5	72.1	73.2	74.0	74.0
Papua	66.1	68.4	70.3	71.8	72.7	72.7
Riau	68.0	70.1	71.9	73.2	74.0	74.0
South Kalimantan	64.1	66.9	69.2	70.9	72.1	72.1
South Sulawesi	66.3	68.8	70.9	72.4	73.3	73.3
South Sumatra	66.9	69.2	71.2	72.7	73.6	73.6
Southeast. Sulawesi	66.9	69.1	70.8	72.1	72.9	72.9
West Java	66.6	69.0	70.9	72.3	73.2	73.2
West Kalimantan	66.1	68.5	70.4	71.7	72.5	72.5
West Nusa Tenggara	60.9	64.4	67.2	69.3	70.8	70.8
West Sumatra	66.3	69.2	71.2	72.8	73.8	73.8

Source: BAPPENAS (2005)

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"It is not by muscle, speed or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; and in these qualities old age is usually not only not poorer, but is even richer"

Marcus Tullius Cicero, Roman Senator (106-43 B.C.)

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