

UNFPA Indonesia
Monograph Series:

No.1

Indonesia on the Threshold of Population Ageing



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Foreword

In Indonesia, as in other countries around the world, the number of births is declining while life expectancy is rising. The world today is experiencing rapid demographic change, characterised by the fastest-growing segment of the world population being those aged 60 and over. This phenomenon is widely known to impact on issues of pensions, social insurance, taxation and, most importantly, the welfare of the elderly.

UNFPA, the United Nations Population Fund, continues to support BPS-Statistics Indonesia in disseminating census results and ensuring their broader utilization through various initiatives. One of these initiatives, besides supporting the 2010 Population Census documentation exercise, is the development of a series of census-based thematic monographs focused on emerging population issues and social trends of public policy concern.

This monograph on Indonesia's ageing population is the first in this series. Besides ageing, the series of monographs will cover other population-related issues such as youth, urbanisation, internal migration and gender. The output component of this ageing monograph is to provide high-quality statistical information to support informed debate on policies and programmes related to Indonesia's ageing population and the wellbeing of its older people.

The aim of this publication is to present an authoritative yet reader-friendly description of contemporary data relating to older people that describes i) the size and structure of the elderly population and how it has changed over time; ii) the demographic trends underpinning population ageing in Indonesia; and iii) the life circumstances of older people and how they vary depending on age, sex, place of residence and other characteristics.

This publication is an updated and extended version of an earlier version of the same monograph that was published in 2013 in Jakarta. It now includes the official population projections for 2010-2035, released by BPS-Statistics Indonesia and launched by the President of the Republic of Indonesia in January 2014, and has also been extended to include a chapter showing the pace of population ageing in other countries in the ASEAN region.

It is hoped that this monograph will draw attention to pressing issues related to ageing in Indonesia. The data analysis pointed to areas for further research such as the difference in morbidity rate for men and women, and issues that affect older women in particular, including certain types of sexual and reproductive health-related illnesses, as well as social protection for older women who are vulnerable to gender-based violence, poverty and abandonment.

It is with pleasure that we present this monograph, *Indonesia on the Threshold of Population Ageing*. We hope that it will serve as a valuable reference for advocates of the elderly, as well as government, academic, development, civil society and other stakeholders, in promoting, developing and implementing policies and programmes to support the wellbeing of Indonesia's older people and the prosperity of the country as a whole.

This monograph was primarily prepared and co-authored by Professor Sri Moertiningsih Adioetomo (University of Indonesia) and Dr. Ghazy Mujahid (York Centre for Asian Research). My greatest appreciation

goes to them both as the two authors of this report. I also would like to acknowledge the valuable contributions made by Mr. Horst Posselt and Professor Mayling Oey-Gardiner, Ph.D., who provided very constructive input as reviewers.

I also wish to thank UNFPA staff, Mr. Richard Makalew, Mr. Dikot P. Harahap and Mr. Narwawi Pramudhiarta for their technical and substantive support for and commitment to developing this monograph. I also thank Mr. Dedek Prayudi (UNFPA) and Ms. Catriona Croft-Cusworth for their review and editing in the final stage of the development of the monograph. Finally, my gratitude goes to BPS-Statistics Indonesia for providing access to the 2010 Population Census data files and other authoritative data sets.

Jakarta, July 2014

Mr. Jose Ferraris

UNFPA Representative in Indonesia

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Finally, we would like to thank BPS-Statistics Indonesia for providing the 2010 Population Census data set. Dissemination of such data helps researchers to improve their technical skills in using data to support governments in developing precise and timely policy action. Responsibilities for errors and omissions rest entirely with us, while comments and criticism are welcome, and should be directed to us.

Jakarta, July 2014

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Abbreviation and Acronyms

ASFR	Age Specific Fertility Rate
ASEAN	Association of South East Asian Nations
ASLUT	Asistensi Lanjut Usia Terlantar (Assistance to Displaced Older People)
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional (National Population and Family Planning Board)
BPS	Badan Pusat Statistik (Statistics Indonesia)
IDHS	Indonesia Demographic Health Survey
IMR	Infant Mortality Rate
ISEAS	The Institute of South East Asian Studies
NCD	Non Communicable Disease
NKKBS	Norma Keluarga Kecil Bahagia Sejahtera (The Happy and Prosperous Small Family Values)
NRR	Net Reproductive Rate
PBI	Penerima Bantuan Iuran (Premium Payment Assistance)
RISKESDAS	Basic Health Research
SUSENAS	Survey Sosial Ekonomi Nasional (National Socio-economic Survey)
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organisation

Executive Summary

FINDINGS

Indonesia is heading toward an ageing population. In 2010, the population census found that the number of people aged 60 years and above was 18.1 million, or 7.6 percent of the total population. This number is projected to increase to 33.7 million, or 11.8 percent of the population, by 2025 and to reach 48.2 million, or 15.8 percent, by 2035. Indonesia's age structure is gradually shifting toward having more people in higher age groups, indicated by an increase in median age from 27.2 years in 2010 to a projected 33.7 years in 2035. The Ageing Index, which is the ratio of older persons per 100 children (aged 0-14 years), is projected to increase from 26.3 in 2010 to 73.4 in 2035. Meanwhile, the Potential Support Ratio, or the average number of workers who have the potential to support older persons, is expected to decline from 13 workers per one older person in 2010 to only 6.4 workers in 2035. This demographic transition poses challenges for policy makers on how to maintain older people's quality of life.

In Indonesia, provincial disparity of ageing can be explained by disparity in family planning performance. Provinces with great success in reducing fertility, such as East Java, show the fastest ageing process. The increment of older person in East Java will be 24.2 percent above the increment of total population 2010-2035. Meanwhile, older persons will constitute only 17.4 percent of the increase in East Nusa Tenggara's population. Therefore, policy makers should not only focus on the effect of fertility reduction, but also on the ageing process.

Morbidity increases with age. The most common health complaints reported by Indonesian older persons are fevers (7-10%), coughs (13-23%), colds (10-12%), asthma (1-11%), diarrhoea (1-2.4%), recurring headaches (5-11%) and toothaches (0.8-1.8%). The most common non-communicable diseases are asthma (5-6%), heart disease (3%), rheumatism (30-35%), hypertension (18-24%) and cataracts (5-6%). Incidence among older women is always higher than that of men.

Disability also increases significantly with age, with 26 percent of the older population being affected. The proportion of the older population reporting a disability in 2010 was 28.2 percent among older women, compared to 23.4 percent among older men. Difficulties in seeing, hearing and climbing stairs are common problems suffered by older Indonesians. Cataracts cause loss of sight, which hampers older people from conducting their usual activities, and from working, thereby leading to income loss. Loss in hearing prevents older persons from engaging in social activities due to their difficulties in communication with others, which leads to increasing loneliness and social exclusion. Difficulty in climbing stairs is the impact of, among other things, arthritis. These types of illnesses are degenerative diseases that accompany the ageing process. However, some can easily be cured by surgery, as in the case of cataracts, while the effects of others can be reduced with the use of assistive devices.

Another challenge for policy makers in maintaining quality of life for older persons is the decreasing rate of labour force participation. In 2010, half of Indonesia's older persons aged 60 years and above were still active in the labour force, although this figure decreased from 61.4 percent of those aged 60-69 years, to 40.9 percent of those aged 70-79 years, and only 22.5 percent for those aged 80 years and above. Decreased

labour force participation is an indication of decreased economic independence, which brings consequences for policy makers on how to support economic security for older persons. The greatest concern is that 37.2 percent of males and 12.3 percent of females aged 80 years and above were reported to be still economically active. Most of these working older persons are not absorbed in formal sector, but in the informal sector, thus raising questions on whether their work is for leisure, is compulsory, or is a survival strategy. In Indonesia, as in other developing countries, the incidence of poverty among older persons is high, and increases with age. The pension system, to the extent it exists, has limited coverage. That is why some older persons need to continue to engage in income-earning activities to meet basic needs.

Another concern is how to find appropriate living arrangements for older persons. The proportion of singles among older persons increases with age, and those living alone are more likely to be women than men. Indonesians tend to place importance on the value of extended family. In 2010, about 36 percent of older persons lived with three generations in one household, providing potential support.

POLICY RECOMMENDATIONS

1. **On providing economic security:** it is suggested that policy makers provide a gender response intervention on employment opportunities for older persons who still want to work, and facilitate this through easy access to small credit for self-employed older persons. Regulations should also be developed for older persons' formal employment in jobs that are suitable to their physical and mental capacities. The existing poverty reduction programme should focus on older persons who are poor and neglected, while the ASLUT (Assistance to Displaced Older People) programme coverage should be expanded and better targeted. Since life expectancy is increasing, the formal age for retirement should be revised and extended. Any interventions for improving the economic security of older persons should take into account those likely to be in greatest need of support. This includes include older people with little or no income of their own due to disability, illness and old age, widowed women, and especially older men and women who live alone. Adequate support should also be provided for the many less-well-off elderly people who live in rural areas. Given that a high proportion of older persons, particularly women, have little or no education, governments and communities should develop appropriate education and training programmes for older persons. With better knowledge, older persons would have the opportunity to access helpful information such as information on the availability of employment opportunities suitable to their circumstances, or on the availability of services that have been designed to meet their special needs.
2. **On strengthening health care:** intervention must be prioritized for the oldest-old women, with a special focus on those who live alone and in rural areas. Home care or day care must be expanded, strengthening the role of community participation. Older persons who are poor, neglected or having difficulties in self-care should be treated with long-term care. All older persons should have free access to certain types of surgery, for example, to treat cataracts, which cause loss of vision but can be easily surgically removed. It is also suggested to provide poor and vulnerable older persons with free hearing aids, to alleviate the loss of hearing. Rehabilitation services should be made accessible to older persons who have difficulties moving or climbing stairs. The existing Jaminan Kesehatan Nasional (Universal Health Care) should be widely disseminated to older persons, and for those who cannot afford to pay insurance, the premium should be paid by the government, through the PBI (Premium Payment Assistance) beneficiaries on behalf of them.

3. **On improving social support:** intergenerational relationships can be strengthened by maintaining three generations living under the same roof. The decrease in potential support for older people in rural areas is due to outmigration of caregivers. General decline in the number of children per family may also reduce the availability of informal care available for older persons in the future, which could possibly be addressed by strengthening the motivations of other relatives, such as those from nearby households, and members of local community groups to provide home care services for those with support needs. The availability of training in home care and rehabilitation services is important to anticipate the increasing number of older persons. Better-off and more educated older persons should be encouraged and enabled to use mobile phones and the Internet. This can help them to avoid social isolation and dysfunction. Mobile phones and the Internet can help older people to expand their social networks and to usefully share experiences and information on services for older persons. With IT, intergenerational relationships can be maintained even when living long distances apart. Transfer of funds for older persons can also be facilitated through Internet banking.
4. **On avoiding ageing-related problems:** ageing preparedness of young people toward active ageing should be widely publicized and strengthened. To maintain independence of today's workers as they grow old, it is important that they have productive employment with decent pay, so that they can afford to enrol in private health insurance and save to maintain their quality of life for their years of retirement.
5. **On advocacy for Provincial Executives:** the ageing process should be anticipated with appropriate intervention in provinces with declining fertility.
6. **On the need for further research:** appropriate policy interventions on the availability of accurate data disaggregated by age and sex is highly important and should be developed. Further research needs to be carried out to provide more detailed analysis for evidence-based policy making.
7. **On Regional Cooperation:** as all ten member countries of the Association of Southeast Asian Nations (ASEAN) are faced with a situation of unprecedented increase in population ageing, they could gain from exchanging experiences in addressing ageing-related issues. Indonesia, as the most populous ASEAN country, could take the lead in lobbying ASEAN to take up the issue of population ageing at the regional level. ASEAN could play a pivotal role in promoting regional cooperation to facilitate inter-country dialogue and policy research at the regional level.



Introduction

In the early 1970s, Indonesian women had an average of 5 to 6 children. Recognizing high fertility as major factor contributing to widespread poverty, the government launched a comprehensive family planning programme to bring it down. The programme came to be rated as one of the most successful in the World.¹ Indonesia being a predominantly Muslim country made the success of the family planning all the more spectacular. The Indonesian experience was used as an example of how proponents of family planning could engage and work with orthodox religious groups.²

The total fertility rate started declining and, by the turn of the century, had dropped to less than half. At the same time, measures were introduced to improve access to quality health care that resulted in significant declines in mortality: life expectancy increased from 45 years in 1971 to over 65 years by the turn of the century. Indonesians were, on average, enjoying a longer life span. As a result of declining fertility and mortality rates, the age structure began to shift towards the higher age groups and the latest 2010 Census has shown that Indonesian policy makers need to prepare for a rapid increase in the country's older population during the coming years.

According to Census findings, Indonesia's future demographic scenario will be strikingly different than the past. Table 1 shows how the 2010 Census has highlighted the start of a rapid increase in older persons in the country. The 2010 Census enumerated 18 million older persons (aged 60 years and over)³, accounting for 7.6 percent of Indonesia's total population. This represented an increase of 3.1 percentage points over the corresponding figure of 4.5 percent in 1971, four decades ago. According to projections based on the Census, the proportion of older population will increase continuously and reach 15.8 percent, an increase of 8.2 percentage points by 2035.

In absolute numbers, this means that while the population of older persons increased on average by 0.33 million per year during the four decades preceding the 2010 Census, it is projected to increase by 1.2 million per year during the next 25 years. "Population ageing", defined as an increasing proportion of older persons in total population, is therefore going to occupy a predominant position in Indonesia's demographic scenario during the next few decades. In global initiatives on ageing too, Indonesia will occupy a prominent position as the 18 million Indonesian elderly represent the World's 8th largest conglomeration of older persons.

Indonesia's situation typifies the experience of most developing countries as portrayed in a report jointly prepared by UNFPA and HelpAge International to commemorate the Madrid+10 Convention (2012) and appropriately entitled 'Ageing in the 21st Century, a Celebration and a Challenge'.⁴ In Indonesia too, population ageing merits a celebration of the achievements of its family planning and reproductive health programme.

1 During the period 1970-2010, the programme prevented an estimated 100 million births. "Family planning prevents 100M births: BKKBN", The Jakarta Post, (Bantul, 16th July 2013): [http:// www. the jakartapost. com /news /2013/07/16/family-planning-prevents-100m-births-bkkbn.html](http://www.thejakartapost.com/news/2013/07/16/family-planning-prevents-100m-births-bkkbn.html)

2 Shiffman, J (2004) - "Political management in the Indonesian family planning programme", *International Family Planning Perspectives*, (Vol.3, No.1)

3 "Older persons" are defined chronologically as those aged 60 years and over. This definition was endorsed by the Second World Assembly on Ageing (Madrid, 2002) as a standard. However, the Assembly did not bind individual countries to this definition, allowing each country to choose whatever cut off age it thought best for purposes of national policies given its demographic and socio-cultural circumstances. In this Monograph, older persons are defined as those 60 years and over, and the terms "older person", "old" and "elderly" are used interchangeably.

4 UNFPA & HelpAge International (2012) *Population Ageing in the 21st Century: A Celebration and a Challenge*

At the same time it presents a challenge that policy makers need to address during the current 21st century. Until the close of the 20th century, population ageing figured as an issue largely in the developed countries. In most developing countries it began to emerge at the turn of the century. Moreover, for the developing countries, the challenge of population ageing, in addition to being unprecedented, is also more complex than it was for the developed countries because of two main reasons. First, population in the developing countries is projected to progress far more rapidly than it did in the developed countries.⁵ Secondly, and more importantly, the developing countries are faced with the issue of population ageing at much lower levels of economic development than were the developed countries.

The developed countries experienced a slower pace of population ageing and after they had attained a reasonably high level of economic development. As such, they had more time and resources to gradually adjust their social and economic policies and introduce measures to meet the increasing demands of older persons and to guarantee their quality of life. The situation in the developing countries is very different. Developing countries are at low levels of economic development and lack resources needed to ensure the quality of life of a rapidly increasing older population. This point was effectively highlighted at the Second World Assembly on Population Ageing (Madrid, 2002) by Gro Harlem Brundtland when she emphasised the need to recognize the stark difference between what developing countries are now faced with compared to what developed countries faced in coping with population ageing: *"We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich"*.⁶ For Indonesia too, population ageing has emerged before the country has reached a stage where it can afford to allocate sufficient resources needed to take care of the projected rapid increase in its older population.

This Monograph discusses population ageing in Indonesia using information provided by the 2010 Census enumeration, supplemented by information from other sources wherever needed and available. It explains factors leading to population ageing and provides a profile of Indonesia's older population, including its demographic and socio-economic characteristics. It also reviews differences in the extent of ageing across Indonesia's 33 provinces. The Monograph brings out the various issues emanating from the increasing proportion of older persons in the population and provides policy recommendations for addressing these.

The Monograph is divided into six chapters. Chapter 1 describes the demographics of ageing in Indonesia and its demographic impact. This includes a discussion of the fertility decline, improvements in life expectancy and the various indicators of ageing. Chapter 2 highlights the characteristic features of population ageing: the gradual shift towards older ages within the older population; the high female:male ratio among the elderly; and the rural-urban differences in population ageing. Chapter 3 reviews how the extent of population ageing varies across the country's 33 provinces. Chapter 4 discusses the wide-range of issues emanating from population ageing which policy makers would need to address. A brief review of population ageing trends in the ASEAN⁷ countries is presented in Chapter 5 to see how relevant the issue is at the regional level. Chapter 6 summarizes the main findings of the analysis and provides relevant policy recommendations.

5 See Kinsella, K & Phillips, D.R. (2005) "Global challenge of ageing: the challenge of success" *Population Bulletin* (Vol.60, No., 1 Population Reference Bureau)

6 Brundtland, G.H. (2002) *Statement in Building a Society for All Ages* (press kit of the Second World Assembly on Ageing),

7 Association of Southeast Asian Nations



Chapter 1:

THE DEMOGRAPHICS OF AGEING IN INDONESIA

At the beginning of the 1970s, both fertility and mortality were high in Indonesia. The total fertility rate was 5.6 children per woman while life expectancy stood at 46 years. Following the introduction of a vigorous family programme and measures undertaken to reduce the incidence of serious illnesses and to improve access to quality health care, Indonesia began its demographic transition towards low fertility and mortality. This generated a gradual shift in the age structure towards higher age groups. The Census has shown that, as Indonesia continues to move towards completing its demographic transition to the low fertility-low mortality stage, it faces the prospects of rapid ageing in the next few decades. This chapter explains the process of population ageing in Indonesia.

1.1 Decline in fertility

Until the early 1970s, large family sizes were the norm with an average of 5 to 6 children. The pro-natalist culture, supported by Ahmad Sukarno, the First President of Indonesia, was based on the premise that Indonesia was capable of supporting a much larger population.⁸ It was the realization that large family size was an obstacle to development that led the New Order government of President Suharto (1965-1988) to initiate the national family planning programme in the early 1970s. The programme succeeded in changing parents' perception to a smaller family size. A massive campaign to promote contraception enabled couples to achieve the lower family size they desired.

FIGURE 1

Past and future trends in Total Fertility Rate (TFR) and Net Reproduction Rate (NRR): Indonesia, 1971-2035



Source: Population Census 1971, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035

8 Hull, Terence (ed.) (2005) *People, Population and Policy in Indonesia*, Ford Foundation, Jakarta and Singapore: Equinox Publishing and ISEAS

The usage of modern methods of contraception among married women increased from virtually zero during the 1960s to 47 percent in 1991 and then gradually to 57 percent in 2002/2003.⁹ The implementation of the family planning programme was heavily centralized and was accompanied by a mass campaign to change the society's perception from large family to small and prosperous family size, the NKKBS – the Happy and Prosperous Small Family Values.¹⁰ As a result, the Total Fertility Rate (TFR), that is, the average number of children born to a woman during her reproductive period (15-49 years), declined from 5.6 children per woman during 1967-1970 to 4.7 for the period 1976-1979. As shown in Figure 1, it declined further to 3.3 in 1986-1989 and to 2.3 in 1996-1999.

The 2010 Population Census showed an upturn with TFR increasing to 2.4 for the period 2006-2009. The Indonesian Demographic and Health Survey (IDHS) showed a stagnant level of TFR at 2.6 per woman since 2002/3, the year when the decentralisation of family planning was introduced.¹¹ The upward trend in fertility shown by the Census is expected to be short-lived and as such have at most a marginal, if at all any, effect on population ageing. It is projected that fertility will decline during 2010-2035, falling to below replacement level by 2035.

The persistent decline in fertility up to the early 2000s contributed significantly to furthering Indonesia's demographic transition. According to results of the official 2010-2035 Population Projection, published by BPS-Statistics Indonesia fertility will by 2035 drop to below the replacement level of 2.1. The Net Reproduction Rate, that is, the average number of daughters a woman is expected to have during her reproductive life, will go down to 0.9.

1.2 Decline in mortality

Studies available on mortality have focussed on trends in the infant mortality rate (IMR) and life expectancy at birth (e^0). The IMR is defined as the number of infant deaths, that is, those occurring within the first year of birth per 1,000 live births. Life expectancy at birth is the average number of years a new born baby can be expected to survive given the prevalent mortality conditions. Mortality and life expectancy are inversely correlated as shown in Figure 2 which shows the past and projected trends for Indonesia.

With the widening of access to quality health care services, the Infant Mortality Rate dropped from 145 in 1971, to 109 in 1985 and further to 71 per 1000 in 1995. On the basis of data collected under the 2010 census, IMR is estimated at 26 infant deaths per

9 Measure DHS (1992-2004) *Indonesia Demographic and Health Surveys*, 1991, 1994, 1997, 2002/3.

10 Adioetomo, S M, Lalu B & Nizam Y (2010) *100 tahun Demografi Indonesia. Mengubah Nasib Menjadi Harapan*. (100 years of Indonesian Demography. From Destiny to Hope). Jakarta: BKKBN and Demographic Institute FEUI

11 BPS Statistics Indonesia, National Population and Family Planning Board, Ministry of Health and Measure DHS, 2012).

FIGURE 2

Past and future trends in Infant Mortality Rate and life expectancy: Indonesia, 1971-2035



Source: Population Census 1971, 1980, 1990 and 2010 [data file]; and Indonesia Population Projection 2010-2035

1000 births.¹² This decline is consistent with findings from the IDHS, but with higher levels of IMR. The 1991 IDHS reported 68 infant deaths per 1,000 live births, 57 in 1994 and 46 in 1997, further declining to 35 in 2002/3. Since then, the IDHS have shown IMR to have declined slowly to 34 in 2007 and to 32 infant deaths per 1000 births in 2007.

With declining mortality, life expectancy increased. From 46 years in 1971, life expectancy at birth increased to 56 years in 1986. Estimates based on the 2010 Population Census data show a life expectancy of 70 years: 72.2 years for females and 68.3 for males. It is projected that by 2035, a newly born Indonesian baby would be expected to live on average to the age 72 years.

1.3 Changes in Age Structure

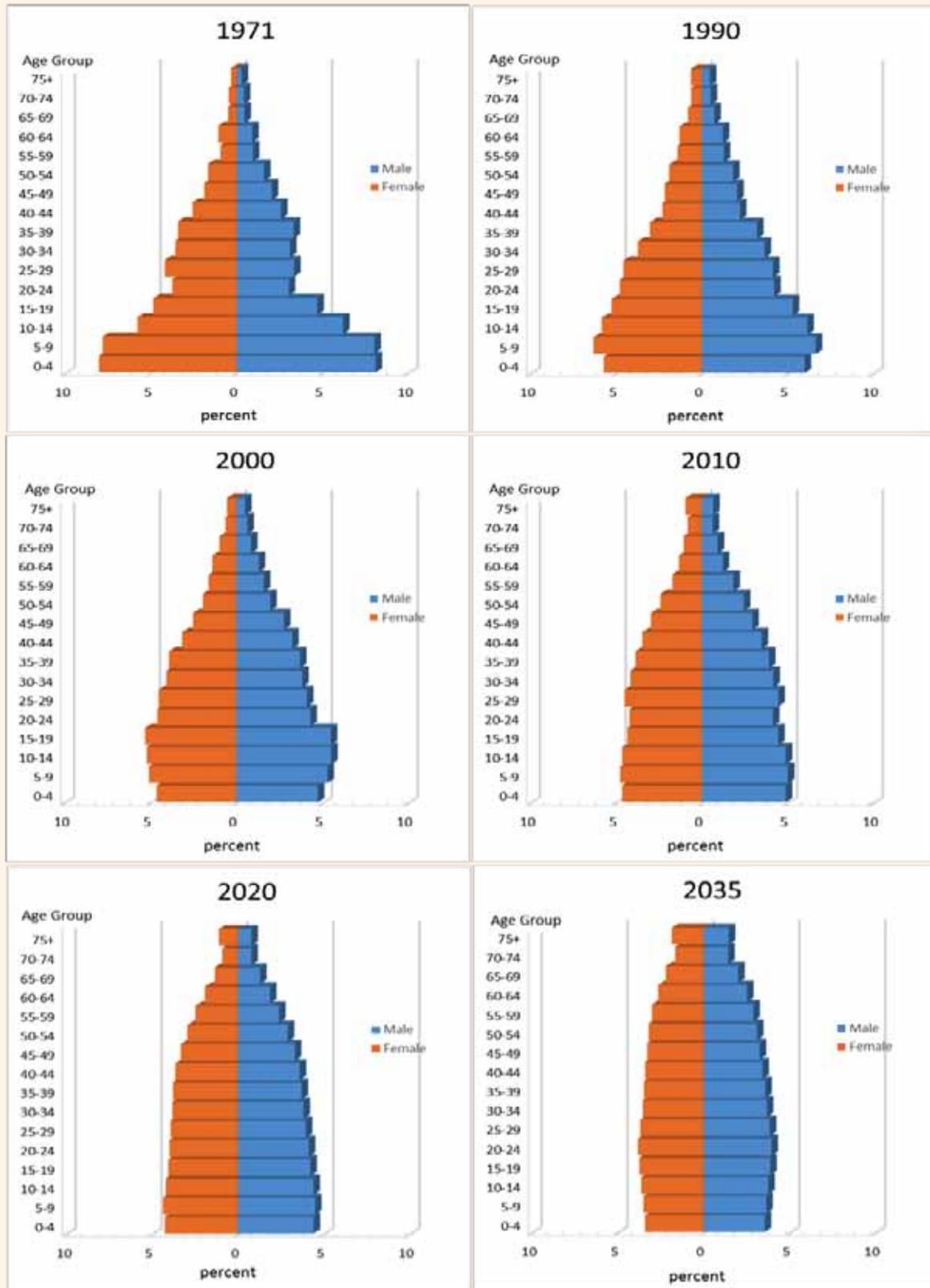
As a result of declining fertility and improving life expectancy, Indonesia’s age structure has been gradually shifting towards higher age groups. The process of change in the age structure is illustrated in Figure 3 through the presentation of population pyramids at various stages of the demographic transition. The changing shape of the population pyramid through time provides a visual depiction of the changes in the age structure.

Comparing the pyramids, it can be seen that over time the base of the pyramid becomes narrower. There is a gradual narrowing of the bottom three layers (depicting ages 0-14 years) which reflects the declining fertility as a result of Indonesia’s successful family

¹² Statistics Indonesia (2011) *Population Census 2010: Average Number of Children Have Died per Ever Married Women by Province and Age Group*

FIGURE 3

Population Pyramid of Indonesia, 1971-2010-2035



Source: Population Census 1971, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035

planning programme. At the same time there is a broadening of the top four layers (depicting ages 60 and over) which results from improving life expectancy. Figure 4 summarizes the changes in the age structure of the population focussing on three broad age groups: 0-14; 15-59; and 60 & over.

FIGURE 4
Distribution of population by major age groups: Indonesia, 1971-2035



Source: Population Census 1971, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035



The proportion of the child population (0-14 years) has been declining since 1971. The share of child population dropped gradually from 44 percent in 1971 to 29 percent in 2010. The decline is projected to continue and by 2035 the share of the child population will have fallen to 22 percent. The share of the adult population¹³ is projected to increase until 2015 after which it will begin to decline. As fertility changes impact on the working age population with a time lag, the sustained decline in fertility will begin to result in lowering the number of entrants to the adult age cohorts after 2015. The Census has shown that the proportion of older persons increased to 7.6 percent in 2010 from 4.5 percent in 1971. According to projections, the share of the older population will continue to increase and is projected to reach 15.8 percent by 2035.

Census results have thus shown that the demographic scenario Indonesia faces is characterized by a consistent increase in the older population. Within the next 25 years, the share of older population will have more than doubled. Table 2 summarizes the rapidly increasing dominance of the older person in Indonesia's population in coming years compared to the past. While increments in the child and adult population will be much smaller during the next 25 years than during the last 40 years, the projected increase in the older population will be more than twice that in the past. As such, while the older population accounted for 10.7 percent of the increase in total population during 1971-2010, its share in the increase during 2010-2035 will be 44.9 percent.

TABLE 2

The past and future of population ageing in Indonesia, 1971-2010-2035

Period	Increments in population (000)				Increment as % of increase in total population		
	Total	0-14	15-59	60 & >	0-14	15-59	60 & >
1971-2010	119,273	16,563	89,973	12,737	13.9	75.4	10.7
2010-2035	67,1341	-2,432	39404	30,162	-3.6	58.7	44.9

Source: Population Census 2010 [data file], and; Indonesia Population Projection 2010-2035

1.4 Demographic impact of changes in age structure

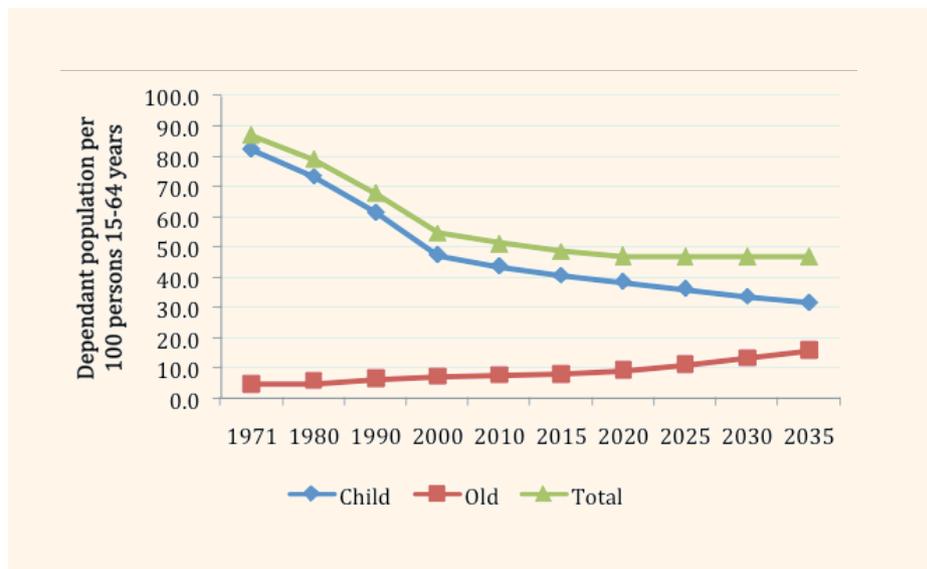
Changes in the age structure have far reaching socio-economic implications which policy makers need to be aware of. To effectively address issues emanating from changes in the age structure it is important to know the magnitude of these changes as well as the speed with which they occur. There are several demographic indicators that reflect the direction of change in the age structure of a country. The following four most commonly used indicators are discussed below: (a) dependency ratio; (b) median age; (c) ageing index; and (d) potential support ratio.

¹³ The term "adult population" is used for the age cohort 15-59 years to distinguish it from the working age population conventionally defined as aged 15-64 years.

1.4.1 DEPENDENCY RATIO

The dependency ratio is commonly used to measure the burden of dependents the working population has to support. It is estimated as the ratio of the number of persons under the age of 15 years and those aged 65 years and over per 100 persons aged 15-64 years. The underlying assumption is that those aged 65 years and over and those under 15 years of age are “non-working” and need to be supported by those aged 15-64 years assumed to be working. The total dependency ratio can be split into two components: the child-dependency and the old-age dependency ratios. Figure 5 shows the past and projected trends in the dependency ratios.

FIGURE 5
Past and projected trends in Dependency Ratio: Indonesia, 1971-2035



Source: Population Census 1971, 1980, 1990, 2010 [data file], and; Indonesia Population Projection 2010-2035

Both the total dependency ratio and the child dependency ratio declined over the period 1971-2010. It is projected that the child-dependency ratio will continue to decline until 2035. The total dependency ratio will decline until 2030 and then start increasing. This is explained by the continuing increase in the old-age dependency ratio. While the old-age dependency ratio increased during 1971-2010, the increase fell short of offsetting the decline in the child-dependency ratio. The old-age dependency ratio is projected to continue increasing and after 2030 the increase will more than offset the decline in the child dependency ratio, resulting in an increase in the total dependency ratio. The larger projected increase in the old-age dependency ratio from 7.6 to 15.6 during the 25 years to 2035 compared to the much smaller increase from 4.7 to 7.6 during the preceding 40 years shows the increasing pace of shift in the age structure of Indonesia’s population towards older cohorts.

1.4.2 MEDIAN AGE

A shift in the age structure towards older cohorts is usually reflected in a change 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. With population ageing, the median age tends to rise. The past and projected changes in the median age of the Indonesian population over the period 1971-2035 are shown in Figure 6.

FIGURE 6

Median Age: Indonesia, 1971-2035



Source: Population Census 1971, 1980, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035

In 1971, the median age of the Indonesian population was 17.7 years. The Census has shown that the median age had increased to 27.2 in 2010. It is projected that by 2035, the median age will be 33.7 years. The upward changes in the median age are a reflection of the shifting of the age structure towards older cohorts.¹⁴

1.4.3 AGEING INDEX

The ageing index, calculated as the number of older persons (aged 60+) per 100 children aged 0-14 years, shows the balance between the child and older population. The past and projected trends in Indonesia's ageing index are shown in Figure 7.

In 1971, there were 10 older persons per 100 children in Indonesia. The Index increased gradually and stood at 26 in 2010. It is projected to increase to 73 in 2035. The increase

¹⁴ Mujahid (2006) *Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges*, Bangkok: UNFPA

FIGURE 7

Past and projected trends in the Ageing Index: Indonesia, 1971-2035



Source: Population Census 1971, 1980, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035

projected during 2010-2035 will be much greater than during the preceding 40 years. Policy makers would need to take into account the changing balance between the population of children and that of older persons in the formulation of policies targeting these population groups.

1.4.4 POTENTIAL SUPPORT RATIO

Given the importance of ensuring adequate support for the increasing number of older persons, it is crucial to assess the impact changes in the age structure on the support base available to carry the burden of the older population. Potential support ratio, defined as the population aged 15-64 years divided by the population of those aged 65 years and over, is used to indicate the available support base. The ratio is the inverse of the old-age dependency ratio and is more commonly used in the context of population ageing as it provides a direct indication of the trend in the support base available for older persons as their proportion in total population continues to change. Figure 8 shows changes in the potential support over the period 1971-2010 and the trend projected during 2010-2035.

In 1971 there were on average 21 persons of working age available to support an older Indonesian. Census results have shown that this figure had fallen to 13 in 2010. The potential support ratio is projected to continue declining and by 2035 will have fallen to 6.4, that is, to less than half its current level. Policy makers will have to address issues emerging as a result of the shrinking support base available for the older persons.

FIGURE 8

Past and projected trends in the Potential Support Ratio, 1971-2035



Source: Population Census 1971, 1980, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035.



Chapter 2:

CHARACTERISTIC FEATURES OF POPULATION AGEING

Evidence presented in Chapter 2 has shown that Indonesia stands on the threshold of population ageing. Policy makers will have to take into account the need to address issues emerging from the unprecedented increase in the pace of population ageing in the years ahead. It is important to note that, in addition to the increase in the proportion and size of the older population, evidence from countries around the world has shown that three distinct features typify population ageing: (a) ageing of the older population; (b) feminization of aging; and (c) the higher incidence of ageing in rural areas. These characteristics have a significant impact on the intensity of ageing-related issues and therefore need to be taken into account by policy makers. It is therefore important to review the relevance of these three features in the process of population ageing in Indonesia. This Chapter summarizes relevant results of the 2010 Census and describes changes expected on the basis of projections for the next two decades.

2.1 Ageing of the older population

As population ageing progresses, there is usually a gradual shift in the age distribution of the older population towards older cohorts.¹⁵ This process, termed “ageing of the older population”, has been experienced by countries across the World.¹⁶ Indonesia too will be faced with the ageing of its older population during the next two decades. Figure 9

FIGURE 9
Ageing of the older population in Indonesia, 2010-2035



Source: Population Census 2010 [data file], and; Indonesia Population Projection 2010-2035

- 15 Conventionally “ageing of the older population” is defined as the increasing proportion in the older population of the “oldest old”, that is, those aged 80 years and over. However, previous to the 2010 Census statistics on the age distribution in Indonesia do not give a breakdown of population “75 years and above”.
- 16 For a review of ageing of the aged in Asia see Mujahid, Ghazy – Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges, (Papers in Population Ageing No.1, UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, Thailand, 2006); and Mujahid, Ghazy & Siddhisena, K.A.P. – Demographic Prognosis for South Asia: a Future of Rapid Ageing, (Population Ageing No.6, UNFPA Asia and the Pacific Regional Office, Bangkok, Thailand, 2009)

shows the age distribution of Indonesia's older population as shown by the 2010 Census and the projected trends to 2035.

As shown in Figure 9, there will be a gradual, albeit slow, shift in the age distribution of the older population. As a country's population begins to age, the population in the "younger" cohorts of the older population begins to increase and then moves up in subsequent years into the older cohorts. The trends show an increase in the proportion of the "younger" old (60-69), with the proportion of those aged 60-64 years peaking in 2020 and of those aged 65-69 years peaking in 2025. Subsequently, the share of the "younger" old will begin to decline and that of those aged 70 years and more will continue to increase. As population ageing in Indonesia progresses, the country's older population will also start to age after 2025.

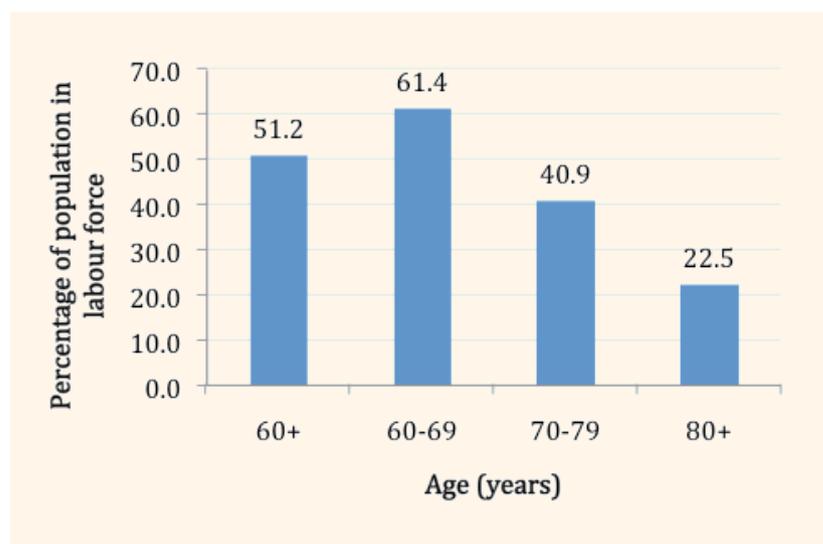
2.1.1 IMPACT OF AGEING OF THE OLDER POPULATION

While the impact of ageing of the older population on specific issues will be brought out in the discussion of emerging ageing-related issues in Chapter 4, it would be appropriate to identify the following underlying factors that contribute to aggravating the problems faced by older persons with advancing age and therefore of population ageing:

- (i) declining labour force participation rates; and
- (ii) increasing proportions of singles.¹⁷

FIGURE 10

Labour force participation of older persons by age: Indonesia, 2010



Source: Population Census 1971, 1980, 1990 and 2010 [data file], and; Indonesia Population Projection 2010-2035

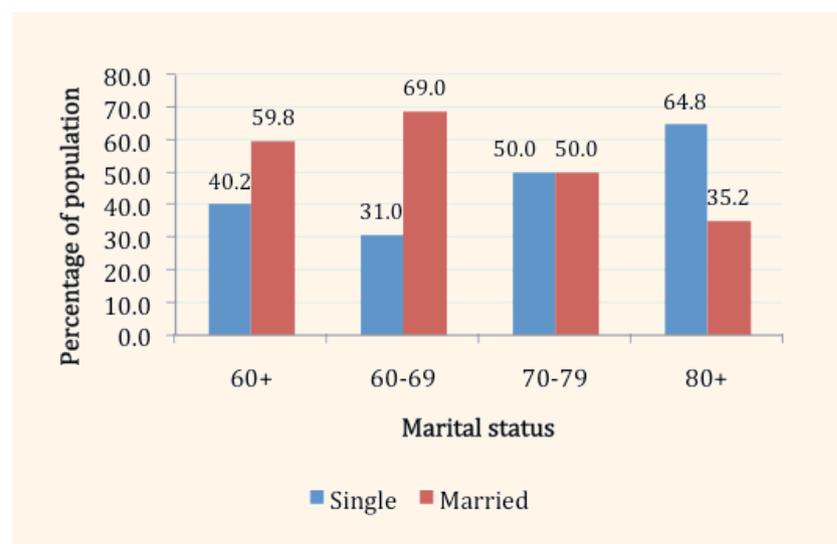
¹⁷ The term "single" is used here to describe those who do not have a spouse. The category includes those who never married, the divorced and the widowed. See Appendix table 1 for 2010 census counts of older persons in each category.

In Indonesia, as in most developing countries, many older persons have jobs to help support their livelihood. Since only a small proportion of older persons are covered by pensions based on their employment record and social pensions are inadequate, the financial hardships mount with loss of income earning power. As reported by the 2010 Census, 51 percent of the older population was actively engaged in the labour force and could therefore be assumed to receive some income.¹⁸ However, as shown in Figure 10, the labour force participation declined with age: from 61 percent for those aged 60-69 years to 23 percent for those aged 80 years and more.

The decline in the labour force participation rate with age implies that as the older population ages, an increasing proportion of older persons would stand in need of financial supplements. Ageing of the old thus adds to the financial strains of population ageing.

Figure 11 shows how the proportion of singles among older persons increases with age. The presence of a spouse is an important element of family support an older person requires. With advancing age, the likelihood of losing one's spouse also increases (as shown in Appendix Table 1 most singles are widows). As such the change in marital status that usually accompanies advancing age adds to concerns about the care arrangements for the growing numbers of older people. According to the 2010 Census count, 40 percent of the older population was single while 60 percent were reported as currently married. However, the percentage of singles was 31 percent among those aged 60-69 years compared to 65 percent among those aged 80 years or more. Currently married accounted for 69 percent of those aged 60-69 years and 35 percent of those aged 80 years or more.

FIGURE 11
Older population by age group and marital status: Indonesia, 2010



Source: Population Census 2010 [data file]

¹⁸ It should be noted that earnings from economic activity can be in cash or in-kind (with in-kind payments being most likely for those employed as unpaid family helpers) and may not always be adequate to meet basic needs or keep an older person above the poverty line.

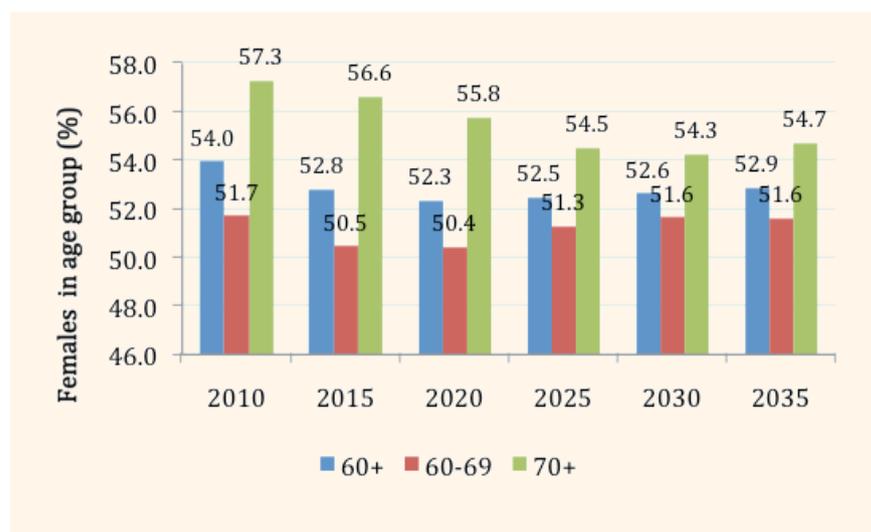
The increasing proportion of singles in older age cohorts implies that with ageing of the older population an increasing proportion of the older population would be facing loss of family support. Ageing of the older population would therefore augment the task of making alternative caregiving arrangements and alleviating the loneliness of the older population.

2.2 Feminization of ageing

Women comprise the majority of Indonesia's older population. Of Indonesians aged 60 years and over, the 2010 Census reported that 54 percent were women. Though the sex-ratio at birth is between 104-105 males per 100 females, the higher female life expectancy has enabled a larger number of females to reach old age. As such females have constituted a majority of the older population and projections based on the Census results show that this trend will continue. Moreover, the proportion of females in older population will remain consistently higher in the oldest cohort. As shown in Figure 12, the proportion of females in the age group 70+ has been and will be consistently higher than their proportion in the population aged 60-69 years.

FIGURE 12

Proportion of females in Indonesia's older population



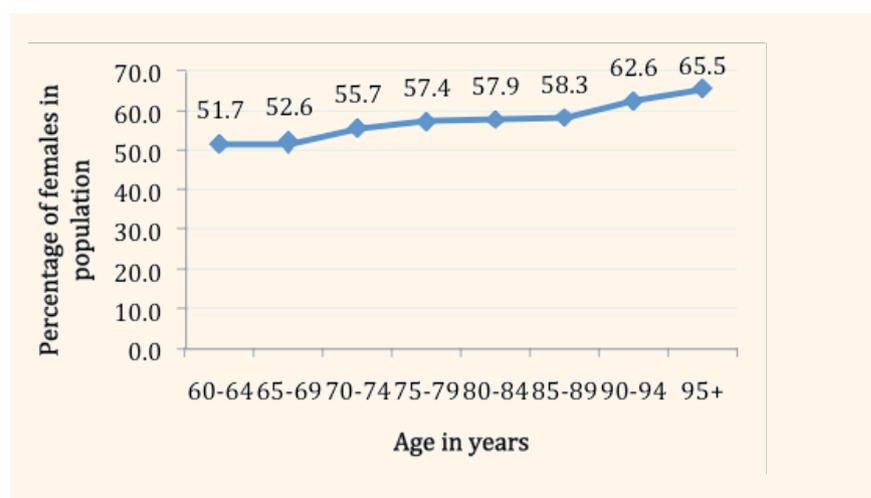
Source: Results of the 2010 Census allow a more detailed analysis of feminization of ageing.

Figure 13 shows the percentage of females in older population by five-year age groups ranging from 60-64 to 95+. The proportion of females increases continuously in higher age groups. While females account for just over 50 percent of the population aged 60-64 years, their proportion exceeds 65 percent in the highest age group 95 years and over.

The higher proportion of women in older cohorts of the older population is explained by the higher life expectancy of older women. Table 3 summarizes the age-sex disaggregated life expectancy rates estimated from the Censuses.

FIGURE 13

Feminization of ageing: Indonesia, 2010



Source: Population Census 2010 [data file]

TABLE 3

Age-sex differentials in life expectancy in Indonesia, 1971, 1990, 2010

Age	1971 Census			1990 Census			2010 Census		
	M	F	F/M	M	F	F/M	M	F	F/M
	average number of additional years an individual is expected to live								
60-64	13.1	14.4	1.10	14.9	16.5	1.11	16.7	18.7	1.12
65-69	10.5	11.5	1.10	11.9	13.2	1.11	13.3	14.9	1.12
70-74	8.1	8.9	1.09	9.2	10.2	1.10	10.3	11.5	1.12
75-79	6.1	6.7	1.09	6.9	7.6	1.10	7.7	8.6	1.11
80-84	4.5	4.9	1.08	5.1	5.5	1.09	5.7	6.2	1.10
85-89	3.2	3.4	1.08	3.6	3.9	1.09	4.0	4.4	1.10
90-94	2.2	2.4	1.06	2.5	2.7	1.07	2.8	3.0	1.08
95-99	1.5	1.6	1.05	1.7	1.8	1.06	1.9	2.0	1.07
100+	1.0	1.1	1.03	1.1	1.2	1.04	1.2	1.3	1.04

Source: Population Census 1971, 1980, 1990 and 2010 [data file] Indonesia Population Projection 2010-2035

Figures in Table 3 show that older women in all age groups are expected to live on average longer than older men in that age group. In the age groups 60-64 and 60-69, life expectancy of older women exceeds that of older men by 10 percent or more. Feminization of ageing is therefore the outcome of (a) more females reaching older age and (b) older females living longer than older males.

2.2.1 GREATER VULNERABILITY OF OLDER WOMEN

The importance of feminization of ageing for policy making arises from the greater vulnerability of older women than older men. Hence feminization of ageing has to be taken into account when addressing issues relating to older persons. While the impact of feminization of ageing of the older population on specific issues will be brought out in the discussion of emerging ageing-related issues in Chapter 4, it would be appropriate to review the following three underlying factors that contribute to the greater vulnerability of women in old age:

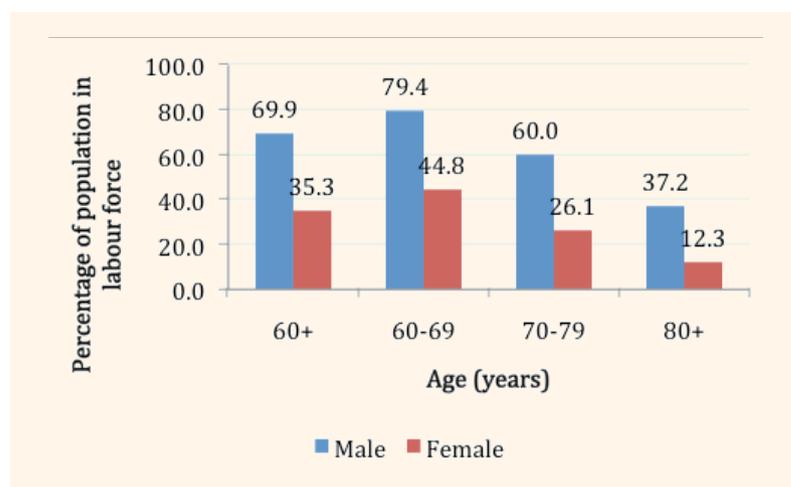
- (i) lower female labour force participation rates;
- (ii) higher proportion of singles among women; and
- (iii) lower female educational attainment.

(i) Lower female labour force participation rates

Late-in-life employment,¹⁹ be it in informal jobs as is common among older people in Indonesia²⁰, or otherwise, can provide a significant source of income for older persons and provides opportunities to remain actively engaged with others in a purposeful way. Indeed, many older men and women continue to work or are willing to work as long as they are healthy and strong enough to be able to do so. Of older males and older females, respectively 70 percent and 35 percent were reported as being in the labour force in 2010. The large difference between the sexes can largely be explained by the social convention carried through into old age which, soon after marriage, requires men to carry the main responsibility as the provider for the family while women more typically remain out of work to support their household members with their daily needs.

FIGURE 14

Labour Force Participation rates of older males and females by age: Indonesia, 2010



Source: Population Census 2010 [data file]

19 The official retirement age for administrative level civil servants was 56 years in 2010 but under Law No.5, 2014 (The Civil Servant Law) was more recently raised this to 58 years: so it has been normal for many people to retire before the age of 60 years.

20 The 2010 Census revealed that 60% of all workers aged 15 years and over worked in the 'informal sector' (See UNFPA (2014) . UNFPA Indonesia Monograph Series no.2) and; that close to 90% of employed persons aged 60 years and over worked in informal sector jobs (see Table 17 in Section 4.4)

As might be expected, Figure 14 shows that the participation rate of both older males and older females reduces quite markedly with age. Nearly 80 percent and 45 percent respectively of males and females in the age group 60-69 reported themselves as economically active. The participation rates were much lower for those aged 80 or more: 37 percent for males and 12 percent for females. With economic activity providing a source of income, these data suggest that a larger proportion of older women would be financially dependent on their adult children (the customary source of support) or others, than older men.

(ii) Higher proportion of singles among older women

A much higher proportion of older women than older men reported being single. The 2010 Census enumerated 61 percent older females and 16 percent of older males as being single. The proportion of older persons reportedly single increased with age. At all ages more older women than older men reported as having no spouse as shown in Figure 15.

The much higher proportion of “singles” among older women is the result of:

- (a) the longer female life expectancy: women more often than not outlive their spouses;
- (b) the husband being usually older is the first to die and more older women than older men are widowed; and
- (c) the greater tendency of men than women to remarry after losing a spouse through death or divorce.

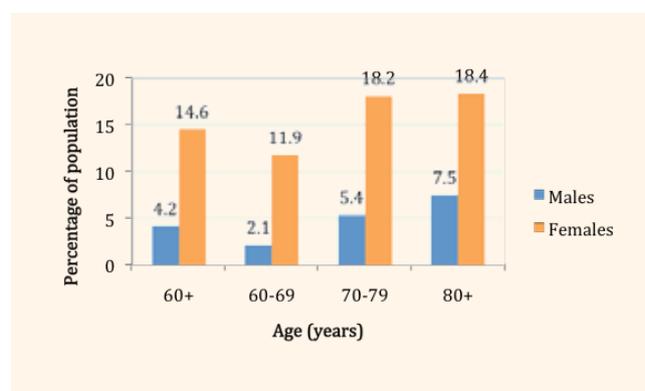
The greater tendency of older men to remarry may partly be attributed to the willingness of younger women to marry older persons. The smaller number of older men and the reluctance of younger men to marry older women reduce the chances of older women

FIGURE 15
Proportion of singles in older population by age and sex: Indonesia, 2010



Source: Population Census 2010 [data file]

FIGURE 16
Percentage of older persons living alone by age and sex: Indonesia, 2010



Source: Given the hardships attached to being single and living alone in old age, the single status increases the vulnerability of older women.

remarrying. As a result of the higher proportion of singles among older women, a higher proportion of older women than older men reported living alone.

(iii) Lower female educational attainment

The 2010 Census enumeration showed significant gender differentials in educational attainment of the older population. Of older men, 23 percent reported having not had any education while 39 percent of older women had never been to school. Gender differences in educational attainment of the older population are summarized in Table 4.

TABLE 4

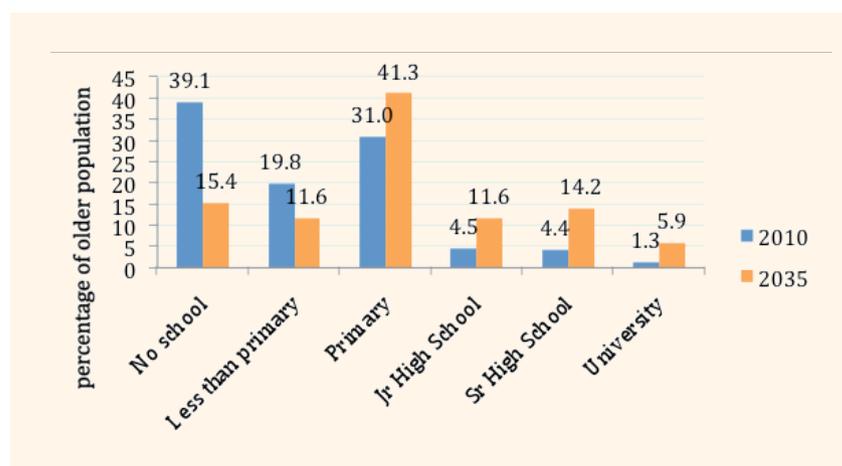
Educational attainment of older population by age and sex: Indonesia, 2010

Age Group (years)	No schooling		Less than Primary		Primary		Junior High School		Senior High School		University	
	M	F	M	F	M	F	M	F	M	F	M	F
	<i>percentage of population</i>											
60+	22.6	39.1	16.8	19.8	40.1	31.0	7.4	4.5	9.2	4.4	3.9	1.3
60-69	17.7	32.5	14.9	18.6	42.5	35.7	8.8	5.8	11.1	5.5	5.0	1.9
70-79	22.6	39.8	16.9	20.2	40.0	30.5	7.6	4.3	9.2	4.1	3.7	1.0
80+	28.6	46.1	19.2	21.3	36.9	26.2	5.7	3.0	7.0	2.8	2.6	0.6

Source: Population Census 2010 [data file]

FIGURE 17

Education attainment of the female older population: Indonesia, 2010 & 2035



Source: Population Census 1971, 1980, 1990, 2010 [data file], and; Indonesia Population Projection 2010-2035

Nearly 60 percent of older women and 40 percent of older men have had either no schooling or less than primary education. Overall, educational attainment is higher for older men than older women. Moreover, the level of educational attainment of older persons declines with age, both males and females. The low levels of educational attainment of older women contribute to their greater vulnerability.

Changes in the educational status of the future older cohorts can be projected on the basis of the educational attainment of the younger cohorts who will form the older population two decades from now. Taking those aged 35-74 years in 2010 as a proxy²¹ for the older population 60-99 years, the educational attainment of the older population could be projected for 2035. Figure 17 shows changes in the distribution of the older population by educational attainment. It should be noted that the scenario for 2035 can be expected to be better than as portrayed. This is because the younger age cohorts among those aged 35-74 years in 2010 have a higher educational attainment and their proportion in those aged 60-99 in 2035 would be higher due to their higher survival ratios to 2035.

It is evident that by 2035 there will have been considerable improvement in the educational status of the older population. The proportion of those who have not attended school or not completed primary school will have fallen from 55 percent in 2010 to 31 percent in 2035. The proportion of those having obtained more education will have increased, with the most significant increase in those completing the junior and senior high school levels: from 10 percent in 2010 to 26 percent in 2035.

2.3 Rural-Urban differences in population ageing

In Indonesia, as in most countries around the world, the proportion of older persons is higher in the rural population than in the urban population.²² According to the 2010 Census enumeration, older persons accounted for 8.7 percent of the rural population and to 6.5 percent of the urban population. The rural population is more aged despite the higher fertility and lower life expectancy in the rural areas. Table 5 summarizes data on the rural-urban differentials which show the fertility rate to have been consistently higher in the rural areas over the last four decades.

TABLE 5
Rural-urban fertility differentials in Indonesia, 1967-1970

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
1990-1994	3.1	2.4
1995-1999	2.6	2.1
2001-2004	2.4	2.1

Source: BPS – Statistik Penduduk Lanjut Usia 2005

²¹ Since, due to varying longevity, those aged 35-74 years in 2010 will not be exactly the same as those aged 60-99 years in 2035, it is appropriate to emphasize that this is a proxy indicator.

²² See references cited in footnote 16 above.

Information on rural-urban differences in life expectancy are not available but one can confidently assume life expectancy to be higher in the urban areas given the higher sanitary standards, wider access to safe water and greater availability of quality health care in urban areas.

Given the rural-urban differentials in fertility and life expectancy, the higher proportion of older persons in the rural population can be explained by the pattern of rural-urban migration. It is mostly the younger persons who move from rural areas to urban areas for purposes of education or employment.²³ Moreover, it has also been observed that some older persons who had initially moved from rural areas to urban areas choose to return upon retirement due to their ancestral links with the rural areas.²⁴ Hence, the rural-urban flow of younger persons and the, albeit, smaller urban-rural flow of older persons contribute to the higher proportion of older population in the rural areas. As shown in Table 6, the rural older population is also more aged than the urban older population with higher concentrations of older persons in the older cohorts. The differences in ageing are reflected in the differences in the potential support ratio. According to Census findings, the potential support ratio was lower in urban than rural areas: respectively 11.0 and 16.1.

TABLE 6
Ageing and feminization of older population by residence: Indonesia, 2010

Age group	Percentage of older population		Percentage of females in population	
	Urban	Rural	Urban	Rural
60-69	61.1	59.6	52.0	52.1
70-79	29.3	30.1	57.1	55.8
80+	9.7	10.3	60.6	57.7
60+	100.0	100.0	54.3	53.8

Source: Population Census 2010 [data file]

Another common characteristic of rural-urban ageing differentials is that older populations in urban areas tend to have a higher proportion of females than those in rural areas. The 2010 Census showed that women represented around 54% of the older populations located in urban and rural areas but that the difference, favouring higher percentages of women in urban areas, increased with age. The proportion of females in the 80 year and over population was 61 percent in the urban areas and 58 percent in the rural areas. This change with increasing age may be related to the rural to urban movements of older women who relocate to be closer to their urban dwelling adult children sometime after their husbands have died. However, other movements, such as older urban men returning to their rural villages of origin after retirement might also have some role to play in this change.

23 UNFPA (2014) UNFPA Indonesia Monograph Series: No.2

24 Skeldon, R (2001) , in World Ageing Situation, United Nations, Department of Economic and Social Affairs, New York





Chapter 3:

PROVINCIAL VARIATIONS IN POPULATION AGEING

At the time of the 2010 Census enumeration, Indonesia was administratively divided into 33 provinces²⁵ covering 13 thousands islands that spread from East to West of the archipelago. The level of socio-economic development and cultures vary across the provinces adding to the Government's task of improving the wellbeing of the population. Differences in demographic structure of provincial populations further aggravate difficulties in addressing issues related to older persons. The older population in Indonesia, as in all other countries, is not evenly distributed throughout the country and areas with a higher proportion of older persons or a faster rate of increase in older population may require more attention than others when addressing ageing-related issues. This Chapter reviews variations in population ageing across the 33 provinces and how these can be explained by differentials in fertility and mortality rates.

3.1 Provincial distribution of population

Table 7 shows that Indonesia's total population and older population are very unevenly distributed across the 33 provinces. Three provinces – East Java, Central Java and West Java – accounted for 47.4 percent or nearly half of the country's population in 2010. Of the remaining 30 provinces, each province, except North Sumatra, accounted for less than 5 percent of total population. Similarly, the older population is concentrated in the same three most populous provinces which together accounted for 57.0 percent of Indonesia's older persons in 2010. There were also wide variations in the extent of population ageing with the percentage of older population ranging from a low of 1.9 percent in Papua to 13.0 percent in Yogyakarta. In addition to Yogyakarta, the proportion of older persons exceeded 10 percent in Central Java and East Java. In 2010 the older population constituted up to 10 percent of total population in the remaining 30 provinces: 7.6 percent-10.0 percent in 4 provinces, 5.1 percent-7.5 percent in 18 provinces and less than 5 percent in 8 provinces.

TABLE 7

Provincial distribution of older people and the relative size of the older population in each province: Indonesia, 2010

Province	Total population (000)	Share in Indonesia's population (%)	Older population (000)	Older persons as % of:	
				Indonesia's older population	Provincial population
Aceh	4494	1.9	264	1.5	5.9
North Sumatra	12982	5.5	766	4.2	5.9
West Sumatra	4847	2.0	392	2.2	8.1
Riau	5538	2.3	225	1.2	4.1
Jambi	3092	1.3	170	0.9	5.5

²⁵ There are now 34 provinces following the addition in 2012 of North Kalimantan. The new province was constituted to include five districts of East Kalimantan: Tarakan, Nunukan, Malinau, Bulungan and Tanah Tidung.

Province	Total population (000)	Share in Indonesia's population (%)	Older population (000)	Older persons as % of:	
				Indonesia's older population	Provincial population
South Sumatera	7450	3.1	465	2.6	6.2
Bengkulu	1716	0.7	101	0.6	5.9
Lampung	7608	3.2	548	3.0	7.2
Bangka Belitung	1223	0.5	71	0.4	5.8
Kepulauan Riau	1679	0.7	57	0.3	3.4
Jakarta	9608	4.0	495	2.7	5.2
West Java	43054	18.1	3033	16.8	7.0
Central Java	32383	13.6	3348	18.6	10.3
Yogyakarta	3457	1.5	448	2.5	13.0
East Java	37477	15.8	3897	21.6	10.4
Banten	10632	4.5	488	2.7	4.6
Bali	3891	1.6	380	2.1	9.8
W Nusa Tenggara	4500	1.9	325	1.8	7.2
E Nusatenggara	4684	2.0	350	1.9	7.5
West Kalimantan	4396	1.8	258	1.4	5.9
Cent Kalimantan	2212	0.9	104	0.6	4.7
S Kalimantan	3627	1.5	211	1.2	5.8
East Kalimantan	3553	1.5	143	0.8	4.0
North Sulawesi	2271	1.0	192	1.1	8.4
Central Sulawesi	2635	1.1	153	0.8	5.8
South Sulawesi	8035	3.4	670	3.7	8.3
SE Sulawesi	2233	0.9	130	0.7	5.8
Gorontalo	1040	0.4	62	0.3	6.0
W Sulawesi	1159	0.5	74	0.4	6.3
Maluku	1534	0.6	95	0.5	6.2
North Maluku	1038	0.4	50	0.3	4.8
West Papua	760	0.3	24	0.1	3.1
Papua	2833	1.2	55	0.3	1.9
INDONESIA	237641	100	18044	100	7.6

Source: Population Census 2010 [data file]

3.2 Factors explaining inter-provincial variations in ageing

The differences in population ageing across Indonesia's provinces can be explained by differentials in fertility and mortality, the two determinant factors of ageing identified in Chapter 2. In addition, the age composition of inter-provincial migratory flows could also contribute to variations in population ageing as seen in the case of rural-urban differences in ageing discussed in Chapter 2.

The 2010 Census reported wide inter-provincial differences in both fertility and mortality rates. The TFR ranged from 1.82 in Jakarta to 3.82, that is, more than twice as high in East Nusa Tenggara. Life expectancy at birth varied less, ranging from 62.2 years in Gorontalo to 74.7 years in Jakarta. Table 8 shows the proportion of ageing, the TFR and the life expectancy at birth (e^o) for each province as estimated on the basis of the findings of the 2010 Census.

TABLE 8

Population ageing and fertility by province: Indonesia, 2010

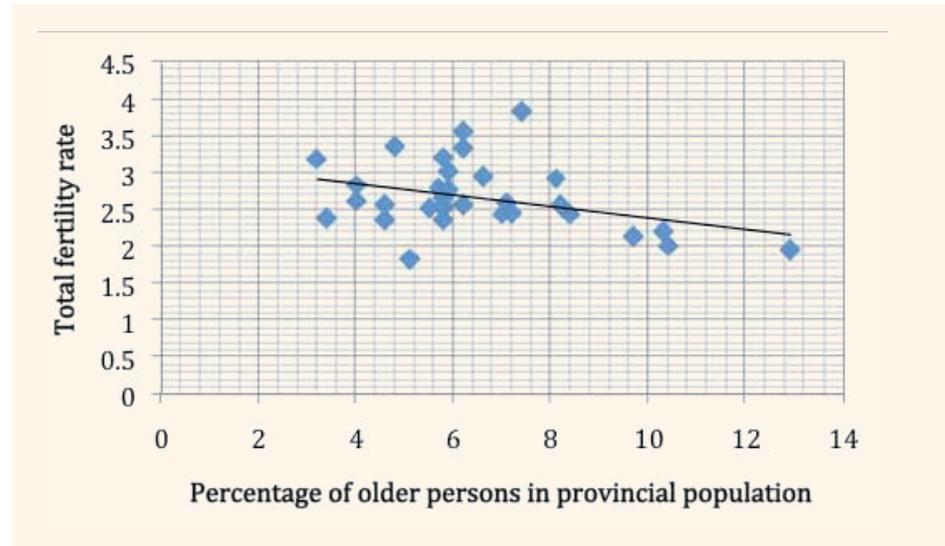
Province	% 60+ in population 2010	TFR 2010	e^o	Province	% 60+ in population 2010	TFR 2010	e^o
Aceh	5.7	2.79	70.2	W Nusa Tenggara	7.1	2.59	65.1
North Sumatera	5.9	3.01	70.9	E Nusa Tenggara	7.4	3.82	67.4
West Sumatera	8.1	2.91	69.7	W Kalimantan	5.8	2.64	70.3
Riau	4.0	2.82	71.7	Cn Kalimantan	4.6	2.56	71.5
Jambi	5.5	2.51	69.9	S Kalimantan	5.8	2.35	68.4
South Sumatera	6.2	2.56	70.9	E Kalimantan	4.0	2.61	72.3
Bengkulu	5.8	2.51	70.3	N Sulawesi	8.4	2.43	71.1
Lampung	7.2	2.45	71.7	Cn Sulawesi	6.6	2.94	65.9
Bangka Belitung	5.8	2.54	70.7	South Sulawesi	8.2	2.55	69.3
Kepulauan Riau	3.4	2.38	72.7	SE Sulawesi	5.8	3.20	67.0
Jakarta	5.1	1.82	74.7	Gorontalo	5.9	2.76	63.2
West Java	7.0	2.43	70.9	W Sulawesi	6.2	3.33	65.1
Central Java	10.3	2.20	72.4	Maluku	6.2	3.56	65.1
Yogyakarta	12.9	1.94	74.1	North Maluku	4.8	3.35	67.0
East Java	10.4	2.00	71.3	West Papua	3.2	3.18	71.8
Banten	4.6	2.35	71.4	Papua	2.4	2.87	73.0
Bali	9.7	2.13	72.7				

Source: BPS (2013) Population Census 2010 [data file]

As shown in Figure 18, there is a negative correlation, as expected, between population ageing and total fertility rate. The coefficient of correlation between the percentage of older population and total fertility is $(-)$ 0.368. On the other hand, the relationship between population ageing and life expectancy at birth is not so clearly a positive one as might be expected (Figure 19). The coefficient of correlation between the percentage of older population and life expectancy at birth is estimated at $+$ 0.053. The high degree of scatter among the points seen in the diagram suggests a high level of uncertainty in this relationship.

FIGURE 18

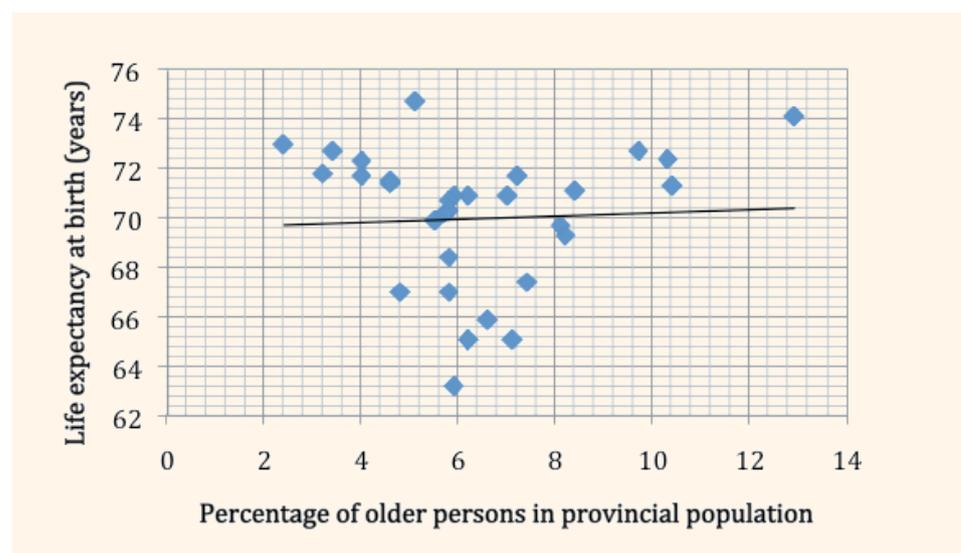
Total Fertility Rate and population ageing across the provinces: Indonesia, 2010



Source: Population Census 2010 [data file]

FIGURE 19

Life expectancy at birth and population ageing across the provinces: Indonesia, 2010



Source: Population Census 2010 [data file]

3.2.1 IMPACT OF FERTILITY DIFFERENTIALS ON PROVINCIAL VARIATIONS IN AGEING

A closer look at selected provinces helps to provide further insight into factors explaining variations in population ageing. As shown in Table 8, five provinces with the highest percentages of older population are Yogyakarta, East Java, Central Java, Bali and North Sulawesi. Of these, Yogyakarta, which has the highest proportion of older persons (13.0%) has below replacement level fertility (1.94) and a high life expectancy at birth (74.1 years), second only to that of Jakarta. In the remaining four provinces TFR are among the lowest and life expectancy at birth relatively higher. The high rates of population ageing reflect largely the success of the family planning programme.

The National Family Planning programme was implemented in three phases: Phase I covering Java Island and Bali was the first to start in 1971. This was followed in 1975 by Phase II covering Sumatra, Kalimantan and Sulawesi. Phase III covering the rest of the country was launched in 1979. This explains why Bali and three provinces in Java have the highest rates of population ageing. Fertility in provinces in the outer islands is generally higher and the percentages of older population lower. In provinces with higher levels of fertility, the share of older persons in total population tends to be lower. These include North Maluku with TFR 3.35 and 4.8 percent older population; West Papua (TFR 3.17 and 3.1% older population); Southeast Sulawesi (TFR 3.20 and 5.8% older population); and Riau (TFR 2.82 and 4.1% of older persons). These findings strengthen the argument that variations in population ageing across the provinces in Indonesia can be explained to a large extent by lower fertility.

There are provinces that show inconsistent patterns with the above argument. The most striking is Jakarta where fertility is lowest (TFR 1.82) and life expectancy highest (74.7%) but the proportion of older persons in population is only 5.2 percent. This can be explained by its long history of the in-migration of youth and young adults for education or work, a characteristic of all capital cities in developing countries.²⁶ East Kalimantan has a relatively lower TFR of 2.6 and the percentage of older persons is also low at 4.0 percent. East Kalimantan is well-known as a mining and logging area and the low proportion of older persons could be explained by the in-migration of younger workers.²⁷ In both East Nusa Tenggara's and West Sumatra which have a high TFR (3.82 and 2.91), the proportion of older persons is quite high (7.5% and 8.1%). This indicates that these two provinces have considerable out migration of young workers. West Sumatra is culturally known as a 'merantau' province, by which young men have to leave and seek experience outside the province. East Nusa Tenggara is known for its high unemployment rate that tends to push younger workers out from the province for work.²⁸

It should be pointed out that inter-provincial variations highlight the link between population ageing in Indonesia and its successful family planning programme: those

26 Ananta A, et., al (1997) "Some Economic Demographic Aspects of Ageing", , no 10. Canberra: Australia National University

27 Ibid.

28 Ibid

provinces are now the most “aged” where the decline in fertility set in earlier as a result of the earlier implementation of the family planning programme.

3.3 The projected provincial pattern of population ageing

It is projected that population ageing will continue in all provinces in varying degrees. The overall provincial pattern of population ageing projected for year 2035 on the basis of Census based projections is summarized in Table 9.

TABLE 9
Distribution of provinces by extent of population ageing: 2010-2035

Percentage of population 60+	2010	2015	2020	2025	2030	2035
	number of provinces					
1.9 – 5.0	8	4	2	0	0	0
5.1– 7.5	18	19	11	3	0	0
7.6 – 10.0	4	6	15	20	11	1
10.1 – 12.5	2	3	3	5	12	10
12.6 – 15.0	1	1	3	2	5	14
15.1 – 20.6	0	0	0	3	5	8

Source: Population Census 2010[data file]; and Indonesia Population Projection 2010-2035

The projections show that there will be a gradual shift in the distribution of provinces towards a higher percentage of older persons in population ageing. The 2010 Census showed that in 30 provinces older persons accounted for up to 10 percent of total population. This figure is projected to decline to 23 by 2025 and to only one by 2035. At the other end of the scale, there were 3 provinces in 2010 where older persons constituted more than 10 percent of the population. By 2025, there will be 10 provinces including three where the proportion of older persons will exceed 15 percent. By 2035, in all provinces except one, older persons will account for more than 10 percent of the population. In two of provinces – Central Java and East Java – older population will exceed 20 percent of the population.

The proportion of older persons in the population of each province is projected to increase over the period 2010-2035. This is clearly brought out by comparing the provincial patterns of ageing depicted in the following maps for 2010 and 2035.

3.3.1 INTER-PROVINCIAL DIFFERENCES IN POPULATION GROWTH PROJECTIONS - ASSOCIATED WITH POPULATION AGEING

Inter-provincial variations in the share of population growth attributable to population ageing helps to inform of the relative magnitude of emerging ageing-related issues in different parts of Indonesia and is relevant to the formulation of policies and programmes at the provincial level. For each province Table 10 shows the percentage contribution

that the growth in the size of the older population will make to the provinces overall population growth during the period 2010-2035. The provinces are arranged from highest to lowest according to those projected to experience the greatest share of gains from the increase in their older populations. The Table also shows the rank of each province according to the proportion of older population in 2010.

Table 10 shows that the proportion of the total increment in population accounted for by older persons as projected for the period 2010-2035 will vary widely around the national average of 44.3 percent. Older persons will constitute only 17.4 percent of the increase in East Nusa Tenggara's population. In East Java the increase in older population will be 24.2 percent above the total increase in population as a result of an absolute decline in the population below 60 years. It is estimated that East Java's population below 60 years will decline from 33.7 million in 2010 to 32.8 million in 2035 whereas the older population will increase from 3.9 to 8.3 million during the same period.

PICTURE 1

The changing pattern of population ageing across Indonesia's provinces, 2010



Source: Population Census 2010[data file]

PICTURE 2

The changing pattern of population ageing across Indonesia's provinces, 2035



Source: Indonesia Population Projection 2010-2035

TABLE 10

Share of older persons in total population of province: 2010-2035

Province	%	Rank*	Province	%	Rank*	Province	%	Rank*
East Java	124.2	2	West Sumatera	36.4	7	Bangka Belitung	26.1	19
Central Java	90.3	3	Jambi	36.1	24	Central Kalimantan	24.6	28
Jakarta	76.1	25	South Kalimantan	35.9	21	Aceh	23.9	23
North Sulawesi	61.9	5	West Kalimantan	35.8	20	Riau	22.2	29
Lampung	58.3	9	West Nusa Tenggara	35.2	10	Southeast Sulawesi	21.5	22
Bali	50.7	4	Gorontalo	34.3	17	North Maluku	21.1	26
South Sulawesi	47.0	6	Bengkulu	33.7	18	Kepulauan Riau	21.0	31
Yogyakarta	45.6	1	Central Sulawesi	32.4	12	Maluku	19.4	15
North Sumatera	44.6	16	Banten	30.0	27	West Sulawesi	19.2	14
West Java	44.1	11	Papua	29.0	33	West Papua	18.4	32
South Sumatera	40.1	13	East Kalimantan	28.3	30	East Nusa Tenggara	17.4	8

Rank according to % 60+ in population 2010as shown in Table 7 above

Source: Population Census 2010[data file], and; Indonesia Population Projection 2010-2035

The ranking of provinces according to the proportion of older population in 2010 is also given in Table 10. This helps to show that the proportion of total increment in population accounted for by older persons over any period of time is not necessarily related to the proportion of older persons in the population in the base year. Hence, in a province with a lower proportion of older population in 2010, the increase in population accounted for by older persons could be larger than in a province with a higher proportion of older population in 2010. For example, the proportion of older persons in population in 2010 was 5.2 percent in Jakarta and 13.0 percent in Yogyakarta. However, the proportion of older persons in the population increase during 2010-2035 is projected to be 76.1 percent in Jakarta and 45.6 percent in Yogyakarta.

It is important that policy makers take cognizance of the overall population ageing scenario and not restrict their focus on the proportion of older persons in population at the beginning of any planning period. How population ageing is expected to progress in a province is as, if not more, important than the initial stage of ageing in that province. Issues to be addressed in the future and the number of older persons to be taken care of would depend more on the expected increase in older population than on the proportion of older population. A lower proportion of older persons in population in a province should not therefore lead to complacency in addressing ageing-related issues in the province.





Chapter 4

EMERGING AGEING-RELATED ISSUES

The review of population ageing based on the 2010 Census findings presented in the last three chapters shows that population ageing will be a dominant trend in Indonesia's demographic scenario during the next few decades. In addition to demographic details, the Census also collected information on some socio-economic characteristics of the population such as disability, living arrangements and employment status. These findings can help improve the understanding of issues that are likely to emerge as Indonesia's population continues on its projected path of ageing. Censuses do not usually collect information on certain aspects such as health status, poverty and pensions which are of much relevance in old age. Therefore, in this Chapter, the discussion of ageing-related issues based on Census findings will be extended to cover more issues where necessary and possible using information available from other sources such as multi-purpose surveys.

4.1 Key issues facing older persons

As the number of older persons continues to increase with population ageing, the government will have to take steps to ensure that their quality of life is maintained. This will call for ensuring, among others, that they have adequate income, that their health needs are met, that they have appropriate accommodation and that they are facilitated to lead an active life for as long as they are able to and wish to. The government has to meet, among others, the following main challenges arising as a result of population ageing:

- (a) Increasing incidence of disability
- (b) Providing appropriate living arrangements
- (c) Ensuring income security in old age
- (d) Meeting the growing demand for health services

4.2 Older persons living with a disability

The likelihood of disability increases with age. The UNFPA and HelpAge International²⁹ recognize this as resulting from accumulated health risks across the lifespan of disease, injury and chronic illness. Key types of disability are visual impairment, hearing loss, amnesia and hampered mobility.

Statistics on disability have been hard to come by in developing countries. The 2010 Population Census being the first Indonesian census to collect information on disability has therefore filled a crucial gap in disability statistics. Adopting the suggestion from the UN Washington Group on Disability Statistics, the census asked all respondents if they had difficulties in (1) seeing even if wearing glasses, (2) hearing even if using a hearing aid; (3) walking or climbing stairs, (4) remembering, concentrating or communicating with others due to a physical or mental condition, and (5) self-care³⁰. Respondents were asked to choose one of three answers: (a) None, (b) A little or (c) A lot.

29 UNFPA & HelpAge International (2012), UNFPA: New York

30 The UN Washington Group on Disability Statistics distinguished physical and mental disabilities into two separate questions.

The 2010 census results on the prevalence of disability showed that the proportion of persons in total population living with a disability was 4.7 percent. This is significantly lower than rates of disability in other countries using similar function-based questions. According to the recent WHO/World Bank World Report on Disability, in most countries have disability rates are about 15 percent (WHO, World Bank, 2011). In Indonesia too, the nationally representative survey – RISKESDAS, which collects information using more detailed and probing questions reported a disability prevalence rate of 11 percent.³¹ Why the Census reported much lower rates of disability could be the result of the concept of disability used, the way the enumerators asked such difficult questions and the possible reluctance of respondents to acknowledge their disabilities or those of other household members.

TABLE 11
Prevalence of disability by age group and sex: Indonesia, 2010

Age group (years)	Male	Female	Total
15-49	2.5	2.2	2.4
50-59	8.5	9.1	8.8
60+	23.4	28.2	26.0
All ages	4.4	4.9	4.7

Source: Population Census 2010[data file]

Nevertheless, information from the 2010 Census is still useful to shed some light on the issues of disability in Indonesia, as the concern is more with variations in the rates of disability by age and sex than with the prevalence rates. The Census findings on age-sex differentials in the prevalence of disability in total population are summarized in Table 11.

Of the total population, 4.7 percent reported having one or more forms of disability. The proportion of those reporting a single or multiple disabilities was 4.9 percent in the female population and 4.4 percent in the male population. The proportion of older persons with a disability increased with age. Less than 2.5 percent of the population aged less than 50 years reported a disability. The proportion was slightly higher among males

TABLE 12
Prevalence of disability by severity/multiplicity type among older persons by age and sex: Indonesia, 2010

Disability category	60-69			70-79			80+			60+		
	M	F	T	M	F	T	M	F	T	M	F	T
No disability	83.6	80.6	82.1	69.6	64.9	66.9	51.7	46.0	48.4	76.7	71.8	74.0
Some difficulty (single)	9.5	9.7	9.6	12.2	11.6	11.9	12.2	10.5	11.2	10.5	10.4	10.5
Severe difficulty (single)	0.6	0.6	0.6	0.9	0.9	0.9	1.2	1.1	1.1	0.7	0.7	0.7
Some difficulty (multiple)	4.7	7.2	6.0	15.2	12.9	15.2	23.4	26.7	25.3	8.8	12.4	10.7
Severe difficulty (multiple)	1.6	1.9	1.8	5.1	4.3	5.1	11.5	15.7	13.9	3.3	4.7	4.0

Source: Population Census 2010 [data file]

31 Daniel Mont and Demographic Institute Faculty of Economic University of Indonesia (2012)

than females. The prevalence of disability increased to 8.8 percent in the age group 50-59 years with a higher proportion of females (9.1%) reporting a disability than males (8.5%). With old age, disability increased significantly with 26.0 percent older population being affected. The proportion reporting a disability was 28.2 percent among older women compared to 23.4 percent among older men.

Information collected by the Census summarized in Table 12 shows how the proportion of persons living with a disability increases with age in the older population and is higher in the female population.³²

The Table shows older persons with (a) some difficulty, that is, those having some difficulty in any one of the 5 domains; (b) severe difficulty, that is those having severe difficulty in any one of the 5 domains; (c) multiple some difficulty, that is those having some difficulty in more than one domain but no severe difficulties in any domain; and (d) multiple severe difficulty, that is those having severe difficulty in at least one domain and some or severe difficulty in at least one other domain (could be some or severe).

Of the total number of older persons in Indonesia, 74.0 percent said that they had no difficulties in any of the five domains. The proportion of those having some difficulty was 21.2 percent (10.5% for single-difficulty category and 10.7% for multiple-difficulty category). Those reporting a single severe-difficulty were 0.7 percent and those reporting multiple-severe-difficulty were 4.0 percent.

When analysed by sex, the majority of female elderly were in the no-disability category (71.8%). The females categorized as having some difficulty reached 22.8 percent, consisting of 10.4 percent for some difficulty and 12.4 percent for multiple difficulties. In addition, those with severe difficulty were 0.7 percent and with multiple severe difficulties were 4.7 percent. Similarly, the majority of male elderly were in the no-disability category (76.7%). The males with some difficulties reach 19.3 percent, including 10.5 percent for some-difficulty category and 8.8 percent for multiple-difficulty category. Meanwhile, those categorized as severe difficulty were 0.7 percent and multiple severe difficulties were 3.3 percent.

The Census provided valuable information on types of disability reported by older males and females of different ages in both rural and urban areas. As shown in Table 13, difficulties in seeing, hearing and climbing stairs are common problems suffered by older Indonesians. This is consistent with disabilities reported by UNFPA and HelpAge International (2012). Cataracts cause loss of sight which hampers older people from conducting their usual activities, and from work leading to income loss. Loss in hearing prevents older persons from social activities due to difficulties in communication with others, which leads to increasing loneliness and being socially excluded. Difficulty in climbing stairs is the impact of, among others, arthritis. These types of illness are among degenerative diseases accompanying an ageing process. Some of these can easily being cured by a surgery (such as in the case of cataract) or providing with assistive devices.

³² Evidence from a number of countries has shown that the prevalence of disability increases with age and that it tends to be higher among older women than older men. .

TABLE 13

Percentage of older persons with functional difficulties by type and degree of difficulties and age and sex: Indonesia, 2010

Some Difficulties		Vision		Hearing		Climbing Stairs		Physical/Mental		Selfcare		Number of Older Person (X 1,000)					
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Female	Total		
60-64	9.7	11.0	10.4	3.7	5.4	4.6	3.3	5.3	2.4	3.8	3.1	1.6	2.4	2.0	2,923	3,129	6,052
65-69	12.2	14.0	13.1	6.2	8.7	7.6	5.4	8.4	3.9	6.1	5.1	2.6	4.0	3.3	2,223	2,468	4,690
70-74	17.0	19.3	18.3	12.0	15.4	13.9	10.1	14.5	7.7	11.2	9.6	5.3	7.8	6.7	1,530	1,924	3,454
75-79	20.2	22.3	21.4	16.8	19.9	18.6	14.1	18.9	11.0	15.0	13.3	7.8	10.8	9.5	842	1,135	1,977
80-84	25.3	27.7	26.7	23.6	26.9	25.5	20.4	25.4	16.6	21.3	19.3	12.2	16.2	14.5	481	661	1,142
85-89	28.2	30.2	29.4	28.0	30.6	29.5	24.9	28.9	20.7	25.2	23.3	15.7	19.8	18.1	182	255	438
90+	32.8	34.4	33.8	32.8	35.0	34.2	29.9	32.6	26.4	30.4	28.9	21.1	24.9	23.5	100	175	275
60+	14.4	16.8	15.7	9.3	12.6	11.1	8.0	11.9	6.2	9.4	7.9	4.4	6.6	5.6	8,281	9,748	18,028
Severe Difficulties		Vision		Hearing		Climbing Stairs		Physical/Mental		Selfcare		Number of Older Person (X 1,000)					
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Female	Total		
60-64	0.6	0.8	0.7	0.4	0.5	0.5	0.8	0.9	0.4	0.5	0.5	0.5	0.6	0.5	2,923	3,129	6,052
65-69	1.0	1.3	1.1	0.8	0.9	0.8	1.2	1.5	0.6	0.8	0.7	0.8	1.0	0.9	2,223	2,468	4,690
70-74	1.7	2.3	2.1	1.6	1.9	1.7	2.0	2.7	1.1	1.6	1.3	1.4	1.9	1.7	1,530	1,924	3,454
75-79	2.6	3.3	3.0	2.6	3.0	2.8	3.1	4.3	1.7	2.5	2.2	2.1	3.0	2.6	842	1,135	1,977
80-84	4.1	5.4	4.9	4.5	5.3	5.0	5.0	7.4	3.0	4.6	3.9	3.6	5.4	4.7	481	661	1,142
85-89	5.7	7.4	6.7	6.5	7.8	7.2	7.1	10.6	4.5	6.9	5.9	5.4	8.2	7.0	182	255	438
90+	9.6	12.9	11.7	11.3	14.0	13.0	12.3	18.3	8.6	13.1	11.5	9.8	15.0	13.1	100	175	275
60+	1.5	2.2	1.9	1.5	1.9	1.7	1.9	2.8	1.1	1.7	1.4	1.3	2.0	1.7	8,281	9,748	18,028

Source: Population Census 2010[data file]

Although there is need to exercise caution in interpreting the results due to under reporting issues, the data indicate that a significant number of older persons cannot perform their daily activities such as bathing, eating and getting dressed without assistance. For those classified as having 'some difficulties' help from their children or relatives might be needed. But for those identified as having 'severe difficulties' in self-care, most of whom would probably be bedridden, specific programmes and social assistance have to be developed, especially for those who are poor.

Evidence available on age-sex differentials in the prevalence of disabilities shows that all forms of disability increase with age and the prevalence is higher among older women than older men. While as a result of population ageing the overall prevalence of disability in the population can be expected to increase, ageing of the older population would further add to the prevalence of disability among the older population itself when taken as a whole. The increasing number of older persons living with a disability in self-care will be an especially needy group given their dependence on others for every day support. Given the projected decline in family sizes and the consequent decline in the support that families may be able to provide, there would be need to provide assistance to families who have to care for such older members and also to make available alternative care arrangements involving paid professionals and institutional care.

4.3 Providing appropriate living arrangements

To a large extent Indonesian society continues to be traditional in character with respect to care arrangements for older persons in that the main responsibilities for providing care lies with their offspring and other younger relatives. This is in line with the implicit "intergenerational contract" whereby the younger generation who have been brought up and taken care of by the older generation "repay" the older generation by taking care of them during their old age. As such the majority of the Indonesian elderly live with their own children and often in extended family situations. The 2010 Census results showed that 54.8 percent of older persons lived with their single or married offspring in one of two basic living arrangement types. These included 18.3% who lived in a two generation, parent and child type 'family' household (with no one else present) and a further 36.5% in which the older person lived together with their children and grandchildren in a multi-generational household (or 3 generations under one roof household with no-one else present). The 'other' family type shown in Figure 20 also includes older people who lived with their children but, as described below, in even more complex living arrangements than the two types described above so the overall proportion of older people who lived with at least one child is actually higher than the 54.8 % figure would suggest.

FIGURE 20

Percentage of older population by age and living arrangement: Indonesia, 2010



Source: Population Census 2010[data file]

Note: 'living under one roof' is common language in day to day communication. The figure is derived from BPS's definition of household and refers to older persons living with in households with three generations.

While the majority of older people lived in a multi-generation household (of which the two particular types mentioned above were common situations) those living alone with their spouse (close to one fifth (18.1%) lived with their spouses only) or those who lived all by themselves (9.8% lived alone) remained as a significant minority.

It should be noted that, except for the category 'alone', the classification of living arrangements shown in Figure 20 is based on family relationships to the household head within a household with two or more persons. A older person was classified as being a member of a 'couple' household if he, or she, was aged 60 years and over and lived with a spouse (who may or may not be an older person) in a household where no other persons were present. A 'family' person refers to a lone older person or an older person with a spouse who lived with their natural or in-law children only. A "3 generations under one roof" refers to a household with a single older person or an older person with a spouse, adult children (natural or in-law) who also had children of their own. It excluded 3 generation households where other relations were also present. The category 'other' refers to those household composition types which could not be categorized to any of the categories described above. For instance, a 'family' (as defined above) which also included other people related to the household head, be they friends, other relatives (brothers or sisters, nephews, nieces) and/or housemaids was classified as being in this 'other' category. However, the 'other' category also included households with older people who simply lived with friends or relatives that do not involve a couple or parent-child relationship.

The age-sex differentials in the pattern of living arrangements of older Indonesians are brought out in Table 14.

TABLE 14

Percentage of older population by age, sex and living arrangement: Indonesia, 2010

Living arrangement	60-69			70-79			80+			60+		
	T	M	F	T	M	F	T	M	F	T	M	F
Alone	7.7	3.1	11.9	12.6	5.4	18.2	13.9	7.5	18.4	9.8	4.2	14.6
Couple	18.8	21.8	16.0	18.2	28.3	10.3	14.0	27.7	4.4	18.1	24.2	12.9
Family	23.7	34.8	13.6	11.5	19.2	5.5	6.6	10.4	4.0	18.3	28.1	10.0
3 generations under one roof	33.7	29.3	37.8	39.7	33.8	44.2	43.7	37.8	47.8	36.5	31.4	40.9
Other	16.1	11.0	21.8	18.1	13.2	21.8	21.8	16.6	25.5	17.3	12.2	21.7
Total	100.0											

Source: Population Census 2010[data file]

From the data presented in Table 14, one can draw the following conclusions:

- (a) The proportion of those living alone increases with age and, in each age group, is much higher among older women than older men. This can be explained by the higher incidence of widowhood among older women.
- (b) A much higher proportion of older men than older women live with a spouse only. Moreover, the proportion of older women living only with a spouse declines with age. In the case of men, the proportion living with only a spouse is highest for those aged 70-79 years and lowest for those age 60-69 years. This validates the earlier discussion that incidence of re-marriage in old age after losing a spouse is high among males.
- (c) The proportion of older men and older women living in a family (that is, with spouse and children) is higher among older men but declines with age for both men and women. The much higher proportion of older men living in a family also falls in line with the higher incidence of re-marriage as a result of which some of them may have a new family.
- (d) The proportion of those living in an extended (three generation family) is higher among women than men and for both it increases with age. This could be explained by the greater likelihood of having grandchildren as one grows older.
- (e) A higher proportion of older women than older men reported living under "other" arrangements. The proportion in this category which would include those with other relatives and friends (possibly some older persons living jointly) increases with age for both men and women.

The Census findings on living arrangements indicate that the traditional value of the family still holds and would be beneficial for older persons in terms of family support. In the case of urban families other factors could strengthen this arrangement. In urban

areas, place of work is usually at a distance from home. This makes it convenient for adult offspring, particularly in cases where both husband and wife are employed, to have their parents living with them. The grandparents provide help with minding their children when the young couples are at work, while for the grandparents they are secure with accommodation, daily needs and health care provided by the young couples. This is a kind of a balance transfer between children and their seniors. At the same time for purposes of policy it is important to recognize that with increasing urbanization and globalization, mobility and migration of family members is also increasing. It is becoming increasingly common for adult offspring to live separately, even outside Indonesia. This threatens the availability of potential care givers within the family which, as evident from the declining potential support ratio (section 1.4.4), is declining *per se*.

Moreover, the proportion of older persons living alone increases with age and is higher among females. The proportion of older persons left to live alone can therefore be expected to increase with ageing of the older population. And, given the continuing feminization of ageing, there will be a larger number of older women than older men who would need care and attention. The question that needs to be answered is whether living alone is by choice or because of childlessness, death of spouse, or a result of neglect or abandonment by family or relatives. While determining the factors that explain living alone in old age need to be researched, in a traditional society like Indonesia's it can safely be assumed that those living alone, barring a few exceptions, would not be doing so voluntarily. Living alone results in loneliness and if the older person suffers a disability then life becomes very difficult. Nobody is there to take care of them if they are sick. There is nobody to call for assistance, if necessary, with self-care such as bathing, using the toilet, getting dressed or eating. If afflicted with chronic degenerative diseases, the elderly, more women than men, would need help in getting out of bed, walking to the bathroom etc.

The government needs to address the issue and put in place appropriate policies and introduce programmes to ensure that all older persons enjoy appropriate living arrangements in which they are assured of adequate care and attention. This would require, among others, providing incentives and assistance to families to enable older persons to "age in place", that is, among family members whom they have cared for and with whom they have lived all their life.

4.4 Ensuring income security in old age

With age one's income-earning capacity gradually declines. As such income security and avoidance of poverty are critical concerns in old age. In developing countries the incidence of poverty is known to be higher in the older population and to increase with age. Table 15 summarizes data on the incidence of poverty in the older population.

It should be noted that a higher proportion of the non-elderly population are reported to be below the poverty line than the older population. This can be explained by the

large proportion of children (dependents) included in the younger population. In the case of older population, the Table shows that the proportion of older persons below the poverty increases with age. It also shows that the prevalence of poverty is much the same if not slightly higher among older women than older men and that it is higher among older persons in rural areas than those in urban areas.

TABLE 15

Incidence of poverty in the older population by age, gender and residence: Indonesia, 2009

Older population by age/ gender/residence	Percentage of population below:		
	Poverty line	1.5 x Poverty line	2 x Poverty line
Non-elderly (0-59)	9.5	36.6	60.3
Older persons (60+)	9.0	36.9	61.2
Age (years):			
60-69	7.8	34.3	58.5
70-79	10.1	39.8	64.2
80+	11.8	43.3	67.5
Gender:			
Male	8.5	36.5	60.8
Female	9.3	37.2	61.5
Residence:			
Urban	7.7	30.7	51.9
Rural	9.9	41.6	68.3

Source: The National Socio-Economic Survey (SUSENAS) 2009 [data file]

As Indonesia, like most developing countries, has a pension system with limited coverage, a significant proportion of older persons feel the need of continuing to engage in income-earning activities to meet basic needs. Economic activity is identified as one of the indicators of active ageing by WHO (2001) as well as the MPIAA (2002). In addition, to ensuring active ageing, being economically active also helps reduce the risk of older persons falling into poverty and on being financially dependent on others.

Labour force participation rate is the main indicator of economic activity. It is defined as the percentage of population engaged in the economic activity or actively seeking work. Census findings summarized in Table 16 shows that in 2010, half of the older population (50.5%) reported being economically active.³³ The labour force participation rate was higher for older males (69.4%) than older females (34.5%) and significantly higher for older people in rural areas (59.0%) than for older people in urban areas (39%). The participation rates for both males and females decline with age. However, in 2010 37.2

³³ Labour force participation rate is the proportion of population working and looking for work. For older persons, the Census showed that the difference between economically active and those actually employed was insignificant indicating that unemployment among older persons was virtually non-existent.

percent of males and 12.3 percent of females aged 80 years or more reported being still economically active. The labour force participation rate in every age cohort is higher for males than females. This may be largely because the responsibility of earning rests more on men than women. It may also in some part be due to circumstances and attitudes of employers that older women become discouraged to enter the labour market.

TABLE 16

Labour Force Participation rates by age, sex and residence: Indonesia, 2010

Age group (years)	Males			Females			All		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
60-69	66.3	88.2	78.6	29.9	53.8	43.4	47.3	70.3	60.3
70-79	46.4	69.2	59.9	17.3	32.5	26.1	29.8	48.7	40.9
80+	28.2	42.7	37.1	8.3	15.0	12.3	16.1	26.7	22.5
60+	57.6	78.1	69.4	23.7	42.5	34.5	39.2	59.0	50.5

Source: Population Census 2010 [data file]

For countries with low levels of development and where pension systems are lacking, there is a question of whether working for older persons is an absolute necessity as a survival strategy. This question may be partly answered by examination of the status of employment of older people in people with jobs, that is, whether older persons are working in formal or informal employment. Formal sector employment includes the types of jobs in which individuals are officially engaged (as an ‘employee’) to work on a regular basis in return for regular wages and typically also for preset work entitlements such as paid leave and access to post-retirement pension schemes. Examples of workers in the formal sector include office, shop-front, factory and service-providing personnel who work with private companies, government and civil society organisations for a regular wage or salary. The formal sector also includes those individuals who (listed as an ‘employer assisted by paid permanent employees’) formally engage one or more ‘employees’ on an ongoing basis. Persons engaged in informal employment, on the other hand, include those who are self-employed, self-employed and assisted by unpaid temporary workers (usually family members), as well as casual workers and unpaid family workers. Most informal workers are challenged by high uncertainties of income and lack social protection. Therefore, they often have to continue to work as long as they can in their older ages in order to cover their day to day expenses.

Table 17 summarizes the Census findings on the distribution of the economically active population by age, sex and employment status.

Of all older persons who were employed at the time of the 2010 census only 8.1 percent were categorized as “employees”: 9.4 percent of older men and 5.8 percent of older women. Another 3.4 percent of the older persons (4.1% males and 2.1% females) reported themselves as “employers assisted by paid permanent workers”. The remaining 88.6 percent were informal workers. A higher percentage of older women were informal workers than older men. Though the proportion of older women working as unpaid family

TABLE 17

Percentage of employed older persons by age group, sex and employment status: Indonesia, 2010

Employment Status	60-69			70-79			80+			60+		
	T	M	F	T	M	F	T	M	F	T	M	F
Self-employed	30.1	30.2	29.8	31.1	29.9	33.1	32.4	30.2	37.0	30.4	30.1	30.9
Self-employed assisted by unpaid temporary employees	28.9	37.2	15.1	34.0	42.5	18.8	36.4	43.8	20.6	30.5	38.8	16.2
Employer assisted by paid permanent employees	3.5	4.3	2.1	3.0	3.6	2.0	3.1	3.6	2.2	3.4	4.1	2.1
Employee	9.0	10.7	6.2	5.8	6.4	4.7	5.7	5.8	5.3	8.1	9.4	5.8
Casual worker	13.5	13.7	13.3	12.1	11.7	12.9	10.0	9.5	11.0	13.0	13.0	13.1
Unpaid family worker	15.0	3.9	33.5	14.0	5.8	28.5	12.5	7.1	23.9	14.6	4.6	31.9
Informal workers	87.5	85.0	91.7	91.2	90.0	93.3	91.2	90.6	92.5	88.6	86.5	92.1

Source: Population Census 2010 [data file]

workers declined with age, the proportion of older women of all ages working as unpaid family workers was much higher than of older men. Also, a higher proportion of older women are self-employed and this proportion increased with age. Self-employment in old age could indicate the need to engage in some income-earning activity and reflect efforts to meet basic needs. The issue of older persons continuing to work into late ages suggest that this is related to poverty and the absence of a formal social protection system. As such they do not work for pleasure, but out of necessity for income.

Table 18 shows the distribution of older workers by their industry of employment at the 2010 census. The large majority of older workers, around 70 percent, worked in the agriculture sector; 24 percent worked in the services sector; and the remaining 7 percent worked in the manufacturing sector. This sectoral pattern was similar among progressively older age groups in the older population.

TABLE 18

Percentage of employed older persons by age, sex and industry of employment: Indonesia, 2010

Employment status	60-69			70-79			80+			60+		
	T	M	F	T	M	F	T	M	F	T	M	F
Agriculture	67.4	68.6	65.6	74.5	78.7	67.0	75.0	80.4	63.4	69.5	71.7	65.8
Manufacturing	7.3	8.2	5.8	5.6	5.1	6.5	5.8	4.9	7.6	6.8	7.2	6.1
Services	25.3	23.3	28.6	19.9	16.2	26.5	19.2	14.6	28.9	23.7	21.1	28.1

Source: Population Census 2010 [data file]

The Census also showed that the sectoral distribution of older workers was much the same for males and females. Agriculture absorbed the largest portion of older workers, both males and females and manufacturing the least. Within each sector, however,

the gender differentials did not follow a uniform pattern. The proportion of male older workers in agriculture increased with age. Of economically active males aged 80 years, 80.4 percent were in agriculture. The proportion of females workers engaged in agriculture declined with age. However, agriculture absorbed more than 60 percent of older women workers in each age group. A higher proportion of older women than older men were employed in the services sector.

The types of work suitable for older persons are those that do not require physical stresses and less muscle strains as in the modern service sector such as finance and banking activities. But these types of work need high quality human capital such as ability to operate a computer and fluency in English. Given that Indonesian older persons, more women than men, have low education, it is difficult for them to be absorbed in the modern manufacturing and service sectors. A very large proportion of both economically active older males and older females work in agriculture, which usually requires a lot of physical work. Since older persons inevitably suffer from decreasing physical capability because of degenerative processes, chronic diseases or disability, it appears that the large proportion of older men and older women continuing to work in the agriculture sector are forced to do so because of poverty.

4.5 Meeting the growing demand for health services

Morbidity, that is, the prevalence of illness is known to increase with age. As such population ageing can be expected to result in an increasing need for health care. Table 19 summarizes information available for Indonesia on the prevalence of illness among the pre-older and older age cohorts. The figures show that the proportion of pre-older persons (aged 45-59 years) is significantly lower than that of the older persons in the case of most complaints. The most significant increase with the move into the older age cohort is in the proportion of unspecified complaints. Similarly, within the older population the morbidity increases with age. Hence, while population ageing would result in an increased demand for health services, ageing of the older population can be expected to add further to it.

Table 19 also shows that older males are more susceptible to illnesses than older females. This may be due to the fact that a larger proportion of older men continue to work for longer years. As such they are more exposed and their resistance weakens due to fatigue. The higher morbidity among older men would also affect longevity and could be one of the factors contributing to lower male life expectancy.

The incidence of non-communicable diseases (NCDs) such as asthma, heart diseases and hypertension is also known to increase with age. Such diseases require regular medical attention and at times develop into emergency situations resulting in a high financial burden. The increasing incidence of NCDs accompanying population ageing is a major factor in the rising costs of health care as a consequence of population. Table 20 summarizes information on selected NCDs reported by older persons in Indonesia.

TABLE 19

Percentage of population reporting health complaint during the last month by age group and sex: Indonesia, 2012

Health complaint	45-59		60-69		70-79		80+	
	M	F	M	F	M	F	M	F
	<i>percentage of population*</i>							
Fever	7.7	7.0	8.5	8.2	8.5	9.2	10.2	9.9
Cough	13.2	12.1	17.0	15.0	20.1	17.7	23.2	17.8
Cold	11.3	10.5	11.8	11.2	11.9	11.5	12.2	10.6
Asthma	1.9	1.8	4.5	3.8	7.9	4.9	11.3	6.4
Diarrhea	1.3	1.2	1.3	1.4	1.5	1.7	2.4	2.3
Repetitive headaches	5.8	8.4	6.7	10.1	8.7	11.1	9.6	11.4
Toothache	1.8	1.7	1.6	1.3	1.2	1.0	0.9	0.8
Not specified	15.4	19.8	25.6	30.4	35.3	39.7	42.8	46.1

** Column totals may exceed 100 due to cases of multiple complaints*

Source: Statistik Penduduk Lanjut Usia 2012 [2012 Older Population Statistics], BPS

The prevalence of asthma and heart disease is much the same for both men and women and remains at much the same level with increasing age. Around five to six percent of older people had asthma irrespective of age and sex and for heart disease the prevalence rates were reported to be around three percent for older men and women. However, the prevalence of rheumatism, hypertension and cataracts tends to increase with age and be slightly more common among older women than older men. In view of these patterns the projected ageing of the older population and its increased feminization will tend to further add to overall costs of health care for older people that is expected to increase with population aging.

TABLE 20

Incidence of selected Non Communicable Diseases in older population by age and sex: Indonesia, 2007

Illness reported	Age in years			Older persons	
	60-69	70-79	80+	Male	Female
	<i>percentage of population</i>				
Asthma	5	6	5	6	5
Heart disease	3	3	3	3	3
Rheumatism	32	34	36	30	35
Hypertension	20	23	23	18	24
Cataract	5	7	9	5	6

Source: Basic Health Research (RISKESDAS) 2007 [data file]



Chapter 5:

DEMOGRAPHIC
CHANGE IN THE
ASEAN COUNTRIES

As seen at the Second World Assembly on Ageing in Madrid, 2002, population ageing was becoming a growing concern among many developing countries. The Madrid International Plan of Action on Ageing (MIPAA) therefore underscored the need for enhanced, targeted cooperation in the field of ageing. It was seen that regional and international collaboration and the exchange of ideas and expertise could create unique opportunities for integrated social policy development. It was noted that through cooperation and exchange, governments could share successful experiences and enhance efficiency in policy development.³⁴ Regional cooperation is particularly appropriate when countries in the same geographical area are facing similar challenges and these can be addressed in a better way through the collaborative examination and design of strategies and policies.

Indonesia is part of a regional alliance – the Association of Southeast Asian Nations (ASEAN). Together with Malaysia, Philippines, Singapore and Thailand, Indonesia is one of the five founding members of the ASEAN. Established in 1967, the ASEAN now has another five members: Brunei Darussalam; Cambodia; Laos; Myanmar and Viet Nam.³⁵ The ASEAN lays emphasis on regional cooperation focusing on security, socio-cultural integration and economic integration. ASEAN could therefore facilitate inter-country collaboration in addressing ageing-related issues that may be common to all or a majority of the member countries. It is therefore relevant to review Indonesia’s position in the ASEAN demographic scenario and the demographic changes the countries of the Southeast Asia region are expected to undergo during the next few decades.

5.1 Indonesia in the ASEAN

Table 21 shows total population and older population in the ten member countries of the ASEAN region in 2010.³⁶

TABLE 21
Total population and older population in ASEAN countries, 2010

Country	Population		Older population	
	(000)	% of ASEAN	(000)	% of ASEAN
Brunei Darussalam	402	0.1	25	0.1
Cambodia	14,364	2.4	1,038	2.1
Indonesia	240,679	40.4	18,212	37.6
Laos	6,396	1.1	361	0.7
Malaysia	28,276	4.7	2,193	4.5
Myanmar	51,932	8.7	3,998	8.2

³⁴ Guide to the National Implementation of the Madrid International Plan of Action on Ageing, (United Nations, New York, 2008)

³⁵ Papua New Guinea has Special Observer Status in the ASEAN and Timor-Leste is expected to join as a member in 2015.

³⁶ To facilitate inter-country comparisons, this chapter draws heavily on international data from World Population Prospects: the 2012 revision (United Nations, New York, 2013). Figures for Indonesia may in some cases differ to an extent from those given by the 2010 Census.

Country	Population		Older population	
	(000)	% of ASEAN	(000)	% of ASEAN
Philippines	93,443	15.7	5,474	11.3
Singapore	5,081	0.9	716	1.5
Thailand	66,403	11.1	8,580	17.7
Viet Nam	89,050	14.9	7,891	16.3
Total for ASEAN	596,024	100	48,488	100

Source: World Population Prospects: the 2012 revision [meta data], United Nation (2013)

Indonesia is by far the most populous country in the ASEAN region, accounting for 40 percent of the region's total population of nearly 600 million. The population of the next largest – the Philippines – is less than half of Indonesia's. Similarly, 18 million older Indonesians comprise 38 percent of ASEAN's older population.

5.2 Fertility and Mortality trends in the ASEAN region

All countries of the ASEAN experienced substantial declines in fertility levels and improvements in life expectancy during the last few decades.

5.2.1 FERTILITY TRENDS IN THE ASEAN REGION

As shown in Table 22, all ASEAN countries had high fertility levels in the early 1950s. The TFR ranged from 5.40 in Viet Nam to 7.42 in the Philippines. Indonesia's TFR of 5.49 was the second lowest in the region and lower than the average for the region.

TABLE 22

Past and projected trends in fertility in ASEAN countries, 1950-2050

Country	1950-1955	1970-1975	2005-2010	2020-2025	2030-2035	2045-2050
	Total Fertility Rate					
Brunei	7.00	5.87	2.11	1.85	1.76	1.73
Cambodia	6.95	6.16	3.08	2.57	2.34	2.09
Indonesia	5.49	5.30	2.50	2.12	1.98	1.87
Laos	5.94	5.99	3.52	2.48	2.16	1.88
Malaysia	6.23	4.56	2.07	1.85	1.78	1.76
Myanmar	6.00	5.74	2.07	1.79	1.72	1.71
Philippines	7.42	5.98	3.27	2.74	2.49	2.20
Singapore	6.61	2.82	1.26	1.33	1.36	1.40
Thailand	6.14	5.05	1.49	1.38	1.48	1.61
Viet Nam	5.40	6.33	1.89	1.62	1.62	1.68
ASEAN	5.92	5.48	2.35	2.07	1.97	1.90

Source: World Population Prospects: the 2012 revision, United Nation (2013)

Between 1950/55 and 1970/75, the ASEAN average dropped to 5.48 and fertility declined in all ASEAN countries, except Laos and Viet Nam. The TFR in Indonesia declined to 5.30 remaining lower than the ASEAN average. By 2005/10, a number of ASEAN countries achieved a substantial decline in the TFR and the ASEAN average fell to 2.35. The decline in Indonesia's TFR was relatively smaller than for the ASEAN region. In 2005/10 Indonesia's TFR was the fourth highest in the region. It is projected that fertility levels will continue to decline in all ASEAN countries except Singapore and Thailand. In both these countries the TFR has already fallen to well below the replacement level (2.1 births per women) and an upturn is expected. By 2020/25 the average TFR for the ASEAN region will have fallen to close to replacement level and it is projected that eight of the ten ASEAN countries, including Indonesia, will have TFRs below replacement level by 2035. It is projected that the trends in fertility (upwards in Singapore and Thailand and downwards in others) will continue to 2050.³⁷ All countries except the Philippines will have below replacement level fertility by 2050.

5.2.2 MORTALITY IN THE ASEAN REGION

Table 23 shows that in 1950-55, Indonesia's life expectancy at birth was the second lowest in the ASEAN region. At 38.3 years, it was higher only than Myanmar's 36.1 years and below the ASEAN average.

TABLE 23

Past and projected trends in mortality in ASEAN countries, 1950-2050

Country	1950-1955	1970-1975	2005-2010	2020-2025	2030-2035	2045-2050
	<i>Life expectancy at birth (years)</i>					
Brunei	57.8	68.2	77.5	80.4	82.1	84.3
Cambodia	40.2	38.0	69.5	75.0	77.4	80.2
Indonesia	38.3	54.1	69.6	72.7	74.4	77.0
Laos	40.9	47.0	65.8	72.1	75.2	78.4
Malaysia	54.8	65.4	74.0	76.7	78.4	80.9
Myanmar	36.1	51.9	64.2	66.7	68.1	70.1
Philippines	55.4	61.4	67.8	70.2	71.6	73.6
Singapore	60.2	69.1	81.2	83.9	85.5	87.7
Thailand	51.6	60.7	73.3	76.2	78.0	80.5
Viet Nam	53.5	57.8	75.1	77.4	78.8	80.7
ASEAN	44.0	55.9	70.3	73.3	75.0	77.2

Source: World Population Prospects: the 2012 revision, United Nation (2013)

All countries, except Cambodia, achieved significant improvements in life expectancy at birth and the ASEAN average went up to 55.9 years in 1970/75. Life expectancy continued to increase and in 2005/2010, the ASEAN average exceeded 70 years with 5 countries having life expectancy greater than 70 years. It is projected that life expectancy at birth

³⁷ The ASEAN review has been extended to 2050 to have a longer perspective of the regional situation.

will continue to improve in the ASEAN countries and by 2030-2035 it will exceed 70 years in all countries except Myanmar. The ASEAN average is projected to reach 75 years. The trends will continue to 2050. Life expectancy in Indonesia is projected to be the third lowest in the region and marginally below the ASEAN average.

Trends in fertility and mortality have on the whole been similar across the ASEAN countries. Moreover, further declines in fertility and mortality are projected for all the ten countries. Indonesia's position vis-à-vis other countries is projected to remain almost unchanged. Given the similarity in fertility and mortality trends, the population in ASEAN countries is also ageing.

5.3 Population ageing in the ASEAN region

5.3.1 PAST AND PROJECTED TRENDS IN ASEAN AGEING

Table 24 shows the current situation of ageing in each ASEAN country. In addition to the proportion of older persons in population in 2010, figures for the past and projected levels of ageing are also given.

In 1950 the proportion of older persons in the ASEAN population was 6.0 percent, ranging from a low of 3.7 percent in Singapore to a high of 7.6 percent in Brunei. By 1980, the ASEAN average had dropped marginally to 5.9 percent with declines in four countries – Brunei, Indonesia, Malaysia and the Philippines. By 2010, the proportion of older persons in the ASEAN region increased to 8.1 percent with increases in all countries except Laos. In Singapore and Thailand the proportion of older persons in total population increased to respectively 14.1 percent and 12.9 percent. Population ageing had set in at the turn of the century. An upsurge in ageing is projected in all countries during 2010-2035 and further during 2035-2050. The proportion of older persons in the ASEAN region is projected to increase to 17.0 percent in 2035 and to 22.4 percent in 2050. The projected path of ageing in Indonesia is therefore not unique but typical of the ASEAN region. As a consequence of declining fertility levels and improving life expectancy, all countries are faced with an increase in the older population which is unprecedented having emerged at the turn of the century.

5.3.2 THE IMPACT OF POPULATION AGEING IN ASEAN COUNTRIES

The increasing dominance of older persons in the population of the ASEAN countries is brought out in Table 25. The table shows what proportion of the increase in total population in each given period will be accounted for by older persons. The additions to ASEAN's older population during 1980-2010 accounted for 11.4 percent of the increase in total population. The share of older persons in the increase in total population during 2010-2035 is projected to be 52.9 percent. In other words, more than half of the additions to the population during that period will be due to the rise in the number of older persons. Subsequently, during 2035-2050, the younger population (below 60 years) will

decline so that the increase in older persons will exceed the increase in total population by 16.7 percent. In fact, the times series comparisons for each of the ASEAN countries shown in Table 25, reveal that the contribution of older person o total population growth has been rising in all countries and that this trend will continue in the 2035-2050 period.

TABLE 24

Population ageing in ASEAN countries, 1950-2050

Country	1950	1980	2010	2035	2050
	percentage of older population in total population				
Brunei	7.6	4.3	6.2	23.2	28.3
Cambodia	4.5	4.7	7.2	14.3	21.2
Indonesia	6.2	5.6	7.6	16.2	21.1
Laos	3.9	5.7	5.6	9.6	15.7
Malaysia	7.3	5.6	7.8	15.8	23.1
Myanmar	5.6	6.2	7.7	16.1	22.3
Philippines	5.5	4.9	5.9	10.4	13.7
Singapore	3.7	7.2	14.1	29.7	35.5
Thailand	5.0	5.6	12.9	30.5	37.5
Viet Nam	7.0	7.8	8.9	21.2	30.6
ASEAN	6.0	5.9	8.1	17.0	22.4

Source: World Population Prospects: the 2012 revision, United Nation (2013)

TABLE 25

Impact of population ageing in ASEAN countries, 1950-2050

Country	Increase in older population as % of increase in total population				Average annual increase in number of older persons (000)		
	1950-80	1980-2010	2010-35	2035-50	1950-2010	2010-2050	Ratio*
Brunei	2.8	8.1	81.2	120.7	0.4	3.3	9.3
Cambodia	5.1	9.4	32.1	76.9	14.0	93.4	6.7
Indonesia	5.0	10.6	49.3	103.5	228.2	1238.2	5.4
Laos	7.7	5.6	18.2	61.1	4.9	32.5	6.6
Malaysia	4.2	9.8	38.1	100.7	29.1	188.9	6.5
Myanmar	6.9	10.6	75.4	-565.4	50.4	226.3	4.5
Philippines	4.5	6.8	20.4	35.0	74.1	401.5	5.4
Singapore	9.8	20.3	76.7	166.6	11.3	44.8	4.0
Thailand	6.0	31.2	3159.7	-55.9	125.7	364.2	2.9
Viet Nam	8.4	10.6	98.3	2425.5	102.6	595.2	5.8
ASEAN	5.8	11.4	52.9	116.7	641.0	3189.5	5.0

* Ratio of average annual increase during 2010-2050 to average annual increase in 1950-2010
a Increase in older population exceeds increase in total population as younger population decreases
b Increase in older population as total population decreases due to a larger decrease in younger population

Source: World Population Prospects: the 2012 revision, United Nation (2013)

The last three columns of Table 25 show the increase in absolute numbers: the average annual increase in the number of older persons (in thousands) during 1950-2010 and 2010-2050, and the ratio of the average annual increase in older population during 2010-2050 to that increase during 1950-2010. While in the ASEAN region as a whole the older population increased by an average of 641 thousand per year during 1950-2010, it is projected to increase to 3.2 million per year, that is, almost five times as much, during 2010-2050. In all countries the ratio of the average annual increase in older population during 2010-2050 to the increase during 1950-2010 is higher than 4.5, except in Singapore and Thailand. In both these countries the percentage increase in older people was already relatively high during the 1950-2010 period.

The evidence presented shows that countries across the ASEAN region are faced with unprecedented rates of population ageing. They are all faced with having to ensure the quality of life of a much larger number of older persons than they have been used to in the past. Given the similarity in their situation, they could benefit from coordinating their efforts in tackling emerging ageing-related issues. That some countries, notably Singapore and Thailand, have a longer history of population ageing, other countries could benefit from their experiences. Given that nearly 40 percent of ASEAN's older persons are Indonesian, Indonesia occupies a central position in the ASEAN demographic structure. It could therefore take the lead advocacy role in guiding ASEAN to act as a regional forum for promoting interaction among member countries in addressing ageing-related issues.



From left to right: Prof. Dr. Tri Budi W Rahardjo, Prof. Dr. Haryono Suyono, Dr. Sjamsiah Achmad, MA, Prof. Dr. Subroto.



Chapter 6 :

CONCLUSION AND RECOMMENDATIONS

As a signatory to the Madrid International Plan of Action on Ageing (MIPAA), Indonesia is committed to ensure the quality of life of older persons. The MIPAA identified three priority areas in which action was necessary to enable older persons live an active life with independence and dignity: (I) older persons and development; (II) enhancing health and wellbeing into old age; and (III) ensure enabling supportive environments. Each of these priorities provides a focus on key ageing-related issues and highlights the actions needed to address these. This chapter looks at how findings of 2010 Population Census have thrown light on ageing-related issues in these three-priority areas as can be seen emerging in Indonesia as population ageing progresses in years to come. Due to the limitations of the census data, those three priorities have been rearranged into three sections: (a) financial security, including employment, work and social protection for older persons; (b) health and health care for the aged; and (c) social support. On the basis of these, it concludes with recommendations and suggestions for further research.

6.1 Economic, health and social implications of population ageing

6.1.1 FINANCIAL SECURITY

Financial security encompasses income, work and social security. With adequate income, older persons can maintain their quality of life and meet their basic needs including access to health services as well as participation in social life. Income is highly related to work. Since as they grow older, the elderly are less and less able to work, their income depends more on the results of their previous employment and the support provided by others. How much they are able to get as a pension, and save or/and invest profitably during their working lives determines their ability to support themselves during their old age. The 2010 census provides detailed information on work of older persons that reflects their economic situation. The census reported that half of the older population were still in the labour market. This raises the question whether working is voluntary to remain active or is it does it result from the need to have an income due to the absence of social protection. Nearly 90 percent of older persons who reported being economically active were absorbed in informal employment (including creating their own employment) which is a form of employment characterized by uncertainties of income and lacking in social protection. Therefore, it can be surmised that many of the elderly who had informal jobs, had very limited means to support themselves and worked in these jobs as part of a life-long survival strategy. Substantial numbers (about 30 percent of employed women and 5 percent of employed men) were engaged in unpaid family work and as indicated by the high proportions of older persons who worked in agriculture (about 70 percent altogether), and the higher labour force participation rates of older people in rural areas, a good part of the employment among older people, and especially the very old, was connected with older people working on their own family farms or those of their children or neighbours as helpers. The ongoing need of these older people to do the

hard physical labour often associated with farming in order to maintain their economic wellbeing is clearly a matter of concern.

For the 50 percent of older persons who were not economically active there is also the question of how they are able to maintain their livelihoods. As suggested by their living arrangements many older would be receiving direct support from their children. However, there is a need for more research in this area with respect to sources of income, the adequacy of that income, and possible solutions, including assessments of the desire for older people to work if suitable jobs were available. Government regulations and incentives which support the provision of suitable employment opportunities for older persons willing and able to work in jobs suitable for their age and health situation might be one effective way of reducing some of the financial hardship experienced by older people.

Another issue is about life expectancy and social pension. Data reveals that Indonesians are now living longer than before. Older men and women aged 60-65 years still have an additional life-span of respectively 18 years and 16 years. The question that arises is how they support themselves when government employees have to retire at age 58 years,³⁸ while private formal sector workers to retire at 55 years of age. The amount of pension is also far short of what they require to maintain their lifestyle. With the exception of the small proportion of older persons who are retired government employees and military personnel and are entitled to health coverage (ASKES), the overwhelming majority of older persons have no such cover. This could explain their continuing to work for income to support their living. It is widely known that informal employment is lacking in social protection.³⁹

Informal employment is highly related to low education or illiteracy. Data from 2010 revealed that a large number of older persons, especially those aged 70 and the oldest-old and those living in rural areas have had no education. With this kind of profile, it is hard for them to understand public messages informing about employment opportunities, training or services for older persons. It is important to ensure that all relevant information is disseminated in a way that is easily accessed and readily understood by older persons with limited literacy skills.

6.1.2 HEALTH CARE

Data on functional limitation or disability is the only information in the Census that can be related to the health condition of older persons. Though it is clear that the Census figures underestimate disability prevalence, the findings do provide insight into the pattern of disability by age and sex.

The data reveals that disability increases with age of the persons, the older they are the more likely they suffer from difficulties in performing their daily activities. A higher

38 Recently raised from 55-56 years

39 Adioetomo, Sri Moertiningsih et. al. – 'Study on Social Protection for informal workers in Indonesia. Report submitted to GIZ. January 2011.

proportion of older women than older men reported living with a disability. The major forms of disability are loss of sight, loss of hearing and inability to climb stairs. These are all degenerative processes that prevent older persons from being economically and socially active and result in their becoming dependent on others. Loss of sight can stop older person from working for income. In these days, medical technology is highly developed and easily removes cataracts through surgery. For common people, especially for the majority of older people who live in rural areas, such a surgery is costly. Even if there are free surgeries, they may have difficulties in accessing such services, especially for those who live in remote areas. Older persons who suffer from loss of hearing, may be assisted to recover their hearing by using hearing aids (assistive devices).

Difficulties in climbing stairs result mostly from arthritis, osteoarthritis and degenerative processes of other body functions. Instead of surgery, which is costly to common people, rehabilitation services are required for these kinds of difficulties. However, there is a question on the availability of medical rehabilitation professionals, especially in rural areas.

Some respondents of the 2010 population also reported difficulties in self-care such as bathing, eating, putting on clothes, getting out of bed and other mobility actions. These older people need help from other persons. Though the Census reported the prevalence of severe disabilities to be minimal, the persons living with such disabilities are more likely to be bedridden and need long-term care. Although families usually provide assistance, the 2010 census found a high percentage of older persons, especially women, who live alone. Assistance from other persons is highly needed.

Degenerative processes due to ageing are inevitable, but it can be delayed. Preventive actions should be seriously implemented, especially for the workers who will age sooner or later. Healthy life style and regular exercise are among the alternative solutions.

6.1.3 SOCIAL SUPPORT

Family is the largest resource for social-informal support, and this is highly related to living arrangement. The 2010 Population Census reported that 37 percent of older persons live in households that include their children and grandchildren with no-one else present. This proportion living in three generation households would be even greater if the same type of household who also had other friends and relatives living with them were also included. Whether it is traditional values or economic motive, this kind of living arrangement shows a high potential for social support, especially in terms of care giving and exchanges of services among generations. Intergenerational relationships are mostly possible in this kind of living arrangement. But, there is also potential for psychological conflict among generations due to different cultures between grandparents and grandchildren (the generation gap). In urban areas, there is a tendency that housing for young couples is getting more expensive, and therefore there are many young couples who choose to live in small houses. Thus, there is a fear that in the future, young couples will not be able to accommodate their seniors like they used to do.

Migration from rural to urban areas among young women is increasing. This is weakening the potential for family-based support for older people in rural areas. The Government of Indonesia has put a lot of effort to halt population growth by reducing the birth rate, but this may threaten the availability of support to older persons if fertility falls to very low levels. About 12.6 percent of older persons aged 70-79 years and 13.9 percent of those aged 80 years and more, live alone. A higher proportion of older women tend to live alone: 14.6 percent women compared to 4.2 percent of men. This raises the question on how they maintain their quality of life. If they come from better-off families, transfers of cash or assistance in-kind may be possible. But the analysis above informed that a high proportion of older women are single (mostly widowed), still working in the informal sector and many of them are unpaid. This suggests that they are poor. They need even more assistance from other persons if they are not in good health or suffer from a disability. Economic support for poor older persons would come mostly from their children, who most likely are also poor. They are burdened by the need to provide support for their children as well as for their elders. This aggravates household poverty. In macro-terms, an increasing number of older persons means the working age adults have to pay taxes to support older persons as well as the children. As a result, the workers may become a 'sandwiched generation' in the sense that these workers have not finished raising their children and also continue to carry the responsibilities of taking care of their now longer-living elders.

Attention should also be paid to older persons who live with their spouse only. Spouses are most likely also old, who also need care giving. In this situation, home care or assistance to perform activity daily living is needed. It is therefore necessary to ensure that these older persons are provided appropriate assistance.

6.2 Conclusion

Indonesia's population has experienced a major demographic transition as a result of one of the most successful family planning programmes in the world, and, according to 2010 Census findings and recent sets of population projections, now stands at the threshold of population ageing. People are now living longer and healthier lives than ever before. Compared to developed countries, the representation of older persons in Indonesia's total population (at 7.6% in 2010) is still relatively low but their share of the total population is projected to increase to 15.8 percent by 2035. Policymakers cannot neglect this changing situation. Rapid population growth can be halted with modern contraceptives, but the process of population ageing cannot be stopped. Many good and positive things about older people are recorded. But, increasing challenges will be faced by the Indonesian government and the community. Population ageing will affect economic, social and political processes.

To the extent that Indonesia's population has started to age at much lower levels of development than the developed countries were when their populations started ageing, one could say that Indonesia is not ready for population ageing. Ideally, older people

should enjoy life upon retirement. But the 2010 Population Census show that half of them are still working, a large number of them create their own employment or are working as unpaid workers. These situations indicate a general lack of social protection for older people. Pensions and health services cover only those retired from government and formal sector employment. The implementation of universal coverage under a formal system of social protection is still under preparation while the number of older persons continues to increase⁴⁰. Although, the 2010 Population Census does not contain information on poverty, one may argue that with low education and with many older people still working at very old ages, a large number of older Indonesians are quite poor⁴¹. This supports the view that as a country Indonesia is getting older before getting rich.

6.3 Recommendations for Policy and Research

Based on the findings from 2010 Population Census and its social and economic implications above, we can propose various interventions to improve older people's wellbeing. The suggestions for policy intervention that follow are focused on matters of financial security, health and health care and social support.

6.3.1 FINANCIAL SECURITY

A significant proportion of older persons are poor and the incidence of poverty in the older population increases with age. Also, the incidence of poverty is slightly higher among older people in rural areas as compared to those in urban areas. It is suggested that older persons' needs for social assistance be included in the poverty reduction programme. Most of the current social assistance programmes do not specifically mention older persons. Under Indonesia's social protection system, only 0.1 percent of GDP is targeted to older persons.⁴²

Possible interventions to improve economic security for older persons are:

1. A large number of older persons are still able and willing to work but are engaged in informal employment. It is suggested that older persons who want to work should still have the opportunity to work in formal employment. The Government should develop a presidential regulation instructing employers to provide access for older persons to formal employment in jobs that are suitable to their physical and mental capacities.
2. It is suggested to develop gender response intervention for older persons. Therefore older women should have the same opportunities for employment as older men and be protected from wage discrimination.

40 The Law number 40 of 2004 on National Social Security System (Sistem Jaminan Sosial Nasional – SJSN) will be operated by the Social Security Administering Body (BPJS – Badan Penyelenggara Jaminan Sosial) which was launched through a Law number 24 of 2011 (Adioetomo et.al. 2011).

41 See also study on , Demographic Institute and HelpAge Asia Pacific (2012), supported by TNP2K and AusAid.

42 Adioetomo, S M, et. al (2011) Jakarta: GIZ

3. As a large number of older persons create their own employment, they should be covered under the small economic size business programmes initiated by the government (UKM-Small-Medium Enterprises- development programmes). It is important therefore that older people have easy access to credit facilities.
4. Older persons being faced with greater poverty should be targeted and clearly stated as beneficiaries in the poverty reduction programme.
5. The existing social assistance programmes, such as ASLUT (cash transfer for poor and vulnerable older persons), should be expanded to cover more poor and vulnerable older persons. Cash transfers of Rp 200,000 per month are found to be useful for the beneficiaries to meet their daily expenses, but the number of beneficiaries is too small (26,000 beneficiaries in 2012) compared to the number of older persons.⁴³
6. Since the average life expectancy of Indonesians has increased to 70 years old but the age of retirement has remained 58 years in the public sector and 55 years in the private sector, these retirees still have to struggle to live for another 15-18 years on small amounts of pension. The Government should ensure that the private sector falls in line with the increase in retirement age introduced in the public sector. Older workers who are still productive should be eligible for extending the age of retirement.
7. Given that a high proportion of older persons, particularly women, have had very little or no education, the government and community should develop appropriate education and training programmes for older persons. With better knowledge, older persons would have the opportunity to access helpful information such as information about the availability of employment opportunities suitable to their circumstances and information on the availability of services that may have been designed to meet their special needs.
8. Any interventions for improving economic security of older persons should take into those likely to be in greatest need of support. These include older people with little or no income of their own due to disability, illness and old age, widowed women, and especially for older men and women who live alone. Adequate support should also be provided for the many less well off elderly people who live in rural areas.

6.3.2 HEALTH AND HEALTH CARE

Older persons suffer more health problems than the younger population. The 2010 census showed that the likelihood of disability increases with age. A higher proportion of older women than older men live with a disability.

The following possible interventions should be considered to address this issue:

1. As the incidence of disability is higher among older women and increases with age, intervention should be prioritized for oldest-old women, with special focus on those who live alone and in rural areas.
2. The increasing number of oldest-old, as a result of ageing of the older population, should be anticipated and plans and actions to provide more residential and in-home

⁴³ Demographic Institute & HelpAge Asia Pacific (2012) Jakarta: TNP2K & AusAid

care services to meet the care needs of these frail-aged people should be developed as a matter of urgency. Oldest-old are more likely to suffer severe difficulties in self-care. More long-term care services will be needed for those who are bedridden. It is also important to focus on increasing the supply of workers skilled in providing long-term intensive care and rehabilitation support services for such elderly people.

3. Older persons in the 2010 census commonly reported loss of vision. This is largely due to cataracts which can easily be removed through surgery. Therefore, poor older persons should have access to free surgery.
4. Loss of hearing can be alleviated by use of hearing aids. Therefore, it is suggested to provide poor and vulnerable older persons with free hearing aids.
5. A small portion of older persons reported difficulties in climbing stairs. Most probably this is due to rheumatism and/or osteoarthritis (HelpAge International 2012). Rehabilitation services have to be developed which are accessible by older persons who have difficulties in climbing stairs.
6. In view of the increasing number of older persons, especially those with difficulties in climbing stairs, it is important to develop age-friendly infrastructure.⁴⁴ For example, transportation and public buildings should be modified to facilitate easy access by older persons.
7. The existing social health insurance, the JAMKESMAS, should include specific services for older persons. Information on Jaminan Kesehatan Nasional (JKN), that is, Universal Health Care, launched in 2014 should be widely disseminated among older persons. Those who cannot afford to pay the premium should be facilitated to receive the Premium Payment Assistance (PBI) member card to relieve them of the burden of costs of health care. Families, caregivers and health service providers should assist older persons to register under JKN.

6.3.3 SOCIAL SUPPORT

Aside from expanding the extent and amount of formal support (social assistance) provided by government, it is important that traditional systems of informal support provided to older people by their children, relatives and neighbourhood friends be supported for some time to come.

The following interventions should be considered with respect to improving the informal systems of social support:

1. It is important to maintain the culture of older people living together with their children and grandchildren. Intergenerational relationships have to be strengthened to reduce conflict between generations and to maintain the tradition of cash transfers. Older persons receive a lot of financial support from their adult offspring and those older persons who have earnings or receive a pension also provide financial support to their children and grandchildren.
2. The decrease in potential support to older people in rural areas due to outmigration of caregivers, as well as the general decline in the number of children per family

⁴⁴ A comprehensive approach to be considered is of designating "age-friendly" cities

will tend to reduce the availability of informal care available for older persons in the future. This loss of support could possibly be addressed by strengthening the motivation of other relatives, such as those from nearby households and members of local community groups to provide home care services for those with support needs.

3. The availability of training on home care and rehabilitation services is important to anticipate the increasing number of older persons. Older persons, who are healthy physically and mentally, are to be prioritized to attend this training, so that they have employment opportunity as caregivers.
4. It is important to mobilize non-government and private sector organisations to provide specialised services for older persons who need assistance. These services could include anything from basic food delivery and home help services to the provision of aged care hostels and nursing homes to support those with more intensive care needs.
5. The better-off and more educated older persons should be encouraged and enabled to use mobile phones and the internet. This can help them to avoid social isolation and dysfunction. Mobile phones and the internet can help older people to expand their social networks and to usefully share experiences and information on services for older persons. With IT, intergenerational relationships can be maintained even when living long distances apart. Transfer of funds for older persons can also be facilitated through internet banking.

6.3.4 AVOIDING AGEING-RELATED PROBLEMS

Young workers yesterday are older persons today; and young workers today will be ageing tomorrow. Therefore, it is important to take into account ageing preparedness of young people toward active ageing. WHO (2001) suggests that to maintain quality of life when people grow old, it is important to develop policies and programmes that help to prevent older persons from contracting disabilities and chronic illnesses. This can start long before ageing by reducing risk factors associated with major diseases by: controlling tobacco use and preventing smoking; conducting physical activities and regular exercises; ensure adequate nutrition and healthy eating, etc. Active ageing economically and socially is the ideal situation for older persons.

To keep independence of today's workers when they become old, it is important that they have productive employment with decent payment so that they can afford to enrol in private health insurance and be able to save to maintain their quality of life for their years of retirement. But these are intersectoral issues associated with economic development, employment creation and fiscal policies. There will be relatively fewer tax payers in the future, while on the other hand, the number of older age recipients of government benefits will be increasing. Regulation for private insurance should reformulate insurance schemes to recruit participants aged older than 60 years of age.

Social informal support mostly comes from family members or the community. Therefore, it is important to empower young people or family members on how to take

care of their seniors. Training care givers is important and can be business development to create employment. Transfer, whether in money or in kind, from young people to their seniors (upward transfer) should be maintained or even increased. Although many cases are found that older persons provide transfer for their children and grandchildren (downward transfer), this declines as the older person ages.

Intergenerational relationships should be maintained, even if young people live away from their seniors. It is important therefore for young people to teach their seniors to become IT literate, so that the two can communicate more often even though they are far apart. This will prevent older persons from being lonely, isolated or neglected.

6.3.5 ADVOCACY FOR PROVINCIAL EXECUTIVES

The 2010 Census showed provincial variations in population ageing. These variations, which result from variations in economic development and culture, should be taken into account in designing policies and programme interventions. For provinces at more advanced stages of population ageing, (those in Java, Bali and North Sulawesi), policy interventions similar to those described above should be pursued.

Provinces that have relatively lower proportions of older persons should take the time to prepare for the challenges which will arise when their populations start to age. Interventions for the provinces with relatively low proportions of older people that might also be pursued include:

1. Continuing the family planning (FP) program through political commitment accompanied by sufficient funding for provinces that still have high fertility. Different strategies have to be adopted in each province according to local conditions. However, it is important to convey messages that the FP programme aims to improve mother and child health, rather than population control. With more healthy mothers and healthy babies, local government expenditures on health services are reduced.
2. Continuing efforts to reduce infant mortality and increase life expectancy. This can be done through programmes that improve the quality of food and nutrients received by babies, child immunization, and educational programmes that help strengthen young mothers skills in their caring role for their infants and older children. All such actions can help to reduce infant and child mortality.

The following could be considered as further interventions for provinces in which the proportion of the older population is higher than the national average:

1. Provide health care and services for older persons who have difficulties in performing their daily activities, especially to those who suffer from loss of sight, hearing and inability to climb stairs.
2. Establish old-person friendly cities, with public transportation accessible to older persons, public services such as gardens and toilets that are older persons' friendly.
3. Provide social assistance and cash transfers for poor and vulnerable older persons

6.4 The need for further research

To develop appropriate policy interventions, the availability of accurate data disaggregated by age and sex is highly important. The 2010 Population Census provides a useful set of information that can further describe the characteristics of older persons in a more detailed presentation. This can be done through in-depth analysis of information on social and economic characteristics of older persons as well as disability patterns of older persons according to their background characteristics.

Further suggestion is to conduct more detailed analysis at the provincial level or even at the district and municipal levels. This will be highly useful for evidenced-based advocacy and decision making processes.

To assist in the formulation of more effective evidence-based policies, it is suggested to conduct further in-depth analysis of the situation of older persons. This has become possible through the availability of the 2010 Population Census data.

6.5 Regional cooperation

As all ten member countries of the Association of Southeast Asian Nations (ASEAN) are faced with a situation of unprecedented increase in population ageing they could gain from exchanging experiences in addressing ageing-related issues. Indonesia, as the most populous ASEAN country, could take up the lead in advocating to ASEAN that it take up the issue of population ageing at the regional level. ASEAN could play a pivotal role in promoting regional cooperation to facilitate inter-country dialogue and policy research at the regional level.



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Appendix Table 1

Population Census counts (in '000s) of older people by age, sex and selected characteristics: Indonesia, 2010.

Characteristics	Males			Females			Persons					
	60-69	70-79	80+	Total	60-69	70-79	80+	Total	60-69	70-79	80+	Total
Place of residence												
Urban	2,251	967	292	3,510	2,444	1,285	450	4,178	4,695	2,251	742	7,688
Rural	2,901	1,407	472	4,780	3,157	1,776	643	5,576	6,058	3,183	1,114	10,355
Marital Status(a)												
Married	4,589	1,877	505	6,970	2,828	838	149	3,815	7,417	2,715	654	10,786
Widowed	439	445	242	1,126	2,499	2,103	907	5,509	2,938	2,548	1,149	6,635
Divorced	76	35	12	123	195	86	26	308	272	121	38	431
Single	45	16	4	65	77	31	10	118	121	47	15	183
Labour force status(a)												
In the labour force	4,047	1,422	283	5,753	2,429	798	134	3,361	6,476	2,220	417	9,114
Employed	4,031	1,418	283	5,733	2,412	794	134	3,340	6,442	2,213	417	9,072
Unemployed	17	3	-	20	17	4	-	21	34	8	-	41
Not in the labour force	1,101	951	480	2,532	3,170	2,261	958	6,389	4,271	3,212	1,438	8,921
Total number	5,152	2,374	764	8,290	5,600	3,060	1,093	9,754	10,753	5,434	1,857	18,044

Note : a) the sum of the people in each category is slightly less than the total number of older people because some people did not state their marital or labour force status.

Source: Derived from Population Census 2010, BPS [web] <http://sp10.bps.go.id>



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