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Trends, Problems, and Policies of The Elderly Population in East Java Indonesia

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Abstract. This study's purpose is to describe the trend of increasing the elderly population, which has resulted in several problems in the province of East Java, Indonesia. The problem is that the life expectancy of the Indonesian population has continued to increase over the last two decades until it reaches an average of 70.8 years. This condition has significantly affected the trend of increasing Indonesia's elderly population from 5.3 million people to the group of countries with the largest number of elderly in the world. Through qualitative methods and a case study approach, this study has succeeded in interviewing 9 elderly informants from three different strata in the city of Surabaya, East Java, namely 3 informants from retired BKKBN officials, 3 elderly non-officials (staff), and 3 informants. Elderly without a pension (old-age social security). The content analysis method was also used to complement and refine the results of this study. The results of this study found that: the trend of increasing the number of elderly people has led to the emergence of several problems. These findings, among others, concern: (1) an increase in the dependency ratio between the unproductive population and the economically productive population. (2) health problems of the elderly population due to decreased body resistance. (3) the absence of adequate social security for the majority of the elderly (4) The capacity of social institutions in East Java is only 660 elderly people, while there are 3.5 million that have not been handled (5) changes in intergenerational relations and lack of attention from elderly family members, causing more elderly people are living in neglect.

Keywords. Trends, the elderly problems, employment, policies, social security, social support, population.

1. Introduction

In the last few decades, modern medical science has made remarkable progress in overcoming various mass and deadly disease outbreaks, such as; bubonic plague, smallpox,

cholera, bird flu, HIV Aids, chikungunya and finally rubella (Gunawan, 2007: 1). More and more disease disorders are prevented through advances in modern medical science and technology as well as the results of intensive pharmacology research.

On the other hand, the development impact shown by the national macroeconomic conditions of developing countries such as Indonesia seems to have made relatively rapid progress since 1994 (Tjiptoherianto, P., 1997: 2-13). The accumulation of development progress in These various economic sectors has caused the life expectancy at birth of some Indonesians to continue to increase (Wirawan, 2009: 3).

In 1971 (Population Census), the composition of the Indonesian population in the elderly category was still around 4.5% or 5.3 million people of the total population of Indonesia at that time, while the population in the age category under five years (toddlers) was recorded at 16,1%. But in 2000, the number of elderly people in Indonesia tripled, namely 14.4 million. That is also why the Government's policy regarding the elderly population in Indonesia for the past two decades (1971-1991) has not been included as a top priority in human resource development (Arifiyanto, A., 2008: 88 in Lee Hock Guan (ed) 2008). another stated that the composition of the Indonesian population in 2005 continued to change, which caused the percentage of the elderly population to reach 7.0% while the under-five population fell to 8.2% (Wirawan, 2009: 3).

According to the prediction of the World Health Organization (WHO), by 2020, the elderly population in Indonesia will reach 11.34% or around 28.8 million people, while the number of people in the under-five category (toddlers) only lives at 6.9%. This condition will cause the number of elderly people in Indonesia to be in the largest category in the world (Subagio, 2008: 1; in http://www.kapanlagi.com/h/0000251927_print.html; accessed on December 11, 2008). The consequence will be problem that the current Demographic Bonus will be meaningless if it is not accompanied by a change in population policy orientation.

2. Literature Review

2.1. Changes in Life Expectancy of the Indonesian Population

The aging process is a logical consequence that cannot be avoided by everyone who has a long life (Muchtadi, 2011). This condition cannot be separated from the success of economic development, which has had a real impact on the majority of the population to enjoy a longer life than before. Improvements and additions to several vital infrastructures and means of living for the majority of the population, which can be seen from the construction of power plants, irrigation dams, airports, seaports, inter-provincial toll roads, shopping centers, educational infrastructure, hospitals, health centers, including additional and improving the quality of human resources providing medical services in various regions, more equitable health insurance for citizens, and increasing people's purchasing power, all of which are positive impacts of economic development (ESCAP, 2017).

The estuary of all the successes of economic development is that people's purchasing power is getting stronger, which encourages an increase in the life expectancy of most of the Indonesian population. According to BPS sources, 2005; In 2004 the life expectancy at birth of the Indonesian population was still in the range of 68.6 years. In 2010 the average life expectancy of the Indonesian population rose again to 69.8 years (Regulation of the Minister of Health of the Republic of Indonesia, No. 25 of 2016; hereinafter abbreviated as Permenkes R.I). Another source stated that the average life expectancy of the Indonesian population in 2012 rose to 70.6 years (Health System in Transition, 2017), while the prediction by BPS (Central Statistics Agency), in 2015, the life expectancy of the Indonesian population rose again to an

average of 70.8 years (Permenkes RI, No. 25 of 2016). A significant increase in life expectancy of the population on the one hand and a decrease in the birth and death rates on the other (reproductive change) have had a significant impact on increasing the number of elderly people and resulted in changes in the age structure of the Indonesian population towards the age structure of the elderly population (see: ESCAP , 2017 ; Komjakraphan et al , 2009 and Wang, et al, 2017). In addition to the factors mentioned above, other factors contribute indirectly, namely the movement of young people to large cities proliferating to find work, leaving their parents behind when they are young. Parents need social support (see: Komjakraphan et al, 2009; and Survey METER, 2013).

According to UNFPA (2014), the aging population can be defined as an increase in the proportion of the elderly population from the total population (total population). Some even argue that this condition is one of the most important and interesting demographic phenomena today and a new population challenge in the 21st century (see: Gonzalez-Gonzales, et al, 2011; and the United Nation in Ameh et al. ,; 2014). The aging condition is characterized by a shift in the age distribution of the population becoming older, which is usually measured either through an increase in the percentage of the population reaching old age or through a change in the shape of a population pyramid that describes the change in the ratio between the older population group and the younger population group (Albert and Freedman, 2010). That is also why every country that has an aging population structure needs to be prepared to anticipate all the risks and consequences of demographic trends related to the aging process of the population (Alkhalwaldeh, et al; 2014).

Returning to the conditions in Indonesia and Surabaya in particular, the reality shows that the number of elderly population groups continues to increase yearly, as mentioned earlier. Several other sources also made predictions about this trend of the elderly population. According to the predictions of the United Nation, 2012; The increase in the number of elderly people in Indonesia in 2050 is expected to reach 21.4% by 2100. This figure will almost double to 41.0%. This condition will cause Indonesia to have the largest proportion of the elderly population in the world, whose figure is still in the range of 35.1% (see: Center for Data and Information of the Ministry of Health of the Republic of Indonesia., 2016; hereinafter abbreviated as Ministry of Health R.I). *A subsection.* The paragraph text follows on from the subsection heading but should not be in italic.

2.2. The Trend of Increasing the Number of Elderly Populations

Based on the estimated trend of increasing the elderly population in Indonesia, which was carried out by UNFPA (2014) actually, these symptoms can be seen starting from 1971, 1980, until the prediction in 2035, as follows. In 1971, the population in the age group 0-14 years was recorded at 44.0%, while the population in the age group 15-59 years was 51.5% and the number in the age group 65 years and over was still around 4.5% of the total population. Indonesian population during this period. Meanwhile, the productive age population (15-64 years) has increased since 1971 and continued until 2015. However, from 2020 to 2035, the population aged 15-64 years, the number is predicted to decrease (UNFPA, 2014), as shown by the data in Figure 1. on the following page.

Changes in the composition and distribution of the population according to the above age have and will bring serious risks and consequences in the next few decades related to changes in the dependency ratio (the ratio of the dependency burden on the productive population vs the population which is no longer productive) if there is no change in policy

orientation. The government is to anticipate problems that will likely arise along with the trend and increase in the number of elderly people in various regions in Indonesia, as described above.

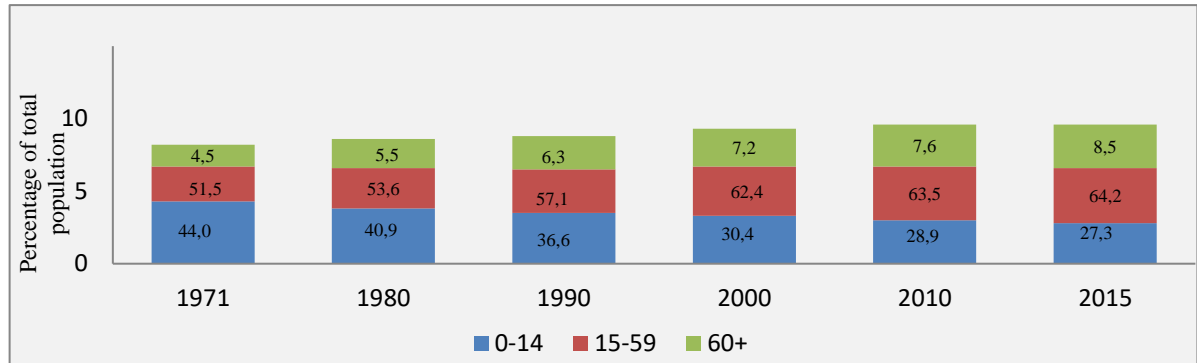


Figure 1. Distribution of Indonesian Population by Age Group 1971 – 2015
(source: UNFPA, 2014)

3. Methodology

Through a case study approach and considering the proportion of the elderly population in East Java, this study has selected Surabaya as the study location, with the largest number of elderly people. The qualitative research method was chosen to obtain information relevant to the focus of this study, and for this purpose, 9 informants have been determined based on three strata of the elderly, namely; 3 elderly people from the upper strata (retired BKKBN officials), 3 elderly retired non-officials (middle strata), and 3 elderly people without pensions (lower strata). In addition, the content analysis method was also used to complement and sharpen the findings of this study, which were selected from various research results and relevant literature sources on aging.

4. Findings

The results of the study indicate that at a macro level, the problems of the elderly population in Indonesia can be detailed as follows. The first is related to employment issues. That the aging of the population in the long term can lead to several adverse socio-economic consequences. The consequences in question are; (1) that the aging process of the population, in large numbers, will be able to reduce the supply of (productive) labor and decrease the level of public savings so that, at a macro level, it will have an impact on national economic growth which will slow down in the future. This condition, according to Wang, et al (2017), is much more challenging in developing countries than in developed countries due to several factors, including; a) developing countries facing the pressure of an aging population in large numbers but do not yet have the strong financial capacity. b) a large proportion of the aging population will increase demographic pressure due to the high dependency ratio (DR) of the elderly population to the productive age population (economically); which will lead to a decrease in the standard of living non-economically active. c) the aging of the population group in large numbers will have consequences on the state's financial expenditure to provide health facilities and facilities as well as medical experts while the productivity of this population group is decreasing. 2). The findings of this study have been further strengthened by Wang et al, (2017), who stated that in Asian countries, there is a reality where 61.6% of the total state expenditure in the health sector comes from government funds. This condition poses a negative risk to the state's finances, as has happened in Greece, caused by very large expenditures for the health and welfare of the elderly population. (Anwar, S., 2018: 4)

The problem of the burden of population dependence or commonly called the Dependency Ratio (DR) reflects the economic burden that must be borne by the productive age population (15-64 years), to finance, to bear the population groups who are not economically productive at the macro level. The assumptions that form the basis of this thinking are; that the population group aged 0-14 years plus the population group 65 years and over (economically inactive population), is a population group that is seen as mere consumers who do not produce goods and or services in their lives.

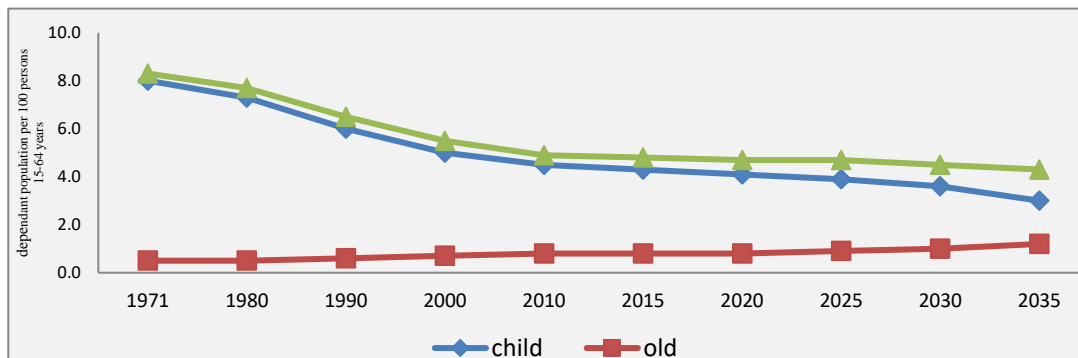


Figure 2. Projected Population Dependency Ratio in Indonesia Period 1971 -2035 (source: *Population Census 1971 – 2035 (data file), and Indonesia Population Projection - UNFPA, 2014 ; Anwar., S, 2018 : 5*)

In Figure 2 above, it can be seen that both the total dependency ratio and the child dependency ratio in Indonesia decreased during the period 1971 – 2010. UNFPA predictions (2014) further show that the dependency ratio of children will continue to decline until 2035, while the dependency ratio will continue to decline. The elderly population is expected to continue to increase. The total dependency ratio will decrease until 2030 but then increase again, due to the increasing dependency ratio of the elderly population. (UNFPA, 2014; in the Indonesian Population Projection 2010 – 2035) and Anwar, S., (2018).

5. Discussion

5.1. Elderly Population Health Problems

The results of this study have also been supported by several other studies, that the condition of the increasing number of elderly population groups illustrates a dilemma, where increasing life expectancy at birth can be interpreted as a success of development but does not necessarily mean the degree of The health of the elderly population increases, because naturally, health problems will increase (in terms of quantity and quality) as a result of the increasing age of this population group. Research results from McKenzie et al, 2006; and Nilson et al, 2015, also showed similar findings. Although the number of elderly people around the world is increasing relatively quickly, there is much evidence that shows that the increasing life expectancy of the population is not automatically followed by an increase in the degree of better health. This finding is supported by the results of a study by Beart et al, 2015. In conditions of increasing age, what happens next is a decrease in the body's ability to repair and maintain the structure of damaged tissues and cells in the body's organs so that they gradually fail to function. Perfectly (see: Constantinides, 1994 in Darmojo, 2014). In many ways, this reality is different

for infants and children who continue to grow into mature and independent individuals, while in the elderly group, the opposite is true that physiologically the elderly group tends to depend on various forms of assistance from other parties (see also: Trihandini, 2007)

The physical and psychosocial setbacks experienced by the elderly population group have an impact on decreasing body function and endurance and increasing risk factors for health problems (Kemenkes RI., 2015). At the national level, data shows that disease disorders in the elderly, which are classified as non-communicable or Non-Communicable Diseases (NCD), are health problems that often appear among the elderly group in Indonesia (PusdatinKemenkes RI, 2016). Several types of Non-Communicable Diseases (NCD) were detected in the elderly group in Indonesia, including; cardiovascular (hypertension, stroke, and coronary heart) rheumatism and diabetes mellitus (PudatinKemenkes, R.I., 2013) In addition, several other types of disease disorders commonly suffered by the elderly group in Indonesia, among others; Alzheimer's dementia, cataracts, calcification (osteoporosis), digestive disorders, prostate, cervical cancer, and breast cancer (in elderly women).

Concerning the NCD, Blomm et al. (2011) again stated that today the NCD is responsible for handling about 60.0% of the total deaths and almost half of the actual and effective loss of years of life due to disability and death. Anwar., S.,2018: 6). There are other sources that state that several types of disease (more than one) can be suffered by the elderly simultaneously with one symptom defined as "comorbidity" or "multimorbidity" (Nelson et al, 2015) According to sources from the Indonesian Central Statistics Agency (BPS) and the National Socio-Economic Survey (SUSENAS) in 2013 – 2015 quoted by the Ministry of Health of the Republic of Indonesia (Kemenkes, R.I.) 2017, it shows the morbidity (illness) of the elderly population both in urban areas as well as in rural areas showed signs of improvement. In 2013 the morbidity rate (rural and urban) was 24.8%, then it increased in 2014 to 25.05%, and in 2015, it increased again to 28.62% (Source: Ministry of Health, R.I., 2017). The figures above indicate that out of 100 elderly people in Indonesia. 28 elderly people suffer from various diseases. This increase in morbidity among the elderly population is thought to be related to the increase in this group which has direct implications for services in the health sector.

In this regard, population experts in many countries have also discussed the consequences of long-lived population life concerning the need for various health facilities and health services for the population in the future (Albert & Freedman, 2010). This fact has been further strengthened by the findings of a group member of the Health Workforce Studies, University at Albany (2006), which states that the elderly population is the largest user of health services, and the demand is different compared to the younger population. Thus, sooner or later, conditions like this will certainly affect the health care system that must be provided by the state in the future.

5.2. The Problem of Social Security for the Elderly in Indonesia

The case in East Java Province, although it is not a representation of conditions in Indonesia, but as a typical picture of the elderly population, this condition needs to be considered. The results of the identification of the profile of the elderly group conducted by the Regional Commission for the Elderly of East Java Province in 2014, found that categorically there were at least 5 elderly groups in East Java seen from their old age social security. The elderly groups include; (1). Elderly upper strata, (2). the elderly group from the upper middle strata, (3). the elderly group from the lower middle strata, then (4). is the elderly group from the lower strata, and (5). elderly group from the lowest strata. The upper strata elderly group is characterized by excess ownership of social security, in the form of savings and other economic

resource assets (houses, vehicles, land and/or companies). The number is estimated to reach 6.6% of the total elderly in East Java. (Results of data processing BPS East Java Province, 2014).

The elderly group in the upper middle strata, is characterized by ownership of a very adequate category of pension insurance throughout the year and economic resource assets in the form of land and houses, as well as movable property. The number of this group is estimated at 5.3%. The third strata elderly group, the lower middle class elderly, is characterized by pension ownership with variations sometimes throughout the year but has limited housing and other assets. It is estimated that their number is around 9.6%. Next, the elderly from the fourth strata are the elderly from the lower strata who have less than adequate pension insurance throughout the year, without economic resource assets other than a simple house. Their number is estimated at 11.5%. Meanwhile, the lowest strata elderly group is the elderly group who does not have social security, which is estimated to be the largest number at 67.0% of the 4.1 million elderly people in East Java. . (East Java Province Elderly Regional Commission 2014) Other sources divide the category of elderly into two major parts, namely, productive elderly and unproductive elderly (Coordinating Ministry of Human Development and Culture of the Republic of Indonesia: abbreviated Kemenko PMK. R.I, in <http://www.neliti.com/id/publications/830/analysis-policy-empowerment-danperlindungan-social-old-age> : iv).

5.3. Elderly Social Support Problems

The description of the availability of old-age social security for the elderly population group in East Java and Central Java described above is very likely a reflection of the condition of the elderly group in various regions in Indonesia. This means that there are a small number of elderly groups who are productive and have social security, dealing with the majority of the elderly who do not have old-age social security, because they do not have a pension fund, except for the elderly group who retired from work as State Civil Apparatus (ASN).), retired Indonesian National Army (TNI) retired Indonesian National Police (Polri), retired BUMN and retired private employees, as described above. This condition is still exacerbated by the lack of attention from elderly family members, so that the proportion of elderly living neglected is relatively large.

According to data from the Central Statistics Agency (BPS) in 2014; of the total number of elderly people in Indonesia which reaches 20.24 million people (or 8.08%), it is not known how many elderly people live in nursing homes. The data so far shows that 42.32% of elderly people live under the same roof with blood relatives for three generations; Furthermore, there are as many as 26.80% of the elderly living with their nuclear family, then there are 17.48% of the elderly who live only with their partners, while the remaining 9.66% are elderly who live alone without a life partner which is called a single household. (“Considering Nursing Homes for the Elderly and Its Alternatives”), Alodokter (in: Indonesian Wikipedia) accessed on 08 September 2018.

The description of social support for the elderly in various regions in Indonesia can be seen from the following two sources. According to estimates by the Secretary of the Abiyoso Gerontology Foundation, East Java Province (2005); There are about 70% of elderly people in East Java who are suspected of experiencing "stress". The cause, according to Partodiwirjo, is due to external factors, among others; financial problems and concerns of family members. These elderly people experience "stress", because they are in advanced age, but they do not have pension or other old-age social security. This condition is still exacerbated by the lack of

attention from blood family members. (Partodiwirjo, 2005: 1 – 3, in <http://www.jatim.go.id/news>, accessed on June 23, 2007) There is strong evidence that forms of late-age neglect by family members who are still related by blood have also been happened in East Java. An old and helpless grandmother has been intentionally dumped by her own biological child named Ningsih, in the Teak forest area in Mojokerto - East Java (see : Liputan 6 petang.com, February 11, 2014, accessed on June 20, 2014). 2014).

In other areas of Indonesia, the results of Yasa's research (2002: 147 – 174) found that the rapid increase in the number and proportion of the elderly population was not matched by the same increase in social security programs for the elderly who did not have a pension. Long before Yasa (2002) conducted his study, the observations of experts in Asian countries found that family was still the main source of social support for the elderly. (See: Wolf, 1998; Chen and Jones, 1989) Many other experts also find the same fact that the family is still an "institutional supporting system" for the survival of the elderly. This fact is not only found in Bali and East Java but also in other parts of Indonesia. That what is seen as the basic group in terms of social support to this elderly group is the "family" by blood (see; Sigit, 1988; Chen and Jones, 1989; Shinta, 1990; and Wirahadikusumah, 1994).

5.4. Elderly Population Policy in Indonesia

The Indonesian government's public policy regarding the elderly population group can be shown from the results of several studies of Government Laws and Regulations from the 1965 period to the present period (Arifianto, A. 2008: 88 – 107, in Lee Hock Guan (ed), 2008).

5.4.1. Legal and Social Assistance for the Elderly 1965 (Law No.4/1965)

This law is one of the first efforts made by the Government of Indonesia to provide public assistance to the elderly population. In this Law, elderly residents are defined as; "every individual who is caused by their advanced age, so they are unable to work and do not have adequate resources to support their lives" (GOI, 1965: part 1) (GOI stands for Government of Indonesia). This law is quite progressive, especially in helping the elderly group, written in 1960 when the portion of the elderly population in Indonesia was still very small. However, after the Government Administration underwent a change from President Soekarno to General Suharto in March 1966, this policy was not fully implemented, even ignored by the New Order Government (Lee Hock Guan (ed), 2008: 94)The next public policy that does not directly concern the welfare of the elderly is the Social Welfare Policy No. 6 of 1974, and the Labor Social Security Law no. 3 of 1992 as described below (Arifianto, A., in Lee Hock Guan, (ed) ; 2008).

5.4.2. Social Welfare Law No. 6 of 1974 and the Law on Social Welfare Labor Social Security No. 3 of 1992

In Social Welfare Law no. 6 of 1974, it is stated that every Indonesian citizen has the right to live properly and responsibly and to participate in various social welfare activities (GOI, 1974: part 1). This 1974 Law further states that the Government of Indonesia has the right to formulate and implement social welfare programs, including (1) social assistance programs, (2) social security systems, and (3) guidance, monitoring, and social rehabilitation activities for citizens. Less fortunate countries, and (4) carry out social education and development (ibid: part 4, paragraph 1). This law also states that the government will build a national social security system which will be detailed in a separate law. (ibid: section 5). In addition, community members have the authority to be involved in social welfare activities in the form of establishing

foundations or legal entities that are not intended to seek profit, and this will be regulated in a separate law (ibid: sections 8 and 9) see: (Arifianto, A., in Lee Hock Guan,(ed), 2008).

5.4.3. Old Order Elderly Welfare Law (UU No.13/1998)

In Law No. 13 of 1998 concerning the Welfare of the Elderly, it is stated that the elderly population in Indonesia has the same rights as other citizens (GOI, 1998: part 5 paragraph 1). The elderly population has the right to enjoy various public services including (a) religious spiritual services, (b) health services, (c) employment services, (d) services for obtaining education and training, (e) special services when using public facilities and legal services, and (f) access to social protection (for weak elderly), and social assistance (for neglected elderly). In contrast to the previous law, the provisions in Law No. 13 of 1998 state that the responsibility for improving the welfare of the elderly is a shared responsibility between the Government, the community, and the families of the elderly themselves. (Arifianto, A., in Lee Hock Guan (ed), 2008).

5.4.4. National Social Security System Act 2004

Judging from the substance of the Law on the new national social security system, it seems that there is a tendency for the Government to take over joint responsibility (between the Government, the community, and the family, which was originally accommodated by Law No. 13 of 1998), in providing and providing social welfare guarantees for the elderly population – is the full responsibility of the state. This policy is predicted to become a boomerang and burden the state's finances in the next few decades because first; The proportion of the elderly population who are unproductive and do not have social security is much greater than the proportion of the elderly population who are productive and have proper social security. Second, the new Social Security Law no longer involves the active role of stakeholders (such as business groups through CSR and NGO groups caring for the elderly, both nationally and internationally) to provide social security for the elderly population, especially the elderly, which is no longer potential and productive. In addition, the managerial ability of the National Social Security management agency to build a network system of excellent services with other related institutions (such as hospitals, laboratories, and pharmacies) is still weak, so many service users complain, especially the lower-class elderly groups. There is already concrete evidence that the Greek government is experiencing a financial crisis due to social security policies for the elderly population (Anwar, S., 2018: 4) without being balanced with adequate contributions from business groups, as mentioned above.

Although the new policy on national Social Security for the elderly is aimed at fulfilling one of the mandates of the 1945 Constitution and is still being refined, in the future, it is necessary to consider options in the development of state policies regarding all problems of the elderly population whose trend continues to increase in number every year. As a proposal, in the future the formulation of public policy regarding the elderly population, it is necessary to consider several socioeconomic, demographic, and institutional aspects as follows:

First; from the social aspect; Empowerment or social protection policies for the elderly need to be distinguished according to the elderly who live with their children's families, the elderly who live in nursing homes, as well as the elderly who live alone or with a partner, and the elderly who live in rural and urban areas.

Second; from the economic aspect; the elderly need to be divided into three categories, namely; (1). elderly who are economically secure, highly educated, have pension insurance, or the ability to invest, and have health insurance, and are still actively earning a living. (2) elderly

who are less well established economically, with sufficient variations and shortages, especially for health costs, (3) vulnerable elderly, who do not have social security and limited economic capacity. Hence, they depend a lot on other parties, especially regarding health.

Third; from a demographic point of view. Elderly people need to be differentiated in stages (according to age group, for example; the young old 65-74 years, late old age 75-84 years, and the oldest old 85+), according to gender, according to categories (potential and non-potential) according to their condition. Physical fitness of the elderly with the types and types of empowerment activities or types of social protection that will be provided. That is, there needs to be different treatment for the elderly according to gender, economic condition, health level, and potential and non-potential elderly. Thus, the elderly must be empowered with the elderly, who should receive compensation and social protection and get a fair share. (Saputro, S., et al. 2015).

So far, there is sufficient evidence to show that the handling of non-potential and poor elderly people carried out by the Government has not been maximized. This is partly due to the limited priorities and availability of the budget, as well as the synergies and synchronization of programs that have not worked well between the center and the regions, as well as differences in policy interpretation at the implementing level, causing the handling of the problem of the elderly population to seem overlapping and confusing. at average, while on the other hand, there are problems of the elderly that are not being handled. (Saputro, S., et al. 2015)

6. Conclusion

The real impact of economic development shown by the macroeconomic conditions of Indonesia has begun to appear to be progressing since the 1994 period, which has led to a stronger purchasing power of the people. The accumulation of the success of various economic development sectors (among others; purchasing power, health, and education) ultimately causes the life expectancy at birth of most of the Indonesian population to increase. In 2010 the life expectancy of the population is predicted to increase to 67.4 years, and predictions that in 2020 the life expectancy of this population will reach 71.1 years. This condition has caused the number of elderly people in Indonesia to continue to increase throughout the year. The World Health Organization (WHO) predicts the number of elderly people in Indonesia in 2020 will reach 28.8 million or 11.34% of the total population, placing Indonesia in one of the categories of countries with the largest elderly population in the world.

The trend of increasing the elderly population has consequences for the emergence of several problems for the elderly population in Indonesia. Problems with the elderly population, among others, relate to labor issues and the dependency ratio between the productive population and the population that is no longer economically productive. Another problem for the elderly population is related to health. The aging process of the population cannot be separated from the problem of declining health conditions both in terms of quantity and quality. The impact of the subsequent increase in the number of elderly people is problems related to family social support and the availability of social security. This problem arises because most of the elderly population have low education, and do not have social security. Relations between generations are starting to change and face economic backwardness.

The Indonesian government's public policy regarding the elderly population group can be shown from the results of several studies of Government Laws and Regulations from the period 1965 to the present. These policies include; Legal and Social Assistance for the Elderly 1965 (Law No.4/1965). The following public policies that do not specifically concern the elderly population are the Social Welfare Policy No.6/1974 and the Labor Social Security Law

no. 3 of 1992. In 1974 another policy was issued on Social Welfare No. 6 of 1974 and the Labor Social Security Law No. 3 of 1992. Policies that directly related to the interests of the Welfare of the Elderly during the Old Order era were Law No. 13/1998. In contrast to the previous law, the provisions in Law No. 13 of 1998 state that the responsibility for improving the welfare of the elderly is a shared responsibility between the Government, the community, and the families of the elderly themselves. But the 2004 Policy on the National Social Security System is predicted to be a boomerang and burden the state's finances in the next few decades because, first; The proportion of the elderly population who is not potential, productive and does not have social security is much greater than the proportion of the elderly population who is potential and productive and has proper social security. Second, the new Social Security Law no longer involves the active role of stakeholders (such as business groups through CSR and NGO groups caring for the elderly, both nationally and internationally), to provide social security for the elderly population, especially the elderly, which is no longer potential and unproductive.

References

- [1] Adrian, Kevin. (2018). MenimbangPantiJompountukLansia dan Alternatifnya. Alodokter. Diakses pada 8 September 2018 di <https://www.alodokter.com/menimbang-panti-jompo-untuk-lansia-dan-alternatifnya>
- [2] Albert, S. M., & Freedman, V. A. (2010). *Public health and aging: maximizing function and well-being*. Springer Publishing Company.
- [3] Alkhaldeh, A., Holm, M. B., Qaddumi, J., Petro, W., Jaghbir, M., & Al Omari, O. 2014. *A cross-sectional study to examine factors associated with primary health care service utilization among older adults in the Irbid Governorate of Jordan*. *Current Gerontology and Geriatrics Research*.
- [4] Ameh, S., Gómez-Olivé, F. X., Kahn, K., Tollman, S. M., & Klipstein-Grobusch, K. 2014. *Predictors of health care use by adults 50 years and over in a rural South African setting*. *Global health action*, 7(1), 24771.
- [5] Anwar, S. 2018. *Model MenuaSehat (Healthy Aging) denganPendekatan Successful Aging dan Health Lifestyle*. Surabaya: Universitas Airlangga.
- [6] Arifianto, A. (2008). Public Policy Towards the Elderly in Indonesia. *Ageing in Southeast and East Asia: family, social protection and policy challenges*, 88.
- [7] Asian Development Bank. 2017. *Impact of Population Aging on Asia's Future Growth*. <http://hdl.handle.net/11540/2289>. License: CC BY 3.0 IGO.
- [8] Badan Pusat Statistik. 1971. *Penduduk Indonesia pada Tahun 1971*. Diakses pada 6 September 2018 di <https://www.bps.go.id>
- [9] Badan Pusat Statistik. 2005. *Angka Harapan HidupPendudukBeberapa Negara*. Diakses pada tanggal 6 September 2018 di <https://www.bps.go.id>
- [10] Badan Pusat StatistikJawa Timur. (2014). Diakses pada tanggal 8 September 2018 di <https://www.bps.go.id>
- [11] Badan Pusat Statistik. (2014). Diakses pada 8 September 2018 di <https://www.bps.go.id>
- [12] Beard, J.R., Officer, A., de Carvalho, I.A., Sadana, R., Pot, A.M., Mitchel, J.P., Llyod-Sherlock, P., Epping-Jordan, J.E., Peeters, G.M.E.E (Geeske),Mahanani, W.R., Thiyagarajan, J.A., &Chatterji, S. 2015. *The World Report on Ageing and Health: A Policy Framework for Healthy Ageing*. *Health Policy*. doi.org/10.1016/S0140-6736(15)00516-4.
- [13] Bloom, D. E., Cafiero, E., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L. R., Fathima, S., & O'Farrell, D. 2012. *The global economic burden of non-communicable diseases* (No.

- 8712). Program on the Global Demography of Aging.
- [14] Bappenas, BPS & UNFPA. 2013. *Proyeksi Penduduk Indonesia: Indonesia Population Projection 2010-2035*. BPS. Jakarta.
- [15] Chen Ai Ju dan Gavin Jones. 1989. *Ageing in ASEAN: Its Socio-Economic Consequences*. Singapore: Institute of Southeast Asia Studies.
- [16] Darmojo, B. 2014. *Buku Ajar Boedhi-Darmojo: Geriatri (Ilmu Kesehatan Usia Lanjut)*. Badan Peneliti FKUI. Jakarta.
- [17] ESCAP (The United Nations Economic and Social Commission for Asia and the Pacific). 2017. *Addressing The Challenges of Population Aging in Asia and The Pacific: Implementation of The Madrid International Plan of Action on Ageing*. Bangkok: Thailand.
- [18] GOI (Government of Indonesia). 1965. *The Social Assistance for the Elderly Law of 1965*. Jakarta. Diakses pada 8 September 2018 di <http://kambing.vlsm.org/bebas/v01/RI/uu/1965/uu-1965-004.txt>
- [19] GOI (Government of Indonesia). (1974). *The Social Welfare Law of 1974*. Jakarta. Diakses pada tanggal 8 September 2018 di <http://kambing.vlsm.org/bebas/v01/RI/uu/1974/uu-1974-006.txt>
- [20] GOI (Government of Indonesia). 1998. *The Old Age Welfare Law of 1998*. Jakarta. Diakses pada tanggal 8 September 2018 di <http://kambing.vlsm.org/bebas/v01/RI/uu/1998/uu-1998-013.txt>
- [21] González-González, C., Sánchez-García, S., Juárez-Cedillo, T., Rosas-Carrasco, O., Gutiérrez-Robledo, L. M., & García-Peña, C. 2011. *Health care utilization in the elderly Mexican population: expenditures and determinants*. BMC public health, 11(1), 192.
- [22] Guan, L. H. (Ed.). 2008. *Ageing in Southeast and East Asia: Family, Social Protection, Policy Challenges* (Vol. 172). Institute of Southeast Asian Studies.
- [23] Gunawan. 2007. *Lansia Panjang Umur*. PPI Lauven. Diakses pada tanggal 8 September 2018 di <file:///F:/lansia%20internet/panjang%umurnya>.
- [24] Health Systems in Transition. 2017. *The Republic of Indonesia Health System Review*. World Health Organization (WHO), Health Systems in Transition, Vol. 7 No.1.
- [25] Kementerian Kesehatan Republik Indonesia. (2017). *Buletin Analisis Lansia di Indonesia*.
- [26] Kementerian Koordinator Pembangunan Manusia dan Kebudayaan Republik Indonesia. 2015. *Analisis Kebijakan Pemberdayaan dan Perlindungan Sosial Lanjut Usia*. <https://www.neliti.com/id/publications/830/analisis-kebijakan-pemberdayaan-dan-perlindungan-sosial-lanjut-usia>
- [27] Komisi Daerah Lanjut Usia Provinsi Jawa Timur. 2014. *Profil Penduduk Lanjut Usia Jawa Timur*. BPS Press.
- [28] Komjakhaphan, P., Isalamalai, S. A., Boonyasopun, U., & Schneider, J. K. 2009. *Development of the Thai family support scale for elderly parents (TFSS-EP)*. Pacific Rim International Journal of Nursing Research, 13(2), 118-132.
- [29] McGinnis, S.L., Moore, J. 2006. *The Impact of The Aging Population on The Health Workforce in The United States: Summary of Key Findings*. Center for Health Workforce Studies, School of Public Health, University at Albany. Diakses pada 7 Desember 2018 di https://www.albany.edu/news/pdf_files/impact_of_aging_full.pdf
- [30] McKenzie, J.M., Pinger, R.R., & Kotecki, J.E. 2006. *Kesehatan Masyarakat: Suatu Pengantar*. Ed. 4. EGC. Jakarta.
- [31] Muchtadi, D. 2011. *Gizi Anti Penuaan Dini*. Alfabeta. Bandung.
- [32] Nelson, M. L., Kelloway, L., Dawson, D., McClure, J. A., McKellar, K. A., Menon, A., & Lyons, R. F. 2015. *Stroke rehabilitation and patients with multimorbidity: a scoping review*

protocol. Journal of comorbidity, 5(1), 1-10.

- [33] Nilson, P., Olsen, M., & Laurent, S. 2015. *Early Vascular Aging (EVA): New Directions in Cardiovascular Protection*. First Edition. Academic Press. USA.
- [34] Peraturan Menteri Kesehatan R.I. No.25 Tahun 2016 *Tentang Rencana Aksi Nasional Kesehatan Lanjut Usia Tahun 2016-2019*. Jakarta: Indonesia.
- [35] Kementerian Kesehatan Republik Indonesia. 2016. *Data dan Informasi Profil Kesehatan Indonesia 2016*. Pusat Data dan Informasi: Kementerian Kesehatan Republik Indonesia.
- [36] Saputro, S., Rustama, A., Kusnandar, I., Istiqomah, N., Khoiriyah, S., Tantr, D., & Karyanta, N. A. 2015. *Analisis Kebijakan Pemberdayaan dan Perlindungan Sosial Lanjut Usia*. Jakarta.
- [37] Shinta, Arundati. 1990. *Population Ageing in Yogyakarta 1980*. Adelaide: Flinders University.
- [38] Sigit Hananto. 1988. *A Socio-Economic Profile of Elderly in Indonesia*. Jakarta: Biro Pusat Statistik.
- [39] Survey METER. 2013. *Memanusiakan Lanjut Usia: Penuaan Penduduk dan Pembangunan di Indonesia*. Yogyakarta.
- [40] Tjiptoherijanto, Prijono. (1997). *Migrasi, Urbanisasi, dan Pasar Kerja di Indonesia*. Jakarta: Universitas Indonesia Press.
- [41] Trihandini, I. (2007). *Potret Buram Pelayanan Kesehatan Lanjut Usia di Indonesia*. Kesmas: National Public Health Journal, 1(5), 226-231.
- [42] Undang-Undang No.13 Tahun 1998 *tentang Kesejahteraan Lanjut Usia*.
- [43] UNFPA. (2014). *Indonesia on The Threshold of Population Ageing*. UNFPA Indonesia Monograph Series: No.1.
- [44] Wang, C., Wan, G., Luo, Z., & Zhang, X. (2017). *Aging and inequality: The perspective of labor income share (No. 764)*. ADBI Working Paper Series.
- [45] WHO (World Health Organization). 2015. *World Report on Ageing and Health*. Luxembourg.
- [46] Wirakartakusumah, M. Djuhari. (1994). *Local Level Policy Development on Consequences of Ageing: Indonesia Case*. New York: United Nations.
- [47] Wirawan, I.B. (2009). *Masalah Penduduk Usia Lanjut, Sebuah Telaah Sosio Demografik*. Dalam Pidato Pengukuhan Guru Besar Bidang Ilmu Sosial Kependudukan, Fakultas Ilmu Sosial dan Ilmu Politik, Surabaya: Universitas Airlangga.
- [48] Wolf, DA. (1988). *Kinship and Family Support in Ageing Societies dalam United Nations. Economic and Social Implication of Population Ageing*. New York: Department of International Economic and Social Affairs.
- [49] Yase, Murjana. (2002). *Penduduk Usia Lanjut dan Masalah Sosial Ekonomi Pembangunan Daerah Bali*, dalam *Dinamika Kependudukan dan Pembangunan di Indonesia: dari Perspektif Makro ke Realitas Mikro*, Haris dan Nyoman Andika, (eds) 2002; Yogyakarta: Penerbit LESFI.
- [50] Liputan 6. 2014. *Kisah Ningsih yang Ditelantarkan Anaknya*. Diakses pada 20 Juni 2014 di <http://www.liputan6.com/mojokerto>
- [51] Subagio. (2008). Dalam <http://www.kapanlagi.com/h/0000251927>, diakses pada tanggal 12 Desember 2018.
- [52] Yayasan Gerontologi Abiyoso Propinsi Jawa Timur. (2005). Surabaya: Yayasan Gerontologi Abiyoso Propinsi Jawa Timur, diakses pada 23 Juni 2007 di <http://www.jatim.go.id/news>