INDONESIAN COUNTRY REPORT
FOR 2ND ASEAN AND JAPAN HIGH LEVEL OFFICIAL MEETING ON CARING SOCIETIES: DEVELOPMENT OF HUMAN RESOURCES AND IMPLICATIONS OF AGING SOCIETIES

I. BACKGROUND INFORMATION

a. Geography

Indonesia is the largest archipelago in the world. It consists of 17.508 islands of which about 6.000 are inhabited. The five main islands are Sumatera which is 47.606 sq km, Java & Madura are 132.107 sq km, Kalimantan is 539.460 sq km, Sulawesi is 189.216 sq km and Papua is 421.981 sq km. Indonesia consist of 32 provinces including Riau Islands as a new province. It is divided into 3000 ethnic group, speaking 583 languages but possessing one national language is Bahasa Indonesia.

b. Population

According to population census 2002, total population is 202.707.418 (not including the population in Nanggroe Aceh Darussalam, Maluku, North Maluku and Papua province). This would make Indonesia as the fourth most populous country in the world after People's Republic of China, India and the United States of America.

The nation's population growth is 1,54 per year. It is declined when we compared since 1970 to 1990 was between 2,05 % - 2,00 %. Indonesia's fertility has declined significantly since the crude birth rate on 1970 to 1995 with range 33,7 to 25,3 births per 1000 population. The population pyramid grows towards an older population and with a life expectancy at birth of 65,5 years, which projected to be 7 3years in 2010.

The population density varies from one province to another. The highest population density in the provinces of Java and Bali islands which range 732 -12.338 /km2 and the lowest are in Kalimantan and Papua islands which range 6 – 70/km2. According to the 2000 Population census, Java islands was resided by around 59 percent of the total population.

The Infant Mortality Rate is gradually declining from 1998 to 2000, which is range 142 to 45 per 1000. The target is 40 on 2010. The under five-mortality rate has also declined from 111 in 1986 to 64 in 2001 per 1000 population. However the MMR is still very high which is range 450 in 1986 to 307 in 2002 per 100.000 live birth. The projected on 2010 is 150.

c. Economy

Indonesia GDP per capita at current market prices portrays a nominal added of the GDP per Indonesian. Entering the year 2002, income per capita of Indonesian was recorded at 7.594 million rupiahs or about 632,058 rupiahs per month. In 2001, per capita income was recorded at 6,4 million rupiahs and in 2000 at 5,7 million. Indonesian income per capita grew by 3,38 percent in 2000 by 1,92 percent in 2001 and by 2,14 percent in 2002.

II. NATIONAL HEALTH DEVELOPMENT

Health development is an integral part of the national development. Therefore it must be adjusted with the Guidelines of State Policy (GBHN) and National Development Programs (Propenas) of 2000- 2004 Health development is aimed to improve mutually supporting human and environmental resources with health paradigm approach, which gives priority of step up health, prevention, treatment, recovery and rehabilitation since conception in the fetus until old age and improving the quality of population through birth control, decreasing death rate and improving of family planning.

The mission of national health development program is:

a. To lead and initiate healthy oriented national development,
b. To maintain and enhance individual, family and public health, along with their environment,
c. To maintain and enhance quality, equitable and affordable health services
d. To promote public self-reliance in achieving good health.

To achieving the vision of Healthy Indonesia 2010, the strategic planning of health development (2001-2004) covers healthy environment, healthy behaviour and community empowerment, health efforts, improvement of community nutrition, health resources development, drugs, foods and hazardous material, and health policy and management.

New health paradigm basically changing the paradigm health services from medical care to health care emphasizes in promotive and preventive aspects than curative, which is intended to family and community approach. Life expectancy in Indonesia increased; in 2000 are 65,92 for male and 69,9 for female but before in 1990 are 58,1 for male and 61,5 for female. Increasing of life expectancy is not reflected of promoting the quality of life and community health status.

The composition of population according to the age as follows, the young age under 15 years old gradually declined from 33,54% in 1995 and now 29,75%. The age between 15 – 60 years old is 65,60% and the elderly > 60 years old is

5,3 %. According to the Indonesian Bureau of Statistic, aging people is estimated during 2005 – 2010 is 8,5 % from total population.

III. ELDERLY HEALTH CARE

a. Problem

Nowadays, estimated 60% from elderly people never get formal education. Many problem happened to elderly people with the impact to their physic, mental and social problem.

Declining of their productivity make less contribution or interactive with their environment. Their limited participation in the community also due to the declining of their health, as well as skill. On the other hand, their need for life and health services cost tendency to be increased. It is also happened usually in the urban community where they are more individualistic, and give the impact to the elderly become lost attention and isolated from their family and community.

b. Policies

Ministry of Health initiate to develop national policy and guidelines caring the elderly people. The main objectives are improving their health status gaining happy old ages and giving advantage for their family and the community wherever they stay.

The target group of the management of elderly health services divided into direct and indirect target.

The direct targets are as follows:
- Pra Elderly : 45 -59 years old
- Elderly : 60 – 69 years old
- High risk elderly : > 70 years old or 60 years with health problem

The indirect targets are as follows:
- Family where the elderly exist
- Community where the elderly live
- Social or non government organization that in charge of elderly management activities
- Health Centre's Staff, and
- Community's member

To organize the elderly program, the Ministry of Health giving advocacy to the health centre to promote the capability of health centre human resources to manage and caring the elderly societies. Developing the

elderly health promotion through communication, information and education which are easy adopted by the program manager in health province and district office, the community and other stakeholder too.

The policy of the management of elderly is to promote their self-reliance to care themselves and participate in the community development as the productive human resources. Integrated and holistic approach according to the existing culture and held as the comprehensive program. It is also aimed to improve the participation of their family and community to empowerment the elderly people as a part of the community itself. Develop the partnership with the private sector, non-government organization, community participation including health cadre to manage and improve the quality of caring elderly societies. The component of the community participation such as data processing, provide information regarding earlier introduction to elderly health, assist transportation arrangement if the elderly need for referral to the health facilities.

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