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THE NATIONAL TEAM FOR
THE ACCELERATION OF POVERTY REDUCTION

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SMERU Research Report

The Situation of the Elderly in Indonesia and Access to Social Protection Programs:
Secondary Data Analysis

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Project Directors
Bambang Widianto, Executive Secretary (Ad-Interim) of TNP2K
Widjajanti Isdijoso, Director of The SMERU Research Institute

The Technical and Development Team

The National Team for the Acceleration of Poverty Reduction (TNP2K)
Sri Kusumastuti Rahayu, Khairan Indriani, Dyah Larasati, Farida A. Sondakh, Martin Siyaranamual, Agung Setiawan, Priadi Asmanto, Armando Siagian

The SMERU Research Institute
Hastuti, Hafiz Arfyanto, Muhammad Adi Rahman, Nina Toyamah, Sri Murniati

The Situation of the Elderly in Indonesia and Access to Social Protection Programs: Secondary Data Analysis

Foreword

The Indonesian Government continues to improve its social protection system to ensure the welfare of all citizens in accordance with the mandate of the constitution. Among the population groups that require special attention in the social protection system is the elderly. Based on the 2019 National Socioeconomic Survey (Susenas), there are more than 25.7 million people, or 9.6 percent of the total population aged 60 years and over in Indonesia.

According to Statistics Indonesia, the number of elderly people in Indonesia is expected to increase by around 10 percent by 2020 and around 20 percent by 2024. It is estimated that by 2050 the elderly population will reach 74 million or around 25 percent of the total population (UN 2017). This group is vulnerable to poverty and is not enjoying a decent level of welfare.

As a person ages, they generally become less productive and experience a decline in, or even a loss of income. This situation creates vulnerability to various risks and shocks, particularly of a socioeconomic nature. In such conditions, it is very important to have adequate social protection programs, particularly for the elderly at risk due to poverty.

The central and local governments already have a range of social protection programs for the elderly. At the national level, the government has included the elderly as beneficiaries of the Family Hope Program (*Program Keluarga Harapan*: PKH) since 2016. In 2019, the number of elderly PKH beneficiaries reached 1.1 million with assistance of around Rp 2.4 million per person per year (Ministry of Social Affairs 2019).

In the regions, there are several local governments with programs targeting the elderly. Examples include the district of Aceh Jaya which provides social assistance for the elderly through the ASLURETI Program (Assistance for High Risk Elderly) for seniors 70 years of age and over at Rp 200,000 per month per person, and the province of DKI Jakarta through the Jakarta Elderly Card Program (*Kartu Elderly Jakarta*: KLJ) which provides social assistance of Rp 600,000 per person per month for poor and neglected elderly citizens aged 60 years and over.

Despite these programs, the number of elderly beneficiaries remains low. Only two percent of the total elderly population in Indonesia benefit from non-contributory social protection or social assistance schemes. Meanwhile, only around 12 percent of the elderly have access to contributory social protection schemes or social security for the workforce, including pension funds for civil servants. With only a limited number of elderly having social protection, it is very important to conduct research to understand the situation of the elderly, the existence of social protection programs for the elderly, and their access to such programs.

The *Situation of the Elderly in Indonesia and Access to Social Protection Programs: Secondary Data Analysis* research report provides a situational analysis of the elderly nationally and in three provinces, namely DKI Jakarta, DI Yogyakarta, and Bali. We hope that this report can serve as a reference in improving and developing a comprehensive Indonesian social protection system in the future, especially for the elderly.

This study was originally planned to be complemented with field research in three provinces, namely DKI Jakarta (representing regions that implement elderly assistance programs from the provincial government budget), DI Yogyakarta (representing regions with a proportion of elderly population above the national average in Java and high poverty rates), and Bali (representing regions with a high proportion of elderly people outside Java). Due to the Covid-19 pandemic, however, field research has been temporarily postponed and the research team agreed to divide this study into two phases. The Phase 1 study produced a "Preliminary Report", "Secondary Data Analysis Report", and a "Research Design" complemented by a questionnaire and a qualitative questionnaire. Phase 2 will continue with the implementation of field research in the three provinces concerned when the situation and conditions allow.

Jakarta, 24 October 2020

Acknowledgement

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Abbreviation	Indonesian	English
ASLUT	*Asistensi Lanjut Usia Terlantar*	Social Assistance Program for Neglected Elderly
Bantu LU	*Bantuan Lanjut Usia*	Aid Program for the Elderly
BDT	*Basis Data Terpadu*	Integrated Database
BPS	*Badan Pusat Statistik*	Statistics Indonesia
BSM	*Bantuan Siswa Miskin*	Education Cash Transfer for Poor Students
Dinsos	*Dinas Sosial*	Integrated Social Welfare Database
DTKS	*Data Terpadu Kesejahteraan Sosial*	National Elderly Day
		Old Age Security
HLUN	*Hari Lanjut Usia National*	Work Accident Security
JHT	*Jaminan Hari Tua*	Survivors' Insurance
JKK	*Jaminan Kecelakaan Kerja*	National Health Insurance – Premium
JKM	*Jaminan Kematian*	Assistance Recipient
JKN-PBI	*Jaminan Kesehatan National – Penerima Bantuan Iuran*	Pension Insurance
		Family Welfare Card
JP	*Jaminan Pensiun*	Jakarta Elderly Card
KKS	*Kartu Keluarga Sejahtera*	Beneficiary Family
KLJ	*Kartu Elderly Jakarta*	Social Welfare Institution
KPM	*Keluarga Penerima Manfaat*	Islamic Senior Secondary School
LKS	*Lembaga Kesejahteraan Sosial*	Islamic Elementary School
MA	*Madrasah Aliyah*	Islamic Junior Secondary Schoo
MI	*Madrasah Ibtidaiyah*	United Nations?l
MT	*Madrasah Tsanawiyah*	Smart Indonesia Program
PBB	*Perserikatan Bangsa-Bangsa?*	Social Rehabilitation Program for the
PIP	*Program Indonesia Pintar*	Elderly
Progres LU	*Program Rehabilitasi Sosial Lanjut Usia*	Community Health Centre
Puskesmas	*Pusat Kesehatan Masyarakat*	Elementary School
SD	*Sekolah Dasar*	Senior Secondary School
SMA	*Sekolah Menengah Atas*	Vocational Secondary School
SMK	*Sekolah Menengah Kejuruan*	Junior Secondary School
SMP	*Sekolah Menengah Pertama*	Intercensal Population Survey
Supas	*Survei Penduduk Antar Sensus*	National Socioeconomic Survey
Susenas	*Survei Sosial Ekonomi National*	National Team for the Acceleration of
TNP2K	*Tim National Percepatan Penanggulangan Kemiskinan*	Poverty Reduction

I.
INTRODUCTION

1.1 Background

Indonesia is gradually becoming an ageing society. According to Susenas 2019, the number of citizens 60 years of age or older or elderly people in Indonesia has reached 25.7 million people, or about 9.6 percent of the total population (BPS 2019). The number of elderly people is predicted to continue to rise–to around 10 percent in 2020 and 20 percent by 2040 (BPS 2018, quoted in TNP2K and MAHKOTA 2019). Furthermore, by 2050 the number of elderly people is predicted to reach 74 million or about 25 percent of the total population (PBB 2017, quoted in MAHKOTA and TNP2K n.d.).

Some elderly people also belong to the category of disadvantaged. Approximately 11 percent of the elderly live in poverty and more than 60 percent of the elderly live with other family members, such as their child/in-law and grandchildren. Moreover, the average monthly expense of families with an elderly member of the household is estimated to be 3 percent higher than for families without an elderly person living with them (TNP2K 2020).

To anticipate this change in demographic condition, it is important to ensure the welfare of the elderly. Moreover, the elderly tends to experience a decline in their health and there is a possibility of some of the elderly living with a certain disability. The elderly may also experience a decline in productivity, leading to a drop in their income, or even loss of income altogether. These conditions make them vulnerable to various risks and shocks, especially those related to socioeconomic conditions.

Bloom et al. (2011) state that there are three major factors that make the elderly vulnerable: (i) they are not economically productive; (ii) they are vulnerable to health issues; and (iii) they require assistance from a caregiver. Nevertheless, this vulnerability differs from one elderly person to another. Adisa (2019) in her research concluded that socio-demographic factors and economic resources play an important role in explaining the variations in the vulnerability levels of the elderly in Nigeria.

This is why a well-run social security program is important. A social security program for the elderly helps them to fulfil their basic needs and, to a certain extent, it helps to ease the burden on their family. Furthermore, Kidd et al. (2018) conclude that a social security program for the elderly can improve social cohesion and even contribute to economic growth.

Both the central and regional governments have several social security programs that include the elderly as the recipients. At the national level, since 2016 the government has included the elderly as one of the beneficiary groups for the Family Hope Program (*Program Keluarga Harapan* or PKH). In 2019, the number of elderly PKH recipients reached 1.1 million people with the aid reaching around Rp2.4 million

per annum (Ministry of Social Affairs 2019a). At the regional level, some local governments run programs that focus on the elderly. DKI Jakarta, for example, launched the Jakarta Elderly Card or *Kartu Elderly Jakarta* (KLJ). A recipient receives Rp600,000 per month and, in 2019, there were 40,419 beneficiaries (TNP2K and MAHKOTA, n.d.).

Despite the expansion of the social security program's coverage, the number of elderly people who receive the benefit is still limited. Only around 12 percent of elderly people have had access to contributory social security schemes, including pension funds for civil servants (Administrative Data from Workers Social Security Agency or BPJS Ketenagakerjaan 2018, quoted in TNP2K 2020). Meanwhile, elderly people who are the recipients of the non-contributory social security programs or social assistance (*bantuan social or bansos*), constitute only 2 percent of all social security program recipients. As the number of elderly people with social security is still limited, it is important to conduct research about the existence and implementation of social security programs for the elderly, as well as access to them.

1.2 Research Purpose and Questions

Generally, this research aims to improve the understanding and provide general information relevant to issues concerning the elderly. Specifically, this research intends to provide information about:
1) The elderly situation at the national level and in the three provinces studied (DKI Jakarta, DI Yogyakarta, and Bali);
2) The availability of social protection programs for the elderly; and
3) Accessibility to social protection programs for the elderly.

There are at least three questions that the researchers are trying to answer, and they do it by analysing elderly situation and the availability of social assistance/elderly grants programs. Those questions are:
1) What is the profile of the elderly at the national level and in the three provinces studied?
2) What kind of social protection programs are available for the elderly?
3) What is the accessibility of the elderly to receive the available social protection programs at both the national level and in the research areas?

The result from this research will be used by TNP2K and other institutions that will do future research about the elderly. By determining a general description of the elderly situation, it will be easier for TNP2K and other related institutions to develop aspects that they are going to delve further into and to search for more advanced information. This research is also beneficial to other institutions that focus on elderly-related issues. The study's outcomes can be used as a source of general information or as comparison material for other research and analysis which uses other data source. The results of this research could also provide preliminary information for the government in planning social protection programs for elderly, whether nationally or regionally.

1.3 Methodology

This study is conducted using an analysis of secondary data of population and household from Susenas 2019 (National Socioeconomic Survey), literature studies of various reports and articles about elderly and social protection programs, and online interviews with three provincial Social Service offices. The chosen provinces are DKI (Special Capital Region of) Jakarta, DI (Special Region of) Yogyakarta, and Bali. DKI Jakarta was chosen because it represents a region that implements local social protection programs for the elderly and it has a lower percentage of elderly at 7.8 percent, compared to the national rate of 9.6 percent. DI Yogyakarta and Bali represent provinces that have a relatively higher percentage of elderly compared to other provinces–at 14.5 percent and 11.3 percent respectively.

ELDERLY SITUATION AT NATIONAL LEVEL AND THREE STUDY AREAS

To understand the elderly in Indonesia and in the three selected research provinces nowadays, it is important to see how vulnerable this group is. This information can also be used to plan social protection programs that are suitable for the needs of the elderly, whether nationally or regionally. This, in turn, will hopefully lead to the formulation of policies about the elderly that are organised more effectively and efficiently. In this chapter, the elderly situation will be discussed further, including their demographic, socioeconomic, health, and disability condition; household structure; pattern of expenditure; the availability of social protection programs and their accessibility; and access to basic needs services.

2.1 General Demography of Indonesia

Indonesia's population is now undergoing a transition and gradually becoming an aging society. [1] This can be seen from the percentage of the national population that is defined as elderly that has reached 9.6 percent or approximately 26 million people (BPS 2019). On the other hand, if we look at the population structure in the three provinces that are the focus of this study, the aging of the population in DI Yogyakarta and Bali is even more pronounced, with their elderly proportion as high as 14.5 percent and 11.3 percent, respectively. Meanwhile, the population in DKI Jakarta is still in early transition towards old age, with their elderly constituting 7.8 percent of the population (Figure 1). Of the three study provinces, therefore, DI Yogyakarta has the highest elderly population.

Figure 1. Distribution of Elderly Based on Gender (2019)
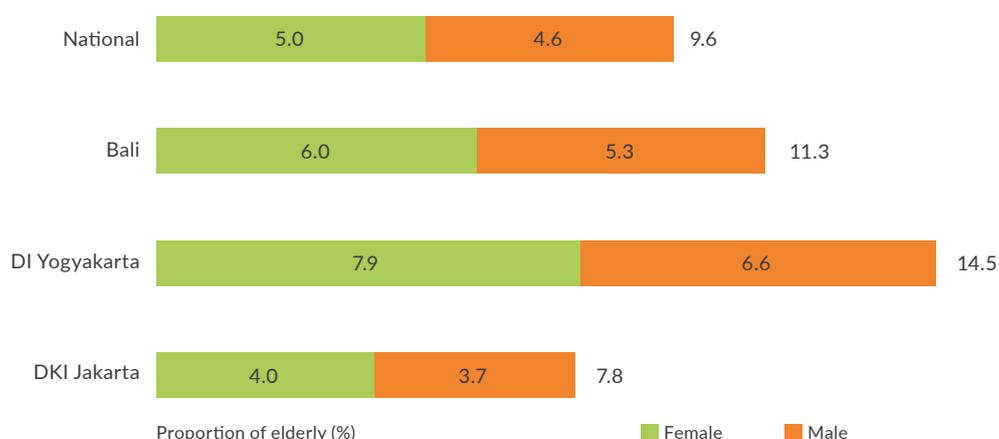
Source: Calculated using the March 2019 Susenas.
Note: total number might be different because of rounding effect.

[1] Population structure is categorized as in transition towards an aging population if the percentage of old population (60+) is above 7 percent. If the percentage of old population is greater than 10 percent, the population is said to be an aging population. (BPS, 2019)

At the national level and the three provinces, the proportion of elderly women is higher than that of elderly men. As an example, at the national level, the proportion of elderly women in the overall population in Indonesia is 5 percent, while for men it is 4.6 percent. The higher proportion for women is related to the fact that women have a life expectancy that is 3.89 years longer than that of men (BPS 2019).

On the other hand, as seen in the disaggregation by age cohort in Figure 2, the elderly population at both the national level and the three study provinces is dominated by the cohort aged between 60-69 years old. Of the total elderly population of 25.66 million, 63.82 percent are in this age cohort, while 27.68 percent is in the next oldest age cohort of 70-79 years old and 8.50 percent are 80 years of age or older) (BPS 2019).

Figure 2. Population Distribution Based on Age and Expenditure Group (2019)

Source: Calculated using the March 2019 Susenas.

2.2 Socioeconomic Profile of Indonesia

This part will discuss the socioeconomic condition of the elderly at the national level and three provinces that form the study areas. The socioeconomic condition includes, among others, the poverty level of the elderly, education and employment, social protection, access to basic needs services, and social activities. The description of this condition helps to better understand their resiliency, and to design social protection programs which are appropriate to local people who live in each of the study locations.

Generally, Indonesia's elderlies are vulnerable to social and economic conditions. At the national level and in Yogyakarta, and Bali, the elderly population are predominantly in the bottom 40 percent by expenditure. Figure 3 shows that 1 out of 2 elderly in Bali, Yogyakarta, and at the national level are in the

bottom 40 percent. On the other hand, a larger proportion of the elderly population in DKI Jakarta are in the middle 40 percent and the top 20 percent by expenditure.

Figure 3. Elderly Distribution Based on Expenditure Group (2019)
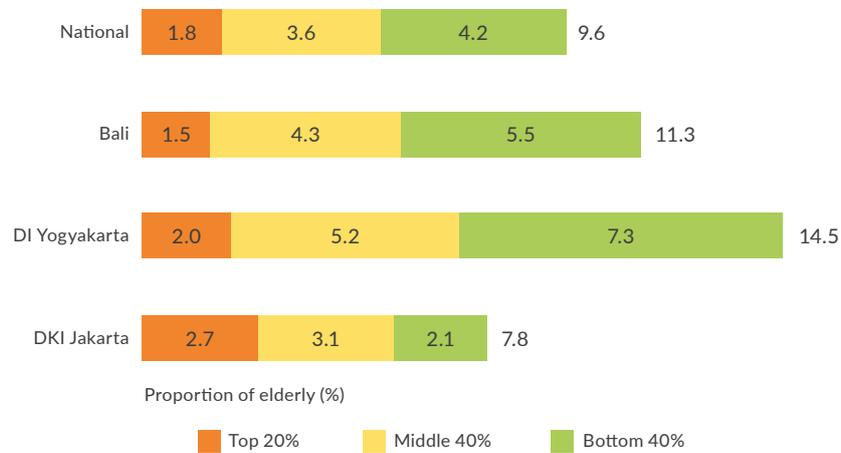
Source: Calculated using the March 2019 Susenas.
Note: total number might be different because of rounding effect.

In addition, at the national level, approximately 6.3 percent of the elderly in the bottom 40 percent live by themselves (Figure 4). Elderly persons who live alone should be given special attention because basically they live in a risky situation. This is because their physical strength is diminishing, their health is deteriorating, and their mental and social abilities are decreasing (Osman et al. 2012). That is why the elderly need company and social support, especially from their own family. Kaplan (2000) stated that family can provide the effective health treatment and social support that are needed by the elderly. With support system, it is hoped that the risks faced by the elderly can be minimised.

Figure 4. Distribution of Elderly Based on Number of Household Members (2019)

Source: Calculated using the March 2019 Susenas.

2.2.1 Rate of Elderly Poverty[2]

Poverty amongst the elderly indicates their vulnerability to fulfill their basic needs for food, health, and other basic needs, since they have severely limited resources. The elderly have a higher rate of poverty at the national level compared to that of the general population. Figure 5 shows that the rate of elderly poverty is 11.1 percent, while the national poverty rate is at 9.4 percent.

Figure 5. Rate of Elderly Poverty (2019)

DKI Jakarta

Female elderly	1.8
Male elderly	2.4
Elderly	2.1
Total	3.5

DI Yogyakarta

Female elderly	18.4
Male elderly	16.1
Elderly	17.4
Total	11.7

Bali

Female elderly	5.3
Male elderly	5.2
Elderly	5.3
Total	3.8

National

Female elderly	11.8
Male elderly	10.3
Elderly	11.1
Total	9.4
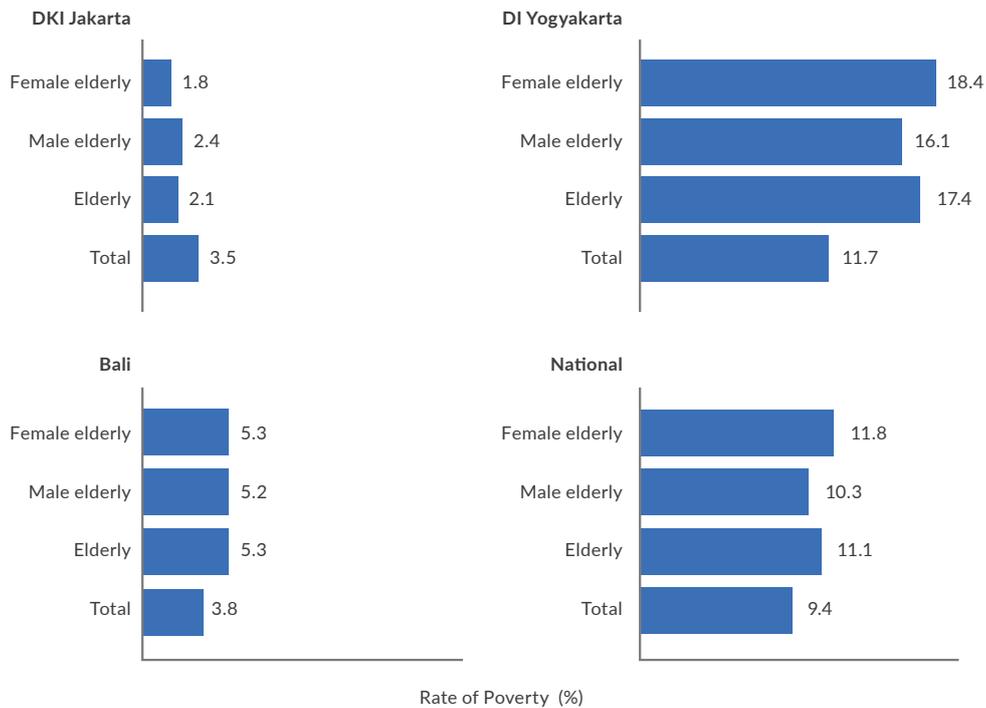
Rate of Poverty (%)

Source: Calculated using the March 2019 Susenas.

DI Yogyakarta has the highest rate of poverty amongst the elderly at 17.4 percent, while the rate of elderly poverty in Bali and DKI Jakarta is 5.3 percent and 2.1 percent, respectively. This situation shows that there is an urgent need for social protection programs, especially in DI Yogyakarta, with its high rate of underprivileged elderly.

From a gender perspective, female elderly are at higher risk of poverty. This can be seen from the rate of poverty of women which, overall, is higher than that of men. At the national level, the rate of poverty of women is 11.8 percent and the rate of poverty of men is 10.3 percent. This gender bias is also found in Yogyakarta and Bali. Jakarta is quite different with a lower rate of poverty amongst women (1.8 percent) compared to the rate of poverty of men (2.4 percent).

2.2.2 Profile of Elderly Education

Education is one of the foundations of human development. The higher one's education level, the greater the level of access to knowledge that can be opened. This knowledge can be used by a person to keep up with the advancement of everything in life. For the elderly, their education level can also indicate their ability to access information about health and healthcare (Sutinah and Maulani 2017; Affandi 2009). In addition, such information can also explain what possible job opportunities could

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[2] Elderly poverty is determined from the proportion of underprivileged elderly in the total elderly population.

be accessed by the elderly when they were still of a productive age. This, in turn, could give them economic security in old age.

Figure 6. Literacy Rate Amongst the Elderly (2019)
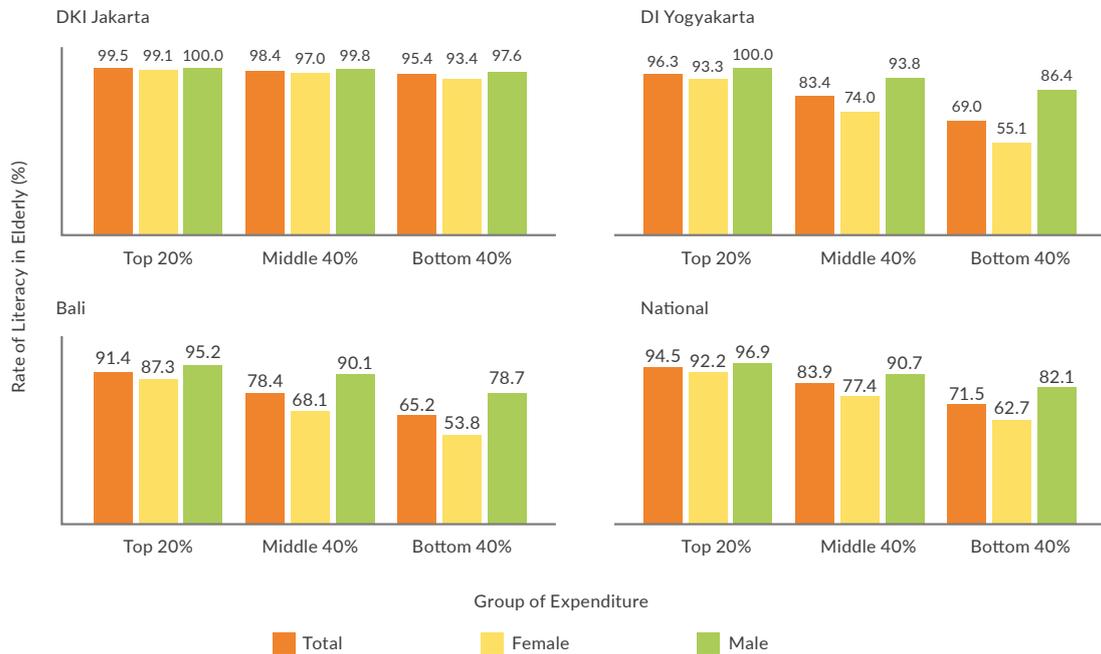
Source: Calculated using the March 2019 Susenas.

One of the key indicators for education is the rate of literacy. Figure 6 indicates that the literacy rate of the elderly is related to expenditure group with the literacy rate of the elderly rising alongside their economic status. Furthermore, the literacy rate of male elderly is higher than that of female elderly at the national level and in each study province and for each expenditure group. The literacy rate of the elderly in Jakarta is, however, not significantly different among expenditure-based group and male-female gender groups.

Figure 7. Level of Education for Elderly (2019)
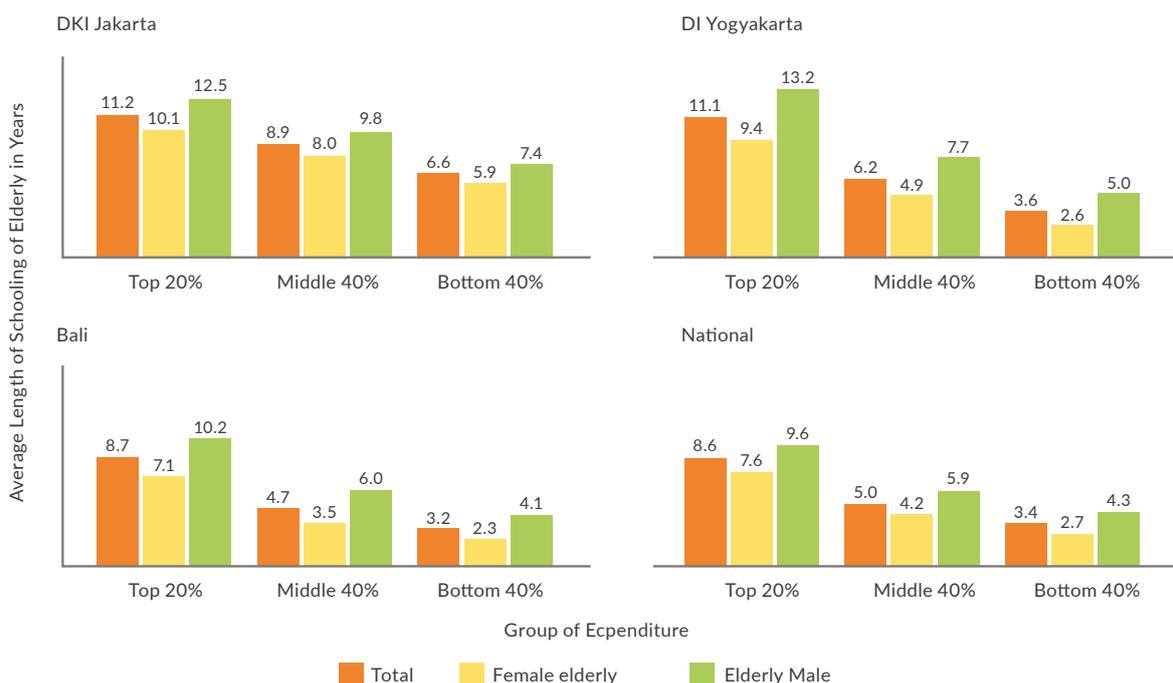
Source: Calculated using the March 2019 Susenas.

Education level seems to be closely related to economic condition. Figure 7 shows average number of years of schooling nationally and regionally in the three provinces, based on expenditure group distribution. The figure shows that elderly from the richest 20 percent have the highest average years of schooling. People with a better economic condition are more able to continue study to a higher education level than people from low-income deciles. This is due to the fact that people with a lower economic status prefer to find jobs and augment their family's income than continue studying to a higher level (Suharti 2013).

The figure also shows that education level for male elderly is higher than that of female elderly nationally, in each study province, and for all income levels. This is attributed to the historical sociocultural tradition that viewed education as less beneficial for a woman because she would always give preference to household and family matters (Affandi 2009). Women who acquired a higher degree of education usually came from families with a better socioeconomic condition.

2.2.3 Profile of Elderly Employment

The elderly are often considered a burden to household members who are in productive economic activities. Data from BPS (2019) shows that the dependency ratio of the elderly to productive people is 15 percent. This means that in 2019, 15 elderly people had their lives supported by 100 productive people (15-59 years of age). The elderly dependency implies that, as the number of elderly increases, the burden shared by productive people will be bigger.

The data shows that one-half of Indonesia's elderly population are still working (Figure 8). In fact, more than one-half of all elderly in Yogyakarta are still working. From the three study areas, Jakarta has the smallest proportion of working elderly–with only 32.1 percent. This is related to the fact that the elderly in Jakarta are mostly in middle and upper economic groups, therefore, it is less likely that they are still working in their old age.

Figure 8. Elderly Activities in the Most Recent Week (2019)
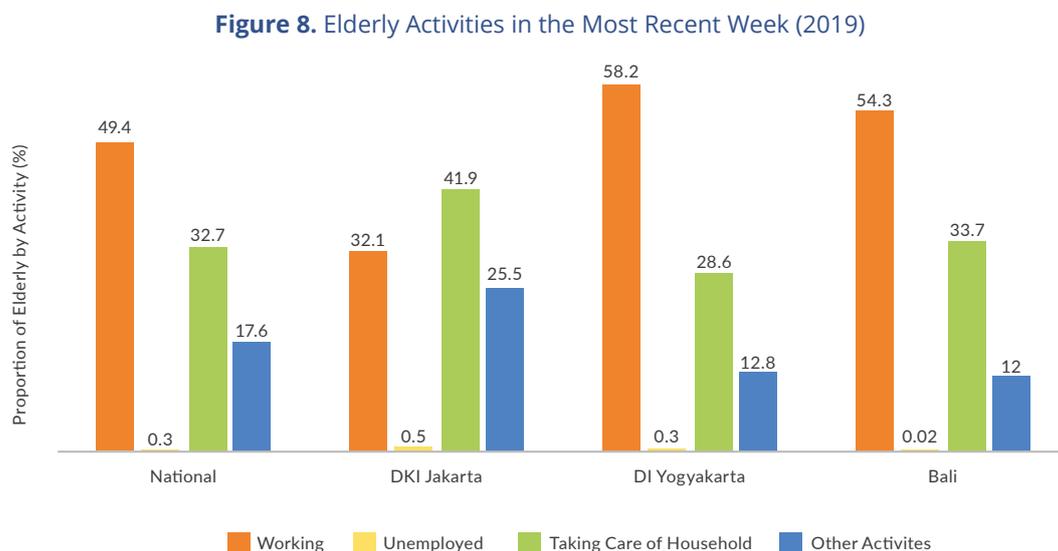
Source: Elderly population statistics (BPS) year 2019

The second most common elderly activity after working for money is taking care of the household (Figure 8). At the national level, the proportion of elderly taking care of their household is 32.7 percent, but this is still smaller than the rate in DKI Jakarta and Bali with 41.9 percent and 33.7 percent, respectively. In DI Yogyakarta, more than one-half of its elderly are working. There is also more than a quarter of these

elders who are doing the household chores (28.6 percent). A situation in which the elderly still have to work or take care of household chores is increasing the health risks to the elderly. In fact, Adjei and Brand (2018) stated that the elderly who only take care of household chores (without the obligation to work for money) reported that they had fairly severe health problems.

Figure 9. Proportion of Working Elderly by Gender (2019)
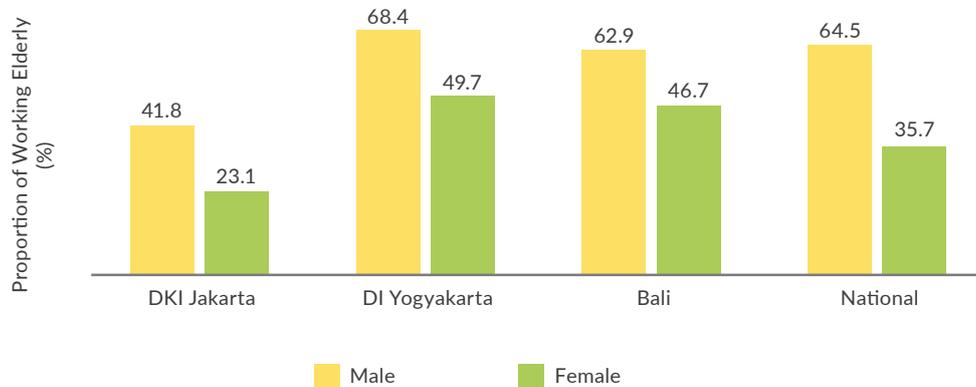
Source: Calculated using the August 2019 Sakernas.

Priebe and Howell (2014) conclude that elderly who work in Indonesia do so because of the economic requirement to fulfill their basic needs. This is evidenced by the higher proportion of working elderly found in groups of people who are relatively underprivileged. Furthermore, Giles et al. (2011) explains that the elderly who have a pension fund prefer not working for money. The working elderly in Indonesia are quite vulnerable economically because they still have to deal with economic fluctuations.

Figure 10. Level of Education of Working Elderly (2019)
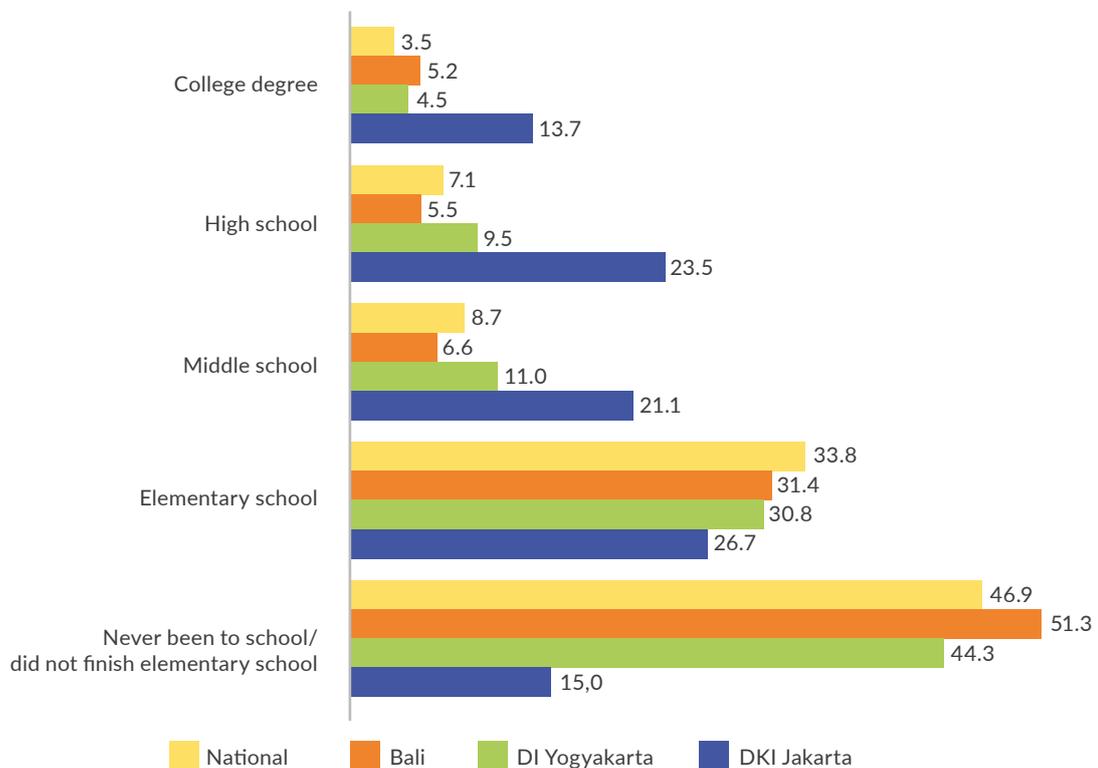
Source: Calculated using the August 2019 Sakernas.
Notes: The total percentage of each region may exceed 100 per cent due to the rounding effect.

The majority of the working elderly are men. At the national level, the proportion of elderly men who are working is 64.5 percent, while that of elderly women is 35.7 percent. The same pattern occurs in the three study areas.

Based on the educational background, the majority of the elderly (80.7 percent) have a low level of education (namely, have never been to school, did not finish elementary school, or have only an elementary school education). Figure 10 shows that, at the national level and in Yogyakarta, almost one-half of all elderly who work never went to school or did not finish elementary school while in Bali more than one-half have this level of education. On the other hand, in Jakarta, 85 percent of the working elderly are graduates from elementary school or have a higher level of education.

The figure may imply that the higher their level of education is, the less likely someone is still working in their old age. Based on the research by Affandi (2009), the elderly with higher education can enjoy their old age more optimally by not working hard for money, compared to those who have a lower level of education. Those elderly with a higher level of education tended to have worked in professions earning high salaries during their working life.

Figure 11. Occupation Status of Working Elderly (2019)
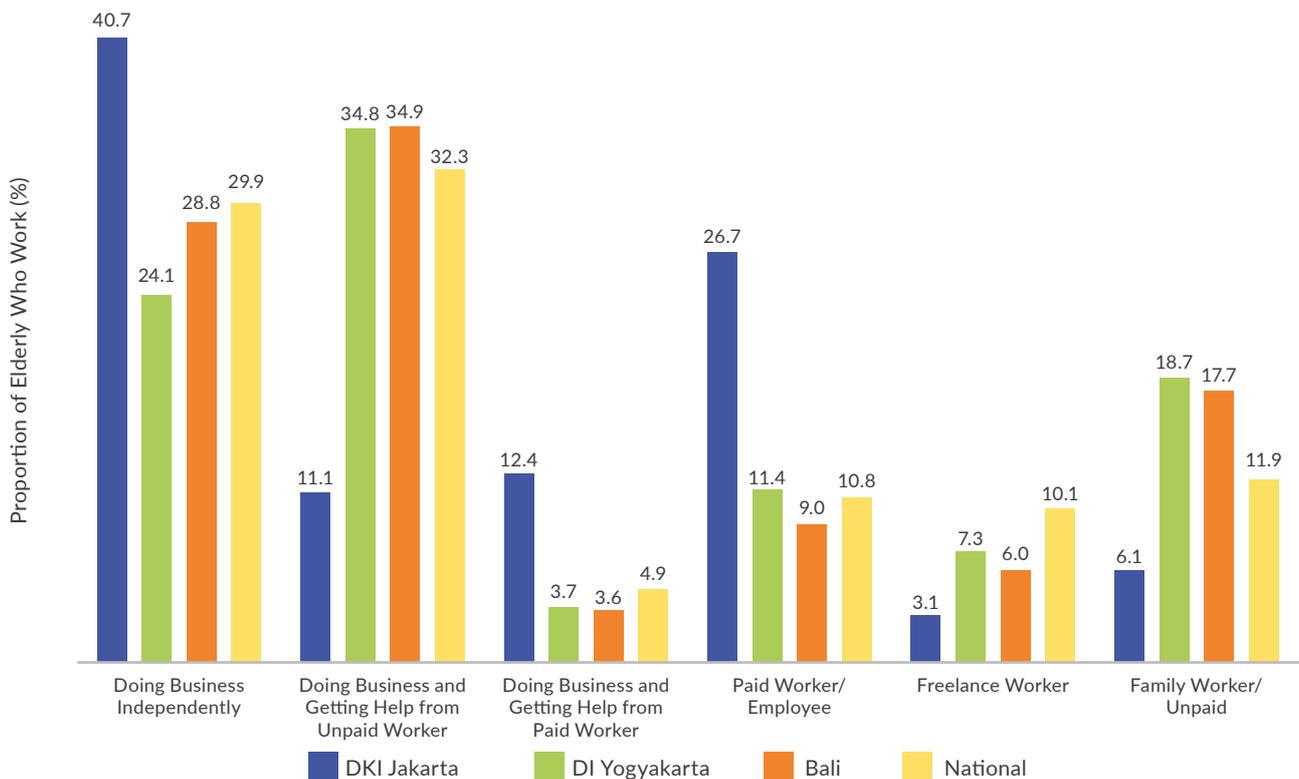
Source: Calculated using the August 2019 Sakernas.
Notes: The total percentage of each region may exceed 100 per cent due to the rounding effect.

Figure 11 shows the status of occupation of the elderly in 2019. This describes their profession and how active they are in economic activities (BPS 2019). The professional status in each region is mainly entrepreneurship (undertaking a business independently, or while getting help from a paid or unpaid worker/s). At the national level, 67.16 percent of the working elderly demonstrate their proficiency in contributing to economic activities by engaging in some business entity.

Figure 12. Proportion of Elderly Working in Informal Sector (2019)

Proportion of Elderly Who Work in Informal Sector (%)

	DKI Jakarta	DI Yogyakarta	Bali	National
	61.0	84,9	87,5	84,3

	DKI Jakarta		DI Yogyakarta		Bali		National	
	Male	Female	Male	Female	Male	Female	Male	Female
	57,8	66,2	82,4	87,8	83,7	92,1	81,4	89,1
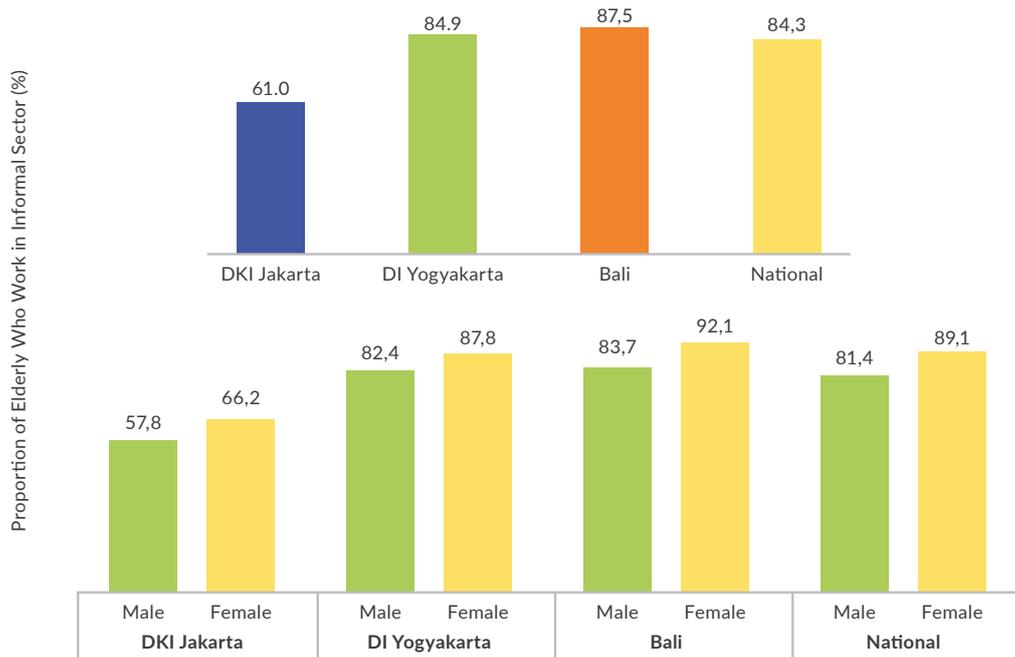
Source: Diolah dari Sakernas Agustus 2019

Interestingly, there are many elderly people who work in informal sectors.[2] Figure 12 shows that more than 80 percent of the elderly who work at the national level and in Yogyakarta and Bali are informal workers, while in Jakarta the percentage is 61 percent. Furthermore, more elderly women tend to be informal workers than elderly men. The proportions of elderly women who are informal workers is a little bit higher than that of men. At the national level, the proportions for elderly women and men are 89.1 percent and 81.4 percent, respectively. The same pattern can also be found in the three study areas.

Figure 13. Working Hours of Elderly Who Work (2019)

Proportion of Elderly Who Work (%)

	DKI Jakarta	DI Yogyakarta	Bali	National
>= 49 hours	34.5	18.5	23.2	22.5
35-48 hours	32.6	26.2	28.4	27.5
15-34 hours	20.3	33.5	33.2	32.3
1-14 hours	11.6	20.0	13.3	13.6
<1 hour	1.0	1.8	1.9	4.1

■ <1 hour   ■ 1-14 hours   ■ 15-34 hours   ■ 35-48 hours   ■ >= 49 hours
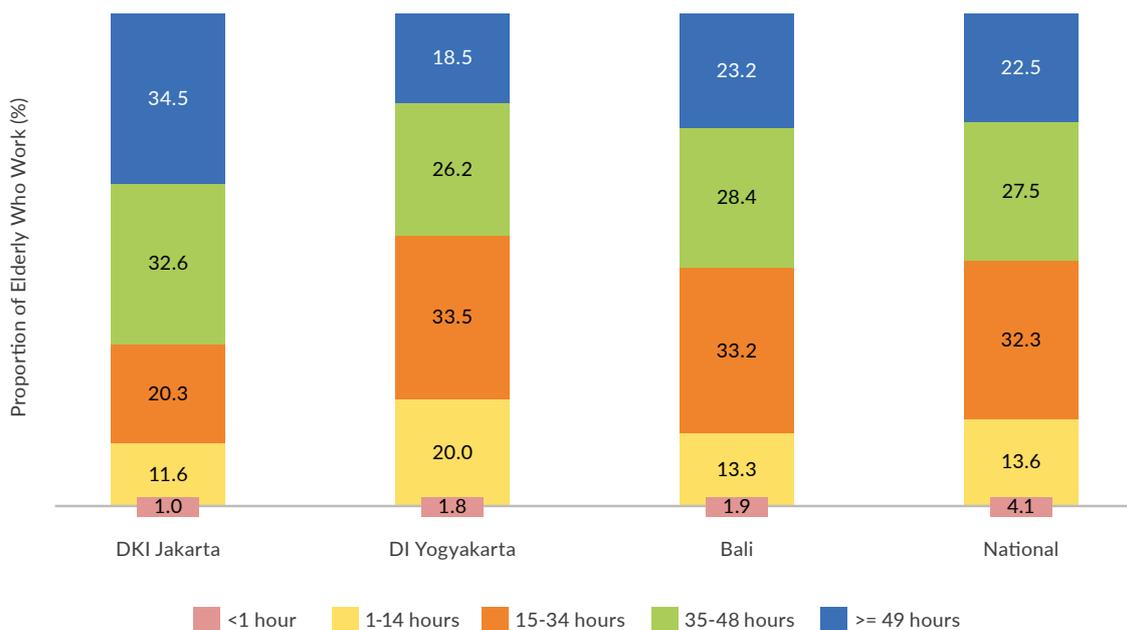
Source: Calculated using the August 2019 Sakernas.

It is crucial to observe the number of hours worked each week because this can affect the physical and health condition of the elderly. Figure 13 shows that exactly one-half of the elderly are full-time workers, who are working 35 hours or more in a week. Some elderly people are, however, working excessive hours (more than 48 hours a week). In fact, in Jakarta, some 34.5 percent of the elderly who work are working excessive hours.[3]

In regard to the types of occupation, at the national level, more than one-half of the working elderly work in agriculture (52.9 percent), with comparable figures in Yogyakarta (51.4 percent) and Bali (46.2 percent). Given its urban nature, only 1.1 percent of the working elderly in Jakarta are working in agriculture, while the majority are working in the service sector (84.4 percent). There is no significant gender difference between elderly men and women in every business field either nationally or in the study locations, except in Bali. (Figure 14).

Figure 14. Working Elderly by Economic Sector (2019)
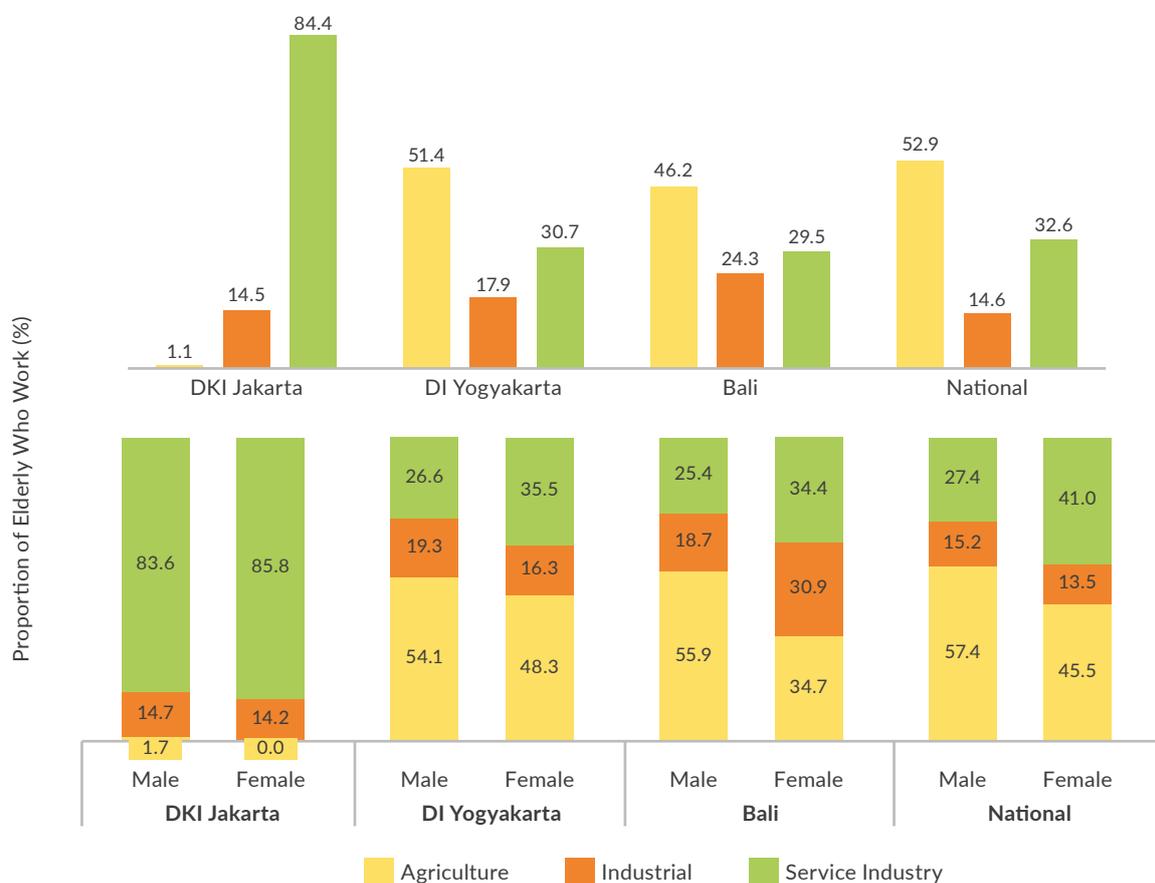
Source: Calculated using the August 2019 Sakernas.

In terms of income, the average monthly income received by the elderlies might be affected by the economic sectors that they are working in (Figure 15). The region with the highest average for elderly monthly income is Jakarta, while for field of work, the highest average income can be found among workers in the service sector. The same pattern also occurs in other study areas, where the elderly who work in the service sector receive a higher monthly income than workers in other sectors. On the other hand, the elderly who work in agriculture have the lowest average income.

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[3]*Excessive hours* in the Indonesian context is defined based on the threshold of 48 hours per week, as stated in ILO Convention Number 1 and Number 30.

Figure 15. Average Income per Month for Elderly (in rupiah)

Average Income per Month for Elderly (in rupiah)
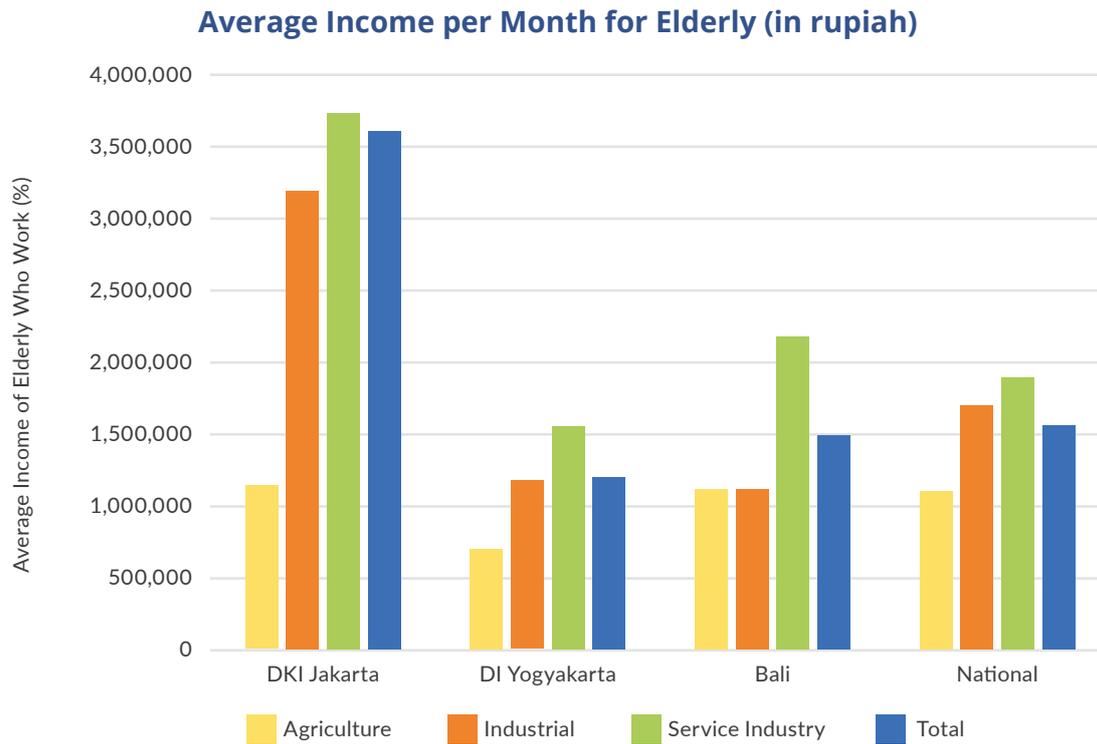
Source: Calculated using the August 2019 Sakernas.

2.2.4. Social Activities for Elderly

Another aspect that is crucial to be observed is the social activities of elderly. Social activity is not only beneficial for their psychological condition, but also for strengthening their social capital in society (Forsman 2012). With highly regarded social capital, the elderly can also broaden their insight into elderly-related programs, and they can utilise such programs to improve their resiliency in dealing with the risks that they are taking.

There are several community social activities that are usually undertaken by elderly. Bernard et al. (2018) in his study about the elderly in the city of Makassar stated that the elderly usually attend social activities that are mostly religious, such as *pengajian* (Quran recital), religious events, or other social gatherings like *arisan* (social club with limited membership). Interestingly, about 70 percent of the 100 elderly respondents in that study are not active in communal activities. The study also shows, however, that elderly participation in religious events might lead to them acquiring a greater perception of the quality of life compared to those who are not socially active.

Another research that mentioned on elderly social activities was conducted by Ginting et al. (2019). This study mapped the elderly in 34 provinces in Indonesia, then analysed the data by their social, economic, and health characteristics. In his study, the elderly are categorised into four groups: active elderly, potential elderly, economically vulnerable elderly, and socially vulnerable elderly.[4] Of these four groups, we can see that the elderly are not really active in social activities. Even amongst the most active group of elderly, only 46.14 percent engage in social activities (Table 1).

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[4] An elderly person is categorised as active if he/she is healthy, capable, independent, and living his/her life actively. Potential elderly people have a level of education, access to information technology, independence, and high perception of material adequacy, and low rate of morbidity (health problems), but they do not have optimal economic and social participation. Elderly who are vulnerable economically have high degree of disability prevalence and high rate of morbidity, so they cannot fully commit to doing economic activities. Finally, elderly who are vulnerable socially do the least amount of social activities.

Table 1. Profil Hasil Analisis Gerombol Kelompok Elderly

Characteristic	Percentage Average of Elderly Group			
	Active	**Potential**	**Economically**	**Vulnerable Social**
Literacy Rate	70.2	84.7	72.2	62.6
Owning Certificate of graduation	42.8	55.7	44.3	39.5
Access to information technology	29.8	46.5	22.0	32.7
Social Activities	46.1	39.8	46.8	25.7
Working for money	49.5	42.1	42.8	50.3
Excessive Hours	43.8	51.6	44.1	36.6
Independence	58.7	55.2	45.4	56.5
Material Adequacy	80.5	80.4	55.3	72.1
Disability	45.9	48.0	53.1	52.9
Morbidity	29.9	28.9	41.6	38.2
Recipient of Social Fund	15.4	11.1	15.4	15.9

Source: Calculated using Supas[5] 2015 (quoted from Ginting et al. 2019).

From both studies, one can observe that participation by the elderly in social activities is still limited. Bernard et al. (2018) concluded that such low participation is because there are not many social events in the neighbourhood where those elderly live while Ginting et al. (2019) concluded that the low rate of elderly participation in social activities is because of their physical limitation. To improve the quality of life for the elderly via social activities, therefore, requires two preconditions: (i) social activities specifically targeted for the elderly; and (ii) their physical health should be maintained. Under these two conditions, it is expected that elderly participation in social activities would increase, with a resultant improvement in their quality of life.

2.3 Health and Disability Condition of the Elderly

This sub-chapter will discuss relevant aspects concerning the life of the elderly, particularly health and disability conditions. As with socioeconomic conditions, it is also beneficial to analyse the life of the elderly and the vulnerabilities that they are dealing with in life. The older someone is, the weaker his/her physical condition, and the greater the risks of health disorders and disability.

There are at least two common indicators in relation to the health of the elderly.

First, health complaints in which someone experiences a mental and/or health disorder, whether it is a disease or a severe illness. Health complaints do not, however, always have to lead to the disruption of daily activities. Health complaints are useful to illustrate the rough picture of the degree of health status of a population. Second, the elderly morbidity rate. Morbidity is a condition in which someone experiences a health disorder that disrupts his/her daily activities. Here, the difference between health complaints and morbidity is that to what extent the health disorder disrupts someone's daily activity. Morbidity rate is also one of the indicators for measuring the degree of community health (BPS 2019). The higher the morbidity rate, the lower the community health level would become, and *vice versa*.

Figure 16 shows the percentage of the elderly who experience health complaints and illness conditions. At the national level, more than one-half (51.1 percent) of the elderly respondents experience health complaints and one-quarter (26.2 percent) of them have a kind of illness. This is because when someone grows old, his/her physical health declines, and he/she becomes more vulnerable to health disorders and becoming sick.

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[5] Supas: *Survei Penduduk Antar Sensus:* Intercensal Population Survey.

Figure 16. Health Condition of Elderly (2019)
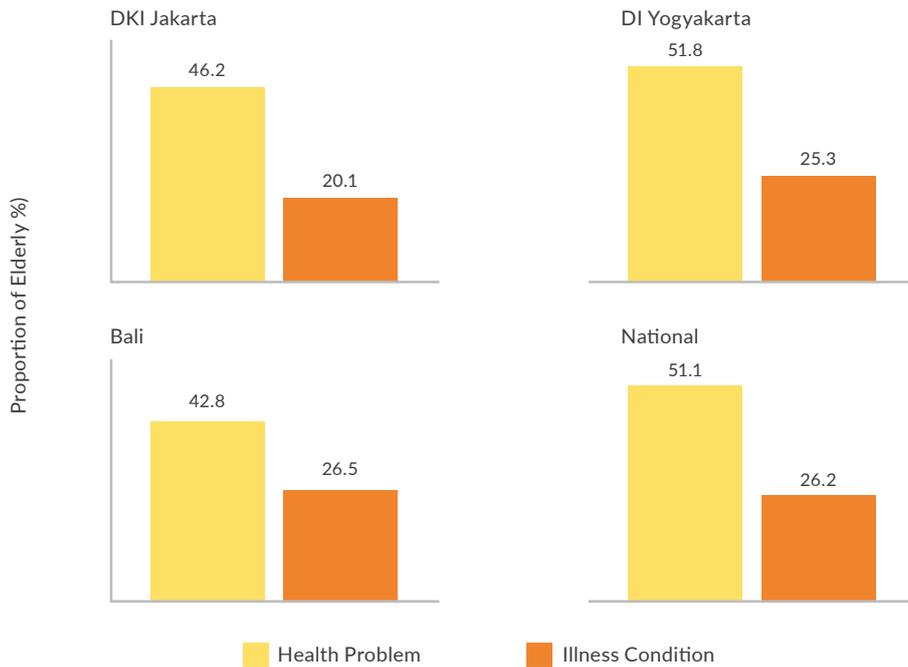
Source: Calculated using the March 2019 Susenas.

There is no significant difference in the rate of health problems and illnesses amongst the elderly across expenditure groups (Figure 17). The figure shows that, nationally, one-half (50.5 percent) of the elderly from the bottom 40 percent have health complaints. In Jakarta and Bali, the elderly in the bottom 40 percent have greater number of health problems and illnesses compared to other groups. In Yogyakarta, on the other hand, the highest rate of health problems for the elderly is in the top 20 percent expenditure group, while the highest rate for illness conditions is in the middle 40 percent.

Figure 17. Health Condition of Elderly by Expenditure Group (2019)
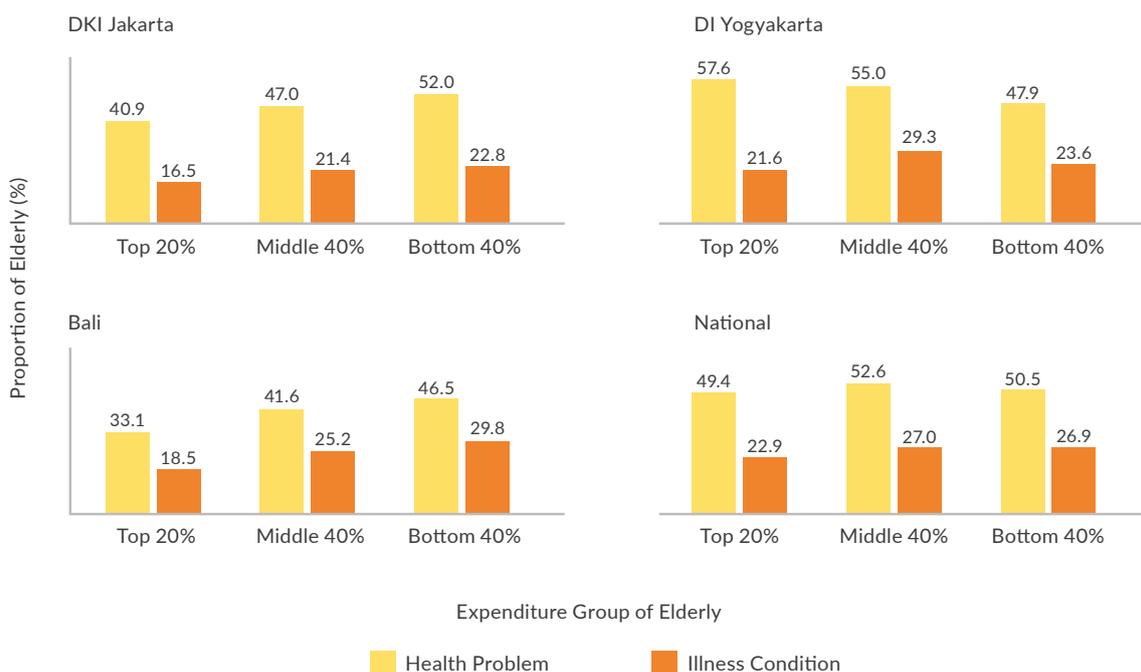
Source: Calculated using the March 2019 Susenas.

The increased health risks of the elderly must be offset against the ease of access to health care facilities. Figure 18 shows information on the elderly's access to health facilities based on their status as a social assistance program recipient. At the national level, more than one-half of the elderly (52.4 percent) reported that within the last one month they had received outpatient treatment, and about 6 percent of them reported being hospitalised within the last one year. At the national level, the elderly's access to health facilities is not particularly different between the recipients of social assistance and those who are not recipients. By study area, however, recipients of social assistance in Jakarta and Bali have a better possibility to access health facilities for either inpatient or outpatient services, compared to the elderly who are not recipients, while in Yogyakarta, the elderly who are not in receipt of social assistance have better access to only outpatient services.

Figure 18. Access for Elderly to Health Facilities by Social Assistance Program Recipient Status (2019)
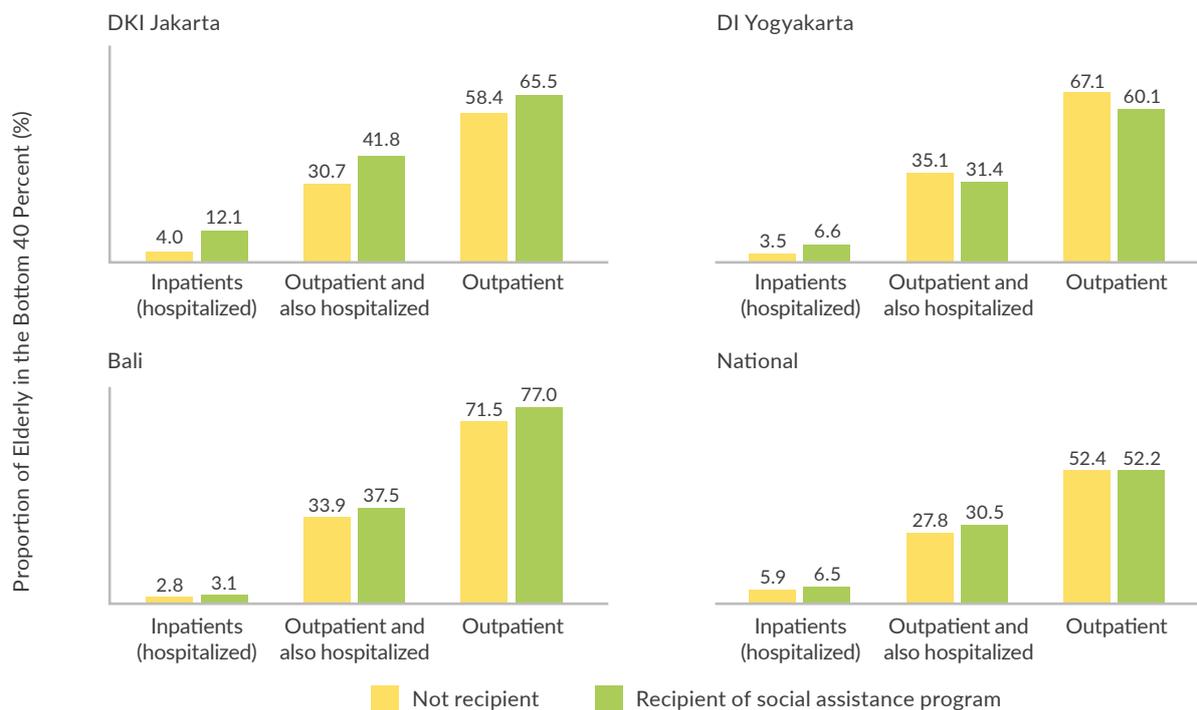
Source: Calculated using the March 2019 Susenas.
Note: The timeframe for outpatient services is within the past month, while for inpatient services is within the past year.

Meanwhile, we can see the accessibility of elderly from the bottom 40 percent to health facilities, based on whether they have a *Jaminan Kesehatan* (Health Plan) card or not (Figure 19). The elderly who have a health plan have a better possibility to access health facilities compared with those who do not have a health plan. This pattern can be seen at the national level and each study area for both inpatient and outpatient treatment.

Figure 19. Access for Elderly With Health Plan to Health Facilities (2019)

DKI Jakarta

DI Yogyakarta

Bali

National

Proportion of Elderly in the Bottom 40 Percent (%)

DKI Jakarta:
- Inpatients (hospitalized): 2.6 / 6.2
- Outpatient and also hospitalized: 7.6 / 36.4
- Outpatient: 19.8 / 62.4

DI Yogyakarta:
- Inpatients (hospitalized): 2.8 / 5.6
- Outpatient and also hospitalized: 24.1 / 34.3
- Outpatient: 53.0 / 64.5

Bali:
- Inpatients (hospitalized): 0.6 / 3.7
- Outpatient and also hospitalized: 32.9 / 35.8
- Outpatient: 69.0 / 74.8

National:
- Inpatients (hospitalized): 3.4 / 7.7
- Outpatient and also hospitalized: 23.2 / 32.2
- Outpatient: 46.4 / 55.1

■ Not recipient   ■ Recipient of health plan

Source: Calculated using the March 2019 Susenas.

As with health condition, disability is also common among old people. In fact, well over one-half of people in the category of very old elderly (over 80 years of age) living with disability (Figure 20). Based on the level of disability, the majority of elderly people are living with a medium disability. The older the group gets, however, the more likely they are living with a severe disability.

Figure 20. Disability Conditions by Age Cohort (2019)

DKI Jakarta

DI Yogyakarta

Bali

National

Proportion of Population with Disability (%)

Age Group

■ Moderate disability   ■ Severe disability

Source: Diolah dari Susenas Maret 2019

17
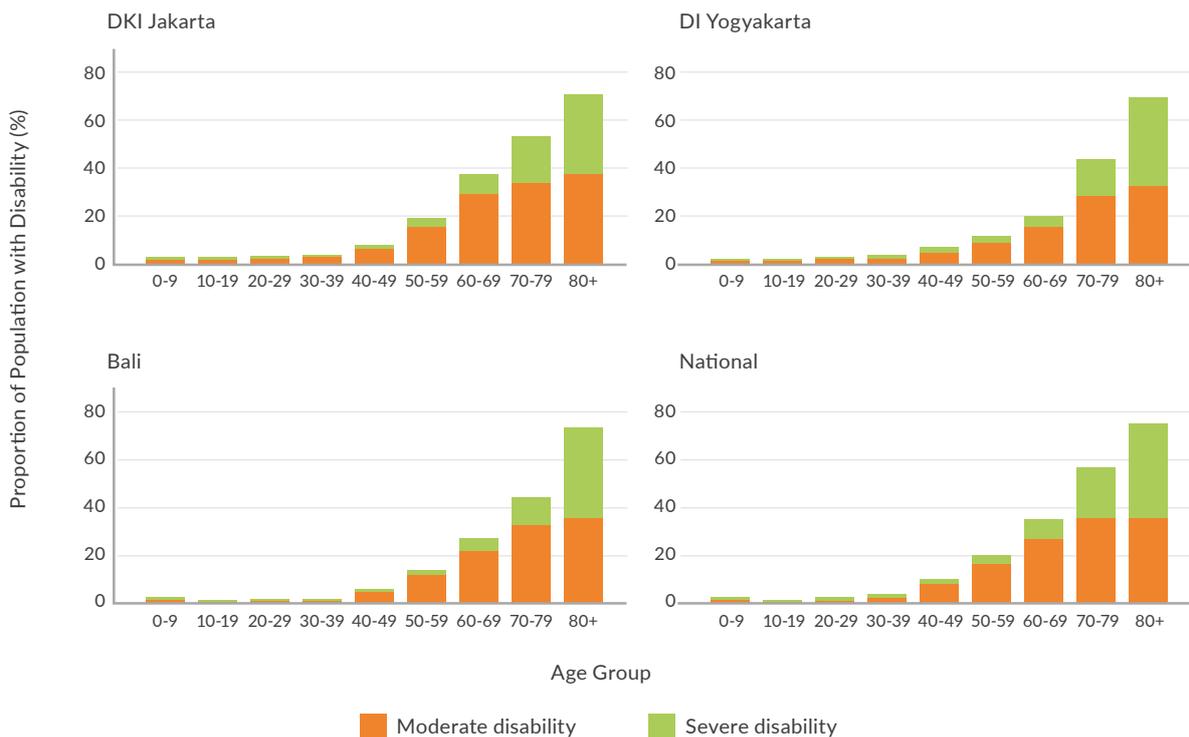
In relation to gender, elderly women are more likely to experience functional disorder than elderly men. Nearly one out of two (48.1 percent) elderly women has a functional disorder, while two out of five (41.2 percent) of elderly men have a functional disorder (Figure 21). The same pattern can be seen in each study area. In terms of the severity of the disability , the majority of elderly people, both men and women, have a moderate disability. Approximately one in ten elderly people in Indonesia, including the three study areas, has a severe functional disorder. This shows that elderly people with disability, especially severe disability, need support from the government so that they are able to continue engaging in social life.

Figure 21. Disability Condition of Elderly by Gender (2019)
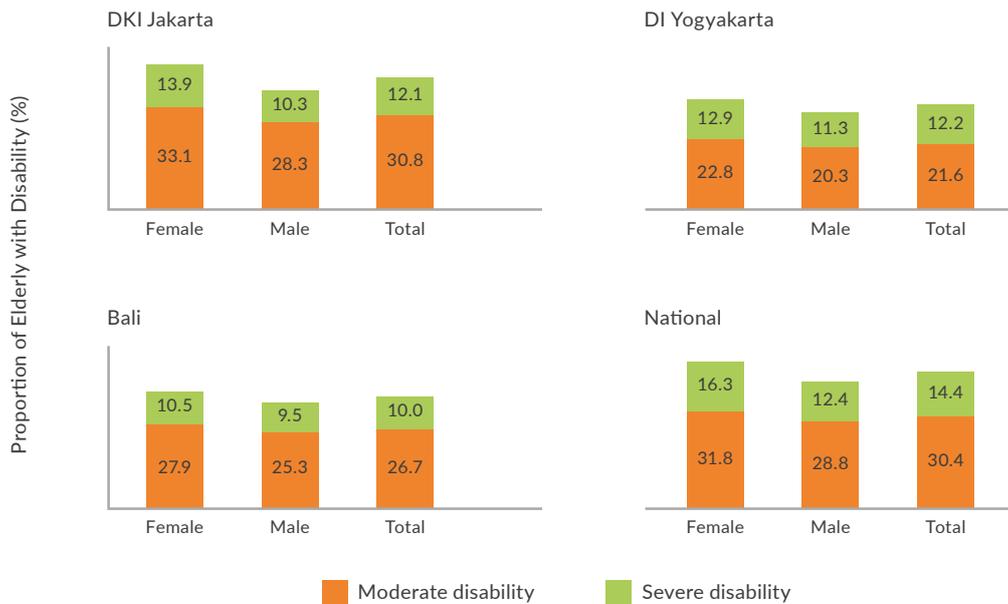
Source: Calculated using the March 2019 Susenas.

The disability condition of the elderly by expenditure group is quite varied among the three provinces being observed (Figure 22). For example, in Bali and Yogyakarta, the highest prevalence of elderly with disability is found in the bottom 40 percent by expenditure group. On the other hand, in Jakarta, the highest rate of elderly with disability is found in the middle 40 percent by expenditure group.

Figure 22. Disability Condition of Elderly by Expenditure Group (2019)
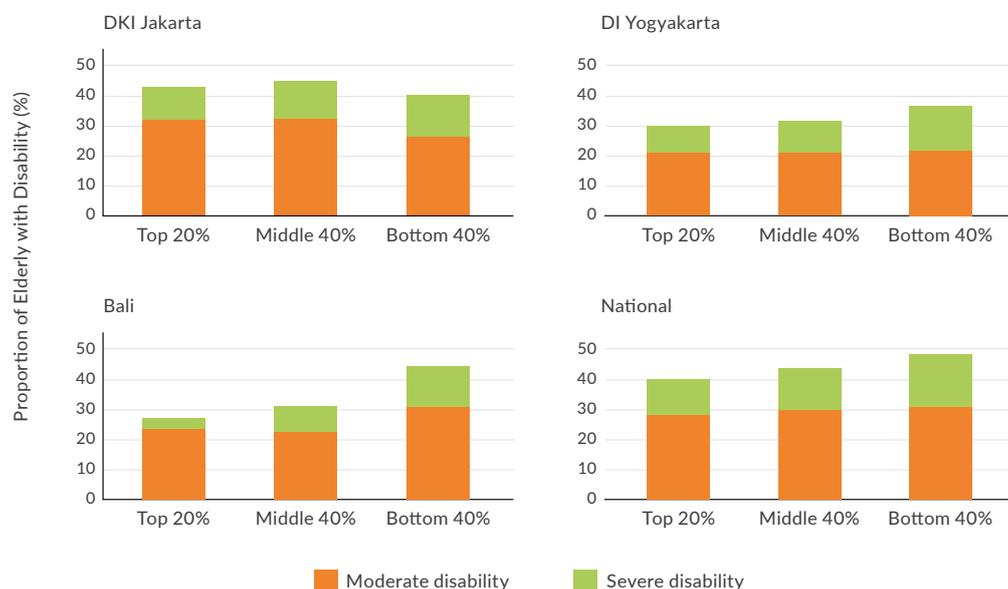
Source: Calculated using the March 2019 Susenas.

2.4 Living Status of the Elderly and Household Expenditure Pattern

As well as their health condition and socioeconomic situation as discussed in the two previous subchapters, the vulnerability of the elderly can also be determined from their living status and pattern of household expenditure.

First, in relation to living status, an elderly person who lives by himself/herself is more vulnerable than an elderly person who lives with other member/s of his/her family. Osman et al. (2012) mentioned that, at a certain old age, many elderly people may feel alone, frustrated, and lose confidence. These elderly persons need a support system to alleviate health and psychological risks that they are facing.

Second, understanding the expenditure pattern of the elderly may help to map out potential sources of vulnerability faced by the elderly. For example, if an elderly person and his/her household spend most of their money on food, they will suffer a crisis in accessing food whenever there is a hike in food prices. Mor and Sethia (2010) stated that a household's consumption pattern provides a description about the socioeconomic condition in that household. If the proportion of expenditure for food consumption is high, the household tends to fall into a category of underprivileged household.

Table 2 shows information related to the living status of the elderly. Approximately 9.38 percent of elderly live alone, while the biggest percentage is those elderly persons who live with their children and their grandchildren (40.64 percent). If we look at the type of region, the highest rate of elderly who live alone can be found mostly in rural areas–at 10.10 percent. There are more female elderly people (13.39 percent) living alone than the male elderly (4.98 percent). By study area, the greatest proportion of elderly who live alone can be found in Yogyakarta (10.95 percent), compared to Jakarta (7.91 percent) and Bali (4.91 percent).

Table 2. Status Tinggal Elderly

Characteristics	Status Tinggal Lansia				
	Living Alone	Living with Spouse	Living with Family	Living with Three Generations	Others
Total	9.38	20.03	27.30	40.64	2.66
Gender					
Male	4.98	25.28	32.25	36.04	1.45
Female	13.39	15.24	22.79	44.82	3.76
Province					
DKI Jakarta	7.91	15.51	42.11	31.15	3.33
DI Yogyakarta	10.95	19.52	31.12	35.82	2.96
Bali	4.91	13.87	19.57	56.79	4.75
Region Type					
Urban	8.74	18.84	29.97	39.63	1.45
Rural	10.10	21.35	24.31	41.76	3.76

Source: BPS (2019)

The overwhelming majority of elderly people live with their spouse and other family members, so they still have a household support system which may be required in facing any kind of crisis. Nevertheless, we also have to pay attention to the quality and adequacy of such a support system. If, for example, the other family members

are also struggling financially, then they cannot provide an adequate economic support system for the elderly. The many elderly people who live by themselves need special kind of assistances.

2.4.1   Household Expenditure Pattern

Other than status of living, the vulnerability risk can also be seen from the expenditure pattern of an elderly person and the family who lives with them. Figure 23 shows information about expenditure pattern of elderly in the bottom 40 percent group.[6] More than one-half of the expenditure of the elderly is used for buying consumable foods (see Panel A) with little variation between elderly men and women (Panels B and C). The graph also shows that individuals from all age cohort groups (including elderlies) in the bottom 40 percent of expenditure group are vulnerable to food price hikes.

Figure 23. Pattern of Expenditure in the Bottom 40 percent by Age Cohort

Panel A. Proportion of Expenditure for the Bottom 40 Percent

_____
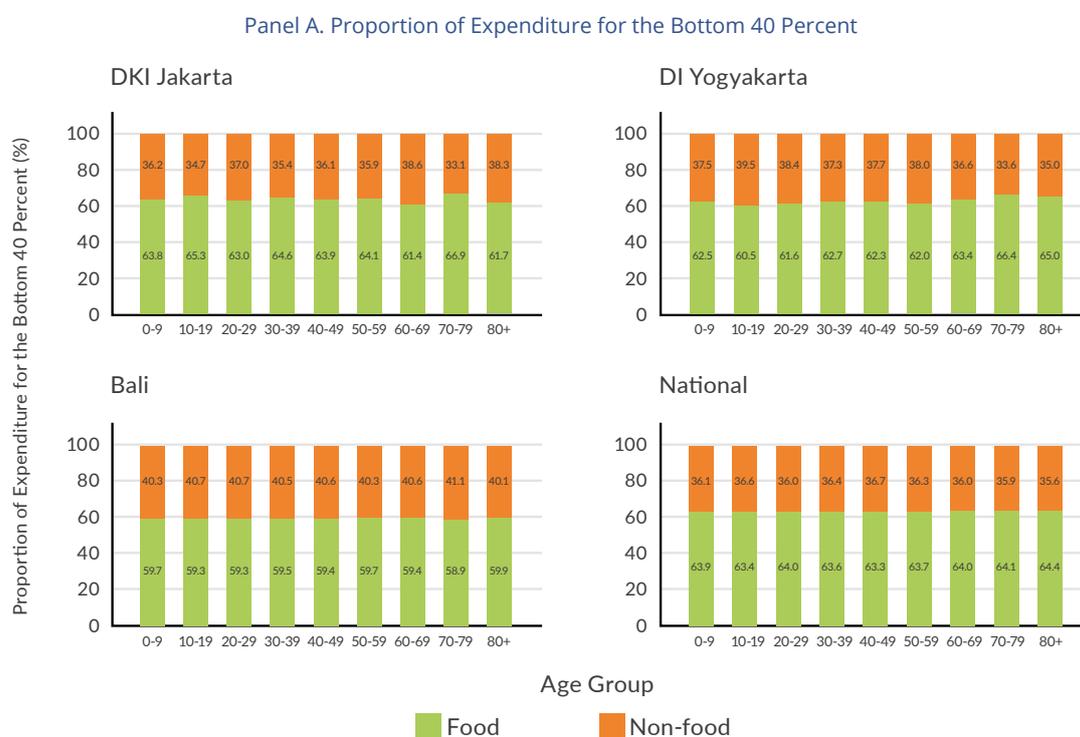
[6] Proportion of expenditure for elderly can be calculated in these ways: First, calculating the proportion of food expenditure in the household. Second, calculating the average proportion for household members who are more than 60 years of age.

Panel B. Proportion of Expenditure for Men in the Bottom 40 Percent

DKI Jakarta

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	36.3	35.3	36.6	35.3	36.6	35.8	37.8	34.3	48.2
Food	63.7	64.7	63.4	64.7	63.4	64.2	62.2	65.7	51.8

DI Yogyakarta

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	37.8	38.9	37.6	37.3	37.3	38.2	37.1	33.7	34.3
Food	62.2	61.1	62.4	62.7	62.7	61.8	62.9	66.3	65.7

Bali

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	40.4	40.2	40.5	40.4	40.4	40.2	40.4	41.1	41.5
Food	59.6	59.8	59.5	59.6	59.6	59.8	59.6	58.9	58.5

National

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	36.0	36.3	35.4	36.0	36.6	36.2	35.8	35.7	35.0
Food	64.0	63.7	64.6	64.0	63.4	63.8	64.2	64.3	65.0

Food ■ Non-food ■

Panel C. Proportion of Expenditure for Women in the Bottom 40 Percent

DKI Jakarta

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	36.0	34.0	37.3	35.4	35.6	36.1	39.2	30.8	35.3
Food	64.0	66.0	62.7	64.6	64.4	63.9	60.8	69.2	64.7

DI Yogyakarta

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	37.2	40.7	40.7	40.5	40.6	40.3	40.6	41.1	40.1
Food	62.8	59.8	60.9	62.7	62.0	62.1	63.9	66.5	64.5

Bali

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	40.1	41.3	40.9	40.5	40.9	40.3	40.7	41.0	39.2
Food	59.9	58.7	59.1	59.5	59.1	59.7	59.3	59.0	60.8

National

Age Group	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Non-food	36.2	37.0	36.7	36.7	36.8	36.4	36.1	36.0	36.0
Food	63.8	63.0	63.3	63.3	63.2	63.6	63.9	64.0	64.0

Food ■ Non-food ■

Source: Calculated using the March 2019 Susenas.

Wuryandari (2015) states that household expenditure pattern is influenced by several matters, including the number of household members and location of the house. Figure 24 shows the expenditure pattern in various household types. At the national level, households with an elderly member have the highest proportion of food expenditure compared to other household groups. Nevertheless, there is quite a variation among the three provinces concerning household expenditure pattern. For example, the highest proportion of food expenditure in Yogyakarta can be found in households with an elderly member and no children, while in Jakarta, it can be found in households with small children and elderly, and in Bali it can be found in households with no children or elderly. As households with elderly members in the

bottom 40 percent generally have the highest expenditure on food consumption, they are the most susceptible to food price hikes.

Figure 24. . Expenditure Pattern for Various Household Types in the Bottom 40 percent

DKI Jakarta

	Food	Non-food
Household without children/elderly	64.0	36.0
Household with elderly	61.3	38.7
Household with children	63.6	36.4
Household with children and elderly	64.4	35.6

DI Yogyakarta

	Food	Non-food
Household without children/elderly	61.9	38.1
Household with elderly	65.8	34.2
Household with children	61.3	38.7
Household with children and elderly	62.5	37.5

Bali

	Food	Non-food
Household without children/elderly	60.4	39.6
Household with elderly	59.6	40.4
Household with children	59.6	40.4
Household with children and elderly	59.1	40.9

National

	Food	Non-food
Household without children/elderly	62.8	37.2
Household with elderly	64.3	35.7
Household with children	63.2	36.8
Household with children and elderly	63.8	36.2

Proportion of Expenditure in the Bottom 40 percent (%)

■ Food   ■ Non-food

Source: Calculated using the March 2019 Susenas.

III.
THE AVAILABILITY OF, AND ACCESS TO, SOCIAL PROTECTION PROGRAMS FOR THE ELDERLY

According to Law No. 11/2009 on Social Welfare, a social protection program is a policy response that is targeted to prevent ,and to overcome, the risks of social instability and vulnerability. Social protection is intended to prevent, and to deal with, risks from such instability that may happen to an individual, a group, and/or a community. It is hoped that beneficiaries can sustain their lives and meet the minimum requirement for basic necessities.

In Indonesia, social protection can be divided into two schemes, namely contributory and noncontributory. Noncontributory schemes (for example, in the form of social assistance programs) are usually fully funded on the government budget–whether it is by national or regional government or a benefactor who provides the funding, and this scheme does not need contributions from the beneficiaries . On the other hand, contributory schemes (commonly referred to as social security) require a financial contribution from the participant. Some are funded jointly by the government and/or benefactor with the participant or program beneficiaries. In this case, the program participant or beneficiaries has an obligation to pay the premium regularly.

Some programs target the elderly as a beneficiaries. An elderly person can also be the beneficiaries, either directly or indirectly, of a social assistance program that is not specifically targeted at the elderly, if the elderly person or his/her family is selected to be the program beneficiaries. The target of social protection programs are generally the family, household, or an individual.

3.1 Social Protection Program with General Recipients

Social protection programs that are generally targeting families or individuals are often noncontributory in nature. The Indonesian Government has been providing various social assistance programs like this over a long period and the government has increased the amount and expanded the range quite dramatically since the monetary crisis in 1997-98. Several social assistance programs that have an expansive range of recipients and have a large budget for this endeavour are:

3.1.1 BPNT (Non-Cash Food Aid) or *Program Sembako* (Nine Staple Foods)[7]

BPNT is the current manifestation of the *Rastra/Raskin*/OPK[8] Program (Rice for Prosperous Family/Rice for Poor Family/Special Market Operation). BPNT and its predecessors have distributed food aid since 1998. Under the *Rastra/Raskin* programs, recipients could buy ten kilograms of rice every month at a subsidised price of Rp 1,600/kilogram.

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[7] BPNT: *Bantuan Pangan Non-tunai*; Sembako: *Sembilan Bahan Pokok.*

[8] OPK: *Operasi Pasar Khusus.*

When BPNT was established in 2017, it changed the mechanism of food aid distribution. The program that previously focused on subsidising the rice price now distributed credit that people could use to buy staple food such as rice, chicken, and eggs at a designated food shop/distributor. This program gave recipients freedom to choose the type, quality, and price of the food, and the place to buy it.

In 2020, the program changed its name again into *Program Sembako* (nine staple foods). It offers more variety of food commodities to the recipients. Under BPNT/*Program Sembako*, recipients initially received an amount of Rp 110,000 per month paid into their bank account. This amount increased in 2020 to Rp 150,000 per month and, since April 2020 to Rp 200,000 per month as compensation for the impact of the Covid-19 pandemic.

The recipients of BPNT/*Program Sembako* are families in the bottom 28 percent by socioeconomic condition, and they are registered in DTKS (*Data Terpadu Kesejahteraan Sosial*: Social Welfare Unified Database). This is an updated version of BDT 2015 (*Basis Data Terpadu*: Integrated Database). As of March 2020, there are a total of 15.2 million family beneficiaries (*Keluarga Penerima Manfaat* or KPM) of BPNT/*Program Sembako.* Since the onset of the Covid-19 pandemic, the number of KPM has increased by another 4.8 million to 20 million families (Cabinet Secretariat of the Republic of Indonesia 2020). Program beneficiaries are given a KKS card (*Kartu Keluarga Sejahtera* or Family Welfare Card) that can also be used to access other social protection programs.

3.1.2 *Program Keluarga Harapan* (PKH: Family Hope Program)

PKH is a conditional cash transfer program for the underprivileged and vulnerable families. It commenced in 2007. This program helps these families to access various health care and education services. It is hoped that the program can break the intergenerational poverty chain. The health component targets for PKH beneficiaries are pregnant/breastfeeding women and children 0-6 years of age. The education component targets are students at elementary school (SD/MI) to senior high school (SMA/MA),[9] aged 6-21 years old who have not finished the 12 years of compulsory education.

Since 2016, PKH has also included people with disability and the elderly as beneficiaries. Through PKH, KPM receive a cash payment in an amount according to the component criteria that the family qualifies for. The funds are disbursed once every three months. beneficiaries are required to fulfill several conditions that have been established for each component of the program in order to continue receiving benefit payments. For example, they are required to access health and education facilities.

The number of underprivileged families that have become beneficiaries of PKH has increased from almost 400,000 in 2007 to close to 9.2 million families in early 2020. In an effort to mitigate the repercussions of the Covid-19 pandemic, the number of KPM in the PKH increased to 10 million in April 2020 and the funds are distributed every month (Cabinet Secretariat of the Republic of Indonesia 2020). Data on PKH program KPM are also registered in DTKS, covering approximately 14 percent of Indonesian families in the lowest socioeconomic group. As with BPNT, PKH is also distributed through a KKS card. It provides a special e-wallet for PKH program. Conceptually, PKH beneficiaries are also the recipient of BPNT, but not all BPNT recipients are also PKH recipients. This situation can be illustrated by Figure 25 which shows the coverage of PKH, BPNT, and DTKS from total families in Indonesia.

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[9] SD: *Sekolah Dasar* (Elementary School); MI: *Madrasah Ibtidaiyah* (Islamic Elementary School); SMA: *Sekolah Menengah Atas*: (Senior Secondary School); MA: *Madrasah Aliyah* (Islamic Senior Secondary School).

Figure 25. Proportion of All Indonesian Families as PKH and BPNT/Program *Sembako* Recipients and Registered in DTKS

The PKH program is intended to change the behaviour of KPM so that they can improve their living standard and address the issue of poverty and inequality. The program is, therefore, designed to provide basic social protection to underprivileged groups. All of the beneficiaries of PKH are eligible to also receive various complementary social assistance in health care (through *JKN-PBI* program),[10] education (Smart Indonesia Program or *Program Indonesia Pintar*), staple food (*Program Sembako*), subsidised energy (electricity) bills, housing, and fulfillment other basic needs.

3.1.3 *Program Indonesia Pintar* (PIP)

PIP is cash assistance for expansion of educational access and study opportunities which are provided by the government. PIP is for students of formal and nonformal education, and college students who come from underprivileged or vulnerable families. PIP can be used to pay for personal educational necessities such as transport costs and pocket money. This program is a continuation and expansion of the BSM program (*Bantuan Siswa Miskin* or Poor Student Education Cash Transfer).

Through PIP, the government aims to prevent students from dropping out of school and to motivate students who have dropped out to return to school and continue their studies. The annual amount of PIP varies, depending on the beneficiary's stage in the education system. An SD/MI student receives Rp 450,000, an SMP/MT student receives Rp 750,000, while an SMA/SMK/MA[11] student receives Rp 1,000,000. A student beneficiary of PIP will get a KIP/*Kartu Indonesia Pintar* (Smart Indonesia Card) to be used as a means of identity and as an ATM card to draw on the cash assistance.

Some examples of the general contributory schemes in the social protection program are: JKN for *Peserta Mandiri* (Contributory/Fully Funded Participant) and *Jaminan Sosial Ketenagakerjaan* (Employment Social Security) which includes JKK (*Jaminan Kecelakaan Kerja* or Work Accident Security), JKM (*Jaminan Kematian* or Survivors' Insurance), JHT (*Jaminan Hari Tua* or Old Age Security), and JP (*Jaminan Pensiun* or Pension Insurance). JKN also has a noncontributory scheme. The central or regional government pays the monthly premiums for the noncontributory scheme for participants or recipients. JKN-PBI is the noncontributory scheme and it covers nearly 40 percent of the Indonesian population in the lowest level of socioeconomic welfare.

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[10] JKN-PBI: *Jaminan Kesehatan Nasional – Penerima Bantuan Iuran*: National Health Insurance – Premium Assistance Recipient.

[11] SMP: *Sekolah Menengah Pertama* (Junior Secondary School); MT: *Madrasah Tsanawiyah* (Islamic Junior Secondary School); SMK: *Sekolah Menengah Kejuruan* (Vocational Secondary School).

3.2 Social Protection Programs for the Elderly

Social protection programs that are specifically targeted at elderly groups are all noncontributory schemes or take the form of social assistance. The Government of Indonesia and several regional governments, including the governments of the three study areas, provide such programs. In addition to the provincial governments of Yogyakarta and Bali, regency/municipality governments also provide allowances or social assistance for the elderly in their region.

3.2.1 Programs From Central Government

At the moment, the Government of Indonesia through Kemensos (*Kementerian Sosial* or Ministry of Social Welfare) delivers two social assistance programs that are specifically targeted to the elderly. They are:

a. Bantu LU (Bantuan Lanjut Usia or Aid Program for the Elderly)

Bantu LU is a transformed entity that used to be ASLUT (*Asistensi Lanjut Usia Terlantar* or Social Assistance Program for Neglected Elderly). Starting from 2019, *Bantu LU* has functioned as one of the aid components in *Progres LU*[12] which is the 5.0 New Platform (NP).[13] *Progres LU* is also known as *Program Elderly* (Elderly Program). It covers activities such as social treatment, therapy, family support, and Bantu LU. The program evolution from ASLUT Program into *Progres LU* can be seen in Figure 26.

Figure 26. Transformation from ASLUT Program into Progres LU
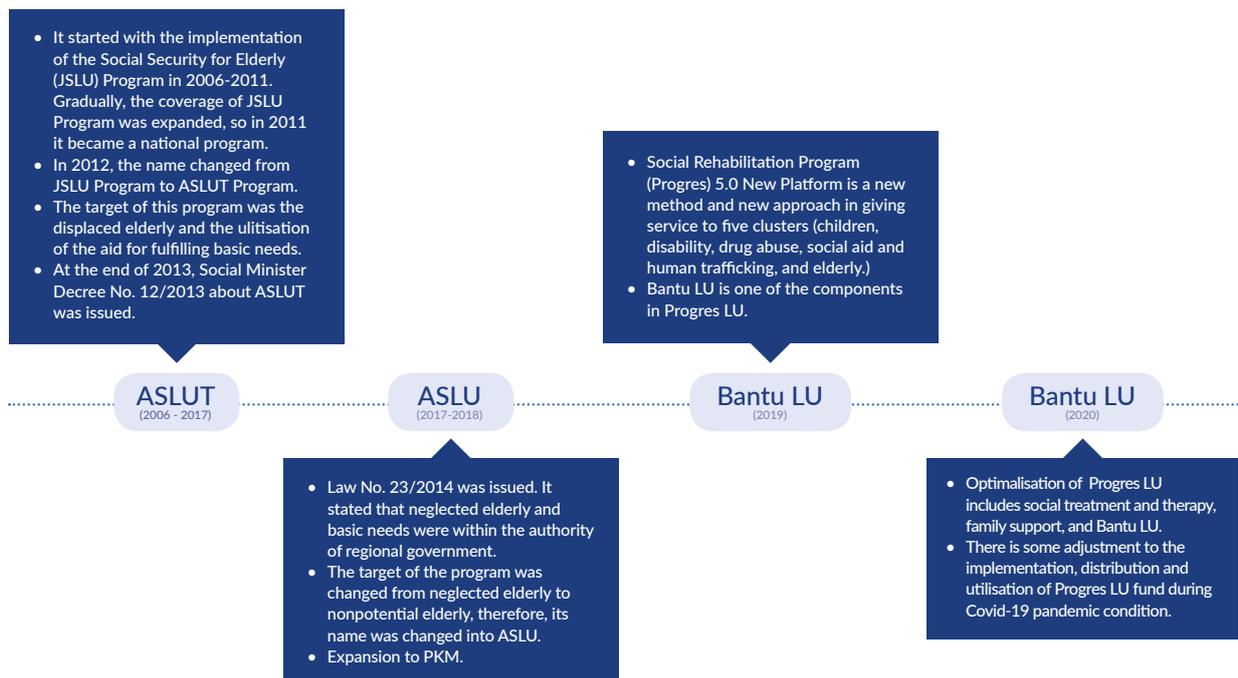
Source: Ministry of Social Welfare. 2019.
Note: JSLU: Jaminan Sosial Lanjut Usia: Social Security for the Elderly.

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[12] Progres LU: *Penyerahan Bantuan Sosial Program Rehabilitasi Sosial Lanjut Usia:* Social Rehabilitation Program for the Elderly.

[13] The Social Rehabilitation Program (Progres) 5.0 New Platform is a new method and approach in servicing five clusters (children, disability, drug abuse, social aid and human trafficking, and elderly.) In that platform, social rehabilitation service covers not only servicing and fulfilling basic needs as in previous years, but also more comprehensive delivery in two important matters, namely: (i) Purposive Social Assistance, that is fulfillment of proper living rights and strengthening the accessibility to services; and (ii) Intervention Therapies, that is physical therapy, psychosocial, mental, spiritual and livelihood therapy (Indonews 2018).

Progres LU is intended to provide social rehabilitation, guidance, technical support, and accessibility support for the elderly to recover and develop their social functions. Furthermore, it is expected that the elderly are able to enjoy a good quality personal, family, or community life. Progres LU targets the elderly who: (i) live alone or with their spouse; (ii) are potential or nonpotential elderly;[14] (iii) are not the recipient of PKH; (iv) are underprivileged and incapable; and (v) have an elderly guardian/caretaker. Program recipients are determined by the Ministry of Social Affairs based on DTKS and suggestions from regional offices who conduct data verification and validation.

In 2019, the amount of Bantu LU assistance for every elderly person was Rp 2,400,000 per year, or Rp 200,000 per month. The target is approximately 30,000 elderly throughout Indonesia. Cash is transfered in two stages. In each stage, Rp 1,200,000 is transfered to the bank account of the elderly person or their appointed guardian.

From 2020, the amount paid under Progres LU for every elderly person is Rp 2,700,000 per year consisting of Bantu LU (Rp 1,500,000); Rp 500,000 as their pocket money in case the family who ,cares for the eldery person needs to buy something for them; and Rp 700,000 for therapy and social treatment. Bantu LU and family support payments are transfered to the bank account of the elderly person or their appointed guardian, while the payment for therapy and social treatment is organised by LKS LU (Social Welfare Institution), to be used in accordance with the elderly person's particular needs..

b. Elderly Component of PKH

As discussed in sub-chapter 2.2.1 A, since 2016, PKH has had an aid component for the elderly. With this policy, the PKH KPM who has an elderly family member may receive an additional cash transfer. The component is added to mitigate the costs of treatment and to augment the income of the PKH recipient family who takes care of the elderly person. This assistance inclusion is expected to boost the living standard of KPM more optimally and more comprehensively. That being said, the elderly recipient has to fulfill several requirements: (i) at least once a year they have to do a medical checkup; (ii) use a service from a special *puskesmas* (Community Health Centre) known as a *Puskesmas Santun Lanjut Usia* a *puskesmas* to service the elderly; (iii) access a home care service (providing care, bathing, and nursing for the elderly KPM); and (iv) access daycare (joining social activities in their neighbourhood–such as morning jogging, calisthenic exercises, and other recreation.

During the implementation of the program, PKH's policy on the elderly component has been going through some changes including age range, number of elderly in one KPM, amount of cash assistance, and targeted unit. The PKH program from 2016 to 2018, and in 2020, only covered the elderly 70 years of age or above. In 2019, there was a short-lived change that set the mininum age at 60 years or above. The maximum number of elderly in one KPM was two persons in 2016, however, in 2020, this was reduced to one person. The detailed changes of PKH policy towards elderly can be seen in Figure 27.

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[14] Non-potential elderlies are those who are not able to work or make a living so that they are depended on the help of others. On the other hand, elderlies who are considered as potential are those who are still able to work/ doing any other activities to support their living.

Figure 27. PKH Policy Development on the Elderly Component 2016-20

2016	2017	2018	2019	2020
• Elderly 70 years of age and above • Cash aid of Rp 2,400,000 per person/year • Maximum two elders in one family • Living alone or with family	• Elderly 70 years of age and above • Flat cash payment of Rp 2,000,000 per family/year • Living alone or with family	• Elderly 60 years of age and above • Flat cash payment of Rp 2,000,000 per family/year • Living alone or with family	• Elderly 60 years of age and above • Cash aid Rp 2,400,000 per person/year • Only member of the family (who has component of health, and/or education • Component aid (health, education, social welfare) is given to no more than four people in the family	• Elderly 70 years of age and above • Cash aid Rp 2,400,000 per person/year. Since April it has become Rp 3,000,000 per year • Maximum one elderly person in one family • Living alone or with family • Component aid (health, education, social welfare) is given to not more than four people in the family.
Ministry of Social Affairs Regulation No. 23/HUK/2016 concerning Index and Component of *Bansos* (Social Aid) from PKH.	• Minister of Social Affairs Regulation No. 10/2017 about PKH. • Decree from Direcorate General of Linjamsos (Social Security and Protection) Number 26/LIS/12/2016 dated 27 December 2016 concerning Index and Component of Bansos from PKH for 2017.	• Minister of Social Affairs Regulation No. 10/2018 about PKH. • Technical instruction from Minister of Social Affairs about PKH year 2018	• Minister of Social Affairs Regulation No. 10/2018 about PKH • Technical instruction from Minister of Social Affairs about PKH year 2019	• Minister of Social Affairs Regulation No. 10/2018 about PKH • Technical instruction from Minister of Social Affairs about PKH year 2020

At the commencement of 2020, the amount of cash assistance for the elderly component was Rp 2,400,000/year transferred in four quarterly disbursements (Ministry of Social Affairs 2020). As compensation for the effect of the Covid-19 pandemic, the cash aid was increased by 25 percent to Rp 3,000,000/year, and the disbursement is made monthly to the KPM recipient via a bank account that is chosen by the Ministry of Social Affairs. The KPM recipients, including the elderly, can withdraw the money in *e-warong*, bank agents, or at an ATM using KKS as the ATM card.

3.2.2 Programs from Provincial and Regency Government/Sampled Cities

Province of DKI (Special Capital Region of) Jakarta

The provincial government of DKI Jakarta provides a social protection scheme for the elderly in the form of a social assistance program, namely *Kartu Elderly Jakarta* (KLJ: Jakarta Elderly Card) or Bansos Pemenuhan Kebutuhan Dasar (PKD: Social Assistance to Fulfill Basic Needs for the Elderly). KLJ is intended to help the elderly to fulfil their basic needs, to access basic services, and to improve their welfare. The legal base of KLJ is the DKI Jakarta Governor Regulation No. 193/2017 on The Disbursement of Social Assistance to Fulfil Basic Needs for the Elderly. Some of the articles in the regulation on the applications procedure for social assistance was changed by Governor Regulation No. 39/2018. The program was implemented with the support of the Jakarta Governor who said that the elderly are people at the golden age who have contributed so much to the nation, therefore, they should be given reward, protection, and special care. For this same reason, the elderly cash assistance was implemented sooner than other social assistance programs.

Holders of a KLJ receive a cash payment of Rp 600,000 per month. They are also free to use facilities of Trans Jakarta city bus service and Jak Linko transportation. Furthermore, they do not have to pay an entrance fee at several recreation places that are run by the Jakarta government. The elderly can also buy subsidised foods using this card.

KLJ recipients are determined after several stages of verification and validation, and they pass the administrative and socioeconomic condition requirements set by the Social Affairs Agency (*Dinas Sosial* or Dinsos). The administrative requirements are that: (i) they must be at least 60 years of age; and (ii) be a citizen of DKI Jakarta–meaning they live/are domiciled within the Jakarta area; and (iii) they are registered in DTKS. The socioeconomic criteria include: (i) they cannot fulfill some basic needs; (ii) they are dependent on help provided by someone else; (iii) they do not have a source of income and are impoverished; (iv) they have a chronic disease and/or are bedridden; and/or (v) they are socially and psychologically abandoned.

Elderly people who are qualified but have not been registered in DTKS can apply themselves at the *kelurahan* office and/or the regional agency who is authorised to update data in DKTS. At the *kelurahan* level, there are social workers who organise DTKS updates, so the program could encompass qualified elderly who are not yet registered or have not actively applied for the program. Data verification and validation of KLJ recipients is conducted every year. This is to ensure they get the most recent data about recipients who might relocate, have died or have seen an improvement in their life condition. Furthermore, since 2020, the Dinsos) has also crosschecked data on the elderly with data from SIAK (*Sistem Informasi Administrasi Kependudukan* or Population Information Administration System) at *Dukcapil* (*Direktorat Jenderal Kependudukan dan Pencatatan Sipil* or Directorate General of Population and Civil Registration). The Dinsos also receives the result from LKS data updating of underprivileged elderly, and the range of the person's foster community that have not been registered in DTKS.

The number of elderly persons who have become KLJ recipients has increased significantly. At the beginning of KLJ implementation in 2018, there were 14,520 beneficiaries–increasing nearly threefold to 40,419 in 2019, before almost doubling again to exactly 77,524 people in 2020 (Table 3). KLJ is targeting to reach 112,000 elderly in the DTKS list. As of this reporting date, the program has managed to encompass 72.3 percent of all elderly residents in Jakarta who are registered in DTKS.

Based on the distribution, the location with the most KLJ recipients is East Jakarta, while the location with the least number of KLJ recipients is the Seribu Islands. The proportion of KLJ recipients to all elderly registered in the DTKS is a little varied between regions. The highest coverage is in Central Jakarta (80.47 percent), and the lowest is in South Jakarta (62.17 percent). Meanwhile, based on program coverage as a proportion of the total number of elderly people, the highest coverage is in the Seribu Islands at 44.09 percent.

Table 3. Distribution of KLJ Recipients in 2020

Municipality/ Regency	Total Number of Recipients	Proportion of the Number of Elderly in DTKS (%)	Proportion of the Number of Elderly (%)	Proportion of the Total Population (%)
East Jakarta	23,178	79.4%	10.6%	0.8%
North Jakarta	17,083	71.8%	13.1%	1.0%
Central Jakarta	13,309	80.5%	14.3%	1.4%
West Jakarta	12,617	63.9%	6.8%	0.5%
South Jakarta	10,591	62.2%	5.6%	0.5%
Seribu Islands	746	78.0%	44.1%	3.2%
Total	77,524	72.3%	9.5%	7.4%

Source: Online interview with DKI Jakarta Provincial Dinsos, 19 May 2020 and Susenas 2019.

KLJ cash assistance is distributed by funds transfer to the account of the beneficiary in Bank DKI on the fifth day of every month. In 2020, KLJ cash assistance distribution was done only once in March as a combined payment for the three months of January to March. This delayed payment was because of the effects of the Covid-19 pandemic. In 2019, not every targeted elderly received the assistance. KLJ realisation in that year was 98.7 percent due to a failure in distribution to 506 targeted elderly. The reason was that the beneficiary had already passed away or relocated to a new address (DKI Jakarta Dinsos, Online interview, May 2020).

In addition to KLJ, the Government of Jakarta also provides assistance for neglected elderly persons, irrespective of whether they are Jakarta citizens. Four nursing homes that can house 2,000 people are also provided for the elderly. They are given Rp 25,000 per day. Non-governmental institutions also provide five private nursing homes for the elderly. The provincial Dinsos also usually organises social events for the elderly on HLUN (*Hari Lanjut Usia Nasional* or National Elderly Day) on 29 May each year. For that event, Social Service collaborate with various companies' CSR activities, together with other activities under the umbrella of Corporate Social Responsibility. In addition, there are many foundations, donors, and communities that care for the elderly by providing voluntary assistance and attention to the elderly in Jakarta.

DI (Special Region of) Yogyakarta Province

In Yogyakarta, there is not yet a legal base which regulates the provision of social protection for the elderly. The provincial government has designed a regional regulation about eldery welfare, but that bill still has to wait to be verified by the provincial legislative body. Although there is no legal basis yet, the government still allocates a budget for allowances and service programs for the elderly. These programs are complementary to central government programs and specifically for elderly persons who have not received cash assistance from the central government. This provision is deemed necessary since there are still many elderly who have not received social assistance.

The provincial government budget that is provided to finance these elderly-targeted programs has recently increased sharply–from Rp 1.3 billion in 2019 to Rp 4.1 billion in 2020. Details of the assistance and service programs for the elderly that are planned for 2020 by the provincial government are presented in Table 4.

Table 4. Program Plans/Elderly-Targeted Activities from Yogyakarta Government Budget (2020)

No.	Name of Program /Activities	Total Recipients	Note
1.	Food Distribution to Neglected Elderly	100 people	Started in 2014, distributed to elderly residents of private nursing homes.
2.	*Jaminan Sosial Lanjut Usia* (JSLU/ Social Security for Elderly)	1,000 people	Elderly are given Rp 200,000 per month for six months if they can still do *Activity Daily Living* (ADM). They are spread in 15 LKS and elderly groups.
3.	*Home care facilities for elderly*	700 people	Monthly aid in the form of food worth Rp 80,000 and equipment worth Rp 20,000 per elderly person. This aid is given to people in 11 LKS. This program also provides assistance, including access to health care facilities.
4.	*Taman Werda*, daily service for elderly	125 people	The facilities are spread in five regencies/municipalities.
5.	Facilities for elderly through *family support*	50 people	Cash transfer is given to elderly and/or their family who own business venture.
6.	Operating Room for Elderly	50 people	Cash transfer worth Rp 1,700,000 per room for elderly. It will start in October 2020.

There are five other activities that are indirectly related to the elderly, namely: (i) socialisation of a regional regulation about elderly welfare; (ii) celebration of HLUN; (iii) strengthening assistance for elderly; (iv) organising a workshop about a *grand design* for an elderly-friendly area; and (v) growing number of LKS for the elderly. Unfortunately, the Covid-19 pandemic has resulted in a number of initiatives being delayed or canceled. Of the 11 initiatives (six in Table 4 and five activities mentioned earlier in this paragraph), only five will still be implemented: (i) food distribution (number one in Table 4); (ii) JSLU (2); (iii) home care (3); (iv) family support (5); and (v) operating room for elderly. In response to the impact of Covid-19, the government distributes cash aid worth Rp 266,000 to 750 elderly in the first stage, and then gives them staple food in the second stage.[15]

In addition to the provincial programs, social assistance schemes for the elderly are provided in almost every regency/municipality. The forms of assistance vary from one regency to another. The allowance is generally given to those elderly who have not received assistance from the central or provincial government. Table 5 presents details of the programs and the amount of the allowance provided in each regency/municipality.

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[15] https://jogja.tribunnews.com/2020/05/12/dinsos-diy-mulai-salurkan-bantuan-pada-Elderly-terlantar?page=all.

Table 5. Social Assistance Program for Elderly in Five Regencies/Municipalities in DI (Special Region of) Yogyakarta (2020)

No.	Regency/ Municipality	Name of Program/Activities	Description
1.	Yogyakarta Municipality	Social Assistance for Underprivileged Elderly	In 2020, there will be assistance worth Rp 180,000/month given to underprivileged elderly, distributed in two stages. The amount of aid increased from 2019, which was only Rp 110,000/month. This program started in 2018, and initially only targeted neglected elderly, with the amount of assistance set at Rp 300,000/month.[16]
2.	Kabupaten (regency) Kulon Progo	- BPNT from *kabupaten* budget - Social Allowance from *kabupaten* budget	- In 2020, the quota of recipients is 4,680 neglected elderly[17] - The program was started in 2017. In 2019, it was given to 882 elderly worth Rp 300,000/ month, consisting of Rp 150,000 in cash and food worth Rp 150,000.[18]
3.	Kabupaten Sleman	Bansos (Social Assistance) for Elderly who are socioeconomically vulnerable	The basic food assistance is distributed via LK3 (*Lembaga Konsultasi Kesejahteraan Keluarga* or Institute of Family Welfare Consultation) to Sleman.[19]
4.	Kabupaten Bantul	Social Allowance from *kabupaten* budget	In 2017 and 2018, it was given to 394 and 626 neglected elderly, and the amount was Rp 200,000/month.[20]
5.	Kabupaten Gunung Kidul	Food/allowance distribution to elderly	In 2020 it was given to 9,000 elderly within two months.[21]

Bali Province

The Government of Bali already has a legal base to organise an elderly welfare program, namely Bali Province Regional Regulation No. 11/2018. In the near future, a relevant governor's regulation will be issued. The Bali government has not, however, had social protection programs for the elderly, other than the ones delivered by the central government.[22]

According to the division of authority between the provincial government and regency/municipality governments, the provincial government is only authorised to handle elderly through LKS, including Panti Werda. In reaching out to the elderly, the government is really helped by private institutions that take care of the elderly. One of them is the Maha Boga Marga Foundation (MBM) that has a range of activities at the national level. As well as private institutions, volunteers in Bali are really helpful in providing social assistance to the elderly.

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[16] SuaraJogya. 2020.

[17] Jogjapolitan. 2020a.

[18] Jogjapolitan. 2019.

[19] Tribunnews. 2019.

[20] Jogjapolitan. 2018.

[21] Bisnis Semarang. 2019

[22] Tribunnews. 2019a.

From the observation of online documents, we found several regencies/municipalities in Bali that have social assistance schemes for the elderly, among others:

(1) Kabupaten Badung organises Social Protection Assistance for the Elderly, stipulated by Regent Regulation of Badung No. 38/2018. The cash is given to nonpotential elderly who: (i) are no younger than 72 years of age or are more than 60 years of age but bedridden; (ii) currently not receiving a pension or cash aid from the government or a social institution; and (iii) not in the foster care or responsibility of Tresna Werdha Nursing Home. The amount of cash aid is Rp 1,000,000 per person/year.

(2) Kabupaten Karang Asem in 2012–17 distributed JSLU (Social Security for Elderly) from its regional budget, worth Rp 300,000 per person per month to 300 elderly, incapable, neglected, and nonproductive persons. In 2018, cash assistance was distributed to 400 elderly and the amount was Rp 250,000/month. The total budget was Rp 1.2 billion. The regional government also gives cash transfer to the elderly on every HLUN celebration.[23]

(3) Denpasar City Government distributed a staple food package to mitigate people's suffering caused by the Covid-19 pandemic. The value of the assistance is Rp 250,000/month for the two-month duration of assistance. Among the recipients are elderly persons who live in Denpasar and have an ID card of Denpasar. Staple foods given are rice, eggs, noodles, and cooking oil. They also receive masks and antiseptic soap for washing hands.[24]

(4) Kabupaten Buleleng provides packets of staple foods to people who are severely affected by the Covid-19 pandemic–some of whom are elderly. The assistance is being provided for nine months starting from April 2020. The aid is in-kind and worth Rp 200,000/month. The card can be used to buy staple foods in the designated *e-warong*.[25]

3.3 Access to Social Protection Programs

From the information given in previous subchapters, there are some social protection programs designed by government at the national or regional level that are specifically targeted to the elderly. In this subchapter, we will discuss how the elderly can and do access social protection programs. These include health insurance, and social assistance such as Rastra/BPNT, PKH, and assistance from regional governments.

Figure 28 shows relevant information about the proportion of the elderly in social security (for health care and employment) and social assistance. More than 60 percent of elderly in all expenditure groups have social insurance (this seemingly high percentage is mostly contributed from the elderly membership in social insurance for health program), however, the proportion of elderly who receive social assistance is smaller. At the national level, only 46 percent of all elderly in the bottom 40 percent by socioeconomic welfare receive benefits from a social assistance program. In Jakarta, only 23 percent of the elderly in the bottom 40 percent receive such assistance.

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[23] BeritaBali. 2018.

[24] Nusa Bali. 2020.

[25] Bali iNews.

Figure 28. Proportion of Elderly Who Have Social Protection (2019)
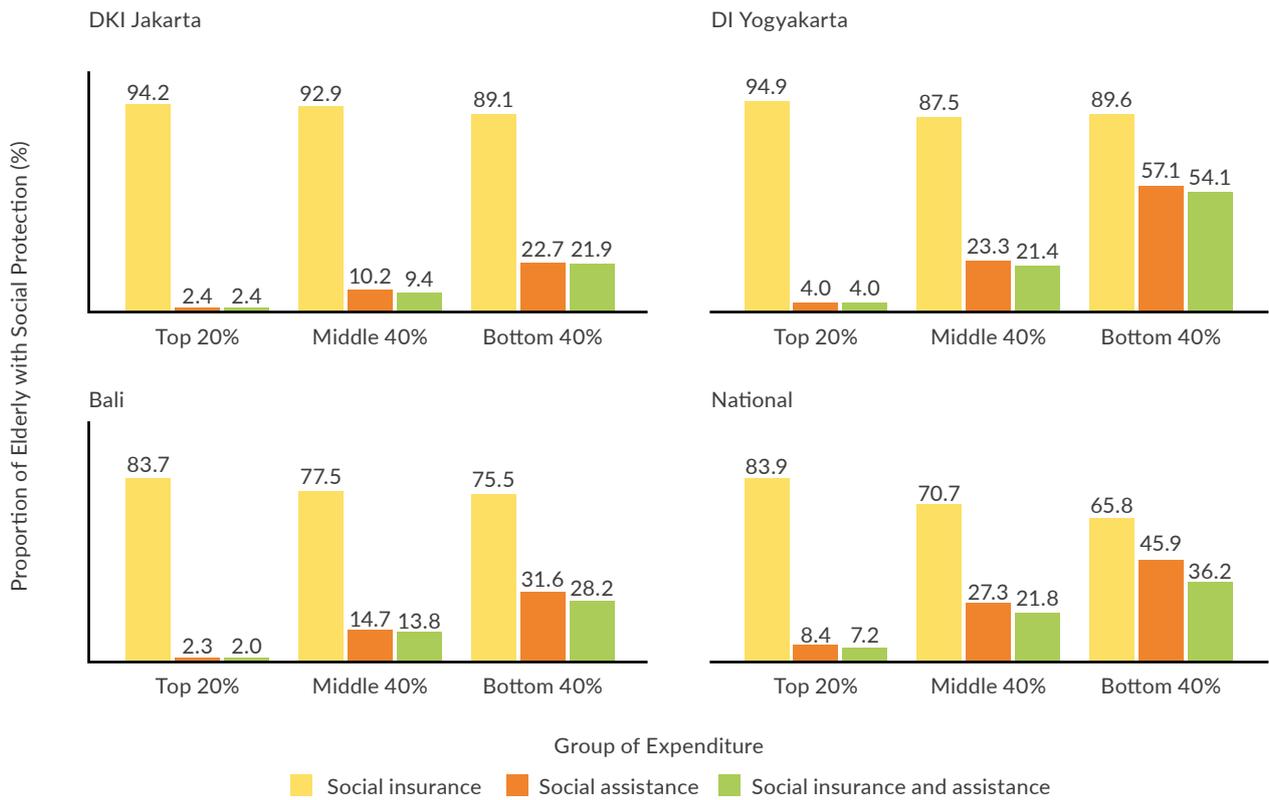
Source: Calculated using the March 2019 Susenas.

3.3.1 Types of Social Assistance Received by Elderly

Figure 29. Social Aid Received by Elderly and General Population (2019)

Source: Calculated using the March 2019 Susenas.

Figure 29 shows the proportion of the elderly who receive benefits from some type of social assistance program. The most common form of socia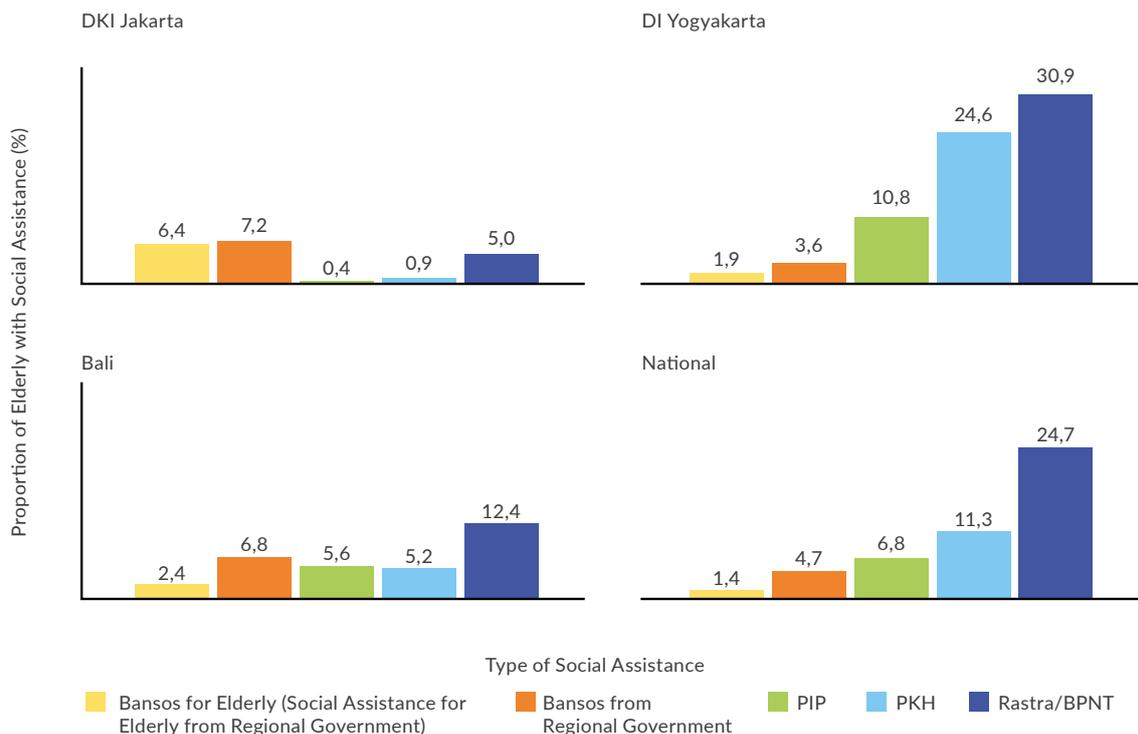l assistance program received by the elderly is Rastra/BPNT, however, this varies significantly across the study areas–with only 5 percent of the elderly in Jakarta in receipt of Rastra/BPNT. This is in accordance with the need of the elderly, most of whose expenditure is for buying food. This aid also helps to minimise the risk of food price hikes for the elderly.

In terms of social security, there are two types that are discussed in this report: (i) health insurance; and (ii) social security for employment. Most of the elderly at the national level and three study areas have health insurance (Figure 30). In fact, 92 percent of the elderly in Jakarta have health insurance, however, this level of health insurance coverage dips to only 76 percent of elderly people in Bali. It should be noted, however, that the level of coverage in each of the three study areas exceeds the national rate of just under 70 percent.

Figure 30. Health Insurance Coverage for Elderly (2019)
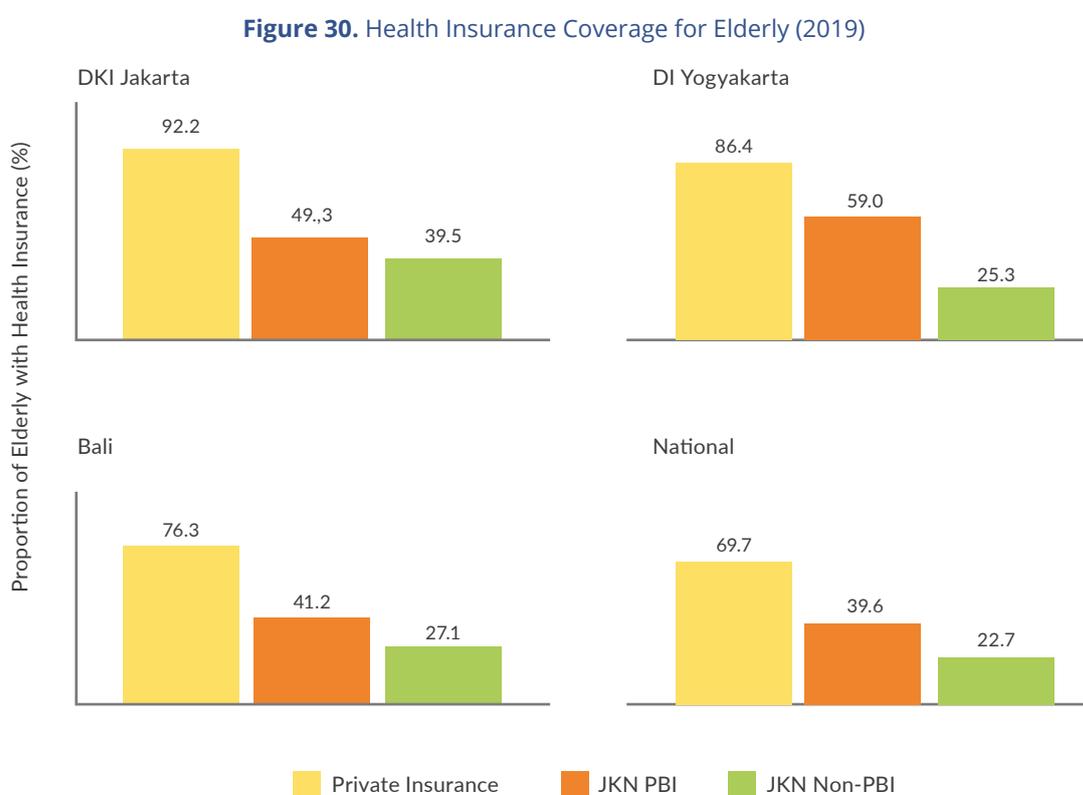
Source: Calculated using the March 2019 Susenas.

By type of health insurance, elderly people whose economic condition is relatively better-off tend to take non-PBI health insurance (53 percent of the top 20 percent nationally), while health insurance which is owned by elderly from the bottom 40 percent is JKN-PBI (49 percent nationally). Nevertheless, there are some elderly from middle to top groups who take JKN-PBI (Figure 31).

Figure 31. Health Insurance Coverage for Elderly by Expenditure Group (2019)

DKI Jakarta

	Top 20%	Middle 40%	Bottom 40%
Private Insurance	93.9	92.9	89.1
JKN PBI	32.2	47.3	74.3
JKN Non-PBI	55.2	43.0	13.8

DI Yogyakarta

	Top 20%	Middle 40%	Bottom 40%
Private Insurance	91.5	83.5	86.9
JKN PBI	17.1	48.2	77.9
JKN Non-PBI	66.4	33.6	8.2

Bali

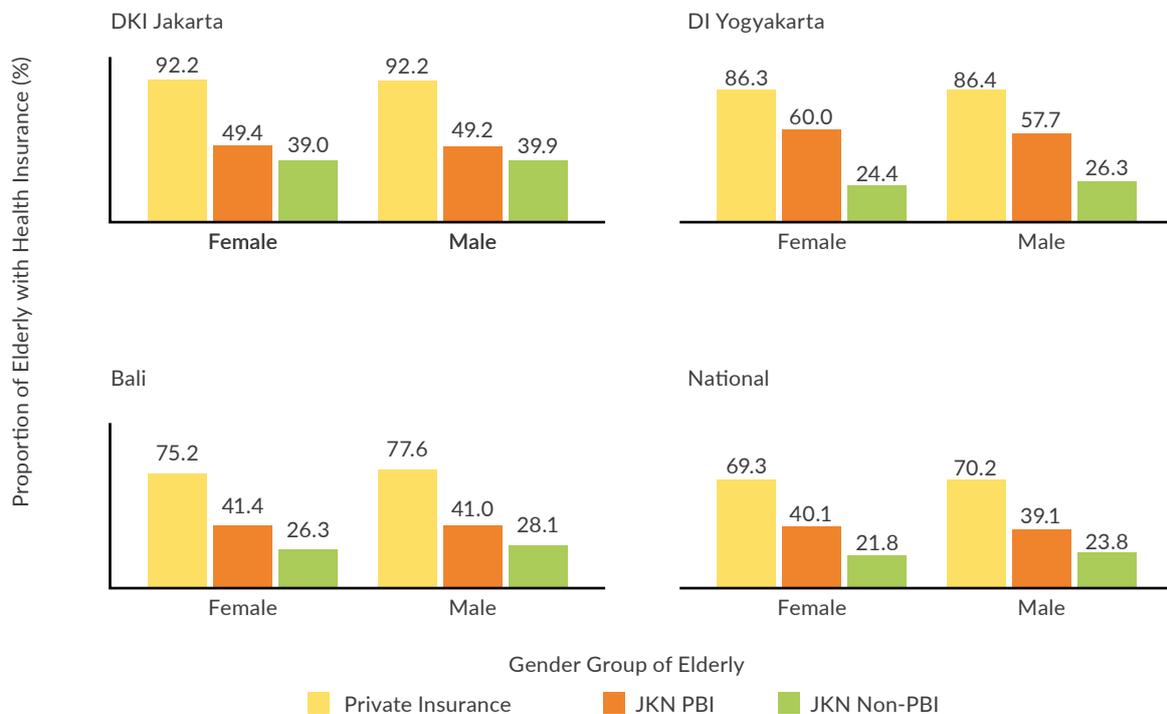|	Top 20%	Middle 40%	Bottom 40%
Private Insurance	82.8	76.7	74.3
JKN PBI	20.4	33.0	53.5
JKN Non-PBI	48.6	35.2	14.7

National

	Top 20%	Middle 40%	Bottom 40%
Private Insurance	82.2	69.1	64.8
JKN PBI	21.5	38.0	48.9
JKN Non-PBI	52.9	23.8	8.9

Proportion of Elderly with Health Insurance (%)

Private Insurance · JKN PBI · JKN Non-PBI

Source: Diolah dari Susenas Maret 2019

Based on gender (Figure 32), the proportion of male and female elderly who have health insurance is very similar at national level and in the three study provinces. A similar pattern can be found among the recipients of JKN, whether it is PBI or non-PBI at the national level or the three study provinces.

Figure 32. Health Insurance Coverage of Elderly by Gender (2019)

DKI Jakarta

	Female	Male
Private Insurance	92.2	92.2
JKN PBI	49.4	49.2
JKN Non-PBI	39.0	39.9

DI Yogyakarta

	Female	Male
Private Insurance	86.3	86.4
JKN PBI	60.0	57.7
JKN Non-PBI	24.4	26.3

Bali

	Female	Male
Private Insurance	75.2	77.6
JKN PBI	41.4	41.0
JKN Non-PBI	26.3	28.1

National

	Female	Male
Private Insurance	69.3	70.2
JKN PBI	40.1	39.1
JKN Non-PBI	21.8	23.8

Proportion of Elderly with Health Insurance (%)

Gender Group of Elderly

Private Insurance · JKN PBI · JKN Non-PBI

Source: Calculated using the March 2019 Susenas.

Other than health insurance, another type of social security is that for workers. It turns out that employment insurance in the form of pension insurance is the one which is most often taken by the elderly. However, at the national level, the number of elderly who are covered by pension insurance is only 10 percent. Coverage of participants by employment insurance should, therefore, be expanded.

Figure 33. Social Security for Employment Received by Elderly (2019)
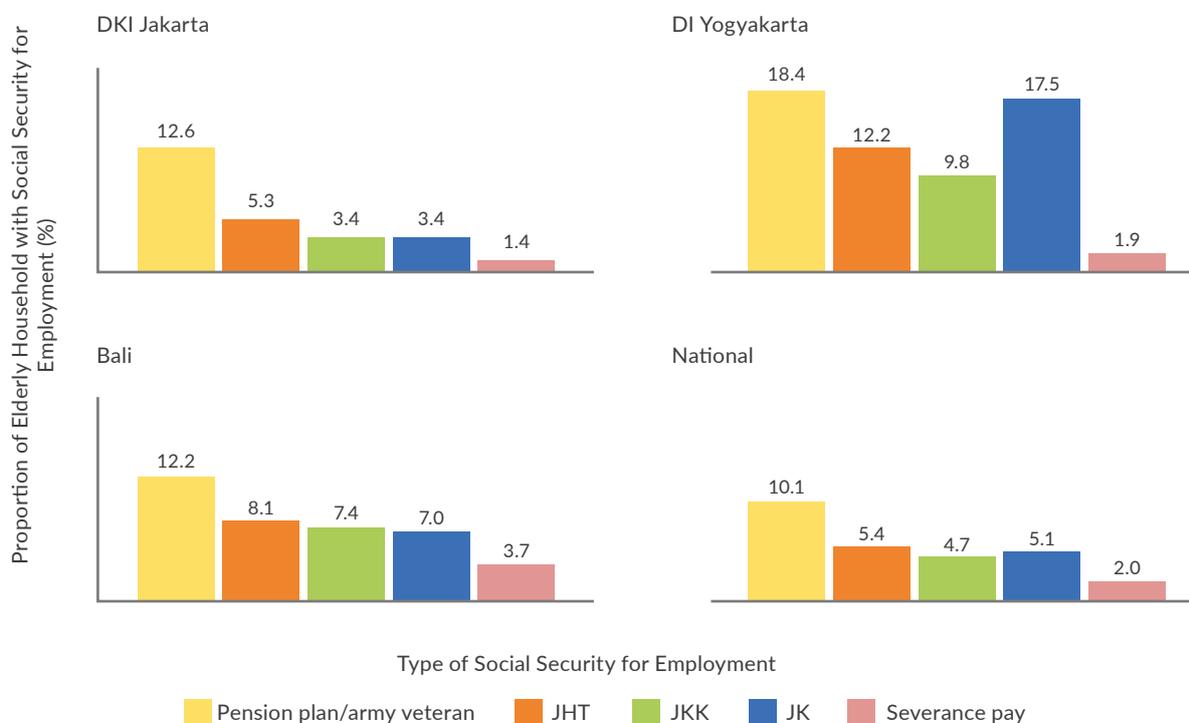
Source: Calculated using the March 2019 Susenas.

An analysis done by TN2PK in 2018 found that the coverage of social protection programs at that moment was still limited, especially in reaching the middle socioeconomic group. Social protection through contributory schemes can generally only be accessed by people from the top percentage of expenditure group, while social assistance programs, including the ones for elderly, still aim for the elderly from the bottom percentage of expenditure group. This left a problem concerning accessibility for the developing middle community to receive social protection. Most people in this group do not have a minimum income or a high enough fixed income to afford to join a contributory scheme. Neither are they allowed to receive assistance from noncontributory schemes because they are not categorised as underprivileged and vulnerable. This group is often called *the missing middle.*

3.3.2 Utilisation of Health Social Security for Elderly

Besides membership of a social security program, it is also important to analyse the utilisation of such programs. By having social security for health, it is expected that the elderly can access various basic services, such as health care services. Figure 34 shows information on the utilisation of JKN (National Health Insurance) or Jamkesda (*Jaminan Kesehatan Daerah* or Regional Health Insurance) based on expenditure groups.

At the national level, around 49.5 percent elderly from the top 20 percent who take health check-up are using JKN or Jamkesda as opposed to other type of health insurance most. A similar pattern occurs in the elderly in Yogyakarta where more than 57 percent of the elderly from the top 20 percent group go

for health check-ups using JKN/Jamkesda. On the other hand, only 39.5 percent of the elderly from the bottom 40 percent expenditure group utilise JKN social security for health check-ups.

Figure 34. JKN/Jamkesda Services Used by the Elderly Based on Expenditure Group (2019)
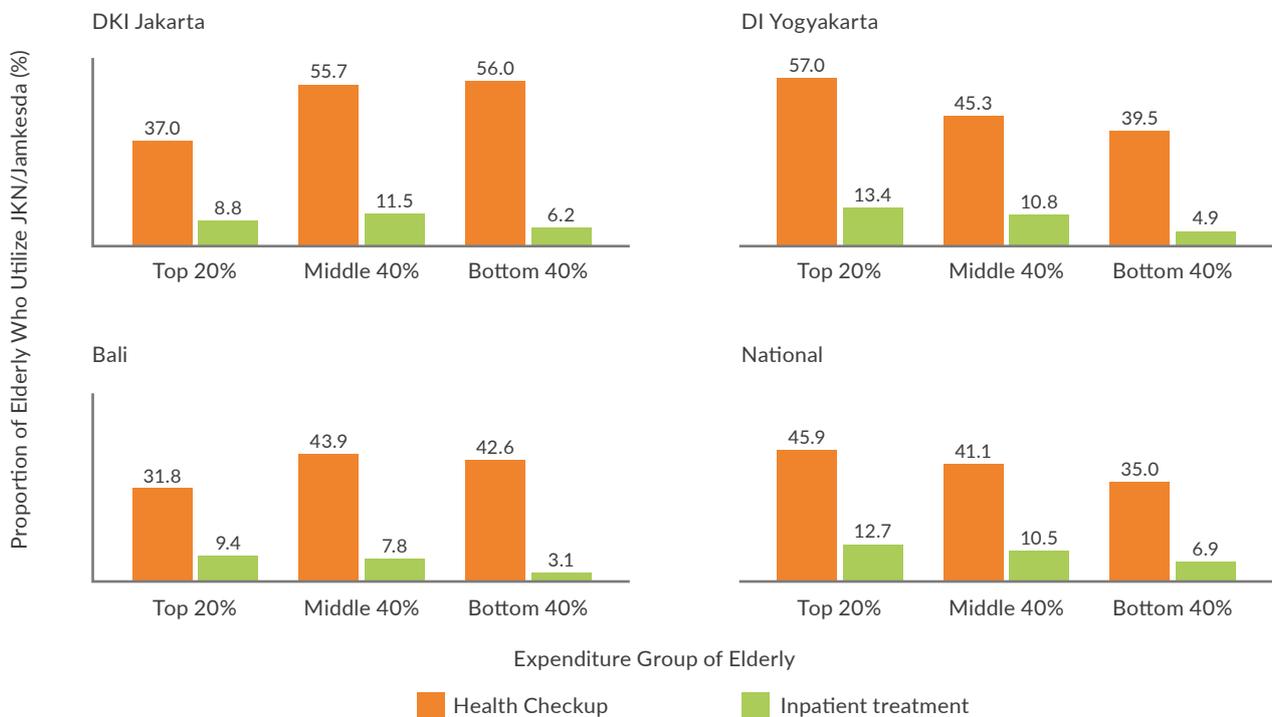
Source: Calculated using the March 2019 Susenas.

If observed from a gender perspective, female elderly people are more likely to do health check-ups compared to males. On the other hand, a larger proportion of male elderly than female elderly use JKN/Jamkesda for hospitalisation or inpatient treatment.

Figure 35. Elderly Who Utilise JKN/Jamkesda Based on Gender (2019)
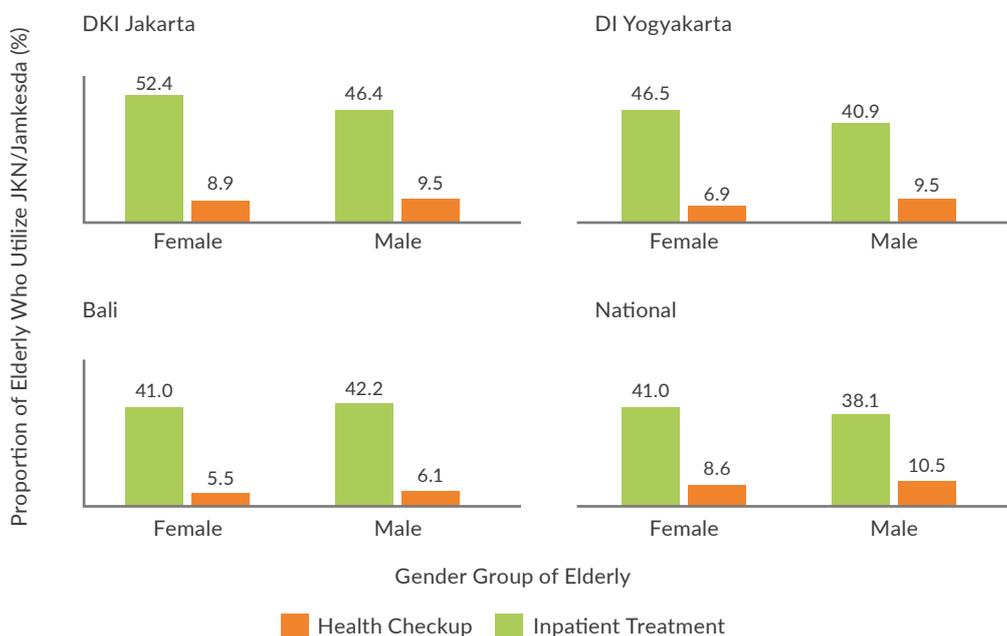
Source: Calculated using the March 2019 Susenas.

IV.
THE AVAILABILITY OF, AND ACCESS TO, BASIC NEEDS SERVICES FOR THE ELDERLY

One of the forms of resilience and means of measuring improvements in the quality life of the elderly can be seen from how they can access basic needs and services. Examples of this are, among others, health care services, daily nutritional adequacy, and proper sanitation. Social assistance from the government is expected to improve the elderly condition by meeting their basic needs and services.

Figure 36. Access of Elderly to Health Services (2017 and 2019)
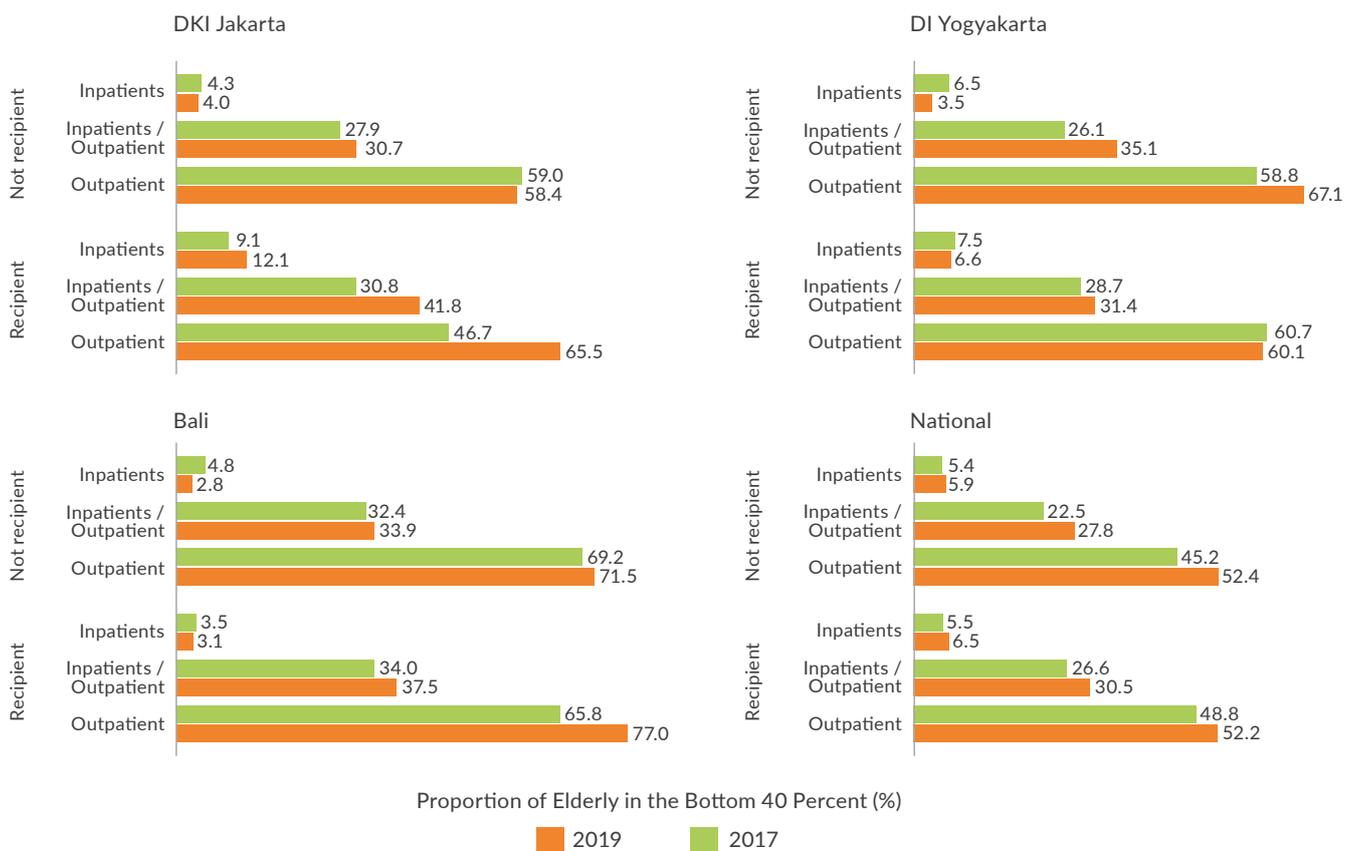
Source: Calculated using the March 2019 Susenas.
Notes: Recipients refer to individual who received sosical assistance and non-recipients are those who not received social assistance

Figure 36 shows information about the development of the elderly's access to health services in the period of 2017 to 2019. This kind of access is getting better, shown by the increase of the proportion of elderly who get hospitalised (inpatient) and receive outpatient treatment. Furthermore, in 2019, the elderly who became recipients of Bansos (social assistance program) in Jakarta and Bali were more likely to keep healthy because the proportion of them accessing health services is higher than nonrecipients. On the other hand, in Yogyakarta, there are more elderly who are not the recipients of Bansos who go for outpatient treatment compared to those who are Bansos recipients.

Figure 37. Level of Daily Nutritional Adequacy for Elderly by Nutrition Category (2017 to 2019)

Proportion of Elderly in the Bottom 40 Percent That Are within Nutritional Adequacy Level (%)

2017   2019
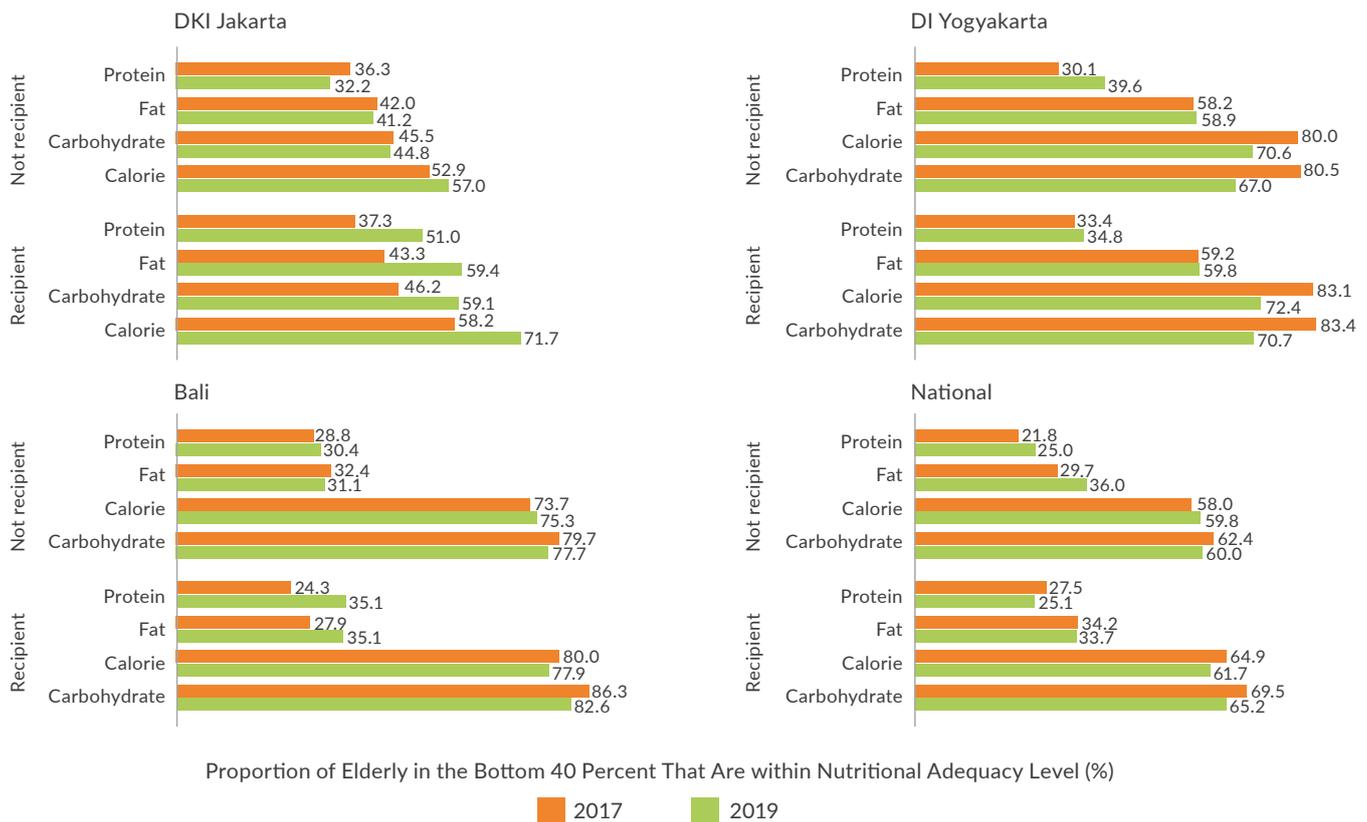
Source: Calculated using the March 2017 and 2019 Susenas.

Concerning the daily nutritional adequacy for the elderly, there was a decline in the proportion receiving adequate nutrition during the period of 2017 to 2019 especially for social assistance recipients. This situation to some extent is problematic because despite the fact that the government is already expanding the coverage of social assistance program, this measure turns out do not improving the daily nutritional adequacy of the recipients. Even, the daily nutritional adequacy ratio of social assistance recipients is falling. Nevertheless, the proportion of the elderly in Jakarta who fulfilled daily nutritional adequacy level experienced a sharp increase in that period, especially the ones who were recipients of social assistance programs (Figure 38).

Figure 38. Proportion of Elderly With Proper Sanitation (2017 and 2019)

DKI Jakarta

Not recipient
- Female: 90.1 (2017), 80.4 (2019)
- Male: 93.2 (2017), 80.2 (2019)
- Total: 91.7 (2017), 80.3 (2019)

Recipient
- Female: 77.7 (2017), 74.1 (2019)
- Male: 80.2 (2017), 82.0 (2019)
- Total: 78.9 (2017), 77.3 (2019)

DI Yogyakarta

Not recipient
- Female: 94.4 (2017), 80.3 (2019)
- Male: 91.9 (2017), 82.5 (2019)
- Total: 93.4 (2017), 81.3 (2019)

Recipient
- Female: 78.8 (2017), 80.9 (2019)
- Male: 79.6 (2017), 80.9 (2019)
- Total: 79.2 (2017), 80.9 (2019)

Bali

Not recipient
- Female: 85.4 (2017), 76.5 (2019)
- Male: 84.6 (2017), 78.3 (2019)
- Total: 85.1 (2017), 77.3 (2019)

Recipient
- Female: 75.9 (2017), 68.9 (2019)
- Male: 80.2 (2017), 69.0 (2019)
- Total: 78.0 (2017), 68.9 (2019)

National

Not recipient
- Female: 64.3 (2017), 67.1 (2019)
- Male: 64.2 (2017), 69.4 (2019)
- Total: 64.2 (2017), 68.2 (2019)

Recipient
- Female: 51.2 (2017), 58.1 (2019)
- Male: 52.6 (2017), 58.7 (2019)
- Total: 51.8 (2017), 58.4 (2019)

Proportion of Elderly in the Bottom 40 Percent That Have to Proper Sanitation (%)

■ 2017 ■ 2019

Source: Calculated using the March 2017 and 2019 Susenas.

In addition to adequate daily nutrition, access to proper sanitation is very important to the elderly. The better the access they have, the less risk they are exposed to being infected by disease due to bad sanitation. Figure 38 details elderly access to proper sanitation between 2017 and 2019. The percentage of the elderly having access to proper sanitation has risen at the national level as well as for both men and women and for Bansos recipients and nonrecipients from 2017 to 2019. The rates of access to proper sanitation for male and female elderly are very similar.

From the analysis above about health service access, daily nutritional adequacy rate, and access to proper sanitation, it can be observed that social assistance program can improve access for the elderly to basic needs and services. This can be seen from the proportion of elderly recipients of Bansos programs who have better access to inpatient services and daily nutritional adequacy, compared to the elderly who do not receive Bansos. Although the access for Bansos recipients to proper sanitation is poorer than for nonrecipients, the gap between these two groups has been getting narrowed between 2017 and 2019. To further analyse the positive impact of social aid on access to health services and basic needs, however, would require a separate study and a field study.

IV.
CONCLUSIONS

Social protection programs that single out elderly groups have been implemented at the national level, such as Bantu LU program and PKH with an elderly component. Although the program coverage is still limited, implementation at the regional government level varies in terms of policies, regulations, types of programs, coverage, and their continuation. For example, DKI Jakarta since 2018 has enacted the KLJ social protection program for the elderly. Yogyakarta does not have a legal foundation to regulate the mechanism of social protection for the elderly. Nevertheless, regional government through provincial budgets have allocated parts of the budget to social protection programs for the elderly, such as food distribution for the neglected elderly, JSLU, Operating Room for the Elderly, and others. In addition, municipal and regency governments also have social assistance programs for the elderly. Of the three study provinces Bali is unique in having a legal ground to regulate elderly welfare activities, but has not had social protection schemes for the elderly at the provincial level. As is the case in Yogyakarta, governments in regencies and municipalities in Bali have already created their own elderly protection programs.

Social protection programs for the elderly have become urgent and important given their potential in opening access for the elderly to basic needs and services. Data that has been processed from *Susenas* 2017 and 2019 shows that the elderly who receive benefits from social assistance programs have better access to inpatient services. However, the data also shows that even though social assistance program has been expanded, it not guarantee the improvement of the daily nutritional adequacy rate of the recipients of the program. In fact, the nutritional adequacy ratio of this group is falling during 2017 to 2019. This indicates the need of improvement in Indonesia social assistance program.

Data from BPS shows that the elderly in Indonesia overall and in the three study provinces (DKI Jakarta, DI Yogyakarta and Bali) are, generally, in a vulnerable position. This is analysed from their socioeconomic profile, health condition and disability, household structure and expenditure pattern. For example, the poverty rate of the elderly is quite high, their education level is low, and there are many elderly experiencing health disorders. Furthermore, there are many elderly who are still working, meaning that even in their old age they are still burdened by economic circumstances, especially those who live by themselves and come from middle-to-low economic groups. This makes the elderly very vulnerable and in need of social protection, specifically social assistance, so that they can fulfil their basic needs.

Although the government has created various social protection programs for the elderly, these programs are not optimal yet. This is because those programs still target the bottom economic groups. In fact, not all elderly from this group receive social assistance. In contrast, the elderly from the top 20 percent expenditure group are supposed to be able to access social protection programs that are contributory in form (not social assistance) such as pension insurance, old age security, and health insurance. These

too are also still lacking for this demographic, because of the small proportion of the better-off elderly who are covered by social protection programs–especially social insurance for employment programs.

The middle-class economic group also have their own unique problems in accessing social protection programs for elderly. On the one hand, they are not a priority to receive social assistance from the government while, on the other hand, their accessibility to such social security and contribution schemes is still limited. It is, therefore, essential to create social protection programs that cover most Indonesian elderly–from the lowest economic group to the highest, who are without pension or old age savings/ security. These social protection programs should also be adapted to the conditions of the area where the elderly live, given that regional circumstances may differ greatly from one place to another.

Bibliography

Adisa, O. 2019. "Why Are some Older Persons Economically Vulnerable and Others Not? The Role of Socio-Demographic Factors and Economic Resources in the Nigerian Context." *Ageing International* 44: 202–222. <https://doi.org/10.1007/s12126-019-09348-8>

Adjei, N.K., and T. Brand. 2018. "Investigating the associations between productive housework activities, sleep hours and self-reported health among elderly men and women in western industrialised countries." *BMC Public Health* 18.

Affandi, M. 2009. "*Faktor-faktor Yang Mempengaruhi Penduduk Lanjut Usia Memilih Untuk Bekerja*" (Factors That Influence Elderly Citizens to Choose to Work. *Journal of Indonesian Applied Economics*: 99-110. < https://jiae.ub.ac.id/index.php/jiae/article/view/131>

Badan Pusat Statistik (Statistics Indonesia). 2019. National Socioeconomic Survey 2019. Jakarta: *Badan Pusat Statistik*.

--------. 2019. "*Statistik Penduduk Lanjut Usia 2019*." (Statistics of Elderly Citizens 2019.) Jakarta: *Badan Pusat Statistik*. https://www.bps.go.id/publication/2019/12/20/ab17e75dbe630e05110ae53b/statistik-penduduk-lanjut-usia-2019.html

BeritaBali.com. 2018. "Hari Lansia Pemkab Karangasem Alokasikan Bansos Rp 1,2M." (Elderly Day, Government of Kabupaten Karangasem Allocates Social Assistance of Rp 1.2 billion.) <https://www.news.beritabali.com/read/2018/05/26/201805260005/ hari-lansia-pemkab-karangasem-alokasikan-bansos-rp-1-2-m>

Bernard, G.D. Dirawan, and Nurlita. 2018. "Social Interactions and Elderly Quality of Life in Makassar, South Sulawesi, Indonesia." *IOSR Journal of Humanities and Social Science* 23(2): 77-83.

Bloom, D.E., E. Jimenez, and L. Rosenberg. 2011. "Social Protection of Older People." Boston: Program on the Global Demography of Aging.

Coordinating Ministry of Human and Culture Development (*Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan*). 2020. "*Pedoman Umum Program Sembako 2020*." (General Guidelines on Program Sembako.) *Tim Pengendali Pelaksanaan Penyaluran Bantuan Sosial Secara Nontunai.* (Managing Team for distribution of Noncash Social Assistance.)

Forsman, A.K. 2012. "The Importance of Social Capital in Later Life: Mental Health Promotion and Mental Disorder Prevention among Older Adults." Gothenburg, Sweden: Nordic School of Public Health.
Giles, J., Wang, D., Cai, W. 2011. "The Labor Supply and Retirement Behavior of China's Older Workers and Elderly in Comparative Perspective." IZA Discussion Paper, Germany.

Ginting, L.A.U., W. Puji Mulyani, and L. Muta'ali. 2019. "*Pemetaan Lansia di Indonesia Ditinjau dari Karakteristik Sosial, Ekonomi, dan Status Kesehatan*." (Mapping of Elderly in Indonesia, Observed from Social, Economic, and Health Status Characteristics.) Jakarta: Ministry of Social Affairs. https://doi.org/10.33007/inf.v5i1.1664

HarianJogja. 2018. "*Tahun Ini, Pemerintah Bantul 600 Lansia Telantar di Bantul*." (This Year Bantul Government Helps 600 Neglected Elderly in Bantul.) <https://jogjapolitan.harianjogja.com/read/2018/01/22/511/887250/tahun-ini-pemerintah-bantul-600-lansia-telantar-di-bantul>

--------. 2019. "Tahun Ini, 882 Lansia Akan Menerima Bantuan Sosial." (This Year 882 Elderly Will Receive Social Aid.) <https://jogjapolitan.harianjogja.com/read/2019/03/09/514/976849/tahun-ini-882-lansia-akan-menerima-bantuan-sosial>

--------. 2020. "*Jumlah Keluarga Penerima Berkurang Masih Ada Sisa Kuota Bantuan Pangan Di Kulonprogo*." (The Total Number of Family Recipients Decreasing. There is Still a Residual Quota for Food Aid in Kulonprogo.) <https://jogjapolitan.harianjogja.com/read/2020/03/31/514 /1035589/jumlah-keluarga-penerima-berkurang-masih-ada-sisa-kuota-bantuan-pangan-di-kulonprogo->

Indonews. 2018. "*Kemensos Gagas Program Rehabilitasi Sosial 5.0 New Platform*." (Social Ministry Proposes Social Rehabilitation Program, 5.0 New Platform.) <https://indonews.id/artikel/17035/Kemensos-Gagas-Program-Rehabilitasi-Sosial-50-New-Platform/>

iNewsBali.id 2020. "*Pemkab Buleleng Siapkan Rp 53 Miliar untuk Bantu Warga Terdampak Corona*." (Government of Kabupaten Buleleng Prepares Rp 53 Billion to Aid Citizens Affected by Corona Virus.) <https://bali.inews.id/berita/pemkab-buleleng-siapkan-rp53-miliar-untuk-bantu-warga-terdampak-corona>

Kaplan, H.I., Sadock, V.A.B.J., Sadock, V.A. 1994. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences Clinical Psychiatry*.

Kementerian Sosial, Republik Indonesia (Ministry of Social Affairs, Republic of Indonesia.) 2018. "*Direktorat Jenderal Penanganan Fakir Miskin: Kenali Lebih Dekat Program Bantuan Pangan Non Tunai*." (Directorate General, Management of Destitute People: Get to Know More Closely Non-Cash Food Aid Program.)

--------. 2019a. "*Pedoman Pelaksanaan Program Keluarga Harapan Tahun 2019*." (Implementation Guidelines of *Keluarga Harapan* Program.) Jakarta: Ministry of Social Affairs. https://pkh.kemsos.go.id/dokumen/PEDOMAN%20PELAKSANAAN%20PKH%202019.pdf

--------. 2019b. "*Update Pelaksanaan ASLUT 'Kekuatan dan Tantangan'", disampaikan pada Acara Diskusi Terfokus Tentang Sistem Perlindungan Sosial Indonesia ke Depan untuk Kelompok Lanjut Usia*." Update of ASLUT Implementation 'Strengths and Challenges", presented in the Focus Discussion Event About Social Protection System in Indonesia in the Future for Elderly Group.

--------. 2019c. "*Direktorat Rehabilitasi Sosial Lanjut Usia Kemensos RI Menggelar Bimtap Koordinator Bantu LU*." (Directorate of Social Rehabilitaton for Elderly, Indonesian Ministry of Social Affairs Organizes Bimtap Coordinator Bantu LU.) <https://lui.kemsos.go.id/warta/detail/65/ Direktorat-Rehabilitasi-Sosial-Lanjut-Usia-Kemensos-RI-Menggelar-Bimtap-Koordinator-Bantu-LU>

--------. 2020. "*Pedoman Pelaksanaan Program Keluarga Harapan Tahun 2020*." (Implementation Guidelines of *Keluarga Harapan* Program.) Jakarta: Ministry of Social Affairs. https://pkh.kemsos.go.id/?pg=dokumen

Kidd, S., B. Gelders, S.K. Rahayu, D. Larasati, and M. Siyaranamual. 2018. "Briefing paper: Implementing Social Protection for the Elderly in Indonesia." https://socialprotection.org/es/discover/publications/briefing-paper-implementing-social-protection-elderly-indonesia

MAHKOTA and TNP2K. 2020. "Terms of Reference (TOR) Study of Elderly Grants Programs."

Mor, K. and S. Sethia. 2010. "Factors That Influence Household and Individual Food Consumption: A Review of Research and Related Literature". Gyanpratha-Accman Journal of Management 5 (2).

NusaBali.com. 2020. "*Bantuan Sembako buat 10.000 KK di Denpasar Dibagikan Door to Door*." (Basic Food Aid for 10,000 Households in Denpasar Distributed Door to Door.) <https://www.nusabali.com/berita/71452/bantuan-sembako-buat-10000-kk-di-denpasar-dibagikan-door-to-door>

Osman, A., J.L. Wong, C.L. Bagge, S. Freedenthal, P.M. Gutierrez, and G. Lozano. 2012. "The Depression Anxiety Stress Scales-21 (DASS-21): further examination of dimensions, scale reliability, and correlates." *Journal of Clinical Psychology* 68 (12): 1322–38.

Priebe, J., and F. Howell. 2014. "OLD-AGE POVERTY IN INDONESIA: Empirical Evidence and Policy Options: A Role for Social Pensions." TNP2K Working Paper 07.

Sadock, B.J. and V.A. Sadock. 1994. "Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry."

Sekretariat Kabinet Republik Indonesia. 2020. "Pemerintah Tambah Jumlah Penerima dan besaran Kartu Sembako." (The Government Increases The Number of Recipients and The Amount of Basic Food Cards) https://setkab.go.id/pemerintah-tambah-jumlah-penerima-dan-besaran-kartu-sembako

Semarang Bisnis. 2019. "Lansia di Gunungkidul Dapat Tunjangan Makan 2 Bulan, Anggarannya Rp 13 Miliar." (The Elderly in Gunungkidul Receive Food Aid for Two Months. The budget is Rp 13 Billion.) <https://semarang.bisnis.com/read/20191121/535/1173172/lansia-di-gunungkidul-dapat-tunjangan-makan-2-bulan-anggarannya-rp13-miliar>

SuaraJogja. 2020. "*Dinsos Jogja Lanjutkan Program Bantuan Bagi Lansia Miskin*." (Social Service Agency in Jogja Continues Its Aid Program for Underprivileged Elderly.) <https://jogja.suara.com/read/2020/01/26/173304/dinsos-jogja-lanjutkan-program-bantuan-bagi-lansia-miskin>

Suarakarya. 2019. "*Progres 5.0 New Platform Metode Pelayanan Rehsos Lima Klaster:* Update of the ASLUT Implementation 'Strength and Challenge'." Presented in the Focused Discussion Event About Social Protection System in Future Indonesia for Elderly Groups. https://www.suarakarya.id/detail/86361/Progres-50-New-Platform-Metode-Pelayanan-Rehsos-Lima-Klaster.

Suharti. 2013. "Trends in Education in Indonesia." In *Education in Indonesia,* edited by D. Suryadarma and G.W. Jones, 15-52. Singapore: ISEAS.

Sutinah, S., and M. Maulani. 2017. "*Hubungan Pendidikan, Jenis Kelamin Dan Status Perkawinan Dengan Depresi Pada Lansia.*" (Correlation Between Education, Gender, and Marital Status, with Depression in Elderly.) *Journal of Endurance* 2 (2): 209.

TNP2K. 2018. "The Future of The Social Protection System in Indonesia: Social Protection for All." Jakarta: TNP2K. <http://www.tnp2k.go.id/download/33117200829-TNP2K%20The%20Future%20of%20 Social%20Protection-Full%20Report-EN.pdf>

--------. Unpublished2020. "*Studi Bantuan/Tunjangan Sosial Lansia*." (Study of Social Assistance/Allowances for the Elderly.) Powerpoint presented at Request for Proposal (RFP) Q and A session for elderly study. Jakarta: TNP2K.

TribunBali. 2019. "*31,514 Lansia di Bali Telantar, Dinas Sosial Berikan Beberapa Skema Bantuan*." (31,514 Balinese Elderly are Abandoned. Social Service Provides Several Aid Schemes.) <https://bali. tribunnews.com/2019/08/23/31514-lansia-di-bali-telantar-dinas-sosial-berikan-beberapa-skema-bantuan?page=4>

TribunJogja. 2019. "*Pemkab Sleman Gelontorkan Dana untuk Bansos*." (Sleman Government Readies Funds for Social Assistance. <https://jogja.tribunnews.com/2019/10/31/pemkab-sleman-gelontorkan-dana-untuk-bansos>

Wuryandari, R.D. 2015. "*Faktor-faktor yang Mempengaruhi Pengeluaran Makanan, Pendidikan, dan Kesehatan Rumah Tangga Indonesia (Analisis Data Susenas 2011)*." (Factors that Influence Expenditure on Food, Education, and Household Health Care in Indonesia (Data Analysis by Susenas 2011). *Jurnal Kependudukan Indonesia* (Journal of Indonesian Population Studies) 10 (1): 27.