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Facing the Health Challenges of Indonesia's Aging Population

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Abstract:

After rapid declines in fertility and mortality in the last several decades, Southeast Asian nations are anticipating a rapid growth of the elderly population in the decades ahead. As the world's 4th most populous country, Indonesia is one such case where successes in fertility control and mortality reduction are expected to result in massive scale of population aging. The United Nations projects that by 2050, Indonesia will have one of the largest elderly populations in the world, at 69.5 million people and comprising 22% of the total population. Growing numbers of elderly living with chronic health problems could potentially strain family support systems, which is currently the normative provider of financial support and health care for elderly persons. It could also pose an overwhelming demand for the health care infrastructure, which has historically been developed to meet the health care needs of a young population and emphasize provision of maternal and child health care services. Thus, knowledge of the health of the older population becomes an essential tool for policy makers to meet the burgeoning demand of chronic disease and geriatric care in the next several decades. Previous research on the elderly population in Indonesia has been limited by data constraints and geographic inaccessibility as well as political instability of many areas in Indonesia. However, recent efforts in data collection produced a comprehensive longitudinal study of the Indonesian population, namely the Indonesian Family Life Survey (IFLS). In this paper, using the IFLS and several indicators of burden of disease, we develop the first demographic model of elderly population health in Indonesia. We estimate the prevalence of older Indonesians who are active, defined as able to perform basic self-care and maintain independent living, and changes in health status over time. We find a low prevalence of inactive elderly men (15%) and somewhat higher among elderly women (37%). We also find that 53% of those who were active at baseline remain active over the 4-year follow-up period, while an overwhelming majority of those who were inactive at baseline (68%) do not regain functional ability. We calculate active and inactive life expectancies to assess the length of potential care needed by this population. We find that at age 50, men can expect to live about 25 more years, of which 10 years is spent in the inactive state. Women can expect to live about 35 more years, out of which 25 years is spent in the inactive state. As age increases, the proportion of life spent in the inactive state also increases and by age 70, most of the expected number of years life left will be spent in the inactive state. These findings suggest that there will be a high demand for health care for elderly Indonesians in the coming decades. We offer several recommendations for policy makers that emphasize maintenance of independent and active life styles and prevention of the onset of functional problems. We suggest increasing the capacity of the health care infrastructure for chronic diseases, particularly respiratory and circulatory diseases, which are the leading causes of death and disability among elderly Indonesians. We also suggest implementing public health campaigns that target nutritional promotion and community engagement for women and smoking cessation for men, and continual assessment of the health status of the elderly population.
