



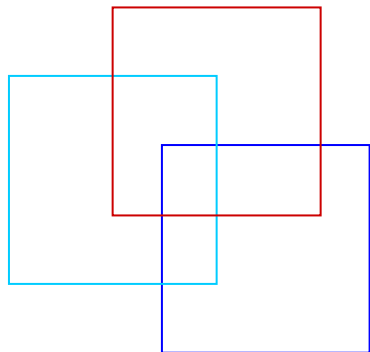
Inequality of Access to Social Welfare Programs for Older People in Rural Indonesia

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Introduction

“My income is not enough to take care of my two aunties..... I am suffering, crying in my heart, and truly crying..... I worried, If one of my aunties dies, who should I talk to, who will pay the cost of the funeral, to fulfil the daily needs only is so difficult, to find a job is difficult... there is nobody that I can ask for help.... my children never send me money,, there is nobody to talk to (Lamongan, 5/02/2017, F34LS, female, 64 years old).



Who Should Help?

Children and Family?
Not Always

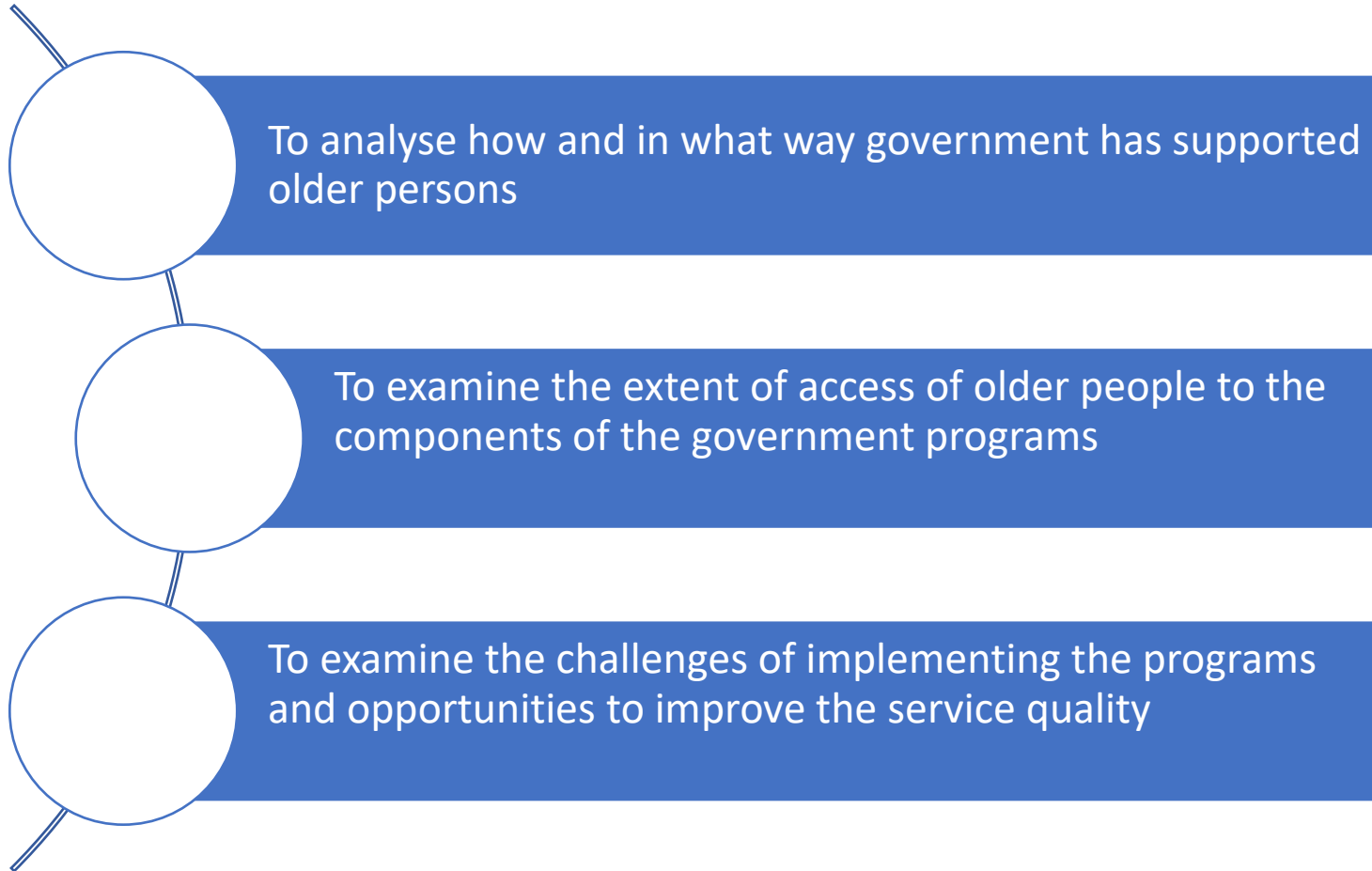
Community?
May be Yes May be No

Market?
It is often inaccessible

NGO?
More likely No

Government?
It is a must

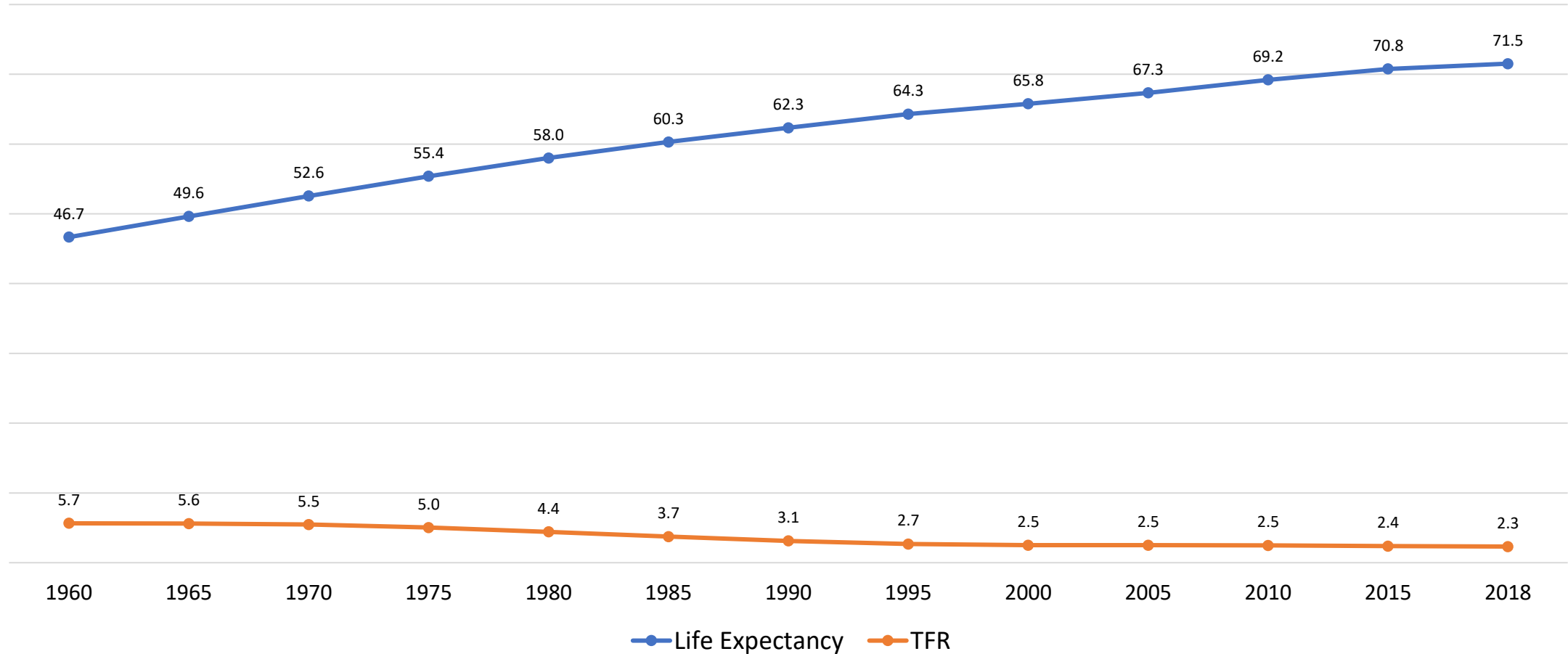
Objectives



Why is it important?

Demographic transition

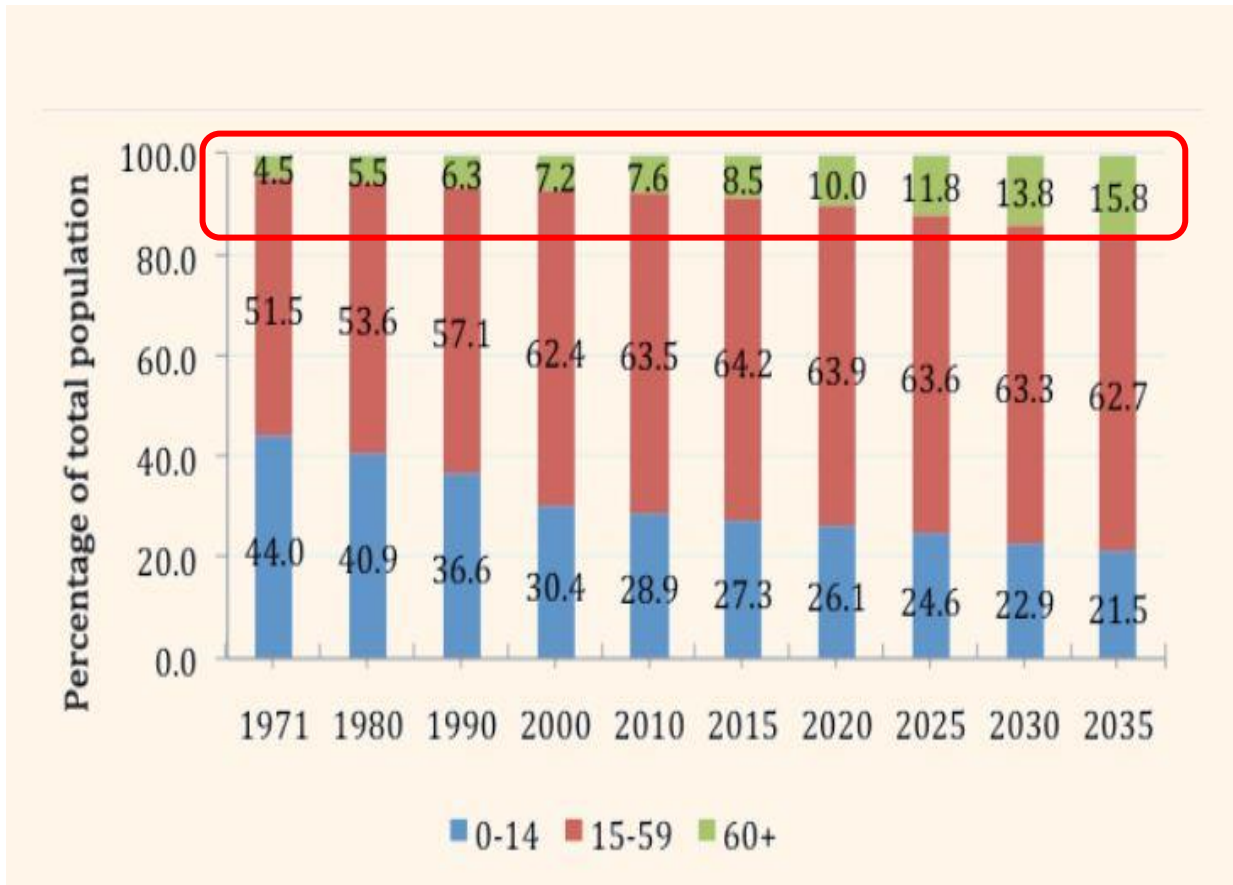
Figure 1: Trends in Total Fertility Rate (TFR) and life expectancy: Indonesia, 1960-2018



Source: WDI, 2020

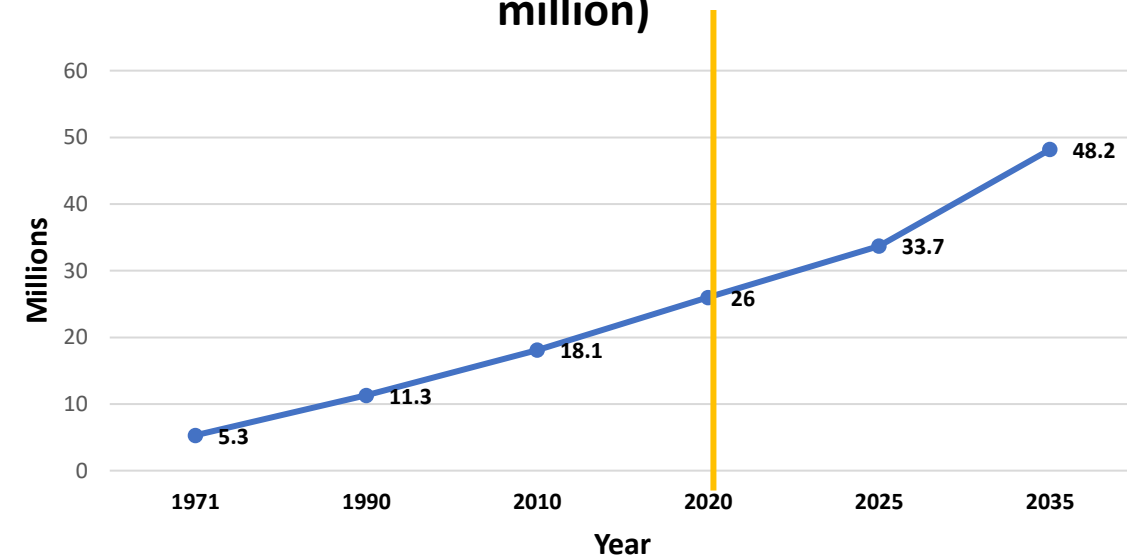
Why is it important?

Figure 2: Dramatic increase of older people proportion from 1971 to 2035



Source: Adioetomo & Mujahid, 2014, p. 6

Figure 3: The Absolute Number of Elderly (in million)



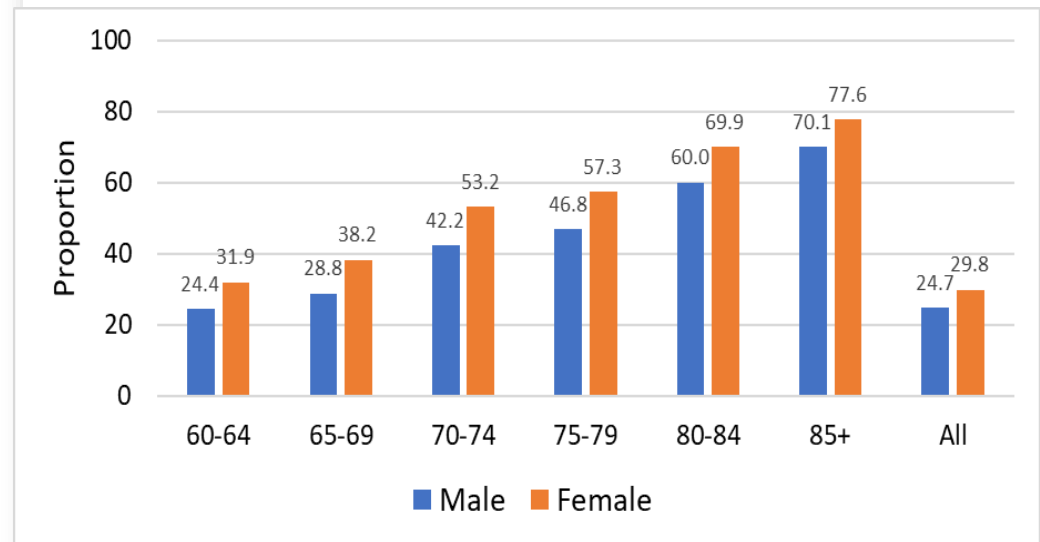
Source: BPS, 2019; Pension Watch, 2019

Why is it important?

- The youth migration challenges the traditional family-based aged care system and cause rural people more aged than urban areas. The young people migration might cause older people neglect. The welfare reform under Jokowi's administration (current Indonesian president)
- The proportion of older people needing services is relatively high such as older people with disability and neglected older persons (2,851,606 people).



Figure 5: Proportion of elderlies with disability by Age and Sex



Source: Calculated from Riskesdas 2007

What do we know?

- Kreager and Schroder (2006) discussed the impact of migration on vulnerability at older ages in three Indonesian communities.
- Van Eeuwijk (2006) analyzed the vulnerability of elder persons in urban areas.
- Subiyono (1999) investigates the participation of elder persons in the social security system in Klungkung and Kalten Districts
- Thrisnawati (2013) investigated women's experiences of ageing in Lampung Province
- Keasberry (2001) investigated the issue of the living and care arrangements of older people and possible changes therein in rural Yogyakarta
- Ananta et al. (2005) examined the dynamics of ageing in the five largest ethnic group since 2000-2005.
- Ananta and Arifin (2016) discussed ageing population issues by describing the trajectory of ageing from 1990 to 2010 from the last three census.
- Lilis Heri Mis Cich (2015) examined the resilience index of elderly using active and productive aging perspective
- Cahyadi (2017) examined the impact of rural-to-urban migration of adult children on the intergenerational exchange of support for elderly parents living in rural areas of Indonesia.
- Cahyo (2018) examining factors determining the mental health status of older people.
- Utomo A. et.al (2019) investigated social engagement and the elderly in rural indonesia



What gaps remain?

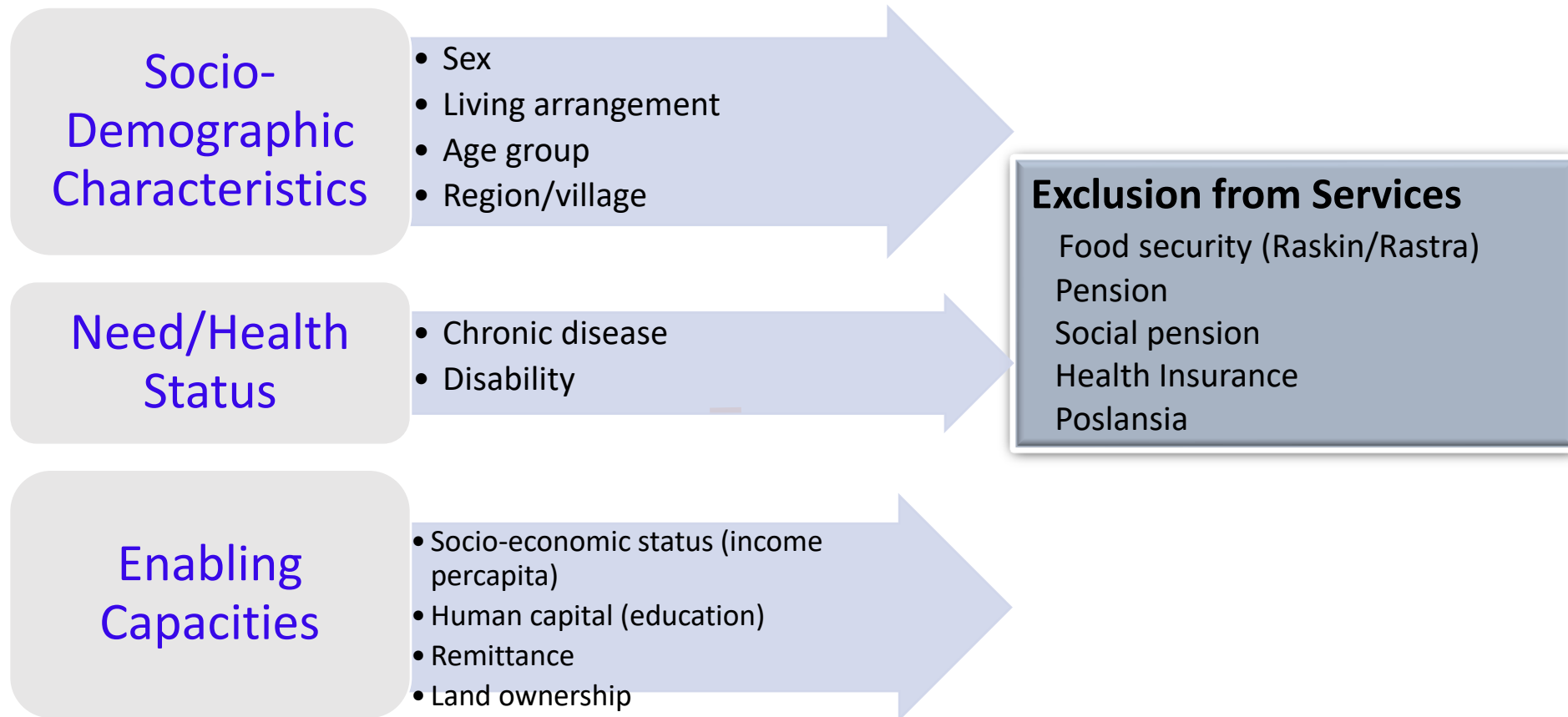
- The existing services for older people
- The extent of access of older people to the various government programs and how existing programs can be improved

Data:

- 2016 Ageing in Rural Indonesian Survey (ARIS): Quantitative and Qualitative
- Focuses on 6 pockets of ageing population:
 1. Muara, North Sumatra Province (Batak Toba, Christian, Patrilineal Community)
 2. Cacaban, West Java Province (Sundanese, Muslim, Bilateral Community)
 3. Giri Asih, Yogyakarta Province (Javanese, Muslim, Bilateral community)
 4. Bugoarjo, East Java (Javanese, Muslim, Bilateral Community)
 5. Rejo Agung, East Java Province (Javanese, Christian, Bilateral Community)
 6. Gunungsari Bali province (Balinese, Hindu, Patrilineal Community)

Conceptual Framework

Social exclusion is “the lack or denial of resources, rights, goods and services and the inability to participate in the normal relationship and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas” (Levitas et al. 2007, p. 86).



The design and type of social welfare program for the elderly is very comprehensive



Social assistance: social pension (Aslut & PKH), home care, day care, nursing home, food assistance



Social insurance: health insurance and pension



Health Services: *poslansia, puskesmas santun lansia, prolanis*



Income generating activities: vocational training and start business support



Awareness raising: BKL and halun

Extent of Access

The odds ratios of determinant of accessing social rights of the elderly: result from logistic regression model

Variables	Health Insurance (N: 1,793)	Pension (N: 1,547)	Poslansia (N: 1,426)	Raskin (N: 1,793)
SOCIO-DEMOGRAPHIC CHARACTERISTICS				
Male (VS Female)	1.115	4.878 ***	0.345 ***	1.103
Age group (VS 60-69)				
70-79	0.783 **	1.014	0.874	0.902
80+	0.944	0.654	0.418 ***	0.825
Married VS Unmarried	0.923	1.355	1.060	1.247 *
Child Presence (VS Migrant child only)				
Both migrant and non-migrant child	1.021	0.676 *	0.968	1.034
Non-migrant child only	0.912	0.749	0.563 **	0.855
No children	0.623	0.539	0.317	0.977
Region (VS Rejoagung-East Java)				
Giriasih (Yogyakarta)	0.450 ***		1.608 *	2.412 ***
Muara (North Sumatra)	0.735	1.827 *	0.214 ***	1.277
Cacaban (West Java)	1.741 ***	1.873 ***	1.000	0.493 ***
Bugoarjo (East Java)	0.844	0.041 ***	0.326 ***	1.948 ***
Gunungsari (Bali)	0.792	1.432	0.782	0.140 ***
NEED OR ILLNESS LEVEL				
ADLs Difficulty (VS None)	0.970	0.797	0.507 ***	1.163
ENABLING/COPING CAPACITIES				
SES (VS Poor)				
Medium	0.770 **		0.763	0.611 ***
Rich	0.938		1.095	0.266 ***
Education Attainment (VS Non or less than primary)				
Primary	1.080		1.601 ***	0.789 *
Secondary +	2.434 ***		2.008 ***	0.473 ***
Land Ownership (VS None)	2.098 ***	0.890	1.436 **	2.154 ***
Child transfer (VS None)	1.030 ***	0.958 **	1.019	1.016
Working (VS None)	0.672 ***	0.246 ***	1.584 ***	1.311 **

Gendered pattern of social welfare programs

- Elderly women are significantly more likely to participate in poslansia activities than elderly men. In contrast, Male older persons are significantly more likely to have access to pension
- The state influence through the way programs are organized and provided
 - Almost all Government staffs on health and volunteers are women
 - A requirements to access social assistance is the availability of carer
- It reflects cultural system in the community





Inequality by Social Class

- The higher is educational attainment, the higher the likelihood that older people will access social services including pension, health insurance and Poslansia
- The older persons who have farmland have higher likelihood to access to health insurance, pension and food security program
- The older people who have remittance from children have significant higher odds of having health insurance

What drives or contributes to these inequalities

1. The social security system is often contributory with limited access to non-contributory programs

Low Coverage

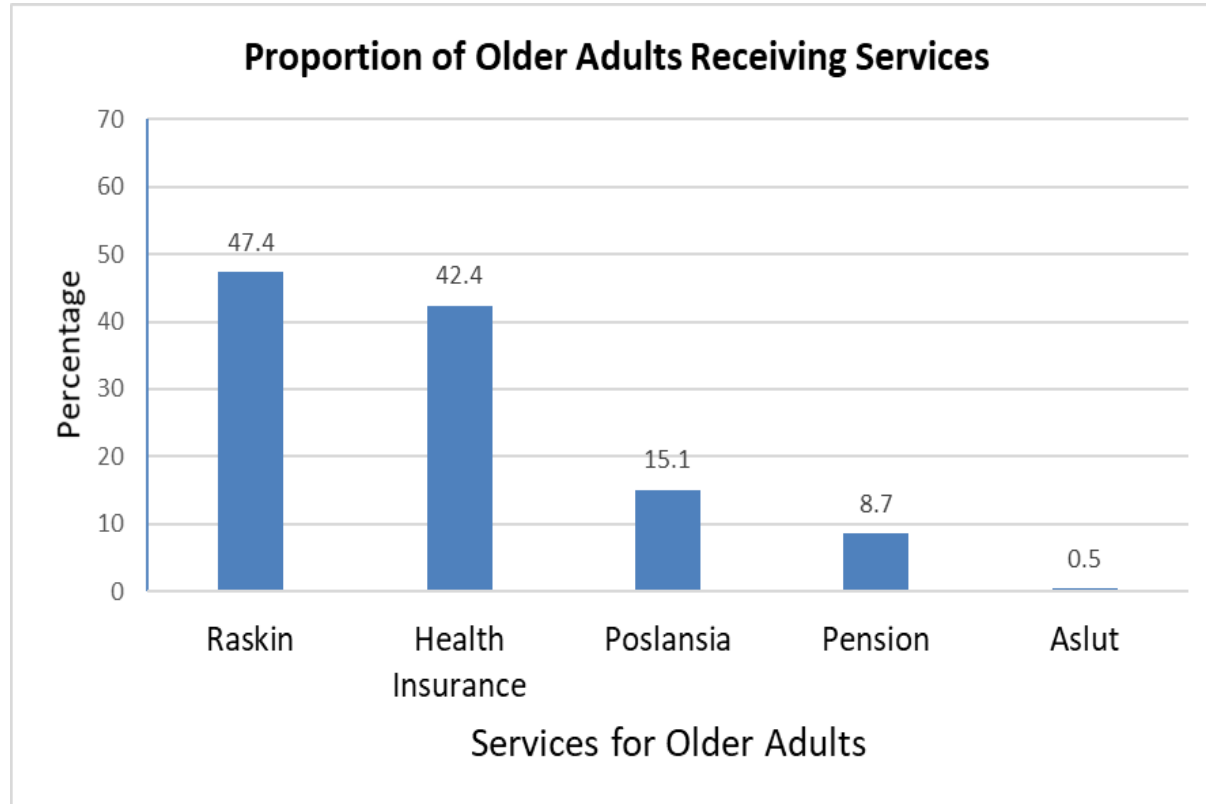
- 2/3 of the labour force in Indonesia (73 million) are concentrated in informal sectors which provide no pension or social security.
- 17.3% of young adults in the Greater Jakarta (Transition to Adulthood Longitudinal Survey, 2010) had pension rights.
- Only 100,000 older people are beneficiaries of Ministry of Social Affairs support out of 2.8 million needing assistance

Underfunded

- Social protection programs for the elderly (and disabled) are only 0.001% of GDP
- The proportion of social spending on elder's welfare was 1.7% of the total social protection spending, much lower than research on social protection at 2.3% in 2014.
- The total investment of Indonesia's social protection system was 0.73% of GDP in 2017 which was much lower than Nepal at 2%

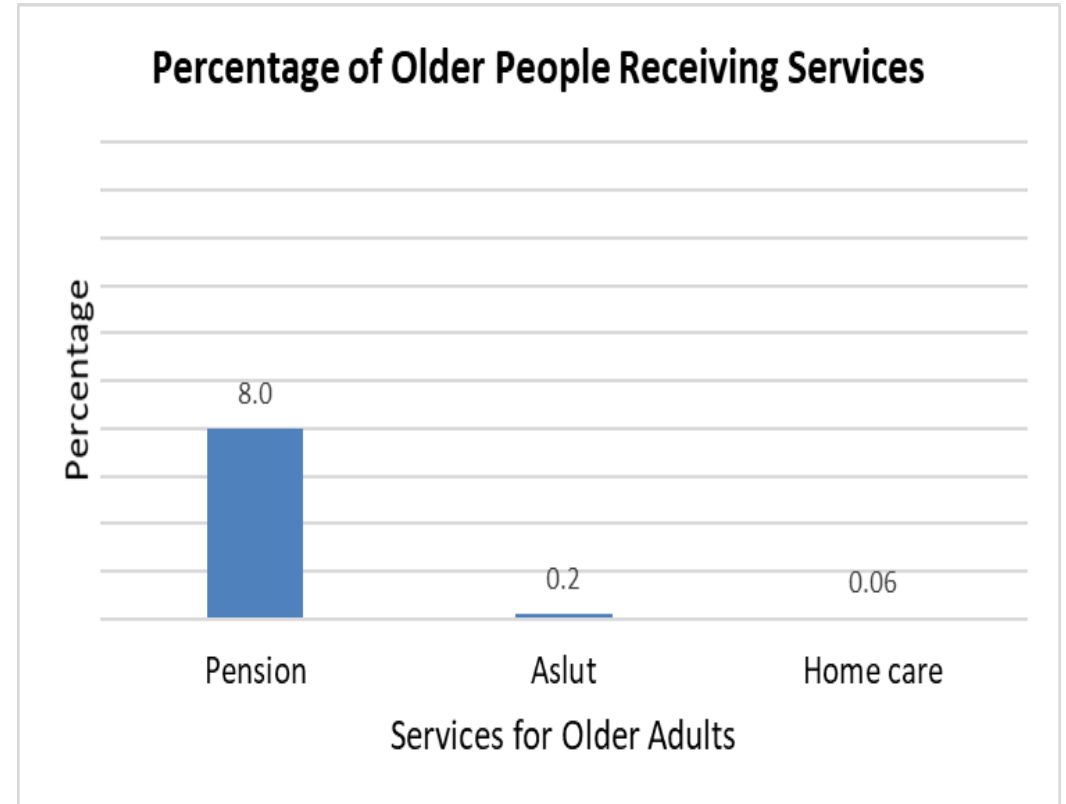
Low Coverage

Research Sites



Source: ARIS, 2016

National



Source: TNP2K, 2014, Pension Watch, 2018

2. The political ideology in developing policy is focussed on investment

- **Children, pregnant mothers and young people are the priority:**

“The government only focuses on the wellbeing of children without considering the ageing population” (Jakarta, 15/10/2015).

- **Programs for older people are not mentioned as a priority:**

“Programs for older persons have not become a priority yet. It is a choice (*program unggulan*) in any health centre.” (Yogyakarta, 05/10/2015).

3. Poor Targeting

- 30 percent of wealthy older persons and 33.7 percent of those who have completed secondary and higher education are receiving Raskin.
- PKH Lansia: 8.1 % of older people from middle household expenditure and 1.5 % from highest expenditure receiving PKH while 18.4 % from poor families (BPS, 2020).
- National Health Insurance: 23.2 % of older people from wealthy family paid by the government (PBI).
- Missing middle

Unequal access of social assistance by region: decentralization problem?

- Some of social services for the elderly are concentrated in Java
 - An informant from the Ministry of Social Affairs said: “It is a problem in our ministry (ministry of social affairs) where the coverage of social services is everywhere, but the largest portion is in Java island because the population in Java is the largest compared to other provinces outside Java” (Jakarta, 30/10/2015).
 - An informant from BKKBN said: “The programs are focused in Java and Bali, while other regions such as the east Indonesian regions get less attention. The funding to those regions is also very limited” (Jakarta, 30/10/2015)

Figure 6: The distribution of Puskesmas Santun Lansia by province in 2015

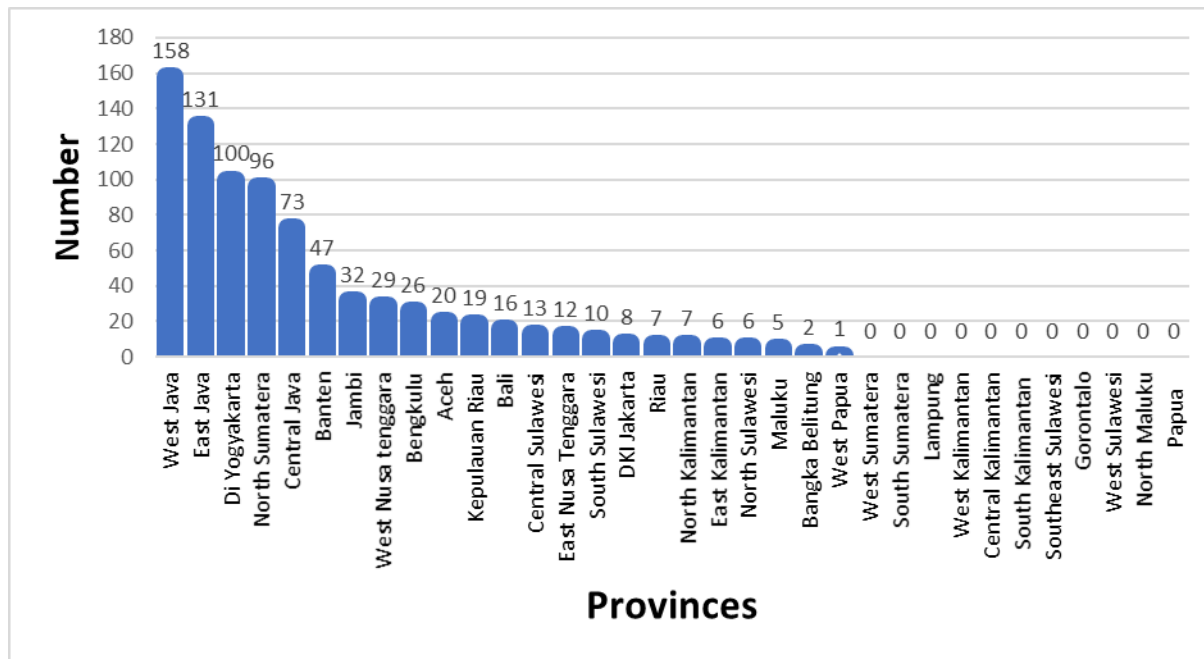
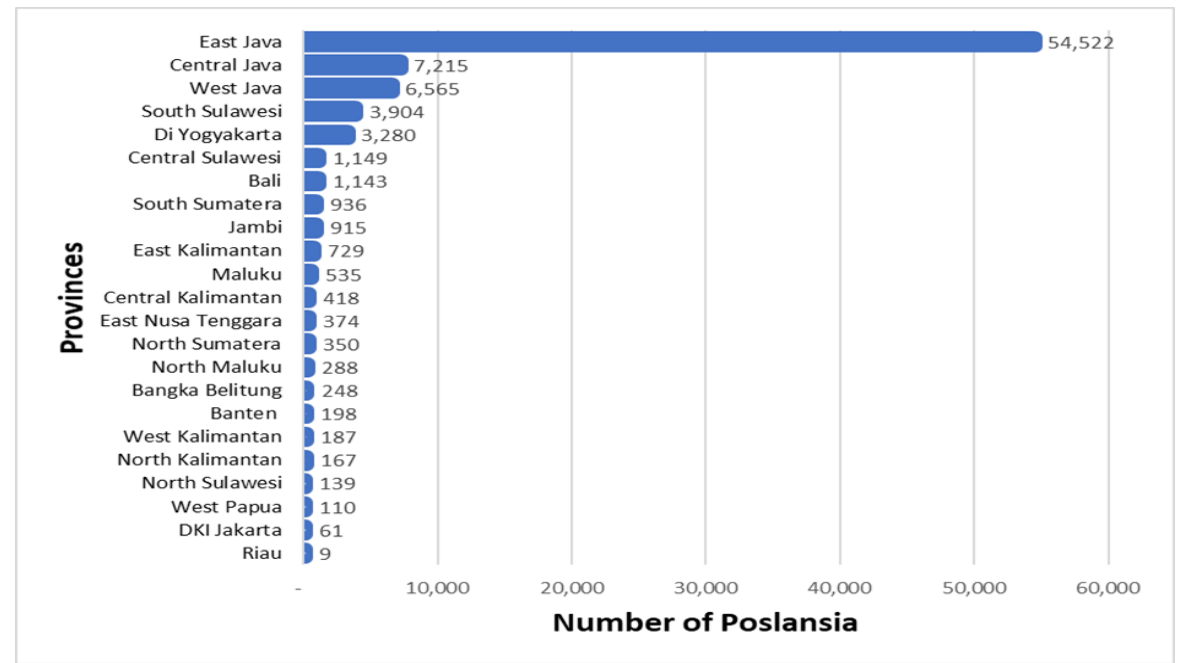
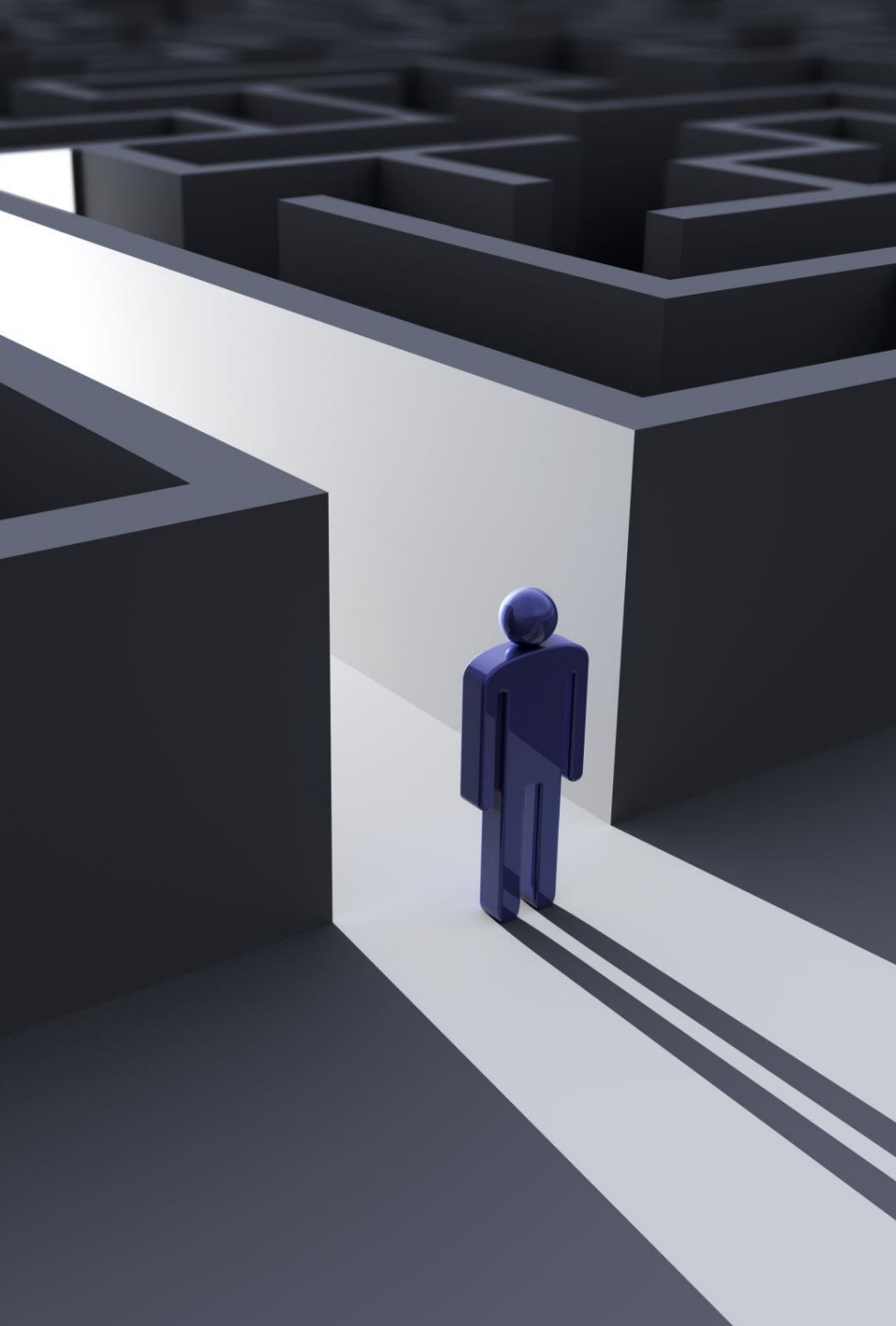


Figure 7: The distribution of Poslansia program by province in 2015



What drives to these inequalities

- The population of Indonesia and population ageing are concentrated in Java
- The concerns of the provincial and central governments is that they do not have the authority to deliver direct services as, after decentralization, the district government gained the authority to deliver direct services to the people while at the same time most of the programs are initiated by Central Government



Other challenges

- Lack of older peoples' participation in designing and implementing the program
- Lack of program integration among government institutions
- Poorly prepared health care workers

Conclusion and Ideas for Improvement

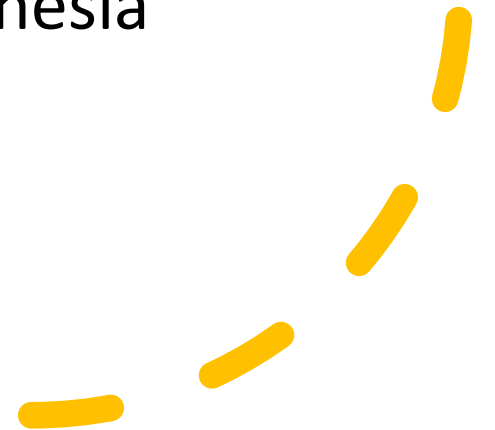
1. The Indonesian Government aims to provide social rights for older people comprehensively that can be grouped into five clusters: social assistance, social insurance, the provision of health services, empowerment, and awareness raising.
2. Some of the challenges that affect the quality of services for the elderly include very limited coverage, poor targeting, inequality of access and lack of program integration and coordination.

So What (ideas for improvement) ???

1. There is a need to increase the public spending and coverage for social welfare programs for older people (Barrientos & Hulme 2008: two to three per cent of GDP)
2. Developing and mobilizing networks from United Nations, Corporate Social Responsibilities of companies, and Non-government Organizations
3. Advocating local government to replicate the model of social services developed by the central government
4. Broaden the usage of village fund (Dana Desa) to run social welfare services to the older people in each village
5. Integrating fragmented social services to older people through case management and community based approach
6. Improving the competencies and skills of health professionals including midwives and health cadres at the village level and doctors and nurses at the *Puskesmas* in such disciplines as gerontology, geriatrics and management of health conditions faced by the older population such as frailty, osteoporosis, arthritis, depression and dementia

Limitation of Study

- The data gathered between late 2015 to early 2017 might not capture recent policy as government policy in Indonesia is changing fast.
- This study was conducted in only six villages which might not describe the overall situation of older people in Indonesia



Thank you so much

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