Multiple Vulnerabilities of the Elderly People in Indonesia: Ethical Considerations

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A closer look to the state of affairs of the elderly in Indonesia has disclosed the fact that the Indonesian elderly facing what this paper is coined as “multiple vulnerabilities.” On the one hand, Indonesian demographic is showing that the Indonesian people are getting old. The fertility rate has significantly decreased since 1970 when the total fertility rate decreases from 5.0 to 2.1 in 2025. This alone gives rise to various problems of the elderly, among whom are the dependency ratio, aging index, potential support ratio, and the feminization of aging. These problems show the level of vulnerability of the Indonesian elderly. From the perspective of the dependency ratio, for example, the number of people under the age of 15 and above 65 who depend on the labor force (15-64 years) has increased since 1970, from 7.0 to 29.0 in 2050. Again, this shows the high level of vulnerability of Indonesian elderly given that the dependency ratio itself has influenced on health care, living arrangements and family support, and so on. Aside from that, the economic burden will be very visible in the workforce. On the other hand, the policies on the elderly are still far from maximum realization. Law on the Welfare of the Elderly (13/1998) has recommended that every hospital must have geriatrics and gerontology section, yet only 8 hospitals fulfill the requirement. The situation is worsened due to the lack of adequate medical staff at the health center, which can serve elderly patients in a professional and humane way. Again, this brings forth the other side of the state of the elderly in Indonesia, which indicates the high level of their vulnerability. In this paper I will analyze the state of vulnerability of the elderly people in Indonesia from the perspective of ethics of vulnerability and personalism. I consider these two approaches as representing all ethical discussion about the ethical treatment of the elderly due to their characters of valuing the elderly as persons with dignity. Thus, this paper will show that the elderly in Indonesia is in danger of not being treated humanely.

Keywords: Indonesian elderly, public policy on elderly, vulnerability, personalism

1. Introduction

Indonesia is the fourth country after China, India, and the United States to be the largest elderly population in the world. The total of the elderly people in Indonesian is approaching 10% of its 240 million inhabitants. The existence of the two factors of Indonesian demography is worth to be considered. On the one hand, the proportion of Indonesia’s labor force (15-59 years) is decreasing, while on the other hand, the population of the elderly (over 60) continues to increase. The 2010 census shows that Indonesia is moving towards an elderly

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country, and this is evident from the view of fertility decline, mortality decline, and the increase in life expectancy.

The success of family planning since the 1970s has to be one of the causes of fertility decline. The family planning programs practiced after the New Order regime has succeeded in changing people’s view from “a lot of kids and a lot of luck” (any child born to bring their own fortune) to be “a small, prosperous, and happy family.” Another cause to be considered is the massive use of contraception among women. Data from United Nation Population Fund (UNFPA) shows that the use of modern contraceptives increases from zero in 1960 to 47% in 1991, 52% in 1994, 55% in 1997, and 57% in 2002/2003 (Aging Monograph: Evidence from 2010 Census, 2013).

It has caused the immediate declining of Total Fertility Rate (TFR). During the years from 1960 to 1970 the number of children born to a woman is 5.6, but it turns out to be 4.7 in 1976-1979, 3.3 in 1986-1989, and 2.3 in 1996-1999. Despite the TFR increase of 2.4 in 2010 census, it has stagnated at 2.6 during the 2002-2003, 2007, and 2012. Family Planning Program is now run again massively in all provinces in Indonesia, and it is estimated that TFR rate will decline to 2.1 births per woman in 2025. This brings forth the fact that Indonesia is facing an aging process inevitably (Aging Monograph: Evidence from 2010 Census, 2013).

Based solely on Census 2010, one cannot conclude that the fertility declining is the single factor causing the demographic transition in Indonesia. There are other factors such as mortality declining and the increase in life expectancy that should be taken into account. Social development and economic progress over the last three decades are other factors playing in reducing the infant mortality rate of 145 infants per 1000 live births in 1967 to 109 babies in 1976, 71 infants in 1986, and reached below 30 in 2010.

This achievement cannot be separated from the long-term success of health and social policy over the years in 1970-1990. Since 1976, the New Order regime has set up 7,000 health centers in each district for the distribution of health services. The government also carries out primary educational program since 1973 through Presidential Primary School project with the aim to equate access to education. The deployment of Elementary School and health center facilitates have improved the quality of health of the people as the consequence of the distribution of polio immunization and neo-natal tetanus. In 1991, there were only 48% of children immunized, but it increased to 55% in 1997. Although it has decreased to 52% in the year 2002/2003, that figure increased to 59% in 2007 and 65.6% in 2012. National immunization projects and equity of basic education has resulted in increasing life expectancy of Indonesian people from 45 years old in 1971 to 59.8 in 1986 and it is expected to reach 72 in 2035 (life expectancy of men is 68.3 years old while female is 72.2).

What are the implications of the demographic transition and to what extent it poses ethical problem? One cannot deny that demographic transition brought with it changes in economic security as well as health and social support for the elderly. Critical attitude towards this demographic change will help us disclosing some ethical issues behind it and at the same time propose some way out to address the issues.

2. Vulnerable Condition of the Elderly People

The economic insecurity, insufficiency of health care, and the absence of social support are the main characteristics used to describe the conditions of vulnerabilities of the elderly people in Indonesia. They are described as follow.

2.1. Economic Security
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Economic security has become one of the important issues in the lives of the elderly. It is accepted that human being generally wish not to have their quality of life deteriorating economically once they become old. Hard work and saving during the working age (15-59 years) is expected to maintain the quality of life economically. Not before 2035, the number of Indonesian labor force will reach 191 million, while on the other hand, the trend in the dependency ratio by age group continues to shift from the dependency ratio (<15 years) which is diminishing every year\(^1\) to the increase of the dependency ratio of the elderly (>60 years).\(^2\) It certainly will affect the efforts of the workforce to prepare for entering the elderly age. In addition to the increase in the elderly dependency ratio, the higher life expectancy of the elderly\(^3\) highlights the fact that economic security is a necessity.

One effort that can be done to ensure economic security in old age is to extend the retirement age, for example from 60 or 65 to 70 or 75. However, there is no such a guarantee that this extension will be able to decrease the level of economic vulnerability and insecurity of the elderly people in Indonesia.

National Statistic of 2010 shows that the percentage of the elderly who work formally and receive regular salary each month only reaches 8.1% (9.4% of men compared to 5.8% of women). Meanwhile, older persons who work as employers assisted by paid permanent workers are much lower which is 3.4% (4.1% for men and 2.1% for women). Other elderly people are working in the informal sector, which is 30.4% of the elderly people creates her own work without assistance and some 30.5% of elderly of the same category work with the assistance of unpaid family workers. Meanwhile, 31.9% elderly women are working as unpaid family workers.

The above data reveals that majority of elderly in Indonesia are working in the informal sector (88.6%) with an erratic income. In that sense, the elderly people in Indonesia are far from economic security, which would impact on their quality of life.

2.2. Health Problems

The relation between population aging and health is the issue on whether older persons are healthy and therefore they can continue to participate in social, economic, cultural, spiritual, and civic affairs. Poor health of the elderly may cause financial insecurity and less productivity, and in turn increase the risk of losing their independence. What about the state of health of the elderly in Indonesia?

Adopting the five questions proposed by *UN Washington Group on Disability Statistics*, population census of 2010 revealed the health problems of the elderly people in Indonesia as follow: (1) the ability of vision even when wearing glasses; (2) hearing ability even when using a hearing aid; (3) the ability in walking and climbing stairs; (4) remembering, concentrating, and communicating ability; and (5) the ability to take care for oneself. The elderly people were asked to choose one of the three alternative—none, a little, or a lot—which is best suited to their conditions (Anon 2013a).

The results show that elderly people in Indonesia are generally impaired in vision, hearing, and walking/climbing stairs. Cataracts are the leading cause of visual impairment, and this disrupts the elderly in carrying out their daily activities up to losing one’s income. Loss of the hearing ability has caused them alienation from social activities due to the obstruction of communication with other people. This can lead to feelings of loneliness and social exclusion. The difficulty in going up the stairs is due to the impact of arthritis, and it is indeed a biological process of the aging. In that sense, one cannot avoid the “inevitable” effects of biological aging with all its implication.\(^4\) Yet, the absence of social support leads to the amounting feeling of
loneliness.

2.3. Social Support

It is an ideal thing to assume that the elderly people can live and manage their lives independently. This idealism is most probably going to be just wishful thinking as the elderly, with all vulnerabilities, slowly facing the fact that their life depends on others. The failure to remove the existing misconception that the elderly are not more than a group of unproductive and dependent people (Chang, Chang, and Shen 1984) will result in a kind of self-affirmation of being dependent or having no social support as a kind “destiny” that should be accepted. There is no reason that whatever can be ethically justified for not providing adequate social support to the elderly. Social support is a moral imperative, especially when the elderly often experience loneliness and boredom, and cannot participate in family and community events, rejected, even harassed.

Social support can be realized either formally or informally. It is the absolute task of any government to provide a formal means of social support. This support can take the form of providing health services which can be accessed by rural people, building nursing homes for those unwilling to live with the family, constructing the city and public transportation friendly elderly, and so on. Whereas from informal point of view, social support should also arise from family, friends, neighbors, a particular social group, or religion (Kusumiati and Yuliastuti 2012).

The kind of social support provided by the government should be very obvious by taking into account the spread of the elderly in urban and rural areas. National censuses of 2010 has portrayed that most of the elderly people in Indonesia are living in rural areas than in urban areas (10,355,313 people compared to 7,688,399). Yet, elderly people living in urban and rural areas are almost equal in number which has demanded the government to provide social support which can be accessed easily by both groups. If social services to the elderly are to be directed to the family based/community based, the efforts to improve the well-being of the family are certain to be impacting on the quality of family support for the elderly. Ade Pratama in his research in Sragen (Central Java) shows that the lack or low level of family support for the elderly generally causes by busy work (74.3%), in addition to other factors such as changes in behavior of the elderly themselves (62.9%), and the dependent status of the elderly (57.1%). The research reveals that a family with a low level of the economy will have a low level of support to the elderly as well (Pratiwi 2009).

Even if the elderly live with their family and extended family, social support should not be reduced. Mardiah Inayah in her research shows that concrete support of the family to elderly who live in the nursing home (by visiting them on a regular basis and inviting them for a walk) help reduce not only stress, but also improve self-esteem, and increase the feeling of happiness (Mardiah 2011).

If the program is designed to serve the elderly people focused on the types of services that are family-based, then it should very real in shape. It should be able to answer the question like how to support families who have elderly living together in a large family of three generations. The population census of 2010 shows that the number of elderly people living in three-generational family has reached 36.5% (33.7% of 60-69, 39.7% of 70-79, and 43.7% of over 80). Social support for the elderly should be very obvious, especially to the elderly living with low incomes family members.

There is an advantage for the elderly living with the families. On the one hand, the elderly can be “hired” to take care of the grandchildren. But on the other hand, they are threatened of being neglected due to the high mobility of the urban society, including their family members in finding or doing a job as well as the declining
fertility rate. Government’s obligation to provide social support to the elderly is as important as obligations to take care for the elderly who live alone that reached 9.8% of the total population of the elderly (7.7% aged 60-69, 12% aged 70-79, and 13.9% aged over 80) (Aging Monograph: Evidence from 2010 Census, 2013).

What is the impact of these vulnerability conditions for the study of ethics of the elderly in Indonesia? To answer the question, it may be helpful to present some preliminary conclusions before demonstrating must-be-solved ethical impacts.

I propose three conclusions as starting point for reflecting ethical and philosophical issues of the elderly in Indonesia. First, economic security of the elderly people in Indonesia can be achieved, among others, by extending the working age, although it is not solve the whole problem when it comes to the fact that the majority of elderly people in Indonesia working informal sector have no stability in income. Meanwhile, the provision of the retirement age which is extended from 56 to 65 as stated in government regulation number 19 (2013) is still not a fixed way out.

Second, in terms of health, the vulnerability of the elderly due to the declining abilities of hearing and eyesight may lead to social alienation. Meanwhile, the disability itself leads to dependence on others. Even if we rely on Health Center and integrated service post (“posyandu”) as effective public health tool to address health issues in elderly people, we are still dealing with the fact that health centers and integrated health services are still not evenly distributed in Indonesia (Fasilitas Lansia Kurang 2013).

Third, most of the elderly people in Indonesia receive social support from family and extended family. The poverty and high job mobility of the family members not only affect the quality of social support, but also lead to social exclusion.

3. Ethical Problems of the Elderly Care in Indonesia

The three conclusions above raise a number of ethical problems of caring the elderly people in Indonesia to deal with. I will use Leuven personalism approach to detect main problems of caring the elderly people in Indonesia and draw some ethical considerations. According to Paul Scotsmans (1999), ethical personalism has three dimensions in nature: (1) the human person as unique and original; (2) the human person as relational and inter-subjective; (3) the human person communication and solidarity (Schotsmans, 1999) (De Tavernier 2009).

3.1. The Human Person as Unique and Original

From personalism point of view, the elderly people in Indonesia are persons with dignity—not in the Lockean sense (Nimbalkar 2011)—since they must be treated as an end in themselves. As persons with dignity, the elderly people are different from one another unique and proper self. They are persons with unique talents, capacities, feelings, and possibilities. The authenticity of the elderly people lies on the capacity to integrate each experience in every encounter with the other as part of the process of formatting individual character.

Applying this first principle of personalism—the human person as unique and original, one has to say that ethics holds an ethical imperative that the elderly people in Indonesia should be treated as a unique person. Family-based approach in elderly care as promoted in Indonesia affirms the uniqueness, originality, and historicity of the elderly in Indonesia. The declining of socio-cultural interaction with the surroundings due to biological process of being aged should not degrade their uniqueness. However, the limitations of health care facilities, insufficiency of the health providers, poor public facilities, and the existence of the cities that are not elderly friendly have contributed to the fast declining of the capabilities of the elderly (physical, emotional,
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spiritual). In turn, this will inhibit not only the socio-cultural interaction, but also the way the elderly people value their existence as a unique and the authentic person.

Data of the directorate of elderly care of the Ministry of Social Affairs of the Republic of Indonesia (2013) shows that 2,851,601 of elderly people out of 18,043,717 are experiencing social neglect, and as many as 4,658,280 are in vulnerable situations of being potentially neglected. Economic factor is considered as the main cause of the neglect, either the insufficient income and retirees or the poverty of the family members. The data confirms how elderly people in Indonesia have not fully experienced themselves in dignified manner (Nordenfelt 2003) or been treated as a human person in its whole uniqueness. Unfortunately, the government supposed to be responsible in realizing the well-being of elderly as obliged by The Law of Well-being of the Elderly (article 8 of Law No. 13, 1998) provides insurance only to 26,500 elderly people in 33 provinces (Anon 2013c).

3.2. The Human Person as Relational and Inter-subjective

Taken into consideration of the value of the human person as relational and inter-subjective, family-based elderly care seems to be the right choice to take care of the elderly in Indonesia. Nonetheless, the marital status of elderly people in Indonesia raises other vulnerability. We agree that the presence of spouse and/or children is potential support to the elderly people who need assistance in their daily living. Census 2010 shows that six of 10 Indonesian elderly people are married (59.8%), while the rest are widowed or single. Even so, the percentage of still being married among the elderly people declined as the age becomes higher, and this is consistent with the increase of percentage of the elderly people who are widowed. The percentage of the young-old who are widowed is 27.3%, and 46.9% of the middle-old and 61.9% of the oldest old are widowed.

The data shows that it is in line with the research conducted by Yeniar Indriani, Ika Kristiana Hidalgo, Andrewinata Sonda, and Annisa Intanirian on the level of stress of the elderly people in Panti Werdha (Nursing Home) in Central Java (Indriana et al. 2010). The research demonstrates that the death of a spouse is one of the five sources of stress which reaches 71.8% (23 of 32 respondents). It is also consistent with the finding of UN over the world conducted in 2009, which shows that women who are widowed and do not want to remarry are much higher than that of men (80% men are still married). Census held by Indonesian government in 2010 has also shown that 84.1% of elderly men are still married compared to 39.1% of elderly women. Contrasting this to the fact that 13.6% of men are widowed compared with 56.5% of women, then we will figure out the importance of the value of human person as relational and inter-subjective.

Personalism perspective states that humans are relational beings. As Paul Scotsmans put it clearly, “as humans, we are essentially stand in an open relation, involved with the reality in which we live in, with other humans to whom we owe our existence and who continue to surround us, ultimately with God” (Schotsmans, 1999). Thus, from relational aspect, one can conclude that Indonesian elderly women are the most vulnerable groups. Being often socially isolated, Indonesian elderly women are having an additional vulnerability, namely the absence of a spouse who have spent life together. Again, the government of the Republic of Indonesia still does not have a comprehensive plan on how to assist this group of people.

Can Nursing Home (Panti Werdha) be a way out in providing caring and assistance for the elderly, especially elderly women who bare additional vulnerability due to their widowed status? A research done by Inayah Mardia (Mardiah 2011) in two Nursing Home in East Jakarta does not prove the hypotheses. The research has disclosed a hidden reality that nursing home could potentially lead to stress, depression, and
loneliness situation. Survey done to the 110 elderly has made it clear that nursing homes can only be a livable place for the elderly if they are supported by religious atmosphere (17.1%) and mostly by family support (56.7%). The later can be manifested in the form of frequency of visits to the family members at the nursing homes, visits and support of close friends, fellow seniors, or the nurses.

Indonesian government is encouraged to play greater role, especially in creating social conditions in which the elderly people experience social support, especially in the absence of the lack of family support due to poverty and other economic burden. Research conducted by Ade Pratama (Pratiwi 2009) in Central Java shows that the majority of farmers groups (45.7%) and labor (20%) tend to neglect their elderly parents. Still it is the findings of Wilanisa Amalia Rosmita Putri and Iman Permana (Rosmita Putri and Wilanisa 2012) conducted in Wirobrajan Yogyakarta which highlights the correlation between high levels of well-being of elderly people with low monthly income of family members in line with it. It is said that the family members with low income are not able to pay attention and support to their elderly parents (14.3% or 12 respondents working as farmers and laborers) compared to 72.6% (61 respondents) of those working as entrepreneurs, self-employed, teachers, army, police officers, or civil servants.

So far, there has been not enough evidence showing that Indonesian government has made use of this information in planning and building Home Care as alternative service to the elderly aside from family-based care. The success in realizing these conditions must be considered as sufficient condition for treating elderly people as persons who are relational and inter-subjective.

3.3. The Human Person Communication and Solidarity

In the absence of the concrete steps of the government to care the elderly people as persons with unique and relational aspects, community groups and families are expected to fill that void. Regarding this assumption, two perspectives can be proposed. First, it has been described that most of the elderly women who are not remarried (56.5%) are potentially exposed to the vulnerabilities of being loneliness, depression, economic insecurity, fear of being victims of abuse and violence, and the absence of social support (Hampir tiga juta orang tua di Indonesia hidup merana, 2013). Qualitative research performed by Endang Kusumati has shown that although all respondents interviewed have wished to age in place without interference of others, it turns out that they do not want to cut off from family and neighbors. Breaking of relationships with family and neighbors will only lead to feelings of loneliness (Moving Back Home to Care For Aging Parents, n.d.).

This shows that relational dimension is not the only desire of any elderly people to participate and be a part of someone or something. Communication also has played its important role (Schotsmans, 1999). This has posted a real challenge to the family who wish to take care of their elderly parents. It must be said that family support is irreplaceable, but it cannot be perceived narrowly, for example, by bringing the elderly parents to the cities and municipalities of metropolitan where the children are working. Doing this is tantamount to break the relationship and communication of the elderly from their historical origin (family, neighbors, kinship ties, and so on).

Second, in some ways or another, the family can express their solidarity to the elderly parents by hiring nurse or simply assigning unemployed family member to care for the elderly, while the other children can plan and agree to schedule some visits to their parents. Yet, this kind of solidarity is not without risks, especially when the decision causes someone to lose his job (Moving Back Home to Care For Aging Parents, n.d.). In such a context, a utilitarianism perspective might not disrespect the dignity of the elderly parents when the
children have to consider also the continuation of their own profession. In addition, the option to leave their elderly parents at home care (either government-run or private one) could be a solution provided that solidarity and social support is provided in certain level. This proposal is in line with the research conducted by Ade Pratama (Pratiwi 2009), Inayah Mardiah (Mardiah 2011), Ekawati Sutikno (Sutikno 2011), and Wilanisa Rosinita Amalia and Princess Iman Permana (Rosmita Putri and Wilanisa 2012).

4. The Conditions of Multiple Vulnerabilities

I use the term “multiple vulnerabilities” to explain the conditions of the elderly people in Indonesia. What is “multiple vulnerabilities?” I will discuss it below.

Referring to the conception of Michael Kottow, vulnerability is firstly the state of affairs of the universal human condition of being intact but fragile. However, the vulnerability of the elderly people—also the sick and disable—is much more intense precisely because of their condition of being biologically weak or diseased, with an increased predisposition toward additional harm (Kottow 2003). Within these circumstances, elderly people in Indonesia are living out their vulnerabilities. It is an inevitable fact that the biologically weak and diseased has made it difficult for them to work for the sake of economic security. Also one cannot deny the fact that the poverty of the family member has become one of the causes of elderly neglect. On the other hand, the limit of health facilities has potentially increased the vulnerabilities of the elderly people.

At the social level, being vulnerable is experienced as real experience in the presence of inequalities of power, knowledge, or material means. In such a situation, according to David Thomasma, the obligation is upon the stronger to respect and protect the vulnerability of the other, and not to exploit the less advantage (Thomasma 2000). While for Michael Kottow, the obligation to protect the vulnerable can be realized in a just country that has enough protection to all its citizens, including those who are weak, disable, the elderly, and the minority (Kottow 2003).

I conclude that the Indonesian government is still struggling to realize these ideals. Admittedly, the policies and regulations concerning the elderly people already exist but have not been implemented to the fullest. The problem of the welfare of the elderly, for example, has been regulated and detailed in the Law of The Welfare of the Elderly (1998). In addition, Indonesia also has Health Law (1992), Human Rights Law (1999), and the Law of National Security System (2004). These laws are set up to regulate and promote—among others—the service to the elderly. In fact, they have not been able to protect and prosper the elderly people. Regarding the law (1998) on the welfare of the elderly, instead of forming and strengthening the work of the Regional Commission on Elderly as mandated by it (the commissions are available in only 31 provinces and 168 districts/cities), the government intends to revise it. The law does not state clearly whether the formation of Elderly Regional Commission is legally required or not. In that sense, although the proposal to revise the law is understandable, the question remains unanswered: Why does this new consciousness arise when the law has not been realized to the fullest?

One example of the lack of seriousness in dealing with the elderly people in health sector can be mentioned here. Data from the Ministry of Health reveals that there are 437 community health centers across Indonesia that are elderly friendly out of 42,233 community health centers spreading throughout Indonesia (Permanasari, 2012). As a matter of fact, the development of the geriatric clinic at the hospitals is still being carried on. However, the availability of 69,500 health centers of the elderly (“posyandu”) in all districts/cities is certainly far from adequate in comparison to 266,827 existing “posyandu” throughout Indonesia which
serve the children and the toddlers. The distribution of the later does not meet yet the standards of 3.55 “posyandu” per village or urban neighborhood (Mayus 2013). Meanwhile, the geriatric clinic that can be the initiator in providing care for the elderly apparently spreads only in eight hospitals types A and B. Taking into account all these features, it can be concluded that the elderly people in Indonesia are living in vulnerability primarily not because of biological aging, but because of the fact that they are vulnerable politically, socially, and economically. I consider this as the most serious ethical issues on the elderly people faced by the government and the entire people of Indonesia. Inability to overcome this problem would not only undermine the principles of the human and elderly people as persona, but also degrade them as dignified human being.

5. Conclusion

Being descriptive in manner, this paper has pointed out the fact of the elderly people in Indonesia. Indonesian Census of 2010 has shown not only the trend of the low fertility rate and the increasing life expectancy, but also the impacts on economic, social, and health accompany it. Unfortunately, these challenges have not been successfully responded to by the government, at the level of policy and implementation as well.

Failing to realize this policy has positioned the elderly people in Indonesia as vulnerable. First of all, the vulnerabilities are associated with the fact of being fragile as human beings, but more than that is the absence of protection and the adequate services to the elderly. On this ground, it lies the whole problem of the ethics of the elderly people in Indonesia in the sense that we are failing to respect the elderly as dignified. Referring it to the thought of Michael Kottow, that the strong, healthy, or those in power are supposed to protect and ensure a dignified life of the elderly, there must be only one conclusion remained: The vulnerabilities of the elderly people in Indonesia’s are multiple.

Notes

1. Regarding the trend in dependency ratio by age group, the data demonstrated that there were 82.2 people in 1971, 73.3 people in 1980, 61.5 people in 1990, 47.5 people in 2000, 43.7 people in 2010, and 31.5 people expected to be in 2035.
2. Regarding the increase of the dependency ratio of the elderly, there were 4.7 people in 1971, 5.8 people in 1980, 6.3 people in 1990, 7.2 people in 2000, 7.4 people in 2010, 8.1 people in 2015, 9.2 people in 2020, and 15.7 people in 2035.
3. National statistic of 2010 showed that the elderly aged 60-69 were 10,752,792 people, as many as 5,434,236 people aged 70-79, and above 80 was as much as 1,856,684.
5. John Locke holds that personal identity is a matter of psychological continuity. He considers personal identity (or the self) to be founded on consciousness (viz., memory), not on the substance of either the soul or the body.
6. I refer to German word Menschenwürde as a kind of dignity that we all as humans have, or are assumed to have, just because we are humans. We have this value to the same degree, i.e., we are equal with respect to this kind of dignity. This entails primarily that we all have the same human rights, at least the following minimal human rights: (1) provision of the necessary means of existence; (2) freedom from strong and continued pain; (3) minimal liberty; and (4) minimal self-respect. According to Nordenfelt, given our equal Menschenwürde, nobody may be treated with less respect than anybody else with regard to basic human rights. In particular, an elderly person has the same basic human rights as the young person. It is significant that Menschenwürde cannot be taken from the human being as long as he or she is alive. (Nordenfelt 2003, 100).
7. Stressful condition found in Nursing Home of “Pucang Gading” in Semarang (Central Java) includes the rapid change of daily activities, unstable family relation, the death of the spouse, and unemployment.
8. They are the Hospitals of Cipto Mangunkusumo in Jakarta, Sardjito in Yogyakarta, Sanglah in Denpasar, Hasan Sadikin in Bandung, Wahidin in Makassar, Soetomo in Surabaya, and Moewardi in Solo.
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