



HADI SISWANTO

Community Empowerment for Older Persons

ABSTRACT: The number of older persons continues to increase, both in developed and developing countries; and it will cause problems if lacks attention. They are often perceived as a burden to their families, the community, and even as a burden to the country. The government is very concerned towards the older persons based on legal and law to improve the prosperity of older persons. Many activities have also been conducted, but not all have been considered as a full integrated tool in solving problems dealing with the older person, especially elderly, such as POSYANDU (Intergrated Service Unit), POSDAYA (Family Empowering Unit), and POSBINDU (Individual Development Unit). Indonesia has a philosophical basis (norms, social, and cultural aspects) that able to be used for the mobilization of communities to deal with the older persons, either through the government sector, private and individual sectors, as well as communities. Steps that can be used with the method of research and development, and also organizing society based on social values and local culture. However, it is really fact the Indonesian people still do not know about the issues of the elderly. Accordingly, advocacy and dissemination of information, including the approach to normative re-educative as life-cycle, should be done through a variety of its developmentally appropriate media and, especially also, in line with the development of science and technology that enabling and reinforcing the solutions should be done. Empowerment of the elderly community should be driven and as basis evidence for developing the noble values of nation, build friendship, and communication as a container services so that formed the healthy and developed families.

KEY WORD: Demography; Older Persons; Degenerative; Long Life Cycle; Community Empowerment.

RESUME: "Pemberdayaan Masyarakat Lanjut Usia". Penduduk lanjut usia terus meningkat, baik di negara-negara maju maupun berkembang; dan ianya akan menyebabkan masalah kalau kurang perhatian. Orang-orang lansia (lanjut usia) sering dipersepsikan sebagai beban keluarga, beban masyarakat, dan bahkan beban negara. Pemerintah sangat peduli terhadap orang-orang lansia berdasarkan hukum dan perundangan-undangan untuk meningkatkan kesejahteraan mereka. Banyak kegiatan juga telah dilakukan, tetapi tidak semua dipertimbangkan sebagai wahana yang terintegrasi penuh dalam memecahkan masalah yang berhubungan dengan orang-orang tua, terutama para lansia, seperti POSYANDU (Pos Pelayanan Terpadu), POSDAYA (Pos Pemberdayaan Keluarga), dan POSBINDU (Pos Pembinaan Individu). Indonesia memiliki dasar filosofis (norma, sosial, dan aspek budaya) yang dapat digunakan untuk mobilisasi masyarakat yang berkenaan dengan orang-orang lansia, baik melalui sektor pemerintah, sektor swasta dan individu, maupun masyarakat. Langkah-langkah yang digunakan bisa dengan metode riset dan pengembangan, dan juga pengorganisasian masyarakat yang didasari oleh nilai-nilai sosial dan budaya setempat. Walaupun demikian, ternyata masyarakat Indonesia masih belum banyak tahu tentang isu-isu orang lansia. Karena itu, advokasi dan penyebaran informasi, termasuk pendekatan normatif re-edukatif sebagai siklus hidup, harus dilakukan melalui berbagai media sesuai dengan tahapan perkembangannya dan, terutama juga, sejalan dengan perkembangan ilmu pengetahuan dan teknologi yang memungkinkan untuk memperkuat solusi tersebut harus dilakukan. Pemberdayaan masyarakat lansia harus didorong dan sebagai bukti dasar untuk mengembangkan nilai-nilai luhur bangsa, membangun persahabatan, dan komunikasi sebagai wahana melalui layanan agar terbentuk keluarga yang sehat dan berkembang.

KATA KUNCI: Demografik; Orang-orang Lansia (Lanjut Usia); Degeneratif; Pembinaan Sepanjang Hayat; Pemberdayaan Masyarakat.

About the Author: Dr. Hadi Siswanto is a Senior Lecturer and Dean of the Faculty of Health Sciences URINDO (University of Respati Indonesia), Jalan Bambu Apus I No.3 Cipayung, Jakarta Timur, Indonesia. For academic interests, the author can be contacted via his mobile phone at: +628129865869 or e-mail at: hadisiva@yahoo.com

How to cite this article? Siswanto, Hadi. (2016). "Community Empowerment for Older Persons" in *SOSIOHUMANIKA: Jurnal Pendidikan Sains Sosial dan Kemanusiaan*, Vol.9(1) May, pp.143-152. Bandung, Indonesia: Minda Masagi Press and UPI Bandung, ISSN 1979-0112.

Chronicle of the article: Accepted (December 1, 2015); Revised (March 24, 2016); and Published (May 20, 2016).

INTRODUCTION

The increasing number of elderly people (60 years and above) in developed and developing countries occurs significantly; the increase in developed countries is relatively more rapidly than in developing countries. However, in figures (absolute) it is greater in developing countries. In Indonesia, in 2011, from a total population of 241,182,182, the number of elderly is 16,723,936 (Kemenkes RI, 2012).

In developing countries, including Indonesia, the older persons are often perceived as a burden to their families, the community, and even as a burden to the country. In a country where the older persons are not empowered, the medical cost trend is higher. In general, the older persons still act as head of a household (Mantra, 2011). The older persons, that are still productive, need to be empowered in order to keep them active, healthy, and not to become a burden to the society and the government.

Problems. The number of older persons continues to increase and will cause problems if lack attention. The older persons, who once served in a specific position with tremendous vast activities, then suddenly have to stay at home to retire then various diseases, such as stroke, heart disease, and hypertension will approach. In Indonesia, employee retirement is at 56 years old, then, they enter the pre-elderly age (Komnas Lansia RI, 2006).

At the age of 60 years and above, some will suffer from diseases and some remain relatively healthy. Those who are healthy have maintained their health and are empowered, while those who suffer from a disease or are ill needs to maintain their health (cf Komnas Lansia RI, 2006; and BPS, 2010a). Empowering the older persons is crucial, but it seems that the public lack comprehension on the older persons issue too much.

Objective. This paper is presented to provide a demographic overview of the older persons, their problems, and policies for the older person and efforts on empowerment taken by the older persons

themselves, also through the government and community; and to search for the alternatives on strengthening empowerment in order to become self-sufficient.

SITUATION AND CONDITIONS OF OLDER PERSON

Demographic Data. The impact on the success of development is the decline of birth rates, morbidity and mortality rates, and increased life expectancy. This success has increased an absolute number of the older persons population, which has increased rapidly in Indonesia and is quite large i.e. 5.3 million people in 1971, which has increased to 14.4 million in 2000, and is expected to reach 28.8 million in 2020 (BPS, 2000). The elderly in Indonesia is demographically projected to increase significantly with the success of development.

Many countries are experiencing demographic transition very quickly. As it is known that the developed countries, such as England, Holland, France, and the Scandinavian countries in Europe, which today has a population structure is old, has undergone a long process of demographics in a very long time, which is between 100 to 150 years. Countries in Asia, including Indonesia, China, Thailand, Singapore, and others, which in the last century aggressively implement the KB (*Keluarga Berencana* or Family Planning) program and health work, undergo a process of demographic transition that is the same in just one generation (Hidayat, 2012).

Health Status. Life expectancy has increased (trend estimates) from 45.7 years in 1967 based on *Sensus Penduduk* (Population Census) in 1971; to 52.2 years in 1976 based on *Sensus Penduduk* in 1980; to 65.4 years in 1996 based on *Sensus Penduduk* in 2000; and to 70.7 years in 2006 based on *Sensus Penduduk* in 2010 (BPS, 2013).

Based on RISKESDAS (*Riset Kesehatan Dasar* or Basic Health Research) in 2007, the cause of death of elderly men around 65 years and above are stroke in 20.6%; chronic lower respiratory tract in 10.5%; pulmonary tuberculosis in 8.9%; hypertension in 7.7%; NEC (*Nicotricans Entero Collitis*) in 7.0%;

ischemic heart disease in 6.9%; other heart diseases in 5.9%; diabetic mellitus in 4.9%; heart disease in 4.4%; and pneumonia in 3.8%. In elderly women, the causes are stroke in 24.4%; chronic lower respiratory tract in 6.6%; pulmonary tuberculosis in 5.6%; hypertension in 11.2%; NEC in 9.6%; ischemic heart disease in 6.0%; other heart diseases in 5.9%; diabetic mellitus in 6.0%; and pneumonia in 3.0% (MHRI, 2014).

The character of elderly illness is usually multiple (not individual), inter-related, and chronic; degenerative which often leads to disability or death and is often accompanied by psychological and social problems (Nasrun, 2007; and Santoso & Lestari, 2008). In the government staffing structure, the retirement age for echelon 2 and above is 60 years old and those without a position or under echelon 2 is 56 years old. Based on practice and experience the political position or positions that require concentration and physical energy beyond the order of civil services such as Ministers, Legislators, Functional and Chief Executive Organization can be said is above that age (*cf* Jacinta, 2007; Jattuningtias, 2007; and Santoso & Lestari, 2008).

Older persons, who are still relatively productive (47.44% still working) and as head of the family (57.70%), are also classified as highly productive which can be observed on the number of working hours, which is more than 35 hours a week (BPS, 2010b; BPS, 2011; and BPS, 2012). This situation is analogous with Erick Erikson's theory on Social Psychology that in the 8th stage cycle of life, which is classified as pre-older persons and older persons with integrity versus despair characteristics, is during the time an individual looks back and assess what he/she has done throughout his/her life (cited in Hurlock, 1992; Salkind, 2004; and Desyandri, 2014).

If the result is considered positive and successful, it develops satisfaction and can continue to build-up their spirit; otherwise, if they live miserable and with many negative matters, they will most likely generate guilty feelings and despair (Siswanto, 2009). This aroused the term potential and non-potential elderly group.

The description above indicates that the older person is still a potential human resource and still has capabilities. In contrast to the elderly, who suffer from disadvantages (poor), they become more powerless. If the government and various development programs do not anticipate this situation, the presence of the older persons will become a problem. An increasing number of older persons potentially raise some fundamental issues, such as becoming the burden of families, community and the government, especially those relating to special needs services, such as health and nutrition; if not addressed soon, then, it will lead to a high social burden.

The concept of public health emphasizes the concept of disease prevention and health improvement, which involves the rights and obligations in accordance to mentally and emotionally as well as physically participation in health development. The government, in addition, should provide services and also be strong on directing and empowering the community (Osborne & Gaebler, 1993).

EMPOWERING FOR OLDER PERSONS

Legal Basis. The 1945 Constitution Amendments of article 28H and article 34, paragraph 2 (Setneg RI, 2000); Law No.13 of 1998 on Elderly Welfare (Depsos RI, 1998); Law No.30 on Human Rights (Setneg RI, 1999); Government Regulation No.40 on the Implementation of the Elderly Welfare Improvement (Depsos RI, 2005); and especially Law No.36 of 2009 on Health, article 1, paragraph 1, declare that healthy is a state of both physically and mentally healthy, spiritually and socially to enable more people to live socially and economically productive (in Depkes RI, 2009).

The efforts to improve and maintain health are based on the principles of non- discriminative, participatory, and sustainability. Article 138 in Law No.36 of 2009 on Health, relates to the elderly, then states that the efforts of health care for the elderly are intended to keep them healthy, and socially and economically productive (Depkes RI, 2009). The elderly have equal

rights in the society, nation, and state, where efforts to improve the welfare of the elderly is aimed to make them highly empowered and to be involved in development activities with respect to the elderly according to their function, skill, age, and physical condition (Kemenkes RI, 2013).

Policy and Politics. The policy on older persons nurturing is an integrated part of family nurturing placed in the context of human resource development that includes human development as the subject (human capital) and object (human resources). Development covers the entire cycle of human life (life cycle approach). Nurturing the older persons, especially elderly, cannot be separated from the entire life cycle development (*cf* Komnas Lansia RI, 2006; dan Istiarti *et al.*, 2012).

Prof. Dr. dr. Nila Moeloek, SPM (K), in the discussion of cross sectoral activities about nutrition in the first 1,000 days of a child at the Ministry of Health building, on 24 February 2015, spoke and asked as follows: “Which first, education or health? How we can smart without health?” (cited in Suyono *et al.*, 2015). This question implies an emphasis on the importance of health in children. More specifically, the health of 1,000 children from the first day (including during pregnancy).

Why is this period so important? This is because the most significant growth in the brain of children occurs at the time; and failure to grow in the first period of 1,000 days can result in physical growth disorders, metabolic disorders, as well as trigger the emergence of non-communicable diseases, such as obesity, diabetes, and heart disease. Therefore, the role of the mother in this period is very important. By giving special attention to the period of the first 1,000 days of a child’s life, the child’s growth is expected to run well and maximal. And if every mother can do it, then, in a broader scale will help shape the generation of bright young. Ricardo Caivano, Country Director of Save Indonesian Children, said as follows:

[...] most of the children’s future – and even the future of the nation – is determined by the

quality of nutrition in the first 1,000 days of a child. Starting with 1,000 days in the first life is a good day would produce the elderly are good also (cited in Suyono *et al.*, 2013).

The central government and many local governments, and the authorities that exist under it, are not ready to face the problem caused by the structure of population changed drastically, it has a large number of elderly residents. The policy relating to the elderly population has not been fully developed. Law on the elderly has not been furnished with the Government Regulation, Presidential Decree, or the Decree of the Minister and other officials at the field level. Regional Government of East Java that face elderly problems relatives earlier than other Provinces, yet also have a series of decisions that satisfy. Many activities have been carried out, but not entirely being considered as an integrated political instrument to resolve the major problem encountered nowadays (Gani, 2011).

Central government level in 2010 issued the President Instruction of the Republic of Indonesia Number 3 of 2010 concerning on Justice Development Program. These instructions are used as the foundation of law for the Province, Regency/City, Sub-District, to headman and villages to drive and post family empowerment pro-people, including empowering the elderly (*cf* Damandiri, 2013; Suyono *et al.*, 2013; and Achmadi, 2014). Pillars at the village level to citizens in the form of Integrated Postal Services Development of Non Communicable Diseases or POSYANDU (*Pos Pelayanan Terpadu* or Integrated Service Unit).

Integrated Service Unit, according to Department of Health of the Republic of Indonesia, in 2002, is a counseling center run health care and organized for and by the community with technical support from health workers in order to achieve a healthy and prosperous society. Integrated Service Unit specially gives to parents who will enter the elderly and devoted to coaching those already entered the elderly (cited in Suyono *et al.*, 2013); and other forms Integrated Services Pos for Elderly.

The political aspect in formulating and establishing a development policy is essential. A study conducted by Umar Fahmi Achmadi (2005 and 2014) stated that in a number of political variables of economic, social, and health, there is a relationship between politics and policies are enforced, and have an impact degree of public health, so that further increases in life expectancy to reduce mortality (Achmadi, 2005 and 2014).

The composition of the elderly population increases. Health and welfare of the elderly will be also a political issue. Need to develop political ideas and public health, include elderly health. Otherwise, health was just seen as a technic of professionalism in the field of health, identically health services, and health care only. Health is the estuary of the various socio-economic and cultural issues and is also resultant of various development efforts. Comprehensive view of the health will impact of just health services and health cure; then, the existing programs towards only commodities programs and ultimately traded health (Setijani, 1998; and Idris *et al.*, 2004).

Disease incidence in Knot Theory, as cited by Umar Fahmi Achmadi (2005), showed that Node 1 Agent, Node 2 Transmission, Node 3 Behavioral Exposure and Diseases, and health are only translated at Node 4. Health, in terms, is freedom from disease, treatment, clinic, hospital, and other forms of medicine services. In the case of health is a fundamental human right, which is the most basic. Healthy is a productive, and prerequisite of prosperous life (Achmadi, 2005). There's a saying that "*Health is not everything, but without health everything is nothing*". Then, Prof. dr. Ali Ghuron Muki, M.Sc., Ph.D. said that health is human right, health is investment (cited in Gani, 2011).

Achieved Development. Achieved development in general, and particularly in the areas of health, economic, social improvement and public knowledge, leads to increasing people welfare and life expectancy. Furthermore, it will also cause the number of older persons to increase year by year with significant potential and the ability to be involved in activities. Therefore, the potential

and ability of the older persons needs to be continuously refined in order for the older person as well as elderly to contribute to become more meaningful, aging, and staying healthy or healthy aging (Jattuningtias, 2007; and Santoso & Lestari, 2008).

A noble issue to arouse and provide opportunities for the elderly to perform: "Healthy, Independent, Productive, and Meaningful". There is a generation namely "plug generation", which means a generation with a noble heart who wants to live besides for them would also like to be meaningful for others selflessly or altruism (Jayaputra & Sumarno, 1999; and Santoso & Lestari, 2008).

Social and Cultural Values. The Indonesian people have had the Eastern social and cultural values that put the older person elderly at a respectable position. These social and cultural values are not due to their vulnerable state and the need of help, but the culture to be in an honorable position, to be a source of strength, and become a role model. Even, the Javanese people are ordered to honor older people with the phrase "*mikul duwur, mendem jero*" (bear high, drunk deep) towards parents and also place them as God, in the context of phrase "*Wong Tuwo, Gusti Allah Katon*" (Elderly, God Looks). Children are devoted to their parents (*cf* Pramuwito *et al.*, 1991; and Jayaputra & Sumarno, 1999).

Social and cultural values can affect the older person, especially elderly, such as providing appreciation and facilities also special services in order for better protection and providing their rights and position in the community. This noble social and cultural values of the nation can be used as a foundation to build and maintain healthy and productive elderly, with the basic assumption according to the planned direction change of strategy to normative re-educative approach and changes that are supported by social cultural norms (*cf* Bennis, Benne & Chin, 1985; and Notoadmodjo, 2010).

Empowerment Efforts. To empower the older persons is every effort to improve the physical, mental, spiritual, social,

knowledge, and skill for the older persons as well as elderly to be utilized according to their ability. Empowerment is an effort to improve the physical condition of maintaining good health/physical aging, so the older persons can enjoy the rest of their life mentally and physically happily, as well as strengthening their involvement in the community, so they can participate in the development process (Jattuningtias, 2007; and Santoso & Lestari, 2008). Community empowerment is under or based on a variety of legal instruments ranging from the 1945 Constitution (Amendment), despite government regulations by laws that are not yet developed (Setneg RI, 2000; and Gani, 2011).

The Indonesian government and the community have empowered the elderly. These efforts have been carried out by implementing a variety of elderly programs and projects. President Soeharto, in 1996, proclaimed 29th May as National Elderly Day,¹ as a follow-up to the UN (United Nations) General Assembly resolution in December 1990 that launched an international day for the elderly, and also as the continuation of the Vienna International Plan of Action on Aging (*Vienna Plan*), which was determined in Vienna in 1982 (UN, 1983).

The date of enactment of Law No.13/1998 on Older Persons Welfare (Depsos RI, 1998); and on 22 June 2004, President Megawati Soekarnoputri formed the Older Persons Commission to delegate, assist, and provide advice and judgment to the President in coordinating and developing policy on the efforts to improve social welfare with the Presidential Decree Number 52 Year 2004. In 2004, the National Commission on the Older Persons made an important step for policy coordination and efforts were integrated and holistic to direct as guidance for effective empowerment (Setneg RI, 2004; and Komnas Lansia RI, 2006).

To deal with the older person, the government and community have been trying to make efforts, both directly and

indirectly, supported by various laws and the structural organizations of both government and the community in the form of NGOs (Non Governmental Organizations) with participation of communities. The process of organizing and community development is in order to empower the elderly conducted systematically from preparing the workers, social preparation, also to assure them that the elderly are still potential, capable to explore, and utilize to stay alive and healthy at an older persons age (Rose, 1955; Jattuningtias, 2007; Santoso & Lestari, 2008; and Sasongko, 2008).

Conducting public awareness is not only from the central and regional governments, but also at the level of families, groups, and communities. Empowerment is not just for the elderly and their families, but also for all components of the nation that should be empowered in order to improve and establish elderly welfare. Empowerment must be organized into a movement as empowerment has its stages, which begin as awareness, potential development, and utilization (Jattuningtias, 2007; Santoso & Lestari, 2008).

In the development of older persons nurturing, various empowerment efforts are built and developed. Starting from the rule of law in the state, public and private institutions, various progressive efforts for the welfare of older person citizens should be done in the form of services, protection, and empowerment. Older persons, especially for elderly, social services program/activity has been developed as a national program which has been carried out in a form of health and social movement, such as POSYANDU LANSIA (*Pos Pelayanan Terpadu Lanjut Usia* or Integrated Health Service Unit for the Elderly), POSBINDU (*Pos Pembinaan Individu* or Individual Nurturing Unit), and POSDAYA (*Pos Pemberdayaan Keluarga* or Family Empowerment Unit).

The integrated system in the community is in line with the belief that parents are considered as a visible God, which is performed by empowering the older persons in a family by the older persons also the family, and supported by community

¹See "Hari Lanjut Usia (Indonesia)". Available online at: [https://id.wikipedia.org/wiki/Hari_Lanjut_Usia_\(Indonesia\)](https://id.wikipedia.org/wiki/Hari_Lanjut_Usia_(Indonesia)) [accessed in Jakarta, Indonesia: 19 February 2016].

organizations. Then, the older persons develop and gather themselves in groups in the community. This group consists of families who come from a particular RT (*Rukun Tetangga* or neighborhood association) and RW (*Rukun Warga* or administrative unit at the next-to-lowest level in city, consisting of several RTs), this group holds regular meetings at different places with various activities. These various meetings are for all older persons with different interests to actively participate in this elderly forum (Wijayanti, 2008; and Khadijah, 2010).

This community-based activity forum allows families to take a dominant role. Seniors do not need to live in a Nursing Home, but they can still live with their family in the village or in the countryside. Their family can still be with their parents, who they respect, even on days when there are meetings or group activities, younger members may accompany the older persons and also conduct older persons' activities at the POSDAYA, which they have developed. Elderly health services at the community remain structurally in the coordination of the PUSKESMAS (*Pusat Kesehatan Masyarakat* or Community Health Center) as an integrated primary health care center and healthy values development center (Kemenkes RI, 2013; and Suyono *et al.*, 2013 and 2015).

The empowerment system can also be named by the community or the government nowadays, managed by the Ministry of Social Affairs, as a traditional path by putting the elderly in a Nursing House. There are three types of Nursing House: the first is established by the community, where the costs are provided by the community itself. The second type is established by the community, but the operational cost comes from and is supported by the government and other organizations. The third type is the Nursing House established and facilitated by the government, both by the central and local governments, and also funded by the government, both central and local government (Depsos RI, 1998 and 2005).

Elderly empowerment program development, from empowerment of community-based, is implemented in line

with efforts to develop the POSDAYA (*Pos Pemberdayaan Keluarga* or Family Empowerment Unit) at the village level that expected to be a gathering family forum and people who care for children of the nation in rural areas. Invaluable field experience of some regions is an input that can be an example to be developed in other provinces or districts. As the experience in Surabaya is the empowerment of the elderly in two paths. The first path is the traditional path by placing the elderly in the Orphanage. There are three kinds of Orphanage, the first established by the community and its budget is provided by the community itself. The second was set up by the public, but its operational budget is derived and supported by governments and other organizations. The third type is the institution founded and financed by the government, both central and local government. All types of the above-described existing homes in villages in Surabaya, East Java (*cf* Setijani, 1998; Wijayanti, 2008; and Khadijah, 2010).

The second path is empowerment by elderly to elderly, families, and support organizations in the community. The elderly, one example in the Village Ngagel Mulyo, also in Surabaya, East Java, gather themselves in groups in the community. This group consists of families that come from specific RT or RW. In the collective group, they met regularly in places and with varied activities. Variations are replaceable and every meeting is an effort that all elderly people with different interests can still participate actively in the elderly forum (Wijayanti, 2008; and Khadijah, 2010).

Activities in the forum were divided by interest groups, so that if desired any large group could be divided again into small groups with different activities. A group leader can be preoccupied with his/her own group and was very satisfied with their efforts with other fans of a particular activity. In the togetherness, the elderly gain happiness itself (Jattuningtias, 2007; Santoso & Lestari, 2008).

Community-based activities allow families to take a dominant role. Elderly do not need to stay at the Orphanage, but

remained with his family in the village or in the countryside. His family can still be with the parents that they respect, even on days when there are meetings or activities in the group, younger members may accompany the elderly that they have come in and perform activities in POSDAYA with the elderly activities who have programmed (Suyono *et al.*, 2013 and 2015).

The role of the elderly to develop family empowerment at the village level is very high. Because of the program and the process of empowerment of the elderly can be a program to "sharpen the knives", which has the goal of sharpening two sides of the same sharp and critical. The first side, the elderly can develop programs to improve the welfare and lives of prosperous in an old age. In the other hand, the elderly can continue to help family development, especially the younger generation to give input to improve quality with reference to the MDGs (Millennium Development Goals) targets, consisted a healthy life, better education, and to develop business that could help economic recovery and prosperous of family life (UNDP, 2010; and Gani, 2011).

The government holds the mandate of the Act has an obligation and has made efforts both from the central to the region governments, to develop and implement programs for the elderly in accordance with their main tasks and function. Various operational forms have been developed by the public sector through community development and organizations develop the POSYANDU LANSIA (*Pos Pelayanan Terpadu Lanjut Usia* or Integrated Health Service Unit for the Elderly) to measure and weighing and/or health services, such as providing medication or simple and referral cases, provide information or counseling also nutrition counseling corner; POSBINDU (*Pos Pembinaan Individu* or Individual Nurturing Unit) to do preventive and promotes; POSDAYA (*Pos Pemberdayaan Keluarga* or Family Empowerment Unit) to do health, education, economics/business, and environmental empowerment, in ranging from self-reliance in the field of health and

to empower the economic environment with community-based activities (Kemenkes RI, 2013; and Suyono *et al.*, 2013 and 2015).

Also establish working groups as a forum for developers and fostering coordination with program objectives, where activities can be carried out effectively, efficiently, integrated, broad, and comprehensive (holistic). Several local areas and NGOs (Non Governmental Organizations) were moved and welcomed leading government programs to build community-activities, such as POSYANDU LANSIA, POSBINDU, POSDAYA, and others. The programs and community empowerment activities can be implemented as early as possible and through formal, informal, and non-formal education (Siswanto, 2009; Kemenkes RI, 2013; and Suyono *et al.*, 2013 and 2015).

CONCLUSION

The demographic increasing number of older person goes hand in hand with the success of health development as indicated by the positive indicators, namely life expectancy. The government is very concerned towards the older persons based on legal laws to improve the older persons contained in the Constitution of 1945 (Amendment), Law Number 13/1998 on Older Person Welfare, the Older Person Commission, and the older person nurturing programs. Many activities have been conducted, but not all have been considered as a full integrated tool in solving problems dealing with the older person, especially elderly.

Indonesia has a philosophical basis (norms, social, and cultural aspects) used for the mobilization of communities to deal with the older persons, either through the government sector, private individual sectors/communities, and the elderly as an individual in their family. Forms operational empowerment of elderly people, currently performed by moving, building, and developing Integrated Service Unit and Integrated Empowerment Unit. Especially health of the public has not been well understood and correctly.

The suggestions are as follows: *first*, an understanding of the older persons, especially

elderly, and empowerment efforts need to be disseminated, such as creating the curriculum at all levels of formal and non-formal education. Specifically, URINDO (University of Respati Indonesia) in Jakarta should also pioneer a compulsory subject or minimal as an option on Elderly Health, support activities at the field either in the form of community service or conduct research on elderly to be presented in a seminar.

Second, empowerment through informal channels (social and cultural matters), needs to be intensified as well as through traditional channels and lines of social institutions, such as Nursing Homes for the elderly.

Third, advocacy and dissemination of information, including the approach to normative re-educative as along as (life-cycle) should be done through a variety of developmentally appropriate media and especially also in line with the development of science and technology, such as CD (Compact Disc) and VCD (Video Compact Disc) on Serial Empowerment for Older Persons.

Fourth, advocay and dissemination the meaning of health or public health should be good interpretation.

Fifth, empowerment of the elderly community driven and evidence as the basis for developing the noble values of the nation, build friendship, communication as a container through services as a form of healthy family establishment and development.²

References

- Achmadi, Umar Fahmi. (2005). *Manajemen Penyakit Berbasis Wilayah*. Jakarta: Penerbit Kompas Media Nusantara.
- Achmadi, Umar Fahmi. (2014). *Kesehatan Masyarakat: Teori dan Aplikasi*. Jakarta: PT Raja Grafindo Persada.
- Bennis, Warren G., Kneth D. Benne & Robert Chin. (1985). *The Planning of Changes*. New York: CBS College Publishing.
- BPS [Badan Pusat Statistik]. (2000). *Indonesia Population Projection, 2000-2025*. Jakarta: Badan Pusat Statistik.
- BPS [Badan Pusat Statistik]. (2010a). *Angka Kematian Bayi dan Angka Harapan Hidup Penduduk Indonesia: Hasil Sensus 2010*. Jakarta: Badan Pusat Statistik.
- BPS [Badan Pusat Statistik]. (2010b). *Pertumbuhan dan Persebaran Penduduk Indonesia: Hasil Sensus Penduduk 2010*. Jakarta: Badan Pusat Statistik.
- BPS [Badan Pusat Statistik]. (2011). *Indeks Pembangunan Manusia, 2010-2011*. Jakarta: Badan Pusat Statistik.
- BPS [Badan Pusat Statistik]. (2012). *Statistical Yearbook of Indonesia 2012*. Jakarta: Badan Pusat Statistik.
- BPS [Badan Pusat Statistik]. (2013). *Statistik Penduduk Usia Lanjut Indonesia*. Jakarta: Badan Pusat Statistik.
- Damandiri. (2013). *Pokok-pokok Strategi Operasional POSDAYA (Pos Pemberdayaan Keluarga)*. Jakarta: PT Citra Kharisma Bunda.
- Depkes RI [Departemen Kesehatan Republik Indonesia]. (2009). *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*. Jakarta: Departemen Kesehatan Republik Indonesia.
- Depsos RI [Departemen Sosial Republik Indonesia]. (1998). *Undang-Undang Nomor 13 Tahun 1998 tentang Kesejahteraan Lanjut Usia*. Jakarta: Departemen Sosial Republik Indonesia.
- Depsos RI [Departemen Sosial Republik Indonesia]. (2005). *Peraturan Pemerintah Republik Indonesia No.40 tentang Pelaksanaan Pemberdayaan Kesejahteraan Lanjut Usia*. Jakarta: Departemen Sosial Republik Indonesia.
- Desyandri. (2014). "Teori Perkembangan Psiko-Sosial (Erik Erikson)". Available online at: <https://desyandri.wordpress.com/2014/01/21/teori-perkembangan-psikososial-erik-erikson/> [accessed in Jakarta, Indonesia: 19 February 2016].
- Gani, Ascobat. (2011). *Kesehatan Masyarakat: Investasi Manusia Menuju Rakyat Sejahtera*. Jakarta: Republik Penerbit.
- "Hari Lanjut Usia (Indonesia)". Available online at: [https://id.wikipedia.org/wiki/Hari_Lanjut_Usia_\(Indonesia\)](https://id.wikipedia.org/wiki/Hari_Lanjut_Usia_(Indonesia)) [accessed in Jakarta, Indonesia: 19 February 2016].
- Hidayat, Muhammad Adyatiawan. (2012). "Ilmu Sosial Dasar: Pertumbuhan Penduduk". Available online at: <https://adyatiawan.wordpress.com/2012/10/06/ilmu-sosial-dasar-pertumbuhan-penduduk/> [accessed in Jakarta, Indonesia: 19 February 2016].
- Hurlock, Elizabeth B. (1992). *Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentan Kehidupan*. Jakarta: Penerbit Erlangga, Translation.
- Idris, Y. et al. (2004). *Buku Pedoman Upaya Pembinaan Kesehatan Jiwa Usia Lanjut bagi Petugas Kesehatan*. Jakarta: Depkes RI [Departemen Kesehatan Republik Indonesia], Direktorat Jenderal Bina Kesehatan Masyarakat.
- Istiarti, V.G. Tinuk et al. (2012). *Kesehatan Reproduksi*. Semarang: Badan Penerbit UNDIP [Universitas Diponegoro].
- Jacinta, F.R. (2007). "Pensiun dan Pengaruhnya".

²*Statement:* I, hereby, certify that this paper is my own work. So, it is not product of plagiarism, due acknowledgment is made in the text for materials written by other authors and researchers. I also declare that this paper has not been submitted and reviewed by other publishers as well as not been published by other scholarly journals.

- Available online at: <http://www.e-psikologi.com> [accessed in Jakarta, Indonesia: 19 February 2016].
- Jattuningtias, Y. (2007). "Hubungan antara Dukungan Sosial dengan Penyesuaian Diri pada Masa Pensiun". Available online at: <http://www.library.gunadarma.com> [accessed in Jakarta, Indonesia: 19 February 2016].
- Jayaputra, Achmadi & Setyo Sumarno. (1999). *Kajian tentang Model-model Pelayanan Lanjut Usia Berbasis Masyarakat melalui Pusat Santunan Asuhan dalam Keluarga*. Jakarta: Penerbit BPPKS [Badan Pusat Pelayanan Kesejahteraan Sosial].
- Kemenkes RI [Kementerian Kesehatan Republik Indonesia]. (2012). *Indonesia Health Profile*. Jakarta: Pusdatin [Pusat Data Intern] Kementerian Kesehatan Republik Indonesia.
- Kemenkes RI [Kementerian Kesehatan Republik Indonesia]. (2013). *Pedoman Pelayanan Kesehatan Lansia di Puskesmas*. Jakarta: Direktorat Bina Upaya Kesehatan Dasar.
- Khadijah, Siti. (2010). "Pelayanan Kesehatan Lansia melalui Posyandu Lansia". *Unpublished Paper*. Bogor: SPs FKH IPB [Sekolah Pascasarjana, Fakultas Kedokteran Hewan, Institut Pertanian Bogor].
- Komnas Lansia RI [Komisi Nasional Lanjut Usia Republik Indonesia]. (2006). *Kondisi Sosial-Ekonomi Lanjut Usia di Indonesia*. Jakarta: Komisi Nasional Lanjut Usia Republik Indonesia.
- Mantra, Ida Bagus. (2011). *Demografi Umum*. Yogyakarta: Pustaka Pelajar.
- MHRI [Ministry of Health of the Republic of Indonesia]. (2014). *Indonesia Health Profile 2013*. Jakarta: Ministry of Health of the Republic of Indonesia. Available online also at: <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia> [accessed in Jakarta, Indonesia: 19 February 2016].
- Nasrun, M.W. (2007). "Persiapan Mental untuk Pensiun". Available online at: <http://www.kompas.com> [accessed in Jakarta, Indonesia: 19 February 2016].
- Notoadmodjo, Soekidjo. (2010). *Etika & Hukum Kesehatan*. Jakarta: Rineka Cipta.
- Osborne, David & Ted Gaebler. (1993). *Reinventing Government: How the Entrepreneurial Spirit in Transforming the Public Sector*. New York: Penguin.
- Pramuwito et al. (1991). *Penelitian Uji Coba Model Pelayanan Kesejahteraan Sosial Lanjut Usia Berbasis Masyarakat*. Jakarta: Penerbit BPPKS [Badan Pusat Pelayanan Kesejahteraan Sosial].
- Rose, Murray G. (1955). *Community Organization: Theory and Principles*. New York: Harper and Row Publishers.
- Salkind, Neil J. (2004). *An Introduction to Theories of Human Development*. Thousand Oaks, London, New Delhi: Sage Publications, International Education and Publisher.
- Santoso, Agus & Novia Budi Lestari. (2008). "Peran-Serta Keluarga pada Lansia yang Mengalami *Post Power Syndrome*" in *Media Ners*, Vol.2(1), May, pp.1-44. Available online also at: <file:///C:/Users/acer/Downloads/736-1482-1-PB.pdf> [accessed in Jakarta, Indonesia: 19 February 2016].
- Sasongko, Adi. (2008). *Acquired Immuno Deficiency Syndrom*. Surabaya: Universitas Petra Press.
- Setijani, T. (1998). *Buku Pegangan Kader untuk Penyuluhan Kelompok Bina Keluarga Lansia*. Semarang: Kantor Wilayah BKKBN [Badan Koordinasi Keluarga Berencana Nasional] Provinsi Jawa Tengah.
- Setneg RI [Sekretariat Negara Republik Indonesia]. (1999). *Undang-Undang No.30 tentang Hak Azasi Manusia*. Jakarta: Sekretariat Negara Republik Indonesia.
- Setneg RI [Sekretariat Negara Republik Indonesia]. (2000). *Undang-Undang Dasar 1945: Hasil Amandemen dan Penjelasannya*. Jakarta: Sekretariat Negara Republik Indonesia.
- Setneg RI [Sekretariat Negara Republik Indonesia]. (2004). *Keputusan Presiden Republik Indonesia Nomor 52 Tahun 2004 tentang Komisi Nasional Lanjut Usia*. Jakarta: Sekretariat Negara Republik Indonesia.
- Siswanto, Hadi. (2009). *Pendidikan Anak Usia Dini*. Yogyakarta: Pustaka Rihama.
- Suyono, Hayono et al. (2013). *POSYANDU: Membangun Keluarga Sejahtera Melalui Upaya Menurunkan Tingkat Kelahiran serta Kematian Ibu dan Bayi*. Jakarta: PT Citra Kharisma Bunda.
- Suyono, Hayono et al. (2015). *Pemetaan dan Pendataan dalam Pemberdayaan Masyarakat melalui POSDAYA (Pos Pemberdayaan) Masyarakat*. Jakarta: PT Citra Kharisma Bunda.
- UN [United Nations]. (1983). *Vienna International Plan of Action on Aging*. New York: United Nations. Available online also at: <http://www.un.org/en/events/elderabuse/pdf/vipaa.pdf> [accessed in Jakarta, Indonesia: 19 February 2016].
- UNDP [United Nations Development Programme]. (2010). *What will it Take to Achieve the Millennium Development Goals? An International Assessment*. New York: United Nations Development Programme.
- Wijayanti. (2008) "Hubungan Kondisi Fisik RTT Lansia terhadap Kondisi Sosial Lansia di RW 03 RT 05, Kelurahan Tegalsari, Kecamatan Candisari" in *Jurnal Ilmiah Perancangan Kota dan Permukiman*, 7(1), pp.38-49. Available online also at: <http://eprints.undip.ac.id/20145/> [accessed in Jakarta, Indonesia: 19 February 2016].