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ELDERLY POVERTY: SOCIAL DEMOGRAPHIC, WORK DISTRIBUTION, PROBLEM HEALTH & SOCIAL PROTECTION

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ABSTRACT

This study discusses about life problem complexity of poor elderly in terms of aspects of work and health in fulfilling their daily needs. The poor elderly in this study are considered as vulnerable groups whose life mostly depends on the productive age population and the government's social protection policy. This research was conducted by a literature study with survey assessment method (cross-sectional) to 262 poor elderly. The results of the study contain an analysis of socio-demographic aspects (age, marital status, education), work distribution, health problems and social protection (Health Care and Social Security Agency (BPJS Kesehatan), Non-Cash Food Assistance (BPNT), Program Keluarga Harapan (PKH) for poor elderly people.

Keywords: Elderly Poverty, Social Demographic, Health Problem, Work Distribution, Social Protection.

INTRODUCTION

Elderly is one of the risky life phases. The decreasing of work ability due to old age and the emergence of various health problems caused economic vulnerability that will lead to poverty. In Indonesia, the highest poverty rate is in the population age 65 years old and over. This is because 88% of Indonesia's elderly have no economic security/income (Stephen, Sri, & Dyah, 2017) and 50% of elderly people over 60 years suffer from chronic health problems with the increasing of seriousness together with the increasing of age (Moovenhan & Nivethitha, 2017).

At present, there are 25.66 million (9.60%) elderly population in the category 63.82% young-old (60-69 years), 27.68% middle-aged old (70-79 years) and 8.50% old-old (80 years and over). The majority of the elderly (52.80%) live in urban areas and some live in rural areas (47.20%). In Indonesia the number of elderly women is more 4.7% than elderly men (52.35% compared to 47.65%) (BPS, 2019).

In Makassar City the number of elderly is at 4.10% (61,926 people) with the distribution of 46.35% elderly men and 53.65% elderly women. The total number of poor elderly is 30,307 people (48.94% of the number of elderly in Makassar). The research focuses the study on poor elderly people in Pattingallosang Village with a total number is 262 elderly people.

The majority of poor elderly depends their livelihoods on productive population (15-59 years). This problem occurs as a result of functional, physiological and biochemical changes that reduce the ability of the elderly in carrying out their daily activities (Ramos Jimenez et al., 2009). Aging conditions are also considered as biological, psychological and social factors that have influenced one another (Aguilar & Macario, 2017).

Psychological factors affect the ability of cognition which leads to the expertise and memory of the elderly in their activities including work. Biological factors are associated with health

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3
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INTRODUCTION

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Elderly is one of the risky life phases. The decreasing of work ability due to old age and the emergence of various health problems caused economic vulnerability that will lead to poverty. In Indonesia, the highest poverty rate is in the population age 65 years old and over. This is because 85% of Indonesia's elderly have no economic security/income (Stephen, Sri, & Dyah, 2017) and 50% of elderly people over 60 years suffer from chronic health problems with the increasing of seriousness together with the increasing of age (Mooventhan & Nivethitha, 2017).

5
At present, there are 25.66 million (9.60%) elderly population in the category 63.82% young-old (60-69 years), 27.68% middle-aged old (70-79 years) and 8,50% old-old (80 years and over). The majority of the elderly (52.80%) live in urban areas and some live in rural areas (47.20%). In Indonesia the number of elderly women is more 4.7% than elderly men (52.35% compared to 47.65%) (BPS, 2019).

In Makassar City the number of elderly is at 4.10% (61,926 people) with the distribution of 46.35% elderly men and 53.65% elderly women. The total number of poor elderly is 30,307 people (48.94% of the number of elderly in Makassar). The research focuses the study on poor elderly people in Pattingalloang Village with a total number is 262 elderly people.

The majority of poor elderly depends their livelihoods on productive population (15-59 years). This problem occurs as a result of functional, physiological and biochemical changes that reduce the ability of the elderly in carrying out their daily activities (Ramos Jimenez et al., 2009). Aging conditions are also considered as biological, psychological and social factors that have influenced one another (Aguiar & Macário, 2017).

Psychological factors affect the ability of cognition which leads to the expertise and memory of the elderly in their activities including work. Biological factors are associated with health

problems and elderly diseases as a result of genetic adaptation functions (Aguilar & Macário, 2017). Social factors are related to the social role of the elderly which is adjusted to the expectations of the community towards the elderly (Xavier, 2004).

The problem complexity of elderly in Pattingalloang requires the presence of the government. The government is considered having a major role in providing protection for poor elderly people. Social protection is one of the direct responses in addressing poverty (Lowder et al., 2017). If it can be planned well and continuously, it is possible that social protection can provide a decent guarantee of life for the Pattingalloang poor elderly in the future.

This research will then be broken down into four main points consisting of: (1) socio-demographic, (2) work distribution, (3) health problems and (4) social protection for poor elderly people.

METHODS

This research was conducted with a qualitative approach to the literature review method. This method is carried out by searching for written summaries of journals, books and other data related to Pattingalloang poor elderly.

The data used consisted of quantitative data obtained from the integrated database survey data of the Makassar City Social Office in June 2019 period and qualitative data from interviews, observations, and focus group discussions in Pattingalloang.

The results of a survey were conducted with cross sectional techniques toward the poor people in Makassar City. The results of survey were processed by taking data from poor elderly of Pattingalloang as many as 262. The details are 161 young old (60-69 years old), 73 middle age old (70-79 years old) and 28 the old old (80 years and over).

RESULTS

The phenomenon of poor Pattingalloang elderly will be broken down into four major aspects namely: (1) socio-demographic consisting of: age, marital status, elderly education, (2) work distribution containing about the distribution of elderly work and the large number of elderly who do not work, (3) health problems consist of the distribution of diseases and the number of healthy elderly people, (4) social protection describes about health insurance, financial guarantee, and a guarantee of food needs of the elderly. Then the four aspects are described as follows:

Socio-demographic

In the demographic aspect, the elderly are divided into categories of age, marital status, and education. Research results related to this category are illustrated in table 1.

Age (years)

The elderly, known as late adulthood, are divided into three vulnerable people: young-old (60-69 years), middle aged old (70-79 years) and old old (80 years and over).

This age is considered as the last stage of the development of life and it is marked by a decrease that occurs in relation to aging, especially those related to sensory aspects, memory, degeneration of physical functions and organ systems, as well as social changes related to family relations, work, etc. (Von Humboldt & Leal, 2014).

In table 1 there are 42.75% elderly men and 57.25% elderly women. Where there are 61.45% young-old, 27.86% the middle-aged old and 10.69% the old-old. The data shows that in Pattingalloang, there are more elderly women than male elderly (150 compared to 112 people).

Table 1. Socio-demographic

	Male	Female	Total n=262
Age (years)			
60 – 69	72 (27,48)	89 (33,97)	161 (61,45)
70 – 79	30 (11,45)	43 (16,41)	73 (27,86)
80+	10 (3,82)	18 (6,87)	28 (10,69)
Marital status			
Single	7 (2,67)	11 (4,20)	18 (6,87)
Married	92 (35,11)	41 (15,65)	133 (50,76)
Separated	1 (0,38)	4 (1,53)	5 (1,91)
Widow/widower	12 (4,58)	94 (35,88)	106 (40,46)
Education			
Primary school	79 (30,15)	86 (32,82)	165 (62,98)
Secondary school	11 (4,20)	2 (0,76)	13 (4,96)
High School	5 (1,91)	0 (0,00)	5 (1,91)
No school (dropout)	17 (6,49)	62 (23,66)	79 (30,15)

Figures in parentheses are in percentages

Marital Status

Pattingalloang's elderly marital status consists of: 6.87% single, 50.76% married, 1.91% separated, and 40.46% widow / widower. This category is considered as one aspect that can affect the quality of life of the elderly in old age.

Some elderly divorced people in Pattingalloang have social problems that arise due to feelings of loneliness that lead to depression. In addition to being left dead, elderly people who have never been married often feel themselves ostracized and derided by neighbors who also lead to depression to death with the complexity of social problems.

Education

The highest education level of poor elderly in Pattingalloang consists of: elementary school 62.98%, junior high school 4.96%, high school 1.91% and no school (dropout) 30.15%. This figure is obtained from the ownership of the highest diploma owned by the elderly.

The living conditions of the elderly in the present are considered having a relationship with the impact of old people's education in the past. Education is one of the factors that has influenced the work, attitudes and behavior in the past, present, and future. Elderly mostly work out of the government sector so education is considered not a major requirement in finding work.

However in sociology, education should be able to form key psychological-social resources, such as a sense of personal control and social support. Education has influenced the psychology of the elderly and protected the health of the elderly, especially in relation to the management of stress and anxiety reduction and the mechanism of behavior of the Pattingalloang elderly.

Work Distribution

Table 2. Work Distribution

Job	Male	Female	Total n=262
Construction (building)	2 (0,7)	0 (0,00)	2 (3,44)
Trading	24 (9,16)	9 (3,44)	33 (6,49)
Transportation	6 (2,30)	0 (0,00)	6 (2,30)
Educational services	1 (0,38)	0 (0,00)	1 (1,53)
Scavengers	1 (0,38)	1 (0,38)	2 (1,53)
Catch fisheries	18 (6,87)	0 (0,00)	18 (6,87)
Processing industry	1 (0,38)	0 (0,00)	1 (0,38)
Other business	24 (9,16)	5 (1,91)	29 (11,06)
Individual Service	1 (0,38)	0 (0,00)	1 (0,38)

Note: Figures in parentheses are in percentages

Some Pattingalloang poor elderly in fulfilling their daily needs is done by working. The distribution of work carried out by Pattingalloang elderly is described in table 2. The results obtained, there are 35.50% of elderly people who are still working in their old age with the comparison of elderly men 29.77% and women 5.73%.

Most occupations are elderly, namely trading 6.49%, fishing (fishermen) 6.87%, and other businesses (craftsmen for wood, brick, etc.) 11.06%. There are still many elderly people who work mostly based on responsibility as head of the family (74.19%).

In addition there are other reasons underlying the elderly are still working including: physically and mentally they are still able and strong to work, the existence of economic pressure, and they still want to actualize themselves and emotions.

Nevertheless there are also Pattingalloang elderly who do not work with a percentage of 64.50%. Among the elderly who do not work, there are 49.70% status as head of the family.

Health Problem

Table 3 outlines various diseases experienced by several poor elderly people in Pattingalloang consisting of:

Table 3. Health Problem

Diseases	Male	Female	Total n=262
Chronic	5 (1,91)	4 (1,53)	9 (3,44)
Hypertension	3 (1,14)	14 (5,35)	17 (6,49)
Rheumatism	3 (1,14)	3 (1,14)	6 (2,30)
Heart	2 (0,76)	2 (0,76)	4 (1,53)
Stroke	3 (1,14)	0 (0,00)	3 (1,14)
Kidney and the like	2 (0,76)	2 (0,76)	4 (1,53)

Note: Figures in parentheses are in percentages

Pattingalloang poor elderly has a history of illness showing that the majority of elderly people are in healthy condition (83.59%). The rest (16.41%) had a type of disease consisting of: chronic disease 3.44%, hypertension 6.49%, rheumatism 2.30%, heart 1.53%, stroke 1.14%, and kidney disorders and its same type 1.53%

As for several factors that affect the health of the elderly, they are: the decrease of physical condition, the decrease of sexual function and potency, the changing in psychosocial aspects,

the changing in status and ability to work, the changing in social roles in community, and the decrease of physical condition of the elderly.

Social Protection

Table 4 outlines the number of poor elderly people in Pattingalloang who receive social protection from the central and regional governments.

Table 4. Social Protection

Program	Male	Female	Total n=262
BPNT	2 (0,76)	20 (7,63)	22 (8,39)
BPJS Kesehatan	109 (41,60)	143 (54,58)	252 (96,18)
PKH	0 (0,00)	12 (4,58)	12 (4,58)

Note: Figures in parentheses are in percentages

There are 8.39% of poor elderly people getting BPNT (Bantuan Pangan Non Tunai) program with the aim to reduce the expenditure burden of poor and vulnerable families in meeting their food needs.

Furthermore, 96.18% of the elderly was recorded as beneficiaries of health insurance contribution assistance (BPJS). The BPJS program is a social security in the health sector that functions as a guarantor for elderly health care and protection in meeting the basic health needs of the poor elderly.

For the Program Keluarga Harapan (PKH) there are only 4.58% of elderly recipients. The PKH program is given in order to reduce poverty, improve the quality of human resources, and change behavior that is less supportive of improving the welfare of the poor.

The three programs above aim to meet the basic needs of a decent life as a consequence of reduced income of the elderly due to illness, loss of work (retirement), and the absence of old age insurance for poor elderly people in Pattingalloang

DISCUSSION

In general, getting old is an inevitable must for Pattingalloang elderly. Countries with densely populated populations, including Indonesia, have faced an increase in the population of old people (Paskaleva & Tufkova, 2017). This is related to the increase of life expectancy due to the development of modern life and medicine (Balev. I, 2015).

In the health aspect, pattingalloang elderly have a good level of health (83.59%). Nevertheless there are still 16.41% of the elderly who have permanent disease. In a biological view, the health condition of poor elderly is associated with stochastic and non-stochastic terms (Mota et al., 2004).

Stochastically, Pattingalloang elderly are faced with the aging process that affects the function of organs so that it appears several diseases such as: chronic, hypertension, rheumatism, heart disease, stroke, kidney, and others. While non-stochastically, health of Pattingalloang elderly is influenced by environmental factors. The environment is one of the factors that causes depression. Depression is considered as a result of the lack of involvement of the elderly in social activities, meetings, and discussions of situations in political / social importance, lack of family support, no kinship network, chronic medical disorders, and problems related to sleep (Cong et al., 2015).

Pattingalloang poor elderly (96.17%) has received social guarantee protection in the form of BPJS Health. This guarantee ensures basic health needs for the elderly and their families. BPJS in Indonesia covers health insurance, work accident, old age insurance, pensions and

death benefits (Rolindrawan, 2015). The guarantee received by the community is mostly only on health insurance. Nevertheless there are still 4.58% of elderly who do not have social security due to administrative problems. Elderly who do not get health protection still receive the attention of the government and the government is still responsible even with a slightly complicated procedure.

In the aspect of work, about 64.50% of elderly do not have work due to physiological problems. Physiological aging is a series of changes in organ and mental functions in organisms that cause the decrease of capacity to maintain normal organ function (Trevisan et al., 2019). This condition is mostly faced by women (51.52%) and the rest are men (12.98%).

Pattingalloang poor elderly who are still working (35.50%) do their routine due to reasons: physically and mentally they are still able and strong to work, economic pressure, and they still want to actualize themselves and emotions (Affandi, 2009). Self-actualization is very important for the elderly from both psychological and cognitive aspects. The elderly who maintain social networks and social involvement are considered to be able to help the elderly in cognitive enrichment which leads to a positive effect on the level of effectiveness especially related to cognitive function in old age (Abrizio, 2014). The ability to work decreases with age and the level of disability increases sharply (Stephen, Sri, & Dyah, 2017). 4 out of 10 elderly Indonesians aged over 70 years old experience one type of disability that results in elderly independent income (Adioetomo, et al 2014).

The phenomenon above shows that 65% of the population aged 60 years and over has a high level of dependency on their adult children to finance their needs (Stephen, Sri, & Dyah, 2017). The high dependency ratio and the economic conditions of the elderly along with poor families make the government become the responsible part for this problem. Social protection programs, when designed, it is properly targeted so that they can help fill the lack of income and consumption of poor household (Lowder et al., 2017). The social protection that the government provides is called Bantuan Pangan Non Tunai (BPNT) (Junaidi, M, et al 2017). This food aid is only for families who live below the poverty line (Siregar & Asmara, 2019).

The BPNT program has been given to 8.39% of Pattingalloang elderly and the remaining 91.61% still do not get it. The program aims to reduce the expenditure burden of beneficiaries by fulfilling some food needs and providing balance nutrition (Junaidi et al., 2017). The distribution of this program assistance is carried out with a direct cash transfer system that can accelerate the process of distributing assistance to Pattingalloang poor elderly. This method is carried out to protect and prevent individuals/households affected by economic shocks, increase human assets, productive and financial assets as well as reduce poverty and social and economic exclusion (Barrientos et al., 2014)

Besides BPNT, the Government also provides Program Keluarga Harapan (PKH) to Pattingalloang poor elderly (4.58%) with the main goal to reduce poverty. This program is provided in the form of cash transfers that can help recipients (elderly) improve their lives (consumption and microenterprise) (Kharisma, 2008)

PKH is also intended for other components such as: pregnant women, school children, and severe disability. These all are conducted by the government to reduce nutrition problems in infants and toddlers through integrated programs with the health sector (Aries et al., 2012). PKH touches all levels of society in preparing and improving the quality of life of the next generation in order to get out of the poverty chain (Kharisma, 2008).

CONCLUSION

Most elderly cannot meet their needs independently. This problem is the responsibility of the government. In the aspect of health the government has contributed very well in protecting the health insurance of poor elderly. For economic aspects, the government has not yet prioritized the elderly in securing income and daily food needs. In the future the government is expected to expand the scope of its policy recipients so that poor elderly people can live with the certainty of economic security, food and health needs in a complete and sustainable manner.

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