

Successful Aging Development Model for the Elderly in Facing Demographic Bonus in Indonesia

Martin Kustati^{1*)}, Duski Samad²⁾, Hallen Abubakar³⁾, Muhammad Kosim⁴⁾, Jumanidar⁵⁾, Wisnu Fadila⁶⁾, David D. Perrodin⁷⁾

E-mail: martinkustati@uinib.ac.id^{1*)}, duskisamad60@gmail.com, hallenabubakar@gmail.com, muhammadkosim@uinib.ac.id, jumanidar@uinib.ac.id, drg.mediq@gmail.com, daviddperrodin@gmail.com

^{1*,2,3,4,5)}Universitas Islam Negeri Imam Bonjol Padang, Indonesia

⁶⁾BKKBN Jakarta, Indonesia

⁷⁾Eastern Asia University, Thailand

^{1*)} Corresponding Author

Abstract: This study aims to identify the characteristics and needs of the elderly, their families, and the Elderly Care Communities. The type of study is research and development with the three stages of the research proposed by Plomp (2013). To obtain data about the characteristics and needs of the elderly by using questionnaire data collection techniques and interviews with the elderly and the families of the elderly members and Elderly Care Communities. The product of this study consists of three guidebooks for the Elderly, Their Families, and Elderly Care Communities. The findings illustrate that the elderly in Minangkabau are addressed as respective elders and are in respected positions within Minangkabau society from a physical, social, economic, and spiritual perspective. In general, the physical condition of the Minangkabau elderly is relatively healthy and robust. Minangkabau people are not physical labors, many of whom are entrepreneurs, tailor, merchants, and culinary cooks. This condition provided some impacts on the social-economic conditions of Minangkabau elderly. Minangkabau elderly are generally active in religious activities in Surau. Based on the analysis of the observations and interviews with the elderly, the elderly families, and the Elderly Care Communities, it was found that not all elderly were able to prepare themselves to reach successful retirement. The families are unable to provide the optimum support to the elderly in achieving successful aging, and the Elderly Care Communities based in *Surau*, *Majlis Taklim*, and the Nursing Homes are also unable to create the conditions to support successful aging for the elderly. Elderly need information related to the techniques to achieve successful aging from the perspective of physical care, social-economic development, emotional management, and spiritual formation, in addition to family and community support. Therefore, the families and the Elderly Care Communities also need the information to support the elderly to minimize the burden on the families, the communities, and the countries. Hence, the study has developed and produced the guidebook for the elderly, their families, and the elderly care communities on the successful aging model for the elderly in facing demographic bonuses.

Keywords: Elderly; successful aging; demographic bonus; family

INTRODUCTION

The number of older adults has increased rapidly. Data from the US Census Bureau estimates that Indonesia, among other countries in the world, will have the most substantial increase of older adults of 41.4% from 1990-2025 (Gunarsa, 2004; Maryam, 2008; Suardiman, 2011). In detail, Indonesia as a developing country has a large proportion of elderly population that has significantly increased over the past 30 years from a population of 5.3 million (4.48% of the total population of Indonesia) in 1971, to 19.3 million (8.37%) in 2009 (Lansia, 2010; Statistik, 2018). Data from the Coordinating Minister for People's Welfare; Efendi, 2009) stated that the number of elderly people in 2006 was approximately 19 million (8.9%), in 2010 were 23.9 million (9.77%), whereas in 2020, it is predicted that the number of elderly people will be 28.8 million (11.34%) of the total population of Indonesia. It is predicted that Indonesia will obtain the most substantial numbers in the elderly population within the upcoming decades.

This situation is supported by the data from *SUSENAS* (National Socio-Economic Survey) 2015 and *SAKERNAS* (National Labour Force Survey) 2015, who stated that the number of elderly (60+) people in Indonesia was 21.7 million or 8.5% of the total population of Indonesia (He, Goodkind, & Kowal, 2016; He et al., 2016; Walker & Aspalter, 2014). It is estimated that the population of the elderly will rapidly grow to 23% of the total population by 2050. The population of rapidly growing older adults over the age of 80 is the fastest share of the population to develop. The World Health Organization (WHO) sets the age of 60s as an age that shows a continuous aging process. Someone is addressed as an elderly once they reach the age of 60 (Santoso &

Ismail, 2009). The mature can be grouped into middle age for people from 45 to 59, elderly from 60 to 74, aged from 75 to 89, and very old at 90+.

In West Sumatra, the elderly population is 258.396 individuals (8.99%) of the total population of 5.259.528. 54% of the elderly population are women since the life expectancy of women is longer than the life expectancy of men. While the dependency ratio of the population of West Sumatra is 55.33 %, it means that 100 productive age residents bear around 55 unproductive people (Profile Book of Gender and Children of West Sumatra 2016). According to the Deputy for Protection of Women's Rights at the Indonesian Ministry of Women's Empowerment and Protection of Children, older women in Indonesia have the potential to experience double discrimination both because of their status as elderly and women. Even SUSENAS 2014 statistics show that 59.12% of the elderly population in Indonesia are classified as indigent.

The problems faced by older adults are very typical. The social changes that must be faced by the elderly in particular have the potential to be the source of their stress because the stigma of aging is related to the weaknesses, helplessness, and the emergence of various diseases. The elderly phase is often interpreted as a phase of decline, especially in the physical and psychological functions. Older adults experience various decreases in physical condition and psychological problems because of their old age. Here, an elder must not only maintain one physical health but also the mental condition to deal with the changes (Alpass & Neville, 2003; Bowling, 2008; Drewnowski et al., 2003; Franco et al., 2015; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010) Most people assume that elderly can only stay at home, enjoying their days by just relaxing and doing nothing. Also, some elderly assumed that the old ages come with an attitude of despair, passivity, weaknesses, and dependency on the relatives. This condition brings the elderly to be less active in developing themselves and faces the consequences as the elderly are more quickly experienced setbacks in both physically and mentally.

This point of view does not mean that an elderly group is a homogeneous group of people (Furlaneto & Garcez-Leme, 2007; Rudinger, 2002; Vuori & Holmlund-Rytkönen, 2005) because on the other hand there are some phenomena found where the elderly can be productive. Thus, it is not surprising that there are still many older adults in Indonesia who are still working and have the willingness and the ability to work. A large number of older adults who are still working on one side can show that the elderly are still consider as an active part of the labor market and are considered as independent residents. On the other hand, this condition can be a problem if they are not re properly considered of their age and their health situation. This condition shows that, in general, the elderly in Indonesia are still able to carry out various activities and still have many roles in their family and community. However, some experience despair and must stay at home or in nursing homes with various conditions of helplessness.

Successful aging or having a prosperous old age is certainly a dream for the elderly. However, old age remains as a part of the individual's life span and just like the previous phases, the well-being in the old age is also a dream for those who undergo this period (Helliwell, 2003; Kahneman & Krueger, 2006; Keyes, Shmotkin, & Ryff, 2002; Myers, 2000; Ryan & Deci, 2001). Having the happy old age is synonymous with the readiness to accept all changes in almost every aspect in social life since the people in this phase have to experience significant changes (Giddens, 2013; Kahn, 2002; Rothman, 2017; Strawbridge, Wallhagen, & Cohen, 2002). Many older adults can stay optimal in social fields and be prosperous; in other words, they have become the elderly who achieve social welfare. The term welfare, in this phase, is very much influenced by how the elderly as an individual can adjust the situation and circumstances around them. Depp & Jeste (2009), Phelan, Anderson, Lacroix, & Larson (2004) defined successful aging as a picture of someone free from any physical limitations, be cognitive, and socially healthy. However, the attention to the determinants of successful aging that are not controlled can affect successful aging significantly.

The other experts (Bowling, 2008, 2008; Depp & Jeste, 2009; Phelan et al., 2004; Strawbridge et al., 2002) say that successful aging is defined as a complete or perfect condition physically, mentally and in social well-being. Specifically, they say that successful aging includes four aspects in health and social indicators i.e. physical function, cognitive function, personality function, and the existence of social support from the family and the environment. Phelan et al. (2004) said that successful aging is a condition that has no disease. It means that it is a state of physically healthy, financially safe, productive, independent, the ability to think optimistically and positively, and still proactive in society. It also means the ability to support social and psychological needs. In more fundamental terms, it can be said that successful aging is a condition that is in a balance between environmental, emotional, spiritual, social, physical, psychological, and cultural aspects. Successful aging is the

condition of the elderly who are prevented from various diseases and still be proactive in life and keep maintaining their physical and cognitive functions. Here, the elderly are able to work actively, especially in the informal sector (productive aging), having various spiritual and social experiences (conscious aging) and can optimize the opportunities and be parts of health and welfare programs that aim to improve the quality of life of the active aging. The Mac Arthur Foundation Research Network on the USA has identified three main components in successful aging, i.e., by avoiding diseases that hinder one's abilities from being independent; by maintaining high physical and psychological functions; and be proactive in social life and productive activities (paid or not) that create social values. Successful elderly tend to have social support, both emotionally and materially, that can help their mental health in excellent condition. As long as they are proactive and productive, they could avoid the feeling of being old and useless (Apeosa-Varano, Barker, & Hinton, 2015; Craciun, 2012; Eliopoulos, 2013; Freeman & Coast, 2014; Sennett, 2007; Sousa & Figueiredo, 2002).

According to the explanations by the experts above, it can be concluded that successful aging can be interpreted as a functional condition of the elderly in the maximum or optimal condition, which is prevented from various diseases and has high cognitive functions that allow the elderly to enjoy the meaningful old age, in happiness, useful, and in quality yet still have proactive roles in social activities. Many factors had influenced the successful aging includes optimism. Older adults who are optimist will live their lives in old age in full motivation, enthusiasm, and lack of inferiority.

To prepare the elderly for achieving successful aging, the supports from various parties are needed, especially the factors that will support the achievement of successful aging. In demographic bonuses, especially, Indonesia is predicted to face a demographic bonus in 2020-2030. The number of labor forces (ages 15-64) in 2020-2030 will reach 70%, while 30% of the labor forces will be non-productive (under 15 years old and over 65 years old). This demographic bonus could be an opportunity for Indonesia to promote the prosperity of the nation if the productive age population has the quality of resources that can support and contribute to the development of the country to let Indonesia be equal with the other countries. Here, Indonesia needs to prepare the independent elderly who are not the burden of the family and society. Also, Indonesia needs to develop productive elderly who can work without being a burden on society, the independent ones, and the ones who are not easily depressed by the old ages.

West Sumatrans people, who are dominated by Minangkabau people, adhere to the matrilineal system and live in an extended family kinship system. The ideal culture of social security for the elderly, especially women, in Minangkabau is in the form of concentric circles focused on the inner circle of the family. Older adults in Minangkabau have essential and respectable positions and roles in society because they are expected to have still the ability to do numerous things for their families and communities, e.g., as the counselors and advisers for living experiences. The position and role of the elderly in Minangkabau are depicted in the traditional proverb "*...kusuik nan ka manyalasaikan, karuah nan ka manjaniahkan, pusek jalo pumpunan ikan, tampek batanyo anak kamanakan, kok pai tampeh batanyo, kok pulang tampek babarito, tampek balinduang kapanasan, tampek bataduah ka hujan, tampek mangadu sasak sampik*" (Indrizal, 2004). By looking at the problems above, it is interesting to examine the characteristics, and the needs of the elderly in Indonesia, especially in West Sumatra, in order to develop a model in achieving successful aging is facing demographic bonuses.

METHODS

This type of study is research and development. The procedure of this development research refers to the development model of Plomp, i.e., the preliminary phase of research, development or prototyping phase, and assessment phase. The study sample was 44 older adults aged 60 or over, families with elderly members, and the Elderly Care Society. The study was conducted for six months. The primary data of this study were obtained from the instrument validation sheet, observation, interviews, Focus Group Discussion, and questionnaires developed by the research team. Data analysis is in the form of descriptive analysis by revising 3 Modules based on input and notes from the validators. The product of this research in the form of the Development of the Elderly Development Model towards Successful aging will be considered as qualified if it meets the aspects of validity, practicality, and effectiveness (Nieveen & Folmer, 2013).

RESULTS

The Characteristics of Elderly in Minangkabau

1. Physical Characteristics

Older adults in Minangkabau, just like the elderly in general, are physically impaired. However, many older adults in Minangkabau remain strong and exist in various activities. They are still active in trading and in various social activities, including being the worshipers at mosques or surau. This situation proves that many elders in Minangkabau are physically healthy and robust that they can conduct various activities.

Their activities influence the condition where the physical condition of the elderly in Minangkabau is relatively healthy and robust in their young and middle age. In general, Minangkabau people are not physical workers that involved lots of physical strength. Minangkabau people are famous for being entrepreneurs, traders, craftsmen (embroidering, culinary cooking, sewing), farmers, and office workers. Most of those professions do not require a large amount of energy. Here, their physical condition would be kept and maintained healthy, and it would bring some physical impacts when they are older and in the elderly phase.

2. Economical Characteristics

Economically, there are still many older adults who work and paid. If they are traders or entrepreneurs, they are still actively running their businesses, which are assisted by their families. As farmers, some still control the management of the rice fields they own. While the older women, many also continue their work in weaving, e.g., by the older woman in Padang Pariaman. However, various businesses that are still practiced by the elderly are generally assisted by younger people or adults, either as partners or as workers.

Here, the family and the relatives need to support the elderly to work in various businesses, so they do not become a burden but filled the role of what Minangkabau called “pamenan” [fun activities for the elders]. On the other hand, workers who assist the elderly are usually their own families: children or younger relatives. In this case, there is a process of “regeneration” or associating the children to master the business in “the art of trading” from the elders to encourage the youngsters to open their businesses. The elderly would act as the “mentor” for the younger family members.

For the elderly who are no longer involved in economic activities, usually, their children or family members would take care of their needs. This condition is in line with the Minangkabau culture that has strong ties in the family. However, for the elderly who live with their economically deprived children and families, this phase will lead them to experience numerous economic problems. Even though the needs of the elders are not as many as the adults, still elderly have needs and living expenses, e.g., foods, garments, shelters, and medication to maintain their health or to treat their illnesses.

3. Socio-Cultural Characteristics

In the Minangkabau tradition, the elderly have a critical role. In socio-cultural terms, there are at least six roles of the elderly in society. They are the head of family, *Mamak Kapalo Warih* (the oldest mother’s brother), Mamak or Penghulu Kaum (society leader), *Tuo Kampung* (the leader of a village), *Urang nan Ampek Jinih* (Four Kinds of People), *Bundo Kanduang* (mother).

4. Spiritual Characteristics

The elderly phase is a period of religious maturity. The elderly usually are more reliable and faithful to the religion. This condition usually leads the elderly to have tendencies in worshiping and doing religious rituals. Also, the elderly in Minangkabau are known to be diligent and active in doing worships in Surau (mosques or mushalla). In response, the spiritual needs of their diversity can be fulfilled well includes the habit of conducting obligatory prayers in congregation, majlis ta’lim, tadarus Alquran.

The Analysis of the Elderly Needs

Physical Needs

The physical needs of the elderly are related to the physical changes that occur in the elderly phase include:

1) Organic and Systemic Changes

The cellular and systemic changes in the elderly phase may vary considerably both within oneself and concerning the other individuals. Some of the body systems may drop sharply, while the others remain unchanging. The aging process, along with chronic stress, may suppress the body’s immune function and tend to make the elderly to be more vulnerable to get flu, pneumonia, and other respiratory infections. In this phase, the elderly would find it difficult to avoid them. On the other hand, the digestive system would still relatively efficient. However, some may experience serious changes, e.g., those who fight the heart diseases:

the rhythm tends to be slower and more regular, the fat accumulated around the heart would interfere with its function, and blood pressure would often increase.

2) Brain Aging

In normal and healthy elderly, the changes in the brain are usually low, and it only makes a little difference. Changes in the brain vary significantly from one individual to another. Some brain structures include the cerebral cortex, shrink faster in men than women. The cortical decline also occurs most quickly in people who lack education. It has been stated that education or such as (high inclusion or decrease in the possibility of disability) can improve brain reserve ability and its ability to tolerate the potential effects of aging injuries. Aerobic exercise can also slow the loss of the brain layer. Along with the loss of parts of the brain, the slowing down of the sexual response usually starts in middle age. The decreasing of the central nervous system affects not only physical coordination but also cognitive function.

3) Sensory dan Psicomotoric Functions

When some elderly meet a sharp decline in their sensory and psychomotor functions, others might find their daily lives unchanged. Vision and hearing problems can exclude them from social relations and independent activities, plus motor damage would define their daily activities.

Vision. Many older adults have difficulty seeing colors or doing daily activities, e.g., reading, sewing, shopping, and cooking. Cataracts, and age-related macular degeneration causes most vision damage when the retinal nucleus gradually loses the ability to distinguish fine detail. Macular degeneration is a significant cause of permanent eye damage for the elderly. Glaucoma is permanent damage to the optic nerve caused by increased pressure on the eyes, which, if left untreated, would cause blindness.

Hearing. Forty percent of the elderly suffer from hearing loss, often due to presbycusis, a decrease in the ability to listen to high-pitched sounds that are age-related. Presbycusis is a state that makes the patient find it challenging to hear what other people say. Other causes of hearing loss are severe or chronic exposure to high sounds, smoking, middle ear infections, and prolonged exposure to certain chemicals.

Taste and Smell. The loss of these two senses is a normal part of aging, but it is also caused by various types of diseases and drugs, by surgery, or exposure to toxic materials in the environment.

When the elderly complain that their food does not have any taste, it probably because their tongue cannot fully taste every flavor any longer or because the recipient's taste is not working correctly. This is also caused by the olfactory bulb, the brain organ responsible for the smell.

Strength, Endurance, Balance, and Reaction Time. Older adults have far less strength than they ever have had and become more limited if they are doing activities that require endurance or, e.g., to carry heavy loads.

The changes mentioned above have also been explained in the Qur'an in Ar-Rum [30]:54). With these changes, various things must be understood by the elderly and also their environment. As expressed by Ms. Dahniar, "*ndak talok di badan ko untuk pai sorang lai doh, harus ado anak yang mangawani, kalau ndak takuik wak tajatuah beko. Kalau pai bajalan wak pakai kursi roda, anaklah yang mandorongan kursi roda ko* (I am not that strong anymore, and cannot be alone. Wherever I go, my children must accompany me. Without them, I am afraid that I will fall. When I go around, I use a wheelchair. They direct me)." (interview, September 5, 2018). This condition shows the physical deterioration of the elderly is on a phase where they need other people to assist them, especially ones from their families.

The condition above is in line with what was conveyed by Suarni's mother "I am no longer able to do heavy work, at least I can only help them by hanging the clothes dry, or taking care of the grass on the lawn. I can almost do everything myself when I was young, but now I am not strong enough, it probably because I am getting old" (interview, 7 September 2018).

The physical disability of the elderly should also be understood by the whole family, so that there are no problems in the family, between children and parents or between grandchildren and grandparents. As stated by Reni, a grandchild of an elderly, "*Kalaulah nenek yang karajo, tapaso duo kali wak bakarajo, karano yang beliau karajoan itu ndak sasuai*" (Once grandmother did something, we have to redo it all over again because she is doing it wrong)." (interview, 7 September 2018). Here, the elderly are probably doing things in an inappropriate way and not doing things accordingly.

Socio-economical Needs

In late adulthood, social support can still reduce stress, and it would increase physical health and psychological well-being. It means that that social support will increase human's lifespan (Graham, Christian, &

Kiecolt-Glaser, 2006; Kelly, Day, & Streissguth, 2000; Lupien, McEwen, Gunnar, & Heim, 2009; Sterelny, 2007; Uchino, 2006; Willcox, Willcox, Todoriki, Curb, & Suzuki, 2006). Usually, the elderly receive informal assistance in doing daily tasks from their family members, especially from their spouses, children, and siblings. Other than these people, friends, and relatives may take on this role.

As previously explained from the physical point of view, the elderly need other people to assist them. In a social aspect, the elderly still need their friends or other people. By gathering with their family, the life of the elderly will be more valuable. The elderly will feel that their family still needs them. Rita, a daughter of an elder, stated that “It is important for my mother to have friends at home. If she has friends, she will be happier”.

The elderly need friends to share their thought since they need to be taken care of, and it will make them happier in their elderly phase. Edi, the son of an elder named Suarni stated, “*Amak* (my mother) needs and likes to tell stories with her children and grandchildren even though if it is only through cellphones. If the children did not call her, she would call them (interview, September 8, 2018).

Emotional Needs

The emotional needs of the elderly are the need to get the attention of their children, as expressed by Ms. Dahniar, “*I feel at ease now because all of my children are very concerned about me. If I need something, I can call them, and they will give it to me*” (Interview, September 5, 2018). Evi, her daughter, also stated, “If Mother does not have the appetite, I will ask her to come to my house to build her appetite, and it works. Sometimes my sister would come to our house to make sure that mother would eat properly” (interview, September 5, 2018). Those conditions are in accordance with Seeman, Lusignolo, Albert, & Berkman's (2001) explanation related to Emotional/Social Development.

Spiritual Needs

Older adults need facilities and infrastructure to be able to do their daily worships in order to achieve their developmental duties. In Minangkabau, the spirituality side of the elderly is seen by religious groups, e.g., the 40-day prayer group, the majelis ta’lim group. As stated by Ms. Ras, “*I feel more pleased in the Surau, because I have my freedom to do the worship and my time is indeed spent on worship. I do not have enough time at home; there are many things to interfere with my devotional worship*” (Interview, 15 November 2018).

Family Needs

The elderly phase is often interpreted as a period of decline, especially in physical and psychological functions. Besides, the cause of physical deterioration is the changes of the body cells not because of any specific disease but because of the aging process. The deterioration can also have psychological causes. Dissatisfaction with oneself, other people, working conditions, and livelihood, in general, can lead to aging because there are changes in the brain layer. As a result, physical and mental decrease may be the cause of the death threat.

The elderly phase may also be accompanied by various diseases that attack and undermine the lives of the elderly, even though not all older adults are sick. However, most of the elderly are susceptible to certain diseases due to the condition of their organs that are no longer immune to various diseases. The other problems arise from, such as socio-economic and economic aspects, e.g., retirement from works, productivity decreases, and the automatic decreasing income. These might be the causes of the elderly to be more dependent on the other: children, family, and relatives.

Social deterioration is characterized by the loss of specific positions in the organization or society that placed themselves as the ones with respectable status, respected, influenced, and heard. Even though they experience setbacks in some aspects of their lives, it does not mean that the elderly cannot enjoy their lives. The elderly certainly has the potential to fill their days with many useful things and entertaining. Many older adults still have the potential, energy, and enthusiasm in life. Some figures reached the peak of their achievements in their careers precisely in their elderly phase, e.g., politicians, scientists, lecturers, business people, scholars, artists. All potential possessed by the elderly can be maintained, cared for, and even actualized to achieve the optimal quality of life in their elderly phase.

Physical Condition

With the decline of the physical aspects of the elderly, there is some information needed by the family, e.g., Kiki stated that “Sometimes I am confused with mother’s attitude. It seems like Mother does not want me to tell her to stop working. She always works. Sometimes what she only leads us to do the job all over again. It is okay

if she does not do it; we, her children, would gladly do it for her" (Interview, September 9th, 2018). This condition has happened because the family did not understand the changes in the elderly. There are physically decreased in the elderly's abilities, and there is also the desire to do the activities. Here, they always wanted work even though what they do is the opposite. This is part of the elderly phase.

Dalton et al., (2011), Demirbilek & Demirkan (2004), Gill et al., (2002) explained that there are some physical developments in the elderly phase: 1) the weakening performances of the autonomic nervous system which disrupts the level of tolerance to the extreme heat and cold; 2) Continuing vision loss followed by the increase of the sensitivity to glare and disruption of color differentiation, the ability to see in the dark, depth perception, and visual acuity; hearing loss occurs throughout numerous frequency range; 4) loss of sensitivity to taste and smell may weaken; 5) the decrease in touching sensitivity on both hands especially on the fingers tips; 6) the decreased in cardiac and respiratory function triggered by higher physical stress during the exercise; and 7) the decrease of the immune system due to the aging and the increases of the risk for various diseases, including infectious, heart disease, certain forms of cancer, and some disorders of autism as follows: 1) sleep disorders, especially in men; 2) hair keeps turning white and thinning, the skin gets wrinkled and more transparent because losing the fat pad and the aging spots increases; 3) height and weight decrease due to the reduced of fat mass; 4) the reduced of the bone mass would trigger the osteoporosis; 5) the decreases of the intensity of sexual response and decreased sexual activity, although most healthy married couples claim to continue to enjoy sexual relations as usual.

Socio-Economical Conditions of the Elderly

As a result of physical changes that are increasingly aging, the changes in socio-economical conditions will significantly affect the role and relationship individually and within the environment. In the elderly phase, an elder will gradually begin to break away from social life due to various limitations. This situation has caused a decreased in social interaction both in quality and quantity. The result is the loss in various ways, e.g., the role in society, barriers to physical contact, and reduced commitment.

According to Seeman et al., (2001), psychosocial development in late adulthood is characterized by three critical symptoms, i.e., intimacy, generative, and integrity. There are some pressures that make these elderly withdraw themselves from social involvement: when retirement arrives and the environment changes; elderly may escape the roles and the activities; the physical illnesses, physical decreased, and mental abilities are making them overthink about their excessive situation; younger people around them tend to move away from them; and as dying age approaches people to want to be like throwing away all the things that are no longer useful for him.

Emotional Conditions

The elderly family needs to understand the needs of the elderly related to their emotional condition includes the information about the emotional development, "It is difficult to face my parents, they get offended easily and be angry without cause" (interview, September 10th, 2018). This condition is in accordance with the emotional development of the elderly delivered by respondent 1 that making peace in life so that the ego will be developed integrity, complexity decreasing the cognitive-affective with weakening information processing skills, feeling optimization, the ability to maximize positive emotions and minimize negative emotions, the increase of the possibility of making memories and life review but continue to look for ways to achieve self-satisfaction, the strengthens of one's self-concept, becomes more secure and sophisticated, the willingness to yield and accept change increases, while extroversion and openness to experience decreases slightly, the spirituality and the faith may rise at a higher level, away from established beliefs toward a more reflective approach, negative perceptions of physical health can trigger depression, social network size and the level of social interaction decrease, the selection of social partners is based on anticipation of feelings, including seeking relationships fun and avoiding unpleasant, marriage satisfaction increases, and reaches its peak in late adulthood, possible widow, your closeness and mutual support can increase, the number of friends generally decreases, can be great grandparents, maybe retirement, the possibility of increasing involvement in recreational activities and volunteering, and more likely knowledge about politics and to vote.

Spiritual Conditions

In his Islamic psychology book, Jalaluddin (2007) writes some characteristics of human diversity in the elderly phase in general. First, life diversity in the elderly phase has reached a level of stability, increasing the emergence of more realistic recognition of the reality of the afterlife, the attitude diversity tends to lead to the

need for mutual love among fellow human beings, as well as noble traits, an increasing tendency to accept religious opinions, a fear of death arises in line with aging, and this fear of death has an impact on increasing the formation of attitudes and beliefs towards eternal life (hereafter). With the spiritual development explained above, families need to understand and provide support to the elderly to carry out these development tasks. Families need to understand the elderly to achieve these religious developments.

DISCUSSIONS

It is predicted that Indonesia will experience to have demographic bonus from 2030 to 2040. In that span of years, the population of productive age (aged 15-64 years) is greater than the population of non-productive age (under 15 years old and above 64 years). Productive age population is predicted to reach 64 percent of the total projected population of 297 million people (Septiani, Wibawa, and Situmorang 2020). After that period, Indonesia will have a larger elderly population. By 2040, the number of elderly people in Asia will exceed the total population of Europeans and North Americans

In the Asian region, several countries such as Hong Kong, South Korea, Singapore, and Japan experienced with the fastest aging. South Korea becomes the fastest aging country in the world. In Asia, China and Thailand will become the highest demographic bonus countries around 2035-2040. It will be, then, followed by Malaysia in 2045. Meanwhile, India, Indonesia, and the Philippines will face explosion of the elderly population around 2050 (Heller 2006). Therefore, it is necessary to prepare healthy elderly, not only physically, but also psychologically. The study conducted by Marleni, Fitlayeni, and Putra (2020), Rahman (2016), Kurniawati, Armiati, and Rahmidani (2014) found that the elderly in Minangkabau had a respectable position. Generally the Minangkabau people are not manual laborers, but majority of them are traders, culinary cooks, tailors, and other entrepreneurial professions. Therefore, they are relatively healthier physically in their elderly. Because the work they do when they are young or pre-elderly did not require extra energy.

Successful Aging in the elderly is also greatly influenced by their psychological condition. If the elderly feel anxious, stress, inattentive, and feel unlucky, it will make their life is meaningless. They, then, do not find Successful Aging (Depp, Vahia, and Jeste 2010; Knight and Ricciardelli 2003). In this case, the role of religion is needed to guide the personality of the elderly in order to find calm, peace and mental health. Al-Kandari (2011) emphasized that one's level of religiosity had a positive impact on health among the elderly. It is also proved by the research of Mohammad Reza Miri et al. (2016) that there is a significant relationship between religious orientation and mental health in the elderly.

This is also experienced by the elderly in Minangkabau. Minangkabau people have the philosophy of *Adat Basandi Syarak, Syarak Basandi Kitabullah* (Natsir and Hufad 2019; Rozi 2017; Fauzi and Kumalasari 2020). With this philosophy, they embrace the teachings of Islam. The traditional educational institution that is developing down is Surau. Minangkabau people always go to the mosque from children to the elderly. In Surau, they carry out worship, *dhikr*, and learn Islam. While the elderly who are diligent to go to *Surau*, do worship and listen to religious studies, they will feel peace and healthy. Thus, Socializing among the elderly is important in realizing successful aging (Knight and Ricciardelli 2003; Reichstadt et al. 2010). Therefore, it is important to prepare the elderly emotionally, mentally and spiritually, and the financial availability for their lives (Dewi and Rumawas 2018). A religious approach to worship and increase knowledge according to the needs of elderly must be given. In addition, the assistance from the family is needed so that the basic needs of the elderly can be fulfilled properly. Then this research module is expected to be a guide for families to care for the elderly so they find successful aging. That way, the existence of the elderly does not become a burden in the era of demographic bonus.

CONCLUSIONS AND RECOMMENDATIONS

The older adults in Minangkabau are addressed as respectful people who have essential positions in the Minangkabau Society, both physical, social, economic, and spiritual perspective. In general, the physical condition of the Minangkabau elderly is relatively healthy and robust, because in general, Minangkabau people are not menial workers, many of which are entrepreneurs, e.g., tailors, merchants, and culinary cooks. This situation creates an impact on the social-economic conditions of Minangkabau elderly. Minangkabau elderly are generally active in religious activities in surau.

Based on observational analysis and the interviews with the elderly, the elderly family, and elderly care communities, it was found that (1) Not all elderly people are able to prepare themselves to achieve successful aging; (2) Not every family is able to provide optimal support for the elderly in achieving successful aging; (3) Elderly care community who are in nursing homes have not been able to create the conditions that are able to let the elderly achieve successful aging. Elderly needs information about the techniques to achieve successful aging in physical, social-economic, emotional, and spiritual aspects. While to achieve successful aging, the elderly also need their family and the community supports. Therefore families and communities also need the information related to the support the elderly need so they will not become the burden to their families, communities, and the country and can achieve successful aging. The development of a model of successful aging for the elderly to face the demographic bonus results in the output of three guidebooks for the elderly, families, and the communities. The development of the Guidelines is now carried out through four stages: the analysis of the design, the development, the implementation, and the evaluation. Because of time constraints, the development of this model is only through three stages, i.e., the analysis, design, and development. Therefore the guidebooks are still the hypothetical models while the implementation and evaluation phase will be conducted the following year.

It is recommended that first, the elderly need to prepare themselves to achieve successful aging by maintaining their physical conditions, developing their socio-economic conditions, managing their emotions, and developing their spiritual beliefs. Then, the family and the community need to provide the optimal moral and material support so that the elderly are able to achieve successful aging and does not become the burden to the family, society, and the country. It is also recommended that the Government and BKKBN should give the facility to develop the infrastructures for elderly care institutions such as nursing homes, doing 40 prayers in congregations, and elderly-friendly socio-religious communities. The city and district governments should provide the public facilities and infrastructures that are accessible for the elderly to feel safe and comfortable, e.g., elderly parking spaces, elderly-friendly transportation, elevators for the elderly. Related to the development of this model for the hypothetical model stage, with validity and practicality tests and effectiveness tests not yet conducted, it is hoped that BKKBN can facilitate the effectiveness testing of this model in 2019 so that limited trials and more pilot trials can be conducted widely in various cities and regencies in West Sumatra.

ACKNOWLEDGMENT

The authors are thankful to BKKBN Jakarta for providing the necessary facilities for conducting the research.

REFERENCES

- Al-Kandari, Y. Y. (2011). "Religiosity, Social Support, and Health among the Elderly in Kuwait." *Journal of Muslim Mental Health* 6 (1).
- Alpass, F. M., & Neville, S. (2003). Loneliness, health, and depression in older males. *Aging & Mental Health*, 7(3), 212–216.
- Apeso-Varano, E. C., Barker, J. C., & Hinton, L. (2015). Shards of sorrow: Older men's accounts of their depression experience. *Social Science & Medicine*, 124, 1–8.
- Bowling, A. (2008). Enhancing later life: How older people perceive active ageing? *Aging and Mental Health*, 12(3), 293–301.
- Craciun, C. (2012). Successful aging-utopia or the result of lifelong learning? Meaning and representations of ageing in romanian elderly. *Ageing International*, 37(4), 373–385.
- Dalton, J. T., Barnette, K. G., Bohl, C. E., Hancock, M. L., Rodriguez, D., Dodson, S. T., ... Steiner, M. S. (2011). The selective androgen receptor modulator GTx-024 (enobosarm) improves lean body mass and physical function in healthy elderly men and postmenopausal women: Results of a double-blind, placebo-controlled phase II trial. *Journal of Cachexia, Sarcopenia and Muscle*, 2(3), 153–161.
- Demirbilek, O., & Demirkan, H. (2004). Universal product design involving elderly users: A participatory design model. *Applied Ergonomics*, 35(4), 361–370.
- Depp, C. A., & Jeste, D. V. (2009). Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *Focus*, 7(1), 137–150.
- Depp, C., Ipsit, V. V., & Dilip, J. (2010). "Successful Aging: Focus on Cognitive and Emotional Health." *Annual Review of Clinical Psychology* 6: 527–50.

- Dewi, F. I. R., & Marcella, E. R. (2018). "The Assessment Model of Quality of Life in Indonesian Elderly." *Advanced Science Letters* 24 (1): 417–19.
- Drewnowski, A., Monsen, E., Birkett, D., Gunther, S., Vendeland, S., Su, J., & Marshall, G. (2003). Health screening and health promotion programs for the elderly. *Disease Management & Health Outcomes*, 11(5), 299–309.
- Eliopoulos, C. (2013). *Gerontological nursing*. Lippincott Williams & Wilkins.
- Fauzi, R., & Dyah, K. (2020). "Education of National Characters Based on Local Cultural Values in History Learning Through Traditional Philosophy of Minangkabau." In *2nd International Conference on Social Science and Character Educations (ICoSSCE 2019)*, 55–61. Atlantis Press.
- Franco, M. R., Tong, A., Howard, K., Sherrington, C., Ferreira, P. H., Pinto, R. Z., & Ferreira, M. L. (2015). Older people's perspectives on participation in physical activity: A systematic review and thematic synthesis of qualitative literature. *Br J Sports Med*, 49(19), 1268–1276.
- Freeman, E. K., & Coast, E. (2014). Sex in older age in rural Malawi. *Ageing & Society*, 34(7), 1118–1141.
- Furlaneto, M. E., & Garcez-Leme, L. E. (2007). Impact of delirium on mortality and cognitive and functional performance among elderly people with femoral fractures. *Clinics*, 62(5), 545–552.
- Giddens, A. (2013). *The third way and its critics*. John Wiley & Sons.
- Gill, T. M., Baker, D. I., Gottschalk, M., Peduzzi, P. N., Allore, H., & Byers, A. (2002). A program to prevent functional decline in physically frail, elderly persons who live at home. *New England Journal of Medicine*, 347(14), 1068–1074.
- Graham, J. E., Christian, L. M., & Kiecolt-Glaser, J. K. (2006). Stress, age, and immune function: Toward a lifespan approach. *Journal of Behavioral Medicine*, 29(4), 389–400.
- Gunarsa, S. D. (2004). *Dari anak sampai usia lanjut: Bunga rampai psikologi anak*. BPK Gunung Mulia.
- He, W., Goodkind, D., & Kowal, P. R. (2016). *An aging world: 2015*.
- Heller, Peter, S. (2006). *Is Asia Prepared for an Aging Population?* International Monetary Fund.
- Helliwell, J. F. (2003). How's life? Combining individual and national variables to explain subjective well-being. *Economic Modelling*, 20(2), 331–360.
- Indrizal, E. (2004). Problems of elderly without children: A case study of the matrilineal Minangkabau, West Sumatra. *Ageing Without Children: European and Asian Perspectives on Elderly Access to Support Networks*, 49–76.
- Kahn, R. L. (2002). *On "Successful aging and well-being: Self-rated compared with Rowe and Kahn."*
- Kahneman, D., & Krueger, A. B. (2006). Developments in the measurement of subjective well-being. *Journal of Economic Perspectives*, 20(1), 3–24.
- Kelly, S. J., Day, N., & Streissguth, A. P. (2000). Effects of prenatal alcohol exposure on social behavior in humans and other species. *Neurotoxicology and Teratology*, 22(2), 143–149.
- Keyes, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82(6), 1007.
- Knight, T., & Lina A R. (2003). "Successful Aging: Perceptions of Adults Aged between 70 and 101 Years." *The International Journal of Aging and Human Development* 56 (3): 223–45.
- Lupien, S. J., McEwen, B. S., Gunnar, M. R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour, and cognition. *Nature Reviews Neuroscience*, 10(6), 434.
- Kurniawati, Tri, A. A., & Rose, R. (2014). "Women Entrepreneurs in Minangkabau: Profile and Motivation."
- Marleni, M, Rinel, F. & Ikhsan, M. P. (2020). "Social Network Typology of Doing Transactions in Minangkabau Traditional Market." In *2nd Social and Humaniora Research Symposium (SoRes 2019)*, 172–77. Atlantis Press.
- Maryam, S. (2008). *Menengenal usia lanjut dan perawatannya*. Penerbit Salemba.

- Miri, M. R., Hamid, S., Amir, T., Maryam, B., & Ali, A. T. (2016). "Relationship between Religious Orientation and Mental Health in Older People." *Medical History Journal* 6 (21): 83–102.
- Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, 55(1), 56.
- Natsir, M H D., & Achmad, H. (2019). "The Function of Surau in Minangkabau Culture." In *2nd International Conference on Educational Sciences (ICES 2018)*. Atlantis Press. <https://doi.org/10.2991/ices-18.2019.29>.
- Phelan, E. A., Anderson, L. A., Lacroix, A. Z., & Larson, E. B. (2004). Older adults' views of "successful aging"—How do they compare with researchers' definitions? *Journal of the American Geriatrics Society*, 52(2), 211–216.
- Pruchno, R. A., Wilson-Genderson, M., Rose, M., & Cartwright, F. (2010). Successful aging: Early influences and contemporary characteristics. *The Gerontologist*, 50(6), 821–833.
- Rahman, H. (2016). "'Merantau'-an Informal Entrepreneurial Learning Pattern in the Culture of Minangkabau Tribe in Indonesia." *DeReMa (Development Research of Management): Jurnal Manajemen* 11 (1): 15–34.
- Reichstadt, J., Geetika Sengupta, Colin A Depp, Lawrence A Palinkas, and Dilip V Jeste. 2010. "Older Adults' Perspectives on Successful Aging: Qualitative Interviews." *The American Journal of Geriatric Psychiatry* 18 (7): 567–75.
- Rothman, D. J. (2017). *The discovery of the asylum: Social order and disorder in the new republic*. Routledge.
- Rudinger, G. (2002). Mobility behavior of the elderly. *Social Change and Sustainable Transport*. Indiana University Press, Bloomington, 157–164.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141–166.
- Rozi, S.. (2017). "Local Wisdom and Natural Disaster in West Sumatra." *El Harakah* 19 (1): 1. <https://doi.org/10.18860/el.v19i1.3952>.
- Seeman, T. E., Lusignolo, T. M., Albert, M., & Berkman, L. (2001). Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur studies of successful aging. *Health Psychology*, 20(4), 243.
- Sennett, R. (2007). *The culture of the new capitalism*. Yale University Press.
- Septiani, M, Basuki, W., & Robinson, S. (2020). "The Character Education Concept for Prospective Parents: Societal View." *Indian Journal of Public Health Research & Development* 11 (1).
- Sousa, L., & Figueiredo, D. (2002). Dependence and independence among old persons—realities and myths. *Reviews in Clinical Gerontology*, 12(3), 269–273.
- Sterelny, K. (2007). Social intelligence, human intelligence, and niche construction. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 362(1480), 719–730.
- Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. *The Gerontologist*, 42(6), 727–733.
- Suardiman, S. P. (2011). *Psikologi: Usia lanjut*. Gadjah Mada University Press.
- Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377–387.
- Vuori, S., & Holmlund-Rytkönen, M. (2005). 55+ people as internet users. *Marketing Intelligence & Planning*, 23(1), 58–76.
- Walker, A., & Aspalter, C. (2014). *Active ageing in Asia*. Routledge.
- Willcox, D. C., Willcox, B. J., Todoriki, H., Curb, J. D., & Suzuki, M. (2006). Caloric restriction and human longevity: What can we learn from the Okinawans? *Biogerontology*, 7(3), 173–177.

