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**THE IMPACT OF BONUS DEMOGRAPHY ON INDONESIA'S
SOCIAL SECURITY: HUMAN RIGHTS PERSPECTIVE**

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Abstract

The government of the states has responsibility to civilian social security since they are born. The right to social security mentioned in the Universal Declaration of Human Rights ensures that everyone, regardless of age or ability to work, is guaranteed the means necessary to procure basic needs and services through national efforts and international cooperation. It can be fulfilled through public policy that ensures each individual gets their rights from food, housing, education, health care to security. For rapid population growth, Indonesia's government has new challenge to meet their citizens for public services appropriate to number of population. This does not necessarily mean that each individual do not seek alternative ways to meet their human rights. This paper starts from question: How do Indonesian stakeholders assure the basic needs and services for their citizens growing fast as efforts to fulfill human rights in social security? It does not argue that if the government fails to meet prosperity, it has violated the human rights, on the contrary, this paper proposes that Indonesia's government should be pushed to look for ways to fullfill human rights for individuals whether the public service and public policy are ideal in quality and quantity or not.

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Keywords: Human Rights; Public Policy; Social Security.



1. Introduction

This research starts from awareness on the importance of social security for every individual in any country. The Universal Declaration of Human Rights states that social security is part of human rights that must be protected. Social security covers the government's protection to basic rights such as maternal facilitation, schools and hospitals for every citizen, employment opportunities, adequate housing, food availability, orphan protection, nursing homes and security.

Protection of social security rights is totally the responsibility of the government or the authority in a country. In Indonesian context, although the government has tried to align community needs and the availability of public facilities, it is less sensitive to society conditions with rapid population growth (Carmona, 2012). There is some indication of discrepancy between provision ratio of public service facilities and total population. It can be discussed further in the formulation of public policy and equity-oriented development with the human aspects. Beware: This study has no intention that if the government does not manage social welfare, it has violated human rights. It just argues that it has to comprehend population condition in holistic way before it makes public policy particularly regarding public facilities.

Firstly, this study will discuss ratio between number of delivery facilities per average annual birth rate. The data reveal that number of delivery process in Indonesia handled by trained professionals is relatively low it has effect to the health of mother and child. Secondly, the ratio of educational facilities is compared to average number of school age children. It reveals that number of Indonesian children who are not able to get an education is not because they do not want to go to school but a limited number of education facilities. Therefore, they drop out despite this is the citizen basic right. Thirdly, there is discrepancy between number of employment opportunities and productive age population. It reveals that number of high school or college graduates is not absorbed in job market. Although people competition is a must, but the government and its capacity have to be able to provide employment opportunities appropriate to productive age group in society, or at least the data reveal that the state educational programs are not able to direct public to get skill achievements. There is discrepant ratio between number of police officers and total population. Moreover, there are some discrepancies between number of health services (hospitals and clinics), clean water facilities and people with disability and the quality assurance of elderly care services including health care workers and average number of residents in one area and others. In summary, the ratios at above give overview on the need of additional and equitable distribution of public facilities by the government to meet the citizen basic rights while Indonesia undergoes rapid population growth.

2. Problem Statement

2.1. Social Security and Bonus Demography in Indonesia

Each country wants citizen live in prosperity and welfare. Welfare will only be achieved if the government fulfills the society needs. Since Indonesia's Independence Day, the government has been building various public facilities or services that the people of Indonesia try to meet their basic needs such as maternity facilities, education, health, employment opportunities, housing, social security and others.

Social security is a program that aims to provide social welfare protection, then every citizen can meet their needs particularly social protection, such as poverty eradication, the elderly care services, services for people with disability, employment opportunities, family and children protection, and others.

It is fundamental rights stated in the 1945 Constitution Article 27 paragraph 2. The universal social security is written in Articles 22 and 25 of the Universal Declaration of Human Rights in 1948. Furthermore, National Social Security System in Indonesia refers to the Law Number 40 Year 2004.

Social security gets attention right now when population growth is faster because the government's failure to reduce the birth rate. Moreover, when it leads higher demand in quantity, the government encounters greater challenge and it should be able to align the needs with the provision of public services. This alignment can be seen from the ratio between population needs and public services, then it can be seen how the condition of equitable development in Indonesia particularly when encountering rapid population growth.

Indonesian Ministry of National Development Planning (BAPPENAS) projects that Indonesia's population is about 252,164,800 people by 2014. While it is projected 271,066,400 people by 2020, it is projected to rise to 305,652,400 people by 2035. The high population growth determines the direction of government policy in the various population sectors appropriate to the age groups and population needs by age group. For example, starting from birth time, with a population growth rate of 1.5 percent per year, there are about 5 million births per year or 10,000 babies born per day (BPS, 2015).

The government's challenge is high birth rate and delivery process as well. Good health care facilities will avoid maternal mortality and miscarriage. However, the fact shows that there are many delivery processes with low standards particularly for mother and child. Moreover, when the working age population in Indonesia is high it certainly has impact on employment opportunities. Finally, the elderly care services must be considered.

2.2. Birth Rate and Delivery Facility in Indonesia

A newborn infant dies every three minutes throughout Indonesia. One mother dies every one hour while or after giving birth for pregnancy causes. The majority of child death occurs in Indonesia during newborn, the first month of life after birth. The probability of the child dying at different ages is 19 per thousand for the neonatal period, 15 per thousand from 2 to 11 months and 10 per thousand from age one to five years.

Indonesia's National Basic Health Research (Riskesdas) of delivery data 2010 reports that mothers giving birth at home were 51.9% of newborn babies attended by a midwife and by a herbalist around 40.2%. Maternal mortality in hospitals occurs due to emergency cases during pregnancy, childbirth and postpartum. The highest direct causes of maternal mortality are: hemorrhage, hypertension in pregnancy, obstruction, infections and abortion complications. Labor at home rescued by a shaman, is a causing factor of the high Maternal Mortality Rate in Indonesia. Maternal mortality rate rose in 2012 and it totalled 359 per 100 thousand live births. Maternal mortality was recorded around 228 per 100 thousand live births in 2007. While home is far from health care facility or public transportation is very difficult due to located in unreachable area, pregnant women are also afraid to visit health care facilities for financial problem (BPS, 2015).

The proportion of births in all health care facility remains low and it is just around 55 percent. More than half of women in 20 provinces cannot or do not seek any type of health care facilities and even for giving birth they prefer do in their own homes. Women giving birth in health care facility can gain access

to emergency obstetric care and newborn care facility although the services are not always available in all health care facilities. Proper health care services for mother and newborn may prevent the high mortality rate. In Indonesia the newborn mortality rate with mother conducted antenatal care and delivery assistance by medical professional is the fifth than that with mother who does not get the services.

Indonesian figures show increase in the proportion of birth attended by trained health personnel from 41 percent in 1992 to 82 percent in 2010. The indicator just includes the physician and midwife. In seven provinces in the East of Indonesia, one out of every three births takes place without any help from health professional or only assisted by traditional birth attendant (TBA) or family members. The poor quality of health services for antenatal, delivery and postpartum is a major barrier to reduce maternal and child mortality. For all population groups, coverage of indicators related to service quality (e.g., quality of antenatal care) is consistently lower than that associated with the quantity of coverage or access (e.g. four antenatal visits). Studies in 2002 showed that the poor quality of service is a factor which accounted for 60 percent of the 130 maternal deaths being reviewed.

Based on the real demand in field, there should be more health care facilities that provide Comprehensive Emergency Obstetric and Neonatal Care services (PONEK) and more number of obstetricians and gynecologists. The number of health care facilities per population for PONEK in Indonesia (0.84 per 500,000) remains under the ratio of one per 500,000 population that UNICEF, WHO and UNFPA have recommended (1997). Indonesia has about 2,100 obstetricians and gynecologists (or one per 31,000 women of childbearing age). However, the number does not spread throughout all provinces in Indonesia. More than half of the obstetricians and gynecologists open clinical practice in Java Island (Statistics Indonesia - Badan Pusat Statistik - BPS & Macro International, 2008).

Finally, health care spending in Indonesia has to be improved and it includes the proportion of Special Allocation Fund (DAK) in the health sector. The tasks of the Central Government and Local Government in the distribution of health care services should be given a clear picture. Moreover, there are more many health care facilities that provide comprehensive services. The referral systems should be strengthened to promote the uses of these health facilities appropriately. There should be steps of improving additional resources to develop and motivate health workers in national level. The minimum service standards (MSS) have to be evaluated and defined again. At last the preventive health programs has to be promoted and accelerated.

3. Research Questions

This paper starts from question: How do Indonesian stakeholders assure the basic needs and services for their citizens growing fast as efforts to fulfill human rights in social security?

4. Purpose of the Study

This paper proposes that Indonesia's government should be pushed to look for ways to fulfill human rights for individuals whether the public service and public policy are ideal in quality and quantity or not

5. Research Methods

Research methods used in this research is Qualitative Method with Interpretive, descriptive approach (Denzim & Lincoln, 2014; 351). Secondary data sources and types in this research is a study of libraries or documentation.

6. Findings

6.1. Children and Education Facility

After their birth, children have to be raised well so that they grow up and become civilized human beings with competent skills. So they can help themselves and live in honorable life in future. One way to do this is through education process. It is an effort of each country to improve the quality of life of its citizens. If education quality in a country is low the social and economic conditions of the country is relatively bad. Without any education children cannot develop themselves particularly occurred in developing countries such as Indonesia. The existing workplace in Indonesia requires diploma, degrees or certificate as collateral and eligible requirement to meet employment position. However, education is a fundamental right for every citizen born in this country.

The government has to provide adequate educational facilities in terms of both quality and quantity, so it gives children the chance to go to school. With the rapid population growth, Indonesia faces great challenge. The population growth increases school age children per year, it has to provide proper school facilities for all of them without any exception. When the government gives children the change to go to school, it has to provide educational services such as education assurance as the basic rights of Indonesian citizens to meet. Moreover, the chance to go to school means everyone has to get education whether they have financial problems or not. Of course this is consideration the government should pay attention. In this matter, the government has to take any effort to align a number of educational facilities and the school age population. It does not matter if the school age children are smart or not, rich or poor, young or old they have to go to school.

6.2. Employment Opportunities in Indonesia

Labor conditions in Indonesia in February 2014 showed an improvement as reflected in the increase in the labor force and the number of employed persons while unemployment rate showed reduction. The total labor force in February 2014 increased around 5.2 million people if compared to August 2013 and an increase of 1.7 million people compared to February 2013. Residents who work in February 2014 increased about 5.4 million people if compared to August 2013, or an increase of 1.7 million people if compared to that in the past year year (February 2013). Finally, the number of unemployed workers in February 2014 decreased about 260 thousand people if compared to August 2013, and a decrease of 50 thousand people if compared to February 2013.

In the past year, the amount of Labor Force Participation Rate (LFPR) was relatively stagnant and the employment structure to February 2014 did not change. Agriculture, Commerce, Social Services, and Manufacturing Sector remain the largest sources of employment absorption in Indonesia. If compared to the situation in February 2013, the working age population increased in almost all sectors, especially in the Social Services Sector around 640,000 people (3.59 percent), Sector 450,000 people (1.77 percent), and

Manufacturing Sector around 390,000 people (2.60 percent). The sector with the reduction of employment absorption occurs in agriculture sector with total number of around 280,000 people (0.68 percent).

Labor characteristics until February 2014 showed the domination of low-educated working population: Elementary School Graduates around 55.3 million people (46.80 percent) and Junior High School around 21.1 million (17.82 percent). The well-educated working population only amounted 12.0 million people. It consisted of 3.1 million people with diploma degrees (2.65 percent) and 8 million people with Undergraduate and Graduate Degree (7.49 percent). The working population quality improves and it is shown in the tendency of the reduced working population with elementary and secondary education (Senior High School and below) and the increased working population with tertiary education (Diploma and University). In the past year, the less educated working population decreased from a total of 76.8 million people (66.00 percent) in February 2013 to 76.4 million people (64.63 percent) in February 2014. The number of unemployed workers in February 2014 rose to 18.3 million people. The government at least has to provide 3,7 million employment opportunities per year to handle this issue (BPS, 2014) .

6.3. Police Officers and Society

There were 429,429 police officers in 2014 while total population amounted to 242 million people in 2014. So the ratio was 1: 564 people. The ratio of police officers and society reached 1: 575. The ideal ratio in large cities should be 1: 300. Therefore, increasing the number of police officers is a must. Indonesian National Police recruited 10,000 new police officers in 2012 and 20,000 new police officers in 2013, and the targeted recruitment in 2014 amounted 20,000 police officers. Among the recruitment, there were 7,000 female police officers. The state budget for the development of Indonesian National Police rises as well. It was recorded Rp13 trillion in 2005 whereas in 2013 and 2014 it amounted Rp47 trillion respectively. In the past five years, the government tries to strengthen Indonesian National Police in a kind of modernization and improvement (beritahukum.com, 2013).

When police officers are stronger and stronger and it gets support from the state budget with total number of tens of trillions from year to year, it is expected that security problems can be handled effectively. Indonesian National Police has to have positive ambition to increase the number of police personnel significantly, i.e. 50,000 police officers. It is expected that the ratio between the numbers of police officers and society approaches its ideal number.

6.4. Assurance of Elderly Care Services

World Health Organization (WHO) calls a term of the 'Demographic Revolution' or shifting demographics: the world's elderly population (aged 60 years old and over) grows very fast, even faster than any other age groups. The number of elderly people in the world is about 600 million in year 2000, and it is estimated to be 1.2 billion people in 2025, and 2 billion people in 2050. At that time, there will be more elderly people than children aged 1-14 years old. Particularly now the elderly population has become a world issue. In developing countries, the issue is not so much discussed than that in developed countries. However, it does not mean that it is not important to discuss it immediately because this issue is closely related to social, economic, political and decisive issues. Particularly if you see the fact that the proportion of people who enter old ages are very significant in number for many countries.

There are several countries in Asia and even now those listed as a region with the most rapid elderly population. Japan, South Korea, and Singapore are examples of countries that have high percentage of the elderly population. In Japan, the elderly population reaches over 30% of the total population, 12.7% in South Korea and 9% in Singapore. These countries have been known active in policy making and implementation related to the elderly population. The development programs they always associate with the elderly population issues. The elderly population is definitely an indicator of the success of social welfare development in a country. People live longer due to better nutrition, sanitation, health care services, education sector, progress in the medical field and economic prosperity.

Statistics shows that there are 9.6% of the elderly population (aged 60 years old and over) in this country. This figure is the same as the proportion of the elderly population in Singapore. The difference is the amount and level of welfare. Singapore's per capita income reached \$ 44,790 and Indonesia was only \$ 3,000 in 2012. With the optimistic assumption of per capita income growth of 6% per year and annual inflation of 5%, Indonesia's per capita income will reach \$ 15,600 in 2025 and the number is still far below Singapore's per capita income in present (Lokakarya 'Penuaan Penduduk dan Pembangunan: Dokumentasi & Langkah, 2013, p. 24). In 2025, Indonesia will have the same percentage of the elderly population with Singapore in 2010 while its per capita income is definitely far below the per capita income of the neighboring country.

In the absolute figure, the number of Indonesia's elderly population is very great. The number was 18 million in 2010. It will reach 30 million in 2025 or it increases almost 50 percent in just one and half decade. Until 2030 the number of elderly people in Indonesia will reach 40 million people, and at the same time it exceeds the number of people aged under 15 years old. A large number of the elderly people requires special needs and treatment. The elderly population should not be interpreted totally as an expense. The elderly people should be recognized and encouraged their potential skills so that they can be healthy, active and independent. The Indonesian government has carried out positive decision in a kind of developing social security system through Law Number 40 Year 2004 and Law Number 24 Year 2011. However, there is a tendency of young people who have worked but partially remain dependent to their elderly parents. Therefore, the concept of load dependency ratio has to be reviewed including all derivative concepts like demographic window of opportunity and bonus demography. The social security system we have still contains injustice. The pension fund is only for the elderly people of the retired civil servants, retired military personnel and police officer while the others elderly people are not. Therefore, Indonesia has to change the assurance program from charity approach to human rights approach for society or work force.

When discussing the elderly population issues, it is impossible anymore to solve it all alone. It has to establish network with immediate participation of the government for the protection of the vulnerable groups including the elderly people. Who should protect the elderly people if they remain vulnerable even though we have run the program for them? Family, friends, and community can be expected to help the elderly people, but what about the government? Does the government encourage family, friends and community members to be full of skills? Or should the government take greater role in protecting the elderly people?

Costs will be a central issue. It occurs because Indonesia will encounter the explosion of retired Civil Servant (PNS) in 2025. The number of retirees who simultaneously retired in that year is estimated 2.5 million people with the total pension expenditure in the state budget of Rp175 trillion. Therefore, the government together with the private and the public sector has to give serious attention and then provide solution to this problem. The government should be pushed because the challenges are multidimensional and it requires answer and multidimensional solution as well.

The paradigm says that the elderly people are "up and useless." It has to be changed. Things to keep in mind are that the number of elderly people in Indonesia is potentially greater than the number of the poor and the abandoned elderly and the half-abandoned elders. For this reason, the elderly people should be seen as the fixed asset of the state development. They can contribute to their country through their thoughts and works and mentors for the next generation steps. The Indonesian government has implemented some positive steps, for example, the issuance of social security system through Law Number 40 Year 2004 and Law Number 24 Year 2011. The laws confirm great commitment of the government to guarantee everyone's access to health care services, access to pension fund, and saving system for old age security.

In present the number of elderly people has reached about 21% of the total world population. It is estimated to 1.2 billion people in 2025. This obviously requires greater attention, including for developing countries like Indonesia due to the number of elderly people totaling 1.2 billion or 80% of the elderly people who live in developing countries. The 2010 population census in Indonesia shows that the elderly population is approximately 18.1 million people or 9.6% of total population. The number makes Indonesia one of the five countries in the world with the largest number of the elderly people. On the one hand, it indicates citizen health is better than the others. On the other hand, the elderly people is more complex and therefore, it becomes 'homework' for the government. The number of elderly people aged 60 years old and over is estimated to rise to 29.1 million in 2020 and 40 million by 2030. According to the 2010 Population Census, Indonesia's elderly population reaches 18.04 million or about 7.6 percent of the total population totaling 237.6 million. This situation leads to some adjustments related to employment opportunities, social security, social welfare, education sector, and health care services.

The elderly population growth reduces the potential support ratio (PSR) for the elderly people. In other words, the number of the working age population that will support the elderly people will reduce. In 1971, there were 21 productive age people who can support one of the elderly people and it decreased in 2010, i.e. the 9 working age people that support the elderly people. Therefore, the number of taxpayers in the subsequent years will be decreased. However, the number of people who need social assistance will only increase. It is estimated that the number of elderly people in 2050 will reach 80 million people. So, as soon as possible the government has to design population responsive policies. In this matter it makes the population as the primary focus and the basis of national development. In Indonesia today there are actually three groups of elderly people. The first group is ready to keep working in the advanced age. The second group has to get support from the government. The third group with 10- 15% of total population need special help for their advanced age. Thus, Indonesia's elderly people amount to 20 million or 85% of those with the same as the ordinary citizens.

Concerning health issues in Indonesia, the 2007 National Basic Health Research (Riskesdas) shows that disease types of the elderly people in common is joint disease in the range of 55-64 years old (56.4%).

Furthermore, the diseases include hypertension, cataracts, heart disease, mental emotional disorder and dementia (DM). Some of these diseases are diseases that are no longer difficult to overcome. Cataracts, for example, now need only one operation and after three days the patients are able to recover again. Thus, if there are the elderly people who suffer from cataracts and they can be immediately brought to hospital and it should not be delayed again. It also prevails for stroke although it should be noted that the stroke symptoms are increasingly common among younger people. Firstly, the development of private health for elderly. They get special care in the health center facilities. It also includes the ease of access and costs. Secondly, the development of Geriatric Medicine in Hospital Clinic. The scope include all efforts of health promotive, preventive, curative, re-rehabilitative, and palliative care services. The types of health care services include primary, secondary, tertiary care, and the highest referral, outpatient, inpatient, clinic care during (hospital day), the elderly care services (respite care), home care. In some countries the facilities have prevailed and the elderly people have utilized them well.

Ministry of Social Affairs allocated Rp63.6 billion for 26,500 elderly people in 33 provinces 381 districts/cities in Indonesia in 2012. The database of Ministry of Social Affairs shows 2,851,606 abandoned elderly people. It is the foundation of social security and employment opportunities. Social security is a formal program and the participants have to work in the formal sector. If the participants are in the informal sector, it makes the government difficult to handle (except when the state budget is really strong and steady). Indonesia's state revenues amounted to Rp1,086 trillion in 2011 and the number of Rp600 trillion comes from taxes and excise. With total population of 200 million people and total workforce of 110 million people, tax value reaches thousands of trillions. The problem is that total taxpayers who pay taxes only reaches 10% of total population, and moreover, 25% of total Taxpayer Identification Number holders is actually worth zero due to the pension fund. This is fundamental problem to overcome.

6.5. Water and Society

The ratio between the water storage volume and population in Indonesia are not proportionate, i.e. 60 cubic meters per capita. The number is far lower than that in some other countries, such as 6,000 cubic meters per capita in the USA, 3000 cubic meters per capita in the People's Republic of China and 1,200 cubic meters per capita in Thailand. It closely relates to total water reservoirs such as reservoirs dams and ponds in Indonesia. Right now, there remains 284 large reservoir and it is very minimal, like Saguling and Ciratas reservoirs. However, potential water in Indonesia amounts 700 trillion cubic meters per year and the number makes Indonesia the five largest country in the world. Unfortunately, the reservoir storage capacity could only accommodate 200 billion cubic meters.

Due to water resistance in Indonesia, it only can produce and control 0.02% of total potential water and the rest is back to nature. So far, nature tranquilizes Indonesia's government and otherwise, it does not realize to increase total water reservoir from 200 billion cubic meters per year to 700 trillion cubic meters per year. The ratio between total water reservoir and total population is 60 cubic meters per capita and it is far under the ratio of other countries. The ideal ratio of water storage capacity in Indonesia is the same as 1,200 cubic meters. To achieve it, the government should immediately accelerate the infrastructure development of reservoirs / dams and ponds and so, it meet water need in society.

6.6. People with Disabilities

The number of people with disabilities in Indonesia is around 3.11 percent of total population or 6.7 million people. If we refer to the UN World Health Organization standards, total number of people with disabilities in Indonesia reaches 10 million people. Of total number of people with disabilities, the less severe disabilities category is unnecessary disability aids and the severe disabilities category are people with disabilities who cannot be independent if there is no help from others. People with disabilities can be independent with the tool aids, and they are under the category two. The number is only half of total people with disabilities.

Many volunteers try to change the existing paradigm that people with disabilities can be difficult to work optimally as normal person. In facts, people with disabilities are members of Indonesia's society. They have similar status, rights, obligations and roles like other ordinary people. To achieve equality, rights, obligations and the role of people with disabilities, they requires aids and more adequate, integrated and sustainable efforts. It will make them more independent and welfare as people with disabilities.

Moreover, concerning matters mentioned at above and the implementation of provisions in Law Number 4 Year 1997 concerning People with Disabilities, it is necessary to stipulate the Regulation on Equality of Opportunity and Treatment. It is a condition that provides opportunities for people with disabilities to get equal opportunity in all aspects of life and livelihood. It realizes the ease of accessibility for people with disabilities, and therefore, they can achieve equality of opportunity in all aspects of life and livelihood.

The government has to provide Rehabilitation as recreation and development process for persons with disabilities, so they are able to carry out their social function in social life. It has to give medical rehabilitation as well as all integrated health care services through medical measures, as much as it is possible that people with disabilities can achieve functional ability. Rehabilitation related to education process is also important within full of activities and educational services integrated through the learning process. As a result, people with disabilities can enrol optimally according to their talents, interests and ability. Moreover, concerning rehabilitation training it is training service activities so as to make people with disabilities can have the appropriate job skills with talent, interest and ability. Finally, social rehabilitation has to be provided for social service activities as a whole and integrated through approach to physical, mental and social order with disabilities can perform their social function optimally in social life.

Another issue on people with disabilities is the ratio of professionals and children with disabilities occurs on one in three. However, today there are only 19 professionals who serve 113 people with disabilities despite the ideal professionals for them amount to 35 professionals. This absolutely affects the handling process for people with disabilities and therefore, it consumes more time and costs. Now the ratio of employment opportunities and people with disabilities in Indonesia is under 0.5 percent. Of 463 district levels in Indonesia, there are five districts already have had local regulations and laws concerning the obligation to employ people with disabilities. The number is one in every 100 workers of the company.

7. Conclusion

The right to social security requires a social security system to be established and within its available resources, a country has to ensure access to a social security scheme that provides a minimum essential

level of benefits to all individuals and families that will enable them to acquire at least essential health care facilities, basic shelter and housing, water and sanitation, foodstuffs and the most basic forms of education. The social security system should cover the following specific situations such as health care services, the elderly population, unemployment, employment injury and illness, family and child support, including the need to care for adult defendant, maternity, disability and other fundamental issues like water reservoirs, and concerning provision of pensions.

Indonesia is a country which only small number of its population totaling almost 250 million is under the coverage of formal social security system with bonus demography, Indonesian government has new challenges to overcome any issues particularly in providing public services as a basic need of their citizen. Indonesia tries to provide a variety of social protection coverage to the entire population. Since the latest amendment of the 1945 Constitution in 2002, Indonesia recognizes the right to social security for all of its population and the responsibility of the government in the development of social security policy. Although the existing social protection schemes tends to be fragmented and scattered, there is any progress towards more comprehensive provision of social protection coverage.

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