

Developing age-friendly city readiness: A case study from Depok City, Indonesia

SAGE Open Medicine
Volume 7: 1–10
© The Author(s) 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/2050312119852510
journals.sagepub.com/home/smo



Fatmah Fatmah^{1,2} , Vita Priantina Dewi²
and Yudarini Priotomo²

Abstract

Depok, as one of the largest cities in Indonesia, has great potential to be an age-friendly city. Before the formation of age-friendly city is established, eight dimensions of age-friendly cities had been studied by the World Health Organization in 2013, but since 2013 these dimensions have not been assessed. The study aimed to assess the preparedness of Depok to be an age-friendly city with a qualitative approach from the stakeholders' point of view. This study used a qualitative design involving 50 informants through in-depth interviews and focus group discussion techniques using purposive sampling. The findings indicate that Depok was deemed not yet prepared to be an age-friendly city due to an abundance of infrastructure deficiencies. There were not many changes in the facilities, such as infrastructure improvements in age-friendly city indicators and existing Regional Regulations of age-friendly cities, except for buildings and open green spaces. In general, Depok still needs time to achieve the age-friendly city where the community will have a good place to live, grow, and age in it.

Keywords

Age-friendly city, elderly, building and open green space, indicator, infrastructure

Date received: 25 January 2019; accepted: 1 May 2019

Introduction

Increased life expectancy is one of the consequences of development and has an impact on the increasing number of older people in Indonesia. The increase in the population of older people must be balanced with efforts to achieve active ageing goals.¹ Active ageing consists of three main pillars, namely, income security, health, and space to participate. These three pillars are the basis for the formation of an older people-friendly city. The World Health Organization (WHO) developed eight domains of age-friendly cities (AFCs): housing, transportation, outdoor spaces and buildings; community support and health services; communication and information; civic participation and employment; respect and social inclusion; and social participation.² Some studies on developing AFCs in Brussels, Manchester, Australia, and Malaysia described their preparedness and implementation.^{3–5} A study on AFCs from community stakeholders in Brussels and Manchester identified key elements and resources needed for an AFC. Another study in Australia mentioned that the impact of AFCs on government mainstream actions has been limited by uncertain political commitment and growing fiscal austerity. A study in Malaysia stated that public transportation and housing, health care services, and older people-friendly

outdoor spaces and buildings have a role in building an age-friendly environment.

To support the formation of an older people-friendly society, it is necessary to design an AFC, which Indonesia still lacks. This can be seen with the difficulty that older people have in accessing public facilities. A concrete example is the road to the bus stop, which is built at a very high and steep elevation and is extremely difficult for older people to access. There are still many multiple-storey buildings that do not provide lifts and force people to climb stairs. There are eight areas that require special treatment for older people, which are health, social life, environment, information communication, infrastructure, transportation, law, and art. In Indonesia, the Surabaya City Government, the capital of East Java Province in Indonesia, has local regulations for the service and empowerment of older people.⁶ In comparison, Depok, as a suburban city in West Java Province in Indonesia,

¹Faculty of Public Health, Universitas Indonesia (UI), Depok, Indonesia

²Centre for Ageing Studies, Universitas Indonesia (UI), Depok, Indonesia

Corresponding author:

Fatmah Fatmah, Faculty of Public Health, Universitas Indonesia (UI), UI Campus, Depok 16424, West Java, Indonesia.
Email: ffatmah@yahoo.com





Figure 2. Description of Depok City.
 Source: Reproduced from Profile of Depok City Profile Year 2017, Depok DHO.

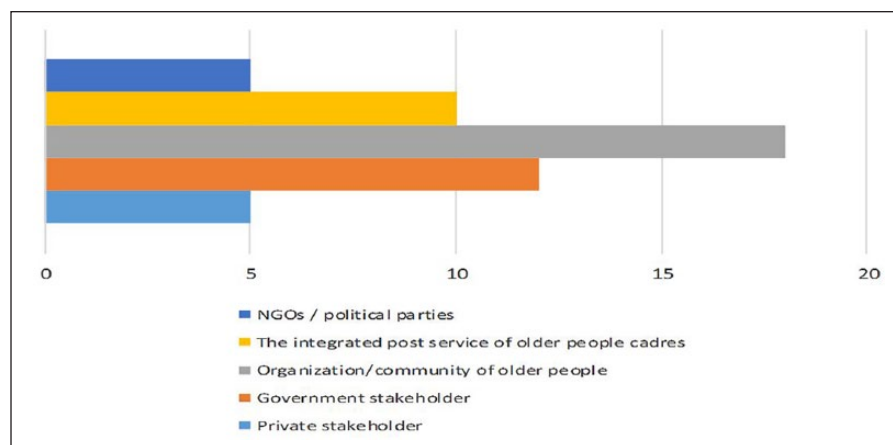


Figure 3. Types of key informants.

The 10 informants for the in-depth interviews came from private sectors (*lapaklansia*, Depok Industrial Chamber of Commerce, political parties, The Indonesian Businesswomen Bond of Depok Branch, Depok Center of Small and Medium Enterprises, and Head of Depok Central Family Welfare Program Team). They have a position as a chairman, operational manager, and head of division who are implementing the programme for older persons. They were recruited by the research team through formal invitations. The research team made a list of some private and government institutions associated with programmes for older people. Then, the research team visited their offices to conduct in-depth interviews. The key informants from the four FGDs (n=40) were recruited

on the basis of their institutional roles in empowering programmes and having policies and laws geared towards older people. The research team recruited the informants by sending formal invitations requesting their attendance at the CAS UI office in Depok to develop schedules for the FGDs. The inclusion criteria for the informants were those from private and/or government institutions who were either male or female, who were involved directly as stakeholders, and who acted in conjunction with older people, male or female. There were no sample sizes calculated since the study applied a qualitative approach. The exclusion criteria were informants who did not attend the FGD scheduling when invited, who did not fully attend the FGDs due to their business, and

Table 1. Socio-demographic characteristic of informants (n = 50).

Variable	Level	n	Percentage
Age (years)	Pre-older people (<60)	37	74.0
	Older people (\geq 60)	13	26.0
Sex	Male	11	22.0
	Female	39	78.0
Educational background	Senior high school	11	22.0
	Academy/university	39	78.0
Working status	Yes		
	Government employee	12	24.0
	Private employee	19	38.0
	No	19	38.0

who cancelled the interview. Each FGD took 90 min and each in-depth interview will be finished in 60 min. The research team acted as the FGD facilitator and in-depth interview enumerator who were well trained before.

Data collection

Qualitative data collection involved the research team member as the facilitator/moderator of the FGD and organizer of the in-depth interviews. Recruitment of informants was accomplished through purposive sampling with the help of a research secretary who followed up on confirmations. In-depth interviews were conducted by direct visits to the informants' offices after an appointment was made. The research goals and purpose of the study were explained by the research team at FGD and in-depth interview sessions. The questions asked in the FGD covered the following: the definition of an AFC; the description of and opinion about the cleanliness of open spaces and buildings; the housing conditions; and the condition of civic participation and employment for older people. In-depth interview guidelines covered the AFC policies and programmes and the facts and real status of the eight dimensions of the AFC determined by the WHO. The FGDs and in-depth interview guidelines were validated in a previous study in 2013.⁹

To ensure validity of research, a well-trained and skilled moderator/facilitator was chosen from the research team. Another way to promote internal validity (credibility) was to employ triangulation using several moderators with different scientific backgrounds and multiple individuals analysing the same data. Method triangulation through FGDs and in-depth interviews was also used in the study to increase internal validity. Variation of participant selection from different positions such as the cadres of integrated service post of older person, community health centre staffs, sub-district office staffs, and community/organization in older persons was one of the efforts to establish the external validity.

Discussions were held at the Centre for Ageing Studies UI office in Depok. The independent interview process was conducted by the researcher at the informants' offices. All informants were given verbal explanations about the research objectives and data collection procedures. The research team collected informed consent from each informant in the FGDs and in-depth interviews. Informants were provided with local transportation after participating in the study. All FGDs and in-depth interviews were audiotaped and transcribed, and the quality was confirmed by comparing the transcriptions with the audio recordings by the moderators of the research group.

Data analysis

Content analysis was used to analyse the information collected from all informants. Three researchers performed the qualitative analysis (F.F., V.P.D., and Y.P.). They read and checked the transcription several times individually and created a single coding for the themes agreed upon. Matrix analysis was performed to summarize the findings from the two methods. An ethical review licence for this study was obtained from the Faculty of Public Health, Universitas Indonesia.

Results

Socio-demographic characteristics of informants

Table 1 illustrates the socio-demographic characteristics of the informants, including age, sex, final education, and employment status. The older people (more than 60 years old) comprise one-third of the pre-older people age group (less than 60 years old). The proportion of female informants was four times greater than that of male informants. More than three quarters of all informants graduated from colleges and universities. Some informants even possessed Master's (10%) and doctoral degrees (0.4%), and none had a low level of education (0%). The majority of informants worked as civil servants (24%) and private employees (38%).

Perceptions of AFCs and DAFC policies

Generally, most informants had heard about AFCs and the DAFC. All the integrated service posts for older informants had heard the term AFC. In their view, an AFC took into account aspects such as the health of older people, facilities for older people such as parks, easy access to health care, absence of neglect, availability of special lines in the sub-district-level community health centres, providing priority necklaces for older people in district health centres since 2016, special road crossings, elder care, handrails in offices, and slip-resistant flooring. An older people-friendly city is a city that can support the desires and needs of older people.

Most of the informants stated that an AFC (specifically for older people) means a city in which security and comfort are provided for older people and in which their desires and needs are understood. This could be seen from the availability of facilities and infrastructure that support the comfort of older people and provide special treatment for them given the limitations they encounter in some of their activities. However, an older people-friendly city has not become a priority because the priority is a Depok Healthy City, Depok Child-Friendly City, and Depok Cyber City.

Nonetheless, the development of and process towards an AFC continues to this day. What might hamper the formation of DAFC is the absence of data collection on the number of older people and their socio-demographic characteristics by the Depok Social Service Office. Almost all informants from the political parties said that they did not know about DAFC. They were only familiar with the Depok Child-Friendly City programme. The existence of the integrated service posts for older persons at the local level, such as the free-of-charge medical examination for older people, showed that the government of Depok had some active older people programmes:

The older person friendly city is a city that can support the desires and needs of the older person so that the community's stigma about the older people can be changed to good and positive views. (Older people NGO figure)

Yes, Depok Aged Friendly City has no older person feel set aside, still able to be productive, feel they are still being used, and there are no neglected older person. Community health centers have a special counter for older person. (The integrated service post cadre)

Depok's preparedness for becoming an AFC

Generally, the informants said that Depok's preparedness to be an AFC was not optimized. Several informants even doubted that this programme would be successful. Depok's unpreparedness to become an AFC was mainly due to the absence of a sufficient budget and of programmes. Becoming an AFC was not yet a priority, and there were still many neglected older people in Depok. In addition, the FGD informants from the community health centre stated that, to support DAFC, it was necessary to build several facilities to make it easier for older people to conduct their activities. For example, the government should increase the number of city parks for older people to relax in or take walks through, and maintain special treatment for older people, such as the availability of special seats on commuter line trains, an increase in waiting places, or the creation of special lines for older people in hospitals, health centres, banks, and other community service places. Even though Depok was not prepared, Depok still has to pioneer the realization of an AFC because the life expectancy in Depok is quite high (79–80 years), and the increase in the population of older people

in Depok is quite rapid. Older people should be given special attention in order not to be a burden to the government and society. To prepare for the realization of DAFC, the Depok Government issued Regional Regulation No. 09 in 2017 concerning Depok as a family-friendly city and Regional Regulation No. 15 in 2013 concerning Depok as a child-friendly city. An AFC was contained in the Regional Regulation on Depok as a family-friendly city. However, the Depok Government will realize DAFC in synergy with the concepts of a Depok Cyber City, Depok Healthy City, and Depok Child-Friendly City. In addition, the Mayor Regulation has been published regarding the realization of DAFC.

There were several efforts from the Depok Government in cooperation with the Depok Local Committee of the Older People. Staff members were sent directly to the village level to socialize regarding DAFC. An informant suggested that DAFC be projected as a pilot project because the characteristics of the region were different. Each region would be better prepared if it adjusted to the conditions and needs of each individual territory. Previous surveys were necessary to identify older people's needs, considering that each territory had its own issues. If the social environment supports the programme, perhaps the City Government of Depok can build facilities for older people. For example, if the Depok government were to build a garden for older people, but the social environment did not support this plan, then the park would be used by children for graffiti, causing older people to be reluctant to use the park.

Judging from the preparedness of DAFC, development should be focused on community support, health services, and participation because the implementation of these two indicators was the most effective in Depok. Health examination and older people's activities in Depok were going well. Several efforts to improve service facilities for older people aimed at the realization of an AFC by the Depok Government were the socialization of the AFC at the sub-district level within the community and the provision of special lines or counters for older people at the sub-district-level community health centre as an older people-friendly health centre. Private hospitals, government hospitals, and village-level community health centres do not yet have special services for older people. In addition, the issues surrounding older people are health related, because those who came were generally still productive and able to work, but these people also needed a place to vent their feelings. Older people also need more attention, not just treatment. Most of the older people were treated alone and were not brought by their families. This showed a lack of attention from families towards older people. According to most informants, when seeking treatment, older people need to be taken by their families as stated by one of the informants:

For health issues, there are already monthly routine checks for older person people. However, the problem is that there are no

families in the home or family members who can take them. (Sub-district health centre staff)

Regarding the health of older people, some informants said that they tend to suffer from non-communicable diseases (NCDs) such as hypertension. In addition, most informants said that health services for older people were not optimal because they were not focused only on older people. Other informants stated that there was a lack of understanding about older people, especially about how to communicate with them. Clear cooperation from all involved parties was essential, where monitoring and evaluation for each activity were needed.

Social participation

The social participation of older people in Depok was considered by most informants to be quite good. Many older people were still actively involved in community activities. However, there was no access to social activities that were specifically for older people, except for activities created by the community, such as volunteering to procure food during elections and engaging in post-disaster activities. Informants stated that many older people did not want to engage in activities even though they were still productive. Some informants said that most of the social activities attended by the older people were recitation or religious activities and sports, such as exercise sports or exercise activities usually carried out at public facilities in housing areas. When asked whether the informants were involved in community activities, most informants stated that they were active in religious activities such as recitation and community meetings. The remaining informants were active in sports activities, the integrated service posts for older people, and the arts:

Social participation has encouraged the participation of older person people. Older person people are specifically involved. In the sub-district, there is the implementation of National Older people' Day, several games, and competitions for older person people. These activities are monitored and evaluated. (The sub-district community health centre staff)

Civil participation and employment/economics

Most of the informants stated that the older people still had the opportunity to work or become volunteers, provided that they were physically healthy. The involvement of the older people in volunteer activities was usually personal, such as functioning as a social worker at the mosque, being involved in community service or in a celebration of the birth of the prophet Muhammad, participating in art events, various kinds of competitions (exercise, choir), and helping in landslides, floods, and so on. Older people can take part in the community by participating in social activities, such as community service or as entrepreneurs. For work as office staff,

only managerial work was available for older people who had not reached the age of 65 years. Non-managerial positions were more focused on younger and productive age groups.

The study results showed that most informants agreed that there was a need to improve the quality of work of older people in Depok. Furthermore, the informants assessed the need for training opportunities for older people after retirement as well as for policies on the recruitment of workers, promotions, training, and support for entrepreneurship. Some informants agreed on the existence of flexible employment opportunities with good income for older people. However, employment opportunities for older people in both formal and informal sectors were still low due to the lack of expertise and low education. Usually, older people are involved in activities such as cooking, crafts, and reciting the Al Quran. An older person's profession that was still considered suitable was to become a parking attendant or a security guard. The training of older people was truly limited, was only given one time, and was not routinely conducted. For example, one government institution conducted recycling of waste (Waste Bank) and offered culinary courses; Depok *Muslimat NU* organized bridal makeup courses for the public, but there were no specified programmes for older people, and, after training, kits were provided. Activities specified for the older people were usually health related, such as exercise, the Healthy Heart Club, Older people Family Development, and Increased Income for Families Program. Older people with foot defects in Depok were usually employed in the private sector in administration and not in production. Depok civil servants planning to enter retirement were given training for retirement preparation such as farming, gardening, and baking.

There was no specified economic support for the older people, and only a general programme existed for all age groups. According to the integrated service posts for older informants, there were several efforts to improve the creative economy by the Depok Government, namely, (1) producing candy, banana chips, star fruit, processed products, cassava chips, and cheese sticks; (2) providing non-interest loan funds in stages starting from IDR 100,000, 200,000, 500,000, and so on; (3) assistance in the form of bazaars can be followed by older people business groups, catering groups (consisting of four people, with the number of older people from 1–2 people); and (4) the use of females in heads of household programmes involving 10%–20% of older people for the past 2 years to lend funds of IDR 10 million per group (10 people) for home industries such as vegetables mixed with peanut sauce, fried rice cake, and handcrafts such as sticking and making hand bags from recycled materials.

Until now, all informants revealed that there were no policies or government regulations regarding the age limit of workers, promotions, or job training for older people; there

was no opportunity to get post-retirement training or to get support in self-employment activities. However, decision-making agencies in Depok such as the Health Office, Representative Office, and private companies encouraged the participation and membership of older people, especially in the health sector in the integrated service posts for older persons, venting activities for older people, participation (National Older People Day), and so on.

Buildings and open spaces

Most people thought that buildings and open spaces were still inadequate for older people. However, there were already some improvements, although not significant, such as better cleanliness in public places (streets, sidewalks, parks, and markets); sufficient and well-preserved seating in parks; the existence of older people-friendly parks; slip-resistant sidewalks for pedestrians that were still used by street vendors and motorbike riders; places and buttons for older people at special crossings which had not fully functioned, creating the need for officers to help them cross the street; generally continued adherence to crossing signs for older people by car and motorcycle drivers; quite good level of security because security officers were on duty for 24 h; relatively fewer lighting lamps, especially if the lights were off, which takes a long time to repair; special lines and counters for older people at health centres; special seats for older people on the train; the absence of a separation between bicycle lanes and pedestrians; and toilets in public places which were not older people friendly:

Buildings and open spaces are not yet optimal for older people. There are no older people-friendly parks or green open spaces. Public parks have not prioritized older people. (Sub-district community health centre staff)

Generally, Depok housing is flood free, which is around 70%, except for houses on the banks of rivers. Housing of Ambassador in Cimanggis Sub-district always flooded. (The integrated service post cadres)

Transportation and housing

For transportation facilities, some informants stated that transportation did not support the needs of older people, but some stated that city transportation was relatively comfortable. Public transportation for older people is already being planned. The conditions in public transportation have not supported older people because it is difficult to ride on public transportation:

Transportation in Depok is still lacking, especially long-distance transportation. In the city, there are still minibuses. These models are old, and in my observation, the braking may not be sufficient, which shows that there is no special attention given to transportation. (A member of a political party)

For housing indicators in Depok, some informants considered that housing was still not older people friendly for both private and rental/contracted houses because they did not have a pedestrian walkway. Housing prices were still not affordable for older people. Other informants suggested that the size of the housing should make it free from flooding. If the residents of the house come from a certain socioeconomic group, they are able to usually renovate parts of a room in the house, such as toilets and floors, to meet the needs of an older person.

Currently, the Depok housing developer has not fulfilled the needs of older people because it prioritizes homes for young families. Depok has yet to have flats specifically designed for older people because such housing has not been planned by the government and the developer. However, some informants considered that the construction of flats for older people in Depok was not suitable and was inappropriate because it was better for older people to live with their families. There were no older people-friendly homes because the developer had not designed the house in accordance with the physical needs of older people, such as flat roads, a wide entrance, and a bathroom, kitchen, and toilet specifically designed for older people. Some housing and apartments in Depok were not older people friendly because of their location, which is far from public facilities such as public health centres and hospitals, except for motorcycle transportation. In fact, according to the informant from one political party, housing in Depok originally had open spaces, but these spaces were then converted into parking areas:

Housing conditions are not older people-friendly. Owners are more responsible for making the house comfortable. The developer has not built an older people-friendly house. (Sub-district community health centre staff)

Communication, information, and education

Communication and obtaining information in the present era were better with the technology of mobile communication. Sunday meetings for older people were quite supportive and, when coupled with social media, allowed older people to keep up with information. Every year, the celebration held talk shows related to National Older People Day. It was expected that seniors received information about various issues when engaged in these activities. However, some informants said that information did not address the needs of older people. There still needed to be an information centre to meet the needs of older people.

Community support and infrastructure for older people's health services

The implementation of community support for the older people in Depok was very good. This was revealed by all informants from political parties who expressed concern that the

Depok Health Office is improving the quality of life of older people through exercise and health services in the integrated service posts for older people every month. Health services were adequate in terms of access and financing.

Health services are programmes that are quite adequate both from an access and a financial perspective, with the availability of free health checks and health insurance. All first-level community health centres in Depok have already become older people–friendly health centres, while second-level centres are still in the process of developing. Visits to the community health centre were quite high. The types of diseases that commonly affect older people are hypertension and NCDs. According to the informant, health examination activities should be carried out continuously, but the implementation depends on the condition of the agency. Sometimes, people were diligent in checking themselves into the centre, while there were also people who were too lazy to go to the health centre:

What I look at is the health aspect. Health access is better in terms of financing and access because this programme is for all levels of society. With government support, financing and access are better. (Member of a political party)

Social respect and inclusion

Older people should gain respect from their involvement in social activities and their assimilation in the society, but their role was mostly kept at a domestic level, such as taking care of children/grandchildren, which is likely to accelerate the ageing process. Thus far, there has been almost no involvement of older people in official community organizations at the government level because it was considered appropriate for young people, and the youth population was large. The health and physical conditions of older people also declined, causing them to be reluctant to blend in with community organizations/NGOs and so on. Another source of appreciation for older people was their inclusion as community leaders or in activities such as the Independence Day celebration or elections. Other activities seem to depend on their health conditions. According to one informant, older people must be active, and if they were retired, they must be cared for:

If you do not manage yourself after retirement, you will become senile. Although older people are physically weak, they need to remain active. Do not just leave our old parents at home; we have to be affectionate and considerate. (Member of a political party)

Discussion

The increased number of older people has an impact on socio-economics at the family, community, and government levels. Therefore, an AFC must be created so that older people can engage in activities and be productive. An AFC will be a testament to the readiness of a nation to face an era that

continues to move to reduce the number of dependent people in life. The population of older people is no longer a burden on families, communities, and nations.¹⁰

When combined with the increasing number of older people, it appears that local regulation is needed to accommodate regional specificities and improve regional welfare. However, in reality, the Regional Regulation on older people, especially that related to AFCs, which were originally planned to be issued, was cancelled and replaced with the Mayor's Regulation, which is still in the drafting stage. The existence of these policy regulations guarantees that the principles of administrative actions and every event that deals with equality, legal certainty, and actions are based on certain regulations.^{11–13}

The large number of older people who choose to go to health care centres makes older people–friendly health facilities the issue that needs to be addressed.^{14,15} Visits of older people to community health centres are quite high. All first-level community health centres are older people friendly, while the second-level community health centres are still in the process of becoming so. In addition, with free treatment for older people and a health insurance programme, it is easier for them to receive treatment. The emergence of health problems and the number of older people who seek treatment at health facilities reflect the demand for health services to meet the needs of older people in a friendly manner so that their health can be guaranteed. The findings in the study are in line with the study in Malaysia that found community health services to be one of the most important for developing an age-friendly environment.⁵ Eight dimensions of the older people–friendly city designed by the WHO support a person's life, not just as a friendly place for older people but for all age groups, including children and disabled people.¹² Therefore, within the context of the older people, an AFC is a city that accommodates the needs of older people with all the limitations that accompany them. In addition, Depok City has challenges encountered to realize DAFC such as developing a housing-friendly city. One of the strengths of DAFC readiness is active community participation at the integrated service post. These two findings are supported by a similar study in the Netherlands.¹⁶

The Depok Government has strived to create an older people–friendly area/community/city, but it is not yet optimal because it has to prioritize other facilities. Therefore, policies related to older people–friendly communities and cities, especially for Depok, are very important because of the high population of older people in this region. The preparation of older people programmes in annual activities must be increased and must involve the community so that the programmes that are prepared can respond to the interests of older people. In addition, it is necessary to prepare the infrastructure, budget (funds), government support (policies), and concern for older people.^{17,18}

Older people play roles as job seekers who garner financial income, and they also play an active role in giving to the

community in accordance with the capabilities/skills of each older person. However, older people have not been optimally empowered, even though there are still many older people who have potential in their fields. Several factors that Depok's preparedness for DAFC contained were (1) optimized older people programmes and budgets; (2) insufficient infrastructure, primarily buildings and open spaces, transportation, housing, civil participation, and employment of older people; and (3) lack of coordination between the Depok Government and related institutions, where each programme is running independently.

Depok's preparedness to become an AFC is not yet optimized because of the lack of realization of the commitment of the Depok Government to focus on the interests of the older people, except for the idea of a healthy city that has been implemented even though older people are not mentioned specifically. Today, Depok focuses more on child-friendly cities than on DAFC. DAFC should also receive special attention and its own Special Regional Regulation of DAFC, which is separate from the Depok Regional Regulation on Child-Friendly Cities. The existence of Regional Regulations, national policies, and the law, including the issuance of the Depok Mayor's Regulation concerning the establishment of the Depok Local Committee for the Older People, will bring the realization of DAFC in the future.

The potential for public support in Depok to realize DAFC is quite large. This can be seen from the enthusiastic participation of all age groups, including older people in the integrated service posts for older people activities and healthy heart exercises. The socialization of DAFC is being realized by the AFC. The Working Group from the sub-district to the citizen association level supports the dissemination of information and broad public knowledge about DAFC. When compared with the findings of a similar study in 2013, it was concluded that there had been no significant changes from the three indicators of AFCs that were considered unfavourable, namely, open buildings and green spaces, housing, and social and work participation. There is little importance in the 2018 study given to such factors as additional parks for older people, including Lembah Gurame Park, Terapi Lansia Park, and Mekarsari Park. Approximately 33% of Depok's land already has 103 parks,¹⁹ and the issuance of Regional Regulation No. 09 of 2017 concerning Depok as a family-Friendly City includes DAFC. There have been no changes in housing and civil participation or work indicators in the findings of this study.

Limitations

The study has several limitations, such as the difficulty of determining the timing of in-depth interviews and FGDs for several informants from government stakeholders. As a result, a number of relevant government stakeholders, such as the Housing Agency, the Manpower Office, the small and

medium enterprises (SMEs), and Market Office, could not attend. Likewise, when they were visited, they refused to participate without giving any explanation. Another limitation was the presence of FGD informants from organizations of older people aged 70 years and over who experienced hearing loss and had difficulty concentrating on moderator questions. They could not answer the questions correctly and tended to provide lengthy explanations that deviated far from the contents of the question.

Conclusion

Depok still needs time to achieve the AFC; however, the existence of regional laws and policies regulating the Depok Local Committee for the Older People formation can indirectly accelerate the realization of DAFC. These policies or regulations are designed to ensure that local government cares about the population irrespective of age. In addition, there is a regional policy that provides legal certainty for older people that their needs are guaranteed. The best practices that have been carried out by relevant agencies in Depok that relate to older people are the formation of the Local Committee of the Older people by the government and the community health centre *Santun Lansia* that provides good services for older people.

Acknowledgements

We would like to thank V.P.D. and Y.P. for their assistance in the data collection. Also thanks to all informants from selected government and private institutions for their participation in the study.

Author contributions

All the authors contributed to the formulation of research materials (in-depth interview and focus group discussion guidelines), data collection and analyses, and writing of the manuscript. F.F. revised the manuscript to be published at the selected international journal.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical approval

This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving human subjects/patients were approved by The Research and Community Engagement Ethical Committee Faculty of Public Health University of Indonesia. Written informed consent was obtained from all subjects (approval number of ethical clearance: 666/UN2.F10/PPM.00.02/2018).

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was supported by the Directorate of Community Engagement and

Research of Universitas Indonesia (UI) through the student final research project grant (Grant of Improving Research Working Group Universitas Indonesia 2018; No. 5283/UN2.R3.1/HKP 05.00/2018). UI had no role in the design, analysis, or writing of this article, except covering the publication/handling cost of the journal publication.

Informed consent

Written informed consent was obtained from all subjects before the study.

ORCID iD

Fatmah Fatmah  <https://orcid.org/0000-0002-2763-0219>

References

1. Fatmah. *Geriatric nutrition*. Jakarta, Indonesia: Erlangga Publisher, 2010, pp. 2–3.
2. WHO. *Global age-friendly cities: a guide*. Geneva: WHO, 2007.
3. Buffel T, McGarry P, Phillipson C, et al. Developing age-friendly cities: case studies from Brussels and Manchester and implications for policy and practice. *J Aging Soc Policy* 2014; 26(1–2): 52–72.
4. Kendig H, Elias AM, Matwijiw P, et al. Developing age-friendly cities and communities in Australia. *J Aging Health* 2014; 26(8): 1390–1414.
5. Lai MM, Lein SY, Lau SH, et al. Modeling age-friendly environment, active aging, and social connectedness in an emerging Asian economy. *J Aging Res* 2016; 2016: 2052380.
6. Surabaya of age friendly city. *Gapura XIV* 2012; 66: 15.
7. Depok City Statistic Center Bureau. *Population growth of Depok City in 2017*. Depok, Indonesia: Depok City Statistic Center Bureau, 2017.
8. Survey Meter. One final step into dream on age friendly city 2030. Report, Survey Meter Yogyakarta, Yogyakarta, Indonesia, 2013.
9. Fatmah, Vita, Dina, et al. The assessment of Depok as age friendly city (AFC). *J Biosci Med* 2014; 2: 1–40.
10. Dewi VP, Ismail RI and Kusdhany MFL. Training program to support preparedness of older persons health services. *ASEAN J Commun Engage* 2018; 2: 120–133.
11. Older Persons Regional Commission of West Java Province. *Guidelines for the development of older persons friendly areas in West Java Province*. Bandung, Indonesia: Older Persons Regional Commission of West Java Province, 2017.
12. Saepudin. Fungsi peraturan daerah pada perundangan Tahun 2011 [Function of regional regulation in legislation 2011], <https://saepudinonline.wordpress.com/2013/05/01/fungsi-perda-dalam-peraturan-perundang-undangan> (2011, accessed 25 September 2018).
13. Ahmad. Fungsi kebijakan peraturan dalam melengkapi sistem legislasi administrasi negara [Function of policy regulations in completing the legislation system of state administration], <http://asaad36.blogspot.com/2010/11/fungsi-peraturan-kebijakan-dalam.html> (2010, accessed 1 October 2018).
14. UNFPA. *Executive summary of aging population in the twentieth century: a celebration and challenge*. New York: UNFPA, 2012.
15. National Family Planning Coordinating Board. Kota ramah lansia membentuk lansia tangguh [Older persons friendly cities form tough older persons], <https://keluargaindonesia.id/kabar/kota-ramah-lansia-upaya-membentuk-lansia-tangguh> (2017, accessed 16 September 2018).
16. Van Hoof J, Kazak JK, Jolanta MPB, et al. The challenges of urban ageing: making cities aged friendly in Europe. *Int J Environ Res Public Health* 2018; 15(11): 2473.
17. Hermawati I. Study on age friendly city. In: *Age friendly city seminar and workshop*. Yogyakarta: B2P3KS, 2015, pp. 1–9.
18. Agustiniingsih AP. Pentingnya fasilitas kesehatan yang ramah lansia [The importance of older persons friendly health facilities], <https://www.kompasiana.com/aryantipuji/592c10349397739b381ff541/pentingnya-fasilitas-kesehatan-yang-ramah-lansia> (2017, accessed 15 August 2018).
19. Berita Satu. Hanya 33% Kelurahan Di Depok Memiliki Taman [Only 33% of villages in Depok Have Parks], www.beritasatu.com/satu/477652-baru-33-kelurahan-di-depok-yang-miliki-taman.html (2018, accessed 1 November 2018).