

Editorial note

The Indonesian census result in 2000 showed that total number of Indonesia's population was 206 million, and this put Indonesia at the fourth rank of the most populous countries in the world. The population growth rate over the last three decades has continued to decline, reaching 1.49% per year during 1990-2000, and future estimation reaches 1.21% in 2010. In accordance with the population projection by the Central Bureau of Statistics, the Indonesian population in 2005 will reached 219.9 million, and would rise to 234,1 million in 2010.

Increment in population number will certainly change the outlook of population pyramid. Demographically, a shift in the population structure has occurred from the young-aged to the old-aged population. By age groups, it was estimated that young-aged population (0-14 years) decreased from 35.7% in 1990 to 28.3% in 2005, and to 26% in 2010. The percentage of productive-aged population (15-64 years) increased from 60.6% in 1990 to 66.7% in 2005, and to 68.6% in 2010. On the other hand, the old-aged population rose from 3.8% in 1990 to 5% in 2005, to 5.3% in 2010. Dependency ratio decreased from 49.8% in 2005 to 45.7% in 2010. In the meantime, life expectancy rate at birth over the last four decades tended to increase from 41 years in 1960 to 66.2 in 1999, to 69 years in 2005, and it was estimated to reach 70.8 years in 2010.

For women, the above figures will show prolonged post-reproductive period. Approximately by the age of 45, the ovarian functions would decrease. Due to process, the ovaries become less sensitive to the gonadotropin stimulation. As a result, follicular maturation, ovulation, and the formation

of corpus luteum would cease. During the climacteric period, a decrease in estrogen level would occur progressively, accompanied by an increase in gonadotropin. The earliest symptoms that may occur are menstrual disorder, either in terms of its regularity, the amount of blood, or the lengths of cycles, the onset of dysfunctional bleeding, and the decrease in fertility.

During the post-menopausal period, neurovegetative symptoms, psychological or organic disorders may arise. Neurovegetative symptoms and psychological disorders may take form of hot flushes, cold sweat, palpitation, numbness, emotional disturbances, being offended easily, lack of vitality, fear, and depression. Organic disorders during the climacteric period may assume the form of genital, skin atrophy, and osteoporosis. Other disorders requiring attention are malignancies, heart diseases and urogynecologic diseases.

The ever-increasing number of Indonesian women during the post-reproductive period in the decades ahead requires the efforts to improve their quality of life by overcoming their climacteric symptoms, preventing and treating coronary heart disease, preventing muscular and genital atrophy, preventing osteoporosis, and improving healthcare coupled with the efforts to maintain health.

It is necessary to consider the appropriate use of estrogen substitutions and to develop appropriate technology for the early detection. Healthy lifestyle should be recommended to the extent that disorders due to inactiveness or malnutrition could be prevented.

Those medical efforts could not be successfully made without the necessary adjustments made in the socio-cultural field. The elderly people should be provided opportunity to dedicate their work and to develop their rich experiences so that

they feel needed and won't become unnecessary burdens in the twilight of their lives.

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