



Photo by Elisabeth Schröder-Butterfill

# Understanding Elderly Vulnerability in Indonesia

Research >  
Indonesia

Four of the ten fastest-growing elderly populations worldwide can be found in Southeast Asia, and Indonesia has perhaps the most striking profile of them all. As the strengths and weaknesses of current provisions for the elderly are the best guide to the future, a sound knowledge of existing arrangements and their limitations is a necessary baseline for any examination of the issue. Is current support adequate? What gaps are there? How may a good level of support be defined? What capacity is there in current family and community arrangements to encompass a three or fourfold increase in the elderly? What role can local and international organizations most effectively play? These and other searching questions need to be asked, and the need to delve into the workings of local support networks means that answers will depend on data that economic and social surveys alone cannot provide.

support. Once again, however, we need to look beyond the standard repertoire of measures and the assumptions that accompany them.

Firstly, anthropologists have called to attention the fact that the family system of the Javanese majority is predominantly nuclear and bilateral – a system in which children and the wider kindred have few if any fixed responsibilities to older people. Even in other major cultural groups in which kin solidarity embraces several lineally related families, not all elderly can count on extended family welfare provision. Among the matrilineal Minangkabau of Sumatra, for example, emigrant young men and women provide aggregate inflows of money and other support to their home communities, some of which is channelled through the mosque to assist the poor. Nonetheless, not all older members are so lucky as to have access to these benefits. The permanent departure of young women, in a society in which daughters are a critical source of family continuity and status, can completely undermine their parents' identity (Indrizal, at press).

Secondly, we should not succumb to the cosy assumption that where there are children, they can be counted on. Recent research drawing together studies on nuclear and joint family arrangements in Indonesia, South Asia, and Europe (Kreager and Schröder-Butterfill, at press), shows that while elderly parents have in the course of their lives borne the main responsibility for raising and educating children, these children have no strictly defined roles that enjoin them to reciprocate. Additionally, older people in Indonesia, as in Europe, commonly express a preference to live independently and also frequently continue in employment, even when the work may be physically demanding. As Marianti notes, many devote significant portions of whatever pension they may receive to supporting children and grandchildren, rather than the other way around. Understanding this apparent desire for self-reliance requires consideration of whether the uncertainty of children's behaviour and, once their ability to contribute materially to the family has diminished, the threat of marginalization, leaves the elderly little choice.

Thirdly, some of the elderly have no children, not only on account of biological factors, but due to events such as migration, divorce, remarriage, and conflict, that separate or alienate family members and result in *de facto* childlessness. Again, the situation in Indonesian villages conforms to recurring long-term demographic patterns observed in many parts of Europe, in which it has been common for one in five elderly women to be without chil-

dren. Elderly vulnerability in the absence of children, then, is neither a new issue, nor is it something that can be dismissed as concerning only a tiny minority. As Elisabeth Schröder-Butterfill shows (on the next page), older people pursue a range of alternative support arrangements, from adoption to patronage and charity, in their attempts to provide themselves with a network of support.

On the positive side, some recent changes suggest that two demographic factors behind childlessness are on the wane. Previous levels of fertility, between four and five births per woman, were in fact relatively low by historical Asian and European standards. Equally, factors that tended to drive down fertility in the 1940s and 1950s, when many of today's elderly were in their prime childbearing years, are now much less potent. Medical intervention appears to have significantly reduced infertility due to pathological causes. The fall in divorce rates by one-third has reduced time out of wedlock and is attributed variously to the impact of education and Islamic institutions. Thus, whilst women on average are now having fewer children, the factors that prevented some 20 per cent from having any children at all are significantly lessened. This shift is encouraging in two respects. One is that it shows that specific health and educational interventions are likely to have positive long-term impacts on the elderly of the future. Second, currently high levels of childlessness amongst today's oldest generation indicate that, at least at a local level, there is likely to be considerable awareness of some specific causes and consequences of elderly vulnerability. In both of these respects the projected increase of elderly Indonesians over the next two decades may not constitute as radical a change as the percentages cited earlier suggest.

## Migration and the family

On the negative side, the factors that limit the capacity of children to assist elderly kin and encourage *de facto* childlessness may be increasing. As Van Eeuwijk notes, migration will be responsible for many more elderly people landing in less healthy urban environments. The young continue to dominate migration streams, but the incentive for the elderly to move increases, as many of the agricultural roles they fulfilled in the past are disappearing under the impact of agricultural commercialization. The increasing distances between family members tend to make enduring networks more difficult to build or maintain. Meanwhile, due to the continuing absence of norms which fix the responsibility for elderly care on particular children, the

distant homes, better education, and improved economic status that many children acquire will not accrue as benefits to their parents, but will instead lead to further alienation.

It thus becomes crucial to identify specific points of intervention that could assist local experience. For example, we know that the pensions some elderly receive are redistributed to needy kin; these elderly may not be much better off in material terms, but their capacity to fulfil respected social and familial roles is transformed. While rising numbers of the elderly poor are receiving modest pensions, the benefits of this need to be considered in light of people's social as well as economic well-being. It is in the area of advocacy for adequate yet affordable social protection for the elderly that national and international non-governmental organizations (e.g., Yayasan Emong Lansia, HelpAge International) as well as – mainly Islamic – religious organizations can, and sometimes already do, play an important role.

Improvements in the factors underlying elderly vulnerability raise the question of whether interventions could be addressed to other specific issues, such as self-sufficiency. Particularly important are health interventions that would ensure improvements in elderly mobility and the treatment of sight impairments.

In the absence of concerted public programmes to assist the elderly poor, it may well be that only Islamic and other religious institutions will have the moral authority and organizational capabilities to respond to the inevitable shortcomings of family-based welfare. ◀

## References

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By Philip Kreager

United Nations (2002) data predict that the percentage of Indonesians over the age of 60 will rise from 7 to 8 per cent of the population today to 13 per cent in 2025. Comparable shifts in Europe took fifty years in the case of Britain and over a century in France. Not only is the speed of change remarkable, the scale of the Indonesian situation is mind-boggling. Due to a still rapidly growing national population, in absolute terms elderly numbers will increase by 300 to 400 per cent, while the approximately 16 million people over 60 already constitute the seventh largest elderly population in the world today.

Meanwhile, as the essays by Ruly Marianti and Peter van Eeuwijk show (on pages 14 and 15), government policy regarding health and welfare provision remains inadequate. Pensions, for example, reach scarcely more than 10 per cent of the workforce. Recent plans by the Indonesian government to introduce a 'universal' social insurance system in fact only aim at the minority of formal-sector workers; the most vulnerable will continue to be excluded. In short, the majority of older people will continue to depend on their family networks, community organizations, and ultimately themselves.

## Community organizations

The contributions of family networks should not, of course, be underestimated. They remain fundamental in all societies but are subject to other constraints, such as adult children's need to educate their offspring, or restrictions imposed by class, status, distance, and other limitations. Where impoverishment is enforced by these constraints, community structures may step in. Amongst the majority of Indonesians, these structures are by tradition centred on the mosque, which now appears to be playing an increasingly active role. While Hindu and Christian organizations may be important, the sheer size of the Muslim population leaves the scope for religious influence at national and community

levels preponderantly with Islam. This influence can be more subtle than Western policy makers have generally recognized. It is worth remarking, in this respect, that the influence of more radical Islamic organizations in the Muslim world often stems largely from their activities in providing reliable social welfare to the end of fostering a shared sense of moral and political community (Kepel 2002). Issues of poverty and health raised by shifts in population age structure are thus not just about the elderly.

The unpreparedness and even perceived indifference of both the state and family networks towards the high and rising levels of poverty, insecurity, and frailty is becoming part of a wider experience in which people discover which institutions in society are really going to help and which are not. This is an issue of trust that potentially cuts very deep. It concerns not only the elderly, but all those who know them and who witness the inadequacy of traditional and state responses to vulnerability and the consequences thereof.

## Family support

Returning for the moment to the standard figures for age-structural shifts, the broad demographics of population ageing in Indonesia appear to be reasonably typical. Life expectancy has risen rapidly to nearly 70 years for women and 65 for men, with further improvements expected. Moreover, as demographers emphasize, the main factor in population ageing is a fall in fertility. In the 1970s and 1980s women had four to five babies on average, but since then fertility levels have declined to an average of just over two (2.27) children per family. In absence of state provision, children in this age of ageing increasingly face the need to assist their longer-living parents and, even, their grandparents. Commentators are generally inclined to view the implications of such figures as less alarming than they would be in Europe, on the assumption that in Asia older people rely not just on children but on joint families and extended kin with responsibility to provide a substantial web of