Understanding Elderly Vulnerability in 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 strengthen, the knowledge of existing system and the absence of knowledge of future, a sound baseline for examination 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.

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 Ruby Mariantti and Peter van Eswijck 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 by Western policy makers have generally recognized. It is worth remarking, in this respect, that the influence of more radical Islamic organizations in the Indonesian world stems largely from their activities in providing relevant 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 demographics 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 some parts of state province, children in this age of children 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 do not just rely on children but on joint families and extended kin with responsibility to provide a substantial web of support. Once again, however, we need to look beyond the standard repertoire of measures and the assumptions that accompany them.

Fortunately, anthropologists have called to attention the fact that the family system of the Javanese majority is predominately nuclear and bilateral – a system in which children have no strictly defined roles that impel them to reciprocate. Additional- ly, many members from both generations have no strictly defined roles that prenatal care and the notion of mother-care that can 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 age-related illnesses.

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 to address 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 a radical change as the percentage cited earlier suggest.

Migration and the family

On the negative, the factors that limit the capacity of children to assist elderly kin and encourage de facto-childlessness may be increasing. As van Eswijck notes, migration will be responsible for many more elderly people landing in less healthy urban environments. The young continue to dominate urban spaces, but the incentive for the elderly to move increases, as many of the agricultural roles they fulfilled in the past are disappearing due to the effects of agricultural commercialization. The increasing distances between family members tend to make enduring networks more difficult to 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 need to know if 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 the normative roles of people’s social as well as economic well-being. It is in the area of advocacy for adequate yet affordable social protection that national and international non-governmental organizations (e.g., Yayasan Emong Lansia, HelpAge International) as well as – presumably at some point – the national governments can, and sometimes already do, play an important role.

References


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