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Bakti and Sayan traditions among the Tenggerese people in East Java: the role of indigenous institutions in integrated elderly care development in Indonesia

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CHAPTER I INTRODUCTION

1.1 Elderly Care of the Ageing Population in Indonesia

1.1.1 The Present Situation of the Ageing Population

The ageing population has become an important subject both in developed and developing countries [1.1]. The complexity of the subject is based on the fact that population ageing in developing countries is growing faster than in developed countries (*cf.* UN 2017). Recent studies show that in France, as a developed country, it took 115 years to increase the proportion of its population aged 65 or older, from 7 to 14% (*cf.* Kinsella & Phillips 2005). In contrast, in China as a developing country it only took 26 years to increase its ageing population to the same percentage as in France. Based on the data from *Badan Pusat Statistik* (BPS) ('Central Bureau of Statistics'), Indonesia, which is also a developing country, has experienced an increase from 7 to 15% in just 25 years (*cf.* BPS 2013).

Demographic ageing is usually a result of two trends: declining fertility and increasing life expectancy [1.2]. In the context of the declining fertility, Indonesia has successfully implemented *Program Keluarga Berencana* ('Family Planning Programme') which reduces the number of babies born into a typical Indonesian family during the past four decades [1.3]. In early 1975, the average Indonesian family consisted of approximately 4.7 children and their parents, whereas in 2005 to 2015 it consisted of approximately 2.5 children and their parents (*cf.* UN 2015). The impact of the Indonesian governmental policy to reduce birth rates reduces the Total Fertility Rate (TFR) (*cf.* UNFPA 2014) [1.4]. On the other hand, the second trend in demographic ageing is increasing life expectancy, which is related to the mortality rate. Studies on mortality have focused on trends in the Infant Mortality Rate (IMR) [1.5]. With increased access to quality health care services, the IMR has decreased (*cf.* UNFPA 2014). As a result, declining mortality will increase life expectancy.

The growth of the older population in developing countries, which is more rapid than in developed countries, has important implications for government policies such as provision of social security, *i.e.* pension schemes, provision of health services, and access to care, particularly for older people. Every country, both developed and developing, has a policy to deal with their ageing population. Economic conditions are one of the factors that can affect the readiness of those countries to face population ageing. As Brundtland in Sciubba (2010:77) and in ECLAC (2003:1) stated at the World Assembly on Ageing in Madrid in 2002: '*We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich.*'

As regards economic growth and the ageing population, social security such as public pensions and health care are seen as important matters. Governments in developed countries, therefore, allocate large budgets from the Gross Domestic Product (GDP) [1.6]. As Dethier (2007:288) contends: '*In developed countries, social security grew massively after World War II, in times of prosperity.*' On the contrary, in developing countries such as Indonesia, the notion of social security drew the government's attention at the beginning of the twenty-first century where only a small amount from GDP was allocated. For instance, social security ranged from 31% of GDP in Sweden to 16% in the United States in the past 30 years (*cf.* Dethier 2007). Meanwhile, the Government of Indonesia spent a tiny amount for both health and social protection from GDP, *i.e.* less than 2% for health and 1% for social protection between 2010 and 2014. However, the Government of Indonesia allocated a considerable amount of the budget in 2016: 12% for social protection and 5% for health (*cf.* ADB 2016), meaning that the Indonesian ageing population has emerged before the country was even ready to allocate sufficient resources to ensure the elderly's well-being (*cf.* UNFPA 2014). Thus, all parties, including the government and the society, need to prepare for the care of the ageing population.

On the one hand, the elderly should have achieved economic stability before entering old age, so that their quality of life will be maintained. On the other hand, the Government of Indonesia also needs to make various interventions to improve the elderly's well-being. Social security is one of the government interventions which covers all Indonesians including formal and informal sector workers,

the unemployed, and the poor. In Indonesia, social security was initiated in 2004 through *Sistem Jaminan Sosial Nasional* (SJSN) ('National Social Security System'). The social security schemes include pensions, old-age savings, national health insurance, work injury insurance, and death benefits (*cf.* Bappenas & GTZ 2008; Widjaja & Simanjuntak 2010). As reported by BPS (2017), the elderly households who are protected under social security accounted for 18.83% in the cities and 6.47% in the villages. Social security includes the pension system which still exists but with limited coverage. For many elderly people who receive a pension, the amount of pension allowance is relatively insufficient for them.

Moreover, nearly half (48%) of all people of pensionable age do not receive a pension. As a result, the majority of the world's older women and men have no income security nor the right to retire. They have to continue working as long as they can, even though they are badly paid and in precarious conditions (*cf.* ILO 2014). That is why some older people still need to continue engaging in income-earning activities to meet basic needs (*cf.* UNFPA 2014). It is reported that 46.53% of Indonesia's older people aged 60 years and above were still active in the labor force (*cf.* BPS 2015). Moreover, a report from UNFPA (2014) shows that nearly 90% of older people who reported being economically active were employed in the informal sectors. These informal sectors, including self-created employment, are forms of employment associated with income uncertainties and lack of social protection [1.7]. Informal employment is indicated by the high proportion of older people working in agriculture (about 70%). Particularly those who live in rural areas are engaged in unpaid family work including older people working on their own family farms or those of their children or neighbours as helpers. Consequently, the percentage of elderly who have social security is low, particularly in rural areas.

Besides social security, the Government of Indonesia also provides social assistance. Social protection includes social security and social assistance. On the one hand, social security is similar to insurance whose payment is mainly made by participants. On the other hand, financing for social assistance is mainly taken from taxes which are distributed to the poor, elderly, and disabled (*cf.* Widjaja & Simanjuntak 2010; Bappenas & GTZ 2008). Social insurance is based on contributions whereas social assistance is based on non-contribution (*cf.* Adioetomo *et al.* 2013). There are several social assistance programs for the elderly, such as *Program Keluarga Harapan* (PKH) ('Hope Family Programme'), and *Asistensi Sosial Lanjut Usia Terlantar* (ASLUT) ('Assistance to Displaced Older People') [1.8]. BPS (2017) reports that there were 2.99% elderly living in urban areas and 5.50% in rural areas who accepted PKH. Moreover, as many as 30,000 elderly ASLUT recipients are found throughout all provinces in Indonesia. However, these programs should be expanded to cover more poor and vulnerable older people.

Social security also covers health insurance which can provide protection of health needs for elderly people. BPS (2017) reports that the health insurance of the elderly reached 63.24%. The largest percentage went to *Penerima Bantuan Iuran* (PBI) ('Premium Assistance Beneficiary') from *Badan Penyelenggara Jaminan Sosial* (BPJS) ('Government Social Security Agency') as much as 33.47% and 17.08% for non-PBI, whereas *Jaminan Kesehatan Daerah* (Jamkesda) ('Regional Health Insurance') reached 12.88%, private insurance 0.83%, and company or office insurance 1.51%. The large percentage of PBI BPJS recipients indicates that the elderly in Indonesia are still dependent on health insurance provided by the government. The largest use of health insurance for the elderly was the PBI for 21.45%, whereas non-PBI spent 13.96%, Jamkesda 4.46%, Private Insurance 0.49%, and company or office insurance 1.11%. Only 41.29% out of 63.24% elderly use health insurance. It shows a lack of accessible health services and support for the elderly as they get older. One of the reasons is because formal sector workers can access social insurance, while the poor have limited access to social assistance and health services. Still, large population groups including informal sector workers have not been covered. Based on those facts, there are still many elderly people who have not been covered either by social security ('social insurance') or social assistance. In the absence of adequate social protection programs, most elderly decide to continue working or rely on their family or community support.

Thus, the Government of Indonesia faces the challenge of increasing needs and demands for care of the elderly for their health and well-being. It is therefore important to conduct user-oriented ethnoscience research for 'bottom-up' policy planning and implementation to improve the care of the elderly in Indonesia.

1.1.2 Current Challenges of Population Ageing

Indonesia is one of the South Asian countries which will soon face an ageing population. *Survei Sosial Ekonomi Nasional* (Susenas) ('National Socio-economic Survey') in BPS (2017) reports that five provinces in Indonesia are heading towards ageing population, *i.e.* DI Yogyakarta (13.90%), Central Java (12.46%), East Java (12.16%), Bali (10.79%), and West Sulawesi (10.37%). Three of those provinces are located in Java. For this reason, this research focuses on East Java where the Javanese population is in the majority. The Eastern world has different social values with respect to elderly care compared to the West (*cf.* Qu 2014) [1.9].

Embarking on the basic working definition of *care* of the elderly as is further elaborated in Chapter II, it suffices here to establish that *care* serves the needs of the elderly *clients*, encompassing assisted living, adult daycare, long-term care, residential care of the elderly or elderly care, hospice care and home care (*cf.* Kim & Antonopoulos 2011). It is relevant to underscore the basic difference in focus with the definition of *nursing* which refers to a way of providing help to elder *patients* as they seek to cope with their status of illness or disability (*cf.* Petiprin 2020; Susanti 2023).

In order to understand the needs and perspectives of the users of elderly care among the Tenggerese population in the communities in East Java, this study describes the results of a qualitative and quantitative research based on a user-centered methodology carried out by implementing the applied ethnoscience approach as a basis for the development of integrated elderly care in Indonesia. The present study in East Java is the first research of user-oriented behaviour of elderly care in the transcultural setting of the plural elderly care system in Indonesia, following the pioneering research by Slikkerveer (1995) on transcultural health care utilisation in the Horn of Africa.

Developing countries in Asia, such as Indonesia, represent various cultural practices with regard to elderly care. Indonesia's largest ethno-cultural group, the Javanese, has a bilateral kinship system which supports the elderly (*cf.* Niehof 1995) [1.10]. Moreover, the Javanese kinship system is characterised by the values of showing *hormat* ('respect') and maintaining *rukun* ('harmony') towards senior relatives (*cf.* Geertz 1961; Koentjaraningrat 1957; Keasberry 2002). In the traditional Indonesian culture, Javanese children are obligated to take care of their parents (*cf.* Koentjaraningrat 1957). In East and South-East Asia, family care of older people is provided informally within the household, specifically by adult children, children-in-law, the spouse, and the grandchildren.

Moreover, caring for older people is considered a priority family responsibility to provide care in the traditional way at home (*cf.* Help Age International 2015). Xu & Chow (2011) state that the traditional care of older people in China has been provided at home by the spouse, children, in-laws, particularly the daughter-in-law, and extended family members. Likewise, in Indonesia, family is the largest resource to support the elderly especially for social informal care and living arrangements (*cf.* UNFPA 2014). In the Javanese culture, the elderly used to live with their children, siblings' children, or grandchildren when they grew older, and had no young children rendering them no longer being the head of the household (*cf.* Geertz 1961).

The choice of living arrangements of the elderly can be influenced by cultural norms and values, and by economic and social conditions (*cf.* UN 2005). Susenas in BPS (2017) reports that living arrangements for the elderly in Indonesia is arranged by those who live within the extended families either living in two or three generations. The meaning of living in two generations refers to the elderly who live with children/daughters-in-law or with parents/in-laws in one household. Living in three generations refers to elderly who live with their children/daughter-in-law and grandchildren or with children/daughter-in-law and parents/in-laws in one household. Moreover, BPS (2017) also reports that the majority (62.64%) of the elderly live with their family, including their three generations. Only 9.80% of them live alone whereas 18.89% prefer to live with their spouse. This shows that the majority

of Indonesian elderly are under their children's care. Moreover, those who have no children live with other relatives (*cf.* Keasberry 2002). The traditional kinship system allows a child to take care and support the elderly, usually the adult daughter. Similarly, the Chinese system places more responsibility on the sons (*cf.* HelpAgeInternational 2015). Xu & Chow (2011:375) highlight a Chinese proverb: '*having a son makes one's old-age secure*' to describe common expectations and obligations of the Chinese children to their parents.

For most Indonesian families, children are still very much valued and parents look to them for help. They emphasise that having children is an attempt to ensure their care at old age. They have a proverb: '*banyak anak, banyak rezeki'* ('many children bring prosperity'). Nowadays, however, many people prefer to have fewer but healthier and better-educated children as the result of family planning programmes. Children who are healthy and well-educated will provide a better guarantee for giving adequate care to their parents (*cf.* Niehof 1995). It is related to the 'Value of Children' referring to the importance of relations between parents and children over the lifespan in different cultures (*cf.* Albert *et al.* 2005) [1.11]. In their study of the value of children in Indonesia, Albert *et al.* (2005), mention three main values of children: emotional, social-normative, and old-age security. Chou (2010) reports the same situation for Chinese parents, that elderly people in China also believe that raising and investing in children is an effort to ensure care of their old age. Similar to the condition of most Indonesian people, Indrizal (2004:51) argues that: '*no matter how kind other people are, in old age it is your children who will make you more comfortable.*' Having several children offers more choices of care for the elderly, and gives a secure feeling in their old age.

Moreover, kinship and family organisations have a more important role, particularly in South-East Asia such as Indonesia, than in the West where they have a value system which refers to Familism. Holmes & Holmes (1995:113) conclude that: '*familism is primarily a characteristic of societies wherein kinship is stressed over other forms of relationship and affiliation is with larger groups such as clans, lineages, kindreds, or extended-family household groups.*' Kin underlies family relations in Indonesia, where children are supposed to show respect to their parents, acknowledge their authority, and take care of their parents in their old age (*cf.* Koentjaraningrat 1957) As will be documented in this research, the Tenggerese people practice the local traditions of *bakti* ('filial piety') and *sayan* ('mutual aid') as important institutionalised socio-cultural principles guiding their behaviour and their way of community life.

In particular, *bakti* and *sayan* represent two of the vital local traditions of the indigenous institutions which have been regulating the practice of care of the elderly in the communities over many generations. The discourse on filial piety is also held in several Asian countries, such as China, where cultural context of elderly care is grounded in the Confucian tradition [1.12]. Several studies in other Asian societies also describe the significance of filial piety such as Beh & Folk (2013) in Malaysia, Qu (2014) in China, The Philippines and Japan, and Setiyani & Windsor (2019) in Indonesia. India as part of the Hindu culture also practices filial piety, where the value of filial piety in relation to the family and their community is extremely important and strong (*cf.* Beh & Folk 2013).

In this research, *bakti* and *sayan* are documented and analysed in relation with the various categories of factors influencing the traditional provision of care to older people, especially to elderly parents at the community level. The practical significance and crucial role of both traditions for the care of the elderly will be described from the users' perspective of young adults, particularly adult children, in providing care to their elder parents among the Tenggerese people in East Java. Sung (2005) defines filial piety as the practice of filial respect and care to parents, which includes a normative duty and obligation of adult children. In Asian countries, filial piety still has strong roots in their daily rituals and norms which are based on the cultural values of each country. Sung (1994) also states that it is important to have greater knowledge of the provision of elderly care in different cultures, where change has a significant effect on the care of the elderly (*cf.* Sung 1994, 2004). Similarly, social change such as modernisation and urbanisation could also affect the type of care of the elderly. Modernisation encourages young people to move out from their parent's home, often to the cities for employment opportunities and an independent life. Higher rates of migration tends to reduce the possibility that an elderly person will have a child living close by.

Mason (1992:7) states that: '*although family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly seems likely to decrease as the countries and areas of Asia develop economically and modernise in other respects.*'

However, Qu (2014) concludes that children and relatives have a concrete role in supporting the patterns of living arrangements among the elderly in most Asian countries. Nevertheless, the type of support for the elderly is shifting from personal to financial. In other words, personal, emotional, and physical contacts with the elderly are diminishing and substituted by financial support. Personal care is replaced by financial support or substituted by other people or institutions, such as hiring nurses, domestic help, or placing the elderly in care institutions (*cf.* Koesoebjono & Sarwono 2003).

1.2 The Importance of Culturally Appropriate Elderly Care

Warren, Slikkerveer, & Brokensha (1995) initiate the importance of incorporating cultures into development which underscores the approach of sustainable development. Moreover, they also highlight the cultural situations from the 'emic' perspective on development. In this context, the 'emic' view also refers to how adult children perceive the care of their elderly and their preferences to utilise traditional elderly care institutions. Those perceptions can only be understood and evaluated in terms of the cultural contexts where adult children provide care of their elderly. The kinship and residence patterns are tangible manifestations of more individuals or collective cultural orientations (*cf.* Keith 1992). Moreover, Olson *et al.* (2011) state that cultural norms influence the concepts of lineage which is important to determine membership of a particular kinship group, patterns of inheritance, and kinship obligations and responsibilities. The cultural context does influence a wide variety of aspects, such as family values and behaviours, communication between parents and children, power and gender roles, work and the family, ethical and religious values, and the role of the extended family and people outside the immediate family in helping out in family matters (*cf.* Olson *et al.* 2011).

Population aging is expected to have a deep effect on the support ratio for the elderly, as the potential support ratio indicates the available support for older people [1.13]. This ratio tends to decrease in Indonesia. In 2010, the potential support ratio was 13.1 and is projected to decrease to 6.4 in 2035 (*cf.* UNFPA 2014). It means that every six working people have to financially support one elderly person. Kadar *et al.* (2013) state that the family has been the most important support system for older people in Indonesia, both in rural and urban areas. The elderly live mostly with their children and other family members, and only a small number of elderly lives alone.

In urban areas, most older people live together with at least one of their children, while the elderly are less likely to live with their children in rural areas. Home is considered to be an ideal place where care will be provided for the elderly and caregivers will stay with them. Zhang *et al.* (2014) show that stronger filial piety is expressed by adult children who live with their parents. There is a clear filial boundary, depending on who provides care and where it takes place. Setiyani *et al.* (2019) state that to be a filial child, one will need to provide care of their parents during their old age, and commit to become providers of direct care at home and assume clear gendered caring roles to parents in the future provide. However, recently, social change has challenged the traditional practices of filial piety. According to Chen (2011), adult children continue to be less available to be directly present with the elderly. Similarly, Chan (2017) confirms that increased urban and labour migration, especially for adult daughters, has affected the practice of filial duty in several ways such as financial remittance and regular communication. However, sometimes families cannot provide specific care to the elderly. It is mainly because not all families have the skill or the experience to look after the elderly. By consequence, the need of provision of care from the community tends to increase.

1.2.1 The Need of Integrated Care for the Elderly

Community-based care includes practical and financial support for older people and their family members within the community. It emphasises reinforcing and complementing traditional forms of informal care (*cf.* HelpAge International 2015). Family home care includes informal care. Xu & Chow

(2011) state that for providing care and support to the elderly, family members remain the primary caregivers, while communities offer supplementary care for the elderly and their families who cannot provide it because they live far away. Community-based care can provide not only care and health services, but also social support for the elderly, and can be provided by public and private civil society organisations, which often work with professionals or community volunteers. Community volunteers may also be trained and supported by local Non-Government Organisations (NGOs), religious organisations or local authorities. HelpAge International (2015) underscores that role of the community to provide support and care not only to primary caregivers among the family's elderly, but also for the elderly themselves, with a view to encourage the elderly to continue living as long as possible in their own home and community.

The government care of the elderly focuses on the various forms of care provided in the *Pusat Kesehatan Masyarakat Santun Lansia* (*Puskesmas Santun Lansia*) ('Age-Friendly Primary Health Care Centre for the Elderly'), the *Posyandu Lansia* ('Integrated Health Post for the Elderly'), and in hospitals. The health care services are controlled by the Ministry of Health, while the social care services for the elderly are provided in the *Karang Werda* ('Well-Being Centre for the Elderly') and *Panti Jompo* ('Old-Age Homes').

The activities in the *Karang Werda* generally focus on five aspects: spiritual, health, welfare, empowerment, and sports including the arts and recreation. The East Java Provincial Regulation Number 5 of 2007 for the elderly's welfare manages the activities carried out at *Karang Werda* to include (1) religious, mental and spiritual, (2) health, (3) employment opportunities, (4) education and training, (5) public facilities and infrastructure, (6) legal services and assistance, (7) sports, arts, and recreation, (8) social protection for non-potential elderly, and (9) social assistance for potential elderly people. Additional care and support of the elderly refers to residential centres such as *Panti Jompo*, classified into two types: (1) old-age homes managed by the government, and (2) old-age homes managed by the private sector (*cf.* HelpAge International 2015). *Dinas Sosial* ('Social Affairs Office') is managing, supporting and controlling the implementation of care and support provided in the government old-age homes. *Dinas Sosial* also has the responsibility to supervise and control the implementation of the provision of care and support in private old-age homes.

The elderly also receive social assistance from the ASLUT and PKH Programme arranged by the Ministry of Social Affairs. The *Badan Penyelenggara Jaminan Sosial* (BPJS) ('Government Social Security Agency') carries out the distribution of social security for the elderly, such as pensions, old-age savings, health insurance, working accident protection, and death benefits. The *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) ('National Population and Family Planning Board') also provides social support for the elderly through the *Bina Keluarga Lansia* (BKL) ('Elderly Family Development'). Care and support services for the elderly involves many ministries and agencies from the central to the provincial, district, sub-district, urban-village, or village level, substantiating that each ministry and agency has a programme for the elderly. Unfortunately, the programme implementation for the elderly results in the unequal distribution of the available resources. Kadar *et al.* (2013) report that many health care staff who provide services for the elderly in the community health centres have limited knowledge, about elderly care. There are no clear directions from the central government to the various levels of health service providers on how to meet the elderly's needs in Indonesia. Inadequate staff and lack of directions from the government can reduce the effectiveness of the governmental programmes.

Knowledge of local people about care of the elderly is important to study as Indigenous Knowledge Systems (IKS) link up with the cognitive aspects of investigating local systems of knowledge, practices, and beliefs in relation with the behavioural aspects in the development process of the community. More specifically, the Leiden Ethnosystems And Development Programme (LEAD) developed the relevant IKS-based Integration Model (IKSIM). Slikkerveer (2019:15) emphasises that IKSIM: '*embarks on the integration and interaction of local and global systems of knowledge, practices and institutions as a stepping stone for the newly-developing concept of Integrated Community-Managed Development (ICMD).*' In Indonesia, the community-based activities are guided by the institution of *gotong royong*. The term refers to the Javanese words *'ngotong'* and '*royong*.'

The word *ngotong* means 'several people carrying out some task,' while *royong* means 'together.' Hence, *gotong royong* can be defined as an institutionalised activity practiced communally by several people (*cf.* Slikkerveer 2019b). Slikkerveer (2019b:309) further highlights, that several studies describe *gotong royong* as: *'an extension of the meaning of communality in Indonesia, as it not only refers to the joint participation of individuals to provide a collective contribution to their community, but also to individual assistance to fellow members in need in the community in the form of either material, financial, physical, mental and spiritual help.'* His definition underscores that *gotong royong* refers to a pan-Indonesian institutionalised traditional principle of mutual aid and communal work on a voluntary non-profit basis (*cf.* Slikkerveer 2019b).

In Indonesia, the implementation of community initiatives for the elderly is also guided by the organisation of *Karang Werda,* a group activity for the elderly in East Java Province, and the *Pos Pelayanan Terpadu Lanjut Usia* (*Posyandu Lansia*) in some other areas of Indonesia (*cf*. Kadar *et al.* 2013). *Karang werda* focuses on social support including assistance to foster greater social interaction and emotional well-being within the community, while *Posyandu Lansia* implements programmes for health care of the elderly conducted by volunteers in the villages, assisted by health care staff. As a result, community participation will improve the health and well-being of older people in Indonesia. Hahn (1999) in Slikkerveer (2019b:309) highlights the non-material aspects of *gotong royong* in Java, pointing to the fact that the traditional Javanese culture does not emphasise material wealth, but that there is: '*respect for those who contribute to the general village welfare over personal gain. And the spirit of gotong royong or volunteerism, is promoted as a cultural value.*'

Although community-based care of the elderly should be considered a priority, and as such merit more attention from the policy makers, some additional types of care beyond the capacity of the communities are still needed, such as hospitals' health care or old-age homes for social care of the elderly. However, organisations such as old-age homes are not popular among older people who still have a family to live with. It is also considered disgraceful to send the elderly to old-age homes (*cf.* Kadar *et al.* 2013). In a similar case in Japan, Kono (1994) mentions, that sending aged parents to modern elderly care organisations is viewed as undutiful and unethical. *Gotong royong*, as an indigenous institution, is also grounded in the indigenous knowledge systems and cosmologies at the community level, which allow for a 'bottom-up' orientation to achieve sustainable development. Slikkerveer (2019:317) highlights that: '*Integrated Community-Managed Development (ICMD) is embodied in its 'bottom-up' orientation, in which the indigenous institutions and cosmologies are functionalised by the integration of local and global knowledge systems in order to achieve poverty reduction and sustainable community development in Indonesia and beyond.*' In this research, the integration-approach of the ICMD model is used to achieve improved care of the elderly and as such sustainable community development in East Java, Indonesia.

1.2.2 Case Management and Sustainable Development of Elderly Care

Although care and support services schemes for the elderly, including health, social care and security are provided by many ministries and agencies, these schemes need to be managed on the basis of what the elderly themselves need and want in the community. A popular model of integrated care for the formal service delivery level is case management. You *et al.* (2012) state that many developed countries, such as England, Canada, and Australia attempt to integrate case management approaches in order to provide comprehensive services for community-based older people. The Case Management Society of America (CMSA) (2010:8) defines case management as: *'a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes.'* According to Long (2002), case management focuses on two primary purposes: quality and cost of care.

Case management aims to improve the coordination of modern health and social care which needs interventions from case managers, coming from health professionals or social workers (*cf.* Long 2002). Keigher (2000) found that health professionals face more constraints in coping with unmet social needs

for the elderly than social workers who are well trained, and are more likely to encourage cooperation among family, friends and the community to make independent living for the elderly possible (*cf.* Early & GlenMaye 2000).

The challenges of an ageing population have also implications for all societal sectors, including demand for goods and services such as housing, transportation, social protection, family structures, and inter-generational ties. Social change may not only threaten family care, but also the financial support of the elderly. This condition may harm the poorest countries of Asia where many elderly people experience poverty. Priebe & Howell (2014) show that in Indonesia the incidence of poverty among older people is high and increases with age. Moreover, Priebe (2017) reveals that about one-third of the elderly population is currently vulnerable to poverty in Indonesia, where the Javanese provinces show relatively high old-age poverty rates compared to poverty among the non-elderly people.

In 2002, the Madrid International Plan of Action on Ageing adopted the second World Assembly on Ageing, paid special attention to three priority areas *i.e.* older people and development, advancing health and well-being into old age, and ensuring enabling and supportive environments (*cf.* UN 2002; UN 2017a). Likewise, the 2030 Agenda for Sustainable Development of the United Nations (2015a) supports the Madrid International Plan of Action on Ageing. The Sustainable Development Goals (SDG) of the 2030 Agenda for Sustainable Development are also addressing the rights and needs of the elderly, including social security, health, inequality, and poverty. These SDG's are also related to nutrition, resource use, health care, accessibility, security and specific data collection for the elderly (*cf.* UN 2017). The factors determining the social and economic well-being of older people worldwide, including income security, health status, capabilities, and enabling environment aspects are also documented by the Global Age Watch Index.

1.2.3 Income Security

Income security is related to the elderly's access to their income. Some indicators used in income security are pension coverage, poverty rate in old age, the relative welfare of the elderly, and living standards using GNI per capita (*cf.* HelpAge International 2015a). From an economic perspective, the government also plays a major role in providing income security for the elderly in their old age. Pension and old age savings are programmes in the social security scheme for the elderly. Social security is only given to participants based on their contributions; it is in the form of premiums or savings paid, such as pension guarantees, and old age, work accident, and death insurance.

For the elderly who during their productive age have planned their living in old-age and taken insurance including pension, they will receive a pension every month during their retirement age to meet their daily needs. It also applies to those who have old age savings. This situation is typical of the elderly who previously worked in formal sectors where employers require their employees to have insurance. In contrast, for the elderly who work in the informal sectors, their income tends to be relatively uncertain.

It is primarily because the majority of them work as farmers whose income is unstable due to seasonal factors (*cf.* Jutting 2000). Moreover, informal workers are also indicated by the high proportions of elderly who worked in agriculture, particularly in the rural areas (*cf.* UNFPA 2014). BPS (2017) reports that the elderly who work in the agricultural sector amount to 55.18%. Furthermore, BPS (2017) also reports that the percentage of the elderly who work as formal workers is 48.17%, while the remaining elderly as informal workers, is 51.83%. The large number of elderly who work in informal sectors influence the amount of elderly who cover social security.

In developing countries, such as Indonesia, financial security for the elderly can be achieved through pension schemes in the social security programme and social assistance schemes from the government. However, the number of Indonesian elderly who already have social security remains low with only 18.83% of those living in cities while it is only 6.47% in villages (*cf.* BPS 2017). It is because almost half of the elderly working in the informal sector receive income of less than one million rupiah per month (*cf.* BPS 2017). The uncertain income is the reason why only a few of the informal sector

workers have social security, such as pensions and old age savings. Hu & Stewart (2009) conclude that informal sector workers do not want to participate in pension systems due to the strict criteria, such as contribution requirements, investing policies, and government requirements for pension funds itself. It may be necessary to relax some requirements to a level which is more consistent with the situation related to informal sector workers such as flexibility of contributions (irregular contributions) and withdrawals. For example, when there is a good harvest due to good weather conditions, farmers can afford larger pension contributions than normal. However, if bad weather conditions occur, farmers may not have sufficient funds to pay the contributions.

Although informal workers are required to plan finances well, such as preparing savings and pension for their old age to maintain their well-being, social assistance from the government is crucial for the elderly who are neglected or poor so that the elderly can improve well-being in their old age. The capability of the elderly having income security may affect the type of care provider and support service they will receive in their old age. This research tries to show that the elderly who have income security can live independently, and are able to meet their needs and to sustain a sense of well-being.

1.2.4 Health Status

Health status refers to the condition of the elderly's health in old age *i.e.* life expectancy and health status at the age 60, and psychological well-being (*cf.* HelpAge International 2015a). The elderly are prone to develop health complaints from medical or psychological disorders due to illness and accidents. They should control both their physical and mental health, and when they develop problems, they need to be treated immediately.

The elderly can obtain various treatments ranging from self-treatment to visiting a medical functional at an outpatient centre, but most prefer to get self-treatment. BPS (2017) reports that the elderly decide not to have outpatient treatment for many reasons: 64.79% felt satisfied with self-treatment, whereas 25.39% felt that their health complaints were not disrupting their activities, so they did not need any outpatient treatment. Moreover, around 5% of the elderly chose not to become outpatients because there is no money to cover the medical expenses and operational costs. The rest, almost 5% of the elderly decide not to receive outpatient treatment because of their lack of transportation, or the absence of someone to accompany them, or their wish to avoid long queues for treatment.

Still, the government needs to provide improved health facilities and services particularly for the elderly so that they are encourages to visit the health facilities, especially for the poor, since it is also important, to control and check their health status regularly. The elderly's condition can affect the type of care and support service, because of the fact that if elderly are healthy, they will choose to receive care at home, either self-care or family care.

1.2.5 Capability

The capability of the elderly is measured from their employment and education levels, as proxies for engagement and human capital in older age. The level of employment includes access to the labour market and income. Furthermore, the level of education includes the ability to take up job opportunities, and to claim their social and economic rights (*cf.* HelpAge International 2015a). The elderly can decide if they still want to work or not depend on the motivation that drives the elderly to work. On the one hand, some elderly are still working because they will earn their self-esteem, be more independent, and be able to participate in economic activities.

On the other hand, the elderly's motivation to work is due to economic pressures both to meet their needs and pay health care costs. BPS (2017) reports that almost half the elderly who work (47.92%) fulfil their daily needs or actualise themselves. Furthermore, the percentage of elderly who work in rural areas (55.34%) is higher than those in urban areas (40.93%). It is due to the availability of informal employment in rural areas, especially in the agricultural sector. About 55.18% of the elderly work in the agricultural sector, which accounts for a higher number in rural areas (74.25%) than in

urban areas (30.95%) based on the type of areas (*cf.* BPS 2017). According to Giles *et al.* (2011), the elderly in rural areas tend to continue working in old age because their accumulated wealth is lower than those living in urban areas.

Most of them are working as farmers with no specific age limit for retirement. As long as older people think they can work, they will continue to work in the field, particularly in rural areas. In contrast, many elderly are absorbed in the trade business field about 19.85%, which accounts for a higher number in urban areas (31.49%) than in rural areas (10.70%) based on the type of areas (*cf.* BPS 2017).

Meanwhile, the gender distribution shows that the percentage of elderly men who work is 63.29%, which is almost two times higher than the percentage of women (33.79%). Elderly women (50.06%) prefer to take care of their household (*cf.* BPS 2017). In Indonesia, the majority of household heads are a man. One of the reasons is the cultural influence, especially in Javanese culture. The man tends to be responsible both as the family leader and the decision-maker and to practice work in order to meet the family needs.

Based on the education aspects, the percentage of elderly with a university education level, who are still working is only 31.70%. In contrast, the elderly with elementary education who work is higher, 56.31% (*cf.* BPS 2017). This may occur because the elderly who have higher education levels may have more knowledge and skills related to their old age preparation. For example, they have finances, assets, savings and insurance which they have prepared during their productive year.

The elderly's capability consisting of employment levels and education status will affect the type of care and services they need. It can be assumed that the elderly who have higher education levels earn sufficient income to support their life, tend to be independent and in a position to choose the care and support services of their preference.

1.2.6 Enabling Environment

An enabling environment refers to the attributes of the communities in which the elderly live. Indicators of the enabling environment are the levels of the elderly's engagement within the community, freedom of movement, autonomy, and choice of living arrangements (*cf.* HelpAge International 2015a). The enabling environment also refers to the availability of potential social support for the elderly. Providing social support to the elderly, such as companionship, community interaction, and emotional reassurance, should be an important part of the care needs (*cf.* HelpAge International 2015). It is also regarded crucial for Asian countries which have a variety of cultural practices related to social support networks community-based care of the elderly.

Family is the main resource of material, emotional and social support to the elderly. For such kind of support of older people, the choices of their living arrangements are also involved. Living arrangements refer not only to those with whom the elderly are living, but also how the elderly plan, prepare, and agree to live together. The choice of living arrangements are influenced by cultural norms and values, and by economic and social conditions (*cf.* UN 2005). The living arrangements are also related to the care of older people, *i.e.* the distribution of care among the different care providers (*cf.* Keasberry 2002). Intergenerational relationships are mostly practiced in this kind of living arrangements of which the outcome is the household composition. (*cf.* UNFPA 2014).

Based on the data from *Survei Sosial Ekonomi Nasional* (*Susenas*) in BPS (2017), the living arrangements for the elderly in Indonesia are dominated by those who live with extended families, such as children, daughter-in-law or the parents/in-laws, and those with three generations, such as children, daughter-in-law, grandchildren, or the parents/in-laws. BPS (2017) reports that most elderly living with their family including their three generations are about 62.64%. Only 9.80% of the elderly live alone and 18.89% of them prefer to live with their spouse. The result is also consistent with the results of Keasberry's (2002) study, that the majority of elderly people in Indonesia receive care from their children, while those who have no children are living with other relatives.

The majority of the elderly in Indonesia live in extended multi-generational households and rely on the financial support and personal care of their adult children. BPS (2017) reports that 77.82% of the

elderly obtain funding from the household members who are working, *i.e.* 14.97% from money or transfer of goods, 0.76% from investment, and 6.46% from pension. More specifically, the number of elderly households who receive more financial support from household members is higher in rural than urban areas: 81% compared to 77.82%. In contrast, the source of funding received by the elderly comes from their retirement pension which accounts for a far higher percentage in urban areas than in the rural area (10.09% compared to 2.85%). However, this percentage is still lower than the percentage of source funding received from working family or household members (*cf.* BPS 2017).

It is interesting that the largest bearers of the financial burden from household members are the elderly (50.94%). More specifically, the elderly who play a role backer in funding the households show a higher percentage in rural than urban areas (55.90% compared to 45.52%). The elderly are still the backbone of their household, as the majority of Indonesian elderly are actively working to meet their basic needs (*cf.* BPS 2015; UNFPA 2014).

The enabling environment is also related to the social connection. In Indonesia, the social connection is usually based on the above-mentioned traditional institution of *gotong royong*, described as an Indonesian traditional institution characteristic for the 'village culture' (*cf.* Barnouw 1946; Warren, Slikkerveer & Brokensha 1995). Particularly in East Java, the elderly have the *Karang Werda,* a place for the elderly to participate in the community activities. These activities are aimed at social support for the elderly and include sports, arts, and spiritual activities. The implementation of the enabling environment for the elderly will affect the type of care and support services which they need.

1.3 The Plural Elderly Care System

1.3.1 The Concept of the Plural Elderly Care System

The context of care in this research focuses also on the provision of health and social care to the elderly. Institutions and organisations are providing different forms of care of the elderly, both formally and informally. Locations where the care of the elderly is provided include the home, the community such as the *Karang Werda*, and organisations such as the *Panti Jompo*.

In addition to the above-mentioned working definition by Kim & Antonopoulos (2011) of elderly care encompassing serving the needs of old adults in assisted living, adult daycare, long-term care, residential care, hospice care and home care, the care of the elderly are in general provided by family, volunteers, state, or private sectors (*cf.* HelpAge International 2013).

The term 'care' is defined as behaviours shown by care providers in each type of care for the elderly. The concept of care of the elderly in this research focuses on its institutions and organisations, based on Slikkerveer's (2014:1) definition of institutions: '*institutions encompass different social and individual formations in the community or society created by people over generations in order to structure their collective rules, norms, beliefs, values, interactions, and behaviours.*' While definitions of institutions and organisations are sometimes used interchangeably and overlapping, Slikkerveer (2014:1) contends that: '*organisations basically refer to structures of accepted roles and rules in the community and may operate in a formal or informal way. Organisations may become institutions (that is 'institutionalised') if they acquire peoples' value and special legitimacy for satisfying peoples' needs over time.'*

Some institutions may have an organisational form with roles and structures, whereas other entities are just influencing the behaviour of their participants (*cf.* Uphoff 1984). Huntington (1965) also underscores that institutions are stable, valued, having recurring patterns of behaviour.

This research considers the working definitions of the institutional and organisational basis of care of the elderly as mentioned above by Slikkerveer (2014), underscoring that these institutions refer to culture-oriented norms and behaviours of valued, non-commercial purpose over time, while organisations refer to the structures of recognised and accepted roles in the society, generally based on commercial objectives.

Furthermore, this research embarks on the concept of the 'plural system' sub-divided into various sub-systems, introduced by Slikkerveer (1990) in his research introducing the concept of a plural

medical system with the utilisation of traditional, transitional, and modern medical systems by various ethno-cultural groups in the Horn of Africa. He classified the plural medical system into three types: (1) the 'traditional medical sub-system' encompassing indigenous institutions; (2) the 'transitional medical sub-system' encompassing transitional organisations, and (3) the 'modern medical sub-system' encompassing modern organisations, which also applies for the study of care of the elderly (*cf.* Figure 1.1).

The useful conception of a plural system consisting of institutions and organisations can be applied in different settings. The concept of the plural system is later onwards also successfully applied in comparative research in Africa by Ibui (2007); Chirangi (2013); De Bekker (2020), the Mediterranean Region by Slikkerveer (1996); Aiglsperger (2014); and in South-East Asia by Agung (2005); Leurs (2010); Djen Amar (2010); Ambaretnani (2012); Erwina (2019); Saefullah (2019); and Febriyanti (2021). In this context, it is similarly useful to conceptualise the configuration of the plural elderly care system in East Java, particularly in the Tenggerese and Javanese cultures.

Plural Elderly Care System	Traditional Elderly Care Institutions
	Transitional Elderly Care Organisations
	Modern Elderly Care Organisations

Figure 1.1 Schematic representation of the organisational structure of the plural elderly care system encompassing the traditional elderly care institutions, and the transitional and modern elderly care organisations in East Java.
Source: Adapted from Slikkerveer (1990).

Figure 1.1 provides a schematic representation of the organisational structure of the plural elderly care system in East Java, encompassing the traditional elderlty care institutions, and the transitional and modern elderly care organisations, providing care and support services to maintain the health and well-being of the elderly in the communities. The conception of the plural elderly care system facilitates the formulation of the appropriate working definitions of the various concepts used in the research in East Java. As Slikkerveer (2019) argues, the selected working definitions of the two basic concepts, '*indigenous institutions'* and '*exogenous organisations'*, important for the comparison of different forms of care of the elderly care, have become the subject matter in the international debate on the role of indigenous institutions in the socio-economic development process. In this debate, the crucial differentiation, developed in the recent theory between '*indigenous institutions'* and '*exogenous organisations'* in relation to sustainable development has also been the subject of several Workshops of the LEAD Programme since 2017.

Embarking on a reference to the essence of institutions, provided by *Leach et al.* (1999: 237), who state that these institutions are: '*regularized patterns of behaviour that emerge from underlying structures or sets of ''rules in use*", the conceptualisation of indigenous institutions by Blunt & Warren (1996) refers to: *'those often invisible local-level institutions which are indigenous as opposed to exogenous organisations in the community and which are based on the principles of non-profit mutual aid and communal work at the community level'*. In this way, endogenous organisations are defined as profit-making externally-introduced associations of Western-oriented agencies, credit unions, cooperatives, rotary clubs etc. as part of technical assistance provided in the socio-economic development process (*cf.* Slikkerveer, Baourakis & Saefullah 2019).

From the plural elderly care systems approach, Slikkerveer (2017) introduces a definition of the indigenous institutions being rather useful for the study of the traditional elderly care institutions in East Java as: *'a set of local norms, values, cultural and traditional settings of the community, based on the principles of non-profit making mutual aid and communal work of the people'*.

By contrast, the directly related working definition of the exogenous organisations 'provides a similarly useful working definition for the 'modern elderly care organisations', which would very well relate to the definition by Blunt & Warren (1996) to encompass: '*exogenous organisations established through forces external in the community', which are characterised by profit-making objectives*'.

Within this context, the third manisfestation of care of the elderly in an intermediate position between the traditional institutions and modern organisations is represented in the 'transitional elderly care organisations', operated by local community members, but introduced from outside and as profit-making organisations financed from outside national or international resources. In sum, the plural elderly care system in the study area of East Java can usefully be conceptualised to include three components, for which the following working definitions for the research have been selected:

- *traditional elderly care instiutions,* representing a set of norms, values, cultural and traditional settings of the community, based on the indigenous principles of non-profit making mutual aid and communal work of the people, often located in the community and focused on the provision of elderly care;

- *transitional elderly care organisations,* representing a set of norms, values, and rules, based on the principles of profit making introduced from outside the communities, often located in the community and focused on the provision of elderly care;

- *modern elderly care organisations,* representing a set of norms, values, and rules, based on the principles of profit making introduced from outside the communities, often located outside the community and focused on the provision of elderly care.

The related development approach refers to the 'emic' and 'etic' views of development, as mentioned above. Warren, Slikkerveer, & Brokensha (1995) document ample empirical evidence for the importance of adopting an 'emic' approach to sustainable development, based on cultural incorporation. In order to fully understand the local cultures as they are related to the care of the elderly, it should be based on an 'emic' or insider's view, rather than an 'etic' or outsider's view. In addition, Uphoff (1992) states that an 'emic' approach in development involving cultural aspects is considered as the 'universe of experience' which could provide many experiences for mobilising and sustaining collective actions for self-help and self-management in the modern world. Another approach is to compare the 'top-down' and 'bottom-up' development approaches, where increasing research underscores the importance of the 'bottom-up' strategy for sustainable development. In the context of the plural elderly care system, the traditional elderly care institutions in development refer to the 'emic' view and the 'bottom-up' development approach.

In additional to the definition of formal and informal institutions, Slikkerveer (2012) supports the view of Pejovich (1999:166) who defines informal institutions as: '*traditions, customs, moral values, religious beliefs and other norms of behaviour which have passed the test of time, being part of a community's heritage which is called culture.'* The informal institutions apply social norms of behaviour and conventions which may prohibit or permit individuals to undertake certain activities within their social settings.

In contrast, formal institutions include rules, laws, and constitutions legalised by the members of the society (*cf.* Slikkerveer 2012). As regards the social support system of the older person, Cantor & Brennan (1999) present a model of social support systems containing different types of support elements or sub-systems. The model is known as the 'social care model' by Cantor, representing the elderly at the centre of a circle, surrounded by the informal support relationships of spouse, children, and relative in the first circle. The informal support relationships in the second circle include other kin such as friends and neighbours. The next circle refers to the quasi-formal support, known as the mediating structure of religious and social organisations, and social and neighbourhood groups.

The outermost circle represents the public and voluntary service organisations including the formal support system. Obviously, the social care model includes both formal and informal components (*cf.* Cantor & Brennan 1999).

1.3.2 Traditional Elderly Care Institutions

Traditional elderly care, which occupies a critical position in this research, refers to the care of older adults, largely provided by family members at home in the communities. Family home care is the most appropriate term to denote care received by the elderly provided by the family at home. The role of the families in the care of the elderly is very important, starting from planning and implementation, to decision making and practice. In developing countries, such as Indonesia, values of kinship and family tradition are very important because people's involvement with their family determines what people do, think, and value. The value system refers to '*familism'* described by Holmes & Holmes (1995:113) as: '*primarily a characteristic of societies wherein kinship is stressed over other forms of relationship and affiliation is with larger groups such as clans, lineages, kindreds, or extended-family household groups.*'

Indonesians, particularly the Javanese people, have a bilateral kinship system. Geertz (1961) states that the term 'bilateral kin' is used equally for the mother or the father. Similarly, inheritance of titles and property follows maternal as well as paternal lines (*cf.* Koentjaraningrat 1957). The underlying relationship in kinship is family relations, where the term family is used for household, nuclear family, and kindred depending on the circumstances. A household may be composed of a nuclear family and extended family. The nuclear family refers to a set of biological parents and their dependent offspring, *i.e.* parents and their children. Additionally, an extended family consists of two or more nuclear families related through parents, children or siblings. In the Javanese villages, the nuclear family, called *kulawarga* is the most important kinship-based unit (*cf.* Geertz 1961; Koentjaraningrat 1957).

Koentjaraningrat (1967) also states that in Java at the village level, the significance of kinship ties is very limited outside the nuclear family ('kindred'). Kindred consists of one to three generations of local relatives, usually direct descendants of a person's great-grandfather on his father's as well as his mother's side. Consequently, kindred involves recognition of all individuals to whom one is related through blood, marriage, or adoption (*cf.* Holmes & Holmes 1995). Moreover, Koentjaraningrat (1957) states that a term to name all the kinsmen outside the nuclear family is *sedulur*. *Sedulur* usually refers to the term siblings, which can also mean 'relatives' in general. Geertz (1961) states that the Javanese make some distinction between *sedulur tjedak* ('near kin') and *sedulur adoh* ('distant kin').

Most Javanese children have the obligation to take care of their parents with, showing respect towards them (*cf.* Koentjaraningrat 1957). Cultural values associated with filial piety have greatly influenced the care of parents and the relationship between parents and children in Asia, deeply rooted in Asian cultures (*cf.* Sung 2005). Choi (1995:93) states that: '*filial piety is the foundation of all human behaviour*' because it not only brings harmony into a family, but it is also practised in a society which is developing particular respect and care of the elderly, and eventually loyalty to the nation. Holmes & Holmes (1995) state that familism may even have religious sanctions wherein filial piety was demanded by Confucius's teachings in China.

The same situation is documented for Indonesia where strong filial obligations are based on norms of inter-generational relations between children and parents. Wirakartakusumah (1999:17) in Schroder-Butterfill (2003) states that: '*the Indonesian social norm prescribes that children respect their elders. Children who ignore and who do not care of their parents are subject to social sanctions. ... The norm which demands children to respect their parents remains in effect and is adhered to by the Indonesian people. ...Children in many communities are happy and proud to be able to care of their parents ... (and) often compete for the opportunity to care of their parents.*' For the couples who do not have children, they may gain access to children through adoption, where Java is no exception (*cf.* Koentjaraningrat 1957; Geertz 1961).

Schroder-Butterfill (2004:114) states that: '*in rural East Java various forms of adoption are referred to as acquiring an anak angkat (literally, raised child). ...Instead, Javanese adoption is*

traditionally strictly a matter between the two families involved.' In the majority of cases in Java, the *anak angkat* may be a child of a relative. Moreover, children of the wife's siblings are the most common source of *anak angkat*, although there is a possibility of children from among the husband's nephews and nieces (*cf*. Schroder-Butterfill 2004; Koentjaraningrat 1957). However, for the elderly who do not have either biological or adopted children, they can also receive support and care from outside their family or relatives such as from neighbours or friends.

The support and care provided by the family are rooted in the indigenous knowledge and institutions which include the *bakti* tradition in which they strongly believe and practice, and which represents the pan-Indonesian institution of *gotong royong* (*cf.* Slikkerveer 2019). In line with the above-mentioned working definition, the research defines traditional elderly care institutions represented by family home-care on the basis of indigenous knowledge, belief, and local people's practice at the community level.

The majority of the Tenggerese people practice the Hindu religion which influences how they live, and includes also their tradition of care of the elderly in general, and specifically for their parents. One of the Hindu principles of the Tenggerese people is the above-mentioned *Catur Guru Bakti.* There are four traditional principles to whom the people should pay respect: *Guru Swadyaya, Guru Rupaka, Guru Waktra,* and *Guru Wisesa*. The meaning of *Guru Swadhyaya* is God, and it fits the Tenggerese community's beliefs, namely *Sang Hyang Widhi*, while *Guru Rupaka* is a person playing the role of parents. Moreover, *Guru Waktra* is a person playing a role in teaching knowledge which is also known as teachers, and *Guru Wisesa* means the government who is responsible for making rules to improve people's welfare. There are no binding, legally-based rules, but more influenced by the indigenous norms, values and customs.

Living arrangements of older people and their children is also important to understand the way in which the care to the elderly is provided. Geertz (1961) states that usually 'a household' is the same as a group of people living in a house, but sometimes there are two households sharing the same living spaces with separate budgets. Parents seldom live together under one roof with two economically active married couples, but are living together with an adult child who has not yet married, or live together with their adult children who are married with or without their grandchildren. Koentjaraningrat (1967) states that the *somah* ('Javanese households') are not always characterised by a separate residence but a separate kitchen where each household cooks its own meal.

The term for a separate kitchen in one roof house is known as *bedo pawon* in Javanese. Related to the living and care arrangements, Keasberry (2002) found that the majority of the elderly lives with at least one child, while about half of the elderly have a child living in the same village. Keasberry (2002) also found that the number of children in the house or in the same village positively affects the perception of the parents.

Although the traditional familial elderly care in Indonesia provided by children living in the same household is conceptualised as 'good elderly care', the Government of Indonesia needs to provide a culturally appropriate type of comprehensive care of the elderly, which aims at integrating the local institutions of norms, values and practices into an advanced pluralistic elderly care system to meet the needs and expectations of the elderly to improve their health and well-being.

1.3.3 Transitional Elderly Care Organisations

The word 'transitional' in this research refers to a process of shifting from one condition to another. Transitional organisations are represented by various organisations characterised by in-between private and public organisations, or in-between traditional institutions and modern organisations. In the context of the 'emic' and 'etic' views of development, the transitional development approach can be regarded as a combination between 'emic' and 'etic' views of development. Similarly, the transitional development approach can be regarded as a combination of 'top-down' and 'bottom-up' approaches of development (*cf.* Saefullah 2019).

By using the 'bottom-up' approach, the transitional elderly care is defined as care of the elderly in-between traditional care, introduced from outside the community, *i.e.* between family home care and

modern care organisations. The position between family home care as a traditional care institution and the old age home as a modern care organisation is represented in community care. Community care includes transitional organisations, because the providers of care come from both local people and government. WHO (2004:16) defines that: '*community care is services and support to help people with care needs to live as independently as possible in their communities.*' Community care is also known as 'community-based care', indicating that it refers to community care which is introduced from outside, but practiced within the community. Both terms are sometimes used interchangeably.

Community-based elderly care is more common in East and South-East Asia than modern elderly care such as provided in old-age or nursing homes. It is primarily because most of the elderly prefer living with their own traditional institutions in their communities instead of staying in modern elderly care organisations. In Indonesia, the primary motive of community-based care is to fill the gap of care of the elderly which is provided by family home care. The role of community-based care is as a complement or substitution from the lack of care and support services offered in traditional care institutions. When the elderly do not have family or relatives who care of and support them, community-based care plays a role replacing the family's role to care and support them. Xu & Chow (2011) state that social services in communities are aimed to supplement traditional family care and to fill the gaps between needs and care of the elderly who are unable to be provided by the government and their family. Thus, it can be said that community-based care is more affordable for the government and families. The popularity of community-based services is driven by the desired goal of decreasing service cost provision and improving the quality of care.

HelpAge International (2015) reports that community-based care is seen as cost-effective and can reinforce social networks in the community. The role of the family in community care is quite large in determining care options that meet the elderly's needs. In contrast, for the elderly who do not have a family, community care can help them to maintain their psychological well being, substituting the existence of a family. It is because the elderly feel that they have support from the community and live in an environment that they know, making them feel more comfortable and easy to adapt to. On the contrary, being in a nursing home may make it possible for them to adapt to the new environment (*cf.* Fan 2007).

Xu & Chow (2011) state that community care of the elderly uses vertical and horizontal models in its implementation. Community care uses a vertical model because of the involvement of the local government and agencies providing the service. Government involvement can be material or non-material. Material involvement is related to funds for care and service provision for the elderly, such as medical resource payments and activities or events designed by the community for the elderly. For some additional health services, community members pay a relatively low cost, but sometimes it is free of charge.

On the other hand, non-material involvement includes providing health services, medicines, and medical equipment. Moreover, sometimes the government gives non-cash assistance for abandoned elderly such as basic food and clothes, which is managed by the community. Additionally, community care also uses a horizontal model implementing a care system involving resources from the community, both individually and in groups.

It includes funding, where voluntary contributions from individuals help the community to provide care and support services. The elderly can actively participate as volunteers in social activities held by the community. It is important to note that the management of transitional elderly care organisations come from local people's initiatives with the involvement of other organisations from outside of the community.

Hence, the provision of care of the elderly is fully implemented by the local community, which has recently received also support from the local government. Some examples of such community care programmes in Indonesia include the *Posyandu Lansia*. It focuses on elderly health care such as checking weight, blood pressure, blood sugar levels, and monitoring medical equipment. Besides, there is also the *Karang Werda*, consisting of several activities for supporting the elderly's social and spiritual activities, sports, arts, and training.

1.3.4 Modern Elderly Care Organisations

The third component of the plural elderly care sytem includes the modern elderly care organisations. The elderly care is provided by professionals in the *Panti Jompo* and the *Puskesmas Santun Lansia*. Care in old age homes is provided by both government and the private sector. Meanwhile, the *Pusat Kesehatan Masyarakat Santun Lansia* (*Puskesmas Santun Lansia*) is only provided by the government focusing on health care. Modern care organisations are based on modern knowledge of care of the elderly delivered by trained professionals. The implementation of care of the elderly in modern care organisations has binding and compelling rules for anyone involved. The rule requires the provision of care of the elderly to be fully managed by the modern organisation provider. Management of old age homes is divided into government and private management.

The *Panti Jompo* which are fully managed by the government are generally intended for the elderly who are under the abandoned category and do not have family or relatives who can take care of them. The government fully manages and funds the *Panti Jompo*. In contrast, the private old age homes provide care to the elderly who require the family or relatives of the elderly to pay the cost of those services. Even though the elderly have family and choose or are forced to live in old age homes, the care is fully managed by private old age homes. The family's role in care and support services is limited, and not as large as the family's role in traditional elderly care (family home care). Meanwhile, the *Puskesmas Santun Lansia* focuses on health centres by providing health services for the elderly such as health promotion, prevention, cure and rehabilitation. These services emphasise being proactive, ensuring access for health and being respectful to older people (*cf.* Kadar *et al.* 2013).

Care in this research refers to the services provided by both health and social care. Social care includes social support services for the elderly. In South-East Asia, especially in Indonesia, care of the elderly rely much on traditional elderly care institutions (family home care). On the other hand, establishing transitional elderly care organisations meet needs and care which the family and the government are unable to provide. However, organisational care such as an old age home is the last choice for care of the elderly. People in a society who are influenced by values of filial piety will be ashamed when they place the elderly in organisational care such as old age or nursing homes. However, the *Panti Jompo* will lose this stigma due to value changes over time in the modernisation era (*cf.* Ping 2013).

This research also attempts to identify the local people's considerations to utilise the 'Plural Elderly Care system' in society, whether it is traditional, transitional, or modern elderly care. Furthermore, this research uses independent factors, such as socio-demographic, psycho-social, perceived needs, socio-economic factors, institutional, environmental, and intervening factors, such as government regulation and private promotion. They are then used to analyse significant factors influencing behaviours of the local people towards utilisation of elderly care systems based on their local knowledge, beliefs, values, norms, and traditional principles in the community. Table 1.1 explains the plural elderly care system showing the characteristics of elderly care services provided in traditional institutions, or transitional and modern organisations.

Table 1.1 Characteristics of the Plural Elderly Care System

Characteristics	Plural Elderly Care System			
	Traditional Intitution	Transitional Organisation	Modern Organisation	
			Government	Private
Operation mode	Horizontal (Bottom-up)	Combination between vertical and horizontal (combination between top-down and bottom-up)	Top-down	Top-down

Table 1.1 (*continued*) Characteristics of the Plural Elderly Care System

Characteristics	Plural Elderly Care System			
	Traditional Intitution	Transitional Organisation	Modern Organisation	
			Government	Private
Care provider	Family	Volunteer from community such as cadres who are accompanied by medical personnel	Professional in Local Government	Professionals in Private Organisations
Place	Home	Local community place such as *Karang Werda* and *Posyandu Lansia* which focus on health for the elderly	*Panti Jompo* or Old Age Homes and *Puskesmas Santun Lansia* which focus on health for the elderly	Old age homes
Funds	Family	Community and supported by the government (not obligated)	Local government	Family
Rules	Not written, flexible	Written, loose regulation	Written regulation, forced	Written regulation, forced

Source: Fieldwork (2018)

1.3.5 The Ethnoscience View on Utilisation of the Plural Elderly Care System

'*Ethnoscience*' refers to a scientific user-oriented perspective based on the interactions between individuals and their environment, particularly on how humans perceive and adapt to their environment. A specific ethnoscience methodology has been selected for this research, known as the 'Leiden Ethnosystems' Approach.' Slikkerveer & Dechering (1995:435) state that: '*Ethnosystems encompassing local people's indigenous knowledge and practiced based on long-standing experience and wisdom in particular sociocultural setting over generations. Such systems possess many dimensions, including linguistics, education and socialization, health and healing, and kinship and social structures. Moreover, ethnosystems go beyond the general system of knowledge to include local, culture-specific concepts, belief and perceptions that form the praxis of daily livelihood and survival - often referred to as 'indigenous knowledge'- as well as local channels of communication and decision-making systems.*'

Warren, Slikkerveer, & Brokensha (1995) in Slikkerveer (2019:36) define the indigenous knowledge system as: '*a system of knowledge, beliefs and practices which has evolved in a particular area or region, often outside universities and laboratories and transferred over many generations, and as such forming the base for the local-level decision-making process and which has been recorded in several sectors of the society, such as in animal and human health, environment, natural resources management, agriculture, fisheries, forestry, bio-cultural diversity conservation, and local economies.*' The incorporation of indigenous knowledge into science is called 'ethnoscience.'

The concept of '*ethnosystems*' is central in the Leiden Ethnosystems And Development Programme (LEAD) introduced at Leiden University (*cf.* Slikkerveer 1990, 1995; Slikkerveer & Dechering 1995). The LEAD Programme provides activities for postgraduate research and sub-field training such as ethno-medicine, ethno-botany, ethno-pharmacy, ethno-communication, ethno-economics and ethno-mathematics (*cf.* Slikkerveer 2019). Moreover, Slikkerveer (2019:43) states that: '*the extended conceptualisation of indigenous knowledge includes not only the reference to local knowledge and practices, but also to perceptions, beliefs, cosmologies, values, wisdom, experience and last but not least institutions which have developed over many generations in a particular field of ethnographic study—or culture area—and which as such are unique to a specific culture.*' This research focuses on indigenous knowledge systems with the ethno-economic and ethno-management approach.

At the LEAD Programme, the 'Leiden Ethnosystems' Approach' has been implemented to design ethnoscience-based studies of Indigenous Knowledge Systems (IKS) within the dynamic context of the development process. Slikkerveer (1990, 1995, 2019a) introduced the 'Leiden Ethnosystems'

Approach' as a combined research methodology of three concepts, *i.e.* the 'Historical Dimension' (HD), the 'Participant's View' (PV), and the 'Field of Ethnological Studies' (FES). The 'Historical Dimension' refers to a historical analysis of the complex contemporary patterns, including religion, cultural, agriculture, natural resource preservation; the 'Participant's View' refers to people's perspective; and the 'Field of Ethnological Studies' refers to comparative analysis among different/comparable communities. In order to fully understand the local cultures related to care of the elderly, the study should be based on an 'emic' perspective, rather than an 'etic' perspective. It is primarily because the 'emic' perspective can show how other people tend to perceive, organise, and use their culture in relation to their environment based on knowledge, belief, and practice in the local context. Perceptions towards an individual regarding their daily life phenomena and knowledge systems becomes the vantage point for analysis.

In the Indonesian context, especially among the Tenggerese people in East Java, it is essential to know the form of care of the elderly, such as *bakti* as the most important local traditions which regulates the attitudes and behaviour of younger generations towards their parents and other older people. The 'emic' perspective refers to how adult children perceive their own situation particularly to provide care and support services based on their culture and experiences. Considering that the adult children's perspective is essential due to social changes such as urbanisation and modernisation, it can affect how adult children think of providing care of the elderly. The social changes tend to shift the adult child's behaviour pattern concerning elderly care, *i.e.* personal care, emotional care, physical contacts, and financial support. Moreover, the adult children's role in providing care of the elderly is replaced by other people in the organisations such as *Karang Werda* and *Posyandu Lansia*. Furthermore, effective solutions to the notion of care and support can only be understood and evaluated in the scope of the cultural contexts where the elderly live.

The Javanese are the largest ethnocultural group in Indonesia whose language and culture have influenced many other sub-cultures, such as Tenggerese culture. *Gotong royong* is used widely in Java and implemented in the communities, such as among the Tenggerese and Javanese people, as an indigenous institutionalized traditional principle of voluntary mutual aid and communal work in Indonesia. Slikkerveer *et al.* (2019:19) state that: *'in most of the Indonesian rural areas, the communities have been managed for many generations by indigenous institutions, such as gotong royong, metulung, kekeluargaan, and rukun, epitomising local knowledge, beliefs, values, norms and principles which form the foundation of the customary community of Indonesia or masyarakat adat.'* In this research, *bakti* and *sayan* which are practiced by friends and neighbours also refer to traditional institutions, such as the concept of *gotong royong*, which are guiding the behaviour in the community to provide care of the elderly. This research attempts to find the form of care based on the adult children's perspectives. In this context, the ethnoscience perspective is used to understand local people's preferences for utilising traditional elderly care institutions in comparison with transitional and modern elderly care organisations

1.4 Aim, Objectives and Structure of Study

1.4.1 The Importance of the Research on Elderly Care

Slikkerveer (2019a) distinguishes the concept of institutions and organisations. Institutions refer to norms and behaviours of some valued purpose, while organisations refer to the structure of recognised and accepted roles in the community. This study will consider the plural elderly care system, both on an institutional and organisational basis. *Bakti* as one of the local traditions, plays an important role in providing care of the elderly by the family at home. The focus of this study is related to the Javanese people, particularly the Tenggerese people who maintain their culture in the provision of care of the elderly. The young Tenggerese people refer to their parents as *Guru Rupaka*, taking care of them with respect to their old age. Such responsibility is part of their culture. It is common for parents and children in a village to live close to each other; most of them even live under the same roof. This situation gives children direct access to help their parents in case of sickness or death. Moreover, when

a financial matter occurs among their children, close relatives usually help them to cope with the situation. Based on such experience, this study uses the term *bakti,* which also includes the term *hormat* ('respect'), to refer to the tradition of filial responsibility and affection for parents and the elderly. The concept of *bakti* is very important for the relationship between adult children and parents regarding the care to the elderly. *Bakti* is practised by adults towards older and senior relatives or from adult children to the parents.

As Slikkerveer (2019) describes the institution of *gotong royong* as a pan-Indonesian traditional principle of mutual aid and communal work on a voluntary non-profit basis, it also includes the support and provision of care of the elderly, which is generally delivered by family, friends and neighbors for the elderly at home. The Tenggerese population also practice the traditional institution of *gotong royong*, called *sayan* as a reference to the local tradition of *genten kuat*, *buwuh*, *srawung*, *mbiyodo,* and *nyinoman.* The term *sayan* is derived from an old Javanese word: *hiya* meaning accord, and *sayan* comes from *sa-hiya-an*, meaning people are helping one another (*cf.* Pangarsa 1995). *Sayan* is also part of the local tradition of festive communal labour, which includes physical assistance to joint community activities. However, Keasberry (2002) reports that *gotong royong* is rarely used for care and support for the elderly people as long as some member of the household can fulfil the obligations to the elderly. As a result, elderly people benefit from *gotong royong* if they do not have family to take care of them. As long as the elderly still have family, *gotong royong* is rarely used to provide care to the elderly in the community. Hugo (1994) in Keasberry (2002) states that strong traditions of *gotong royong* ensure community cooperation to take care of the elderly without burdening the family. The traditions are likely to guarantee the care of the elderly under all circumstances, whether they still have a family or not.

In this context, traditional elderly care institututions research refer to family home care, based on the indigenous knowledge, belief, and practice of the local people. Their cosmological views are showing a strong influence on the utilisation of traditional elderly care institutions in the research area. This study attempts to describe and explain in what way the traditional institutions play an important role in the sustainable development of integrated care of the elderly, particularly to maintain the elderly's health and well-being at the community level. Social changes, such as modernisation and urbanisation, have an impact on the provision of care for the elderly. As a result, Indonesian parents will become less certain that their children will take care of them in their old age (*cf.* Mason 1992).

The transitional elderly care organisations refer to care and support services which are provided to the local people, but supported from outside by the local government. Activities in the transitional care organisations emphasise social care and health care, such as the *Karang Werda,* and *Posyandu Lansia*. The motivation behind these organisations is to fill the service gap between needs, the care that the family is unable to provide, and the lack of support from the government. Thus, community-based care from the transitional organisations is more affordable for both the government and the families since it is encouraged by the desired goal to decrease the costs of care and improve the quality of care and support. However, Keasberry (2002) found that some villages tend not to pay attention to older people. It can be seen that there is no *Posyandu Lansia* established yet. Moreover, not many elderly use the *Posyandu Lansia*. They tend to use the traditional care.

Lastly, modern elderly care organisations refer to *Puskesmas Santun Lansia* and *Panti Jompo* are the last choice for care of the elderly. The elderly who can no longer take care of themselves, do not have children, or their relatives do not want to support them, can live in the *Panti Jompo*. Rudkin (1994) in Keasberry (2002) found that in some cases, the elderly in urban areas who do not want to live with their children prefer to live in old-age homes. However, Rudkin (1994) in Keasberry (2002) concludes that many respondents strongly believe that they still have to provide care of the elderly or older members. It is not surprising that many families still provide care to the elderly to the present day. Moreover, they tend to strongly resist the idea of placing the elderly in an old age home. Meanwhile, Kadar *et al.* (2013) found that the implementation of the *Puskesmas Santun Lansia* is limited because of fiscal and human resources, particularly in rural areas. Similarly, Pratono & Maharani (2018) conclude that activities in the *Posyandu Lansia* have challenges such as a lack of volunteers, poor transportation system, lack of trust from target groups, lack of support from local and

religious leaders, and the poor skills of the volunteers. On the one hand, local people believe that children have to take care of and support their elderly. On the other, some conditions, such as the need of young children to work outside the village and the effect of social changes, urge the implementation of Integrated Community-Managed Development (ICMD). Care and support are dependent on family care to be integrated with community-based care of the elderly. The community's participation in providing care has to be increased. Moreover, the understanding of the behaviour patterns of care from the adult child's perspective is very important. The user's perspective is influencing the preferences for traditional elderly care institutions in comparison with transitional and modern elderly care organisations. *Bakti* and *sayan* are included in the applied-oriented knowledge which constitute the characteristics of the Tenggerese people regarding their care for the elderly at their homes. This research not only focuses on the local people's knowledge, belief and practice, but also on the cultural and socio-economic background of local people regarding the care of the elderly. In this way, this study hopes to provide an ethnoscience-based contribution to culturally-appropriate and community-based policy planning and implementation for the care of the elderly in the research area of East Java.

1.4.2 General Aim and Specific Objectives

This study seeks to document and study the role of the *bakti* and *sayan* local traditions as key principles of the indigenous institutions which are providing care and support for the elderly among the Tenggerese people. Both local traditions guide the care of the elderly on the basis of the filial principle of cooperation and mutual assistance in the communities. This study focuses on the indigenous knowledge, practices, beliefs and institutions underlying the *bakti* and *sayan* local traditions in relation with the patterns of utilisation of the traditional elderly care institutions and organisations of the plural elderly care system by the participants in the Tengger Region.

The central research question from the user's perspective is then: *'What is the role of the bakti and sayan local traditions in the utilisation of the indigenous elderly care institutions by the community members in the Tengger Region of East Java?*

Embarking on the implementation of the 'Leiden Ethnosystems' Approach', specifically developed by Slikkerveer (1990) to document, study, and analyse the Indigenous Knowledge Systems (IKS), the answer to this research question is sought through the execution of qualitative and quantitative community-based interviews and household surveys involving the research population in East Java. Thus, the general aim of this study seeks to provide an ethnoscience-based analysis of the utilisation of indigenous elderly care institutions based on the *bakti* and *sayan* local traditions in comparison with the utilisation of transitional and modern elderly care organisations, with a view to propose a practical model of integration of these institutions and organisations into a future comprehensive system of improved elderly care in East Java and elsewhere in Indonesia.

The conceptual model of the transcultural utilisation behaviour patterns of elderly care institutions and organisations will not only be taken into account in the scope of regional elderly security planning by the government, but also to identify alternative strategies to integrate the local and national institutions and organisations of the care of the elderly (*cf.* Slikkerveer 1990; 1995). The alternative strategies shed light on the improvement of elderly care, particularly in the research area, but also elsewhere in Indonesia. In order to realise this general aim, a number of specific objectives of the research have been formulated as follows:

Firstly, to present a theoretical overview for elderly care and support services which emphasise the management of the plural elderly care system; to describe determinant factors which affect the care and support system provided for the elderly, *e.g.* kinship, family system, living and care arrangements; to present the concept of a social support system for the elderly; to introduce integrated care of the elderly based on the Indigenous Knowledge Systems Integration Model (IKSIM) through Integrated Community-Managed Development (ICMD); and to introduce a model of integrated care focusing on service delivery for the elderly through case management.

Secondly, to present the appropriate ethnoscience research methodology on the study of the utilisation of plural elderly care institutions and organisations using the selected analytical model and execution of stepwise bivariate, mutual correlations, multivariate, and multiple regression analysis of elderly care utilisation behaviour by the local population; and to select research areas and target populations in the communities including data collection methods both in the scope of quantitative and qualitative research;

Thirdly, to describe the general profile and sociography of the research area, encompassing socio-demographic, socio-economic, and ethno-cultural development both in the research area and Indonesia—particularly in association with the effects on the ageing population; and to select the research area based on the division of cultural areas in East Java: Tenggerese and Javanese people;

Fourthly, to describe the profile of four villages related to the implementation of the plural elderly care institutions and organisations from the perspective of quantitative research; and to describe an 'emic' perspective of the local population on elderly care institutions and organisations from the qualitative research perspective, particularly on the role of the local traditions of *bakti* and *sayan*, observing how the local people provide elderly care and support at the community level.

Fifthly, to present the Tenggerese peoples' traditions and culture based on the Tenggerese cosmology in relation with the provision of care to the elderly; and to describe what factors affect old age security management in the Tenggerese community in East Java;

Sixthly, to present the results of the stepwise bivariate, mutual correlations, multivariate, and multiple regression analysis; to present and explain the differential relationship of significant variables in relation to the local people's utilisation behaviour of the plural elderly care system in the research areas; to explain the interaction between the block of independent variables and dependent variables following the conceptual model, in the utilisation of the plural elderly care system; and to describe the influence of the qualitative study on the behavioural patterns;

Seventhly, to formulate conclusions and recommendations based on the research findings on how to integrate and sustain the *bakti* and *sayan* local traditions as an indigenous institution for elderly care and old age security management; and to provide some suggestions on future policy for national old age security, and potential integration of elderly care institutions and organisations to provide sustainable care of the elderly in Indonesia.

1.4.3 Structure of the Study

Chapter I introduces the implications of demographic aging trends and describes the impact of the ageing population on sustainable development in Indonesia. This is then followed by the roles of the plural elderly care system consisting of traditional institutions, and transitional and modern organisations. These three types of are bridging the notion of how the local people utilise the system as the subject of development, using a 'bottom up' and 'emic' view of development approaches. Related to the traditional institutions, this chapter also describes the indigenous knowledge system, underlying the *bakti* and *sayan* local traditions in guiding care of the elderly in Tengger, including Javanese people. The *bakti* local tradition regulates the care and support to the elderly through a personal relationship which is practiced by children to parents or older people. Meanwhile, the *sayan* local tradition also involves a mutual cooperation or assistance which community members feel morally obliged to provide for elderly care and support in the local communities.

This chapter also explains the need of sustainable care for the elderly based on the cultural dimension of development. Integrated care of the elderly in the community needs to be developed for further improvement, emphasising the Indigenous Knowledge Systems Integration Model (IKSIM) through Integrated Community-Managed Development (ICMD). In this research, the innovative

ICMD approach, introduced by Slikkerveer (2019) is used to achieve the improvement of elderly care and sustainable community development in East Java. In addition, the case management approach is introduced to structure comprehensive service delivery for the elderly in the community. At the end of this Chapter, the general aim and specific objectives of this study will be described.

Chapter II presents the theoretical orientation of the study: to explain concepts and theories about care and support for the elderly. This chapter also describes kin relationships, family systems, and social support which affect the care and support services system provided for the elderly.
This chapter is followed by the concept of the plural elderly care system encompassing the provisions of care for the elderly: traditional institutions, and transitional, and modern organisations. The choice of the utilisation of elderly care system is also influenced by local people's beliefs, knowledge, and practices in the community or society. Many elderly care organisations need integration, based on the Indigenous Knowledge Systems Integration Model (IKSIM). In this context, Integrated Community-Managed Development (ICMD) has been developed in order to enhance the elderly's well-being. More specifically, the model of integrated care focuses on service delivery using the case management approach to maintain the elderly in the community (*cf.* Slikkerveer, Bourakis & Saefullah 2019).

Chapter III determines the appropriate research methodology consisting of chosen research strategies, selection of research areas, and data collection. The chapter underscores the 'Leiden Ethnosystems' Approach' consisting of the concepts of the Participant's View (PV), Field of Ethnological Study (FES), and Historical Dimension (HD). Thereafter, the operationalisation of relevant 'factors' through deducing 'concepts' utilising 'variables' and 'indicators' to 'categorise' is also explained, leading up to the design of the questionnaires through a complementary qualitative and quantitative survey. Furthermore, the chapter introduces the stepwise data analysis including bivariate, mutual correlations, multivariate, and multiple regression analysis.

Chapter IV describes the research setting in Indonesia as a country with various ethnocultural groups. The chapter starts with information about Indonesian geography, administration, socio-demographics, socio-economics, and ethnocultural information related to the ageing population. Furthermore, this chapter explains the sociographical description about the Tenggerese and Javanese people in East Java as represented by four villages. Moreover, the socio-demography of the respondents over the four villages is presented.

Chapter V describes the characteristics of the local population including knowledge, belief, opinions, financial support, and accessibility of the plural elderly care system in the research area. The traditional elderly care institutions, including the *bakti* and *sayan* local traditions among the Tenggerese people, is also described. This chapter also provides an overview on transitional and modern elderly care organisations operating in the research area. An explanation of the plural elderly care system is conducted based on the 'emic' perspective of the local population in the research areas.

Chapter VI explains the traditions and culture of providing elderly care and support based on the Tenggerese cosmology, particularly in Tenggerese communities, including rituals, celebrations, and spiritual beliefs. Moreover, this chapter describes the general livelihood patterns and heritage of the Tenggerese people related to old age security management.

Chapter VII presents the results of the stepwise statistical analysis of the quantitative data following the sequence of bivariate, mutual correlations, multivariate, and multiple regression analysis, as well as the final model of the utilisation of elderly care institutions and organisations. It also explains the patterns of utilisation behaviour of the plural elderly care system by the local people in the research areas. This chapter shows the reported patterns of elderly care utilisation behaviour illustrating the determinant factors of why the traditional institution is chosen in comparison to transitional and modern organisations.

Chapter VIII presents the conclusions and recommendations derived from the complementary qualitative and quantitative data analysis. The practical recommendations will contribute to old age security management, future policies for national old age security, and the possibilities for the integration of elderly care institutions and organisations to provide sustainable care of the elderly in Indonesia.

Notes:

[1.1] The developed countries include Europe, North America, Australia, New Zealand and Japan, while the developing countries include all other parts of the world (*cf.* UN 2017).

[1.2] Demographic ageing which can also be called population aging refers to change in the age composition of a population such that there is an increase in the proportion of older people.

[1.3] *Program Keluarga Berencana* or Family Planning Programme has a slogan '*Dua anak cukup, laki perempuan sama saja*' (two children is enough, whether boys or girls, it does not matter).

[1.4] Total Fertility Rate (TFR) is the average number of children born to a woman during her reproductive period *i.e.*15-49 years (*cf.* UNFPA 2014).

[1.5] Infant Mortality Rate (IMR) is defined as the number of infant deaths, that is, those occurring within the first year of birth per 1,000 live births. On the other hand, life expectancy at birth is the average number of years a new baby born can be expected to survive given the prevalent mortality conditions (*cf.* UNFPA 2014).

[1.6] Gross Domestic Product (GDP) is the standard measure of the value of final goods and services produced by a country during a period.

[1.7] Based on the 17th International Conference of Labour Statisticians (ICLS) in 2013, it defines informal employment as follows: 'employees are considered to have informal jobs if their employment relationship is, in law or in practice, not subject to labour legislation, income taxation, social protection or entitlement to certain employment benefits (advance notice of dismissal, severance of pay, paid annual or sick leave, etc.).'The Indonesian Central Bureau of Statistics (BPS) states that formal and informal works can be identified based on the main employment status. BPS categorises people who work based on informal work such as self-employment, employer with temporary labor, casual employee in agriculture, casual employee in non-agricultural sectors, and unpaid worker/working in the family business. Meanwhile, formal work involves being assisted by permanent laborers and employees (*cf.* BPS 2016).

[1.8] PKH is a programme to provide conditional social assistance to the families of determined beneficiaries. The elderly criteria (preferably starting from 60 years of age and those with disabilities, especially heavy disabilities) are included in the PKH target.
ASLUT is part of social rehabilitation to help neglected elderly people so that they can meet their basic needs for a decent life. Moreover, ASLUT is social assistance in the form of cash transfers for poor and vulnerable older people. Cash transfers of IDR 200,000 per month are found to be useful to meet their daily expenses, but the number of beneficiaries is too small (30,000 beneficiaries in 2017) compared to the number of older people.

[1.9] The Eastern world is defined as the whole Asia-Pacific, without Australia and New Zealand. On the contrary, the Western world, also known as the West, includes at least parts of Europe, Australasia, and the Americas (*cf.* Wikipedia).

[1.10] Asia has a number of kinship systems: patrilineal, matrilineal, and bilateral. Bilateral refers to kinship from both parents where people recognise kin on both the father's and the mother's sides, inheriting from either side, and a couple may live with relatives on either side or by themselves. On the other hand, matrilineal refers to kinship from the female line whereas patrilineal refers to kinship from the male line (*cf.* Gupta 2009).

[1.11] The value of children includes both the parents' satisfaction of receiving care from children and the costs of child rearing (*cf.* Bulatao 1975).

[1.12] The Confucian religion believes that there was no greater crime than failing to practice filial piety. As such, Chinese family structures traditionally cluster around relatives who assist one another economically. Elderly parents generally live with the eldest son (*cf.* Qu 2014).

[1.13] The potential support ratio is defined as the population aged 15-64 years divided by the population of those aged 65 years and over (*cf.* UNFPA 2014).