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 V COMMUNITY PERSPECTIVES ON THE PLURAL ELDERLY CARE SYSTEM

5.1 Community Perspectives on Institutions and Organisations

This Chapter seeks to provide a general, rather crucial perspectives of the communities on the three components of the plural elderly care system in the research area, differentiated over the four selected sample survey villages in the research area. Since these perspectives are largely based on the local peoples' psycho-social charateristics, the distribution of the selected variables over the four selected villages will be confined to the related pre-selected factors, encompassing the community knowledge, belief and opinion, which will be elaborated in relation with the individual respondents as users in the subsequent stepwise quantitative analyses of their utilisation behaviour in Chapter 7. Other pre-selected factors represented by the other independent and intervening variables in the model will be similarly analysed in Chapter 7.

The relevance of the institutional approach of development which focuses on indigenous institutions viewed as a resource for achieving development, is provided by the objective to execute an applied-oriented research to contribute to the development of the integration of the indigenous institutions into a new system of comprehensive elderly care in Indonesia. The Chapter presents the distribution of the institution-guided psycho-social factors of the respondents regarding the three sub-systems of the plural elderly care system over the sample survey villages. The institutional approach is supported by Watson (2003:288) who argues that: '*indigenous institutions are now viewed by development theorists and practitioners as having qualities that make them valuable resources for achieving development goals'*, while Uphoff (1992) divides the local institutions into three levels, namely 'localities' which are sets of communities that have kinship, marketing or other connections, 'communities' or villages or towns, and 'groups.'

In most Indonesian rural areas, communities have been guided for many generations by indigenous institutions which represent indigenous knowledge, beliefs, values, norms, and principles which form the foundation of the customary community of Indonesia, or *Masyarakat Adat* (*cf.* Slikkerveer, Baourakis & Saefullah 2019). In this context, people have relied over time not only on their own activities and their relatives to maintain their health and well-being, but also created community-based institutions to secure and increase their individual and family resources for their livelihood, survival, and their community as the whole.

As mentioned before, the terms 'institution' and 'organisation' are often used interchangeably and are sometimes overlapping concepts. Slikkerveer (2014) defines institutions which encompass different social and individual formations in the community or society created by people over generations to structure their collective rules, norms, beliefs, values, interactions, and behaviours. Uphoff (1986) also defines the institution as a complex of norms and behaviours that persist over time by serving some socially valued purposes.

In this context, Slikkerveer (2014) also notes, that organisations refer to structures of accepted roles and rules in the community, and may operate in a formal or informal way. It means that organisations deal with a structure of recognised and accepted roles in the community. Organisations may become institutions, which are institutionalised if they acquire people's values and special legitimacy for satisfying their needs over a longer period of time. For example, marriage is an institution which has longevity and legitimacy while a particular family is an organisation with roles. Another example is a judicial court as an institution while a new law firm is an organisation (*cf.* Slikkerveer 2014). North (1990) also makes a distinction between institutions and organisations. He concludes that institutions are: *'the rules of the game'* while organisations are similar to *'the players in the game'* consisting of groups of individuals bound together by some common purposes to achieve objectives (*cf.* North 1990). More specifically, Slikkerveer (2012) differentiates between formal and informal institutions. Formal institutions are characterised by the legitimacy of their rules, based on a written and codified constitution and official laws and regulations, enforced by the state.

Meanwhile informal institutions are characterised by conformity to their rules based on norms, traditions, customs, taboos and morals, and as such not on state laws and regulations. Moreover, North (1991) also distinguishes institutions into formal and informal. Formal institutions stipulate rules such as constitutions, laws, and property rights while informal institutions regulate sanctions, taboos, customs, traditions, and codes of conduct (*cf.* North 1991).

Informal institutions also refer to indigenous institutions, which are based on their unwritten or non-codified social rules, cultural traditions and norms of behaviour, enforced by the community (*cf.* Slikkerveer 2014). This definition also supports Pejovich's view (1999:166) who defines informal institutions as: '*traditions, customs, moral values, religious beliefs and all other norms of behaviour that have passed the test of time. …Thus, informal institutions are the part of a community's heritage that we call culture.'* Slikkerveer (2014) introduces two types of indigenous institutions, namely social and cultural institutions. Social institutions include indigenous healers, sages, medical systems, water management systems, indigenous farming systems, natural resource management systems, money borrowing systems, etc. Meanwhile cultural institutions include religion, age-grade groups, women's groups, circumcision, rituals, ceremonies, taboos, and sacred groves.

Thus, institutions are broadly conceptualised and encompass sets of enduring ideas, rules (formal and informal), practices (*de jure* and *de facto*), and organisations and decision-making groups (*cf.* Watson 2003). This Chapter describes not only institutions, but also organisations related to the care and support of services for the elderly. In this research, the three components of the plural elderly care system will be clearly described as related to the care and support of services for the elderly, including the characteristics of each institution or organisation from the local people's perspectives.

In this case, the meaning of the indigenous people's perspective is characterised by the 'emic' perspective which is important to understand the participants' individual knowledge, belief, and opinions. The 'emic' view of community members provides a deeper understanding of the target group culture and guides their decision-making processes. This research follows the work of Slikkerveer (1990), Agung (2005), Ibui (2007), Leurs (2010), Djen Amar (2010), Ambaretnani (2012), Chirangi (2013), Aiglsperger (2014), Saefullah (2019), De Bekker (2020) and Febriyanti (2021) who in their ethnoscience research distinguish between three categories of the plural system, *i.e.* the traditional, transitional and modern sub-systems. The distinction is defined as the components of the existing plural systems.

5.2 Community Perspectives on Traditional Elderly Care Institutions

Traditional institutions being the focal point of this study are generally regarded to have important roles in developing and low-income countries, including Indonesia. The traditional development approach can be viewed from some perspectives. The first perspective is based on 'endogenous' (from within) development. Boonzaaijer and Apusigah (2008:9), through the Comparing and Supporting Endogenous Development (COMPAS) Programme, define it: '*endogenous development is based on local people's own criteria of development and takes into account not only the material, but also the social and spiritual well-being of peoples*' [5.1].

For each community, needs and criteria for endogenous development may differ depending on the ecological, economic, and cultural situation, and the skills, values and insight of the local community and development agency (*cf.* COMPAS 2007). Endogenous development makes peoples' worldviews and livelihood strategies the starting point for development which reflects sustainable development as a balance between material, social, and spiritual well-being. The spiritual aspects become an important dimension in endogenous development approaches which make it different from other development approaches (*cf.* Miller *et al.* 2008).

The second perspective uses the 'bottom-up' approach to view the traditional development approach. Slikkerveer (2019) states that in the globalisation process, the interaction among local and global knowledge systems is important in various sectors of the local community which open the possibility of multidisciplinary integration and synergy of local and global knowledge and technology.

The 'bottom-up' approach starts with the Indigenous Knowledge Systems (IKS). Warren, Slikkerveer, and Brokensha (1995) in Slikkerveer (2019:36) define an 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'*.

Jensen (2007) concludes that the 'bottom-up' approach starts by inferring recommendation for a single activity, which then reach recommendations for society at large by putting together recommendations for all relevant activities. The 'bottom-up' approach uses local people's beliefs and practices with full local participation, and the internal resources of the community (*cf.* Saefullah 2019).

Moreover, Slikkerveer (2019:43) also 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.'* Thus, traditional institutions are initiated, built, and operated on the cultural principle of non-profit making from local people's initiatives.

The next perspective, the traditional development approach, can be viewed from an 'emic' perspective. Holmes & Holmes (1995) state that the 'emic-etic' perspective stresses any cultural situation which can be viewed from both inside and outside. 'Emic' refers to the insiders' window on the world. Keasberry (2002) states that the 'emic' perspective offers greater challenges and insights. She also said that the 'emic' perspective can lead not only to new meanings and different assumptions about reality, but also create instruments that are appropriately measured based on culturally significant variables. In this research, the 'emic' perspective is used to know how adult children perceive care and support service provisions for the elderly in their own situation. The meaning of care of the elderly and the effectiveness of solutions for elderly care matters can only be understood and evaluated in terms of the cultural context where adult children live and take care of their elderly.

This research tries to relate the above perspectives, namely 'endogenous', 'bottom-up', and 'emic', toward traditional or indigenous institutions. Slikkerveer (2019a:122) emphasises traditional or indigenous institutions as: *'those local level institutions - informal and sometimes invisible to the outsider - which are rooted in the history of the community and based on strong local philosophical principles of cooperation, mutual aid, and collective action, where the interests, resources, and capacities of many community members are structurally joined together in order to achieve common goods and services for the entire community in a non-commercial way.'*

The use of traditional institutions, referring to 'family home care' in research areas, will be analysed based on some variables, such as the knowledge, belief, opinion of elderly care institutions and organisations. The majority of respondents of the four villages show much knowledge of traditional elderly care institutions.

Table 5.1 Distribution of Knowledge of Traditional Elderly Care Institutions of the Sample Household Heads over the Four Villages (N=312)

Knowledge of Traditional Elderly Care Institutions										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
None	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Very Little Knowl.	1	25.0	0	0.0	1	25.0	2	50.0	4	100.0
Little Knowledge	1	2.9	1	2.9	18	52.9	14	41.2	34	100.0
Average	0	0.0	0	0.0	1	100.0	0	0.0	1	100.0
Much Knowledge	43	21.4	58	28.9	42	20.9	58	28.9	201	100.0
Very Much Knowl.	41	56.9	10	13.9	9	12.5	12	16.7	72	100
Total	86	27.6	69	22.1	7	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

It is shown in Table 5.1 that respondents in Argosari (21.4%, n=43), Ditotrunan (28.9%, n=58), Ngadas (20.9%, n=42), and Tlogomas (28.9%, n=58) choose much knowledge of traditional elderly care institutions. In this research, the knowledge is measured by mentioning some examples (a minimum of four examples) of care and support services provided by respondents to their elderly's daily life.

Commonly, respondents know and get mainly hereditary knowledge about care of the elderly from knowledge transferred by parents, grandparents, and elderly in the same community. The knowledge of traditional elderly care is practiced in their everyday routines.

In this context, knowledge of traditional elderly care institutions refers to the filial piety concept. In all villages in selected research areas, most respondents answer with much knowledge of traditional elderly care institutions. Thus, the Javanese, including the Tenggerese people, confirm that practicing filial piety is one of the cultures in relation to the elderly's care and support. Many respondents mention filial piety action including filial affection such as respecting parents, fulfilling responsibility for and obligations to parents, providing physical and financial sacrifices for parents, forming a harmonious family with parents, practicing religious teachings in filial duty, and maintaining inheritance of property. In the Javanese culture including the Tenggerese culture, *bakti* is known as filial piety. *Bakti* refers to the local tradition of filial respect and care which greatly influences the relationship between parents and their children, including grandparents. Parents should love and care of their children and, in return, the children should respect and care of their parents. Both parents and children have been sharing the values of the local traditions of *bakti* for many generations, reflected in their daily behaviour. The results support the work of Koentjaraningrat (1957), that most Javanese children have the obligation to take care of their parents.

Table 5.2 Distribution of Belief in Traditional Elderly Care Institutions of the Sample Household Heads over the Four Villages (N=312)

Belief in Traditional Elderly Care Institutions										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
None	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Very little belief	0	0.0	0	0.0	0	0.0	1	100.0	1	100.0
Little belief	0	0.0	4	50.0	0	0.0	4	50.0	8	100.0
Average	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Much belief	34	19.2	48	27.1	39	22.0	56	31.6	177	100.0
Very Much belief	52	41.0	17	13.5	32	25.4	25	19.8	126	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Similarly, Wirakartakusumah (1997) in Schroder-Butterfill (2003) states that Indonesian social norm prescribes that children pay respect to their elderly, and when children ignore and do not care of their parents, they may receive social sanctions. Care and support for the elderly is not only provided by children but also friends or neighbours. The pattern of care and support for the elderly which come from friends or neighbours is based on mutual cooperation or assistance, known as *gotong royong* ('voluntary mutual aid and communal work'). The *sayan* term in the Tenggerese language is the local representation of *gotong royong* ('voluntary mutual aid and communal work'). The details of the local traditions of *bakti* and *sayan*, specifically related to elderly care are further explained in Chapter VI.

Table 5.2 shows that the majority of respondents much believe in the traditional elderly care institutions, namely the respondents in Argosari (19.2%, n=34), Ditotrunan (27.1%, n=48), Ngadas (22.0%, n=39), and Tlogomas (31.6%, n=56), because the traditional elderly care institutions have a good effect on the elderly's well-being. However, some respondents, particularly in Ditotrunan (50.0%, n=4) and Tlogomas (50.0%, n=4), have little belief towards traditional elderly care institutions. Both Ditotrunan and Tlogomas are urban villages where social change such as modernisation and urbanisation may influence the way of perceiving the elderly care institutions.

The majority of respondents in rural areas live with their elderly in the same house or nearby so that they can provide care and services for their elderly directly. Moreover, many respondents in rural areas work as farmers which tend to have more flexible time for providing care and support for the elderly at home. Those conditions make the elderly happy since they have full support and care from their

children in all aspects so that the elderly can maintain their well-being in the long term. On the contrary, the respondents who live in urban areas find it more difficult to provide care of the elderly directly because of two reasons.

First, they are living in a different area from their parents, sometimes following the job location, so that they are unable to stay close to their parents. Second, their job requires most of their time, which makes it difficult to provide care and services for the elderly. It potentially makes the elderly feel unhappy, lonely, and not feeling well in the long term. Commonly, the respondents have other options to make the elderly comfortable, such as putting parents into care and support organisations such as old-age homes, or encouraging parents to join in an elderly community activity. Some respondents believe that the elderly can get better care and support services from other care organisations, such as transitional or modern care organisations.

Table 5.3 Distribution of Opinion on Traditional Elderly Care Institutions of the Sample Household Heads over the Four Villages (N=312)

Opinion on the Traditional Elderly Care Institutions										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
No opinion	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Very negative op.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Negative opinion	0	0.0	0	0.0	5	62.5	3	37.5	8	100.0
Neutral	0	0.0	0	0.0	1	100.0	0	0.0	1	100.0
Positive opinion	36	22.9	41	26.1	36	22.9	44	28.0	157	100.0
Very positive op.	50	34.2	28	19.2	29	19.9	39	26.7	146	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.3 shows that many respondents report a 'positive opinion' on traditional elderly care institutions, namely respondents in Argosari (22.9%, n=36), Ditotrunan (26.1%, n=41), Ngadas (22.9%, n=36) and Tlogomas (28.0%, n=44). Likewise, many respondents had a 'very positive opinion' on traditional elderly care institutions.

The majority of respondents have a positive opinion about traditional elderly care institutions because they can provide care and support services directly for the elderly at home. Moreover, respondents can know and meet their parents' needs for care and support services. The respondents' opinions of traditional elderly care institutions relate to their beliefs. In fact, many respondents believe that traditional elderly care institutions have a good effect on the elderly, such as making the elderly happy, feeling full of support and care from their children.

5.2.1 *Bakti, Sayan* and the Users' Perspective of Elderly Care

The understanding of the *bakti* and *sayan* local traditions facilitates the assessment of the 'emic' perspectives of the respondents on the care and support of the elderly. These emic perspectives substantiate the innovative users'orientation in elderly care research, operationalised in this study in East Java. Kinship and familism play an important role in the household relationships in Indonesia. The Tenggerese and Javanese people practice both local traditions also in the relationship between young and older people. Specifically, *bakti* is one of the key local traditions in taking care of the elderly. In the Tenggerese and Javanese cultures, the participants adhere not only to the social norm of *hormat* ('respect'), but also to filial responsibility affection for their elderly. Based on the respondents' perception, *bakti* refers to the relationship between adult children and their parents even though *bakti* can also refer to the relationship between adults and older or senior relatives. The respondents provide care of their elderly based on their local knowledge, beliefs, norms and culture, conceptualised as *bakti*. In this way, *bakti* underlies personal behaviour to take care of the elderly practiced by adult children because they adult want to *balas budi* ('return the favour') to the elderly. The respondents return such favour because they are happy and proud when they are able to provide care and support for their parents. The adult children also see it as their duty to provide old-age support to their parents. When the adult children are not able to take care of their elderly, their community will judge them as *anak*

durhaka (‘rebellious’) and can even place social sanctions on them. Moreover, many adult children believe that *karma yang buruk* (‘bad karma’) could happen in their life. The Tenggerese people with the majority of respondents being Hindu and Buddhist describe *karma* as the force produced by a person’s actions in one life which will influence what happens in their future lives. Respondents who ignore and do not take care of their elderly will be unlucky in their future lives.

Respondents characterised *sepuh* (‘old age’) as *tua* (‘old’), *jompo* (‘aged’), and *pikun* (‘senile’). Those words are based on the ‘emic’ view from respondents. *Tua* means older age compared to other generations. *Jompo* means old, aged, decrepit, infirm, and sometimes not completely in the right mind. *Pikun* means very old, senile, and demented. In fact, the Tenggerese people do not have certain criteria for old age as long as the elderly are able to work. It is because most of the elderly are still actively working as farmers in *tegal* (‘dry land’) and able to meet their basic needs independently. The elderly Tenggerese people have strong motivations to work in order to meet their needs and keep their body healthy. Moreover, the elderly have a youthful spirit. Many elderly do not want to burden their children, particularly to fulfill their financial needs. However, the elderly still need emotional support, such as living nearby their children or in the same house with their adult children. Those conditions make the elderly feel happy and prolong their life expectancy. Researcher found one respondent in Argosari who lives with their father who is more than 100 years old. However, the respondent said that their father still wants to go to the dry land even though he cannot work because his legs are sick. He said that their father wants to see the green plants in their field because it can make him feel happy and fresh.

On the other hand, *sayan* is derived from an old Javanese word *hiya*, meaning ‘accord’. *Sayan* comes from *sa-hiya-an* meaning people who are helping one another (*cf.* Pangarsa 1995). The *sayan* tradition provides care of the elderly in groups through mutual cooperation or assistance in local communities. The local community implements the *sayan* local tradition, such as visiting the elderly and bringing food or money to those who need it. The local people pay a visit to the elderly not only when the elderly are sick but also when they have special events, such as *slametan* or other events.
The Tenggerese people practice *sayan* as a local tradition of paying respect to each other, shown by attending an invitation to a particular celebration or event. They also bring food or money as a form of their participation (*cf.* Haryanto 2014).

An adult child will take care of their parents due to filial piety, their love for their parents, and because they inherit property from their parents (*cf.* Sung 1995). Sung (1995) also suggests that filial piety is not unidimensional but bidimensional factors. The first factor refers to behaviourally oriented filial piety which includes sacrifice, responsibility, and repayment. The second, which is called emotionally oriented filial piety, consists of family harmony, love or affection, and respect. Filial piety is practised in the context of the family, therefore making a harmonious family relation as an important element. The family members maintain very close and cohesive relations.

Moreover, close and cohesive kin ties also have important psychosocial functions, such as pooling familial resources, and providing emotional support for the elderly and other family members. The individual member is a function of the totality of the family, in which family harmony is emphasised over individual well-being (*cf.* Moon & Williams 1993). Olson *et al.* (2011) state that the characteristics of family systems refer to the strengths of families which consist of three dimensions: (1) family cohesion is the emotional sense of togetherness or closeness a person feels to other family members, (2) family flexibility is the ability to change and adapt with changing life circumstances, and (3) family communication is sharing information, ideas, and feelings with each other which helps to increase feelings of closeness, and straightforward discussion to work out family matters. Moreover, according to Olson *et al.* (2011), the sociocultural context in which families live is also useful in describing and understanding families from diverse ethno-cultural groups. There are three sociocultural characteristics: (1) the extended-family system which encompasses relatives, kin, and other family members connected to the family system, (2) the social system which includes the economic, educational, and other related resources, and (3) the family’s spiritual beliefs and values.

The dedication of adult children is also an important factor. The adult child has a responsibility to his family, harmonises relations between generations, carries out the wishes of his parents, and visits

the rural home for an extended family gathering. Those are done by adult children to maintain the value of filial piety to their elderly. These practices are associated with family cohesiveness and dedication of self for family well-being indicating 'traditional cultural patterns' (*cf.* Sung 1994). Both dimensions of filial piety need to be considered in assessing to what extent adult children will care of their parents. This study also indicates that the tradition of filial piety persists and has valuable results in the provision of care of the elderly. The practice of traditional care of the elderly is closely related to the belief of adult children based on their religious, spiritual and cultural values.

5.3 Community Perspectives on Transitional Elderly Care Organisations

Basically, transition refers to an 'in-between' mode which involves any process of change from one condition to another. Transitional organisations can represent in-between private and public organisations, in-between non-profit institutions and commercial organisations, and in-between traditional institutions and modern organisations (*cf*. Saefullah 2019). Moreover, the transitional organisation can be described as the crossover between modern and traditional systems as exponents of both mingle materials and techniques (*cf.* De Bekker 2020). Transitional organisations can be viewed from some perspectives related to the development approach. Transitional organisations can represent perspectives of in-between 'endogenous' and 'exogenous' development, between the 'bottom-up' and 'top-down' approach, and a combination of in-between 'emic' and 'etic' views of development. Transitional organisations in development can be considered as the organisations operating on a combination between local people's initiatives and involvement of other organisations outside the community. Moreover, transitional organisations operationalise activities of local people through a combination between 'bottom-up' initiatives and 'top-down' supports (*cf.* Saefullah 2019). Transitional institution is established by the local people's initiative in the community which is also supported by local government. Central or local government has a role in controlling power in some particular sectors such as the economy and politics. At the same time, a transitional organisation accommodates local people's perspectives in the development process. It also means that the activities of transitional organisations can operate a combination of local initiatives and external support from other organisations outside the community, such as central or local government.

Table 5.4 Distribution of Knowledge of Transitional Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

Knowledge of Transitional Elderly Care Organisations										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
None	31	86.1	2	5.6	1	2.8	2	5.6	36	100.0
Very Little Knowl.	27	32.5	27	32.5	16	19.3	13	15.7	83	100.0
Little Knowledge	13	11.0	35	29.7	29	24.6	41	34	118	100.0
Average	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Much Knowledge	12	20.7	4	6.9	18	31.0	24	41.4	58	100.0
Very Much Knowl.	3	18.8	0	0.0	7	43.8	6	37.5	16	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.4 shows that the majority of respondents in four villages: Argosari (11.0%, n=13), Ditotrunan (29.7%, n=35), Ngadas (24.6%, n=29), and Tlogomas (34.7%, n=41) presents little knowledge of the transitional elderly care organisations. Moreover, 83 respondents also answered that they have very little knowledge of transitional elderly care organisations while only 58 respondents reported that they have much knowledge of transitional elderly care organisations. Many people in the community only have a little information about the existence of transitional elderly care organisations, and not many of them know about the care and support services provided by the organisations. In fact, many respondents do not get enough information about the care and support services provided by transitional care organisations because of lack of resources, *i.e.* human resources which distribute and share information to the community.

Moreover, in some areas, local village officials and staff do not actively share information about care and support services provided for the elderly. Many respondents know the existence of transitional elderly care organisations from media such as television or newspapers. Finally, many respondents do not use transitional care organisation services for their elderly (*cf*. Field Notes 2018). The *Posyandu Lansia* and *Karang Werda* are included in the transitional ederly care organisations. This research supports the results of Pratono & Maharani (2018) that the *Posyandu Lansia* had limited resources to operate and provide care to the elderly, including medical personnel and volunteers.

Table 5.5 Distribution of Belief in Transitional Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

Belief in Transitional Elderly Care Organisations										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
None	31	86.1	2	5.6	1	2.8	2	5.6	36	100.0
Very little belief	24	39.3	23	37.7	8	13.1	6	9.8	61	100.0
Little belief	11	10.8	38	37.3	21	20.6	32	31.4	102	100.0
Average	0	0.0	1	50.0	0	0.0	1	50.0	2	100.0
Much belief	18	18.8	5	5.2	34	35.4	39	40.6	96	100.0
Very Much belief	2	13.3	0	0.0	7	46.7	6	40.0	15	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.5 documents that the majority of respondents in Argosari (10.8%, n=11), Ditotrunan (37.3%, n=38), Ngadas (20.6%, n=21), and in Tlogomas (31.4%, n=32) have 'little belief' in transitional elderly care organisations, because many respondents report that the quality of care of the elderly in transitional elderly care organisations has a low standard. This is proven by the inability to provide regular activities due to lack of medical doctors and volunteers. However, some respondents also perceived 'much belief' in transitional elderly care organisations which is good for the elderly's well-being, particularly in Tlogomas (40.6%, n=39) as an urban area.

In Tlogomas, the elderly get more benefits from transitional elderly care organisations, such as *Posyandu Lansia*, since they provide not only health facilities but also creative and fun activities, such as sports and recreation activities for the elderly. *Posyandu Lansia* in urban areas provide more activities than those in rural areas due to the adequate available resources and ease of access to get the care of the elderly. In this context, many respondents in urban areas have the perception that transitional elderly care organisations are able to maintain well-being for the elderly.

The elderly can check their health, such as weight, blood sugar, and blood pressure in the *Posyandu Lansia* once a month. Moreover, the *Karang Werda* also has a programme related to the elderly, for religious activities, training, economic activities, *i.e. Koperasi Wanita* (women's cooperatives). The activities of *Karang Werda* enable the elderly to meet and talk to the other elderly in order to maintain social interaction with each other through joining its activities. Similarly, Ngadas village also has a *Posyandu Lansia* which provides health services for the elderly. However, the implementation of the health programme in the Ngadas *Posyandu Lansia* takes place every two months due to the limitation of medical personnel, such as doctors who can come regularly.

Inadequate transportation is also one of the obstacles of the provision of accessibility in rural areas. Another obstacle is limited resources from volunteers to help run *Posyandu Lansia* programmes. Volunteers are expected to ensure that *Posyandu Lansia* care is available every month. However, it is quite challenging to get *Posyandu Lansia* volunteers, particularly in rural areas.

This research supports the results of Pratono & Maharani (2018) that many services of the *Posyandu Lansia* have relatively low standards because of the lack of volunteers and the capability to provide regular care activities. Table 5.6 shows that 104 respondents in the four villages: Argosari (9.6%, n=10), Ditotrunan (40.4%, n=42), Ngadas (22.1%, n=23) and Tlogomas (27.9%, n=29), commonly reported negative opinions of services provided by transitional elderly care organisations. It is because most respondents have not reaped much benefit yet, even after their elderly joined the programme of the *Posyandu Lansia*.

For example, when some elderly are feeling unwell, and they want to check their condition in a *Posyandu Lansia*, they feel that they are not getting better even after taking some medicine. Most respondents will try to take their elderly to the hospital or *Puskesmas* ('Primary Health Care Centre') to get better services. Moreover, medical personnel are not always available at the *Posyandu Lansia*.

Table 5.6 Distribution of Opinion on Transitional Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

	Opinion on the Transitional Elderly Care Organisations									
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
No opinion	30	85.7	2	5.7	1	2.9	2	5.7	35	100.0
Very negative op.	28	41.2	22	32.4	11	16.2	7	10.3	68	100.0
Negative opinion	10	9.6	42	40.4	23	22.1	29	27.9	104	100.0
Neutral	0	0.0	0	0.0	1	50.0	1	50.0	2	100.0
Positive opinion	16	18.4	3	3.4	30	34.5	38	43.7	87	100.0
Very positive op/	2	12.5	0	0.0	5	31.3	9	56.3	16	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

It is often the case that when the elderly are feeling ill and need to get a medical check-up, medical personnel are not present, making both the respondents and the elderly disappointed (*cf.* Field Notes 2018). Moreover, respondents can also ask the elderly to join a programme of *Karang Werda* which focuses on the elderly's activities.

However, the implementation of *Karang Werda* is still not optimal yet, particularly in rural areas because not all elderly can get information and access the program. Limited resources, *i.e.* volunteers or cadre, are one of the obstacles in the provision of services for the elderly in rural areas. For example, most respondents in Argosari village had 'no opinion' because they do not get information about the programmes of the transitional organisations *Karang Werda* and *Posyandu Lansia*. Many elderly in Argosari never use the services of the transitional elderly care organisations.

On the contrary, 87 respondents reported that they have positive opinions of the transitional elderly care organisations. For example, the respondents in Ngadas feel glad about the care of the *Posyandu Lansia* for their elderly. The elderly can get health services and also the medicine they need. They do not need to pay for it. Meanwhile, the elderly in Tlogomas not only receive care in the *Posyandu Lansia*, but also participate in the *Karang Werda*. In Tlogomas, the programme of the *Karang Werda* is growing rapidly, also focusing on related activities for the elderly such as training, sport, recreation and *Koperasi Wanita* ('Women's Cooperatives') (*cf.* Field Notes 2018).

5.3.1 *Posyandu Lansia*

The *Posyandu Lansia* is part of the type of the community-based health services, also defined as a transitional elderly care organisation. The Ministry of Health Regulation Number 65/2013 states that *Upaya Kesehatan Berbasis Masyarakat* (UKBM) ('Community Based Health Efforts') is a medium for community empowerment, based on community needs and managed by the community under the guidance of the *Puskesmas* staff and other relevant organisations (*cf.* Kemenkes 2019). *Posyandu Lansia* is implementing the primary health care programme through community participation aimed at local people, particularly for the elderly. Care in the *Posyandu Lansia* include physical, mental, and emotional monitoring, such as examination of daily activities, mental and nutritional status, blood pressure, hemoglobin, glucose and protein in the urine, and physical activities such as gymnastics or sport (*cf.* Profil Kesehatan Indonesia 2007).

The *Posyandu Lansia* is an integrated service post providing health care to the elderly who are in certain areas such as the *kelurahan* ('villages) which are practised by the community. Moreover, the *Posyandu Lansia* is implementing the development of health services from the *Puskesmas* programme which involves the participation of the elderly, families, community leaders, and social organisations

in its implementation (*cf*. Sunaryo *et al.* 2015). The programme can be utilised to improve the elderly's health in the community. Basically, the *Posyandu Lansia* has two objectives:

1. increasing coverage of elderly health care in the community to the level of the *kelurahan* ('village'); and

2. increasing participation of the community and the private sector in providing health services (*cf*. Sunaryo *et al.* 2015).

Health services at the *Posyandu Lansia* include physical, mental and emotional health checks which are regularly recorded and monitored in the *Kartu Menuju Sehat* (KMS) ('Health Cards'). The provision of health care to the elderly consist of eight activities: (1) evaluating the capability of their basic daily activities such as eating/drinking, bathing, dressing, getting on and off their bed, defecating/urination, etc., (2) checking psychological well-being, (3) examining nutritional status through weight and height measurements, (4) measuring blood pressure and pulse calculation for one minute, (5) examining haemoglobin, (6) examining urine to check if diabetes mellitus or kidney disease are present,(7) referring the elderly to *Puskesmas* if there are complaints or abnormalities recorded from examinations of points 1 to 6 which cannot be handled by the *Posyandu Lansia* and (8) conducting health outreach activities for the elderly. Some *Posyandu Lansia* also have additional activities such as *Pemberian Makan Tambahan* (PMT) ('Supplementary Feeding') by paying attention to the elderly's health and nutrition. Moreover, there are also sport activities such as gymnastics for the elderly and casual walking to keep them fit (*cf*. Sunaryo *et al*. 2015).

5.3.2 *Karang Werda*

The *Karang Werda* is a transitional organisation focusing on the elderly at the village or urban village level throughout East Java [5.2]. It was introduced by a Gerontology Foundation called the Abiyoso Foundation located in East Java, particularly in Surabaya City, East Java province [5.3]. The presence of the Abiyoso Foundation is supported by several organisations concerned with the elderly, such as (1) the *Persatuan Wredatama Republik Indonesia* (PWRI) ('Union of the Republic of Indonesia for retired civil servants'), (2) *Legiun Veteran Republik Indonesia* (LVRI) ('Legion of the Republic of Indonesia for War Veterans'), and (3) *Persatuan Purnawirawan dan Warakawuri Angkatan Bersenjata Republik Indonesia* (PEPABRI) (Union of Retired and Warakawuri of the Republic of Indonesia Armed Forces for retired civil servants of the armed forces) (*cf*. Sunaryo *et al.* 2015). The establishment of the Abiyoso Gerontology Foundation on 13 February 1993 aims at accommodating all matters related to the elderly and providing necessary assistance in all fields so that the elderly's lives are worthy. The Abiyoso Gerontology Foundation's motto is to have a useful and quality elderly life, to stay healthy and productive in old age.

The name Abiyoso originated from a play of the *Wayang Purwa*, the Great King in the land of *Hastina Pura*, who chose to be a *Begawan* ('priest') after abdication. *Begawan Abiyoso* is said to have settled in a hermitage far from the centre of the kingdom in *Sapta Renggo*, the hill of *Wukir Ratawu*. He was a strong ascetic man and often gave advice and guidance to his main kings in *Hastina* and the *Pandawa* family. *Begawan Abiyoso* had a very long age and *muksa* ('died') after the completion of the *Barata Yuda* war, especially after the birth of *Parikesit*.

Begawan's identity as a wise parent, with good advice, independent, and helpful until the end of his life (*muksa*) made the name *Begawan Abiyoso* be used for the Gerontology foundation in East Java. The Abiyoso Foundation's vision is to help the government and community empower the elderly to achieve the elderly's social well-being. Furthermore, the main objective of this foundation is to assist the government in informing and developing the *Karang Werda* which is a platform for the elderly's empowerment in all villages or urban villages throughout East Java. East Java proposes an empowerment organisation to support the elderly through the establishment of the *Karang Werda* organisation.

It was initiated with the issuance of a decree from the Governor of East Java, No. 65 of 1996, concerning guidelines for the formation of the *Karang Werda*. The central government also supports the establishment of organisations aiming to empower the elderly by issuing Law No. 13 of 1998 concerning elderly welfare which includes the rights and obligations of the elderly. To facilitate the implementation of the *Karang Werda* organisation up to the village or urban village level, the Governor of East Java enacted *surat keputusan* ('decree') No. 188/309/SK/014/1999 on a team to empower the elderly in the province of East Java. It was then followed by the formation of a team to empower the elderly in the regency or city level based on regent or *walikota* decree in their respective regions in East Java.

The formation of the *Karang Werda* organisation was carried out at the village or urban village level through *surat keputusan camat* ('camat's decree'). The *Karang Werda* starts from collecting data on the elderly at the *Rukun Warga* level by the village or urban village; then the *karang werda* management is formed which consists of the elderly themselves. The village head and the head of the urban village act as a *penasehat* ('advisors') of the *Karang Werda* management while its establishment is stipulated under a camat's decree. Moreover, camat acts as a *pembina* ('trustee') of the *Karang Werda*.

It is most important that the ideas and the implementation of its activities come from the elderly's initiative both in the village and in their respective territories. The activities of the *Karang Werda* generally focus on five aspects: the religious or spiritual sector, health, welfare, empowerment, and sports including the arts and recreation. More specifically, East Java provincial regulation No. 5 of 2007 concerning the welfare of the elderly contains the activities carried out at the *Karang Werda*: (1) religious and mental spiritual services, (2) health services, (3) employment opportunity services, (4) education and training services, (5) services to get ease of access to use public facilities and infrastructure, (6) facilitating legal services and assistance, (7) sports, arts and recreation activities, (8) social protection for elderly people who have no potential, and (9) social assistance for potential elderly people [5.4].

Funding for the activities of the *Karang Werda* is obtained from the assistance of the local government at the city and district level. Besides, the *Karang Werda* also gets funds from the local communities' participation which are not binding and voluntary.

For certain activities such as the commemoration of the *Hari Lanjut Usia Nasional* (*Hari Lansia*) ('National Elderly Day') every May 29th, the *Karang Werda* can submit requests for financial assistance to private companies concerned with the elderly's activities (fundraising through sponsors). Elderly Day is commemorated internationally every 1st of October.

5.4 Community Perspectives on Modern Elderly Care Organisations

The concept of 'modern' is often related to the process of modernisation in development, which is influenced by intervention from developed countries for developing countries. Modern organisations can be viewed from several perspectives. The first is as an exogenous base for development. One of the characteristics of exogenous development is its contrast to patterns of endogenous development. Endogenous development is locally determined, whereas exogenous development is transplanted into particular locations and externally determined. Moreover, exogenous development tends to export the proceeds of development out of the local region. Accordingly, local people find it difficult to retain benefits within local communities. It should be noted that endogenous development respects local values while exogenous development tends to repress local values (*cf.* COMPAS 2007).

The second perspective is the 'top-down' approach which is the modern approach to development. The distinction between 'top-down' and 'bottom-up' can be seen to in what extent the community is involved during planning, implementing, monitoring and evaluating a programme or project: according to Cooksey & Kikula (2005), the differences between 'top-down' and 'bottom-up' can be seen from planning approaches which relate to participatory planning.

Thus, 'top-down' planning is related to both government and donor-funded programmes, where the government plans, and donors and the bureaucrats control the efficiency of the planning.

Additionally, modern organisations are those which are not established by local people. Usually, a modern organisation is introduced to the local people by an outsider of the local community. Moreover, modern organisations also offer assistance to support the needs of the local people, introduced and established either by the government or private entities (*cf.* Saefullah 2019). The next perspective of modern organisations is the 'etic' perspective. The 'etic' term comes from the word 'phonetic.' According to Holmes & Holmes (1995), the 'etic' approach is a scientific perspective that a researcher brings to the analysis.

In addition, they claim that the 'etic' approach refers to the cross-cultural frame of reference, and is an objective and controlled procedure for weighing and sifting through facts and theoretical viewpoints. This approach points out general human behaviour based on the outsiders' view (*cf.* Keasberry 2002).

Table 5.7 Distribution of Knowledge of Modern Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

Knowledge of Modern Elderly Care Organisations										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
None	43	61.4	1	1.4	20	28.6	6	8.6	70	100.0
Very Little Knowl.	26	22.2	20	17.1	34	29.	37	31.6	117	100.0
Little Knowledge	14	15.1	32	34.4	13	14.0	34	36.6	93	100.0
Average	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Much Knowledge	3	10.7	15	53.6	3	10.7	7	25.0	28	100.0
Very Much Knowl.	0	0.0	0	0.0	1	33.3	2	66.7	3	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.7 shows that the majority of respondents in the four villages: Argosari (22.2%, n=26), Ditotrunan (17.1%, n=20); Ngadas (29.1%, n=34), and Tlogomas (31.6%, n=37), reported very little knowledge of modern care organisations. Moreover, many respondents (93) also reported little knowledge and even no knowledge (70) of modern elderly care organisations. These numbers conclude that the majority of respondents cannot mention the types of care of the elderly in modern care organisations. Modern elderly care organisations refer to care and support of services for the elderly delivered by trained professionals, such as *Panti Jompo*, and *Puskesmas Santun Lansia*. In fact, many respondents in rural areas, *i.e.* Argosari and Ngadas, reported that they do not know about services in modern elderly care organisations, because most respondents in rural areas practice their hereditary knowledge about *bakti* and use it to provide care of the elderly.

The *bakti* tradition refers to the practice of respect, care and support for parents by adult children. Knowledge of *bakti* values have been shared for many generations and are reflected in their daily life. Moreover, when the elderly do not have family or close relatives, their neighbours or friends can help to provide care and support for the elderly. The concept is known as the *sayan* local tradition. Particularly in rural areas, adult children who ignore and do not provide care of their parents are socially sanctioned by their community. However, some respondents in urban areas, namely Tlogomas and Ditotrunan, reported much knowledge of modern elderly care organisations. It is relatively easy for respondents to get information about care and support services in modern elderly care organisations.

Moreover, a typical urban community tends to be individual compared to rural areas. Consequently, conditions are quite different when adult children in urban areas place their elderly in modern elderly care organisations. The urban community tends not to show any emotion about a family's decision to send the elderly to a modern care organisations.

Table 5.8 Distribution of Belief in Modern Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

Belief in Modern Elderly Care Organisations										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
None	43	61.4	1	1.4	20	28.6	6	8.6	70	100.0
Very little belief	33	22.3	27	18.2	46	31.1	42	28.4	148	100.0
Little belief	10	13.9	27	37.5	5	6.9	30	41.7	72	100.0
Average	0	0.0	6	75.0	0	0.0	2	25.0	8	100.0
Much belief	0	0.0	8	57.1	0	0.0	6	42.9	14	100.0
Very Much belief	0	0.0	0	0.0	0	0.0	0	0.0	0	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.8 shows that the majority of respondents in Argosari (22.3%, n=33), Ditotrunan (18.2%, n=27), Ngadas (31.1%, n=46), and Tlogomas (28.4%, n=42) reported very little belief in modern elderly care organisations. Firstly, modern elderly care organisations refer to *Panti Jompo*. Many respondents believe that their elderly prefer to stay close with their family than to stay in a modern elderly care organisation because they feel as if they are being taken away from their family and arranged for them to stay with other elderly in a new environment such as an old age home. Thus, the elderly need to adapt to the new environment. In fact, the elderly who stay in modern elderly care organisations are separated from their family including their children. Such conditions are not easy for the elderly to meet with or talk to their family or relatives, and conversely the same goes for the respondents.

Hence, based on the perception of respondents, putting the elderly into modern care organisations can potentially create uncomfortable situations and prevent emotional well-being for the elderly. Another reason not to place the elderly in modern care organisations is because many respondents, particularly in rural areas, still believe that they need to *balas budi* ('return the favour') to the parents or respect to the relatives by taking care of them. The respondents believe that if they do it, they will be lucky and happy. Most of the respondents strongly believe that they have to take care of their parents or elderly, and not to put them in modern care organisations (*cf.* Field Notes 2018).

However, those conditions are quite different if the elderly do not have a child, family, or relative who can take care of them. Respondents who cannot take care of the elderly for some reason, such as living at a large distance from their elderly, tend to place their elderly in modern elderly care organisations because respondents find it difficult to provide care of their elderly. On that account, an old age home is the place which can help maintain the elderly's well-being and provide proper care and services for the elderly (*cf.* Field Notes 2018). Table 5.8 shows that some respondents in urban areas tend to place the elderly into modern elderly care organisations because of the impact of social change, such as urbanisation and modernisation. Also, modern elderly care organisations also refer to health care services, namely *Puskesmas Santun Lansia*. Sometimes, some elderly in rural areas do not really believe in the health care provided by the *Puskesmas Santun Lansia*. They believe in traditional medicine and healing more than in modern medicine. As they receive care from the *Puskesmas Santun Lansia*, they often feel not better, and report very little belief in modern elderly care organisations.

Table 5.9 Distribution of Opinion on Modern Elderly Care Organisations of the Sample Household Heads over the Four Villages (N=312)

Opinion on the Modern Elderly Care Organisations										
	Argosari		Ditotrunan		Ngadas		Tlogomas		Total	
	N	%	N	%	N	%	N	%	N	%
No opinion	44	62.0	1	1.4	20	28.2	6	8.5	71	100.0
Very negative op.	36	25.0	26	18.1	41	28.5	41	28.5	144	100.0
Negative opinion	6	8.1	28	37.8	8	10.8	32	43.2	74	100.0
Neutral	0	0.0	9	81.8	0	0.0	2	18.2	11	100.0
Positive opinion	0	0.0	5	50.0	2	20.0	3	30.0	10	100.0
Very positive op.	0	0.0	0	0.0	0	0.0	2	100.0	2	100.0
Total	86	27.6	69	22.1	71	22.8	86	27.6	312	100.0

Source: Computation of the Data set from the Fieldwork (2018).

Table 5.9 shows that the majority of respondents of four villages: Argosari (25.0%, n=36), Ditotrunan (18.1%, n=26), Ngadas (28.5%, n=41) and Tlogomas (28.5%, n=41), reported very negative opinions on modern elderly care organisations. The large number of respondents who had a very negative opinion on modern elderly care organisations is related to their beliefs and culture. The Tenggerese and Javanese people have cultural practices regarding care of and intergenerational relationships with their elderly. Traditionally, adult children are obliged to take care of their parents or relatives as a way to return the favour toward parents or elderly relatives who cared for and raised them. If they do not take care of these elderly people, the community will think that their adult children becomes an unfilial children and will sanction them socially.

5.4.1 *Panti Jompo*

Elderly care in the modern organisations of the *Panti Jompo* ('Old Age Homes') is provided both by the government and the private sector, and are based on modern knowledge of care and delivered by trained professionals. The implementation of care of the elderly in modern care organisations has binding and compelling rules for anyone involved. The rules require the provision of care of the elderly to be fully managed by the modern organisation provider. Management of old age homes is divided into two types: government and private management. Old age homes which are fully managed by the government are generally intended for the elderly who are in the abandoned category and do not have family nor relatives who can take care of them. The government fully manages and funds these old age homes. On the contrary, private old age homes provide care and support for the elderly who require family or relatives to pay the cost of the services. Even if the elderly have family but they 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 the care and support services is limited, and not so much by the family, as in traditional elderly care (family home care). The old age home is the last choice for care and support services.

People in society who are influenced by values of filial piety may be ashamed when they place their elderly in organisational care such as old age or nursing homes. However, old age homes will lose this stigma due to value changes over time in the modernisation era (*cf.* Ping 2013).

The old age homes are operated by the government and the private sector in cooperation with *Dinas Kesehatan* ('Health Office') for providing health care services. More specifically, old age homes are also supervised and controlled by the nearest *Puskesmas* which has a responsibility to regularly control old age homes in providing health services, particularly medical aspects such as health checks, medication, and medical resources (*e.g.* nursing and doctors). Visiting the old age home is conducted by *Puskesmas* staff minimally once a month or on the manager's request. *Puskesmas* staff activities include health education, sports or gym (physical exercise), health control for early detection of disease, laboratory checks, treatment, counselling, and referral to hospital health services (*cf.* Kemenkes 2017). Meanwhile, *Dinas Sosial* ('Social Affairs Office') has a role in managing, fulfilling, and controlling provisions of care of the elderly, particularly in government old age homes, such as fulfilment of primary needs to the elderly (*e.g.* food consumption, clothes, etc.). On the other hand, it is different from private old age homes where the management is fully under private care and the types of care services are discussed with the elderly's family.

Zhan *et al.* (2006) found unfair competition between governmental and private elderly homes in China in terms of facilities, quality, and resident composition. They conclude that private old-age homes need to receive payment for reinvestment. This condition is similar to the situation in Indonesia which causes the elderly staying in private old age homes having to pay more to use the services. On the other hand, those staying in government old age homes are fully supported by the state. Moreover, the government old age homes can affiliate with hospitals, to make it easier to get involved in social activities. On the contrary, in private old age homes, social activities depend on the arrangements made by the administrative, personal, and social networks that they have (*cf.* Zhan *et al*. 2006). In Indonesia, the number of old age homes owned by both the government and private sector are limited. Government old age homes only focus on care and support provision for the elderly who are neglected or do not have families.

In fact, many elderly who are neglected and do not have family are still not covered by the government old age homes services due to the limited capacity in government old age homes. One reason is the limited budget from the government to provide support services for the elderly

The government encourages the elderly to stay in their community as long as they can survive with family, relatives, friends, or neighbors who can support them in the community. Meanwhile, private old age homes provide health and social care of the elderly, and the family must be willing to pay the service costs, which means that only the rich elderly/families can afford to use the services of private old age homes.

5.4.2 *Puskesmas Santun Lansia*

The *Puskesmas Santun Lansia* ('Integrated Health Post for the Elderly') as a modern elderly care organisation is only established by the government, focusing on health care of the elderly. The Health Ministry Regulation No. 67/2015 on the provision of elderly health care at *Pusat Kesehatan Masyarakat (Puskesmas)* ('Primary Health Care Centre') states that the *Puskesmas Santun Lansia* focuses on health services for the elderly, such as health promotion, prevention, cure, and rehabilitation. The Government of Indonesia emphasises promotion and prevention more than cure and rehabilitation. Moreover, the *Puskesmas Santun Lansia* provides care with proactive, friendly staff, easy access including facilities and infrastructure, and financial support for those who need it. Promotion programs refer to coaching and counselling the elderly with direct and indirect targets. Direct targets for promoting programs involve the elderly who are 60 years or over while indirect targets include coaching and counselling for family, community, social organisations, and voluntary cadres. The promotion programme contains counselling on healthy living behaviour, nutrition for the elderly, efforts to improve physical fitness, maintenance of independence and productivity of the elderly. Prevention programs include activities to prevent disease as early as possible and its complications due to degenerative processes including early detection and monitoring the elderly's health by using *Kartu Menuju Sehat* (KMS) ('Health Card').

Furthermore, a curative programme means treatment for the elderly based on health matters. The rehabilitative effort includes an effort to restore the elderly's functional abilities and confidence as much as possible, *e.g.* medical and psychosocial efforts. Service provision for the elderly should be done proactively by visiting the elderly who need health services. Meanwhile, those directly coming to the *Puskesmas Santun Lansia* should receive care with a high priority, *e.g.* specific room facilities and supporting infrastructure for the elderly (chairs, corridors, stairs, and toilet specifically designed for the elderly). Sometimes, some elderly in rural areas do not believe in the health care services provided by the *Puskesmas Santun Lansia* because when the elderly receive care and medicine from the *Puskesmas Santun Lansia*, many of them are still not getting better. Many respondents in rural areas report very little belief in modern elderly care organisations. Respondents in urban areas are interested in sending the elderly to the *Puskesmas Santun Lansia* because the provision of care is relatively easily obtained, due to a one-stop service system, from registration, initial examination, and medical checkup, to medication administration in one building or room. It makes the elderly not need to queue long to get health services since the services are quick, easy, and affordable.

5.5 Socio-Cultural Factors of the Plural Elderly Care System

5.5.1 Significance of Tenggerese Kinship for Elderly Care

This research tries to describe the local people's perspectives on the care of the elderly. On one hand, the perspective of Tenggerese adult children to take care of and provide support services for their elderly will be described based on indigenous knowledge, belief, and practice of the local people. Moreover, their cosmology views also influence their daily life and attitudes related to the provision of care of their elderly. On the other hand, the perspective of the Javanese on care of their elderly is also considered in this research. In this context, the ethnoscience perspective is used to discover the

local people's preferences in utilising the three elderly care institutions and organisations: traditional institutions, and transitional and modern organisations. As mentioned before, institutions refer to norms, beliefs, interactions, and behaviours of some valued non-profit purpose, while organisations refer to the structure of recognised and accepted profit-making roles in the community. This research considers both the institutional and organisational bases focusing on the provision of care of the elderly. The type of household among the Tenggerese people, including Ngadas and Argosari villages, is composed of an extended family, consisting of two or more nuclear families linked together through parents, children, or siblings, and through blood, marriage, or adoption.

The Tenggerese use the term '*sedulur'* which refers to kindred consisting of one to three generations of local relatives, usually direct descendants of a person's great grandfather on a father's or mother's side. In Ditotrunan and Tlogomas, the majority of older parents live together with their adult child in a house. On the one hand, at least one of the children has to stay in their parents' house to provide care and support services. In many cases, the daughter has more responsibility to stay with their parents and provide care of them. On the other hand, the older parents may move to one of their children to receive care and support services at home because their children must work in different places from their parents' house. This condition sometimes makes the elderly feel alienated because they have to stay in a new community. Meanwhile, the situation is different in Ngadas and Argosari where nearly all Tenggerese people have a tradition to stay and work in the Tengger Region because they believe that they will be happy and prosperous when they live there. Moreover, their life will be blessed when they hold on relatively firmly to their traditional customs for generations. Commonly, the older Tenggerese parents live with an adult child who has not married yet, or with their adult child who has married regardless of whether they have children. The parents have the responsibility to take care of and educate their children until they become adults. The definition of adult children based on the local people's perspective is indicated by marital status; therefore, the children will stay with their parents as long as the children have not married yet.

The practices of providing care of the elderly are influenced by strong filial obligations which echo relationships between children and parents, known as *bakti* tradition, one of the indigenous institutions, which plays an important role to provide care of the elderly. The Tenggerese people place parents as *guru rupaka*, making them pay respect, guard, and take care of them in their old age. *Bakti* is also related to the well-known term *hormat* ('respect'), expressing filial responsibility, and affection for parents and the elderly. Moreover, *bakti* is practised from the adults towards older and senior relatives or from adult children to the parents. Parents should love and care of their children and, in return, the children should respect and care of their parents. Both parents and children have been sharing the *bakti* local traditions for many generations as reflected in their daily rituals and norms. Local people also return a favour because they would be happy and proud when they are able to provide care and support for their parents. Adult children feel the duty to provide old-age support for their parents. When adult children are not able to take care of the elderly, their community will judge them as *anak durhaka* ('rebellious') and apply even social sanctions on them. Moreover, many adult children believe that *karma yang buruk* ('bad karma') could happen to their life. The Tenggerese people who are both Hindu and Buddhist, describe *'karma*' as a force produced by a person's actions in one life, which will influence what will happen in their future lives. Respondents who ignore and do not take care of their elderly are expected to be unlucky in their future lives.

It is important to note that older Tenggerese parents can freely choose with whom they will be staying in their old age. The elderly do not have to stay with their children if they do not want to. They can stay with their kindred or relatives instead. It is most important that whoever the parents live with, either their children, kindred or relatives, can make them comfortable and happy in their old age. The local people use the term '*sak srekke*' to show what the elderly want and like. Thus, it is not morally wrong when older parents prefer to live with younger or older siblings. The Tenggerese people will not show prejudice, blame and shame, or sanction children socially when parents are not living with them. The society in the local community assesses that such conditions are normal and usual among the Tenggerese people. Selection of living arrangements from older people will affect who plays a dominant role to provide care of the elderly. It is the one reason why the elderly Tenggerese people

have longevity because they feel happy and comfortable that they receive care and support services from their family. The Tenggerese people have a norm called *'telon,'* that says that three household heads cannot live in one house. So, a house can only be inhabited maximally by two household heads. They believe that living with three household heads or more will make one of them *kalah* ('lose out') in terms of wealth or longevity.

Interestingly, the researcher found that many houses in the Tengger Region have two *pawon* ('kitchens') in one house. It is due to two household heads in one house. The researcher observes two living and care arrangements between the elderly and their children. First, the elderly live with their spouse in a house and meet their needs independently. In many cases, the children live near the elderly: it can be next to or behind the elderly's house or within the same village. The children will visit the elderly in the afternoon or evening to bring some food or cigarettes, or just to have a conversation with the elderly. The children try to know the condition of their parents by visiting them regularly and taking turns among the children. Second, the elderly live with their child and they have two kitchens (*pawon*) for each household head in one house, because the elderly Tenggerese do not want to burden their children as long as they can meet their needs independently.

However, sometimes the children still take care of their parents in other ways, such as helping to clean the house, washing clothes, accompanying their parents to go somewhere, etc. On the contrary, when the elderly cannot meet their needs independently, their children will help to fulfill all their needs including cooking and serving food in one kitchen in a house. Meanwhile, the other children will help to fulfill the elderly's needs in clothes, cigarettes, or basic foods (*e.g.* rice, sugar, coffee, and tea). It is important that the children have the same responsibility to take care of their parents and carry out the tasks according to their respective roles. They try to make their parents feel comfortable and happy living in a supported environment. In some cases, researcher found that many elderly still insisted on going to the field even though they find it difficult to work due to decreasing physical capabilities. Their children accompany them there. In an extreme case, researcher found one respondent in Argosari who lives with their father aged more than 100 years old. The respondent said that their father still wants to go to the field even though he cannot work because his legs are sick. He said that their father wants to see the green plants because it can make him feel happy and fresh. Moreover, the elderly in the Tengger Region have the spirit to live independently and fulfil their needs as long as they can work in the field and not burden their children. The elderly in the Tengger Region also still have the responsibility to raise and help with their children's needs until they are married and live independently.

5.5.2 The Role of Javanese Family Values in Elderly Care

In the research area, the values of kinship and family structure are similarly very important among the Javanese to influence the ways of local people providing care of the elderly. Familism values emphasise kinship relationships and affiliation with larger groups such as clans, lineages, kindreds, or extended family. The underlying relationship in kinship is family relations consisting of nuclear and extended family which depend on particular circumstances. The majority of households among the Javanese including those in Ditotrunan and Tlogomas villages is composed of a nuclear family: a set of biological parents and their dependent offspring consisting of parents and children, called '*kulawarga'*. Javanese people in Ditotrunan and Tlogomas represent the Javanese where the children have an obligation to take care of their parents.

Commonly, parents stay with their child in the same house. However, the elderly sometimes have conflicts with their adult children, such as limited time for the adult children to provide care and support services to the elderly, and the division of limited resources during the process. Sometimes the elderly might stay with other relatives (not with their child) or stay alone with their spouse. This situation is normal when the elderly are in good condition in all aspects. However, when the elderly have some health or financial matters, they might need to receive care and support services from outside the nuclear family.

Consequently, the people in their community will judge their families, particularly their children, for not respecting their parents. Children are considered then ignorant and do not care of their parents; therefore they may be socially sanctioned from their community.

The Javanese, as the Tenggerese people, have a bilateral kinship system which refers to a relationship from both parents making the children equally connected to relatives from both the mother's and father's line. So, children have an equal opportunity to provide care of their parents from both the mother's and the father's side

Not only the Tenggerese, but the Javanese people also confirm that practicing filial piety is one of the cultural traditions in relation to the care of the elderly. Many respondents mention filial piety actions including filial affection such as respecting parents, fulfilling responsibilities for and obligations to parents, providing physical and financial needs for parents, forming a harmonious family with parents, practicing religious teachings in filial duty, and maintaining inheritance of property. For most Indonesian families, children are still very much valued and parents look to them for help. Parents emphasise that having children is an attempt to ensure care in their old age. They have a proverb that '*banyak anak, banyak rezeki* ('many children bring prosperity'). The 'value of children' is important to ensure care in their old age which consists of three values: emotional, social-normative, and old-age security factors. Many parents have been investing in their children by sending them to school, providing money for their marriage, providing housing, and even looking after their grandchildren. All is done in the hope that their children will return the favour by looking after them in their old age. Parents will receive more care and support, and thus feel more secure.

In the Tenggerese tradition, couples who do not have children can adopt a child from their relatives, known as '*anak angkat.*' Couples will acquire and raise the adopted child as their biological child. It is common in the Tengger Region that the process of adoption is based on the agreement between relatives. Generally, when couples choose to adopt, they have to get legal permission. In fact, the researcher found some couples in the Tengger Region adopting children only with an unwritten agreement between the two families. The process of adoption must be known and agreed on, with no compulsion between them. The age of adopted children is varied from a newborn baby, toddlers, and teenagers. All the Tenggerese people believe that the process of adopting children will positively impact both parties, particularly to help those who have not had children yet. However, children adopted by relatives still respect and take care of both their biological parents and the new parents. When the researcher conducted fieldwork in Tengger, most Tenggerese people said that they have a close relationship with each other. Moreover, these couples are not ashamed to say that they have adopted a child. Hence, the elderly in the Tengger Region perceive themselves as secure and comfortable as long as they have children who can take care of them in their old age.

Furthermore, care of the elderly is not only provided by children, but also by friends or neighbours. As mentioned above, this type of care is based on the traditional principle of *gotong royong* ('voluntary mutual aid and communal work'), and the term '*gotong royong*' in the Tenggerese language is known as *sayan*. The local community implements the *sayan* local tradition by visiting the elderly and by bringing food or money to those who need it. The local people pay a visit to the elderly not only when they are sick but also on special occasions such as *slametan* ('social ceremonial dinner') or similar events. Hence, the local people's preference for care of the elderly provided by family, friends, or neighbours through utilising traditional elderly care institutions is still larger than transitional and modern organisations. The management of care of the elderly is fully controlled by family, friends, or neighbours in the community.

The elderly can also receive both health and social care as well as support services in modern elderly care organisations. Modern care organisations are based on modern knowledge of care of the elderly delivered by trained professionals, such as hospitals and old age homes. In this context, *Puskesmas Santun Lansia* are provided by the government focusing only on health care. Meanwhile, care in old age homes is provided by both the government and the private sector. Care in this research refers to services provided by both health and social care. In fact, health and social care facilities in modern organisations tend to be better-managed in urban areas than rural areas. The researcher found that some adult children and their elderly in rural areas do not really believe in the health care services provided

by the *Puskesmas Santun Lansia* because they believe in traditional medicine or healing more than modern kinds of care. Some adult children said that when they brought their elderly to the *Puskesmas Santun Lansia* to receive treatment or medicine, many of them still felt that they were not getting better. More specifically, based on interviews with some medical personnel in Tengger, many people have health matters such as hypertension and diabetes because they live in the highlands which are colder than the lowlands, and they always consume coffee or tea with much sugar and only drink a little bit of water. Every guest is always given sweet coffee or tea. They also smoke. However, not all the elderly and their adult children go directly to the *Puskesmas* when they do not feel well. They prefer going to the *'dukun*' first to get '*suwuk*' for them to recover. *'Suwuk*' is a prayer of the *Dukun* for sick people by casting a spell called '*mantra*' or '*japa.*' The *Puskesmas* in the Tengger Region can be considered incomplete for the elderly in terms of medical equipment, personnel and medicines. Doctors are not always stand-by in the *puskesmas.* In fact, often the *bidan* ('midwives') will check the patient's condition and prescribe their medicine. This is based on the Health Ministry Regulation No. 67/2015 on the provision of elderly health services in primary health care, where doctors and nurses are eligible to check and prescribe medicine to the elderly.

However, lack of medical personnel in the Tengger Region make *Bidan* have double tasks: to check on women, her toddlers, and the elderly. Interestingly, the Tenggerese people who receive care and support services from medical personnel in the *puskesmas* insist on paying for it, including medicine, although they do not need to pay because they have *Kartu Indonesia Sehat* (KIS) ('Healthy Indonesia Card') for the poor. In one case, an elderly person fell in his field and needed medicine to relieve the pain in his leg. He decided to postpone a visit to the *puskesmas* because he did not have enough money, instead of using his KIS card. That is why many Tenggerese people seldom use the *Kartu Indonesia Sehat* (KIS). The Tenggerese people believe that free care and support services will not help them get better, and they are willing to pay to get well soon.

5.5.3 Influence of Urbanisation on Elderly Care

The rural conditions in the communities are rather different from the urban areas. People are more open-minded to modern knowledge and decide to visit *Puskesmas* when they encounter health matters. They believe in modern knowledge for health care and support. *Puskesmas* facilities and medical personnel in urban areas are considered more complete. More specifically, doctors and nurses are always ready to examine, and treat the elderly. Many people in urban areas are more aware of the importance of using KIS and BPJS for their health matters. In urban areas, people who are categorised as poor choose to use KIS because they do not need to pay for care and support services from *Puskesmas,* and they feel fortunate because they get assistance from the government. Some people use BPJS for which they have to pay monthly as insurance contributions.

Other care of the elderly are old age homes. In Indonesia, old age homes are used as the last resort to provide care of the elderly. Old age home management is divided into two types: government and private management. Old age homes which are fully managed by the government are generally intended for the elderly who are in the abandoned category and do not have family nor relatives who can take care of them. The government fully manages and funds these old age homes. Ironically, the government facilities of old age homes are limited because of limited state budgets. On the contrary, private old age homes provide care of the elderly which require the family or relatives to pay for service costs. Even though the elderly have family, they choose or are forced to live in old age homes whose cost is fully managed by private old age homes. The family's role in care and support services is limited, and not as much as the family's role in traditional elderly care (family home care).

In fact, local Tenggerese people are influenced by filial piety values and they will feel ashamed when they place the elderly in institutional care such as in old age homes. Moreover, the community will think that the children have abandoned their elderly and are socially sanctioned. It may be because the Tenggerese people were born and live in the same place. They think it is their responsibility to live up to their traditions of care of the elderly by living in their villages. The majority of people in rural areas have a close relationship among each other and many of them are close kin in the same village.

Meanwhile, people born and living in different places tend not to feel depressed by the surrounding community when they decide to put their elderly in the old age homes. Usually, they live far away from their relatives or siblings and their status is as an immigrant in the urban area.

However, in general, adult children believe that their older parents prefer to stay close to their family rather than stay in an old age home. The elderly who stay in old age homes are separated from their family including their children. It may not be easy for the elderly to meet or talk to their family or relatives, and vice versa. Hence, based on the perceptions of the respondents, putting the elderly into old age homes can potentially create uncomfortable situations and prevent emotional well-being among the elderly. Another reason not to place the elderly in old age homes is that many respondents still believe that they need to *balas budi* ('return the favour') to parents or respect relatives by taking care of them. The respondents believe that if they do it, they will be lucky and happy. For that reason, most respondents strongly believe that they have to take care of their parents or elderly, and not to put them in old age homes (*cf.* Field Notes 2018). The *Puskesmas Santun Lansia* and the *Panti Jompo* ('Old Age Homes') are included in the modern elderly care organisations whose initiatives and management come from the other organisations outside of the community. It can be said that the role of government or the private sector is dominant in its implementation.

Notes:

[5.1] The Comparing and Supporting Endogenous Development (COMPAS) Programme is an international network implementing programmes to develop, test, and improve endogenous development methodologies.

[5.2] *Karang Werda* comes from two words: *Karang* which means 'island in the sea' occurring from coral and interpreted as a place or container, and *Werda* which means elderly.

[5.3] Gerontology is derived from the word Geron, which is Old, and Logos or Logi, which means science. Gerontology is the science of all topics related to increasing age related to health, economic, social, and cultural aspects.

[5.4] Potential elderly are elderly who are still able to do work and or activities that can produce goods or services while no potential elderly are elderly who are powerless to make a living so that their lives depend on the help of others.