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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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Summary

The study focuses on how the Tenggerese people in East Java are perceiving and providing their care of the elderly. The ethno-cultural group has specific indigenous institutions encompassing traditional norms and values which they maintain, influencing the way of how local people provide care of their elderly. This study has been conducted in four villages representing the Tenggerese living together with the Javanese people in the province of East Java, Indonesia, *i.e.* the villages of Ngadas, Argosari, Ditotrunan, and Tlogomas. The focus is in particular on the implementation of the indigenous knowledge, belief and practice of the indigenous institutions *bakti* and *sayan* to provide care of the elderly. Moreover, this research analyses the reported patterns of elderly care behaviour from the adult child's perspectives. Thus, this study aims to document, analyse and explain the reported preference of the adult children for the available institutions and organisations for the care of their elderly.

The context of elderly care in this research embarks on the socio-cultural background of the provision of care for the elderly. Among the locations providing care of the elderly are the family homes in the community such as the *Karang Werda*, and the elderly care organisations known as old-age homes. Care of the elderly is provided by families, volunteers, the state, or by the private sector (*cf.* HelpAge International 2013). This research has implemented the concept of the plural elderly care system, analysed on the basis of the research methodology of Slikkerveer (1990), which system is divided into three types: (1) 'traditional institutions', (2) 'transitional organisations' and (3) 'modern organisations'. There are various approaches to study these institutions and organisations in order to analyse a specific users perspective' on the provision of elderly care in the research area.

The *first approach* refers to the *emic* ('insiders') view of development. In order to fully understand the local cultures related to the care of the elderly, it should indeed be based on the 'emic' view, rather than the 'etic' (outsiders) view. Warren, Slikkerveer, & Brokensha (1995) are also providing ample empirical evidence for the importance of adopting such an 'emic' approach for sustainable development, based on the cultural dimensions. Uphoff (1992) also states that the 'emic' approach in development involving cultural aspects is considered as the 'universe of experience' which provides many successful cases for mobilising and sustaining collective actions for self-help and self-management in the modern world.

The *second approach* is to consider the two opposite concepts of development of respectively 'top-down' and 'bottom-up' development approaches. The 'bottom-up' approach emphasises the role of local people's knowledge, beliefs and practices for local-level decision-making with full local participation, largely using the community's internal resources.

The *third approach* is based on the practical implementation of research findings through integration of different institutions and organisations of elderly care in the community. It links up with the Indigenous 'Knowledge Systems-based Integration Model' (IKSIM) to formulate practical recommendations through the approach of 'Integrated Community-Managed Development' (ICMD) in the provision of care of the elderly (*cf.* Slikkerveer, Baourakis, & Saefullah 2019).

As these approaches are primarily embarking on the documentation of the socio-cultural context of elderly care in the research area, the shared Tenggerese and Javanese bilateral kinship system is described as it refers to important relationships from both parents, making children equally tied up to relatives of both the mother's and father's lines. It means that the children have an equal opportunity to provide care of their parents from both the mother's and father's sides. Living arrangements for the elderly will affect the family member who plays a dominant role in providing care of the elderly.

There are three groups of kinship which operate in the Tenggerese communities (*cf.* Atmojo 2014): *sa'omah* ('main family as the smallest kinship group'), *sa'dulur* ('kindred'), and *wong Tengger* ('Tenggerese people') being the largest group. Meanwhile, the *sa'dulur* ('kinship system') includes not only the father, mother, older and younger brothers/sisters, grandfather, and grandmother, but also recognises other relatives such as cousins from both father's and mother's side, second generation cousins from both father's and mother's side, relatives from both father's and mother's side, and so forth. *Wong Tengger* is the largest kinship group which also holds religious activities, traditional ceremonies, and other activities held in unity as a group.

The care of the elderly in the Tengger Region is not only provided personally by their families but also by groups through mutual cooperation or assistance. In this context, *bakti* and *sayan* as the indigenous institutions of norms and values play an important role for the family to provide home-based care of the elderly. The Tenggerese people believe in *Catur Guru bakti*, which means practising devotion and obedience to the beloved four *Guru* to gain wisdom, spiritual discipline, and enlightenment. The Tenggerese people also show respect and filial piety to four *Guru* known as *bekti marang guru papat*. There are four traditional principles by which the people should pay respect to: *Guru Swadhyaya* ('God namely *Sang Hyang Widhi* in the community's belief'), *Guru Rupaka* ('a person playing a role as parents'), *Guru Waktra* ('a person playing a role in teaching knowledge or teachers'), and *Guru Wisesa* ('the government which is responsible for making rules to improve the people's welfare').

In this context, the concept of cosmologies refers to the vision of indigenous knowledge, beliefs, and cultural practices related to the care and support provision for the elderly. The Tenggerese cosmology *catur guru bakti* places parents as *Guru Rupaka*. Therefore, the children should pay respect to guard and take care of their parents in their old age because their parents raised them until they can live independently. Likewise in the Tenggerese and Javanese culture, the respondents have a perception of *hormat* ('respect'), filial responsibility, and affection for their elderly. Children need to return the *balas budi* ('favour') to their parents by looking after them in their old age.

This responsibility to take care of the elderly is based on *bakti* which has been a part of their culture to take care of the elderly. The Tenggerese people believe that when children are not taking care of their parents, *karma yang buruk* ('bad karma') may happen in their life. Children who ignore and do not take care of their elderly will be unlucky in their future lives. Moreover, the Tenggerese community will judge children who are not able to take care of their elderly as *anak durhaka* ('rebellious') and even give them social sanctions. In contrast, the Tenggerese people believe that the children who take care of their parents or older relatives will be happy, lucky, prosperous, and proud to be able to care for their parents in their life (*cf.* Field Notes 2018). Based on the respondents' perception, *bakti* refers to the relationship between the adult children and their parents, even though *bakti* can also refer to the relationship between adults and elders or senior relatives.

Meanwhile, the *sayan* tradition refers to mutual cooperation or assistance where community members in the research area are morally obliged to provide support and care for the elderly in their communities. The local community members practice the *sayan* 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 they are sick, but also when they have special events such as a *slametan* ('a communal feast based on religious or cultural events') or other events. Members of the local community are also regularly visiting and talking to each other in the afternoon.

In the Tengger Region, older parents can freely choose with whom they will be staying in their old age. The most important is that whoever the parents live with - their children, kindred, or relatives – they can make them comfortable and happy in their old age. The people who provide care and support for the elderly during their old age will get inheritance from them. In the Tengger Region, the inheritance share system depends on whom the elderly live with. The elderly can choose with whom they live with so that they can get sufficient care and support services, so that they feel comfortable and happy in their old age. The local people use the term *sak sreкке* ('at will') to show what the elderly want and like. For example, the adult married child who provides care of the elderly will get more inheritance from their parents than the other siblings, because they will take care of their parents until they die. All families will receive the decision with relief and do not create jealousy. The person among the family or relatives who is willing to provide care of the elderly until they die is called '*sendenan tuwo*'. Therefore, the elderly believe, that those family members are taking care of them and provide support services in their old age (*cf.* Field Notes 2018).

The couples who do not have children can adopt a child from their relatives, known as '*anak angkat*' ('adopted children'). In fact, couples in the Tengger Region can adopt children under an unwritten agreement between the two families. Most importantly, the process of adoption must be known, agreed, and without compulsion between the two families. The researcher found that couples in the Tengger Region are not ashamed to say that they adopt a child. They even said that they acquire and raise the

adopted children as their biological children. Meanwhile, children adopted by relatives can still pay respect to and take care of both their biological and adoptive parents, because most Tenggerese people mention that they have a close relationship with each other. Besides, the elderly prefer to stay in their village until they die. They believe that they still can relatively firmly hold on to their traditional customs for generations by staying in their village. Hence, the people in the Tengger Region perceive themselves as secure and comfortable as long as they live near their families and relatives in the community.

The knowledge of local people about care of the elderly is also crucial to conduct research. The study of Indigenous Knowledge Systems (IKS) links the cognitive aspect of investigating local systems of knowledge, belief and practice to the behavioural components in the process of development and change in the community. Integrated care for the elderly in the community needs as such to be developed to the indigenous institutions of better achieve sustainable care, implementing the Indigenous Knowledge Systems-based Integration Model (IKSIM) to formulate practical recommendations through the Integrated Community-managed Development (ICMD) approach in the provision of care of the elderly. In this way, the ICMD approach aims at achieving sustainable development by integrating local and global systems of knowledge and technology in all sectors of the community through capacity building and local people's participation (*cf.* Slikkerveer, Baourakis, & Saefullah 2019). A popular model of integrated care at the service delivery level is the case management approach which attempts to integrate care systems to provide comprehensive services for the elderly in the community.

The general aim of this research in East Java is to document, study, and analyse the utilisation of the plural elderly care system by the local people in the research area. The study encompasses the identification, documentation, and analysis of significant factors influencing the local people's utilisation behaviour of care of the elderly. In particular, the study also analyses the knowledge and practise of *bakti* and *sayan* from the 'emic' perspective among the Tenggerese people to understand the traditional care of the elderly. In order to realise the general aim, this study has focused on the specific objectives as follows:

Firstly, the theoretical orientation is described in Chapter II, emphasising on the definition of the plural elderly care system. In this context, the plural elderly care system relates to the provision of care of the elderly utilising traditional elderly care institutions, and transitional and modern elderly care organisations. Chapter II also elaborates the conceptual and theoretical approaches encompassing the introduction to the concept of care (both health and social care services) and support system, particularly for the elderly based on the place and provider of the elderly care institutions and organisations. Moreover, Chapter II points at the importance of incorporating local people into the development process which also underscores the approach of sustainable community development. The cultural context can 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 for managing family matters. The socio-cultural characteristics of family life is also important which involve the extended-family, and the related traditional norms and values.

In Indonesia, particularly among the Tenggerese and Javanese people, the values of kinship and family structure are essential in influencing the ways of local people who are providing care of the elderly. They have a same bilateral kinship system which refers to relationships from both parents, making children have an equal opportunity to provide care of their parents from both the mother's and father's sides. Moreover, a social support system for the elderly is also important, providing the sources of support from nearest to farthest social distance from the older person, and from informal to formal support elements.

The primary informal support comes from those who are closest and most involved in the elderly's daily life such as spouses, children, children-in-law, and grandchildren. Additionally, the informal support relationships come from other kin such as friends and neighbours. Thereafter, some organisations or groups serve a link between the individual and society, and have a role as mediating structures.

The outer support system from the older person is a formal support system provided by public and voluntary service organisations. Finally, the chapter introduces integrated care which focuses on the service delivery level through case management. It provides comprehensive services for the community-based elderly, which focuses on two primary purposes: quality and cost of care. The case management aims to improve health and social care coordination, which needs intervention from case managers. Case managers who are often social workers are more likely to encourage cooperation among the elderly's own strengths, family, friends, and the community to make independent living possible, rather than health professionals.

Secondly, the selected research methodology and the related appropriate analytical model are described in Chapter III. The 'Leiden Ethnosystems' Approach' is described as a useful approach developed by Slikkerveer (1990, 1995), representing a specific ethnoscience methodology to analyse local knowledge systems from the local participants view within a particular cultural area. The 'Leiden Ethnosystems' Approach' is chosen to better understand and explain the indigenous perceptions, practices, beliefs, values, and philosophies associated with the concept and practices of providing care of the elderly among the respondents in the research areas, including highlands-lowlands, rural-urban zonation, and environmental areas. The 'Leiden Ethnosystems' Approach' follows three methodological principles: the 'Participant's View' (PV), the 'Field of Ethnological Study' (FES), and the 'Historical Dimension' (HD).

The chapter also provides the complementary combination of qualitative and quantitative data which is used to have an in-depth explanation and general picture of the spread of the local people's behaviour in the utilisation of the co-existent elderly care institutions and organisations. The qualitative data have been collected through observations and interviews with key-informants, followed by quantitative survey methods. The quantitative data are collected through household surveys with the structured questionnaires. The appropriate conceptual model is constructed on the basis of the Transcultural Utilisation Model, developed by Slikkerveer (1990, 1995) allowing the assessment of the cognitive and behavioural components of particular groups or communities as 'systems' in a rather process-oriented mode. The research uses a multidimensional approach which focuses on indigenous knowledge systems with ethno-economic and ethno-management approaches based on the significant evidence that an individual's behaviour is influenced by a number of categories of determinant factors *i.e.* socio-demographic, psycho-social, perceived needs, enabling, institutional, environmental and intervening variables. The collected data have been analysed through a stepwise bivariate, mutual correlations, multivariate, and multiple regression analysis.

Thirdly, the sociography of the research area is presented in Chapter IV which includes Indonesia, and the Tenggerese and Javanese people in East Java. The brief description of Indonesia includes a geographical and historical background, the administrative government, the socio-demography, and the socio-economics, particularly focusing on ageing population trends. Moreover, this chapter also describes the cultural area of Indonesia, particularly Javanese people who are one of the Indonesian majority ethno-cultural groups predominantly located in Central and East Java. This research focuses on East Java as one of the provinces with a high percentage of ageing population and on the Tenggerese people as part of the Javanese ethno-cultural groups which maintain, carry out, believe in, and practise their local traditions in their daily life.

In this research, the Tenggerese and Javanese people are represented by two *tlatah* or cultural areas: Malang as *Arek tlatah* and Lumajang as *Pendalungan tlatah*. Understanding the local people's characteristics of ethno-cultural groups, kinship systems, knowledge and living arrangements in the community is important to understand the behaviour patterns related to the utilisation of care of the elderly in each ethno-cultural group. Moreover, a description of the research setting is presented on the basis of qualitative research in the form of the geography, socio-demography, and socio-economics, and cultural division of the province of East Java, focusing on the research area.

Fourthly, the description of the four villages is presented in Chapter V, which focuses on the provisions of care of the elderly in traditional elderly care institutions, and transitional and modern elderly care organisations. It emphasises on the health and social care services based on the place and provider of the elderly care institutions and organisations. Traditional institutions refer to the 'family

home care' meaning care of the elderly are provided by family at home based on the indigenous knowledge, beliefs, and practises of the local people. *Bakti* and *sayan* as the indigenous institutions play an important role for the family providing care of the elderly at home among the Tenggerese people.

Meanwhile, transitional elderly care organisations refer to community-based care meaning that the provision of care comes from local people in the community, supported by the local government. The management of transitional elderly care organisations come from local people's initiatives with the involvement of other organisations from outside the community, such as the local government. In this study, the *Posyandu Lansia* and the *Karang Werda* are included in the transitional elderly care organisations. Lastly, the modern elderly care organisations refer to the care provided by trained professionals. Modern organisations are introduced and established to the local people by outsiders of the local community, such as the government and private organisations. Moreover, the elderly receive their care also in the *Panti Jompo* and the *Puskesmas Santun Lansia* which are fully managed by the modern organisations. The plural elderly care system, consisting of the traditional elderly care institutions, and the transitional and modern elderly care organisations, are presented in selected factors, including the knowledge, beliefs, opinions, financial support, and accessibility of care of the elderly, based on the local people's perspectives in the research area. In addition, the plural elderly care system is also described in this chapter.

Fifthly, culture, history, cosmology, and lifestyle of the Tenggerese people are described in Chapter VI. The Tenggerese community strongly clings to their traditions and the noble values of their culture. The devotion to local traditions is reflected from traditional ceremonies, including *Adat* ceremonies. In this study, the cosmology concept refers to indigenous knowledge, beliefs, and cultural practices related to care of the elderly. The Tenggerese people belief in *Catur Guru bakti* which means practising devotion and obedience to gain wisdom, spiritual discipline, and enlightenment. The Tenggerese people show respect and filial piety to four *Guru* known as *Bekti Marang Guru Papat*. There are four traditional principles whom people should pay respect to: *Guru Swadhyaya*, *Guru Rupaka*, *Guru Waktra*, and *Guru Wisesa*. The meaning of *Guru Swadhyaya* is God, and it fits the Tenggerese community's beliefs of the God, named *Sang Hyang Widhi*, while *Guru Rupaka* is a person playing a role as parents. Moreover, *Guru Waktra* is a person playing a teaching role, and *Guru Wisesa* means the government who is responsible for making rules to improve the people's welfare.

This research focuses on the parents as *Guru Rupaka* meaning that the children should pay respect to, guard, and take care of their parents in their old age because their parents raise them until they can live independently. Children need to return the *balas budi* ('favour') to their parents by looking after them in their old age. This responsibility is based on the indigenous institutions of *bakti* and *sayan* which have been a part of their culture to take care of the elderly. Regarding the Tenggerese lifestyle, they have three groups of kinship to care of the elderly, *i.e.* *sa'omah*, *sa'dulur* and *wong Tengger*. In addition, this chapter also describes the socio-demographic and socio-economic status of the Tenggerese people related to the care and support for the elderly. This study uses ethno-economics and ethno-management focused on the care of the elderly.

Sixthly, the results of the stepwise bivariate, mutual correlations, multivariate, and multiple regression analysis of the quantitative data from the household surveys are presented in chapter VII. The analysis shows and explains the relationships between the independent and intervening variables in relation to the dependent variables, and their role in determining the utilisation behaviour of the traditional elderly care institutions in the four village samples compared with the utilisation of the transitional and modern elderly care organisations.

The bivariate analysis is a starting point for the quantitative analysis of the data sets for utilisation rates which refers to the reported preference of household heads in utilising the plural elderly care system. The results of the analysis confirm the theoretical orientation on utilisation behaviour of care of the elderly, where out of the 312 respondents of the village samples report that nearly three-quarter (70.8%) has utilised the traditional elderly care institutions in comparison with one-fifth (19.2%) of the respondents has utilised the transitional elderly care organisations and only one-tenth (9.9%) of the respondents has utilised the modern elderly care organisations

The subsequent mutual correlations analysis further underscores the importance of the significant variables, represented in the blocks of significant variables in the model. As illustrated in Chapter VII, the Model of the Mutual Correlation Analysis indicates the key factors which influence the behavioural patterns as significant variables in the utilisation of elderly care institutions and organisations, *i.e.* the socio-demographic variables (9), the psycho-social variables (7), the intervening variables (6), the institutional variables (5), the enabling variables (3), the perceived needs variables (1), and the environmental variables (1).

The multivariate analysis measures the relationships between the independent variables and the dependent variables, and the relationships between the multiple dependent variables. The multivariate analysis focuses on the interrelationships and interactions among all variables identified in the analytical model. By using multivariate analysis techniques, it is possible to determine which variables have the strongest impact on the interrelationship of the variables. While the bivariate and multivariate analyses illustrate the significant relationships between different variables in the model, multiple regression analysis seeks to calculate the maximum correlation between blocks of variables. Specific multiple regression analysis was used to calculate the relative importance of the block of variables and the block of dependent variables. It compares the various blocks of variables in the model to determine the relative strength of interaction. The results of multiple regression analysis on the blocks of variables shows that the block of psycho-social variables and the block of socio demographic variables are important to determine respondents' behavioural patterns in the elderly care, consisting of traditional elderly care institutions, and the transitional, and modern elderly care organisations.

Seventhly, the conclusions, and the theoretical, methodological, and practical implications are presented in Chapter VIII. In this context, the theoretical implications are related to the provisions of care of the elderly, encompassing the plural elderly care system, subdivided into the traditional elderly care institutions, and the transitional and modern elderly care organisations.

This research supports the concept of the 'plural elderly care system' introduced by Slikkerveer (1990) in his conception of the complex plural medical system in the Horn of Africa, which classifies this concept in East Java into three sub-systems: the traditional elderly care institutions, and the transitional and modern elderly care organisations. In addition, this research emphasises the results of the 'emic' approach and applies the concept of Indigenous Knowledge Systems (IKS) for understanding the local systems of knowledge, beliefs and practices of local people underlying their reported patterns of utilisation behaviour of elderly care among the Tenggerese and Javanese ethno-cultural groups in East Java. Moreover, this research also supports the theory of Cantor's model (1977) as cited in Cantor & Brennan (1999) for social support for the elderly. Commonly, the elderly receive care and support services from their kin, friends, and neighbours who live near the elderly. The implementation of the distinction of the traditional elderly care institutions, and the transitional and modern elderly care organisations further adheres to the comparative approach needed for the development of ethno-management as a discipline which is based on a cultural orientation in the research area.

The chapter also proposes a strategic model of Integrated Elderly Care (INTEC) which is based on the IKS-based Integration Model (IKSIM) operationalised in the Integrated Community-Managed Development (ICMD) introduced by Slikkerveer (2017). Both models are based on the 'bottom-up' orientation and the 'emic' approach of development at the community level, where the behaviour of the people are largely determined by their indigenous systems of knowledge, belief and practises. The methodological implications of this study prove that the 'Leiden Ethnosystems' Approach' provides a highly functional detailed analysis of local systems of knowledge, beliefs, and practises for understanding and explaining the relevant indigenous phenomena related to the provisions of care of the elderly.

Finally, special attention is paid to the development of a strategic model of integrated elderly care as a way to provide comprehensive community-based care services for the elderly. Since one of the practical implications of this study of *bakti* and *sayan* traditions among the Tenggerese people in East Java refers to the recommendation of the introduction of IKSIM-based model of Integrated Elderly Care (INTEC), the study provides an evidence-based starting point for future policy planning and

implementation of culturally-appropriate care of the elderly in East Java. In this way, the study introduces a new strategic model of Integrated Elderly Care (INTEC) at the community level through a special form of case management. It provides comprehensive services for community-based care for the elderly which encourages the elderly to be able to live independently, feel happy, and stay healthy in their socio-cultural environment.

Moreover, the ethnoscience study, particularly operationalising an ethno-management study of elderly care among the Tenggerese and Javanese population groups in East Java can be used as a bottom-up strategy at the community level for appropriate elderly care provision based on the Tenggerese and Javanese traditional culture. Such recommendation implies that the indigenous knowledge, beliefs, and practises of the local people to provide care of the elderly need to be taken into account in the design of future projects and programmes, followed-up by the implementation of the strategic model of Integrated Elderly Care (INTEC) at the community level, encompassing the traditional institutions, and the transitional and modern organisations providing various forms of elderly care in East Java.

The integration between the knowledge, belief and practises of the indigenous institutions of *bakti* and *sayan* guiding and supporting the traditional elderly care institutions among the Tenggerese people with the transitional and modern elderly care organisations will sustain and ensure the care of optimal health and well-being of the elderly, and as such contribute to the timely realisation of sustainable care of the elderly in the research area of East Java and elsewhere throughout Indonesia.