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## **Ageing and Health in Urban Indonesia**

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## **Ageing and health in urban Indonesia**

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### **Introduction**

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Research in developing countries focusing on old age, particularly in cities, is in its initial stage. This study builds on fieldwork in three Indonesian cities among elderly people and on recent overviews of ageing in the Asia-Pacific Region. It correlates the conceptual framework of 'health transition' with that of a 'triangle of uncertainty' for elderly persons.

### **Research problem**

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Looking at ageing processes in the Asia-Pacific region, we may identify three major forces, the 'triangle of uncertainty,' acting on senior citizens (urban and rural):

- Minimal state provision.
- Uncertain family/household and community support.
- Unfriendly physical environment.<sup>1</sup>

When we narrow the scope to Indonesia, the following areas of concern with regard to well being of older persons are stressed:

- Traditional support systems are changing.
- The Indonesian government cannot compensate for this loss of support.
- The resources of the elderly people are not sufficient to compensate for the loss or lack of support.<sup>2,3</sup>

We might say that senior citizens 'fall between two stools' that is: on one side so-called traditional safety networks are loosening, on the other side state or private welfare schemes do not yet exist. These constraints, which elderly people now face and experience in most developing countries sharply contrast with the image of old age portrayed either in early anthropological books<sup>4</sup> or in studies about elderly people in industrialised<sup>5</sup> and in post-modern societies.<sup>6</sup> Most senior citizens in Indonesia enjoy neither the zenith of wisdom, wealth and authority nor abundant leisure time after formal retirement or consumer culture as members of the Fourth Age.

Generally speaking, elderly people in cities in North Sulawesi, Indonesia, face three major insecurities or uncertainties:

- Social insecurity: filial piety and kinship obligations are no longer guaranteed.
- Economic uncertainty: the material and financial support system is not reliable anymore.
- Increased health risk: apart from communicable diseases - suffering from non-communicable diseases as a result of changed lifestyle and altered socio-economic conditions.<sup>7</sup>

## **Aspects to be investigated**

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The five major research aspects in the field were the study of:

- Chronically ill old people in different urban household compositions and their corresponding networks.
- Their health care seeking patterns in an urban setting,
- Their perceived health disorders and their corresponding coping strategies and functionality.
- Their emic perception of 'old age'.
- Their understanding of 'health' and their corresponding behaviour.

## **Objectives**

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### *Specific objectives*

The following were the specific objectives of the research project in Indonesia:

1. Identify different urban household compositions and compare among them the corresponding social networks and economic environment of old people suffering from a chronic disease.
2. Explore the curative patterns (how) and cultural and system factors (why) of chronically ill elderly people when utilizing - or not utilizing - one or several of the existing three health sectors in an urban setting.
3. Identify old people's perceived health disorders and study the coping strategies of old people with chronic, mental and psychological illnesses and how they deal with their functionality (Activities of Daily Life) and social life.
4. Investigate how old people perceive and experience 'old age' and evaluate their ageing process in the given urban setting.

5. Find out what elderly people understand by 'health' or 'well-being' and how they actively deal with maintaining health and preventing illness in their environment.

## **Study setting, sample and methods**

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### ***Research approach***

The scientific approach consisted of the following 5 general steps encompassing different society levels:

1. Review of the recent and current literature in Indonesia.
2. Community study: in 3 towns (with a total of 7 political communities) in North Sulawesi.
3. Household study: per town 50 households with at least one elderly person (>60 years old) to be studied.
4. Cohort study: 25 individuals per town to be investigated; this study has focused on a selected sample of chronically ill elderly individuals (>60 years old) from the household sample.
5. Tracer illness study: 15 chronically ill elderly individuals (>60 years old) per town to be investigated; this study has emerged out of the cohort study and focuses on its sample.

### ***Research methods***

The following qualitative and quantitative research methods were applied in the field:

1. Semi-structured questionnaires (on household level).
2. Structured interviews (on individual level).
3. In-depth interviews (with selected key persons).
4. Direct participant observation.
5. Case studies.
6. Initial biomedical diagnosis and first extensive check-ups, plus monthly follow-up for 6 months including monthly medication and different interventions (on strength of 'informed consent'; on individual level).
7. Diary of elderly people during 6 months (on individual level).
8. Life course history interview (on individual level).
9. Focus group discussion (on individual level).
10. Verbal autopsy interviews (with families of deceased elderly persons).

## 11. Photo and film documentation.

### ***Study Sites***

Manado is the provincial capital of North Sulawesi with about 350 000 inhabitants and forms a municipality on its own. It shows an amazing heterogeneity in ethnic, religious and language groups as well as in socio-economic differentiation. Manado has become an important centre in north-eastern Indonesia because of its well-developed service sector and its geographically strategic position at the Western Pacific rim.

Tomohon, the capital of District Tomohon (Minahasa Regency), has about 70 000 inhabitants. The area is fertile and has an agricultural tradition. Since the arrival of the Dutch Protestant missionaries in the 19th century, it has changed more and more from a peasant society to a semi-urban, service sector-oriented community, because of its many schools and medical services. The inhabitants of Tomohon are predominantly (90%) Christians and ethnic Minahasa, thus reflecting a very homogeneous population.

Tahuna is the capital of Sangihe-Talaud Regency. It is located on the shore of a deep bay at the west coast of Sangihe Besar Island and has about 30 000 inhabitants. This town has important functions in the service sector as well as in the primary sector for the whole area. Tahuna shows a rich heterogeneity in respect to cultural origin of its inhabitants who, according to their place of origin, live to a great extent in own political communities or quarters.

### **Findings**

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*Household composition and general vulnerability:* A very distinctive gender differentiation is felt in this study: Unmarried elderly women, widows without children or widows without any child support and without regular monetary income share the greatest risk to fall out of their (once) existing social and economic network.

*Economic environment:* Impoverishment of the senior citizens age group has become a sad reality. In order to prevent poverty, most senior citizens in urban areas are engaged in daily, mostly physical activities, to generate income and to contribute to the daily household needs.

*Ethnic and religious differentiation:* No clear-cut socio-economic differences according to cultural-ethnic and religious affiliation were found. There are

other prominent factors such as household economy, education, and social embeddedness, which determine social coherence on a household level.

*Therapy choice:* Senior citizens with persistent chronic illness such as hypertension, diabetes or rheumatism tend to make regular use of professional biomedicine. Drug consumption is widespread and quite high. Senior citizens usually recognise the effect of drugs and injections in stabilising their progressive illness.

*Cultural factors:* The aetiology of chronic illnesses is considered as a main cultural factor affecting health-seeking behaviour. Most elderly individuals explain their ailment as a result of a) their personal life style in preceding years, b) of the on-going inevitable biological ageing process, and c) of current changing behaviours, such as food habits and physical exercise.

*System factors:* The most frequently mentioned factors for utilising the services of the professional health sector are as follows: affordability, accessibility, and acceptability. In reality, the most limiting reasons of non-utilisation are lack of cash money and difficult transport circumstances as well as dissatisfaction with the experienced treatment.

*Clinically assessed health disorders:* Senior citizens suffer from a range of chronic illnesses (in order of frequency): 1) Eye disease and problems of vision, 2) Dental and mouth problems, 3) Gastric complaints, 4) Hypertension, 5) Heart trouble and complications related to blood vessels.

*Local understandings of chronic illness:* In contrast to the above-mentioned biomedically diagnosed ailments, the perception of the elderly is that there are three categories of illness: a) disturbing, b) worrying, and c) threatening. Disturbing illnesses (a) hinder daily household work as well as social and economic activities; worrying illnesses (b) have indistinct causes, unclear effects and an uncertain course; threatening illnesses (c) are related to further future physical and mental complications and deterioration.

*Coping strategies:* The strategies used are based on individual or collective decision-making. There is a distinctive shift from inter-generational to intra-generational support.

*Activities of Daily Life (ADL):* Senior citizens consider the carrying out of ADL an essential mark of their personal independence and their general

physical and mental fitness. ADL manifest therefore the context of action, which allows older people to assess their current functionality.

*Perception of 'old age'*: Generally speaking the perception of 'old age' held by senior citizens is represented through the individual 'control over body and mind'. The gradual reduction of physical and mental competence and capability of an ageing person is perceived through changes such as decreasing eyesight or losing teeth.

*Evaluate ageing process*: Daily productive work and social activities of elderly people are only reduced in case of bodily or mental disorders. Nevertheless, a transitional period occurs in most cases of people becoming old: They retire systematically from the public to the domestic sphere, they hand over household authority to the next generation, and they engage more in intra-generational social relations.

*Perception of 'well-being'*: Generally speaking, the senior citizens' perspective of 'well-being' represents a concept of harmony and balance, known also in other parts of South-East Asia. It comprises a broad scope of personal characteristics such as balance, regularity, moderation, and reserve, as well as, independence and intactness. This attitude is manifested by behavioural measures such as living in social harmony or leading a religious life.

## **Conclusions**

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Our field research in Indonesia has shown that economic and social conditions rather than cultural and ethnic-religious ascriptions affect the vulnerability of elderly urban people and that signs of urban poverty among senior citizens show a strong gender differentiation. Furthermore, emerging non-communicable, chronic illnesses such as hypertension, diabetes and asthma, present a serious threat for the well being of elderly citizens. In times of decreasing family and community support in urban areas in Indonesia, new strategies for the long-term care of chronically ill persons are badly needed. Indonesian cities provide an unfriendly social, economic and physical environment for the elderly, especially since the world of urban elderly people is a world of work, and many of them find it very hard to make a living.

## **Contact:**

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