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Class and Gender in Older People Care in Rural Yogyakarta

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ABSTRACT

This article explores care arrangements for older people in rural Yogyakarta, comparing and contrasting the experiences of older people in three agrarian classes: significant landowners, petty commodity producers and ‘classes of labour’. The study was conducted in two villages in Kulon Progo and Sleman Regencies. Qualitative interviews, observations, life histories and information on the changing social and economic contexts are used to analyse older people’s roles in social reproduction, the dynamics of intergenerational dependency, and the practices of older-people care. We found great variation in the age at which engagement in productive and reproductive work declines and people enter the state of dependency. Older people may be receivers, or providers of care for younger dependents. As older people live longer, complex tri- and even quadri-generational care arrangements become more common. Class, gender and intergenerational relations shape care relations and practices. State and community programmes for older people, when functioning properly, can be of great importance to poorer households, even though the access is uneven and they do not always match older people’s care needs. Commodified (purchased) care provision is found in some relatively prosperous households, but rarely in the ‘classes of labour’, the landless and near-landless peasants, and worker households that make up the majority of the population.

Keywords: *rural; care; older people; social security; Yogyakarta*

INTRODUCTION

Rural populations in Yogyakarta are aging, as in the rest of Indonesia. According to the National Social and Economic Survey (SUSENAS) March 2022 data, Yogyakarta has the highest percentage of older people in Indonesia, with 16.7 percent of the population aged 60 and above (Statistik, 2022), suggesting that relatively large numbers of people in the region are potentially in need of care. This article explores older-people care arrangements from the perspective of social reproduction in two



villages of rural Yogyakarta, with specific attention to class-based differences in these practices.

The article is organized as follows. In this introductory section, using selected general/theoretical literature and existing studies of older-age care arrangements in Indonesia, we develop and explain the conceptual framework and research questions that have guided our study. The section concludes with an explanation of our field methodology. The remainder of the article is devoted to the presentation and discussion of our data and findings. We first outline some general features of aging, population mobility and reproductive activities, including reproductive technologies, in the two study villages and how these are changing over time. The main empirical core of our study then explores the roles of older people in social reproduction, their involvement in relations of intergenerational dependency, and their experience of relations and practices of care. This section is based on the presentation of eleven detailed case studies, comparing and contrasting the experience of older people care in the three agrarian classes of significant landowners, petty commodity producers, and the (landless and near-landless) 'classes of labour'. We conclude the study by summarizing our findings and some of their implications.

We understand social reproduction as the material and discursive practices that enable the reproduction of a social formation, including labour power and the relations between members in social groups, with the family being the most important site (Bakker, 2007; Bhattacharya, 2017; Rao, 2021; Wells, 2009). The social reproduction approach helps us depict how social class, gender, and generation in rural areas shape the dynamics of dependency and care for older people (Buch, 2015). Generation, another key concept guiding our study, refers not to demographic age cohorts as such, but to the relationships between individuals and groups in society based on their 'social' age and life-course status (White, 2020). It helps us to understand, on the one hand, relationships between younger and older in family and community, but also the *process* of 're-generation' of life by which social reproduction is achieved over time, a process that is not confined within separate generations but 'forged in the collaboration of their overlap' (Ingold, 2024).

General and comparative literature on the sociology and anthropology of aging, dependency, and care for older people, and existing studies on these topics in Indonesia, point to some further ideas and concepts that have guided our study. First, age and dependency are situated phenomena (Perkinson & Solimeo, 2013): we find both chronologically 'young' in need of care, and chronologically 'old' who can still care for their own reproduction. The combined trends of population aging on the one hand and outmigration of young adults on the other mean both that a larger proportion of the population is potentially in need of old-age care, and also that a smaller proportion of the younger adult population is present and potentially available to take on caretaker roles (Kreager, 2006). As some Indonesian studies have suggested, these trends and the general context of neo-liberal individualization may mean that older people face increasing precarity and uncertainty about care that is perceived as burdensome by families (Marianti, 2006; Schröder-Butterfill et al., 2023; Van Eeuwijk, 2020). Outmigration also means that 'empty nest' households (older parents with no longer any children at home) and 'hollowed-out' households (with only grandparents and grandchildren) may also become more common. Grandparents may then be pivotal to care of their 'left-behind' grandchildren, providing supplementary, substitutive or reconstitutive care depending on the migration and marital status of the children's parents, as found in Somaiah and Yeoh's (2023) recent study in Javanese migrant-sending villages. While co-residence with a child presumably indicates support flowing from young to old, the older

generation may also provide support to the younger generation in the form of money, gifts in kind, accommodation, and a contribution to reproductive work (Schroder-Butterfill, 2004; Vera-Sanso, 2012), in relationships of two-directional intergenerational dependency and reciprocity.

Care provision for older people in rural areas is partly determined by social norms such as the norm that the youngest child or youngest daughter should remain at home to care for elder parents and can later expect to inherit the house (Keasberry, 2001; Schroder-Butterfill, 2004). However, such norms are not fixed and are less guaranteed than previously due to increased mobility among younger generations. They are ‘voluntary,’ dependent on intergenerational negotiation and reciprocal relations over the life course (Hareven, 1994); family support ‘is not unconditionally provided or free from friction’ (Marianti, 2006). Absor and colleagues, in their study of older-person care arrangements in six Indonesian villages, found a hierarchy or tiered structure of support for the 16 per cent older persons who were in need of care, from habitual care by family and kin, small-scale paid care by neighbours (paid by migrated children) to community care and institutional care (Absor, McDonald, Utomo, & Houle, 2023).

Dependent older people may need both economic and physical support, emotional support, and sociability. While economic and practical support may be partly taken over by the state (through social security programs) and the market (through the commodification of care), even in wealthy societies older people still rely largely on the family for emotional support and sociability (Hareven, 1994). Where state-based care provision is absent, families are often the sole care providers for older people.

Class, gender, and intergenerational relations influence the labour division in care provision. In relatively prosperous households, some or all older people care tasks may be ‘commodified,’ taken over by paid -usually female- caregivers. Gender differentiation can be found at the receiving and providing ends of older people care, particularly at the level of practical support (Marianti, 2006). While some of the Indonesian studies discussed give specific attention to gender differentiation in care arrangements, they have paid less attention to the influence of social class or socio-economic status. However, there are exceptions in several studies. First, Marianti’s study of widows in urban Malang concludes that ‘a better socioeconomic position [of widows] may give the older generation a better chance to establish, maintain, and secure support relations’, and ‘those who have less [assets] will receive less’ (Marianti, 2006). Second, Kraeger’s studies in rural East Java and North Sumatran villages, while not using the language of class, compare systematically the intergenerational wealth flows in four socio-economic status groups (Kraeger, 2006; Kraeger & Schröder-Butterfill, 2008).

Finally, the study of inter-generational relations is ‘oriented to the present but clouded by myths about the past’ (Hareven, 1994). Older people often complain about the lack of respect and care the younger generation provides and claim that things were different in the past. However, we should be careful about these claims and, wherever possible, seek concrete information about the conditions in the past. For this reason, we have cited some historical examples from one of our case-study villages, where detailed research was conducted by the third author in 1972–73.

The concepts, trends and issues raised in this section have guided our study, which asks: What are older people’s roles in social reproduction in rural areas? How do we understand the process of generational (inter)dependency? How do older people care arrangements and practices differ among landless or near-landless, petty commodity producers, and landowner families?

And finally, are older rural people faced with increasing precarity and uncertainty about care?

METHOD

To address these questions, our field study was carried out in two villages, one in northern Kulon Progo Regency and the other in southern Sleman Regency. Both villages are characterized by rice-based agricultural production, high landlessness and near-landlessness, widespread share tenancy, out-migration of many young adults, and household livelihood strategies that combine agricultural and non-farm income sources. Among the potential villages suitable for our study in these two districts, - with the percentage of population over 60, matching or higher than the Yogyakarta regional average (given in the introduction, above) - the village in Sleman was selected because of its active participations in government initiatives, particularly the BKL program whereby groups of older people's families conduct home visits for their dependent elderly members. The field study in this village was conducted between 2020-2022 as a dedicated study of care networks in later life¹). The Kulon Progo village was selected; due to the second and third authors' familiarity with the village, where they have been engaged in a more general long-term study of rural change in three main periods of field research (1972-3, 1999-2000, and 2014-2023). In this village, the study on older people care was conducted in 2022. Although the longer-term study is only available for only the Kulon Progo village, we have used some of its findings in this article, as it allows some comparison across time in both technologies and practices of care for older people.

In each village we identified three broad categories of agrarian classes; (1) significant landowners (possessing rice fields [*sawah*] of more than half a hectare, cultivated either by wage labour or share tenants), (2) petty commodity producers (possessing a small piece of land, usually less than 0.25 ha) who work on their own land, sometimes seasonally hiring wage labour and (3) 'classes of labour' (Bernstein, 2010) who may cultivate a small piece of owned or share tenanted land but also engage in wage labour both on and off the farm. In each class, we selected small numbers of older people for detailed study involving multiple qualitative interviews and observation. In all cases, both the older people (if capable) and their primary care givers were interviewed focusing on the informants' life histories, their relationships with care givers/receivers and caregiving institutions, and the dynamics of social and economic changes around them. Eleven of these case studies are presented in this article, selected to allow comparison between the three agrarian classes as in Somaiah and Yeoh's (2023) detailed study of care-giving in six Javanese households, these methods are designed to explore the variety of modalities of care, including participants' perceptions and concerns, that larger-sample surveys cannot easily capture (Somaiah & Yeoh, 2023). Following standard practice in local-level research covering potentially sensitive issues, the precise locations of the study villages are not given and all names of persons have been pseudonym.

FINDINGS AND DISCUSSION

Social Reproduction, Generational (Inter)dependency, and Practices of Care in Sleman and Kulon Progo

The trend towards population is evident in the two studied villages. In the Sleman case ('Sleman'

hereafter), the proportion of the population aged 60 and over is now 18.8 percent (Dukcapil, 2021), and in the Kulon Progo case ('Kulon Progo' hereafter), the proportion over 60 had risen to 23 percent in 2017 from 10 percent in 1972.

In both study villages, there has been a large-scale outmigration of young adults. Our older informants in Sleman reported that more than half of their adult children had left the village. In Kulon Progo, the authors' household surveys in 1972–3 and 2017 show how it has increased over time. In 1972, among all the children of adult women who had left the parental household, 45 percent remained in the village, while the rest had migrated to other areas. By 2017, the number of people who remained in the village had declined to only 32 percent. Thus, on the one hand, the proportion of older people potentially in need of care has doubled, while the proportion of their adult children who remain in the village as potential caregivers has declined. Does this mean that the community is facing a crisis of social reproduction in the care of the older generation?

Before jumping to this conclusion, we need to remember that improved medical care and diet which may have reduced the proportion of chronologically old individuals in need of care.

In general, rural people live long and relatively healthy, which implies their prolonged involvement in productive and reproductive work. In Kulon Progo, detailed time allocation data were collected in 2000 from small samples in different age groups. Men aged 60 and over contributed an average of 8.2 hours of work per day (compared to 9.7 hours in the 30-59 age group), and women 7.0 hours per day, compared to 10.6 hours in the 30-59 age group. This work included both reproductive (domestic), agricultural, and non-farm work for both men and women.

Although people tend to live long and productive on average, there is also great variation, both now and in the past, in the age and speed at which adults lose the capacity to perform productive and reproductive work. Sickness, accidents, or simply increasing physical or mental frailty may at any time place people in the status of dependency. In Kulon Progo, in the early 1970s, a widow aged 90 could still engage in various light household tasks while one of her neighbours, a young widow in her 30s with chronic jaundice, was dependent on her three children for all household income, housework, medical care, and expenses and eventually died.²⁾ Similarly, in 2023, a policeman in his 40s was partially paralyzed due to a stroke. In Sleman, in the early 2000s, a middle-aged woman told stories about her father-in-law's brother, who was paralyzed in both legs in his late 50s and became dependent on his brother, a 70-year-old sharecropper and agricultural worker.

Since the 1970s, older people in Kulon Progo and Sleman have experienced significant changes in reproductive technologies. Cooking technology has shifted from wood-fired clay stoves to gas or oil-fired cooking stoves, and electricity has become universally accessible. Bathing and washing clothes and dishes used to require a walk to the nearby stream of water or irrigation channel; nowadays, most households have their bathroom with a closet and water supply from their own or neighbour's well, and about 20% in Kulon Progo even have washing machines. In Sleman, about ten years ago, support for building bathrooms with closets and water supply from wells was made available for poor households.

Many of these new reproduction technologies require money, so we are justified in speaking of a process of 'commodification of reproduction'. In other aspects, such as health care, we find co-existing trends of commodification and de-commodification. On the one hand, older people's access to a non-contributory modality of national health insurance (BPJS-PBI hereafter) and the

older people's cash transfer program (PKH-Lansia hereafter) have reduced the households' cash needs to provide treatment, medication, and nutritious meals. On the other hand, the mobility of young adults and their declining involvement of children in caring for their older parents may mean more dependence on paid care services, at least for those who can afford it.

On the subject of intergenerational reciprocity, Javanese norms of young people's duty of respect and care for aging parents are often dissonant with the intergenerational realities, both at present and in past times. In particular, when aging parents cling on to control the family's land or other assets, their adult children may often complain of their continuing dependent status. Equally, when aging parents no longer control family assets, and particularly when they lose the capacity to generate income, they often complain about their dependency on their children – and indeed, there could be a sharp decline in terms of respect and care given to them by their children. Case-study data on these dynamics from Kulon Progo in 1972-73 (White, 1976) suggest that –contrary to much popular opinion– these intergenerational tensions are not new. If the status of 'household head' has been passed on to the younger generation, older men and women may become increasingly isolated and disengaged from social interactions.

To understand the relations and practices of dependency and care, in the following sections we will explore the roles of older people in social reproduction, their involvement in relation to intergenerational dependency, and their experience of as providers and/or receivers of care. The discussion is mainly based on eleven detailed case studies of older people (five from Kulon Progo, six from Sleman) drawn from the three agrarian classes that we identified as significant landowners, petty commodity producers, and (near-)landless 'classes of labour'. Comparing and contrasting the experience of older people care in the three classes suggests clear links between social and economic status and how older people fulfil their daily needs for consumption and care.

Significant Landowners

We begin with three examples from some of the wealthiest individuals in the two locations, who have no worries about old-age care or medical costs.

Bu Mamik (Kulon Progo) is a wealthy widow in her early 70s. Her four children are all married and living in their own homes. Bu Mamik is a successful businesswoman who, until recently, owned her installation for crushing rocks and selling the graded materials to various projects. In the late 1990s, she and her husband were the wealthiest people in the village. Using profits from their business, they bought large amounts of rice fields and house-yard and had many share tenants working for them, who were also given cows on a calf-sharing (*gaduh*) basis. In recent years, Bu Mamik has begun divesting her assets. Her land holdings have already been passed over to the children; she says it's better to do this while still alive so that the heirs won't quarrel about their inheritance. 'All of them have got their inheritance. I've paid for all their education, one of them even has a Master's Degree. I've provided them with all they need; all of them now have their own families and businesses – so I'm rest assured now, no?'

Bu Mamik does not fear being neglected by her children as she still has sufficient resources to provide for herself. She still makes transactions in her construction materials business, using her handphone for negotiation and receiving contracts. And she still owns three large trucks, which she can rent out when she does not need them.

Bu Mamik lives alone in a large house and has a full-time domestic helper from morning to

evening. Her next-door neighbour, a nephew, is also available to help whenever needed. She buys vegetables and side-dishes from the various nearby food stalls. Besides her business, she says, her only activities are tending the plants in her home garden, taking trips with her grandchildren, and watching TV. She is enjoying her old age: 'If I'm bored, I like to go out, to Jogja, to a shopping mall, and to eat out. It's in human nature to want to be peaceful; now I'm old, I feel peaceful – what else could a person want?'

Not far from Bu Mamik's house, a couple in their 70s who have both experienced health problems still manage to take care of themselves with little help, cushioned by their steady incomes as pensioned civil servants with substantial landholdings.

Pak Sosro, a pensioned schoolteacher and his wife, Bu Pujiyati, a pensioned Puskesmas (healthcare) staff, own one hectare of rice fields, which makes them one of the largest landowners in the village. They live with their daughter, an MA student, and a grandchild, the child of their son who has a salaried job outside the village. With their monthly pensions and the paddy that they receive twice a year from their various share tenants, they don't need to earn money, and they also do not employ a domestic worker. Bu Pujiwati does the laundry using a washing-machine, and cooks rice in their 'magic com', while they share the work of sweeping the floor and the yard. 'For us, housework is easy, as we have a gas cooker, a rice cooker and a washing machine. I'm old, and I had a stroke, but I can do these light tasks', said Pujiyati. Like Bu Mamik, they buy their side dishes: 'my pension all goes to buying *lauk*', says Pak Sosro.

Pak Sosro had a heart attack four years ago, it required light treatment, regular medication, and not getting too tired. At that time, Pujiyati looked after him at home until he recovered. Pujiyati herself had a light stroke about two years ago, which required hospital treatment and rehabilitation, all covered by BPJS. They hired a maid for those few months because Pujiwati could not move her hands. Their two children who live in the city urged them to continue employing a domestic help, but they refused.

Pak Sosro believes that people who neglect old and dependent parent, are likely constrained by their financial situation. Sosro and Pujiyati have no worries about their children to take care of them in the future, as it is a tradition in the family; putting dependent older people in nursing homes would be a smear on the family's dignity.

In Sleman, Mbah Harto (85 years old) and his wife Mbah Iyem (also 80) are able to afford costly medical care when needed, thanks to their landholdings and help from their children who all have salaried jobs.

Mbah Harto and Mbah Iyem own half a hectare of well-irrigated rice fields. Their two oldest sons have left the village; they share their home with their third son and his family. They used to cultivate the land together until Mbah Iyem had a stroke ten years ago, followed by a second stroke six years later. Since then, Mbah Harto has hired wage laborers for all the main tasks; none of his three sons are significantly involved in the farm. The rice field is cultivated continuously, giving three harvests per year with a total of six tons of harvest-dry paddy. Most of the harvest is stored at home and used for their extended family household's consumption. They also send some to their other two sons in reciprocation for the gifts of money they sometimes receive from them.

Mbah Harto can keep his of harvest paddy at home, as his house and yard are large enough to store and dry it. When they need cash for medical treatment or takeaway side dishes that his wife likes, Mbah Harto takes some dry paddy to the local rice mill centre, which buys the hulled

rice for Rp. 8000 per kilogram and returns the rice bran he later uses it to feed his ducks. His other sons, who live nearby, pay other cash expenses, like electricity and gas for cooking. One son, who lives next door, is a local 'success story,' for having become a university lecturer.

Although Mbah Harto is 85, he has not yet transferred any land to his sons, as they all have salaried jobs. He does not rush to hand over the land because his sons are not involved in the farm; they all have salaried jobs ('although my youngest son is only a security guard' he said). Their comfortable economic situation allows them to access the best available private medical care for Mbah Iyem. He takes Mbah Iyem to the neurologist every month, borrowing a car from his nephew; each session costs Rp. 450 thousand, plus petrol for the car. Despite the high costs, Mbah Iyem insists on these costly healthcare options rather than the free treatment available provided by Puskesmas, which she believes is ineffective.

In Kulon Progo, we found an emerging practice of paid professional home nursing service: a qualified nurse who can be booked for home care visits, and whose clients are mostly from wealthy households.

Ika, now a freelance visiting nurse, formerly worked in a nearby Catholic hospital where she was one of the nurses in the hospital's home nursing service. After some years in this relatively low-paid work, she started her private home care service, confident that she could find clients in this and neighbouring villages. 'Both at the hospital and in my practice, most clients are salaried professionals – civil servants, bank personnel, teachers, etc. – who have enough money,' she stated. When elderly patients are seriously ill, bedridden, and needing intensive care, she will come every day to bathe them with a washcloth, give them food and medication, and also try to interact with them. 'When old people are ill, they need not only medically care but also attention and companionship. One of my patients won't eat or talk when her children feed or talk to them, but when I visit, she will always eat and is happy when I stay for a while. There's no need to talk a lot, but they like to feel we are giving them attention,' she added. Her fee for daily visits like this can be as much as Rp. 4 million per month. Most of the patients for this kind of extra service, Ika explained, have children who are relatively busy and do not have time to care for their elderly parents. But they still feel the responsibility to provide good care of their parents, 'and that's why they are willing to spend a lot of money'. Beside monthly care, Ika also provides short-term services, such as bathing, changing diapers, giving injections of insulin or other prescriptions, changing bandages, cleaning wounds and bedsores, etc. 'The fees vary: usually, for changing diapers is Rp. 25 thousand, giving injection is also 25 thousand, bathing and changing diapers is 50 thousand, but for cleaning wounds and changing bandages, it's 75 or 100 thousand – it depends on the time needed and the difficulty of the task.'

Petty Commodity Producers

In families that own small amounts of land, when older people transfer their land to their married children, it normally entails conditions that guarantee the parents income or food and care during their remaining years. They normally retain ownership of the house and it is most commonly the youngest child who remains in the house and takes the responsibility to care for older people in turn of inheriting the house. Rice fields cultivated jointly by parents and children and the produce are informally shared or the parents enter a sharecropping arrangement with one or more children. The children provide both the labour and the purchased inputs and give the parents one-half of

the crop, i.e. with the same conditions as in extra-familial share tenancy between landowners and sharecroppers. In the case of house yards, children may be given the rights to annual crops that they plant and care for, while parents retain the rights to the produce of fruit trees, which represent more their own previous investment of labour.

We now look into a case of a small landowner who has carefully retained his assets in his old age, with his own children cultivating it as share tenants, but still lacks in gaining their respect and is seen and treated by them as like a child.

Mbah Tono (Sleman, 89 years old) owns 0.2 ha of *sawah*. He and his wife used to work together on these fields until she died of a heart attack; when his own health deteriorated, his children urged him to stop going to the rice field and suggest him to stay at home. After a long life of hard physical labour, he has difficulty controlling his movements, he suddenly bumps into other people or things when he feels anxious. His caregivers consider this a metaphysical affliction –like spirit possession they prefer to bring him to a traditional healer (*dukun/saman*) instead of health facilities.

Mbah Tono has not entirely transferred his land and house to the children, recalling that when his own parents transferred the land to him and his siblings, his three siblings immediately sold their shares. Instead, he thought it would be better to allow his children to cultivate the land as share tenants; in this way, he can guarantee a continuing supply of rice, both for his own needs and to give to those of his children who have left the village. *Bu Titin*, his daughter, who has married into a landless farm labourer and sharecropper family, lives next to his house and provides his food and other care needs. When *Mbah* Tono sends rice to his two daughters in Bandung and Jakarta, who both work as casual labourers, they reciprocate by sending a cash remittance via *Bu Titin*. In addition, he sometimes receives cash from the PKH-Lansia program, which helps him with his daily consumption.

Despite the independence that *Mbah* Tono has retained through keeping control of the family land and receiving care from his daughter and sons who live nearby, he experiences the stigma and indignity of being perceived and treated like a child by his own family and caregivers. His married children always push him not to engage in physical activity. But *Mbah* Tono recently climbed up the roof to fix a leak and fell, and was scolded instead. The daughter told the researcher she would rather care for children than for older people who behave like children.

Care of a sick or dependent family member means a lot of extra work, it can be seen in the following case of *Parto* and *Pon* who have to care for their mentally handicapped son, and *Karyo* who is severely handicapped after a stroke and is cared by his wife and unmarried son.

Mbah *Parto* and his wife, *Mbah* *Pon* (Kulon Progo), both in their 70s, own a 0.25-hectare rice farm, which they cultivate with the help of their daughter and son-in-law, who live nearby. At home, they have to care after their 45-year-old son, who is mentally disabled, feeding him and keeping him clean. The rice farm provides their primary livelihood: *Mbah* *Parto* and his son-in-law do the hoeing and fertilizing, and *Mbah* *Pon* and her daughter do the planting, weeding, and harvesting. *Mbah* *Pon* also makes *tempe* for extra income, selling it on every market day. Their monthly expenses are around Rp. 600 thousand. Support from the PKH-Lansia program which provides cash transfer to older people also helps cover their daily consumption costs.

Mbah *Pon* plans to transfer their land assets to her daughter. Beside having 0.25 ha which they cultivate themselves, they have another 0.15 ha of rice fields which has been pawned for 20

years. In consequence, the daughter will receive a substantial amount of land, about 0.4 ha once redeemed. However, they will not hand over the land yet, to avoid becoming dependent on others. Both are healthy enough for productive and reproductive work, and Mbah Parto and Mbah Pon wash their clothes by themselves and collect firewood for cooking. Neither of them attends the Posyandu Lansia; they also have BPJS, but have never had to use it. And they have never taken their disabled son to the Puskesmas or doctor, presumably because he has been handicapped since he was born.

Purwanto (Kulon Progo), aged 38 and unmarried, is a smallholder farmer who lives with his parents. His father Karyo was a small farmer cultivating a 0.29 ha rice farm with his wife Sami and Purwanto himself. However Karyo had to stop farming eight years ago after a stroke. Every year, his condition deteriorates, now Sami and Purwanto have to do all the farm work, growing rice and chillies. They also share the household work and care of Pak Karyo. Sami cooks, collects firewood, and washes Pak Karyo's and her clothes. Purwanto washes his clothes, helps clean the house, and collects firewood and fodder for the animals. For the care of Pak Karyo – feeding him, helping him go to the toilet and cleaning him afterward, bathing him, etc.– they share the work without any fixed division of tasks.

Whoever is at home or not working, says Purwanto, will see what his father needs. He doesn't consider this hard work; what exhausts him more is working in the *sawah*. 'Since my father's illness, both my mother and I have extra work to do. We chose not to hire anyone to replace him (in the farm work) to save money. We do all the farm work ourselves,' he said. For extra income, Purwanto also does other farm and other casual work for additional wages, contributing the earnings to the household budget; he is now the family's breadwinner. They don't spend much on medicines for Pak Karyo: 'Now he just drinks herbal medicine.' For years, he took prescription medicines, but to no avail, and he could only eat with difficulty. 'Now what's important is that he can eat and move about a bit (*mengesot*, shuffling on the ground)' Purwanto said. The Posyandu Lansia (a community-based elderly care organization) is active in their neighbourhood, organizing routine physical exercises, weight, cholesterol, and blood sugar check-up, and distributing supplementary snacks. 'But the one who attends is my mother. Immobile people, like my father, don't have any facilities. They (the Posyandu personnel) are just local people, not professionals,' he said.

Classes of Labour: The Landless and Near-landless

In landless families, as share tenants get old, they are expected to pass on their share tenancy rights - if the landowner agrees - to their married children. However, they tend to keep control of the tenancy as long as possible to preserve their independence. Older parents usually maintain ownership of the family home; most commonly, the youngest child will stay at home, bearing the main burden of parental care, and often inheriting the house in recognition of this contribution. Family caregivers who work outside the home (in agriculture or other work) try to manage their working time flexibly as to provide continuous care. Still, in many cases, the pressures of work mean that dependent older people are left alone in the house during the day and are expected to fulfil their own needs as much as possible.

Mbah Yono (Sleman, 90 years old) had to pass on his tenancy rights to his third son after he had an accident in the rice field. He had planned to pass it on to his first son, Pak Tijo (69 years old), who had helped him on the farm since he was a child. But now Tijo himself is chronically

ill, and the tenancy has to be cultivated by his third son who is still fit. When Tijo was a young adult, and farm wage opportunities declined with the Green Revolution, he became a footloose migrant worker, first as a domestic worker and then turning to construction worker in the 1990s. He would leave home and stay on the construction project from Monday to Saturday. At certain times of the year, he would return home to help his father on the farm. However, in the last two years, he has become suddenly frail; last year, he has been hospitalized four times, the latest in a specialist unit for lung disease; and now he needs to take chemotherapy pills for lung cancer. This illness has made him physically weak. When he had to stop construction work, he asked his landowning neighbours to provide him with a share tenancy and obtained an 800 m² tenancy. But now he stays mostly at home, without access to income and relying on his wife's income of Rp. 600,000/month working as a nanny.

Mbah Yono's caregivers minimize care provision to cover only food preparation. Once the food is ready, all family members depart for work and leave him alone. Mbah Yono's main current caregiver, his granddaughter, explained that Mbah Yono had problems with his vision (likely to be cataract). His eyes could be operated on, but the caregivers, who live precariously as casual laborers and sharecroppers, tend to avoid medical check-ups due to the costs entailed.

Mbah Rekso (Sleman, 84 years old) experiences somewhat better familial care but, having dementia-like symptoms, tends to be seen and treated as a child. Mbah Rekso was formerly a landless sharecropper known for his strong work ethics, but more than eight years ago, he was hit by a schoolboy riding a motorcycle. Since then, his left leg has been twisted and weak, while his hand trembles uncontrollably at certain moments. He loves to recount his memories of the past (e.g., during the Japanese occupation, the bubonic plague, the birth of his lovely son). But at the same time, during the interview, he always repeated the same questions about the researcher's presence, and introduced his son repeatedly. He also mixes memories from the past with the present. His married children tend to see (and describe) him as a kid (*bocah*) who always fights over snacks with his 10-year-old grandson. Mbah Rekso's daughter-in-law used to work as shopkeeper in the city (earning about 40 thousand rupiah per day) but was laid off without severance pay during the pandemic. Her misfortune has become his good luck, as she now stays at home and takes care of him.

One dimension in the lives of older landless people is their long daily working hours, both in production and reproduction, compared to those in PCP and significant landholder households. We can see this, as well as the gender division of this work, in the case of the sharecroppers and farm workers, Bu Tum (66 years old) and Pak Sitir (65).

Bu Tum and Pak Sitir (Kulon Progo), a landless couple, have three sons who remain in the village. Their eldest son is a sharecropper, while the second works in a sawmill with Yanto, the youngest son (37) who is not married and lives with them. Bu Tum and Pak Sitir still work hard in rice cultivation, caring for livestock, and earning wages through planting and harvesting rice for their neighbours, as well as all the domestic tasks. Bu Tum bears the greatest burden in earning money and reproductive work, while Pak Sitir has never worked for wages on other people's land. He is responsible only for care of their livestock and their own farming, while Bu Tum is busy hustling with seasonal wage work, transplanting and harvesting rice. Tum does nearly all the household's reproductive work, while Pak Sitir and Yanto only wash their own clothes. Tum wakes up at 4.00 am, an hour and a half before her husband and son, and works throughout the day until 7.00 pm.

On their sharecropped rice farm, the division of work is more equal. After the harvest is divided by the ratio of 50:50 between them and the landowner, Tum and Sus take equal shares of what remains. Sitir prepares the seedbed; Tum transplants the seedlings, helped by one or more paid workers; all three do the weeding together. Harvesting is done only by Tum and Sus: 'He (Sitir) will never do harvesting work, on our farm or for wages – while at harvest time I can earn 1.5 – 2.0 kwintals every day! If we work hard, we can earn a lot; harvest *bawon* wages are very important for landless farmers like me,' she remarked. Tum keeps plenty of paddy stored at home, almost 30 sacks. When she needs money, she will sell a bag for 300-400 thousand Rupiah.

Two years ago, Tum underwent treatment for cervical cancer and chronic urinary tract infection. Sitir and Yanto had to buy food for almost 1.5 months, sell a goat, hire farm labor, and stop manual weeding. Tum's illness plunged the family into disarray: 'Ya, Pak Sitir and Yanto had to look after themselves – boiling water, cooking rice, washing dishes. How could they afford a *pembantu* (paid domestic help)? They cooked rice but bought the side dishes. That costs more, of course. But I'm thankful that all the costs of my operation and hospitalization were paid by BPJS-PBI. The total was more than 100 million! I and my relatives could never have paid such an amount'. In addition, the cash transfer program helped to cover the costs of buying food. Tum often attends Posyandu Lansia activities, which she believes helps with old people's health problems but also serves as a place to socialize.

The problems of combining old-age care with productive work are also seen in the case of Bu Ginem (Sleman, 60years old) and her 90-year old father Mbah Diryo, which involves a complex quadri-generational care arrangement.

When her husband died in 2001, Bu Ginem's father Mbah Diryo (now 90 years old) moved into her house to help her look after her two young sons. Bu Ginem (now 60 years old) worked with him on their small (400m²) inherited rice field producing rice for home consumption, and she also joined a group of women wage workers. The group was paid a piece-based rate of Rp. 350 to 400 thousand per 0.25 ha, and she could earn Rp. 50 – 60 thousand, without meals, for about 9 hours' work from 5.30 am to 2.00 or 3.00 pm. Besides this, at night-time she worked on a handloom weaving textiles on piece-based rate (this work is no longer available); the money she earned was enough to buy *lauk* (ingredients for side dishes) and for her children's school fees.

Eight years ago, when she was in her 50s and her two children had both married and were earning money as *ojek* motorbike taxi-drivers, Mbah Diryo's legs became weak and he could no longer work in the *sawah*. Since two years ago, his condition has worsened. He spends almost all day lying in bed, with a *stoples* jar under the bed so he can urinate. The family have never taken him to any health care facility; he does not have access to BPJS-PBI, and she does not think it is possible for her sons to take him to the clinic by motorbike.

Bu Ginem has now taken on the responsibility of managing their small rice farm and continues to join the women's wage-worker group whenever possible. The *stoples* allows Bu Ginem to leave the house for work on normal days, but whenever Mbah Diryo's condition is poor, she stays at home with him, even when there is plenty of farm work waiting: 'if he doesn't want to be left alone, I don't go'. On the days when she does go to the *sawah*, she will ask her daughter-in-law, who lives just behind their house, to drop in from time to time. Bu Ginem's 8-year old grand-daughter also helps to look after Mbah Diryo out of school hours, but Mbah Diryo needs an adult to help him if he needs to go to the toilet, as he cannot stand up, or squat over the; ground

level toilet without support.

Bu Ginem finds the PKH-Lansia support that Mbah Diryo has received since 2021 very helpful. Although it's only Rp. 600 thousand every three months, it's enough to buy single-use geriatric diapers, which Mbah Diryo sometimes asks for when he is too weak and dizzy to sit up and use the *stoples*.

Intergenerational tensions may arise due to the cost of care provision for older people, as Bu Tina (Sleman) found when she looks after her elderly mother, who has recently passed away, and her grandchildren in another complex quadri-generational care arrangement.

The late Mbah Boinah (Sleman) used to live alone, although bedridden, until her daughter Bu Tina (58 years old) took her to live with the family in her husband's inherited house. Beside caring for her mother, Bu Tina had to take care of her grandsons from Monday to Saturday, enabling her daughter, son-in-law, and husband to work in garment factories and construction sites. She needed diapers for her incontinent mother but – at Rp. 500,000 for 90 diapers – she could not easily afford them with her low income, as a preschool teacher and the occasional 'transport fee service' she received when participating in local events. She did not want to burden her husband with these costs.

Bu Tina feels disappointed by her sister, who was previously close to her mother but now does not want to contribute money or energy regularly to care for her. Her sister's neglect of her mother's care provokes gossip in the neighbourhood. Once, her sister had to care for Mbah Boinah because Bu Tina fell sick. Her mother was not comfortable being cared for by her sister, who wore a mask and plastic gloves when she changed her mother's diaper; it offended Bu Tina and Mbah Boinah that her sister felt disgusted to clean her mother's urine and feces. Bu Tina considered that her sister provided care without affection.

State and Community Support for Those Dependent on Care

In the examples presented above we have seen how BPJS insurance has been an important source to help people when they fall seriously ill and require expensive treatment, especially for petty commodity producers and classes of labours who enrolled to BPJS-PBI. Before the BPJS-PBI social protection program, access to health facilities for poor families was largely determined by the relationship between landless families and village elites, as people had to rely on charitable donations and/or the help of elites to access government support. The experience of Mbah Rekso and Pak Yoga (see the previous section) shows how the health care system for poor people used to rely on the good will of elite brokers. In 2012, Pak Yoga had to find more than 3.5 million Rupiah when his mother fell in the bathroom and had to be hospitalized. He had to go to the hamlet head to ask him to organise donations and eventually received Rp. 1 million. And three years later when Mbah Rekso had to be operated on for prostate and hernia, Yoga had to wander around the village elites, looking for signatures on the 'Declaration of Poor Family Status' letter that was needed to access support in the early stages of the health insurance programme for Indonesian citizens (Jamkesmas hereafter). The family of Mbah Tono (see above) also told us of the need to approach neighbourhood elites in order to access Jamkesmas.

BPJS, when it functions properly, has made a real difference to poor people's lives and reduced fears about medical costs, as the case of Bu Tum shows (see previous section). But some people still experience problems of access, and as we have seen, tend to avoid seeking professional care

for their older dependents because of the costs involved. One caregiver also told us that the health facility in BPJS-PBI is unreliable due to the use of Paracetamol and the antihistamine Cetirizine for any and all symptoms. That's why some caregivers only use the BPJS-PBI for emergencies where older people/other family members must be hospitalized, when it comes to milder problems and related to the aging symptoms, they tend to self-diagnose and buy 'shop medicine' (*obat warung*) or traditional herbal remedies (*jamu*).

The PKH Lansia cash transfer programme for old people, although the support is modest (Rp. 600,000 per three months plus additional non-cash food subsidies 200,000 per month), is also valued by small-farmer and landless households. But not all those who need this support receive it. Bu Titin (Sleman), the caregiver of Mbah Tono (see above) said that sometimes the PKH support does not go through (*turun*), especially since the appointment of the new neighbourhood head, about one year ago. While this cash transfer programme may help recipients afford more nutritious food or obtain health care outside of the BPJS-PBI system, the distribution is not transparent and is based on centralized data in Jakarta, therefore access to the programme is not guaranteed to all those who need it.

Another problem, particularly for those older people immobilized by sickness or frailty and their caregivers, is the absence of home visits for health care provision. There is a programme called 'Home Care' in the two communities, but in the cases that we observed, it involved no more than a packet of food items and non-prescription medicines (*obat warung*) worth about Rp. 150 thousand. The programme is financed by the Department of Social Affairs and distributed by Posyandu Lansia's cadres (community-based volunteer health workers). The cadres' visits are irregular, and perceived by both government and recipients as a charity rather than a right of older people to access state support. The cadres, according to an official in the Department of Social Affairs, are expected to conduct simple medical checks up and help older people with hands-on care – without pay– using the gift packages as an entry point. But in most cases, they only deliver the gift package and give some normative advice on the importance of treating older people properly.

CONCLUSION

As we have seen in the previous section, class, gender, and intergenerational relations play important roles in determining patterns of social reproduction and care arrangements for older people. As found in the other studies we have mentioned, women are most likely to be the primary caregivers, but there are exceptions to this in both wealthier and poorer households. In all the three agrarian classes, older people continue to be active in day-to-day productive and/or reproductive activity, with or without hired help, for as long as their physical and mental condition allows it. For the significant landowners, these activities are less physically demanding – managing a business (Bu Mamik), light household work aided by new cooking and washing technologies (Pak Sosro and Bu Pujiyati), or managing a rice farm with hired labor (Mbah Harto). They have few worries about medical care, or support from their children in the future. They have access to professional treatment through BPJS (Pak Sosro and Bu Pujiyati) and/or through their ability to afford quality care (Mbah Harto and Mbah Iyem). Their children, who have completed secondary or tertiary education and generally have salaried jobs, will be available to support them – either

by themselves or through hired care – if in the future they are no longer able to manage their own day-to-day reproduction.

In contrast, older people in the petty commodity producers and (near)landless classes continue to engage in heavy manual work until their physical condition no longer allows it. Those who have access to land tend to maintain control of it as long as possible, passing the management of owned or share-cropped land to their children only when they are physically or mentally disabled themselves. In these households, older dependent people may be left alone at home for extended periods of the day, when younger adult members are away at work and grandchildren are in school. As people live longer and more frequently become great-grandparents, the circuits of social reproduction and care may become quadri-generational, with great-grandchildren either competing with the great-grandparent for care (case of Bu Tima) or themselves contributing care (case of Mbah Diryo). In tri-generational and quadri-generational care arrangements, the need to free young and mid-life adult members for productive employment outside the home means that women in the middle generation(s) often play crucial roles in the care of both upper (older) and lower (dependent grandchildren) generations, and school-going granddaughters may themselves become carers; the care needs of small children and older people may compete, resulting in the relative neglect of elderly care needs. Some of our case studies (Mbah Tono, Mbah Boinah) support Somaiah and Yeoh's finding that intergenerational reciprocity is not always balanced or symmetric and that the physical, mental and emotional challenges faced by older generations may be 'unnoticed, unheeded and unexpressed' (Somaiah & Yeoh, 2023).

Regarding the four-level 'hierarchy of care' outlined by Absor et al. (2023), while care by close family was universal in our case studies, the role of other more distant kin was not significant. Paid older care was found, when needed, among both significant landowner (Bu Mamik) and petty commodity producers (Mbah Tono) cases, and also for short periods in emergencies by both wealthier and poorer households (as during Bu Pujiyati and Bu Tumi's hospitalization and recuperation). While community and institutional financial support (PKH-Lansia, BPJS-PBI) – when available – fulfil real needs, especially for the small-farmer and landless households, provision of actual (non-financial) care at community or institutional level was not significant, while some cases showed a clear need for professional home care when an older person is bedridden and immobile and cannot be taken for treatment (Mbah Karyo, Mbah Yono, Mbah Diryo). Commodified professional home care provision (through the market) is found in some relatively prosperous households but is beyond the reach of the majority of the rural population.

Van Eeuwijk concluded from his long-term research in North Sulawesi that older people are experiencing increasingly chronic vulnerability and uncertainty due to the absence of state and community support and consequent complete dependency on intra-familial care by family members who are often – due to their precarious situation - not in a position to provide the necessary care (Van Eeuwijk, 2020). Our study only partly supports this conclusion. Some government programmes like PKH-Lansia and BPJS-PBI have greatly reduced the vulnerability and uncertainty of those faced with major medical costs, even though they are not accessible for all. For day-to-day care of the dependent older (and some younger) people in landless and near-landless households, family members are, in general, still willing to and able to provide this care, but often at the cost of increasing work burdens and not always without tensions and complaints.

ENDNOTES

- 1) The study was carried out in collaboration with Southampton University and Atma Jaya University awarded by Economic and Social Research Council (ESRC)–UK.
- 2) All examples from Kulon Progo in the early 1970s are drawn from more detailed analysis in Chapter 6 (White, 1976).

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