STUDY ON ELDERLY'S SITUATION AND ACCESS TO SOCIAL PROTECTION: LIFE STORIES ANALYSIS

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Table of Contents

List of Tables

List of Figures

List of Boxes

List of Appendices

List of Abbreviations

ASLUM	Asistensi Sosial Lanjut Usia Miskin	Poor Elderly Special Assistance
ATM	*anjungan tunai mandiri*	automated teller machine
APBD	Anggaran Pendapatan dan Belanja Daerah	Regional Revenue and Expenditure Budget
ASABRI	Asuransi Angkatan Bersenjata Republik Indonesia	Social Insurance for Indonesian Armed Forces Personnel
Bansos	*bantuan sosial*	social aid/assistance
BPJS	Badan Penyelenggara Jaminan Sosial	Social Security Implementing Agency
BPNT	Bantuan Pangan Nontunai	Noncash Food Assistance
BPSL	Bantuan Perlindungan Sosial Lansia	Elderly Social Protection Assistance
COVID-19		coronavirus disease 2019
DI	Daerah Istimewa	Special Region
DKI	Daerah Khusus Ibukota	Special Capital Region
DTKS	Data Terpadu Kesejahteraan Sosial	Integrated Social Welfare Database
dukcapil	*kependudukan dan catatan sipil*	population and civil registration
EDC		electronic data capture
JKN	Jaminan Kesehatan Nasional	National Health Insurance
Kemensos	Kementerian Sosial	Ministry of Social Affairs
KIS	Kartu Indonesia Sehat	Indonesia Health Card
KK	*kartu keluarga*	family identification card
KLJ	Kartu Jakarta Sehat	Jakarta Health Card
KTP	*kartu tanda penduduk*	ID card
lansia	*lanjut usia*	the elderly
LKS	Lembaga Kesejahteraan Masyarakat	Social Welfare Agency
MCK	*mandi, cuci, dan kakus*	bath, wash, and toilet
MAHKOTA	Menuju Masyarakat Indonesia yang Kokoh dan Sejahtera	Toward a Strong and Prosperous Indonesian Society
PBB	Perserikatan Bangsa-Bangsa	United Nations
PBI	*penerima bantuan iuran*	premium assistance beneficiaries

PKH	Program Keluarga Harapan	Family Hope Program
PKI	Partai Komunis Indonesia	Indonesia Communist Party
PKK	Pembinaan Kesejahteraan Keluarga	Family Welfare and Empowerment
PNS	*pegawai negeri sipil*	civil servant
RT	*rukun tetangga*	neighborhood unit
RW	*rukun warga*	community association
SMP	*sekolah menengah pertama*	junior high school
TNP2K	Tim Nasional Percepatan Penanggulangan Kemiskinan	National Team for the Acceleration of Poverty Eradication

I. Introduction

1.1 Background and Objectives of the Study

Indonesia is gradually moving towards a country with an aging community. According to the National Socio-Economic Survey (Susenas) 2021, the number of people aged 60 years old or older or elderly in Indonesia was 29.4 million or 10.8 percent of its total population (BPS, Maret 2021). In 2020, the number of the elderly was recorded at 26.8 million (9.9 percent of the total population in 2020), meaning that in 2021 the number increased around 9.7 percent in 2020. By sex, female elderly are greater in number than their male counterpart; in 2021 women have 52 percent proportion and the remaining 48 percent of the total elderly population are men (TNP2K, 2021). Their number will keep on increasing and by 2050 it is expected to reach 74 million or about 25 percent of the country's total population (SMERU dan TNP2K, 2020.).

In addition to their increased number, some elderly people are currently leading a low-welfare life. Around 12 percent of the elderly live under poverty and more than 60 percent of them stay with other family members, such as their children/son- or daughter-in-law and even grandchildren (SMERU and TNP2K, 2020.). Also, the average monthly spending of families with elderly is expected 3 percent higher than those with no elderly (TNP2K, 2020). In anticipation of this change in demography, it is imperative to pay some attention to elderly welfare as early as possible, i.e., since their productive age to prevent them from plummeting further into poverty.

The elderly tend to have worsening health and are more likely to suffer from disability. Based on Susenas 2019 data, half of Indonesian elderly have medical condition, a quarter of them suffer from illness, and around 44.8 percent of them are disabled (SMERU and TNP2K, 2020). They are also becoming less productive, resulting in a decrease in or even a loss of income. These make the elderly vulnerable to a wide range of risks and shocks, particularly the socio-economic ones.

Bloom et.al. (2011) suggest that three factors contribute to elderly vulnerability, they are their economic non-productiveness, vulnerability to health issues, and need for caregivers. However, the vulnerability level is different from one elderly to another. Adisa (2019) in his study in Nigeria concludes that socio-demographic and economic resources factors play an important role in explaining the varied levels of elderly vulnerability.

Under such circumstance, it is critical to provide adequate social protection program for senior population since it will allow them to meet their own basic needs and to some extent help ease the burden their family members have to bear. Furthermore, Kidd et. al. (2018) conclude that elderly social protection program can improve social cohesion and contribute to economic growth.

The government, both at national and regional levels, have established some elderly social protection programs under a non-contributory scheme or social assistance (*bansos*), despite the highly limited number of its recipients. At national level, since 2016 the government had

incorported the elderly as part of criteria for eligible recipients of Family Hope Program (PKH). In 2019, the number of PKH elderly recipients was around 1.1 million at an annually Rp2.4 million-worth assistance (Kemensos, 2019). At provincial and *kabupaten*/district levels, some regional governments have some programs specifically targeting the elderly. DKI Jakarta, for example, has implemented the Jakarta Elderly Card (KLJ) program since 2018 which provides *bansos* for the elderly to meet their basic needs worth Rp600,000 per month per elderly. In 2020, KLJ was provided to 77,524 elderly or 9.5 percent of all elderly in DKI Jakarta (SMERU and TNP2K, 2020).

Despite these programs, the number of the elderly receiving such benefits remains extremely low. Nationally, the number of the elderly receiving such social protection programs under non-contributory or *bansos* scheme makes up only 2 percent of the total recipients of these programs. Meanwhile, only around 14 percents of the total elderly can access social protection programs under contributory or social security schemes, including the pension fund for civil servants (*Data Administrasi BPJS Ketenagakerjaan 2020* [Data on BPJS Ketenagakerjaan Administration 2020], cited in TNP2K, 2021). Considering the highly limited number of the elderly covered by social protection programs, it is important to discover the condition of elderly and their access to social protection programs.

Therefore, the Secreteriat of National Team for the Acceleration of Poverty Reduction (TNP2K) supported by Menuju Masyarakat Indonesia yang Kokoh Sejahtera (MAHKOTA) and funded by the Government of Australia since 2020 took the initiative and collaborated with The SMERU Research Institute (SMERU) to carry out a qualitative and quantitative study on elderly social protection programs in three provinces, namely DKI Jakarta, DI Yogjakarta, and Bali. DKI Jakarta represents the province that had lower percentage of elderly (7.5 percent) than the national level (9.6 percent) in 2019 and had implemented a regional elderly *bansos* program. Meanwhile, DI Yogyakarta and Bali represent those provinces with higher elderly percentage that the national level at 14 and 11 percents respectively (Susenas, 2019).

The coronavirus disease 2019 (COVID-19) pandemic made it impossible for the study to get to the field and interview the elderly people in person, therefore the study was divided into 3 stages. This study is part of the third or final stage study. The 3rd stage study consists of a qualitative study in three study areas and a quantitative study in DKI Jakarta. The quantitative study report will be presented separately from this qualitative study report.

In the first stage study conducted in 2020, TNP2K together with SMERU quantitatively analyzed the secondary data, particularly from Susenas 2019, and carried out a qualitative study with an emphasis on literature review and organized limited interviews online with provincial social agencies in the study areas regarding the existence and implementation of elderly social protection program. The first stage study report entitled "The Situation of Elderly in Indonesia and Access to Social Protection Programs: Secondary Data Analysis" was published in 2021.

During the second stage in 2021, a qualitative study was conducted to investigate further the existence and implementation of social protection programs accessible to elderly in the three areas and to discover the motivations behind the policy and implementation of those programs. Given the COVID-19 pandemic situation, the information was still collected using

online interview with informants from local governments up to village/*kelurahan* levels, program organizers/facilitators, and social welfare institutions or nursing homes for elderly in the 3 study provinces. In addition, to grab the initial picture of elderly experience in accessing social protection programs and their benefits, the online interview was also organized with a few elderly people and their families. The 2nd stage study report entitled "The Situation of Elderly and Their Access to Elderly Social Protection Programs: A Qualitative Study in DKI Jakarta, DI Yogyakarta, and Bali" has been published in 2022.

Specifically, the qualitative study aims at obtaining informtion on life stories of the elderly (recipients and non-recipients of elderly-specific social assistance program) with a focus on changes in various aspects of life, particularly regarding their welfare aspects and access to social protection programs. These changes might occur before or after they come to their old age.

Meanwhile, the quantitative study specifically conducted in DKI Jakarta was a survey to more or less 2,000 elderly recipients and non-recipients of KLJ Program to discover the motivation behind the policy to implement KLJ, its implementation, and the impacts that KLJ had on the welfare of the elderly and their families/households.

It is expected that the entire study can provide policymakers with input in designing policies and improving the implementation of elderly social protection programs at both national and regional levels. Moreover, this study can also benefit academicians and civil society as a reference for further studies and in designing and/or providing feedbacks for better policies and elderly social protection programs.

1.2 Research Method

1.2.1 Data/information collection

The information in the qualitative study was collected using guided in-depth interviews with the elderly and their families. The outline of the interview guidelines can be seen in Box 1. As for the study locations, nothing has been changed from the first and second stage studies, be it the provinces, *kabupaten*/districts, *kecamatan*, and villages/*kelurahan*, with the number of study locations as can be seen in the following Table 1.

The in-depth interviews were carried out offline with the elderly respondents by regional researchers in the 3 provinces. Each province had 2 regional researchers and every one of them interviewed 8 elderlies. Some respondents were interviewed in the presence of their children/nephews/nieces or grandchildren.

Box 1
Variables Information Explored through In-Depth Interview

1. Elderly characteristics
2. The type of social protection (social assistance/bansos) and social security (jamsos) received/accessed by elderly and its mechanism and benefit/utilization/impacts.
3. Condition and change in terms of elderly well-being (accessibility, ability to purchase/access, and service availability), especially regarding such aspects as:
   a. Economic
   b. Physical health
   c. Mental health: (i) things they like in life, (ii) participation in activities they fond of, (iii) friendship
   d. Basic needs (meals, clothing, residence)
   e. Social relations with family
   f. Social relations/activities with community
   g. Achievement
4. Elderly's future expectation

Table 1. Number of Study *Kabupaten*/Districts, *Kecamatan*, and Villages/*Kelurahan*

Province	Number of Study Locations		
	Kabupaten/Districts	*Kecamatan*	Villages/*Kelurahan*
DKI Jakarta	1. North Jakarta District 2. East Jakarta District	2	4
DI Yogyakarta	1. Yogyakarta District 2. Kabupaten Kulon Progo	2	4
Bali	1. Denpasar District 2. Kabupaten Badung	2	4
Total	**6**	**6**	**12**

1.2.2 Selection and characteristics of elderly respondents

This research focused on poor elderly to be its respondents as determined based on the criteria as listed in Box 2. The researchers strove to find elderly respondents who could meet the variety of criteria to obtain depictions of elderly lives from the various existing characteristics. As planned, 48 elderlies were interviewed and observed, including some who had been interviewed in the second stage study. Four elderly respondents, in a balanced number of men and women, were chosen from every village/*kelurahan*. An exception was made in Bali, where the number of elderly per villages/*kelurahan* was different, i.e., 3 to 6 elderlies. This was because an adjustment had to be made with the available criteria of elderly.

Box 2
Elderly Respondent Category Groups

(add the "X" sign on the aspects that match the elderly you interview:)			
( ) Recipient of elderly-specific social assistance >65 years old Type of social assistance: ..... Source of social assistance:	**( ) Male/** **( ) Female**	**Is the elderly disabled?** ( ) Yes. Type of disability: ..... ( ) No.	( ) Live alone and work as farmers ( ) Live alone and work as labor/non-farmers ( ) Live alone and unemployed ( ) Live together with families and work as farmers ( ) Live together with families and work as labor/non-farmers ( ) Live together with families and unemployed
( ) Non-recipient of eldelrly-specific social assistance >65 years old			

Out of the 48 respondents, 20 are still receiving elderly-specific assistance and 28 are non-recipients of elderly-specific assistance, including those who once received regional elderly-specific assistance program (see Table 2). The elderly-specific social assistances they receive include those provided by the central government from PKH for Elderly Component and by regional governments of DKI Jakarta and Kabupaten Bandung, Bali.

Table 2. The Social Assistance the Elderlies Are Still Receiving

Elderly-Specific Social Assistances	DKI Jakarta	DI Yogyakarta	Bali	Total
Jakarta Elderly Card	7	-	-	7
Poor Elderly Social Assistance (ASLUM) in Yogyakarta District	-	**)	-	-
Elderly Social Protection Assistance (BPSL) of Kabupaten Badung	-	-	**)	-
PKH for Elderly Component	-*)	9	4	13
Total	**7**	**9**	**4**	**20**

Note: *) An elderly receives both KLJ and PKH for Elderly Component at the same time.

**) Received once by three elderlies in DI Yogyakarta and Bali respectively (see discussion in Chapter 6)

By sex, the three regions share the same number of male and female respondents, i.e., 7 male elderlies and 9 female elderlies. In total, female elderlies are larger in number (56.3 percent) than male elderlies (43.7 percent). By age, most respondents in the three study regions are younger than 70 years old. Especially in DI Yogyakarta, more respondents are 70 years old or older than in the other two study regions. Some elderlies in DI Yogyakarta admit that they were born much earlier than the year specified in their ID card. Meanwhile, no respondents are older than 80 years old in DKI Jakarta. The oldest respondent (89 years old) was female and found in DI Yogyakarta and the youngest (62 years old) was male in Bali.

Most elderly respondents in DKI Jakarta and DI Yogyakarta were either uneducated or not graduated from elementary schools, rendering some of them unable to read or write or illiterate. Likewise, the recipients of elderly-specific social assistance in the three study locations are mostly not graduated from elementary schools and only one of them graduated from a junior high school. In DI Yogyakarta and Bali, one elderly respondent in both regions holds a bachelor's degree and they are retired civil servants belonging to non-poor elderly category.

Table 3. Characteristics of Elderly Respondents

Characteristics		DKI Jakarta	DI Yogyakarta	Bali	Total
Sex	Male	7	7	7	21
	Female	9	9	9	27
Age	62-70 years old	12	7	9	28
	71-80 years old	4	5	5	14
	> 80 years old	0	4	2	6
Educational Attainment	Uneducated and not graduated from elementary schools	11	12	5	28
	Graduated from elementary schools and not graduated from junior high schools	4	2	7	13
	Graduated from junior high schools and not graduated from senior high schools	0	1	1	2
	Graduated from senior high schools	1	0	2	3
	Bachelor	0	1	1	2
Marital status	Married	9	6	7	22
	Widow/widower	7	9	8	24
	Unmarried	0	1	1	2
Staying status	Alone	5	5	3	13
	Together with families	11	11	13	35
Occupational status	Employed	10	9	10	29
	Unemployed	6	7	6	19
Disability condition	Disabled	1	3	5	9
	Non-disabled	15	13	11	39
Economic status	Poor	14	14	11	39
	Not poor	2	2	5	9
House and yard ownership	Owned by the elderly/family	8	11	13	32
	Rented/borrowed	8	5	3	16
Migration status	Native inhabitant	9	11	11	31
	Migrant	7	5	5	17

By their marital status status, most elderly respondents are still married and widows/widowers. Only 3 out of 7 elderly respondents receiving elderly-specific social assistance in DKI Jakarta are widows/widowers. In DI Yogyakarta, 6 elderly respondents are widows/widowers and one female elderly respondent is unmarried. Meanwhile in Bali, 3 out of 8 elderly respondents are widows/widowers and one male elderly respondent has never married.

Most elderly respondents do not live alone, rather they stay in the same house with their spouse and/or main family and even three generations and only 4 respondents live alone; they are in DKI Jakarta and DI Yogjakarta. Especially in Bali, despite living alone, two elderly respondents' houses are located in close proximity and even share one wall (couple) and one yard with other close families. In most cases, the elderly respondents receiving elderly-specific social assistance in the three study locations also live with other family members. These elderly respondents have their own or separate family cards, rather than being included in that of other family members.

In terms of their source of income, most elderlies in the three study locations are still actively engaging in employment. Some even have to bear most of the burden of fulfilling other family members' needs. All of the elderlies living alone, particularly in DKI Jakarta and Bali, are employed. It is noted that 9 of these elderly respondents are disabled[1]. In Bali, nearly every disabled elderly person received elderly-specific social assistance. Meanwhile, in DI Yogyakarta one elderly respondent was deaf and receives elderly-specific social assistance. As in DKI Jakarta, the only elderly respondent with reduced mobility resulting from stroke attack also receives KLJ.

Having observed the elderly respondents' asset ownership (lands and vehicles), housing, and the amount of household income, the researchers argued that some elderly respondents are not poor[2]. This was especially found in Bali, where half of the elderly respondents live in a non-poor household, including two elderlies receiving elderly-specific social assistance from regional governments.

In DI Yogyakarta and Bali, some elderly respondents live in their own house on their own land. Meanwhile in DKI Jakarta, only half of the elderlies admit they live in their own houses, with some of them being located on state-owned lands. In DKI Jakarta, those elderlies who do not own the houses they live in either rent them or freeload off their relatives' houses.

Meanwhile, in terms of their place of origin, some elderlies admit they are migrants. Most respondents in DKI Jakarta are migrants from districts of other provinces, such as Tegal and Klaten (Central Java), Blitar (East Java), Bekasi (West Java), Banten, and even from other island such as Sulawesi. As for Yogyakarta District, Kabupaten Kulon Progo, Denpasar District and Kabupaten Badung, the migrants come from their surrounding regions.

[1]Four elderlies are persons with reduced mobility, three elderlies have hearing impairment, one elderly has hearing and vision impairments, and one elderly has vision impairment.

[2]The non-poor criteria are based on the researchers' assessment after considering their ownership of permanently built, well-equipped house, lands (rice fields), livestock (cattle), relatively large, fixed income (pension fund), and bachelor's degree.

1.2.3 Analysis of data

The data in the form of elderly stories in this qualitative study was analyzed as the information was being collected. The researchers gradually prepared interview notes and observation results and tabulated the collected data to discover the characteristics of sample elderlies.

The information from the interview notes was processed using analysis matrix following the interview guidelines. The information was classified as per its category and subcategory. Furthermore, an analysis was performed to figure out the trend, including the arising general pattern and outliers, based on the elderly characteristics. The relations between category/subcategory within and cross study locations were also explored to enrich the analysis.

1.3 Research Limitations

Overall, this research could be conducted to some degree as planned. However, it has some limitations, both the anticipated and unexpected ones, namely:

- No data on elderlies that could be referred to during tracking as per the desired criteria was found, thus the reliance on knowledge of apparatus at villages/*kelurahan* level was too great, even when it was not too accurate.
- Anticipating that the collected information might be inadequate after some elderlies were interviewed, the TNP2K Secretariat added the criteria for elderlies to be eligible for interview when the data was being collected. These criteria were that those elderlies working in traditional markets (micro enterprises) should not be considered poor and relatively younger elderlies should now be eligible. During the field observation by the TNP2K Secretariat Team, many of the respondents being interviewed were older than 75, and even 80 years old. Meanwhile, the criteria on age agreed upon in the beginning was 65 years old. Neither actively working elderlies nor those running businesses in traditional are represented yet. Finding elderlies who matched the criteria in the study villages/*kelurahan* was harder than expected. It could only be accommodated in DI Yogyakarta and Bali, while in DKI Jakarta the elderly respondents had been selected as per initial criteria and the interviews with them had almost completed.
- In Kabupaten Badung, the social assistance called Elderly Social Protection Assistance (BPSL) since the second quarter of 2020 had been discontinued. In 2020, some of the study *kabupaten*/districts shifted their elderly-specific social assistance program budget to other programs to mitigate the impacts of the COVID-19 pandemic. Hence, the regional social assistance recipient criterion could only be met by those who received the assistance in 2019. This restricted the tracking of information on the implementation of elderly program, including its benefits and effect on the elderly, particularly because of the respondents' limited knowledge and memory.
- Interviewing the elderly respondents was challenging since they had limited ability to communicate and recall something. On one hand, most elderlies failed to recall or had no idea some things related to the social protection program they had accessed/received (name, type, source of assistance, time of receipt). On the other, not every one of the

hard-earned information could be confirmed by the researchers to relevant parties, given the brief time available to collect the data. As a result, the information could only rely on the respondents' memory.

- As stated earlier, some elderlies found it hard to communicate. Therefore, the information was collected in the presence of their relatives or other family members. It is possible that this makes some of the information on the elderlies' experience unrevealed or the family members might have some influence on the information they tell. It is the researchers' job to ensure that the information is authentic.
- It took a considerable time to track the elderly respondents as per the criteria. Hence the time to complete all interviews needed to be extended from the predetermined schedule. At the end of the day, it affected the overall period of data/information collection.

Additionally, this study was also limited by the regional researchers' varied ability in exploring information. These limitations eventually affected the depth of information we managed to collect. Nevertheless, regardless of these limitations, the main information that could shed a light on the elderlies' state of affairs and life experience could basically be analyzed well as per the study objectives.

1.4 Report Structure

This research report based on the analysis of elderly life stories was prepared systematically in reference to the research instrument flow that consisted of eight parts. Chapter 1 presents the background, objectives of the study, research method (including an elaboration of elderly respondent characteristics), analysis of data, research limitations, and report structure. Chapters 2 through 7 present the elderly condition and its changes which include the elderlies' income and occupation, their physical and emotional healths, their basic needs, their social relations with the families and community, their acccess to social protection programs, and their expectations for the future. Finally, Chapter 8 provides the conclusion and recommendations based on the research that had been conducted. This report is also equipped with a summary of every elderly life story presented in the appendix.

II. Economic Changes in Elderlies' Family

This chapter discusses the elderlies' and their families' economic conditions which include insights on their own and their family's income, changes in their occupation and its influence on their condition and well-being, their non-economic activities, and the spending of their family's income.

2.1 The Elderlies' and Families' Income

Upon identifying the sources of income of every member of the respondent's family, this study finds that the elderlies' sources of income fall into 4 categories, namely:

(1) **Only from the elderly respondents' income**. Most elderly respondents in DKI Jakarta and Bali are the breadwinners for their family, making them the person to bear their family members' needs. Their dependents are usually their children and grandchildren. An elderly in one family in Bali was found to have also bear his/her older sibling.

(2) **Other than from the elderly respondents themselves, at least another employed family member also contributes to their family's income**. In this category, the elderlies fully manage the income that they earn. Meanwhile, the needs in most of the elderlies' families are borne by the employed family members. However, in some other elderly families, despite these other employed family members, the elderlies contribute the most to the family income.

(3) **The family income comes fully from family members**. This is especially the case with unemployed elderlies, who live with family members, and do not receive elderly-specific social assistance.

(4) **Most of the unemployed, yet living-alone elderlies relies on the government's and others' assistances**, especially those provided by their children/nephews/nieces and other close relatives living in different houses. In many cases, these assistances from others are not on a regular basis.

Not every respondent could give adequate information on the amount of income earned either by the elderlies themselves or other employed family members. The amount of wage or income that most elderlies and other family members working in informal sector earn is uncertain too. Furthermore, the working frequency or working hours and days between family members are varied. This leads to the varied amount of income from one elderly to another even when their occupations are the same.

Most elderly respondents in the three study locations, 29 elderlies to be precise or 60.4 percent of 48 elderlies, were actively employed when the study was conducted. The occupations that the elderlies have are varied, with most of them working in informal sector as vendors (shop owners, mobile vendors), farmers (farm laborers and workers), craftsmen, service providers (masseurs/masseuses, security guards, pump repairers, clam peelers), builders, scavengers, and even beggars. Some of these elderly respondents have more than

one occupation. Only two elderly respondents have worked in formal sectors, i.e., they are retired teachers (a female elderly in DI Yogyakarta) and retired nurse for a hospital (a male elderly in Bali).

For the elderlies working as farm laborers, the amount of their income depends on the land areas they work on, the plants they help cultivate, and the agreed upon profit sharing mechanism. In non-agriculture sector, such as those working as vendors, craftsmen, and service providers, heavy reliance lies on the ability of each elderly in generating a certain number of products and/or services. Likewise, for family-wide income, other than being affected by the type of occupations that every family member has, it also depends on how many members of the family are working and the amount of wage or income that every employed family member earns. The range of income from one family to another is so vast. An example of this is the difference between the elderly families whose income comes from being beggars or scavengers and those supported by more than one employed family members other than the respondents. One of male elderly respondents in Bali and his wife are a retired (civil servants?), while their child works as *banjar* employee and their daughter/son-in-law is a vendor, making his family income relatively great. Likewise, DI Yogyakarta has 5 elderly respondent families whose 3 to 5 family members respectively are working, allowing them to have relatively great income.

The elderly employment status has nothing to do with either age, sex, or living status. However, in all study locations more female elderly respondents are unemployed than their male counterparts. Also, most (6 out of 9) disabled elderly respondents are unemployed.

Both actively employed and unemployed elderlies can be elderly-specific social assistance recipients. In DKI Jakarta, three of 10 employed elderlies, who are all men, receive KLJ. In DI Yogyakarta, 2 female and 2 male elderlies receiving PKH for Elderly Component are also still employed. While in Bali, four female elderlies who are receiving PKH for Elderly Component and 2 (male and female) elderlies who once received BPSL are still actively working.

The variations of elderly individual income and the contribution of other family members are presented through a case sample of sources of elderly income as classified by their occupations as follows:

(1) Working in agriculture sector:

- A 65-year-old female elderly, working as a farm laborer, a recipient of PKH for Elderly Component in DI Yogyakarta, lives together with her husband. She helps her neighbors cultivate their rice fields, plant the rice plants, dry and mill the unhulled rice or other rice field-related jobs. She does not do this everyday and only 1-2 neighbors hire her in a week. The amount of wage is uncertain, ranging from around Rp30 thousands to Rp50 thousands per day. She also owns her own vegetable and fruit fields at 300 m^2 wide, the produce of which is for her own consumption and for sale. She also collects woods and grass for her 4 goats and makes a rope from agel[3]

[3]Fibers from *gebang* palm (one variant of palm) leaves used as raw materials for one of fairly well-known crafts from Kulon Progo to be processed into bags, hats, tablecloths, etc.

for sale to an intermediary person for Rp10 thousands per kilogram. Yet, the number of ropes she can produce is uncertain.

- A 68-year-old male elderly in Bali, non-social assistance recipient, working as a farm laborer, lives with his wife, an older sibling and a son. The rice field he owns can produce 4-5 quintals of dried, unhulled rice for every harvest, to be stored for his own family consumption. He has a side income from selling garden balsam flowers that he can harvest once in two days, for Rp300 thousands - Rp500 thousands per month.

(2) Working as a repairer:

- A 70-year-old male elderly in DKI Jakarta is a KLJ recipient who lives in a house with his wife, two children, and a grandchild. He works as a repairer for water pump and other machines, and helps fix minor damage to people's houses, earning around Rp200 thousands to Rp300 thousands per month. He is also a Mosque Imam who receives allowance from the Provincial Government of DKI Jakarta Rp750 thousands per 3 months. In addition to the respondent, his son is working as a loading and unloading worker when he is called to do so, paid on average Rp900 thousands per month.

- A 71-year-old male elderly in DI Yogyakarta, non-recipient of elderly social assistance, lives only with his wife in a plywood-walled, zinc-roofed house built on his relative's land, not too far from the house where all of his married children live in. He works as a jamb and door maker, earning around Rp200 thousands per week. He is also frequently requested to be a master of ceremony for wedding/proposal event, paid from Rp100 thousands to Rp200 thousands, and sometimes he is only given a pack of cigarette and a meal. He is also a member of mosque committee tasked with keeping the mosque next to his house clean.

(3) Working as a vendor:

- A 70-year-old male elderly in DKI Jakarta, a widower and non-KLJ recipient, lives with his child and 4 grandchildren. He sells shaved ice around, traveling tens of kilometers for 12 hours a day. In a day, his average turnover from selling the shaved ice is around Rp200 thousands. The family income is supported by one of his grandchildren who works for others to sell fried sausage potato and is paid Rp90 thousands per night.

- An 86-year-old female elderly is one of the elderlies who once received BPSL from the Government of Kabupaten Badung. Currently, she lives with her husband, her oldest son and his wife and two children. Together with her husband, her daily activity is selling groceries and *canang/banten* or offering in their stall located in front of their house, earning a range of around Rp1 million to Rp1.5 million monthly, especially when an event is organized to commemorate Hindu holidays. When the COVID-19 pandemic hit, their income declined drastically. Meanwhile, her son works as a freelance labor in tourism. During the COVID-19 pandemic, he was unemployed for two straight years. Currently, he earns Rp1.5 million per month and it is used to cover his family needs.

(4) Working as a craftsman:

- A 68-year-old female elderly, who once received BPSL from the Government of Kabupaten Badung, works as a *canang/*offering craftswoman in front of her house. Currently, she lives with her husband, her son, daughter-in-law and two grandchildren. When Hindu important days come, particularly during *Purnama* (Full Moon) and *Kajeng Kliwon*, selling *canang* can give her at least Rp50 thousands a day. Beyond those important days, she has two regular customers who would always buy her *canang* for Rp13 thousands per day. Other than the respondent, her son and daughter-in-law are self-employed who produce and sell flowerpots.

- An 87-year-old male elderly, since his wife's death 3 years ago, decides to live with his child's family and remains actively working as a craftsman of *sanggah-sanggah* or woven bamboo where the offering is placed on for sale. Whenever the *Galungan* and *Kuningan* (two great holidays for Balinese Hindu) come, all *sanggah-sanggah* he makes would usually be sold out, allowing him to earn a total of Rp500 thousands. However, no information on his son and daughter-in-law's current jobs is available.

(5) Working in services sector:

- A 66-year-old female widow elderly lives in DI Yogyakarta with her son and grandchildren. During the COVID-19 pandemic, no customers came nor called her for her massage service, rendering her business inactive. At that time, she relied only on the assistance from her son. Her son is a builder and school guard who earns around Rp900 thousands per month. So far, the reward for her massage services is not set, rather she lets her service users decides it. The biggest reward she has received was Rp100 thousands. As the pandemic subsides, she begins to resume her services. In 2022, she had been called to massage 2 infants.

- A 78-year-old male elderly in Bali lives alone in a *rumah adat* (customary house) situated next to his other family members. He spends his day as a parking attendant for a Bali-specific restaurant situated at a main road visited by a lot of customers. From the parking fees he receives, he has to gives Rp60 thousands to the local parking company. It is estimated that he receives between Rp600 thousands and Rp1.2 million monthly, or around Rp20 thousands–Rp40 thousands per day.

(6) Working as scavengers and beggars:

- An 80-year-old female elderly, non-KLJ recipient, lives alone in a house next to the house her daughter and grandchildren live in DKI Jakarta. Since a few past years, she has given up relying on the courtesy of her daughter who was left by her husband, making her grandchildren unable to attend schools. She decides to work as a scavenger, collecting used containers, such as plastic bottles, plastic glasses, used food cupboard boxes, etc. when attending *pengajian* (a religious study group meeting) or on her way to and from it. And in a week, she can sell it for Rp20,000. She also receives something else like money, groceries, and even ready-to-eat foods from her neighbors out of their pity.

- A 67-year-old, non-KLJ recipient, female elderly in DKI Jakarta lives with her husband in an uninhabitable house. She works as a street beggar. She would walk around, not every day, especially on Saturday and Sunday, when she thinks she has more freedom since not many guards are around the places she visits for begging. In a day, she can earn Rp30thousands to Rp50 thousands. She is begging for she has no other choice to earn money. The job she can do is only peeling clams. However, the wage is too low even to meet her basic daily needs, ranging from Rp6,000 to Rp9,000 per day.

(7) As a retired person:

- A 70-year-old male elderly in Bali lives with his wife, son, daughter-in-law and 2 grandchildren. He is a retired nurse and his wife is a retired employee of ASABRI, receiving a pension fund each Rp3 million per month. Yet, some of the pension fund is used to pay installment and the debt is estimated to end in 2025. The debt was used to build a house and help his son start his laundry business. He and his wife only receive the remaining Rp800 thousands per month or less than 15 percent of their pension fund. However, his formerly unemployed son has been elected Neighborhood Chief (Kaling) for the last month and receives Rp2 million per month as his salary. Moreover, his daughter-in-law who runs the laundry business earns between Rp1 million and Rp1.5 million per month.

- A 74-year-old female elderly in DI Yogyakarta lives with her son, daughter-in-law and her fifth grandchild in a fairly wide Joglo-style house. She is a D-3 graduate and retired state junior high school religion teacher since she was 55 years old. Each month, she receives a pension fund worth Rp1.2 million and the fund is fully managed by her daughter-in-law for her grandchildren's tuition fees and meet their daily needs. She is fully aware that the salaries her son and her daughter as teachers are not enough to pay her grandchildren tuition fees. His son is a teacher in a madrasa (Islamic school) who earns Rp1.5 million per month and her daughter-in-law is a kindergarten teacher who earns Rp800 thousands per month. Their needs for rice consumption are met from the rice field she owns that is cultivated by others under a profit sharing mechanism, where each of them receives around 150 kg of unhulled rice per years.

The elaboration above confirms how vulnerable the elderlies are to both the risk of occupations they have and the risk of uncertain income they earn. Most of them still have to bear the life of other family members, particularly their children and grandchildren. Most elderly respondents in this study still lead worrying lives. Their well-being level is far from ideal in terms of what they should receive or are entitled to, particularly their access to social protection programs.

2.2 Changes in Elderly Respondent's Occupation

Upon coming to their old age, the elderly respondents tend to show a different pattern of occupation change, be it between the study locations and between female and male elderlies. Some male elderlies in DKI Jakarta (5 out of 6 respondents), both KLJ recipient and non-KLJ recipients, keep on relying on the same jobs they have had since they were younger.

The occupations that do not change are shaved ice sellers and repair service providers (water pump repairer, builder, furniture workshop, and jamb and door maker). Additionally, a male migrant non-KLJ recipient elderly had once managed to run a business successfully and had various occupations when he was younger, see Box 1.

Box 3
The Success He Achieved in Another Region was Distracted by Jakarta's Attractiveness

Pak RUS is now 70 years old, from Tegal and lives alone. He is married to a wife and has 5 children who all live not in the same house as him. When he turned 18, Pak RUS followed his uncle to Cianjur and started a meatball stall at the province main road. Within 2 years, RUS had reached success, his meatball stall became popular and he managed to buy a newly released car. However, his income was not managed well enough. He spent it lavishly without giving a thought to the future by, for example, frequently buying newly released shoes and matched it with safari suits he ordered from his regular tailor. In 1977, RUS applied for a pension plan insurance, yet only three years after that he stopped paying the fee since he was bored having to pay on a monthly basis and preferred to spend his money for his hobbies.

Around 1984, RUS decided to close down his meatball stall even when it was getting more and more popular just to try his luck by migrating to Jakarta following his colleagues' steps. In Jakarta, he lived in Tanah Abang area, doing odd jobs. In 1991, he moved to his current residence to safeguard a wide plot of land and was involved in building rented houses. RUS lived in one of these houses without having to pay the rent nor the electricity bill. RUS's wife and five children were brought along to live in the house. Yet, his wife is currently in Cianjur and his children are all employed and decide to live independently. Other than a builder, RUS once worked as newspaper seller in Sabang Street and even sold fried snacks. However, his business did not last too long, affected by the 1997 monetary crisis, right when he turned 55. RUS also refused to return to Cianjur since his meatball stall and equipment had long been evicted by the local government apparatus.

Since 2000, RUS decided to be a middleman for used plastic bottles and glasses as his main occupation. He walks 6 km every day from one settlement to another while carrying a cart with him. He also collects/buys plastic wastes from the community. Within the last ten years, in addition to plastic wastes, he also collects electronic wastes such as fans, VCD/DVD players, television, radio, sound system, etc. to be repaired and resold to the community around his residence. In a week, RUS can earn in a range of Rp150 thousands to Rp800 thousands from selling plastic wastes. Meanwhile, it takes two to three days to repair electronic wastes before he can sell them for Rp100 thousands to Rp400 thousands.

In addition, RUS can also give some massage when people call him and cure toothache as well. He is usually called for it twice or three times a month, charging around Rp50 thousands to Rp200 thousands per person. Nevertheless, since the COVID-19 pandemic most of RUS sources of income witnessed a decline. Used electronic devices no longer sold, nor people called him for massage and toothache curing services. Currently, his only source of income is from collecting plastic wastes, while its selling price plummets drastically.

Source: Interview on elderly life stories, 2022.

Based on our interview with 4 female elderly respondents in DKI Jakarta, all of whom are non-KLJ recipients, two of them are experienced in making and selling processed foods, such as various kinds of cakes, either as their main or side jobs. Currently, they can only peel clamps and/or cut salted fish, and beg as their jobs. This is because they are the only available opportunities and their physical condition restrict them from doing too many jobs.

Meanwhile, an elderly who used to peel clams, for being too underpaid and failing to meet her basic needs with it, decides to be a beggar. Another elderly decided to sell processed foods and beverages, cigarettes, spices, instant noodle and long shelf-life groceries, when she turned 58 just as her husband could no longer work due to diabetes.

In DI Yogyakarta, especially elderlies who own rice fields, both male and female ones, recipients and non-recipients of elderly-specific social assistance, do not change their occupations during their old age. They keep on doing the same jobs as they did when they were younger since they have no other expertise. This is also the case with two female elderlies working in non-agriculture sector who do not change their jobs; they are still working as a masseuse and a retired teacher. However, among the male elderlies working in non-agriculture sector, some changed their jobs, for example:

- An 85-year-old, deaf elderly receiving elderly-specific social assistance is currently working as a scavenger and once worked as a carpenter and a builder. He quits the carpenter and builder job since he thinks he is too old.
- A 71-year-old elderly, while still making jambs and doors even with his reducing productivity, also works as a cleaner for a mosque located in close proximity to where he lives. He is also frequently requested to be a master of ceremony for a wedding/proposal event.

Meanwhile in Bali, just like the case in DI Yogyakarta, those elderlies working in agriculture as rice field labor do not change their jobs. The one working as a parking attendant, since before coming to his old age, has also done it. Yet, out of 6 working elderlies, two are found to have changed their jobs, they are:

- An 87-year-old respondent who is currently making Hindu ritual equipment made from bamboo as his job. Since he was younger up until his old age, he made brown sugar and picked coconuts. When he thought he was too old already and could no longer climb coconut trees, he decided to buy coconuts from other climbers and helped his wife sell things in the market. Then, together with his wife he added a variation to the merchandise they sold with *bokor selaka*, a carved, golden-colored silver and copper tray for Balinese to place their offerings on. This variation in their merchandise was intended to gain more income to allow them to buy a land asset as soon as possible. He quit selling *bokor selaka* and others in the market after his wife died in 2019.
- A 70-year-old respondent, at the beginning of his retirement as a nurse, was asked by a number of patients to provide medication and nursing services as prescribed by the doctors. Yet, in early 2016, when he turned 64, he caught a stroke and suffered from blindness to his left eye while his right eye was affected by cataract. He is now unemployed and only a retired nurse.

Most elderly respondents in the three study locations experienced economic decline before coming to their old age. The main factor to cause this is the respondent's and their spouse's worsening health. It takes a considerable amount of money to take care of the sick, and they have no choice but to use their savings. The worsening health also made the elderlies quit their job, with some even having their spouse (wife or husband) they relied on for supporting the family so far died. Another factor is their quitting their job since the company they work for halts their operation.

> "I migrated to Banten in early 2000 to work for a furniture workshop with a fairly great salary. Once I turned 55, I decided to returne home since I got weaker physically. Since then, I did odd jobs, from fixing a house's building to making simple furniture in my customer's house. I earns only Rp150,000 per day, but in one week I do not necessarily receive any call for work." (MM, 70-year-old man, PKH and KLJ recipient, East Jakarta, 5 September 2022)

By the elderlies' occupation sector, those working in agriculture sector, be it the land laborers or farm workers, as found in DI Yogyakarta and Bali, think that the amount of income they receive since coming to their old age does not change significantly from what they received since they were in their productive age. The COVID-19 pandemic is also admitted to have affected the amount of harvest they generally use for their own consumption.

On the contrary, many of those working in non-agriculture sector, particularly vendors such as shop owners and craftsmen, are affected by the COVID-19 pandemic, leading their previously successful business to a decline in their sales turnover. The same can also be said about masseuses/masseurs and builders with their declining orders. Meanwhile, clam peelers, scavengers, and beggars in DKI Jakarta, especially admit that their economic situation remains hard since coming to their old age, they can barely make their ends meet from what they earn. The COVID-19 pandemic also affected the sustainability of other family members' jobs or businesses, particularly those working as vendors and company workers. This decreases their ability to provide assistances to their parents and they also have to work harder to cover the needs of their main families.

> "Right now, sometimes I can only earn ten thousand a day. It's quiet now. The holiday is nigh, yet it's difficult (to earn money), …." (MP, 86 years old woman, once received BPSL, Badung, 31 August 2022)

The elderly-specific social assistance such as KLJ and other social assistances are found by some of their recipients helpful to meet their various needs and cover the loss of income, especially during the COVID-9 pandemic for more these past 2 years.

2.3 Unemployed Elderlies

Of the total 48 elderly respondents, 19 of them (40 percent) are unemployed and most of them (15 elderlies or 79 percent) are women. As many as 11 (58 percent) of these unemployed elderlies, including 8 female elderlies, are recipients of an elderly-specific social assistance. Their range of age is 65–89 years old, with most of them living with their spouse or other family members (children, nieces/nephews, children in-laws, grandchildren).

Their reasons for not working are fairly varied, both between male and female elderlies and between male elderlies and between female elderlies. Likewise, the point of time when these elderlies began to be unemployed is also varied. Within female elderlies, most of them were unemployed as they come to their old age for worsening health factor, such as suffering from hypertension, catching a stroke, feeling easily tired, and finding it hard to move/walk. Other reasons are that they are not allowed by their children to work (for being too old and/or possibly exposed to COVID-19), their business was affected by the COVID-19 pandemic, they are not accustomed to working, decide to quit working or close down their

business to focus more on their family. While 8 of the 11 respondents are female elderlies receiving elderly-specific social assistance, no one admits that they quit working for receiving the social assistance. This is confirmed by the findings that the point of time when they began to stop working is far before receiving the assistance.

It is recorded that 4 female elderlies began to stop working and earning money since they came to their old age and even before that, i.e., when they were in their 50s, or since 7 to more than 20 years ago. They generally worked as housemaids and food or foodstuffs vendors such as *getuk* and vegetables. Other female elderlies quit the job they had done since before coming to their old ages, in 4 months to 3 years ago, including those affected by the COVID-19 pandemic, with varied occupations such as food vendors (*gado-gado* and fried snacks, *lupis* cake), masseuses, striated woven fabric vendors, unskilled laborer, and a cook in a canteen. One female KLJ recipient elderly, who since 4 months ago was unemployed, plans to as soon as possible sell *lupis* cake again, despite her bedridden husband, since she is running out of savings.

Meanwhile, among male respondents, 3 out of 4 elderlies we interviewed in Jakarta and Yogyakarta admitted that as soon as they came to their old ages, they helped their wives run her business, such as running the *angkringan* (street vendor) booth, tie dyed fabric craftsman and *agel* (a species of palm) fiber plaiting. However, the business was halted/went bankrupt for a number of reasons. The tie-dyed fabric business had no choice but to stop (the precise time of stoppage is unknown) for losing in the competition that led to bankruptcy, and the *angkringan* business was inactive since 6 months ago as it was affected by the COVID-19 pandemic and the respondent's wife as the person in charge of it died and no one else was willing to succeed it. Another respondent admits that he cannot help his wife fully since nearly for the last 5 years he has been suffering from asthma and it frequently recurs when he is exhausted. However, both male and female elderly respondents, when they were still working before and after coming to their old age, did not change their occupations.

Currently, most unemployed female elderly respondents do the domestic chores, including babysitting their grandchildren and taking care of their bedridden husbands. Additionally, especially in female elderlies suffering from relatively severe illness, they take more rest and once in a while join when other family members gather. Meanwhile, some male elderlies, as in the case of a respondent in Yogyakarta, farm in their yard where they plant various crops for personal consumption and help his wife carry the *agel* plaiting raw materials. One male elderly in Yogyakarta who lives alone admits that since coming to his old age he has no job, yet his neighbors frequently call him to recite prayers and ask him to determine good days for organizing, for example, wedding, *mitoni* (*selamatan* or communal feast when the fetus in its mother's womb is 7-months old), and proposal. However, he admits that the job does not provide him with adequate income.

2.4 The Elderlies' and Families' Spending

All elderly respondents in all study locations admit that the income both the employed elderlies and their family members receive is used for:

- Meeting their meal consumption needs, especially rice, cooking oil, side dish, vegetables, sugar and coffee, spices, including snacks for their grandchildren.
- Meeting other daily needs that many respondents buy such as the necessities for bathing and washing such as soap, detergent, shampoo, and toothpaste.

Also, most respondents admit that they spend their income for:

- Paying their medication fee, particularly for health services uncovered by the National Health Insurance, including the transport for medication

> "My husband is suffering from severe illness. The cost for one injection (every week) is taken from nearly half of the cash assistance given (by the government). One million is needed only for (his) medication. It does not even include our meals, only for medication, to buy the medicines." (MP, 86-years old woman, once received BPSL, Badung, 31 August 2022)

- Buying over-the-counter medicines, including liniment
- Buying LPG, pay electricity and water bills
- Social needs such as giving gifts to those celebrating important events (*hajatan*) and paying social contribution

Meanwhile, only a few elderly respondents admit that their income is used for:

- Buying cigarettes and paying massage services
- Buying *gamis* dress or sarong for prayers in the mosque
- Paying the rent
- Ceremonial/religious needs, especially most respondents in Bali, a
- Capital to run business of making ritual equipment (in Bali) for sales

> "Here (in village) four times in a year. There (in temple) twice a year. In *banjar* twice a year. In three days, there will be a ceremony here. (The cost is) fairly great. Not to mention the ceremonies and spending during *Galungan* and *Kuningan*." (GW, 75-years old man, non-elderly social assistance recipient, Badung, 3 September 2022)

- Buying phone credit, and
- Paying debt installment to cooperatives and banks.

Most elderly respondents admit that they cannot spare a portion of their income for saving to prepare for their old age, since the income they receive can only be used for fulfilling their daily needs. A male elderly in DKI Jakarta, who once led a decent life and whose wife frequently saved gold, gradually sells the gold for his wife medication and to meet their daily needs. Meanwhile, a male elderly in Bali once owned many plots of lands/houses and these assets were already distributed to his children. Also found is an elderly who owns livestocks, in addition to his job as a rancher, also sells and relies on his livestocks in case he needs some money. Another elderly respondent saves his money to afford some short-term purposes, such as to buy household equipment, pay religious ceremony costs, and to pay his rent.

The one dominating the decision-making in using the elderly family's income is mostly the elderlies themselves, regardless their status in the family or their gender. Most respondents, i.e., 22 out of 36 elderlies (61 percent), both male and female ones, suggest that they themselves are the main decision makers. Other respondents say that the decision is on their husband, wife, or children's hands. Furthermore, a male elderly in DI Yogyakarta and 2 female elderlies in Bali admit that the decision on using the income is discussed together with other family members, no one is more dominant than others.

III. Changes to the Elderly's Health Condition

This chapter discusses the elderly's health in general, including their physical and mental health, before they reach the old age and before. With regard to physical health, aside from discussing the types of illnesses they suffer from or their health complaints, the chapter also discusses the elderly's access to the available healthcare facilities and services, and the conditions of the elderly with disabilities and ways to manage them. Related to mental health, the chapter discusses thoughts and feelings that weigh them down, cases of (verbal) violence they are subjected to, and the ways they use their time which have affected mental condition of the elderly respondents.

3.1 Physical Health

Findings in this study strengthen the findings made by SMERU and TNP2K (2020 and 2022), which show that entering the old age, the health condition of most elderly in all study locations, both males and females, is more vulnerable and they have more than one health complaint. There are respondents whose health condition have deteriorated before they enter the old age, however, even when they were still between 40 and 55 years old age.

> "Close to entering old age, I often suffered from low back pain. Doctor said I had diabetes and kidney stone. Two years ago, I also had mild stroke." (GW, male, 75 years old, non-elderly *bansos* beneficiary, Badung, 3 September 2022)

> "Since I hit 50, I have often fallen ill, so I couldn't work. About three years ago, it got worse and often recurred. My feet hurt and it was difficult to walk. The doctor said there was calcification in the knees. Just last week, I went to the hospital for a treatment." (MI, female, 64 years old, KLJ beneficiary, North Jakarta, 6 September 2022)

> "It's worsening now. It's difficult to walk, I often gasp for breaths." (MM, male, 70 years old, KLJ beneficiary, DKI Jakarta, 5 September 2022)

The types of diseases or complaints cited by both male and female elderlies, range from mild to serious ones. Relatively mild complaints or illnesses include dizziness, tiring easily, headaches, pain in a certain part of the body (back, waist, knee, and foot), difficulty to sleep, prickling, peptic ulcer, and toothache. Some elderlies already have these various complaints since their productive age.

As for serious illnesses, they usually attack the elderly respondents and incapacitate them or make them unable to work. These include diabetes, shortness of breath (asthma and symptoms of a heart disease), gastric disease, stroke (due to high blood pressure), and visual impairment (cataract/glaucoma). Some male elderlies suffer from hernia and prostate disorder. In general, they learn that they have the conditions after going to the healthcare facilities for health checkup with a physician/healthcare staff when they are already in their old age.

Other physical disorders suffered by elderly respondents whose symptoms they are already aware of before hitting an old age are disabilities, such as hearing impairment. This was cited by many elderlies in DI Yogyakarta and Bali, and some even have become deaf. There was even a woman who had an accident in her old age; she was hit by a motor vehicle, causing the decline of some of her body functions.

Most symptoms and diseases the elderly respondent complained about are degenerative diseases, namely, health conditions which cause weakened body tissues or organs or worsening conditions over time as they age.[4] Many of the degenerative diseases they have are curable, while some are controllable to lessen the symptoms. Some elderly respondents, however, did not act on the symptoms or illness they have correctly or thoroughly, such as having routine checkups and getting treatment to the physician or at the healthcare facilities.

In DKI Jakarta, two male and two female respondents aged between 65 and 71 years old, said they did not have serious health complaints. They said they could function normally and even carry quite a heavy load. Meanwhile, in Bali, an 81-year-old male respondent said he rarely fell ill and he even forgot when had been the last time he had had an illness.

3.2 Access to Healthcare Facilities and Services

Healthcare facilities which are relatively often visited by male and female elderly respondents are *puskesmas* (including auxiliary *puskesmas* or *pustu*), physician's clinic (24-hour doctor's practice), and hospital. Other healthcare facilities they access include a midwife's clinic, *posyandu*, and health nurses/orderlies. Some elderly use traditional healthcare methods, such as getting a massage and consuming herbal drinks. In handling mild health problem, the elderly consume over-the-counter drugs or just take a proper rest. The healthcare facilities are generally have been around for a while, especially, the 24-hour doctor's clinic, whose number tends to increase.

This study discovers that some elderly respondents did not complete their medical treatment so that they were not completely healed. There are cases of elderly who went to formal healthcare facilities, but they stopped the treatment midway, for example:

- A 66-year-old woman in DKI Jakarta, often experienced headaches for the last three years (aged 63 years old). She went to *puskesmas* repeatedly, but the headaches persisted. She then went to a doctor at a hospital. It turned out that the problem was a toothache which affected the nerve. Based on the X-ray, the doctor suggested that she had six teeth pulled out. After she had four teeth pulled out, she said that her headaches lessened. This respondent then decided not to continue with the treatment or not having the other two teeth pulled out as per the doctor's recommendation because the process up until the procedure were long.
- A 74-year-old woman in DI Yogyakarta since 2013 experienced a decline in physical capabilities, including visual impairment and repeated headaches. The respondent said she had glaucoma, according to her doctor, and that she had to be operated on. The

[4]https://yankes.kemkes.go.id/view_artikel/1714/penyakit-degeneratif

respondent did not dare to undergo the surgery, since she said that her doctor promised no guarantee of recovery after the surgery.

The study also finds that some elderly respondents had a serious disease but had decided not to get it treated at a healthcare facility. Some examples are cited below:

- A 70-year-old man in DKI Jakarta, since three years ago suffered from pains in the lower abdomen area, which indicated a hernia. Moreover, the respondent suffered from a visual impairment and high blood pressure. He also had pains in the calf and thigh when walking. To treat one of the health complaints, he often got a massage even though it did not make the problem go away. He never consulted a physician about the pain in his abdomen area. He was afraid that the had to be treated, which required a lot of money and made him unable to work. This was a problem as he had to pay for his children's and grandchildren's needs. Usually if he felt the pain in his abdomen, he would lie down for a while until the pain subsided.
- An 85-year-old man with a hearing impairment in DI Yogyakarta, suffered from a decline in hearing since he hit the age of fifty. His condition has worsened in the last five years. Moreover, the respondent often suffered from sore muscles and shortness of breath. His children usually just bought over-the-counter drugs if he had a health problem. The respondent did not want to go to *puskesmas* because he said the line was long due to the big number of patients.

Almost all respondents in all study areas use JKN-KIS to get treatment and medicines at the healthcare facility. The utilization of JKN-KIS by elderly respondents has not been optimum, however. Some respondents opt for going to paid healthcare services, such as private practice, citing unsatisfactory services.

3.3 Condition and Management of Disability

As previously mentioned, there are nine elderly respondents with a special need/disability. Five of them are in Bali. Four the elderly, consisting of three females and one male, had a physical disability, namely, walk impairment because of an accident or stroke. The five other elderlies have sensory disabilities. Two males and a female are hearing impaired, a woman was visually impaired and has her hearing declining, and another woman has a visual impairment because of glaucoma. Most of the impairments are not congenital nor are they suffered since young age/children.

Not all respondents with a disability make efforts to improve their condition. For instance, the respondent who had glaucoma refused to undergo a surgery, citing a high cost of surgery and treatment. She said she underwent a treatment for a year using JKN-KIS, but she felt no changes in her condition. The hearing-impaired elderly also did not use a hearing aid because they feared that it would worsen their condition. Meanwhile, the elderly with walk impairment because of stroke still tried to cure their illness. The respondents go to the doctor at the nearest clinic once a month.

Related to healthy living practice, in DKI Jakarta, most elderly respondents understand the importance of healthy living; they did not, however, specifically practice it, even in their productive age. Some said they already moved a lot when performing their job and their

physical condition made it difficult for them to exercise regularly, or some said that they were just reluctant or even lazy to exercise. In DI Yogyakarta and Bali, some elderly said they did light exercises, such as leisure walking and senior workout exercise, or they practiced what exercises they were familiar with. Moreover, some elderly people also practice healthy diet, avoiding some dishes.

3.4 Condition of Mental Health

According to WHO, mental health is when a person realizes their potentials, namely, they are able to manage their stress and adapt well and they are productive and contribute to their surroundings. Mental health affects how a person sees themselves and understand their surroundings or environment. If a person has a mental health problem, there will be complex changes in their mind, feeling, and behavior.[5] This condition will ultimately affect their physical health.

To collect information about mental health for this study, the research team could only conduct an interview in a limited time, so that the result could not be relied on to understand and assess the level of mental health among the elderly and the changes. The information based on the interviews reveals only general descriptions of the emotional/mental situation and the thoughts of the elderly in their daily interaction with their family and surroundings. That is why the discussion is limited to their expressions of feeling when responding to questions from the researchers. In this part is also discussed violence suffered by the elderly and their way of using their time, both of which play a role in setting their mood.

Elderly respondents, both males and females in the study areas, describe their feeling, which tend to be dominated by worries and fear, as well as anxiety and loneliness, related to the following:

- The future of their children and grandchildren because the respondents could not provide good life and preparation.
- Their own health condition, as well as their spouse's, which was declining. Imagining their spouse passing away before them and leaving them alone.
- Being left by their children who live elsewhere, so that it is not easy for them to get together.
- Disappointment of their children's behavior, as they feel their children do not give them enough attention or do not routinely come and visit.

The research team found two males who said they suffered from anxiety, as they felt that they had failed and they regretted that they did not live frugally when they had been younger and had not prepared for their old age, with the result that they now lived poorly. One female elderly respondent said she was worried because of the condition of her house which was hardly livable.

The types of responses and the way the elderly address their worries or fear and anxiety include keeping it to themselves, surrendering to fate, and praying. Some elderly said they

[5]https://itjen.kemdikbud.go.id/covid19/apa-itu-kesehatan-mental/

had no one to share their feelings with. Or they did not dare to talk about their feelings, including to their children and grandchildren, so they could only cry alone or find something to do to forget about their problems, for example, more busily working, playing with their grandchildren, or listening to the radio.

Among the respondents, some admitted that they did not really think about the things that burden their mind, because:

- They get to get together or live close to their children and grandchildren.
- They choose to be grateful and accept what they have.
- They pray more and choose to be closer to God.
- They can send their children to school, and they have their own family and have landed a good job.

Some elderly respondents, however, said there was no significant happenings in their life; all this time their life has gone on as it has always been, with no significant changes.

What trigger the elderly's bad thought or mental state, or anxiety, include verbal violence they were subjected to. Three elderly respondents in DKI Jakarta—two women and one man—openly told the research team that they experienced verbal violence. A female elderly said some neighbors often mocked her because of the condition of her house which was hardly livable. The respondent, however, thought that these neighbors of hers did this because, even though she was poor, the respondent had her own place. Another female elderly respondent said her child sometimes said rude things to her and showed displeasure, especially if the respondent asked for some help to meet her daily needs.

> "...want to ask my child for some money, I got passed around instead, which made me upset... so I stopped or got what I needed from the neighbor's store on credit. Sometimes I sold clothes I no longer wear." (MY, female, 69 years old, KLJ beneficiary, DKI Jakarta, 31 August 2022.

A male respondent said his children had stopped caring about him. He realized that they did that because he could not provide for them or could not give them everything they needed when they were still living under one roof. In fact, one of his children, who eloped and went to the city of Medan, has only sent him several letters as a means of communication. These elderlies did not respond to unpleasant conducts directed toward them.

3.5 The Use of Free Time

Some elderly respondents thought that free time is the time outside the period when they perform their main job. Some elderlies said they used their free time to do some domestic chores, which did not generate returns or earning.

There are some differences between male and female respondents with regard to how their use their free time. For the men, the activities they do include the following:

- Listening to music:

    - Elderlies in Jakarta may listen to *campursari*, *dangdut*, and Indian songs.
    - Elderlies in DI Yogyakarta may listen to Javanese-language songs and/or *wayang* (puppet play) on the radio.
- Performing prayers at the mosque (pre-dawn and dusk prayers) with more ease, including reciting/reading and studying Al-Quran.
- Visiting the tombs of cultural or religious figures.
- Watching television while lying down.
- Accompanying and playing with grandchildren or great-grandchildren.
- Spending much time with the wife, talking, and sharing thoughts.
- In Bali especially, performing prayer at a grand *pura*.

As for the women, they may do some of the following:

- Accompanying or babysitting their grandchildren, including giving them a bath, going on a stroll around their house, to feeding them.
- Reading and learning Al Quran, alone or in a Quran reading group.
- Spending more time alone, not doing anything.
- Just lying down on the bed, including taking a nap.
- Talking with neighbors outside their home.
- Listening to the radio or watching TV.
- In Bali especially, having prayers with the family.

> "Sometimes just sitting down makes me tired, but not bored. If I'm tired, I just have a nap. … Where else can we go? If we are bored, we just lie down." SM, female, 71 years old, KLJ beneficiary, DKI Jakarta, 5 September 2022)

Specially in DI Yogyakarta, more elderlies, both men and women, use their free time by listening to the radio and watching television than elderlies in the other two study areas.

However, the research team found respondents who said that they did not have free time, as they are busy working every day. For example, a male elderly in DKI Jakarta said he goes early in the morning to the market to buy foodstuff, which he then processes to prepare the foods he is selling. After that, he goes out peddling his foods and returns home in the evening. A female elderly in DI Yogyakarta also said that she works in the field every day, cooks for the family, making *agel* ropes for making woven products, and drying grain or corn.

IV. Changes in the Condition of the Elderly's Basic Needs

Basic needs of the elderly in this study refer to their needs for foods, clothes, and roof above their heads. Aside from the conditions and changes the elderly respondents have experienced in meeting their basic needs after they reach an old age, the chapter also discusses factors which affect the changes.

4.1 Need for Food Consumption

Most elderly respondents, namely 29 of the 44[6] respondents said there was no change in their food consumption when they entered an old age, with regard to both the eating pattern and the types of foods. This happens to each of the ten respondents in DKI Jakarta and DI Yogyakarta, and nine respondents in Bali. This tendency happens to male and female elderlies, regardless of whether they are elderly-specific *bansos* beneficiaries or non-beneficiaries. They still eat two or three times a day with relatively not too big a portion. The habit has persisted since before they reach an old age.

> "Since young, I am used to just eating seven mouthfuls of rice (for each meal), plus some vegetables and fruits. If there is no fruit, I have something else, besides rice." (WD, male, 70 years old, KLJ beneficiary, DKI Jakarta, 1 September 2022)

> "Not much change. It's difficult to get even a thousand rupiahs. If I work as a parking attendant, I'd get a thousand, two thousand. I can buy nasi jingo (minimum portion and side dishes), for five thousand rupiahs. I don't want to beg, it's shameful. If I receive food from people, I don't feel good." (GS, male, 78 years old, non-beneficiary of bansos for elderly, Bali, 4 September 2022)

Based on the types of foods they consume, it depends on the family's financial situation. If they have money, they may consume foods containing animal protein, including chicken, egg, fish, or some snacks from outside. The rest, they more often consume footstuffs, such as bean curd/tempeh, dried salted fish, and some vegetables. If they buy ready foods, they choose the cheaper ones. For the elderly who work in a field, sometimes they only eat vegetables they pick from the yard as a side dish. For some elderly respondents who receive regular food aid (BPNT or Program *Sembako*), they can consume foods with animal protein when they receive the aids.

> "There is no change. (The type of) foods is not a priority. Usually, I eat what I can afford to buy, I can't be a chooser. Foods I eat daily don't change, the pattern is the same—bean curd, tempeh, dried salted fish, vegetables. That's the menu every day, I just have them on rotation." (RH, female, 65 years old, KLJ non-beneficiary, DKI Jakarta, 1 September 2022)

[6]Of the 48 respondents, 44 respondents answered questions about changes in their consumption before and after they reach an old age. Sixteen were from DKI Jakarta, another 16 were from DI Yogyakarta, and 12 were respondents in Bali.

> "Bean curd, tempeh, and vegetables—that's what we have every day. But now we can eat well. We can have eggs and chicken… Foodstuff from BPNT, from children, nephews, and nieces, and sometimes from the neighbors who work as a physician. (WG, female, 70 years old, PKH Komponen Lansia beneficiary, DI Yogyakarta, 31 August 2022)"

Mostly, the dishes are prepared by other family members, not by the elderly themselves. The other family members cook or buy the foods, or a relative not living under the same roof has them delivered. This was especially evident in the elderly's families in DI Yogyakarta and Bali. This may be because many relatives of the elderly live in the same house or live close by. This sort of pattern is also affected by the elderly's physical condition, as some of them may not be mobile enough or may be ill, rendering them unable to prepare their own foods or to prepare foods for their family.

Related to this pattern, an observation in this study shows that more family members who live with an elderly are found in DI Yogyakarta (1-11 people) and in Bali (1-6 people) than in DKI Jakarta (1-4 people). Specially in Bali, elderlies live close to their close relatives or even share a house wall and a yard. These include elderlies who live by themselves. With bigger number of family members, more people are available to help prepare their foods.

Another pattern of serving meals that the study also finds is that the elderly respondent prepares his or her own meals. They cook the foods they consume. This is especially done by female elderlies, some elderlies who live by themselves, and male elderlies whose spouse is ill. Some respondents also opt for buying their meals, especially for breakfast. For instance, two female elderlies in DKI Jakarta and two female elderlies in DI Yogyakarta often buy their breakfast, such as *lontong sayur* (rice cake with vegetables) or porridge.

There are only little changes in food consumption, either after or before they reach an old age. The changes are in the types of food and/or pattern of consumption. Usually, it is the female elderlies who show any sign of changes in food consumption. To note, there are two male respondents in DKI Jakarta, who changed their food consumption, namely when they turned 50 and 55 years old. They changed their diet, eating more simple types of food, lessening the frequency of eating, or changing the way the foods are prepared. There is almost no difference in changes between elderly-specific social aid beneficiaries and non-beneficiaries.

Based on their reason for making the change, the elderly respondents in this study offered the same reasons, namely, due to the economic reason and health factors.

With regard to the economic reason, the condition which affects the changes in food consumption is their decreasing or even lost earnings. Cases of changes in food consumption before they reach an old age are found in DKI Jakarta. They happened to two male respondents and are mostly related to the type of foods they eat. The first respondent (67 years old) changed his diet since he was 55 years old after he stopped working because the company where he worked went bankrupt. Previously, he and his family could eat what they liked. After he lost his job, however, he had to make adjustment to the family's daily food consumption and started eating more simple meals, with tempeh/bean curd or dried salted fish, and some vegetables. He said he had chicken only once a month.

The second respondent (70 years old) has changed the types of foods he eats since he turned 50. Because he got tired quickly, he could only do one job (selling shaved ice drinks). Previously, he did two other jobs, as a pedicab driver and a construction worker. Unable to do more than one job caused him to lose a lot of his earnings. The result is that now he and his family more often eat with tempeh and dried salted fish, and they are unable to eat more varied meals or had meat or chicken a few times a month like before.

For the elderly who changed their food consumption at old age, the changes do not only concern the types of foods, but also the frequency of eating and the way the foods are prepared. A 69-year-old female respondent in DKI Jakarta, for example, having lost her job in early 2022, now eats instant noodles more often because she thinks they are cheaper and more appetizing. Another respondent—a 66-year-old female in DI Yogyakarta—now eats only once a day because her earnings as a masseuse has dropped because of COVID-19 pandemic. Another respondent in DI Yogyakarta, a 70-year-old female, changed her ways of preparing meals. Now she mostly boils her foods, rather than frying them. This is mostly as a response to the skyrocketing price of cooking oil in 2022. The elderly respondents have resorted to various ways to save expenses so that they can maintain their daily consumption.

With regard to health factor, some elderly respondents experience a change in their food consumption because of health reason, such as having a high-risk illness, after they enter an old age. Some diseases and health complaints they mentioned include high blood pressure and cholesterol, heart disorder, and diabetes[7]. They stay away from certain foods/drinks, such as salted fish, coffee, and sugar, and had to cut down on smoking (a male elderly in DKI Jakarta). A 74-year-old female respondent in DKI Jakarta mentioned a gastric problem and uric acid, so she needs to cut down on eating green vegetables. Two female respondents in Bali and one male respondent in DI Yogyakarta said that, because of their weakening body, they decreased their meal portion and eat softer foods.

Of all the changes in the types of foods and consumption pattern, as well as the limitation they face to meet their daily need for foods, most elderly respondents said they could meet their need for foods even though the foods they eat may not meet the nutritional sufficiency. This is affected by the earnings they and/or their family make, despite the support from government's social. Specially for elderly respondents who work as farmers/farmhands, such as a male and female in DI Yogyakarta and in Bali, they get their rice and vegetables from their work. Nevertheless, some elderly respondents, especially in DKI Jakarta, said that they could not meet their daily need for foods and they still need to get what they need at the neighborhood shop on credit or borrow money from the neighbors.

> "I had to borrow. Eating every day is important. We shouldn't go hungry … for the past two years, my debt has amounted to Rp2,100,000. Thinking about my debt gives me a headache. Luckily, they didn't come and collect until now." (MY, female, 69 years old, KLJ beneficiary, DKI Jakarta, 31 August 2022).

[7]Affecting four elderlies (one 72-year-old female in DI Yogyakarta, two 70-year-old males in DKI Jakarta, and a 78-year-old male in DI Yogyakarta)

> "Sometimes if I don't have money, I can buy on credit at the market. I get some fish and pay it when I have the money. (The fishmonger) knows me and trusts me." (TR, female, 67 years old, KLJ non-beneficiary, DKI Jakarta, 6 September 2022)

4.2 Need for Clothes

Almost all elderly respondents in the three provinces do not or only rarely shop for clothes, either before or after they reached an old age. This happens to elderly-specific social aid beneficiaries and non-beneficiaries.

As most of them belong to the poor group, most of the clothes they own are given by their family or other people, such as neighbors. They are hand-me-downs or second-hand clothes or are from scavenging (for elderlies in DKI Jakarta who work as scavengers). If they do buy some clothes, it is usually near the holiday and it does not happen each year. Their close or distant relatives usually buy the clothes for them. Or the clothes are from the neighbors or a community, such as their Quran recital group. Some elderly respondents said they bought clothes every several years; they buy islamic veil or sarong to wear for religious activities or pray or buy "a uniform" for Quran study.

> "I never buy clothes. I don't have the money. So, I just wear what I have. I have to think hard before I decide to buy a piece of cloth, I have to get it on credit and when it is time to pay, I won't know how. My clothes are from neighbors. They are new or second-hand clothes. (MAN, female, 80 years old, KLJ non-beneficiary, DKI Jakarta, 1 September 2022)

Besides because of their economic condition and having people give them the clothes, there are other reasons why elderly respondents rarely or never buy clothes. *Firstly*, they rarely go anywhere and spend most of their time at home because they are not working or are sick. For example, a 74-year-old retired female teacher in DI Yogyakarta has stopped shopping for clothes since she retired at the age of fifty-five. *Next*, their work does not require that they have good clothes. This is true for elderlies who work as farmers/farmhands or work odd jobs or work as scavengers. *Thirdly*, their or their family's economic condition suffered a blow because the elderly or their spouse lost their job, fell ill, or passed away. This happened to two male and three female elderlies in DKI Jakarta.

The reasons cited above indirectly show that their need for clothes has stopped becoming their primary need. They are content with what they have and with the condition of their clothes.

4.3 Need for Home

The condition of the elderly respondents' home discussed in this study focuses on the ownership status and livability. Table 3 in Chapter 1 shows that the house they live in are either owned or rented. The categories, however, can be divided into four, namely, (1) privately owned, (2) rented, (3) occupying a land owned by the state/sultanate/landowner, and (4) borrowing/living in a relative's house. As for the livability of their house, we refer to the availability and the condition of basic facilities, including the condition of the bedroom

and bed and toilet, the availability of clean water and electricity, as well as air circulation and sunlight.

Based on the status of the house, most respondents live in a privately-owned house (27 of the 48 respondents). Other respondents live in a rented house (ten respondents), living/renting in a house standing on land owned by the state/sultanate/landowner (eight respondents), and borrowing/living in a relative's house (three respondents). There is no specific pattern which differentiates the ownership status of beneficiaries and non-beneficiaries of elderly-specific social aid. However, based on the study area, the number of respondents in DKI Jakarta who own their own house is the smallest (six respondents). On the other hand, twelve respondents in DI Yogyakarta and ten respondents in Bali live in a house they own.

Most elderlies who live in their own house are locals, coming from the *kabupaten*/city where they live now (20 respondents). The number of elderly respondents, who own their own house, but are not originally from the study area, is smaller (seven out of seventeen respondents). They usually rent a house (six respondents) and live on a land owned by the state (four respondents). In DI Yogyakarta and Bali, privately-owned houses are dominated by locals (nine respondents in each study area). In DKI Jakarta, on the other hand, the numbers of respondents who own their own house between locals and those not originally from the area are the same (three respondents each).

Most houses these respondents have are inherited from their parents/parent-in-law and they had received it before they reached an old age. Only some bought their own house before they reached an old age using their own money or savings, such as four respondents in DKI Jakarta and one respondent in Bali. In fact, one elderly in Bali, who is also not originally from the study area, bought more than one house and/or piece of land before he reached an old age. He bought the house/piece of land as an investment as well as for his children. Box 4 describes this inspirational story.

Box 4
Working Hard and Preparing House and Land for the Children

Pak TUN is an 87-year-old who is originally from Klungkung, Bali. He travelled and worked in Jembrana for 40 years after getting married and having a child. In Jembrana, another six children of his were born. And now, they have a family of their own. Six of his children live in Denpasar, while the other one still lives in Jembrana, working as a teacher.

Since the last three years, *Pak* TUN has been living with one of his children in Denpasar, in *Kelurahan* 9, *Kecamatan* 5. He lives in a 2.5-*are* or 250-m^2 house he bought for Rp157 million when he and his wife were still in Jembrana. He bought it not long after buying the house he lived in in Jembrana. The house was 12.5 *are* (1.250 m^2). He also bought a 2.5-*are* piece of land for Rp375 million for his younger sibling in *kelurahan* where he currently lives.

All the assets he accumulated are the fruits of his struggle, working and saving money with his wife while living in Jembrana. He wanted to have the houses and land for his children. When he was young, *Pak* TUN worked as a coconut picker and seller, while his wife worked as a seller at the market. They also tried other venture, namely, selling *bokor selaka*[8] which they ordered from Klungkung. The extra money added the money they saved from their main job and later they used the money to buy some land.

Pak TUN's life changed after his wife passed away in 2019, when he was 84 years old. His wife's passing hit him hard and he could stay alone in his house for weeks. However, he later agreed to his children's request to come and live with them. And now *Pak* TUN lives with one of his children in Denpasar.

Seeing that their father still wanted to work, *Pak* TUN's children helped finance a *sanggah-sanggah* (offerings from bamboo) workshop at the house for their father. *Pak* TUN said working helped with his physical and mental health. *"If I didn't work, I'd go languid. If I slept too much, I'd be lethargic and keep thinking about death. When my wife passed away, I wanted to die with her."* Until now, *Pak* TUN has a relatively good health even though his physical condition is not as it once was years ago. Usually, he works from 7 in the morning until 5 in the afternoon if he is fit. If he does not feel well, however, he works only until early afternoon. He sells his products at his workshop and the sales are usually good near Galungan and Kuningan holidays.

In the future, *Pak* TUN hopes that he will always be healthy and can continue working. He also wants to remain close to his children and see his grandchildren grow and succeed in life.

Source: interview on elderly's life story, 2022.

For those who live in a rented house, many of them are those living in an urban area, namely in DKI Jakarta, the city of Yogyakarta, and the city of Denpasar. The research team found six elderlies in DKI Jakarta who live in a rented house and in fact, four of them are originally from Jakarta. In DI Yogyakarta and Bali, the number of elderlies who live in a rented house is smaller and all of them are not originally from the area, namely, two respondents in DI Yogyakarta and Bali. Specially in DKI Jakarta, they moved quite a lot before finally settling at the place where they are now. Their main consideration was that the price was cheaper

[8] *Bokor selaka* is a cup for offerings in Bali. It is made of silver or copper. It is also carved and painted with gold color.

or suitable with their financial condition. For example, a 64-year-old female respondent said the rent was quite low and the water was included so she did not have to be concerned with paying water bill.

> "The rent is Rp650,000 per month. That includes water from the Water Company. I don't need to think about water bill, just the electricity bill." (MR, female, 64 years old, KLJ beneficiary, DKI Jakarta, 6 September 2022).

Furthermore, the study also reveals that some respondents live in a house built on a land owned by the state (three elderlies in DKI Jakarta) and by the Yogyakarta sultanate (two elderlies in DI Yogyakarta). In Bali, one elderly lives on a land having the same status as that in the other two provinces (called *palingsir* in Bali). There are also elderlies who, using their own money, built a house on land owned by another person (two respondents). The proportion of respondents, who are originally from the area and who are not originally from the area in DKI Jakarta and in Bali and live in a house on the piece of land with such a status is more or less the same. The difference is found in DI Yogyakarta: respondents whose house stands on land owned by the state/sultanate/landowner are all originally from outside the region.

In DI Yogyakarta and Bali, these houses which stand on land owned by the sultanate or *palingsir* are not for sale so that the status of the respondents who live there is "*menumpang tinggal*" or permitted to stay there. Meanwhile in DKI Jakarta, elderlies who live in a house standing on a piece of land owned by the state got the house by paying for it. The prices they paid diverse from Rp1 million to somewhere below Rp20 million, depending on the condition and the size of the land or house. They receive a purchase note from the person who sold them the house. Unfortunately, the respondents did not really care about the status of their house. They actually live in an illegal building, which makes them vulnerable to getting evicted. They only know that they have paid for it and felt that they could prove it with the note of purchase.[9]

In Bali, on the other hand, the elderly respondents, who built their house using their own money on a rented land, have to pay the rent every two years. They pay between Rp1.5 million and Rp2 million per annum. Interestingly, one female respondent (70 years old) already lives for 30 years with her family on a rented land.

The team also interviewed three respondents who live in their family house. The three of them are originally from their respective region. The first and the second are a 71-year-old woman in DKI Jakarta and a 68-year-old woman in Bali. They both live alone in their family house. The third one is a 75-year-old woman in Bali. She lives with her in-laws and her grandchildren. The house was inherited from her in-law's parents.

The condition of the houses which the respondents privately own is mostly livable, compared to the rented houses or those built on a land owned by the state. Elderlies who live in a privately-owned house usually their own bedroom even though it is a simple one.

[9]Unfortunately, during the interview, two of the three elderlies living on the land could not show the note of purchase. They said they lost it.

Each room is divided with permanent partitions so that the elderlies can do their activities more comfortably. These houses also have their own toilets.

Some of these privately-owned houses have been renovated under the program initiated by the *kabupaten* or village government or a non-government organization. Some others are the initiative of the people. After the 2006 earthquake in DI Yogyakarta, four to five respondents in DI Yogyakarta became the beneficiaries of house rehabilitation program launched by the regional government and the Indonesian military forces (TNI). One elderly in Bali also benefited from the house rehabilitation program, which was initiated by the *kabupaten* government. One elderly in DKI Jakarta became the beneficiary of a similar program, initiated by a religion-based foundation. In DI Yogyakarta, one elderly became the beneficiary of a house renovation project, initiated and run by the neighborhood. With these programs, the condition of the houses is relatively better than it was previously.

For rented houses or those built on a land owned by the state, the condition is different, just like the ones in DKI Jakarta and DI Yogyakarta. These rented houses are usually landed tenement and some have toilets without partitions or semi-permanent partition. The condition of the houses built on the land owned by the state, especially those in DKI Jakarta, is even worse. They are usually not a permanent structure, with partitions made of thin plywood or iron sheets. Some are even built over a dirty sewer and the bad smell from the gutter freely enters the house.

Furthermore, the rooms in these rented houses in DKI Jakarta are filled with junks. One to four people may live in one house, which does not have good ventilation, nor does it let in enough sunlight. The elderly respondents who live in these unlivable houses said they had no choice, as they could only afford such an accommodation. In fact, to pay the rent, they have to save what little money they have.

Nevertheless, almost all the houses are located relatively near public facilities, including healthcare facilities (*puskesmas*/*posyandu* for the elderly), market, and the places where they conduct some of their activities, such as Quran recital, elderly exercise, and others. The healthcare facilities are located 0.5-2 kilometers from the respondents' home, even though not all of them access these facilities for several reasons. As an alternative, in some villages in DI Yogyakarta and Bali, there are health orderlies/nurses or a physician's clinic that they can access. Specially in DKI Jakarta, healthcare facilities are complete and varied and some elderlies choose to go to a hospital because they can find one relatively close by, compared to *puskesmas*. Another reason for choosing a hospital is that they felt that services at a hospital are better than at a *puskesmas*.

V. Changes in Social Relations

Most elderly respondents have a good relationship with both their family and the community. The condition is true with both the beneficiaries and non-beneficiaries of elderly-specific *bansos* and with both females and males. According to the elderly respondents, there is no significant change in their social relationship before and after they reached an old age. Certain disagreement or conflict within the family or within the community is recorded and they are not specific to elderly-specific *bansos* beneficiaries or non-beneficiaries, or to females or males.

5.1 Relationship with the Family

5.1.1 Role of the elderly in the family

This sub-chapter discusses how the role and position of an elderly in the family and the dynamics when they enter old age. In this study the role refers to the division of duties between females and males in the family in relation to domestic chores and/or being the breadwinner. Thus, it is expected that we can learn what is the implication of the changes in the role of an elderly in the family to the elderly's burden as a family member. The change in burden may not only affect the relationship between the elderly and their family, living under the same roof or otherwise, but also with the surrounding. In this sub-chapter, the discussion starts with the residence status of the elderly and the changes that have taken place.

As shown in Table 3 (Chapter 1), of the 48 elderly respondents, 35 respondents live with their family and 13 live alone. For those who live with their family, most have lived with the spouse or children and/or with their children's family since before they reached the old age. In DKI Jakarta, in general the respondents live with their family, whose members are relatively less than those in DI Yogyakarta and Bali. In DKI Jakarta, the number of family members who live in the same house with the respondents are between two and four people. In Yogyakarta and Bali, it is between two and 11 people and between two and six people, respectively.[10]

As for the respondents who live by themselves—consisting of seven females and six males—one reason they cited is they have lost their spouse because their spouse passed away or they are divorced, their spouse just left them, or they do not live under the same roof. Another reason is their children getting married and live with their spouse or their children passed away. However, one female respondent in DI Yogyakarta and one male respondent in Bali live by themselves because they chose not to get married. This reason tends to be similar to those who live by themselves before they reached old age (six elderlies) and after reaching an old age (seven elderlies).

[10]In Bali, usually the responsibility to take care of, live together with, and accompany the parent(s) in the main house falls to the son, whereas a married daughter will leave the house and go with her husband or help take care of her parents-in-law.

Almost all respondents in the three provinces—those who live with their family or by themselves—live in a house not far from their other family or from relatives, who do not live under the same roof. In DI Yogyakarta, this is due to how their parents had divided their land which their children inherited. It is one piece of land or yard so that they built their houses on it and live near one another. Even if they live in a rented house, for example, it is usually still in the same *dusun/kelurahan* with their family or relatives. In Bali, usually they built a house in the yard of the main/old house. This means they remain in one location/neighborhood with their close families as per the Balinese tradition/culture.

Regarding the role of an elderly in their family, the study identifies 21 elderly respondents, who have undergone changes in their role in their family when they entered old age. The other 27 respondents said there was no change now, nor was there any prior to entering old age.

a) Elderly respondents who have experienced a change in their role after entering an old age.

The change in role in the family refers to three things. *Firstly*, they are confined to doing domestic chores, which are relatively light. Previously, they might handle most or even all domestic chores or become the breadwinner. *Next*, they cannot work for a living anymore or do any domestic chores. *Lastly*, they handle all domestic chores and become the breadwinner.

These changes are found among the elderly respondents who live with their family or by themselves. To note, the changes happen mostly to female respondents (13 people). The reason is the respondent has an illness. Another reason is that the respondent's spouse has an illness or has passed away, or the spouse left the respondent. For respondents who live by themselves, another reason is that the child who previously lived with them, passed away or now lives with his or her spouse. There are also elderlies who underwent changes in their role in the family because of the COVID-19 pandemic; they quit their job for fear of contracting the virus.

An example of the respondents who can now only do light domestic chores is a 68-year-old in Bali. Previously, this respondent sold goods and worked in the market. She suffered from pain in the knee when she was 65 years old and had to quit working. Now she only helps her in-laws doing light domestic chores, such as sweeping the floor.

As for the elderlies who are not able to earn a living or do any domestic chores, we can look at the cases of one female respondent in DKI Jakarta and two female respondents in DI Yogyakarta. Previously, they did domestic chores or had an earning to help their husband or family. However, because they had a serious illness, their husband or other family members (children/son- or daughter-in-law or granddaughter, or other family members who do not live under the same roof) took over the duty of doing some or all domestic chores, as well as earning income.

On the other hand, a 67-year-old male respondent in DKI Jakarta has had to perform multiple roles since he was 64 years old. He is the breadwinner and is responsible for domestic chores: he keeps a grocery store and does all domestic chores, including taking care of their special-need child and wife who has been ill since she took a fall three years

ago when cleaning the house. Previously, his wife was responsible for domestic chores. A 66-year-old female in DI Yogyakarta is in a similar situation, as her husband is sick. Since she was 61 years old, she has played multiple roles: she works as a masseuse, does domestic chores, and takes care of her sick husband.

b) Elderly respondents who do not experience changes in their role in the family after reaching an old age

Most respondents in this group do not experience a change in role before or after reaching old age. Some, namely, male elderlies and those living by themselves, said they experienced certain changes before they reached an old age, however. The causes are the same as those previously mentioned (fallen ill, spouse passing away, etc.). For instance, a 66-year-old male in DI Yogyakarta cannot work as a construction worker anymore after he was diagnosed with asthma at the age of 50. Now he relies on his wife who works making woven *agel*. A 74-year-old female respondent who lives by herself in DKI Jakarta has to take care of domestic chores and earns money after her husband passed away not long before her 59th birthday.

The elderly respondents who do not experience role change, especially female respondents, still handle most domestic chores. Some even also work to help with the family's income. The male respondents and male members of the family earn income and sometimes help with the domestic chores. The research team found respondents who share the works relatively evenly, for example, a 67-year-old female in DKI Jakarta, who lives together with her husband.

The reason for the big number of respondents who said they experienced no changes in role in their family is closely related to the understanding of both male and female respondents of the division of roles for men and women in the household. They believe that traditionally a woman plays a role of a homemaker and takes care of domestic chores; man, on the other hand, is to be the main breadwinner. That is why, even when other family members (usually the children) have asked the female respondents not to do too many domestic chores, they still do them. They believe it is the duty and responsibility of the wife/mother. This is strengthened with statements of some female respondents, some of which are cited below, including from one elderly female respondent in DKI Jakarta who is actually suffering from an illness.

> "Household chores are for the women to do; men should just look for money." (WD's wife, male, 70 years old, KLJ beneficiary, DKI Jakarta, 1 September 2022)

> "It is normal for the woman to do those things. This was what grandmother and mother did and set an example for me." (SR, female, 66 years old, ASLUM beneficiary, Yogyakarta, 31 August 2022)

> "It is my duty to take care of the house and help serve my husband." (BN, female, 65 years old, PKH Komponen Lansia beneficiary, Kulon Progo, 6 September)

5.1.2 Social relationship with the family

The study discovers that the staying status and the division of roles in the family before and after the elderly enter old age do not affect the elderly respondents' relationship with their

family. Most respondents have a good relationship with other family members living in the same house and those who do not. The elderly respondents said there was no dispute that arose between them and the family, including after they entered old age. Any issues should be approached case-by-case and happened before they entered old age.

There were two cases of respondents having a dispute with family members living under the same roof. A 68-year-old female respondent who lives by herself in DI Yogyakarta had a fight with her second child. Her second child was forced to stay with her because her house collapsed in the 2006 earthquake, when the respondent was 52 years old. They got into a fight because the respondent played the radio too loudly and caused her grandchild who was still a baby to cry. Because of the fight, the respondent decided to live by herself. She currently lives in a house, which belongs to his fifth child. It was unoccupied when she moved in. Her decision to live by herself is to avoid other disputes if she stays with any of her children.

The second case is about a 70-year-old female in Bali. There were issues concerning her husband when she still had not entered old age (54 years old). She often became a victim of domestic abuse. Her husband who often gambled his money in cockfights frequently hit her. That is why her husband's death 16 years previously did not upset her too much. Moreover, while her husband was still alive, she was the one who had to earn money. This is what she said concerning her situation:

> "Since I was married in 1970's, I worked myself to the bone. I worked carrying concrete bricks, sand, limestone. My husband had never worked. What he did was gambling away our money at the cockfight arena. When he won, he would smile to himself. But when he lost, I became his punching bag." (GB, female, 70 years old, PKH beneficiary, Bali, 4 December 2022).

As for issues the respondents have with family members who do not live in the same house, there are several. One is a feeling of being neglected. Another is respondents' complaint that their children and their family never or rarely come and visit, or they never send them anything. A 69-year-old female in DKI Jakarta told the team that her children who do not live with her would often shift responsibility to one another when she asked for help. The respondent had a stroke so she cannot work anymore. Another case involved a 74-year-old female in DKI Jakarta. She has been living by herself since before she entered old age. Her two children never came to visit and helped her, so she has to fend for herself.

As mentioned in the beginning, most elderly respondents had a good relationship with other family members or relatives, both living with them and otherwise. The relationship of most respondents with family members who do not live under the same roof has been good: They either connect with one another physically or otherwise. Physical interaction comes in the form of getting together or coming to visit the respondents. Non-physical interaction refers to communicating over the phone. Or they may also send the respondents something, such as foods or money. In this study, the predominant form of communication is physical meetings.

Examples of physical communication were shared by two female respondents. One is a 66-year-old in DKI Jakarta and the other is a 70-year-old in DI Yogyakarta. Both of them feel happy each time their children, grandchildren, or nieces and nephews come by, which is often, even if it is just for a short time. Sometimes it is just to give them some money or to

bring them their favorite meals. Sometimes they come and help the respondents with some domestic chores. An example of non-physical connection is shared by a 65-year-old female respondent in DKI Jakarta. She takes a pride in her relationship with her child, who lives far away but often calls her by borrowing her neighbor's celluler phone because her child does not own a cellular phone. The respondent said it was a different kind of happiness, as she felt cared for. She even said that it was one of her biggest achievements, having a family that care for one another.

However, a good relationship between members of the same household does not necessarily reflect closeness or trust they have with one another. This trust issue refers to who the respondent turns to when they have a problem. There is no specific pattern regarding trust between a respondent and the other members of their family, as the patterns vary. Some respondents said that the one they trusted the most and talked with the most were their spouse. Some others, however, mentioned their children or another party who took care of them every day, including those who do not live under the same roof, especially for respondents who live by themselves. In fact, some respondents, notably male elderlies, said that they did not share their problem with anyone in the family.

5.1.3 Factors which affect the dynamics of family relations

Considering there is no striking change in the relationship with the family, the factors discussed in this sub-chapter are those which affect the dynamics of the relations between the respondents and their family.

From the previous description, the study reveals that the predominant form of relationship within a family, especially with those not living in the same house, is physical interaction. There are some factors which affect this. *Firstly*, as they live near the respondent, there is no problem in getting together. *Next,* there is emotional intimacy, as they were raised by the respondent. So, there is an element gratitude or reciprocity. One example is a niece of a 71-year-old male respondent in DKI Jakarta. She often comes and visits the respondent, as he had taken care of her when she was little and often helped her. *Thirdly*, the respondent is ill, so their family tend to come and visit more often. *Lastly*, the respondents do not work anymore, so they have a lot of free time to meet or visit their family or relatives. This is what happens with an 86-year-old male respondent in DI Yogyakarta. He has much free time since the does not work anymore, so he often spends it with his grandchildren living close by.

On the other hand, the tendency of not meeting with or not contacting one another may be due to one of several conditions. *Firstly*, their homes are far from each other, so they need to think about and prepare the time and some money for transport. Both parties are busy with their job. And as they are not people of means, they tend to concentrate on fulfilling their own needs. A female elderly who lives by herself in DKI Jakarta (74 years old, not a KLJ beneficiary) has not met her brother and nieces and nephews in Bogor for years. To go there, she needs to prepare money for transport. The fare is around Rp100,000 for one trip, which to her is expensive.

Next, the issue of not having a communication device, which makes them unable to conveniently contact one another. *Thirdly*, the family (children, nieces and nephews, or in-

laws) deliberately choose not to communicate with the respondents because they think the respondents ask for their help too often, while they think they have helped them enough. Another interesting case is regarding the daughter of a 70-year-old male respondent in DKI Jakarta. She has never made contact with the respondent because she feels that, since she was little, she has not been given enough attention, nor has her needs been provided.

Most elderly respondents do not always tell the other household members the problems they face. They are worried that they will make their family, especially their children, worried or feel burdened. This sort of consideration is also one of the reasons why the respondents tend to be reluctant to talk about their problems with anyone. An example we can use here is a 70-year-old male respondent in DKI Jakarta. He has to continue working even though he suffers from hernia. He cannot tell his daughter because he does not want to add to her problems, as her daughter is also sick. Some elderlies prefer to talk about their problems with the relatives, who do not live in the same house. This is because of the feeling of closeness because they may help and take care of the respondents daily. This condition fits with most elderlies who live all by themselves.

It is important to delve further into their habit of talking about their problems with other people with regard to their social relations, as this can have an effect on their mental health, which can ultimately affect their physical health. As discussed in Chapter 3, regarding their health, one of the factors which cause their health to deteriorate is an issue which bothers their state of mind.

5.2 Relationship with the Community

5.2.1 The condition of the elderlies' relationship with the community

Like the condition with their family, the relationship of almost all respondents with their neighbors and community is good. The condition has been like this since before they entered old age, and it is the same between the beneficiaries and non-beneficiaries of elderly-specific social aids. In fact, the good social relationship of the elderly with the surrounding has been an impact of their previous track records; they may have done something that help or benefit the community in the past. However, we did find some elderly respondents whose social relationship with the surrounding may not be too good. They may have a conflict with their neighbor. So they may prefer to avoid socializing with the neighbors or are not active in the neighborhood activities.

Some forms of relationship between the elderly and the surrounding community are related to their social relationship with the neighbors or their active participation in social and neighborhood activities. These include religious activities, *arisan* (a regular social gathering in which members operate a rotating savings scheme), and *posyandu* for elderlies. Most elderlies in the three study provinces already have a good relationship with their neighbors. The elderly respondents in DKI Jakarta and DI Yogyakarta, for example, are close with one another. They often talk, send each other foods or meals, or do leisurely activities together. One example is a 70-year-old male in DKI Jakarta. He often gets together with his neighbors for a game of cards. The surrounding neighbors also help by giving some foodstuff, clothes, or money.

For some elderlies who only have limited time or physical ability because they are either working or are sick, they interact with the community during some routine neighborhood activities. These include religious activities or even during their work. We can see this in Bali. One example is Ms. MP (86 years old). She sells *banten* (offerings for prayers) and groceries and she can only interact with her neighbors when there is an offering ceremony. Some other elderly respondents in Bali often attend an offering ceremony or *rahinan*[11]. They use this opportunity to get together with other elderlies. In DKI Jakarta and DI Yogyakarta, most elderlies, both males and females, are active in a religious study group and they also use the opportunity to get together. The activities are usually held once or twice in one or four weeks. Some female elderlies in DI Yogyakarta (Kulon Progo) are used to have a chat with the closest neighbors while making *agel*.

Another activity which many elderlies take part in is *posyandu* for elderlies. At least ten respondents said they took part in the activity and four of them are not elderly-specific social aid beneficiaries. *Arisan* is also an activity many respondents take part in. This is usually in their RT[12] level or in a group or organization, such as the Family Welfare and Empowerment (PKK). Not only the women, some men also participate in these activities. One female elderly (89 years old) in DI Yogyakarta still participate in *arisan* even though she has problem walking. Her *arisan* group has encouraged her to participate so that she never misses and forget her friends. Not only activities, some elderlies, notably the men, are also involved in some community organization, such as holding a position in RT/RW[13], in Banjar or Subak (Bali), in the mosque administration, or in an arts group (DI Yogyakarta).

At the same time, there were some cases of elderly respondents who received poor treatment in their social relations with the neighbors or surrounding community. Most of the cases happened after they entered old age and happened in DKI Jakarta. Only one case of this ill treatment by the neighbors was found in Bali when the individual had not entered old age. In the cases in DKI Jakarta, a 67-year-old female and a 70-year-old male received poor treatment. They were insulted for being poor or were ridiculed because of the poor condition of their home. There were also cases of a 70-year-old male and a 65-year-old female in DKI Jakarta who became victims of theft and fraud perpetrated by their own neighbor.

In Bali, there was a case of an 87-year-old coconut picker, who was shunned by his neighbors and was even accused of stealing his neighbor's coconuts. It happened because someone was envious of his success in running a coconut picking and selling business. To note he was not originally from the region. There was no more conflict, however, after he moved to his present home and when he entered old age.

5.2.2 Factors which affect changes in the social relationship

Most elderly respondents said that having good relationship with the neighbors or surrounding community was important. One reason they cited is the neighbors are the

[11]An observance of Hindu holy days. On these days, there is stronger flow of the spiritual from Ida Sanghyang Widhi Wasa (Arya, I Nyoman, 2015)

[12]RT or neighborhood unit, is the smallest unit of local administration consisting of a number of households.

[13]RW is a unit of local administration consisting of several RT within one *kelurahan*.

closest people they can turn to when the respondents or their family ever need assistance. Moreover, they believe, by having good relationship, valuing and respecting their neighbors and the surrounding community, they will receive the same treatment. Related to this, some elderly respondents said they were happy and felt appreciated if they receive even a small positive gesture form the neighbors or other people. Even more so if they receive more, including getting help or aids. Some of these seemingly simple gestures mentioned by some respondents are as follow:

- Many will pay a visit to the elderly's house, even though it is small or rundown and even though the elderly is not originally from the area. An example is paying a visit on holidays. This was expressed by three female respondents in DI Yogyakarta.
- They get a written invitation to a wedding or other functions in the neighborhood. This was expressed by a 68-year-old male respondent in Bali.
- Her friends from where she worked still remember her, as stated by a 72-year-old female respondent in Kulon Progo. She worked as a porter in Beringharjo Market in Yogyakarta.
- Her friends from her Quran study group who went on a tour did not forget about her and brought some souvenirs from the trip for her. She could not join the trip because she had no money. This was from a 66-year-old respondent in Yogyakarta.
- He felt accepted and treated equally by people even though in the past the government had mistreated him because he had been branded a son of Indonesia Communist Party's member. This happened to a 65-year-old male in DI Yogyakarta.

Furthermore, related to appreciation and respect toward the elderly, some male respondents were quite respected by the people because of their role in the community, either at present or before they entered old age. They are considered seniors or respected because they are seen as religious figures, are imam at the mosque (DKI Jakarta), or are known to be active and have good understanding of religious ceremonies (Bali). Such a respect is also shown to regional officials, such as to former village head (in Bali), head of RT/RW/Banjar/custom community (in the three provinces), and as the senior citizen for having stayed for a long time in the area (two respondents in DKI Jakarta and in DI Yogyakarta).

Furthermore, the elderly respondents mentioned that there was this certain motivation when they joined religious or social activities. Stories about some of the motivations they mentioned are as follow:

- Some respondents are active in religious activities (Quran study or offering ceremonies in Bali). They said they wanted to learn more about religion to help them find inner peace in their old age. Moreover, it can help them access aids, as sometimes the groups they join also provide aids for the poor. An experience of receiving aids was shared by Ms. TR (67 years old) in DKI Jakarta. She received grocery package and some money from her Quran study group.
- Some respondents get information about the possibility of accessing aids, for example, when they take part in an elderly exercise activity at *kelurahan*/village or in RT/RW activities. Some elderly respondents are also motivated to build a good interaction with cadres for the elderly (in DKI Jakarta and DI Yogyakarta) or head of RT/RW/Banjar, as these people are deemed important in helping to access aids for the daily needs of the respondents, who are mostly poor.

Some elderly respondents who are reluctant to and have chosen to minimize interaction with the neighbors and/or are not active in social activities offered the following reasons:

- Declining physical condition or a sickness which prevents them from going outside the home.
- Busily working or doing domestic chores, including taking care of grandchildren, leaving them a little time to interact or making them too tired to participate in religious/social activities.
- Having a bad experience in their social relations, so they choose to avoid it. This happened to some elderly respondents in DKI Jakarta, with examples given in sub-chapter 5.2.1.

VI. Access to Social Protection Programs

Various vulnerabilities suffered by the elderly described in the previous chapters show that there is a significant need for social protection programs for the elderly. So, it is important that we know how the elderly access these social protection programs. This chapter discusses this, including what the roles and the benefits of these programs are to the elderly. These include social aid programs (*bansos*) and social insurance programs (*jamsos*).

6.1 Types of Social Protection Programs Accessed by Elderly Respondents

The social protection programs the elderly access and the research team encountered in the field include *bansos* and *jamsos*, initiated and run by both the central government and regional governments. Regarding *bansos*, some are run by non-government organizations, such as the ones found in DKI Jakarta. Table 4 shows the details of *bansos* and *jamsos* and the number of elderly respondents who access them.

Table 4. Types of Social Protection Programs and the Number of Elderly Respondents who Become *Bansos* and *Jamsos* beneficiaries.

Program Name	DKI Jakarta			DI Yogyakarta			Bali		
	F	M	Total	F	M	Total	F	M	Total
1. Elderly-specific *bansos*									
a. Central: PKH *Komponen Lansia*	0	1*)	1	6	3	9	4	-	4
b. Region: elderly-specific *bansos*[1]	4	3	7	1**	2**	3**	2***	1***	3***
c. Non-government organizations	1	1	2	-	-	-	-	-	-
2. Other *bansos* targeting elderlies									
a. BPNT/*Program Sembako*	5	3	8	6	3	9	5	-	5
b. Covid-19 *bansos* [2]	8	6	14	2	1	3	4	1	5
c. *Bansos* from non-government organizations	2	-	2	-	-	-	-	-	-
3. Social insurance									
a. Health insurance: JKN-KIS (PBI and *Mandiri* or Independent)	8	6	14	9	7	16	3	3	6
b. Pension plan	-	-	-	1	-	1	-	1	1
4. No benefit from any *bansos*	-	-	-				-	2	2

Note: [1]) The elderly-specific *bansos* are Jakarta Elderly Card, or *Kartu Lansia Jakarta* (KLJ) in DKI Jakarta, Social Assistance for the Poor Elderly, or *Asistensi Sosial Lansia Miskin* (ASLUM) in the city of Yogyakarta (DI Yogyakarta), and Social Protection Benefit for the Elderly, or *Bantuan Perlindungan Sosial for the Elderly* (BPSL) in *Kabupaten* Badung (Bali).

[2]) In DKI Jakarta, there are some COVID-19 *bansos* in the forms of grocery parcels and money. In Bali, on the other hand, the COVID-19 *bansos* include BLT-BBM, received by three female elderly respondents. They were substitute respondents interviewed in December 2022.

*) Received PKH *Komponen Lansia* and elderly-specific *bansos* from the regional government

**) elderlies who became ASLUM beneficiaries in 2019 or in 2020/2021, but did not receive it in 2021/2022.

***) Elderlies who received BPSL in *di* Kabupaten Badung in 2018/2019, but stopped becoming the beneficiaries in 2020/2021 and in 2022

6.1.1 Social Aids

Based on Table 4, elderly-specific *bansos* from the central government are only PKH *Komponen Lansia*, while the ones from the regional governments are KLJ from DKI Jakarta government, ASLUM from the government of the city of Yogyakarta (DI Yogyakarta), and

BPSL from the government of *Kabupaten* Badung (Bali).[14] In DKI Jakarta, of all respondents who are also KLJ beneficiaries, one of them becomes the beneficiary of aids for elderlies, namely KLJ and PKH *Komponen Lansia*. In Yogyakarta and Bali, elderly-specific aids that beneficiaries still get is only PKH *Komponen Lansia*, while ASLUM and BPSL are not available anymore because they have been terminated. The last ASLUM benefit was distributed by Yogyakarta city government in mid-2021 and BPSL from the government of *Kabupaten* Badung stopped in early 2020.

Some elderly respondents also received other *bansos*. COVID-19 *bansos* is the one that the elderly have received the most in 2020 and/or 2021, notably in DKI Jakarta, when the pandemic was still gripping the nation. As for BPNT or *Program Sembako*, about a half of the total respondents become their beneficiaries (for beneficiaries and non-beneficiaries of elderly-specific *bansos*) in each province. In DKI Jakarta, we could also find elderlies who received aids from religious organizations or groups and from health clinics. In Bali, some respondents said they received grocery parcels from members of the regional house of representatives who conducted a social drive, but this is not a routine.

Additionally, most of the beneficiaries of elderly-specific *bansos* from the central and regional governments are also beneficiaries of other social aid programs, especially BPNT[15] program. In DKI Jakarta, beneficiaries of elderly-specific *bansos* also became the beneficiaries of COVID-19 *bansos*. Some of these beneficiaries of multiple social aid programs are people with a disability and elderlies who live by themselves. This disbursement of more than one types of aid (cash and goods) to poor elderlies or to poor families with elderlies indicate that the central and regional governments complement each other's social protection programs to support the welfare of families with elderlies.

Nevertheless, almost all elderly respondents did not know the source of fundings for *bansos* that they received, especially for *bansos* from the government (central or regional). Most respondents only mentioned the Social Affairs Agency of the respective *kabupaten*/city. This has made it difficult to specifically identify the source of the aid. This also indicates that program dissemination has not been effective.

Furthermore, the research team found that some elderly respondents have stopped receiving elderly-specific *bansos* from 2020 until 2022. One of the reasons is the policy of reallocating *kabupaten*/city regional budget (APBD) to COVID-19 aid programs, such as the

[14]Based on the 2nd Report of Study of the Elderly (2021) titled "The Situation of the Elderly in Indonesia and Access to Social Protection Programs: A Qualitative Study in DKI Jakarta, DI Yogyakarta, and Bali", the regions which did not or have not run elderly-specific *bansos* were Bali Province and *Kabupaten* Kulon Progo (DI Yogyakarta). Actually, the governments of DI Yogyakarta Province and the city of Denpasar had their elderly-specific *bansos* (Old Age Insurance Program, or *Program Jaminan Sosial Lanjut Usia*/JSLU in DI Yogyakarta and Direct Aid for the Elderly, or *Bantuan Langsung Lansia*/BLL in the city of Denpasar), but the team did not encounter these programs in the field. It is probably because the programs had only small coverage, and especially for JSLU, the disbursement was through Social Welfare Agency (LKS) in the province, so it was difficult to reach the beneficiaries.

[15]In DKI Jakarta, six out of seven elderlies who were elderly-specific *bansos* beneficiaries were also the beneficiaries BPNT. In DI Yogyakarta, seven out of nine elderlies who were elderly-specific *bansos* beneficiaries were also BPNT beneficiaries. In Kulon Progo (DI Yogyakarta) and Badung (Bali), two out of three ASLUM and BPSL beneficiaries were also BPNT beneficiaries, and all beneficiaries of PKH *Komponen Lansia* in Bali were also BPNT beneficiaries.

reallocation of budget for ASLUM program in the city of Yogyakarta and BPSL program BPSL in *Kabupaten* Badung. Another reason is the activity to synchronize Integrated Social Welfare Data (DTKS), which are used for distributing *bansos*, with the Population and Civil Registration (*dukcapil*) data. The government put a lot of focus on this activity in 2021. The result was that some elderlies no longer became the beneficiaries of *PKH Komponen Lansia* because their names were declared nor valid as *bansos* beneficiaries or their names did not match the names registered in the bank account or are not listed in the name of PKH *bansos* beneficiaries' databank. This condition affected their life and will be discussed further in sub-chapter 6.3.

6.1.2 Social Insurance

There are only two types of *jamsos* mentioned by elderly respondents and informants from the regional governments[16]. They are health insurance, in the form of National Health Insurance-Indonesia Health Card, or *Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (*JKN-KIS) and workers' social security in the form of pension insurance. From Table 4 we see that most elderly respondents have accessed or have JKN-KIS. Almost all are participants of JKN-KIS, using the non-contribution scheme as premium assistance beneficiaries (PBI). This means the central or the regional governments pay their premiums. Only eight elderlies are not; two are retired civil servants who pay their own premiums using their salary/pension money, two others have JKN-KIS *Mandiri* (contribution scheme), and the other four elderlies do not have JKN-KIS.

About *jamsos* for workers, only two elderly respondents have pension plan, a 74-year-old retired female teacher in DI Yogyakarta and a 75-year-old retired male nurse in Bali. Their life story teaches us the importance of having a savings/insurance for our old age. This will be discussed further in sub-chapter 6.3.

6.2 Mechanism for the Social Protection Programs Accessed by the Elderly Respondents

6.2.1 Social aids

a) Age criteria for becoming a beneficiary.

Some elderly respondents have become beneficiaries of elderly-specific *bansos* when they were first launched. This is for both PKH *Komponen Lansia* and regional elderly-specific *bansos* (Table 5). One elderly respondent received aid from PKH *Komponen Lansia* when the program was first launched in 2016. Three elderly respondents received KLJ aid (DKI Jakarta) when it was launched in 2018 and one elderly respondent in Bali became BPSL beneficiary when it was first introduced. They became beneficiaries of these two types of aid programs when they were between 60 and 70 years old.

[16]See TNP2K (2022) report, titled "The Situation of the Elderly in Indonesia and Access to Social Protection Programs: A Qualitative Study in DKI Jakarta, DI Yogyakarta, and Bali."

Furthermore, all elderly respondents have met the age requirement when they first became the beneficiaries of the elderly-specific *bansos*. As shown in Table 5, the age of the respondents when they received PKH *Komponen Lansia* in 2016 was above 70 years old, or 82 years of age to be exact. The same with the beneficiaries of PKH *Komponen Lansia* in 2018/2019, KLJ, and BPSL. They were above 60 years old as per the requirement. Specially for KLJ, in line with the increasing number of beneficiaries every year, not only those aged 60-65 years old have become beneficiaries, but also those over 65, especially since 2020.

The same with other *bansos*, either BPNT or COVID-19 *bansos*, the respondents started became beneficiaries when they already reached old age. Only four elderly respondents became beneficiaries when BPNT was first launched in 2017. BPNT and COVID-19 *bansos* are two programs which do not specifically target families with an elderly; they are for vulnerable and poor families in general. So, age was not a factor in determining the programs' beneficiaries.

Table 5. Mechanism for the Social Protection Programs Accessed by the Elderly Respondents

Program name	Year the respondents received aids	Age of respondents when first becoming beneficiaries	Types of aid	Value	Frequency of receiving aid	How to access aid	Issues when becoming beneficiaries
A. *Elderly-specific bansos*							
PKH-*Lansia*	2016-2021	70-82 years old	Cash	Rp600,000/three months	Quarterly	With ID card and family ID card (KK)	-
KLJ – DKI Jakarta	2018 – 2019	60-65 years old	Cash	Rp600,000/month	Monthly or every 2-4 months	With ID card and KK	Late disbursement
	2020 – 2022	>65 years old					
ASLUM – Yogyakarta	2019/2020 and/or 2021	63-85 years old	Cash	Rp110,000/month (2019) Rp180,000/month (2021)	Twice a year; once a year	-	Long queue during disbursement (at the post office)
BPLS – *Kabupaten* Badung	2018 and 2019	>60 years old (until their 80's)	Cash	Rp1 million/month	Monthly	-	Program terminated during the pandemic
Bansos for elderlies – nongovernment	2016	64 years old	Goods/items	Monthly grocery parcel: (5 kg of rice, 1 kg of sugar, 1 liter of cooking oil)	Monthly	-	-

Program name	Year the respondents received aids	Age of respondents when first becoming beneficiaries	Types of aid	Value	Frequency of receiving aid	How to access aid	Issues when becoming beneficiaries
B. Other *bansos*							
BPNT (central/regional)	2017-2021	62-74 yeas old	Goods/ items (grocery parcel)	Rp200,000/month	Monthly	With ID card and KK	• During the pandemic, the disbursement was late, up to four months. • Location to get the aid was far
Covid-19 *bansos* (central/regional)	2020-2021 (except for BLT-BBM in Bali, 2022)	62 or 63-78 or 79 years old	Cash and/or Goods/ items	Most had no idea (some said it was Rp300,000/month)	Every 1-3 months	With ID card and KK	• The program discontinued (until 2021)
bansos by non-government bodies (foundation)	-	-	Goods/ items	Food package	-	--	-
C. Social insurance							
Health insurance: JKN-KIS (usually as PBI)	Most have forgotten (2015-2020/2021)	58-85 years old	Health services	Free	Each time visiting *puskesmas*/healthcare clinic/referral hospital	With ID card and KK	• Feeling that the medicines did not work • Long queue • Slow service
Pension plan	2003 and 2009	55 and 56 years old	Cash	Based on their rank (Rp1.2 million/mo. and Rp3 million/mo.)	Each month	-	One person receives only 15% because she had to pay bank loan instalments

b) Value of the benefits and frequency of *bansos* disbursement

The value of the aid for PKH *Komponen Lansia* and KLJ did not change since they were launched (Table 5), consistent with the mechanism set out in the respective program's guidelines or implementation/technical guidelines (*Juklak/Juknis*). Changes happened only to the frequency of disbursement during COVID-19 pandemic from 2020 until 2022. The frequency of PKH disbursement changed from quarterly to monthly in 2020 (Hastuti, Ruhmaniyati, and Widyaningsih, 2020). The frequency of KLJ disbursement, on the other hand, was irregular in the 2020-2022 period. It was disbursed either late or some several batches of disbursement were paid at one time (per three months or more). Some elderly respondents, for example, one in North Jakarta, talked about the change. The change affected how they made use of it, especially for the elderlies who have become beneficiaries for quite a while.

> "I receive Rp1.8 month, given once every three months. But sometimes the money is transferred to my account once a month, for Rp600,000." (WD, male, 70 years old, KLJ beneficiary, DKI Jakarta, 1 September 2022)

The amount and frequency of disbursement of other elderly-specific aids, namely ASLUM and BPSL, also changed a few times. In 2020, the amount of aid from ASLUM program increased to Rp180,000 per month from Rp110,000 per month. But in 2020, the disbursement stopped. Even though it was restarted in 2021, in 2022, it was stopped once again. Similarly, BPSL program in *Kabupaten* Badung (Bali) also stopped after the first quarter of 2020. The government of *Kabupaten* Badung informed that in 2021 the government would decrease the amount of aid from Rp1 million per month to Rp500,000 per month. Unfortunately, until the study was conducted, the plan was not realized.

The study also finds irregularity in the disbursement of other *bansos* programs for elderlies, such as BPNT. It was the impact of COVID-19 pandemic in 2020/2021. Some respondents said that once, aid from BNPT in the form of foodstuff parcel (rice, chicken, eggs, vegetables, etc.) was three to four months late. Beneficiaries finally received it in the 4th or 5th month, but they received three- or four-months' worth of parcel. This accumulated disbursement mechanism created a new problem for the beneficiaries because many of them were not able to store the foodstuff that did not last long, such as chicken and vegetables, especially those who did not have a refrigerator. The result was that some respondents could get the full benefit of the aid. Some even said that they gave away some of the stuff to their neighbors rather than having it go bad and be discarded.

c) How elderly respondents access *bansos*

Most elderly respondents said they did not the criteria or the reasons why they became *bansos* beneficiaries. This happened to elderlies—males and females—who became the beneficiaries of elderly-specific *bansos* or other type of social aid programs. They said the reason might be because they were poor. They also did not know the requirements for accessing the aids. Some of them remembered that some people asked for a copy of each of their ID card (KTP) and family ID card (KK). These people are either cadres for the elderly,

their head of RT/RW, head of *dusun*, cadres from *posyandu/dasawisma*[17], or PKH case workers. They did not give detailed explanation why they asked for the copies of the documents. The result was that the respondents did not know whether it was for registering them to become *bansos* beneficiaries or for something else.

Most elderly respondents received an invitation to come to a certain location, such as *kecamatan* office, the mayor's office, or *kelurahan*/village office, to receive the aid. There, they received their beneficiary card and could disburse the aid directly. They got the invitation after they submit the copies of their ID card and KK and the time between the document submission and aid disbursement varied between respondents. Usually, they got the invitation three to six months after they submitted the documents, but some PKH *Komponen Lansia* beneficiaries in DI Yogyakarta only received their aid after one year.

Most of the beneficiaries disburse or go to take the aid by themselves. Some ask someone to do it for them. They may be the respondent's family member (child or nephew/niece) or someone who is not their family, such as head of RT/RW or a neighbor. Or they ask the owner of e-Warong to help them. Some of the reasons for doing this are they are sick and cannot walk too far, they are busy working, or they did not know how to use the card at ATM or e-Warong.

The habit of asking someone else to get the aid can open the door to misappropriation of the aid by irresponsible people. Even though over the course of the study, no such a case surfaced, there were cases of KLJ beneficiaries voluntarily gave Rp100,000 as a token of gratitude to their head of RT for helping them withdraw the aid money from the nearest ATM because the elderly could not go too far. This means they received less than they are entitled to. Actually, with today's conveniences, we can use the pick-up system. The cadres for the elderly can go to the elderly's home bringing with them the *electronic data capture* (EDC) machine for the cash disbursement.

The pick-up system for disbursing the aid is actually used in the study areas for COVID-19 *bansos*. This is in response to the government's effort to contain the spread of COVID-19 virus in that period. However, since 2021 the COVID-19 aid program has been deactivated. Aside from COVID-19 *bansos*, the distribution of aid for the elderly by the non-government organization, as found in DKI Jakarta, also uses the pick-up system. For example, a foundation sends out its officers to go to the homes of the beneficiaries every month. During the course of the study, the program is still ongoing and one of the male respondents is its beneficiary.

Most of the elderlies who fall into the poor category, but have not become *bansos* beneficiaries, said they did not take any specific action to access aid. Some reasons they cited are as follow (1) nobody informed them about the program and the requirements to become a beneficiary; (2) nobody offered to help register them as prospective beneficiaries; some respondents said they were reluctant if they had to go to the related parties and ask

[17]Dasawisma is a group of females from ten households living in the same neighborhood. Their function is to help ease the execution of a government program. Some of their responsibilities include collecting funds, distributing questionnaire, and collecting population data.

about aid programs; and (3) they did not have complete documents; some said theirs was lost.

At the same time, some elderly respondents had tried to access social aid and tried to ask related parties. They said that their effort had not produced any result. A male elderly in DKI Jakarta, for instance, said that cadres for the elderly came to see him a few times and told him that he was proposed to become a KLJ recipient. Fast forward a few years, however, he still did not get the aid he had hoped to receive.

6.2.2 Social insurance

Most JKN-KIS beneficiaries could not recall exactly when was the first time they received aid from the program. This is because it has been quite a while that they participated in it. Of the respondents who remembered, only some had started receiving the aid when they were close to entering old age, while others started receiving the aid after they reached old age, namely between 2015 and 2021. Among the KIS beneficiaries, some received it only after they reached the age of 85. Some of them said that they had their data collected or they submitted a copy of ID card/KK to a staff from *kelurahan*/village until finally they received their KIS card.

As for pension plan, only two respondents have it. One is a respondent in *Kabupaten* Kulon Progo (DI Yogyakarta). She started receiving Rp1.2 million each month when she turned 55. The other one is from *Kabupaten* Badung (Bali). He retired from his work as a nurse at the age of 56, along with his wife who was a retired from ASABRI. Each received Ro3 million per month. But the fact is that they only get around 15% of the pension money because they have to pay installments to the bank. They borrowed money from the bank to renovate their house and purchase a shophouse unit which their child use to open a laundry business. However, their pension plan will help them a lot in living their old age. A short description about the mechanism for social insurance can be seen in Table 5.

6.3 Benefits of Social Protection Programs for Elderly Respondents

Most elderly respondents who become elderly-specific *bansos* beneficiaries said that special aid for the elderly that they receive helped them a lot in providing for them and their family. The sentiment is shared by both male and female respondents. The benefits they get increase when they also receive aid from other *bansos* program or from *jamsos* program and further help them survive or reduce their vulnerability. However, when the elderly-specific *bansos* programs discontinued, the beneficiaries were forced to adjust their efforts to be able to fulfill their needs, as their living condition has not improved.

Further description of the benefits of *bansos* and *jamsos* the elderly received is given below. Hopefully, it can give us an idea about the importance of social protection programs for the elderly, which are sustainable and timely, to ensure the life, especially of those who are vulnerable and poor are better in their old age.

6.3.1 Benefits of *bansos*

a) Elderly-specific *bansos* support the respondents' needs and ease the burden of their family.

Elderly-specific *bansos* the elderly respondents received help provide for their needs. These include getting their preferred foods or clothes and healthcare needs, as well as satisfying their inner needs. This fulfillment of inner needs includes their ability to buy snacks or other things for their grandchildren, participating in social activities, giving donation when there is a social event or misfortune, and their ability to buy by themselves paraphernalia for praying (especially for the elderlies in Bali). The condition will directly or indirectly mean that they get less gifts from their family or other people, who mostly are also poor. This was expressed by the following elderly:

> "I don't need to ask from my children who all this time must provide for me... The money from PKH, I give 200 [thousand] to RN (her child) to pay my grandchild's school fee, I feel sorry for her. I use the other 400 to buy medicines, some foods..." (SG, female, 72 years old, PKH Komponen Lansia beneficiary, DI Yogyakarta, 6 September 2022)

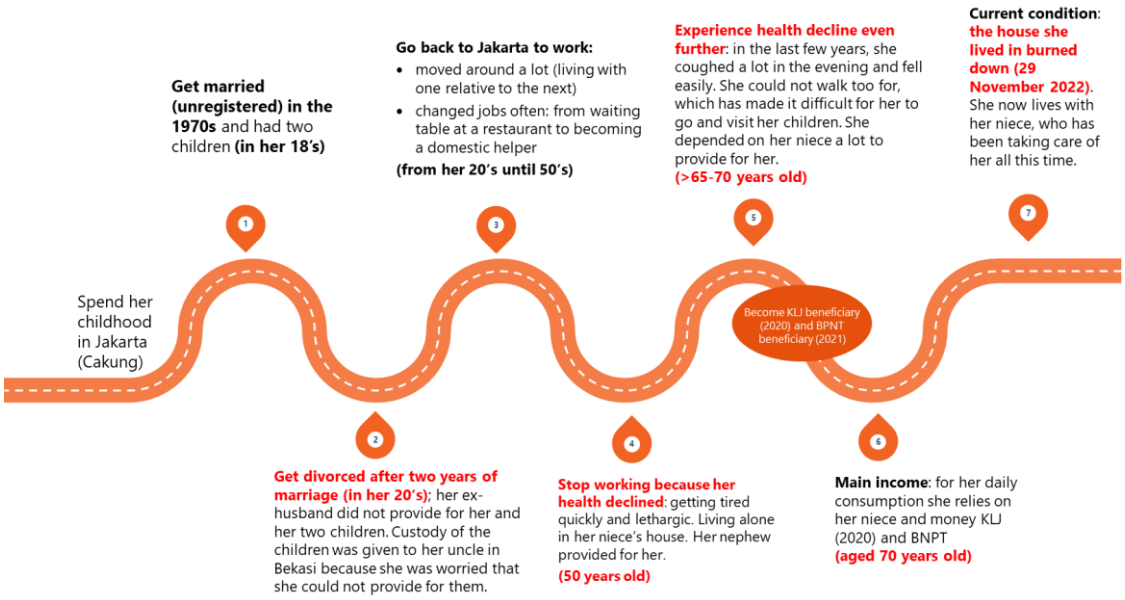
Most of the aid from the elderly-specific *bansos* program is used for daily consumption.

Most of the aid from the elderly-specific *bansos* program received by the respondents, especially those still with their family, is for their consumption and their family needs. They have the tendency to contribute to the family economy and ease the family's burden. The fact indicates that there is a potency of addressing the issues found in TNP2K (2020) in its study, which shows that the average monthly expenses of a family with an elderly are three percent higher than a family without an elderly. The elderly-specific *bansos* programs help ease the burden of expenses the family carries, even though this means that the elderly cannot fully use the aid for their personal needs.

> "(The cash from PKH) is for family's food consumption. I use all of it for food." (WG, female, 70 years old, PKH Komponen Lansia beneficiary, DI Yogyakarta, 31 August 2022)

Most respondents manage the aid they receive, which they use for family and personal needs. This is done by elderly female beneficiaries, who all time manage their family's money and handle domestic chores. Other elderlies give some or even all the cash aid to other female family members, such as wife, daughter, daughter-in-law, or niece. They do this because they are sick or have an illness, are unable to do heavy work, or busy with their job.

Figure 1. KLJ helps ease my niece's burden: A story of a KLJ beneficiary, *Ibu* ASM



Just like in the story in Figure 1, about Ms. ASM, a KLJ beneficiary in DKI Jakarta, even though she lived alone, she gave the cash aid from KLJ she received to her niece to manage although they did not live under the same roof. Before she became a KLJ beneficiary, her niece gave Ms. ASM Rp50,000-Rp100,000 per week for her personal needs. She used the money to buy soap, laundry soap, some cosmetics, snacks, etc. Her niece sent her meals every day. After she became KLJ beneficiary, she used the aid money to buy the things she previously bought using the money her niece gave her. This means she eased her niece's burden, and her niece could concentrate more on providing foods for Ms. ASM. Unfortunately, the house she lived in burned down, so now she lives with this niece, who has been taking care of her and is now managing the aid money. This means that now her niece has even bigger responsibilities to take care of her. She is not close with her two children, as she has given the custody right to her uncle when their children were still very little.

Elderly-specific *bansos* supports the respondents' need for healthcare.

The prime benefit of the cash aid from the elderly-specific *bansos* program that was often cited by the respondents is to help support their need for healthcare. Not only for mild illness, the cash aid also helps the respondents in controlling their serious illness. For example, a female respondent in DI Yogyakarta uses the cash aid from PKH *Komponen Lansia* to buy insulin injections or a BPSL beneficiary in Bali uses the cash aid to buy the injection fluid every month for her husband's joint pain. Even though most elderly respondents are JKN-KIS participants, some choose to use their own money to get medical treatment when they are sick. And they use the cash aid they receive for that. They choose to do this because they said that services at a private physician or hospital was swifter, their medicines work more effectively than medicines from *puskesmas*, or they are closer to where the respondent lives.

> "My father is seriously ill. The cost for one injection (given once a week) is almost half of the cash aid we receive. So, the one million (from BPSL) is just for medicine." (MP's daughter, female, 86 years old, BPSL beneficiary, Bali, 31 August 2022)

Not only for healthcare, some elderlies use the cash aid to support their health-related effort, such as for the transport when they go to the healthcare facility. This is what a female ASLUM beneficiary in the city of Yogyakarta does. She uses the money from cash aid to pay for the fare when she goes for a routine medical checkup at *puskesmas*. Some other elderlies use their cash aid to pay for "typical" health-related products or treatment for the elderly, such as buying rubbing oil or getting a massage. This is usually to treat mild illness or discomfort because of their declining physical condition.

Elderly-specific *bansos* helps with their home needs.

Beneficiaries also use the cash aid with regard to home needs. This is especially true for the beneficiaries who live in a rented house, both in DKI Jakarta and in DI Yogyakarta. They use some of the money to pay the rent. Before they became beneficiaries, usually other family members took care of this and/or the elderly used their own earning. A female KLJ beneficiary in DKI Jakarta, for example, saves some of the KLJ cash aid so that she can add that later to the money her husband saves to pay their house rent, which is Rp4 million a year. Also in DKI Jakarta, a female KLH beneficiary said she could help her child pay for their needs, including paying the rent, from some of the KLJ cash aid she saves. She is happy because she can lighten her child's burden and her child can use the money previously allocated for house rent for other things.

Another story is shared by a female elderly in DI Yogyakarta, who rented a house at the time when her husband received ASLUM cash aid for the first time in 2019. The aid came at a very good time, as it was when they had to pay their annual rent of Rp1.7 million a year. The cash money was used to pay almost half of the rent. From her experience, we learn that ASLUM program is beneficial not only because of the amount of aid, but the timing is also important and really helps the beneficiary.

And not only for paying the rent, some elderlies use the cash from elderly-specific *bansos* program to improve their comfort, including to buy some household equipment. An 85-year-old male respondent in DI Yogyakarta, for example, used the cash from PKH *Komponen Lansia* to buy a mattress because his previous one had all worn out. Another elderly in DI Yogyakarta used the cash from ASLUM program to buy a cooking utensil (a big saucepan) to be used in cooking. This is interesting as it is used to ease the respondent in cooking chicken—which she would otherwise rarely have—which she received as part of BPNT aid parcel. From this experience, we learn that having such a utensil, which is common for many, becomes important for the respondent because she could not imagine having been able to have one. ASLUM program has helped the respondent fulfill this simple need of hers.

Elderly-specific *bansos* helps the elderly respondents satisfy their inner needs.

Aid for the elderly, according to the respondents, helps with their inner peace. It can help them pay for things their grandchildren need, such as for buying them snacks or for their school. For example, a female BPSL beneficiary in Bali always sets aside some of the aid money for her grandchildren's school needs. This habit is her way of showing her love to her child, as she feels that she could not provide for her child properly in the past.

Other elderly respondents also feel satisfied when they can participate in activities held in the neighborhood or contribute to the neighborhood. Some of these are attending a

wedding invitation or other events, paying the community contribution fee, or donate some money when a neighbor has a misfortune (death/illness), or just giving alms.

Quite a lot of the elderlies use the cash aid from elderly-specific *bansos* for community activities. Especially in DI Yogyakarta and Bali, it is a habit of the people in both regions to attend an invitation or to volunteer in community's activities (called "ngayah" in Bali). They give money and/or goods each time they participate and the amount is quite big. For example, a beneficiary of PKH *Komponen Lansia* in DI Yogyakarta usually gives Rp50,000 and some foodstuffs to the host of the event, taken from the cash aid. This can accumulate into quite a lot of money, as it can occur several times a month in a course of a few months. With their weak economic condition, the cash aid from elderly-specific *bansos* programs make them able to participate in these events.

> "I set aside (cash aid from PKH) for the neighbors who may hold an event. Usually I set aside Rp100,000. If I don't contribute, it won't feel right. I'll be embarrassed each I meet them." (SK, female, 71 years old, PKH Komponen Lansia beneficiary, DI Yogyakarta, 4 September 2022)

> "The aid money (from KLJ) is also for paying social contribution at RT. It's Rp2,000 a month. If there is a misfortune, like a death, in the neighborhood, we also donate some money. It's not too big, just give what we can when we come to pay our respect." (AM, female, 66 years old, KLJ beneficiary, DKI Jakarta, 31 August 2022)

The elderly feel great satisfaction when they can participate in religious activities or perform prayers in peace. In Bali especially, the cost for worshipping is quite big because they need to perform many offering rituals or prayers, including observing sacred days or Hindu holidays, such as *rahinan* and Galungan Day. They need to buy praying paraphernalia, such as *canang/banten* or *bokor selaka*, each time they have a ritual. Cash aid from elderly-specific *bansos* programs become one of the sources of money they use for this need in this region.

In DKI Jakarta and DI Yogyakarta, some male and female elderlies use some of the cash aid to support their religious activities, such as paying the contribution fee at the routine Quran study, paying *arisan* or donation, and even paying a trip with the group they join, for example, paying for a religious tour. Mrs. WG in Kota Yogyakarta, for example, saves the rest of the aid money so that she can participate in such a tour with her Quran study group. This sort of trip can strengthen the bonds between the members and help the participants to wind down.

Moreover, to support these religion-related activities, some elderlies buy clothes and Islamic veil with the aid money. They do this to improve their appearance and boost their self confidence. A male beneficiary in DKI Jakarta, for example, bought sarong which is relatively expensive with the aid money from KLJ. He said that it was important to look neat and clean with their best clothes, especially because he is the *imam* at the neighborhood's mosque, so he uses the sarong when leading the prayers.

Elderly-specific *bansos* supports the respondents' business activity/work.

Even though not many, some beneficiaries use the cash aid to support their work. At least one elderly in each province uses the cash aid to support the business they run or to support them in their work. In Bali, a female respondent who sells *canang* (offerings) uses aid money

from BPSL as capital. This is her strategy to survive so that she can maintain earnings from the business which she has been doing in the last three years after she stopped working as a farmhand.

Similar to the female elderly in Bali, a male elderly in DI Yogyakarta (Kulon Progo) uses PKH cash aid for capital. He allocates some or sometimes all the cash aid for his farming/crops. Both respondents in the two study locations had this to say:

> "I use the money as capital in my canang business. I get money from selling canang. So, I use the cash aid as capital, I use it to buy janur (young coconut leaves) and flowers (to make canang). The rest is for eating and to give to my children and grandchildren." (MM, female, 68 years old, Bali, 12 September 2022)

> "To buy fertilizers, I use the money I have saved. The money is the cash aid. So, for my farming business, I don't need to think about where I can get the money because I have saved some." (BW, male, 75 years old, PKH Komponen Lansia beneficiary, DI Yogyakarta, 3 September 2022)

Meanwhile, in DKI Jakarta, a 70-year-old male respondent saves some of the KLJ cash aid to buy a washing machine. This is to help his wife who is a washing worker. With the washing machine, his wife can work more efficiently, and she can ease his wife's burden, as they are not young anymore.

From these three respondents we learn that elderly-specific *bansos* programs really help support their economic activities. Ultimately, they gain something that helps them with their daily necessities.

b) Other *bansos* received by elderly respondents play a role in easing their economic vulnerability.

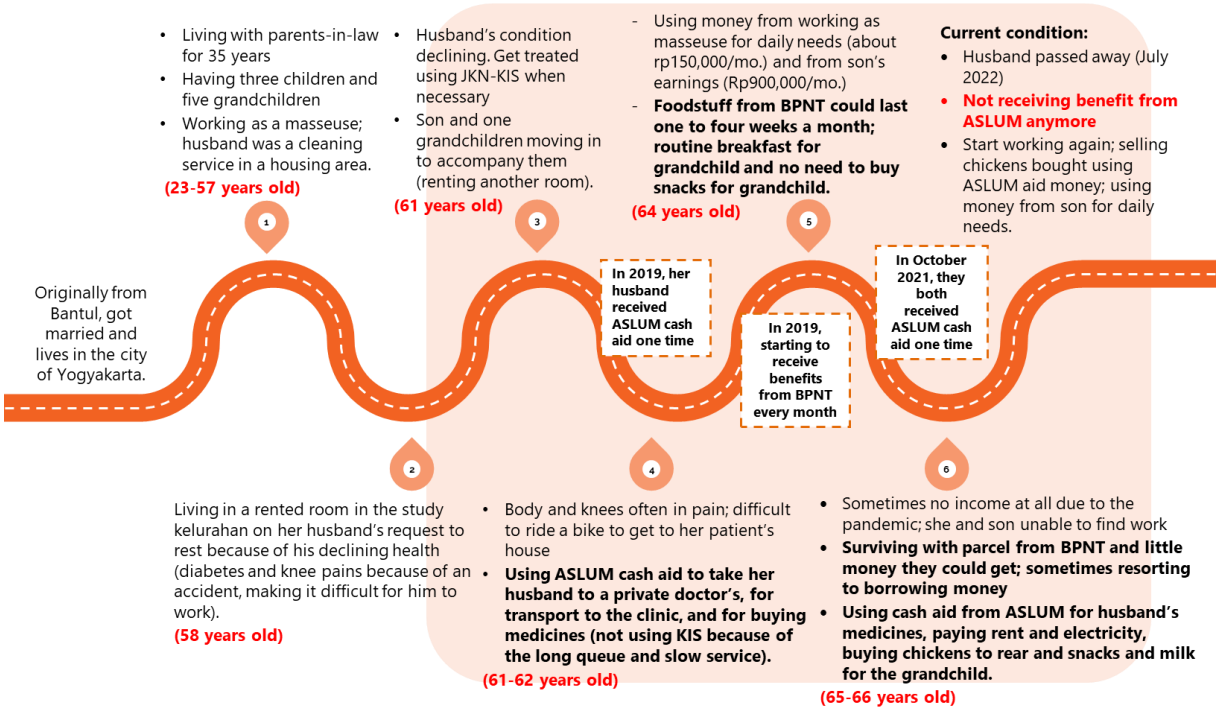
As mentioned in sub-chapter 6.1, most elderly-specific *bansos* beneficiaries are also the b beneficiaries of BPNT or *Program Sembako*. In DKI Jakarta, more than half of the KLJ beneficiaries (four out of seven elderly respondents) also received COVID-19 *bansos*. The integration of two or even three *bansos* give more benefits to the elderly respondents. They are more able to survive in the weakening economy, including during COVID-19 pandemic. Some respondents said that they were beneficiaries of elderly-specific *bansos* and BPNT. They used the parcel from BPNT for their daily needs and the cash aid from elderly-specific *bansos* programs to fulfill their non-food needs. Moreover, with aid parcels from BPNT, they can enjoy food which otherwise only very rarely they could consume, for example, chicken. This was mentioned by one PKH *Komponen Lansia* beneficiary in Kulon Progo.

> "…I jut got (BPNT parcel). There are eggs, fish, rice. It can last for a week for me and my husband. I'm happy we can eat chicken. Usually, we only eat what we pick in the field… I use the PKH cash aid to pay the power and water bills, to buy Remason [a liniment]." (BN, female, 65 years old, PKH Komponen Lansia and BPNT beneficiary, DI Yogyakarta, 6 September 2022)

The same thing was experienced by one ASLUM and BPNT beneficiary in 2021 in DI Yogyakarta (Mrs. SR). We can read about in Figure 2. Her profession as a masseuse took a bad hit because of the pandemic in 2020 and 2021. She even said that her family's income was reduced to zero, as her husband was sick and could not work and their son was a

construction worker who also could not find a job. On the other hand, her grandchild was still in the elementary school and sometimes had to conduct offline learning at school. In 2021, she and her husband received aid from ASLUM. Each of them received Rp1,080,000 (October 2021). They used the money her husband received for taking her husband to a private clinic, for transport to the doctor's, and to buy medicines. The aid money she received was for daily necessities, including for buying foods and paying house rent and electricity and water bills. The foodstuff they received from BPNT could last one to four weeks. From Mrs. SR and her family, who belongs in a very poor category, these programs which complement each other, help ease their vulnerability.

Figure 2. ASLUM and BPNT help us survive: The story of Mrs. SR (66 years old) in DI Yogyakarta



c) Elderly respondents need to make adjustment to their efforts in fulfilling their needs when the elderly-specific *bansos* programs are deactivated.

The benefit and the importance of social aid programs for the elderly can also be seen from some elderlies who no longer received the benefits. Without them, they need to readjust their life so that they can fulfill their needs, which previously are helped with the benefits from *bansos*. Some adjustments they need to do include being more frugal, relying on money or goods given or sent by family or relatives, and returning to work or working harder.

The story of Mrs. SR in Figure 2 is an example of the respondents not getting benefit from elderly-specific *bansos* anymore. Cash aid from ASLUM she and her husband received in 2021 helped them a lot in fulfilling their needs for foods and medical treatment, as they hardly made ends meet. In 2022, she received news that the Yogyakarta city government stopped disbursing cash aid. Mrs. SR was confused, not having a buffer anymore to support

her family. That is why she now returns to riding her bicycle and giving massage to her patients even though she suffers from knee pain. Also, one month prior to the interview, her husband passed away, so she also had to deal with the blow.

The experience of having benefits from elderly-specific *bansos* programs stopped also happened to an 89-year-old female PKH *Komponen Lansia* beneficiary in DI Yogyakarta. The impact was very evident, as she had been a beneficiary for quite a long time (since 2016) and it had helped her with medical treatment. The money her daughter makes from running a small shop is hardly enough. So, not getting benefit from *bansos* makes it impossible for her to get medical treatment. Her story is presented in Box 5.

Late or delayed disbursement of the aid also has the potential of diminishing its benefits. This is what happened to a male respondent in DKI Jakarta. He said the KLJ cash aid he should receive every month was often late or was disbursed every three or four months, especially during the COVID-19 pandemic. Even though he did receive the aid, it disrupted the way he managed the family's economy.

Box 5
A Meaning of Justice for a Daughter of an Elderly in Yogyakarta

Ms. MR is an 89-year-old originally from *Kelurahan* 6, *Kecamatan* 3, in the city of Yogyakarta. She has been a widow for six years after her husband from her second marriage passed away in 2016. She lives with her youngest daughter (SY, 45 years old), who takes care of her every needs in the house they have lived in since 1980. In the house which stands on a piece of land owned by the Yogyakarta sultanate also live her second son and his family. However, they have their own life and even have a separate family ID card.

To fulfill their daily needs, Ms. MR relies heavily on her daughter's income from running a small grocery store. Her son who lives in the same house and her other daughter, who lives with her husband, give her money only sometimes. So, they rely on the earnings from the grocery store, which is about Rp300,000 per month for foods. SY sometimes receives orders of snacks and helps neighbors when there is an event.

The problem is that besides fulfilling their daily necessities, Ms. MR also needs money for medical treatment. After her husband passed away, her mental and physical conditions took a turn for the worse. According to SY, Ms. MR sometimes spoke unclearly and seemed to be confused. She has had trouble standing or sitting straight and her movements are limited. That is why, SY has gotten her mother to wear an adult diaper so that she does not to go to the toilet often and make it easier for SY to clean her. She goes to *puskesmas* for treatment using JKN-KIS. However, because the location is far from their house, Ms. MR is often taken to a private clinic which is closer, but they have to pay for the consultation. They also have to prepare more money for taking Ms. MR to the doctor's because they have to use a pedicab.

The aid money from PKH Ms. MR received since 2016 really helped her medical treatment. At least there was money for buying adult diapers, which was around Rp300,000 per month (two diapers/day @Rp50,000 for package of five diapers). SY sometimes bought *rendang*, which was Ms. MR's favorite food, with the cash aid. SY also routinely bought rubbing oil for her mother. "*She likes it if there is* rendang *and we have rubbing oil, and when her children and granddaughters come and visit.*" SY also said that sometimes she used some of the aid money for capital. She told her mother that earnings from the store was used for daily consumptions, to add to the BPNT parcel she received.

However, in early 2022, SY became very anxious when she heard from PKH case worker that her mother was no longer registered as a PKH beneficiary. She does not understand the explanation given by the case worker; she was told that her mother's data did not match the national data so that her name had been taken out of the list of PKH beneficiaries. She only hoped that the PKH case worker could provide a solution so that her mother could become a beneficiary again. One thing for sure is that she now has to use her own money to buy adult diapers and has to be extra thrifty with expenses. "*Where can I go to protest? If they give us aid, we'll accept it. If we don't, we cannot do anything. We just have to be more frugal. Usually, I changed her diaper twice a day. Now, it's only once a day, at night. As long as my mother can go to the toilet, she doesn't use a diaper.*"

Even though there is nothing she can do, SY did feel that her mother was being treated unfairly by the government. Ms. MR, who knows that she no longer becomes a beneficiary, also cannot say anything about what has happened. SY can only try to ease her mind by accompanying her to watch TV or listen to her stories at home. At the same time, SY has to think of ways to fulfill her mother's needs in the difficult economy.

Source: Interview about an elderly life story, 2022.

6.3.2 Benefits of Social Insurance

a) Healthcare insurance: JKN-KIS

Almost all elderly respondents are JKN-KIS participants. They said that JKN-KIS has really helped them. They can access healthcare services at *puskesmas* or a referral hospital free of charge. That way they can save money for healthcare and allocate the money for other necessities.

Specially for the elderly respondents who live far from their referral healthcare facilities, as they use JKN-KIS, they need to prepare money for transport to go to the healthcare facility. JKN-KIS also ease the mind of some of the elderlies, as they know that should they have health problem, they have a buffer to help them with the treatment. As mentioned by one female elderly in DKI Jakarta, since she had JKN-KIS, she no longer needed to think about cost for medical treatment. The same thing was expressed by the daughter of an 85-year-old female respondent in DI Yogyakarta. She is glad she has KIS in case her mother gets sick.

> "... we rarely use KIS, but I am glad we have this to rely on should my mother gets sick." (Daughter of Ms. MR, female, 85 years old, DI Yogyakarta, 1 September 2022)

However, as mentioned previously, many elderly respondents feel that healthcare services using JKN-KIS have not been optimal. Many still complain about the services, which make some of them reluctant to return to and/or access healthcare facilities using JKN-KIS even though it is free of charge, especially for outpatient (at *puskesmas*). Sometimes they choose to go to a private clinic or hospital, where they have to pay, even though the location may not be close to where they live. More elderlies in DI Yogyakarta feel this than those in DKI Jakarta and Bali. It is maybe because the healthcare facilities in both regions are relatively better and more evenly distributed than those in DI Yogyakarta.

Some reasons cited by elderly respondents related to their reluctance to access healthcare services using are as follow. *Firstly*, they feel that the medicines from JKN-KIS healthcare are less potent. Some respondents said this because they felt they did not get better after taking medicines from JKN–KIS-supported a healthcare facility. *Next*, oftentimes there is a long queue, making the elderlies not comfortable as they are not strong and easily get tired if they have to wait long. *Thirdly*, they find it troublesome to get a referral from the first-level healthcare facility to take to the hospital. *Lastly*, they experienced bad treatment. This was expressed by one female respondent in DKI Jakarta who said that she "had had enough" going to *puskesmas* (using JKN-KIS) because she felt she got a cold shoulder when she went to *puskesmas*, which actually was not the first-level healthcare facility that she should access.

These complaints should be noted if we want to improve healthcare services for the elderly who use JKN-KIS. This is because services are not only about availability, but also about maintaining quality services so that the elderly can benefit more from JKN-KIS.

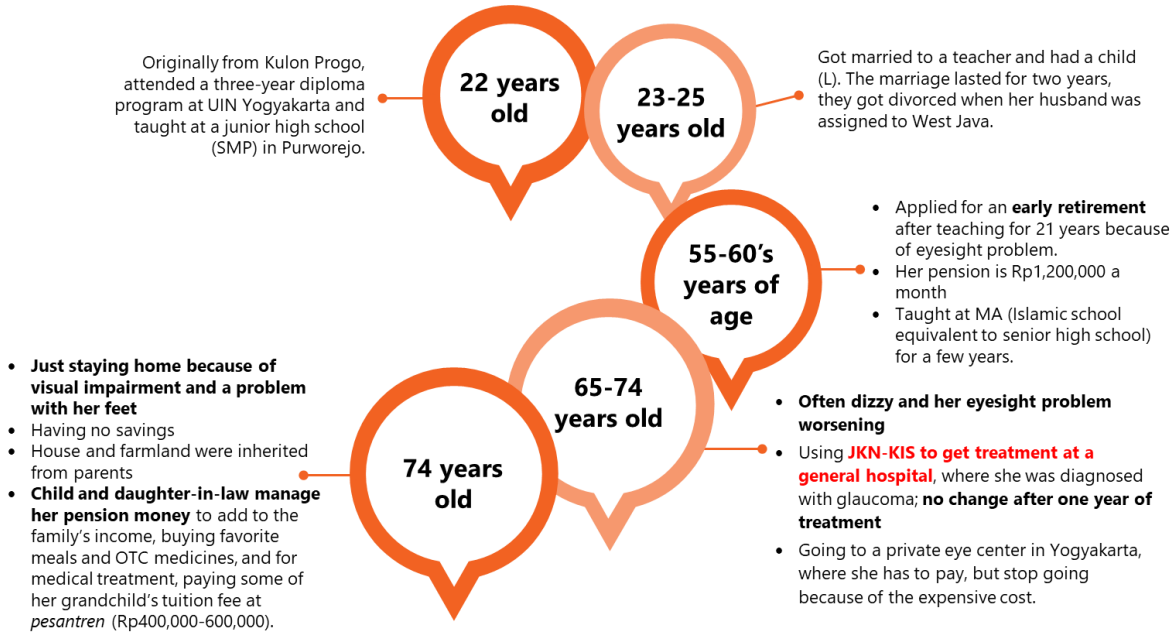
b) Pension Plan

The pension plan received each month by a 74-year-old retired female civil servant in DI Yogyakarta and a 70-year-old male in Bali becomes their source of earnings in their old age. There are some variations of the utilization and management of the pension money by both respondents.

As mentioned previously, the respondent in Bali uses most of the pension money to pay the installments to the bank, for the loan he and his wife (who is retired) took up. So, they only get about 15% (Rp300-540,000) of the pension money every month. This money is managed by his wife and is used for their daily needs and healthcare, as the respondent has had a stroke and had a problem with his eyesight in the last few years. Luckily, their two children help them with money, including for medical treatment, which is not covered by JKN-KIS.

As for the female respondent in DI Yogyakarta, she uses almost half of her pension money (Rp400-600,000) to help pay her grandchild's tuition fee at an Islamic boarding school. Being able to contribute to her grandchild's education makes her happy. Her daughter-in-law manages her pension money. The rest of the money is used to help with the family's expenses. However, she can ask her daughter-in-law if she wants to eat certain meals. She also can pay for her routine medical needs, such as buying rubbing oil and some medicines. In fact, she once used the pension money to go to an ophthalmologist in Yogyakarta to treat her glaucoma. Unfortunately, she did not continue with the treatment, as the cost was too big. Figure 3 summarizes her life story.

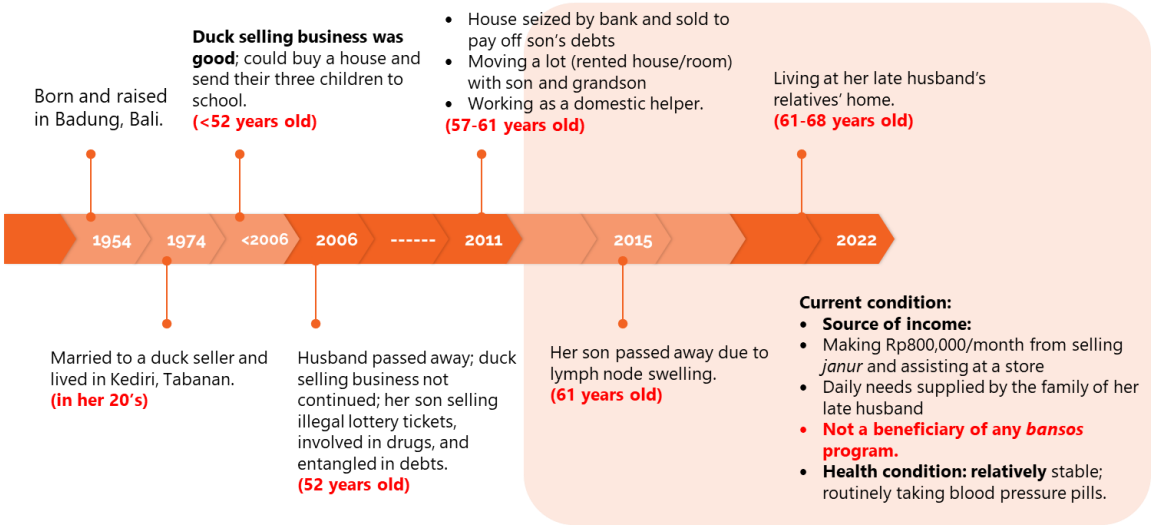
Figure 3. Living the old age with pension money: The story of Ms. ST (74 years old), a retired teacher in DI Yogyakarta



Regardless of the variety in how they utilize the pension money, the two respondents' experience of having a pension shows the importance of having savings/social security in old age. They still have a source of monthly income, which enables them to stay independent.

On the other hand, a life story of Ms. KS in Bali summarized in **Figure 4** below shows us how an elderly without social security or savings lives a vulnerable life, despite having a quite comfortable life when she was young. The condition is made worse without social aid programs to help her. The dynamics of the issues faced by Ms. KS; losing her savings and asset (home) close to her old age, makes her have to live her old age by herself and dependent on her relatives without having a source of income.

Figure 4. Strong economy before reaching old age, but without social protection in the old age: A story of Ms. KS (68 years old), a *canang* seller in Badung



VII. Hope for the Future

Social protection programs for the elderly, both *bansos* and *jamsos*, discussed in Chapter 6 play a role in their bid to reach their goal in the future. So, in Chapter 7 we are going to look at what their hopes are. At certain level, we are also going to talk about the role that *bansos* and *jamsos* play in relation to their hopes.

7.1 Hope for the Life in the Future

The elderly respondents' hopes for the future, both elderly-specific *bansos* beneficiaries and non-beneficiaries, cover four aspects: health, economy (including that related to social protection), peace of mind, and social relations. These are included in their wish for their being cared for in the future. By having hopes, they can maintain their motivation and spirit, which ultimately can positively affect their quality of life in general. The following is the description of each aspect.

a) Health aspect

The aspiration to remain healthy in their old age is one hope most often and in general firstly mentioned by both male and female respondents. It was also expressed by those who were of ill health when the interview was conducted.

This aspiration about health is oriented toward other people (family), not themselves. and even if the focus is on themselves, it was also expressed by the respondents who live by themselves because they did not have children or because they did not get along well with their children or other family and relatives. Some of the reasons why staying healthy was an aspiration for them are as follow:

1. They did not want to burden their family (children, spouse, relatives). The respondents said they felt sorry that their family had to bear the burden of caring for them when they were sick, as they were poor.
2. They wanted to be able to care for their family or spouse who was sick. This happens to one of the female respondents in DKI Jakarta. She had to care for her sick husband. At the same time she had to take care of the family and became the breadwinner.
3. They wanted to be able to continue working. Many respondents who are still working, male and female, expressed this. Realizing their poor economic condition, they need to be healthy so that they can work and ease the burden of the family. Moreover, some elderlies in fact had to return to working because of the impact of COVID-10 pandemic and/or because some of the aid programs of which they were the beneficiaries all this time were discontinued.
4. Specially for the elderlies who live by themselves, their aspiration to remain healthy is because they realized that they had no one to care for them should they get sick. On the other hand, they did not want to burden other people (neighbors).

Related to this aspiration, despite all their limitations, the elderly-specific *bansos* and health insurance (JKN-KIS) programs have contributed to this desire to remain healthy, as described in Chapter 6. Of course, there are rooms for improvement so that the health benefits the elderly receive are optimized. For instance, two female elderly respondents in Denpasar City (beneficiary and non-beneficiary of elderly-specific *bansos* and JKN-KIS) hoped that the program included a home visit for elderly participants, especially for routine checkups.

b) Economic aspect

The elderlies' hope regarding this aspect is generally a reflection of their condition, who for the most part are poor. That is why their aspiration is those which are basic things in our life, namely, being able to fulfill their daily needs. This was expressed by the elderlies, who are still working and are relying on their family. In fact, some elderlies said they wanted to be *bansos* beneficiaries (for the elderlies who were not beneficiaries and those who stopped receiving aid). Or they hoped that they would continue receiving aids. They realized that they kept getting older and their productivity continued to decline and that *bansos* really helped them with their daily needs.

For elderlies who are still working, most expressed hope that they could still work. They said they wanted to help ease the family burden (children or grandchildren's) and also it was so that they had something to eat. In fact, some said they were eager to expand the business they were running. One example is Mr. RUS (70 years old) in DKI Jakarta. He wanted to expand his plastic and electronic waste collecting business. There is also Mrs. BN (65 years old) in DI Yogyakarta, who currently has four goats and wants to breed them.

Another hope related to economic aspect many respondents expressed was that their family, especially their children and grandchildren, would have a better life than they did. They hoped their family would have a steady job and/or better education so that it could help with their welfare in the future. Some respondents had even done something to realize this aspiration. One example is what two female elderlies are doing. One is a 74-year-old who had pension and the other is an 86-year-old BPSL beneficiary in Bali. They routinely set aside some money they received, as they wanted to help with their grandchildren's education cost. Another example is Mr. KT (65 years old) in DI Yogyakarta. He was willing to sell teakwood from the trees he planted on a small plot of land left to him by his parents, so that their children could pursue higher education. He said he knew that his poor condition was because he had not gone to school, as he was branded a son of an Indonesia Communist Party's member.

c) Peace of mind

This aspect concerns non-material things which have the potential of making the respondents content and happy. The first thing many respondents mentioned was their aspiration to be more grateful with what they got at the moment even though they lived in poverty. Their ways of showing gratitude include praying diligently and do good, including giving donation or alms. Some elderlies, such as those in Bali, use the cash aid from elderly-specific *bansos* for worship purposes. Some Muslims still have a hope that they can somehow go on a Haj pilgrimage even though they realize that the possibility is very small,

as expressed by a 67-year-old male respondent and an 80-year-old female respondent in DKI Jakarta and a 74-year-old female respondent in DI Yogyakarta.

There is also a respondent who dreamed of returning and living in her childhood neighborhood (a 66-year-old female in DKI Jakarta). Another seemingly simple hope was expressed by a 68-year-old male respondent in Bali. He would like to have a television so that he could watch the programs after working. Unfortunately, he still could not realize this hope of his when the study was conducted.

d) Social relations aspect

The aspiration related to social relations most mentioned by the elderly respondents concerns their family and relatives. Most respondents hope that their children and grandchildren could live in harmony. They also hoped that their relationship with their children and/or other family members and relatives remained good. In terms of the form, an example they gave was that their children could continue caring for them and could often visit or get together with them so that they did not feel lonely. This is related to their hope of living together with their family or having their family care for them, rather than living in a nursing home (to be discussed further in sub-chapter 7.2).

Related to their social relationship with the community, some elderlies expressed hope that their relationship with the neighbors or the community would always be good. They work toward this by participating in social and community activities. For example, a 68-year-old male respondent in Badung always sets aside time to visit neighbors or people whom he knows. Another example is a 66-year-old female respondent in the city of Yogyakarta. She joins a routine Quran study class or comes to an event or if there is misfortune in her neighborhood or the surrounding community. The same thing is practiced by a 71-year-old male respondent in DKI Jakarta. He added that it helped overcome boredom. These initiatives to maintain good relationship with other people are basically the things most respondents are already doing in their daily lives as described in Chapter 5.

7.2 Expected Pattern of Caring

Caring for the elderly is an important aspect in working toward their welfare. The central and regional governments have provided caring facilities for the elderly, namely, social homes for the elderly or nursing homes. In these places, neglected elderlies are cared for or families can have their elder member of the family cared for. By staying at one of these places, the hope is that the elderly receive full and good care and they can lead a good life in their old age.

In this study, however, almost all the elderly respondents in the three provinces did not want or were not willing to live in a home for the elderly. In general, they want to live with or be cared for by their family (children, grandchildren, spouse, or other relatives) because they are the source of their happiness. A respondent in the city of Yogyakarta had this to say:

> "Want to stay at home for good. I don't care whether there is food on the table or not, I want to live with my daughter." (MR, female, 89 years old, Yogyakarta, 1 September 2022).

Moreover, their unwillingness to live in a nursing home is because of the understanding of some of the respondents that caring for parents (elderly) is the children's duty. That is why if the child puts their parent in a home, it can be said that they do not love their parent. This was expressed by two female respondents in DI Yogyakarta aged 70 and 72. This is also what is instilled in the mind of our 89-year female respondent in DI Yogyakarta. She was upset when her daughter talked about social home for the elderly. She said it was unethical to bring up the topic.

Not only those who live with their family, the elderlies, both males and females, who live by themselves also did not want to live in a nursing home. This was expressed by Ms. SK (70 years old) in DI Yogyakarta, Ms. TR (67 years old) in DKI Jakarta, and Mr. GS (78 years old) in Bali. Despite having no family living in the same house, Ms. SK said she wanted to live in her place no matter what. At the same time, Ms. TR believed that there would always be some relatives or people, from the neighborhood or even from the government, who would care for people like him without having to take him to a home. Mr. GS also wants to live close to his relatives, not at a social home for the elderly.

There are some stigmas known and understood by elderly respondents about living in a nursing home. *Firstly*, a social home for the elderly or a nursing home is where an elderly is "dumped," meaning that their family do not love them. *Next*, there is an impression that living in a home means that the elderly has resignedly awaited death. *Thirdly*, at a nursing home, the atmosphere will not be as nice or warm as it was with their own family, so they will not feel at home. *Lastly*, some elderly respondents think that living in a nursing home costs a lot of money, so such a place is accessible only for an elderly from a well-to-do family. This arises from the conviction that living in a home, the elderly will surely receive better treatment.

However, one respondent (a 68-year-old from Bali) said he would not mind living in a home as long as he was guaranteed a good health service while living there. His conviction is based on his condition: he has to care for his sick wife, so he thinks that if one day his condition makes him unable to do much anymore, he will need other people to care for him. So, living in a nursing home is a solution.

VIII. Conclusion and Recommendations

8.1 Conclusion

In general, the result of the qualitative study on the life stories of the elderlies reinforces findings of the first phase[18] an the second phase[19] of the study on the elderly. This third phase of the study discovers, and provides us with descriptions of, the phenomena related to the lives and welfare of the elderly, covering the economic condition (livelihood, earnings, and expenses), physical and mental health, basic needs (foods, clothes, and homes), their social relations with the family and the community, access to social protections, and hopes for the future. The study also discovers some changes in aspects under study, both before and after they reach old age and how these changes affect their life going forward.

The elderly respondents' vulnerability tends to be high, and their welfare condition tends to worsen with age. However, most of the respondents let the life move the way it does, enduring changes in their welfare condition. Many are still working hard for daily bread. Specially for the elderlies who live with their family, they also still pay attention to their children and grandchildren's welfare. Some of the activities related to this include providing a place to stay for them, helping with the household expenses, or helping pay their grandchildren's tuition fee. The primary concern of the elderly respondents is their health.

Many of them experienced a decline in well-being before they reached old age, thus adding the risks of vulnerability they face now that they are an elderly. This has been the experience of all elderly respondents who are poor and those with a good economic condition, such as the retired civil servant and farmer who worked on a wide area of farmland. This study also discovers that the welfare of the female elderly respondents and those living by themselves tend to be worse than the other groups of elderlies. Furthermore, hardly any respondent has prepared for their old age, so their vulnerable situation is unavoidable.

From their stories we learn that their vulnerability and welfare are affected by multiple factors, especially those in their younger age, when they were still productive or even since they were little, and when they entered old age. These factors include having a job or otherwise, working in formal or informal sector, having assets or not, having savings or otherwise, access to social security for workers (*jamsostek*) and health insurance (in the stories in this study, both are not available), health condition, size of the family or number of children, and social relations with the family and the community. The childhood factors include poverty; disability; education; and health, including stunting.

[18]The report with the title "The Situation of the Elderly in Indonesia and Access to Social Protection Programs: Secondary Data Analysis", TNP2K and SMERU (2020)

[19]The report with the title "The Situation of the Elderly in Indonesia and Access to Social Protection Programs: AQualitative Study in DKI Jakarta, DI Yogyakarta, and Bali", TNP2K and SMERU (2022)

The factors after entering old age, which are similar to those when they were younger, are their access to *jamsostek* and health insurance, health, size of the family or number of children, social relations with the family and the community, living alone or with the family, family's dependence on the elderly respondents, and being *bansos* beneficiaries or not. To note, from the elderlies' stories in this study, we learn that most of them were late to access the social security programs when they were introduced.

Some elderly respondents become the beneficiaries of elderly-specific *bansos* run by the central government (PKH) and by regional governments, such as KLJ in DKI Jakarta. Some elderly respondents in other study locations (DI Yogyakarta and Bali) became the beneficiaries of some elderly-specific *bansos* but not routinely. In fact, when COVID-19 pandemic hit, these programs were discontinued. The study discovers that some poor elderly respondents never received any social assistance, including social assistance not specifically targeting the elderly.

Some facts/phenomena about the elderly's lives and welfare in this third phase of the study on the elderly can be summarized as follow:

- Economically, elderly respondents face bigger challenge in their old age.
    - Many elderlies still work and even become the breadwinner in their family or in their children's household. For the elderly respondents who still work, most work in an informal sector. The types of work vary, but usually the nature of the work is one that requires physical strength and offers relatively small and unsteady income. That is why they work without protection against work accidents and old age/pension plan. Some elderlies still do the same work they have been doing before they entered old age. There are also elderlies who quit working, before or after they entered old age. These are mostly female elderlies.
    - For elderly respondents who do not work, most of them are female respondents. They handle domestic chores, including taking care of their grandchildren and caring for their husband who has a serious illness. For female respondents who suffer from a relatively serious illness, most of time they rest, whereas the male respondents help their wife. They rely on supports from children or relatives. The amount or value of the support they receive for daily life tends to vary and is not regular.
    - Most elderly respondents also do not have savings they can make use of in their old age. Even if they have some savings, they tend to use it for something they have already planned, for example, for buying a household item or for an urgent need, including healthcare expenses.
- Their health condition tends to worsen with age.
    - More than half of the respondents have physical health complaints. Some have had a certain illness since before they hit old age or when they were still between 40 and 55 years of age. The condition affects their economy which has declined even before they reached old age. In general, they suffer from a degenerative disease. In DKI Jakarta, the health condition of all elderly respondents has taken turn for the worse due to more than one complaint, from mild to serious illness.

- Many elderlies also reported worsening emotional state or mood. The triggers, aside from the poor condition they live in, are concern about the future of their children and grandchildren, concern about their worsening health condition and their spouse's, loneliness for being left by their children, and disappointment as their children did not give proper attention.

- Most elderlies still cannot properly fulfill their basic needs since before they entered old age.
  - Even though the respondents' consumption pattern does not change, namely, having meals two or three times a day, the types of foods they consume are less varied and did not necessarily meet the required nutritional adequacy. This is because it relies on their financial condition at any given moment. They have been in this condition since they entered old age.
  - Since before they reached old age, they mostly rely on other people to fulfill their needs for clothes. These can be their family and relatives or people outside their family.
  - The condition of the homes of most elderly respondents is less than ideal or close to unlivable. For respondents who are not originally from the region, the condition is more vulnerable: they live in a rented house or live in a house standing on a land owned by the state or the regional government or on the tribal land. They have been in this condition since before they entered old age.
- In general, most elderly respondents have good social relationship with their family or the community. The condition has been this way before they entered old age. Any dispute should be treated case-by-case and they are usually because of a dispute or difference of opinion and certain misunderstanding.
- For the elderly respondents who become the beneficiaries of *bansos* programs, both specifically targeting elderlies and otherwise, including social security programs, said that the social protection programs have been very helpful in easing the burden they or their family carry. The programs help the elderlies solve some issues they face. Descriptions of some benefits they shared with the research team are as follow:
  - The assistance and aid support their effort to fulfill the elderly and family's daily needs, namely: (1) food consumption, especially for meals for the whole family; (2) the elderly's healthcare, including for buying medicines and transportation to the healthcare facilities; (3) household needs, especially for those who live in a rented house, paying electricity and/or water bill; (4) the elderly's peace of mind, usually their ability to help with their grandchildren's needs (allowance money and school fee) and participation in religious/community activities; and (5) business capital.
  - The elderly-specific *bansos* beneficiaries who also receive assistance or aids from other programs, such as *Program Sembako*/BPNT, are more resilient to shocks, thus, lessening their vulnerability. This is especially felt during COVID-19 pandemic.
  - JKN-KIS (PBI and non-PBI) ensures that they are eligible for free healthcare services. Some respondents also said that they felt more at ease because if they got sick, they could turn to JKN-KIS.

- Pension plan owned by a small number of elderly respondents assures they have monthly income they can use for their daily needs and even for their family. They usually use of the money for debt installments.

- However, the elderly respondents still faced issues regarding access to social protection programs for the elderly. These issues include:
  - The elderly-specific *bansos* cover only a small part of the elderly population. This applies to programs run by both the central and the regional governments. An exception seems to be KLJ, which was initiated and run by DKI Jakarta government; the number increases every year, and the beneficiaries routinely receive the aid.
  - Information about elderly-specific *bansos* is not well spread. Almost all beneficiaries were registered by other parties, or they did not register by themselves when they started accessing the assistance. In fact, some did not know the criteria or the reason for becoming a beneficiary. Elderly respondents who are not beneficiaries did not make any effort to access it because they did not know how to do it.
  - Assistance from some elderly-specific *bansos* programs which some of the respondents received has been discontinued even though the beneficiaries really need the assistance. One of these programs is the elderly-specific component of the Family Hope Program (PKH), or *PKH Komponen Lansia*, in 2022. PKH was initiated by the central government under the Ministry of Social Affairs. Other programs are regional social protection programs for the elderly, such as ASLUM from Yogyakarta city government and BPSL run by the government of *Kabupaten* Badung. The consequence is that the respondents have had to make adjustments to their daily expenses; they have returned to relying on supports from their family and become even more thrifty with what little they have. Some have even returned to working or worked even harder than before.
  - The utilization of JKN-KIS is not optimum, as some respondents are not keen on using their KIS for their medical needs, especially for outpatient purposes. They said that the medicines they were given were not potent and the line at the healthcare facilities is often long. Another reason they shared was the procedure for obtaining a referral is long and complicated.

- Most elderlies expressed hope that their quality of life going forward would improve and their life would be more economically sound.
  - Some aspirations shared by the elderly respondents are: (1) to remain healthy so as not to burden their family; (2) to have a better life economically for them and their family; (3) to have peace of mind by being grateful and able to worship peacefully, and (4) to have and maintain good relationship with the family and people.
  - Most elderly respondents also want to always be close to and be cared for by their family. Almost no one wants to live or be cared for in a social home for the elderly or nursing home because of some stigmas about the place. These were expressed by the elderlies. Some of these stigmas are as follow: (1) the social home for the elderly is where elderlies "are dumped" which means that their family do not love them; (2) those who live in a home "are just awaiting death"; (3) the atmosphere in a home will not be as warm as it is with their own family and they will not feel at

home; and (4) the cost of living in a home must be expensive, so such a place is not for the poor.

8.2 Recommendations

Based on the findings in this qualitative study on life stories of the elderly, some recommendations the research team can offer are as follow:

1. Everyone should prepare themselves for the old age. This applies to, not only the person, but also their family and the society. That is why people, especially those in their productive age, should have awareness and proper knowledge of the importance of making efforts to prepare for their life and welfare for when they reach old age. The efforts are the responsibility of not only each individual, but also the family, the state, and the society, and they should involve all stakeholders.

2. Having effective social protection programs designed for the elderly is a recommended strategy to address the issue of elderly's vulnerability and to help them have a quality life in their old age. On the one hand, it should ease their burden of having to work for their daily needs. On the other, it should lessen their dependency on the productive-age groups. Learning from the implementation of elderly-specific social protection programs–their availability and aid disbursement–we need to ensure that they are easily accessible by the elderly that need them the most and that in the future the utilization is more effective. The following are some things the government can consider as priorities:

    - Related to social assistance for the elderly, it is important to expand the coverage and the number of beneficiaries. If limited fiscal capability is an issue, the priority is expanding the coverage to older age groups, elderlies who live by themselves, and female elderlies. The number of beneficiaries should also be increased gradually.

    - Because the assistance is utilized not only by the elderlies, but also their family, the mechanism for utilizing the social assistance should include members of the immediate family. This is to ensure that the priority is still the elderly, including for their nutrition needs, healthcare, and social needs.

    - Issues about where they live should be addressed. For most elderly beneficiaries are poor and live in urban areas. They live in a hardly livable house or structure with extremely limited facilities. The government or non-government organizations should think about initiating or expanding more house renovation or rehabilitation programs for the elderly.

    - Related to the elderlies' reluctance to make use of JKN-KSI to get healthcare services, citing lack of availability and unsatisfactory services, there needs to be improvement of the quality of healthcare services and facilities. They should be more senior-friendly and there needs to be assessment and monitoring of the program's implementation. Moreover, there needs to be strategies to make the elderly, who have a certain illness, go through the treatment process until they are completely cured of their illness.

- Some issues about the implementation of social protection programs for the elderly mean that strong commitment from the central and regional governments is needed. The commitment includes providing social protection programs and access to elderlies to social protection programs and ensuring there is enough budget allocated for them.

3. As there is little to no effort made when they were still physically able to prepare for their old age, there needs to be more intensive education and promotion to the public regarding the importance of preparing for old age and encourage the productive group to have an old age/pension plan.

4. Responding to the minimum or lack of knowledge and understanding about social homes for the elderly or nursing homes and to change the negative image that the elderly and their family have about these places, there needs to be dissemination about the role and function of the homes. Aside from removing the stigmas, the stakeholders need to improve the number and quality of services in as many regions as possible.

5. Stakeholders need to facilitate efforts to further strengthen social relations between the elderly and their family or the society, which are relatively already good, as this can improve their mental well-being which can ultimately help them achieve ideal welfare condition.

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Appendices

Appendix 1
Summaries of Stories of the Elderly in DKI Jakarta

(See file in the folder "Appendix of Qualitative Study Report on the Elderly 3_Summaries of Stories of the Elderly/DKI Jakarta")

Appendix 2
Summaries of Stories of the Elderly in DI Yogyakarta

(See file in the folder "Appendix of Qualitative Study Report on the Elderly 3_Summaries of Stories of the Elderly/DI Yogyakarta")

Appendix 3
Summaries of Stories of the Elderly in Bali

(See file in the folder "Appendix of Qualitative Study Report on the Elderly 3_Summaries of Stories of the Elderly/Bali")

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