

Understanding middle age in Indonesia: Negotiating demands and resources in family and community networks

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Abstract

Middle age (or 'midlife') is a neglected part of the human life course. It lacks the developmental significance of childhood, the density of decisions and transitions which characterise youth and family formation, and the obvious vulnerabilities of later life. Yet middle age is a pivotal period in many people's lives, and middle-aged people often occupy positions of central importance in their wider family and community networks. In contexts in which the support for elderly people remains firmly a family responsibility, it is often middle-aged daughters who become main carers for older parents. At the same time they may be heavily involved in the upbringing and education of their children, or putting effort and resources into facilitating their children's steps towards independence. Yet in Indonesia middle-aged workers frequently face open age discrimination, while emerging health problems may limit the types of work they can do. In short, middle age is a lifecourse stage in which demands can be considerable, while the resources to meet these demands may be coming under threat. This contributes to the vulnerability not only of 'mid-lifers' themselves as they approach old age, but also of their wider networks. This paper exploits ethnographic data from three Indonesian communities currently under study by a comparative project on vulnerabilities across the lifecourse. It critically assesses the role of local livelihood opportunities, culture and socio-economic stratification to understand the differential challenges and opportunities that middle-aged people in contemporary Indonesia face.

Introduction

Middle age (or 'midlife') is a neglected part of the human life course. It lacks the developmental significance of childhood, the density of decisions and transitions which characterise youth and family formation, and the concentration of vulnerabilities of later life. Where research recognises middle age as a distinct lifecourse stage at all, it tends to prioritise women and focus on the narrow domains of menopause or adjustment to an 'empty nest' following young adult children's departure from home (refs).

The neglect of midlife is unfortunate, given that it is a pivotal period in many people's lives. On the one hand, middle-aged people often occupy positions of central importance in their wider family and community networks, making an understanding of their roles and pressures imperative. On the other hand, midlife anticipates later life. It can therefore be seen as a 'staging area' that foreshadows social, health or economic vulnerabilities in old age. This aspect should make mid-life of interest to policy makers.

This paper examines the challenges of middle age in Indonesia. It argues that these challenges often arise out of an imbalance between the demands middle-aged people face and the resources they can draw on to meet these demands. Far from being a period of stability and security, mid-life is often a period of transformation & adaptation, precarity and premature decline.

Common assumptions about Mid-life

- Established in occupation

- In work, at peak of ‘career ladder’
- Married and with family formation complete
- Children gaining independence
- Leadership roles in family, economy, community, religion, politics
- (Still) in good health
- Caring for elderly parents [only ‘negative’ aspect]

In what follows, we want to question some of these assumptions and point to the many ways in which contemporary Indonesian economy, demography, society and epidemiology dislocates middle age as a period of stability and security.

Methodology & fieldsites

[see slides]

Emphasise limited set of 10 life histories analysed so far.

We have defined middle as roughly 45-59.

Vulnerabilities around Marriage

Failure to marry	Despite non-marriage being virtually unheard of: 2 cases of handicapped women, never married, dependent on parents, now parents have died → dependence on kindness of relatives & neighbours; uncertainty about future care.
Late, plural or unofficial marriage	Examples of very delayed marriage (e.g. due to long-term migration) with attendant gossip, of having to accept insecure marriage arrangements (second wife; nikah sirih). Late marriage also exacerbates ‘sandwich generation’ pressures if it results in late childbearing.
Divorce, widowhood, widowerhood	Resulting in single parenting, economic hardship; in case of janda → reputational vulnerabilities, unwelcome advances. According to DHS data, but 45-49, only 86% of women are still in a union. E.g. case of near divorce, following husband’s serial adultery and gambling, but judging divorce to be even more economically and emotionally disruptive for children; E.g. case of middle-aged man left with 5 unmarried children following death of wife.

Dependent, rather than independent children

Late or extended period of responsibility for raising children	Trend towards later marriage and remarriage + significant minorities having very large families (again) → mid-life people’s children still of school age or even younger; coexistence of dependent children and grandchildren; E.g. woman in early 50s who has pre-school age disabled child; E.g. middle-aged couple with pre-school age child and a child at university (econ pressures!)
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Prolonged education	Majority of young people complete SMA education, minorities going on to university education are not insignificant; complaint about educational costs ubiquitous; East Java: confidence that education pays off; elsewhere: fear that pay-off depends on willingness to migrate away.
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Grandchild care

Grandchild care	<p>Earlier childbearing than in many Western societies means that middle-aged women are more likely to be grandparents (while perhaps still having dependent children).</p> <p>Sporadic grandchild care is welcomed and provides satisfaction, positive status etc.</p> <p>Far-reaching and regular grandchild care is seen as burdensome: tiring; financial demands (<i>jajan</i> culture!); discipline problems; interference with ability to work (see below)</p>
‘Sandwich-cum-skipped-generation’	<p>Migration of adult children → skipped generation set-ups where mid-life grandparents have to take on parenting roles; tiring; financial hardship as remittances are inadequate to cover costs of children left behind.</p> <p>Case of coresident baby grandchild (with mother) and young grandchild (parents both away) and midlife grandmother was main breadwinner of household;</p> <p>Case of grandparents raising illegitimate grandchild as their own.</p>

Care of elderly parents and relatives

Extreme caring burdens precluding other roles	<p>Some degree of elderly care is expected and common, but assumption / hope: several siblings to share.</p> <p>Several cases of care for bed-bound elderly relatives preventing mid-life carer from carrying out work or social roles;</p>
Importance of intra-generational care-giving	<p>Middle aged women caring for ill husband:</p> <p>Case of husband’s care interfering with life-saving healthcare treatment;</p> <p>Care for husband alongside care for dependent children, elderly parents and juggling main breadwinner role (early onset of ill health in Indonesia → not sandwich generation, but far-reaching contemporaneous demands.)</p>
Multiple caring responsibilities	Case of middle-aged couple of mediocre health with two coresident school-age children while also providing care to 3 elderly (non-coresident) relatives

Work & income

Being ‘at top of game’?	Few cases of mid-life people at peak of career;
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	Two most successful people – both men – in small sample analysed thus far were in a relatively new profession (self-employed processed food sellers)
Significant levels of occupational change	Few middle aged people were in the same profession they started out as (need more data from more rural sites!), many shifted roles even in last 10 years (e.g. factory → seller)
Age discrimination	Blatant and widespread age discrimination in formal sector, with max limits on intake of 25-30 years (incl. factories, shops, newspaper); borongan system also considered disadvantageous Impossible for middle-aged people to get into burgeoning factory and retail domain; → self-employed, but needs capital; or provide childcare so that younger generation can work in ‘modern jobs’
Early exit from or reduction in work	Several cases where ill health or weakening strength had forced mid-lifers to exit their jobs (e.g. fishermen, divers, carpenters, angkot drivers) [NB formal retirement age under 60] Some were now working less intensely or in less strenuous roles (e.g. carpenter to caretaker). [Idea of ‘sesuaikan’ (adapting) your work to your strength to avoid illness] Reduction in work → reduction in income, at time where school fees or health bills need to be paid; → loans / credit / debt and greater role of women as main breadwinners
Environmental hazards	Earthquakes, floods, periods of dry → adding to economic vulnerabilities of many of our middle-aged respondents

Health

Declining health and major health crises	Many cases of being widowed in mid-life as result of premature adult mortality resulting from illness or accidents; Stroke and diabetes major health limiting factors at least on Java, creating care needs for middle-aged people
Health seeking behaviour	Complex sequential patterns of health seeking, tied to economic resources and people’s beliefs about causation (e.g. many declines seen as normal) New health insurance card (BJPS) is making a big difference to formal healthcare use, but there are problems (waiting times, insecurity about what is covered, resistance to contributions)

Coping resources

Family and community networks	Strong family networks mediate many of the risks faced in mid-life (e.g. sharing of care, access to loans, remittances). One respondent likened good deeds done within the wider family network as ‘savings’ for the future. Some receive strong support from religious networks (e.g. LDII)
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	Most vulnerable are those lacking in family or where family conflict limits cooperation
Access to health care and health insurance	Huge difference between now and 10 years ago in terms of poor people accessing formal health care (esp. puskesmas and government hospitals)
Government support	Patchy and not always reliable government support exists (e.g. PKH, KIP); seems particularly geared towards obvious vulnerable categories (e.g. those with disability, illegitimate child) or at poorer families with young children
Access to affordable credit	Need more data on this; extortionate lending is alive and well
Portfolio livelihoods	In our earlier study of elderly we had found clearly that esp poorer older people rely on a portfolio of small income generating strategies, making themselves useful, getting support from family, neighbours and charity. What we are finding now, is that the same is the case for many mid-lifers. [Their children may be earning 2-3 million a month from a single job; they cobble together less than a million from being caretaker plus mending electronics; doing subsistence farming, selling a few cash crops, raising chickens and helping out neighbours.]

Conclusions

Reminder: very preliminary analysis! But on basis of 10 cases ...

- Middle age in contemporary Indonesia is not primarily a period of stability and success;
- Age discrimination and educational credentialism (which also affects the young) is a major concern;
- Economic and health declines associated with old age often to set in already during mid-life; if middle-age is a staging area for later life: many will not reach it, or will enter it with pre-existing vulnerabilities.
- The economic and health challenges people in midlife face are partly exacerbated by the multiple care and support demands placed on them from older, younger and the same generation. Moreover, these challenges make it difficult for them to meet the expectations that their family members have of them, esp. in terms of paying for education, helping youngsters achieve independence and caring for the older generation.