2019 Society for Longitudinal and Lifecourse Studies International Conference

Panel on 'Life Courses in Comparable Perspective: Similarities and Differences of Predictors and Outcomes Between Countries, Times and Populations'

Comparing Vulnerability and Social Network Responses Across Lifecourse Stages, Cultures and Socio-economic Strata in Indonesia

Paper authors: Dr Elisabeth Schröder-Butterfill and members of the ARC Team on 'Economic, health and social vulnerabilities across the lifecourse in Indonesia'

First author affiliation: Centre for Research on Ageing, University of Southampton, Highfield, Southampton SO17 1BJ, UK. Tel. +44-2380596880. Email: emsb@soton.ac.uk

Abstract

We know that different stages in a lifecourse harbour particular opportunities and challenges due to the specific transitions associated with those lifecourse stages. The successful (or otherwise) navigation of lifecourse transitions and crises then has implications for future outcomes. Despite their specificity, many crises can be reduced to a set of types of losses: loss of health, loss of livelihood, loss of network member, loss of reputation. This simplification facilitates comparative analysis across different lifecourse stages and subgroups. This paper examines vulnerability at different lifecourse stages by comparing life history data from six Indonesian communities. We ask: What are key sources of vulnerability experienced by people at different stages of the lifecourse, focusing on a) family formation; b) middle age; and c) old age? What are the relevant social networks people at different stages have access to, and how are these shaped by culture, socio-economic position, gender and location? To what extent are networks able and willing to mitigate the vulnerabilities experienced by members at different stages? The paper draws on data from a comparative ethnographic research project, funded by the Australian Research Council, which studies economic, social and health vulnerabilities over the lifecourse in six communities. These capture important ethnic, demographic and socio-economic heterogeneity in Indonesia. The project employs a common methodology (participant observation, life history interviews, network mapping) across the sites, some of which are familiar from earlier ethnographic research on ageing in Indonesia. The paper first maps key vulnerabilities at the three lifecourse stages in the six communities; it then focuses on a particular crisis (loss of health or loss of livelihood) and compares social network responses across stages and communities. This sheds light on our understanding of how lifecourse disruptions are mitigated differentially depending on location within the lifecourse, socio-economic landscape and local culture.

Introduction

This paper examines **vulnerability** at different **lifecourse stages** and the coping resources available to mitigate lifecourse vulnerabilities. Our focus is on Indonesia, the world's 4th largest population. [Indonesia's economy is rapidly growing. However, significant minorities remain below the poverty line; and demographic trends of ageing coexist with reproductive health challenges, chronic and infectious diseases, and inequalities in access to health services.]

We ask:

- What are key sources of vulnerability experienced by Indonesians at different lifecourse stages?
- What are the coping resources people have access to?

- How are vulnerabilities and coping resources shaped by culture, socio-economic position, gender and geographic location?

Of course a 15 minute presentation can't answer all of these questions. I will try to present some preliminary findings by focusing mainly on the mid-life stage.

Methodology

The paper draws on data from a comparative research project, funded by the Australian Research Council. The project studies economic, social and health vulnerabilities over the lifecourse in Indonesia.

The project follows an identical methodology in each of **3** fieldsites. These sites were studied previously for an ageing project. We start with participant observation, in-depth life history interviews, casual conversations and social network mapping. This is followed by a household survey on demography, economy, health and support. The project targets five lifecourse stages (childhood, youth, family formation, middle age and old age). Here I will touch on family formation and old age but focus on middle age.

The communities differ in terms of demography, ethnicity, epidemiology, socio-economic development and the like. This means we can compare sources of vulnerability and coping responses and assess the role of culture and religion, of local social protection regimes, and of the economy.

Our conceptualisation of vulnerability

We regard vulnerability as the result of harmful interactions between different types of risk. Certain exposure factors (e.g. gender, education or marital status) make it more or less likely that a person experiences a threat or crisis.

The threats can often be reduced to a set of losses – loss of health, loss of livelihood, loss of network members, loss of reputation. What determines whether a person experiences a bad outcome (e.g. death, destitution, lack of care) depends partly on the size of threat or crisis. At least as important are the coping resources they have access to. (I'll come back to these at the end).

We know that vulnerability is shaped over the lifecourse via cumulative advantages and disadvantages. The successful (or unsuccessful) navigation of lifecourse transitions has implications for future outcomes. As an example, in examining older people's vulnerability, we found that elders who had experienced family formation during the difficult 1930s and 40s, were more likely to end up childless. This was due to high mortality of children, sterility due to STDs, divorce and widowhood during those difficult decades. There were coping strategies to overcome childlessness – notably informal adoption – but this depended on wealth and reputation. Those elders who entered old age without filial support, were much more vulnerable to destitution and lack of care in later life, because their networks were inadequate.

Mapping vulnerabilities over the lifecourse

Different stages in a lifecourse harbour particular opportunities and challenges due to the specific transitions associated with those lifecourse stages. Let me very briefly flag up some of the sources of vulnerability among younger and older people, before focusing on people in mid-life.

Family formation

By family formation we mean the period between exiting education and establishing and building a family. In Indonesia there are strong social sanctions against homosexuality, childbearing outside marriage or remaining unmarried. Divorce, by contrast, is relatively well tolerated.

Key sources of vulnerability in this lifecourse stage revolve around marriage, especially delay of marriage or not getting married at all. Marrying into an inferior type of marriage (an inofficial marriage or plural marriage) is also a threat, as these marriages are less secure, less respected and less well resourced.

Once married, infertility is a concern, and many women go to great lengths to become pregnant. At the other extreme, significant minorities are having very large families again. These can be the result of inadequate access to family planning, but also the rejection of birth control on religious grounds.

In addition, the family formation stage is characterised by huge consumption pressures – partly fuelled by social media – combined with the costs of housing, childbearing and education.

Old age

At old age, vulnerabilities stem from a series of losses and deficits. Older Indonesians often lack income, which forces them into reliance on others and limits their social participation. They experience health crises, which are often not treated, because they are considered an inevitable part of ageing. And they are likely to experience to death of a spouse or other key network member, which reduces the emotional, practical and material support available to them. The different losses tend to reinforce each other, with declines in health and dependency resulting in loss of reputation and status.

Middle age

In our project we decided explicitly to include middle age because it's a neglected part of the human life course. [It lacks the developmental significance of childhood, the density of transitions which characterise family formation, and the concentration of vulnerabilities of later life.] Midlife is often ***assumed*** to be a period of relative stability, with people in good health, established in an occupation and at the peak of their working lives. It's assumed that family formation is complete and that children are gaining independence, leaving mid-lifers free to assume leadership roles in the wider community. The main challenge of midlife is the growing care needs of older parents. Where these care needs arise before children are fully fledged, this leads to the phenomenon referred to as the 'sandwich generation'.

In fact, our data from Indonesia paint a much less positive picture about the midlife lifecourse stage. (Which we define as roughly between 45 and 60.) There are many ways in which Indonesian economy, demography, society and epidemiology dislocate middle age as a period of stability and security. Many of the sources of vulnerability identified in the family formation stage play out in middle age and foreshadow the social, health and economic vulnerabilities in old age.

Vulnerabilities around marriage

People in midlife who failed to marry earlier in the lifecourse – often due to a disability or mental health problem – are left childless and with low status in middle age. Childlessness matters in all kinds of ways, not least because it cuts off opportunities to build up family networks and marital alliances.

People who don't marry until they are middle-aged (e.g. due to long labour migration) are more likely to end up in insecure marriage arrangements (e.g. as a second wife), and late childbearing is riskier for mother and child.

Many of the threats experienced particularly by women in midlife are around divorce, separation, adultery & domestic violence. We found this to be particularly prevalent in areas with high alcohol consumption and in contexts of household debts.

Loss of health

Unexpectedly we found declining health and major health crises to be prevalent already in midlife, rather than later life. We have numerous examples of middle-aged people seriously debilitated by stroke, cancers and diabetes; these are likely to be linked to diet and smoking. Accidents are also common. The outcome is early exit from work and dependence on others.

Loss of income

Far from being 'at top of their career', many middle-aged Indonesians are marginalised in the labour market.

In part this is due to the health problems just noted. Illness and weakening strength are preventing people from continuing in heavy manual roles, like farming, fishing, gathering and hunting, diving or construction. [This is less of an issue in the wealthiest study community, because general prosperity creates opportunities for self-employment esp. by setting up small shops or roadside eateries. These productive activities are less strenuous. They are also more often done by women!]

What is also striking is the blatant age discrimination we found in formal and semi-formal sectors. It is virtually impossible to get a job in a factory, supermarket, petrol station, let alone the civil service or army if you are over the age of 30. Even in less formalised work sectors age discrimination bites wherever people are paid on a 'Piece-work' system (paid per unit of work done).

Demands from family networks

We were *expecting* people at mid-life to be 'central pillars' of their family networks. What was surprising is the *extent* of the demands being made on them, and the *challenges* already outlined which make it difficult for them to meet the demands.

The trend towards later marriage and the fact that significant minorities are having very large families, means that middle-aged parents may have dependent school age children *and* grandchildren. Indonesia has experienced dramatic expansion of **education**. There is a relatively new expectation that children complete at least high school and many go on to university. This creates huge education costs for parents who may or may not enjoy decent incomes.

Caring for grandchildren is a welcome pastime for many middle-aged people, but it quickly becomes burdensome where grandparents are forced to take on the role of parents because the middle generation is on long-term labour migration, has abandoned an illegitimate child or has died. [Remittances rarely cover all of the costs of offspring left behind.] Mid-life grandparents forced out of the labour market due to discrimination or poor health sometimes take on full-time childcare to free up the younger generation so that they can find 'modern' (i.e. formal sector) jobs. [This may be strategic, but it's rarely good for morale.]

Finally, caring responsibilities, which we perhaps most associate with the midlife stage, are often quite extreme. Many of our respondents were caring not just for elderly parents, but often also for spouses and children. Long-term care or care in the community is non-existent in Indonesia, leading to immense pressures on family carers. If you are the primary carer for a high dependency family member, you can't possibly work or even look after your own health. [NB: Care networks is focus of a new project I'm starting next week.]

Coping resources for Indonesians in mid-life?

Let me end by very briefly considering the coping resources available to middle-aged Indonesians.

Family networks are without doubt the most important resource to mediate the vulnerabilities experienced in mid-life: they facilitate moral support, sharing of care, access to loans and

remittances. [One respondent likened good deeds within the wider family network as ‘savings’ for the future.]

BUT … networks are very heterogeneous!

I’ve mentioned childlessness and migration, divorce and estrangement as just a few factors which leave some people with very inadequate family networks.

Typically, inadequate networks are concentrated among the poorer segments of a community.

Networks are also shaped by culture. In the matrilineal community we study, responsibilities and reciprocities automatically include the extended lineage, and absent kin continue sending back remittances for decades after their departure. Among the nuclear, bilateral ethnicities on Java, any support beyond the nuclear family has to be carefully negotiated (e.g. through promise of inheritance), and remittances depend mainly on individual circumstances.

Neighbours and religious organisations can be very important for small-scale material or instrumental support (food, cash, shopping, minor repairs). However, they never extend to physical care or expensive medical costs. If you are a newcomer or otherwise marginal, you can’t look to your neighbours.

Given the limitations of informal networks, what support exists from formal welfare programmes?

Not much, is the short answer. There are a range of subsidies targeted particularly at school-age children in poverty and their families. Communities that are considered wealthy are overlooked, despite local inequalities. The system is also open to corruption, with village leaders putting forward the names of families considered in need.

The most significant step has been the introduction, in 2014, of a health insurance system which is meant to become universal. It has dramatically expanded the number of people seeking modern health care. But there are financial barriers – worries about contributions and co-payments, and an underfunded system; and cultural barriers: the low prioritisation of older people’s health (where older can mean: 50!) is one, and the mismatch between biomedical health models and people’s ideas about illness causation and cure are another.

Conclusion

What are key sources of vulnerability experienced by Indonesians at different lifecourse stages?

What are the coping resources people have access to?

How are vulnerabilities and coping resources shaped by culture, socio-economic position, gender and geographic location?