HUMANIORA
https://jurnal.ugm.ac.id/jurnal-humaniora

Volume 36, Number 1, 2024
page 57–71
https://doi.org/10.22146/jh.92323

RESEARCH ARTICLE | THEMATIC EDITION

Older People Living Alone and Their Strategies to Face Life: Case Studies from Yogyakarta and West Sumatra

Hezti Insriani[1*], Robi Mitra[2], Elisabeth Schröder-Butterfill[3]

[1] Independent Researcher, Indonesia
[2] Department of Anthropology Education, International University of Papua, Indonesia
[3] University of Southampton, United Kingdom
* Corresponding Author: hinsriani@yahoo.com

ABSTRACT

Across Indonesia, the dominant model for care and support in later life is for older people to live with or near younger family members. However, coresidence with an adult child or other close relative is not always attainable or preferred. There are conditions where older people live alone and cannot fully depend on their family members for care and support, be it for matters related to physical, economic, psychological, or spiritual needs. We examine how older people who live alone, live their lives and what strategies they pursue in facing life. The data presented in this paper are a subset of a larger comparative study on Older People's Care Networks, which covered five disparate sites across Indonesia. This article focuses on evidence from West Sumatra and Yogyakarta. As our case studies illustrate, older people living alone is a diverse category, ranging from those with children, to those who are de facto childless or actually childless. Their security or vulnerability cannot simply be deduced from their household composition, but they require the understanding of how people create, maintain, and develop supportive networks and how they use agency in actively managing dependence, independence, and interdependence over the life course and in later life.

Keywords: *older people; living alone; strategy; networks; care*

INTRODUCTION

Across Indonesia, the dominant model for care and support in later life is for older people to live with or near younger family members. In Javanese society, for example, older people will usually be cared for by adult children who live in the same house or by family members who are close by (Keasberry, 2001; Koentjaraningrat, 1985; Marianti, 2005). Meanwhile, in matrilineal Minangkabau society, care is preferentially carried out by adult daughters living in the same house. In such a matrilineal context, a married man ought to live in his wife's house. If an older man becomes a widower, the ideal solution is for him to return to his parents' or sister's house (Fanany and Fanany, 2016; Indrizal et al., 2009). However, coresidence with an adult child or

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License (https://creativecommons.org/licenses/by-sa/4.0/).

other close relative is not always attainable. There are conditions where older people live alone and cannot fully depend on their family members for care and support, be it for matters related to physical, economic, psychological, or spiritual needs. This raises the question of how the care and well-being of older people who live alone can be ensured, especially in a country like Indonesia, where support from the state –for example, in terms of pensions or care provision– is minimal (Lestari et al., 2022).

In the literature on ageing and older people's support in the Global South, the phenomenon of older people living alone has long been regarded as a problem. In the early decades of research on ageing in developing countries (1970s-1990s), there were countless articles anxiously monitoring older people's living arrangements (De Vos and Holden, 1988; Knodel and Chayovan, 1997). This analysis regarded declining levels of intergenerational coresidence as an indicator for declining family support because of modernisation and the 'nuclearization of the family'. Over time, an alternative interpretation emerged, which presented some instances of living alone as evidence of the 'purchase of privacy' by better-off and more educated older people who were making a positive choice about their living arrangements (Cameron, 2000). This paper seeks to question this generalised and binary interpretation of older people living alone by trying to understand the variety of processes giving rise to solo living and adaptations to it. We examine how older people who live alone, live their lives and what strategies they pursue in facing life. The research questions posed in this article are: 1) Who are the older people in solitary households in Indonesia today, and why do they live alone? 2) What strategies are used by them to ensure the care they need in their old age? How do they create a supportive network around them? We will argue that older people living alone face their life situations with agency by expanding and maintaining their social networks, as well as managing their dependence and independence.

Literature on Older People Living Alone

In the early stages of research on older people in the Global South, the phenomenon of older people living alone was chiefly approached from a demographic or macro-level point of view (Martin, 1989; Hashimoto, 1991). In the absence of in-depth, qualitative data, researchers were left to rely on quantitative sources. One commonly available indicator was living arrangements, which were easily derived from existing censuses and survey data on household compositions (De Vos and Holden, 1988). Older people coresiding with one or more adult children were interpreted as being supported and secure, while those living alone or just with a spouse were regarded as vulnerable and lacking support (Chen and Jones, 1989). Cross-regional comparisons of older people's living arrangements showed very high levels of intergenerational coresidence in Asia and Africa, compared with Europe, North America, or Oceania (Bongaarts and Zimmer, 2002). This was taken to indicate the persistence of extended family norms and strong family solidarity, ensuring that older people received financial and practical support from family members. By contrast, in the Global North the majority of older people live alone or in two-person households, and family support was assumed to have been undermined by modernisation, fertility decline, and the 'emergence' of the nuclear family (Goode, 1964). By monitoring older people's living arrangements over time, specifically trends in older people living alone, demographers believed that they could deduce changes in the nature of family relationships and find evidence for growing vulnerability among the older population (Bongaarts and Zimmer, 2002). Rising numbers of older

people living alone were interpreted as a problematic indicator of declining family support and growing social isolation (Westley and Mason, 2002).

As more detailed, micro-level data on actual household and family relationships emerged, it became clear that no simple correspondence between household composition and old-age support exists. It was found that support flows in multi-generational households were often downwards, from the older to the younger generation (Knodel and Saengtienchai, 1999; Beard and Kunharibowo, 2001; Schröder-Butterfill, 2004; Somaiah and Yeoh, 2023). The fact that older people were more likely to live alone the older they were further underlined the realisation that intergenerational coresidence was not driven primarily by old-age support needs (Frankenberg et al., 2002). Qualitative research uncovered considerable variation in patterns and meanings of living arrangements. For example, many older people living alone –and thus appearing 'isolated'– were, in fact, living next door to an adult child or would spend considerable amounts of time in the company of others (Knodel and Saengtienchai, 1999). Also, the reality that older people living alone or just with a spouse were often better off, in receipt of a pension and more educated suggested that living alone may be the outcome of a positive choice for more independence and privacy, rather than signalling abandonment by adult children (Cameron, 2000; DaVanzo and Chan, 1994). At the same time, it has also become clear that some older people living alone are economically precarious and lacking in family support, e.g., by being childless. This heterogeneity resulted in the realisation that it is impossible to interpret the category of 'living alone' without more detailed information about kinship networks and support flows (Randall et al., 2011). An understanding of the meanings of, pathways into and consequences of 'living alone' requires first-hand evidence from older people themselves.

To date, qualitative studies focusing specifically on older people living alone in Southeast Asia are still rare. Wong and Verbrugge (2009) interviewed 19 older people living alone in high-rise apartments in Singapore in the mid-2000s. More than half of the older people in their sample were childless or had poor relations with their children. However, even when respondents lacked the option to live with others, most had come to prefer solo living and appreciated the freedom it entailed. The study revealed the varied strategies that older people living alone pursued, for example, watching TV, adopting pets, and communicating regularly with friends or social workers. In this study's context of a highly urbanised, rapidly modernising environment, it was common for older people living alone to become socially isolated because of language barriers, the absence of lifts, or unfamiliarity with transport systems. Although older respondents' economic and medical needs were catered for through public assistance, they often experienced loneliness and depression.

These findings are in contrast with the more positive findings from a qualitative study on older people living alone in rural Malaysia (Evans et al., 2018). Evans and colleagues interviewed 20 Malay and 20 Chinese older people living alone and found considerable variation in their situations. In many cases, the older people lived close to adult children; others had been offered the opportunity to live with a child but had opted for solo living. Financial and practical support from adult children or other close relatives were often forthcoming, meaning that the older people living alone were not living without support, nor isolated. Respondents emphasised the advantages of living alone and in their own homes, namely freedom to come and go without having to give explanations, eat, sleep, and watch television as wanted, and avoid being made passive by an oversupply of care and support. Some older people also mentioned feeling embarrassed due

to health problems; by living alone, they did not have to confront their children and children-in-law with their physical problems. Strategies to avoid loneliness included seeing friends and neighbours regularly, taking part in religious meetings, and volunteering. Furthermore, there was an expectation that should care needs arise in the future, adult children would provide this care. The only question was whether physical dependence would necessitate moving in with a child rather than receiving care in their own homes, as was preferred. The situation was different with the minority of older respondents in the study who lacked children. Childless older people emphasised the social capital they had built up over time so the much-needed assistance they received from friends and neighbours rested on reciprocity. For older people living alone who lack family support as a backup, thinking about future care needs was an unwelcome and difficult topic. As one respondent put it, "I pray to die early. Because, why? Still healthy, I want to die healthy. Who is going to look after me?" (Evans et al., 2018: 2074).

Taken together, the studies reviewed point to a number of themes that the present study will examine in relation to older people in Indonesia. First, there is clearly an important heterogeneity in the identity of older people living alone. Many have made a positive choice for solo living, but for some, the option to live with close relatives is lacking. For the latter, the provision of care in illness is uncertain. It is this precariousness, rather than the situation of living alone per se, that can create vulnerability and a sense of loneliness (Schröders et al., 2021). Second, older people living alone pursue active strategies to live well and avoid loneliness, although environmental and social conditions can make this more difficult. The evidence points to the importance of people's wider embeddedness in social networks and physical communities rather than studying individual households in isolation. Third, the evidence allows us to question the common assumption that valuing independence is necessarily a Western characteristic, as has sometimes been suggested in the literature (cf. Lamb, 2014). Instead, older Asians seem able to appreciate the freedom that living alone can provide while at the same time acknowledging the importance of close and reciprocal relationships with family members, friends, and neighbours.

METHOD

The data presented in this paper are from a study on Older People's Care Networks conducted collaboratively by Atma Jaya Catholic University, Jakarta, the University of Southampton, University of Oxford, and Loughborough University, United Kingdom.[1)] The study covered five disparate sites across Indonesia. However, for the purpose of this article, we limit ourselves to an analysis of data from the West Sumatran and Yogyakarta field sites. The aim of the study was to understand the care provision for older people who need care due to physical or mental health problems. Recruitment for the study involved selecting 10-15 older people per study community, focusing on older people with care needs (e.g., mobility issues, blindness, being bed-bound, or having dementia). The aim was to capture a variety of care arrangements, including care by coresident family members versus family living elsewhere; care by close or distant kin or neighbours; intra- versus inter-generational care; and physical versus instrumental care. Community volunteers (*kader*) assisted with identifying older people who required care. After the anthropologists had explained the study to them, older people interested in participating were asked for consent to take part in the study. Aside from the older person, interviews were also conducted with several

members of their care network, including close and more distant relatives, friends, neighbours, and healthcare volunteers.

According to unpublished household survey data collected in West Sumatra and Java as part of a different study in 2019, approximately 11% of households containing an older person are solitary households (Schröder-Butterfill, personal communication). This corresponds closely with national-level Indonesian data, according to which 9.8% of older people live alone (Badan Pusat Statistik, 2020). In the Sumatran field site, one older person selected for inclusion in the study was living alone, while in the Yogyakarta field site, three older people were living alone; together, these four individuals make up the case studies discussed here. The imbalance in the number of case studies from the two sites (three from Yogyakarta and one from West Sumatra) reflects the availability of relevant cases in the non-random sample of the study from which they are drawn. Due to the small sample, our findings cannot support cross-site comparisons. However, the different family systems (nuclear and matrilineal) are included as relevant context in the study site and case descriptions below.

Data collection, involving in-depth interviews and participant observation, was carried out in late 2020 to early 2023. In Yogyakarta, this involved a mix of remote (telephone) and face-to-face interviews, in line with the evolving condition of the COVID-19 pandemic. By contrast, in West Sumatra, data collection was delayed but involved only face-to-face interviews. Typically, older people were visited and interviewed over four to five meetings. Observations were made by following the routine daily activities of the older people visited, whether in the morning, afternoon, or evening. Detailed field notes were written up following each interview and observation. At the end of the data collection, all information relating to an older person and their care network was collated into detailed case studies, which were analysed using case study analysis (Schwandt and Gates, 2018).

Study Sites

One of the Care Networks Project research locations is Padukuhan Pondoh/Pondoh Hamlet (pseudonym) in Sleman Regency, Yogyakarta. This hamlet had two areas comprising the traditional village (*padukuhan*) and a more recent residential area (*perumahan*). The hamlet is neither remote and rural, nor urban. In the more traditional area of the village, we find houses made of brick walls and separated by narrow alleys. Even though built closely together, the houses in the *padukuhan*/ village area still have quite large yards. Meanwhile, the houses in the *perumahan*/residential area are relatively close together, even though the road in front of their house is quite wide and made of paving blocks.

Most inhabitants of Pondoh are Javanese. The majority are Muslim, with Catholic and Protestant minorities. The kinship system in Pondoh is that of Javanese culture, namely one which traces kinship links from both the father's and mother's lineage (bilateral kinship system) (Geertz, 1961; White and Schweizer 1998; Schröder-Butterfill 2015). The nuclear family consists of a father, mother, and children. Adult children usually live with their parents in one house or compound after marriage. In Pondoh, one often finds several houses in one yard, all of which are inhabited by close relatives. This is because, in the past, parents would own large yards and build houses for their children when they grow up.

The other study site reported here is located in West Sumatra, in the *nagari* (village) of Koto

Kayo (pseudonym), about 10 km from Batusangkar. Koto Kayo has a more advanced ageing profile, as many younger people are away on labour migration (*rantau*). All district-level administrative matters are centralised in Batusangkar. Geographically, the eastern part of Koto Kayo is located on the slopes of the Marapi Desert, near the plateau of Mount Marapi. This *nagari* has cool air and supports agriculture.

Most inhabitants are Minangkabau natives, adhering to a matrilineal kinship system (van Reenen, 1996; Fanany and Fanany, 2019). The Minangkabau natives of Koto Kayo cling proudly to their strong customs, which are closely related to the teachings of Islam. This is captured in the saying: “Adat Basandi Syarak, Syarak Basandi to Kitabullah” (Adat is based on Islamic law, Islamic law is based on the Quran and Hadith). Many community activities, such as birth, marriage, and death events, are accompanied by Minangkabau customs and embedded in Islamic beliefs. Like many Minangkabau communities, Koto Kayo is characterised by labour outmigration (*rantau*) of adults, particularly in pursuit of the cloth trade in other parts of Indonesia and even overseas. Many Koto Kayo families have succeeded in living on *rantau* as traders but return to the village (*kampung*) at least annually during Eid al-Fitr. For older people, the tradition of labour migration, which increasingly involves both sons and daughters, creates challenges for their care in later life. Most older people prefer to live in the village rather than follow their children on migration. They feel more comfortable living in their own homes, they enjoy the responsibilities they may still have for lineage agricultural land, and feel sad if they have to leave their homes for long periods of time. This causes some older people to –at least temporarily– live alone or with more distant relatives in their homes in Koto Kayo.

FINDINGS AND DISCUSSION

Who are the Older People Living Alone?

We encountered several types of older people who live alone. The first are older people who have children, and these children still support them, but they live elsewhere (either in the same city or beyond). Second, there are older people who have a child (or children) but never provide any support. This situation may be referred to as de facto childlessness (Schröder-Butterfill and Kreager, 2005). Third, there are older people who actually do not have any children. In the case of the first category, the older person might have made a positive choice to live separately from their children; in the second and third categories, there is no option to live with children, although living with someone else is a possibility. The following two cases from Yogyakarta capture examples of the first category of older people living alone.

Case 1: Maryati

Maryati is a 71-year-old widow and retired teacher. Her husband passed away in 2019. She has three adult children who live elsewhere. Maryati has diabetes and goes to the hospital for monthly medical check-ups using Indonesia’s national health insurance (BPJS). She is able to get there by herself, riding on her motorcycle.

Maryati chooses to live alone because she wants to be independent and feel free to do her activities. She doesn’t want to depend on her children: “I said to my son: my house can be your home, but your house cannot be my home.” Despite living alone, she still receives support from

her children in the form of material, spiritual, and psychological support. For example, her oldest son manages the family WhatsApp group and greets Maryati every morning. In the evening, he prays with her. She is in the lucky position of receiving her own pension and a pension via her deceased husband. (Only about 10% of older people in Indonesia receive a pension). Her good physical condition enables her to collect this pension. This contrasts with other pension recipients who rely on others to get the cash for them. Maryati emphasises her desire not to depend on her children for financial support:

> "I am a strong woman. I have my pension every month. I don't want to ask for money from my children, although I'm also hoping they will give me money [as a sign of love and respect]." Despite feeling like a strong woman, she struggles with loneliness. "If I am whining, I feel really unpleasant. It is so lonely."

Every day, she tries to overcome her loneliness by sewing as her hobby and other daily activities. Every morning, she prays and imagines her sons and daughter are there, in the house, keeping her company. She knocks on the door of her children's rooms every morning, even though none of them are in their rooms.

Case 2: Giyanti

Giyanti is a 74-year-old widow and retired teacher. She now lives alone after her husband passed away in 2019 because of cancer. She prefers living alone over living with her son's family because the latter arrangement makes her feel uncomfortable. Giyanti has three sons who are married, and they give support to her. The eldest and the second son live in another village in Yogyakarta, while the youngest son lives in Central Java, away from Yogyakarta. When her husband was still alive, she really depended on him. Giyanti is unable to ride a motorbike, and she depended on her husband for going anywhere. Since her husband passed away, she feels very lonely. The loneliness appears every night and whenever it rains. She feels bored with life, and sometimes, she wants to die to follow her husband in eternity.

> "It's a confession of sin. I told the Priest that I was tired of living. Romo said it can't be like that. He asked me, why do I want to die while the people affected by the pandemic want to live?"

Giyanti suffers from hypertension, and when her husband was still alive, every month, she went to the doctor for medical check-ups using Indonesian health insurance (BPJS). Since her husband passed away, she doesn't want to bother her sons. For now, she no longer has her monthly check-ups. Instead, her second son buys her hypertension pills every month.

Older people who live alone are easily afflicted by piercing loneliness. This is often the biggest challenge they face, as seen in all the lives of the case studies reviewed here. In addition, they may also be struggling with declining health conditions and economic problems. As Mariyati's and Giyanti's cases show, health problems and co-morbidities are manageable as long as independence can be maintained and access to health services is ensured, either through independent efforts and financial resources or through help from children who live sufficiently close. However, there are those whose health condition is really concerning, and they don't get attention from relatives or children. This was found in the cases of Harun Yahya from West Sumatra, a childless widower who

was neglected by his own and his late wife's relatives, and in the case of Paerah from Yogyakarta, whose only child lives abroad but maintains no contact with her.

Case 3: Harun Yahya

Harun Yahya is a widower in his 90s. Since his wife passed away in 2021, he has lived alone in his tiny house in the highland village of Koto Kayo. He doesn't have any children from his marriage and used to live just with his wife. He also doesn't have any sisters, which would be the preferred source of kinship care in the absence of a wife and children. He only has a brother who is not obligated to take care of him in terms of the matrilineal culture. Harun Yahya therefore prefers to live alone rather than in his brother's house because this would be shameful in the context of the matrilineal Minangkabau culture.

> "Instead of staying at my brother's house, it's better for me to live alone in this house. I'm sick, as you can see. Living at my brother's house would make me ashamed in front of his wife."

Since the death of his wife, the family of his wife has also never provided care or financial support to Harun Yahya. According to neighbours, there was resentment within the family of Harun Yahya's wife. Four days before her death, Harun's wife was being looked after at her younger sister's son's house. Harun Yahya did not visit his wife because he was working in the fields. Also, going back and forth to the house of his wife's nephew, where the terrain is quite extreme, would have exhausted him. Harun Yahya's neighbours mused that Harun's in-laws didn't like the way Harun Yahya 'neglected' his wife before her death.

Of late, Harun's health condition has declined, and he has been hospitalised three times. He suffers from heart disease, hypertension, and leg aches. The last time he was hospitalised using BPJS (the national health insurance), he was assisted by a village midwife and her husband. They were responsible for the cost of his care (daily food, incontinence pads, transportation). However, they were not able to accompany him during his treatment for five days at the hospital because of their busy work schedules. Instead, they only visited him briefly. While at the hospital, another patient's family, who stayed in the same room, helped him when he wanted to go to the bathroom. Harun thinks that the vulnerability he is currently experiencing is considered *"sakik tuo"* ['old-age sickness'], in other words, an illness that occurs to everyone who is very old. All the other people of his age in his village have long died, but he is still alive even though he is sickly. "It's normal for me to be sick, I'm old. If it is treated, it will still not make me healthy".

Case 4: Paerah

Paerah is a poor widow in her 70s with no formal education. Her husband died several years ago. She has a single daughter in her 30s, who has worked overseas since graduating high school. During the first few years of her migration, the daughter occasionally returned home. However, for the last six years, she has not visited Paerah. She also does not keep in touch or send money. Paerah lives alone, with a neighbour's cat for company.

Paerah is used to listening to the radio in the middle of the day, after finishing her domestic activities, and at night when she goes to bed. She feels comforted by the voice on the radio, which distracts her from her loneliness. During the day, she relaxes on her chair while the music from

the radio is playing. Once, in the middle of the day, she listened to a song titled "Sri Minggat" ["Sri Has Gone Away"]. She listened carefully to the lyrics of that song and felt that they represented her feelings of missing her daughter:

> "Hurry home, Sri, hurry back home. You are heartless to leave without returning and abandoning me." [radio song]

Paerah had a bicycle accident more than ten years ago; since then, she has been unable to work, and she moves around with the help of a chair. She also suffers from goitre. Previously, she worked in the traditional market and as a housemaid for neighbours. Her kinship network is tiny. Her half-brother, with whom she had a conflict over inheritance, died. Her three nephews from this brother are not close to her. Therefore, Paerah's neighbours are her support network.

Paerah never accesses health facilities for her health conditions. She doesn't feel the need to go to the health facilities because she doesn't suffer any severe illness. Any coughs or colds she will treat with papaya leaves as a form of traditional medicine. She argues:

> "If I am not sick, why should I go to the Puskesmas [primary health centre]?" She goes on to say: "My medicine is easy: just a happy heart! Even if you don't have possessions, as long as your heart is happy, you can go anywhere and be happy."

Older people who live alone need support to fulfil their life needs, especially if they are no longer able to work or have health problems. However, support is not automatically at hand, as is usually the case for those living together with others. Vulnerability, both psychologically and physically, is clearly reflected in the four case studies of older people who live alone. Therefore, they have to develop a strategy to be able to meet their needs in terms of health, economy, and mental well-being.

Strategies of Older People Living Alone: Building Networks and Managing Dependence

Older people living alone pursue two main strategies to ensure their support and well-being in later life. First, they actively build support networks around them; second, they actively manage their dependence and independence. As we will see, both strategies are used across our case studies and study sites, with important differences in how the strategies are implemented and how well they succeeded in reducing vulnerability. These differences are shaped by the older persons' socio-economic statuses and the size and composition of their family networks.

Older people who live alone create a network of neighbours that can become a supportive foundation in facing their old age. Among those who have children living elsewhere, the strategy adopted is to build a peer-group community network to reduce feelings of loneliness. The community consists of people with the same destiny, beliefs, locus of residence, and social status. Examples include Maryati and Giyanti, who live close together and have built a community of co-religionists after the death of their spouses. Thanks to the existence of children, who provide support in crises, and the received pensions, these peer networks have a narrow remit (reducing loneliness); members depend on each other for companionship, not economic support or physical care. These networks are premised on a degree of financial and economic independence, but also interdependence in that they rely on and complement each other.

Maryati and Giyanti's Strategies

During the pandemic, Maryati acutely felt the effect of being alone. She therefore had the initiative to create a community which she called 'Chapel of Bernadus' – in memory of her husband's name. The idea came because of the government's restrictions on collective religious worship. The Catholic churches in Indonesia directed people to follow the Mass by watching it on television. Initially, Maryati watched by herself but then felt empty and in need of friends. She therefore asked Giyanti, her neighbour, who is also a widow living alone, to watch the Mass together.

Giyanti asked other Catholic widows nearby to join them. Over time, this expanded to bring together ten to eleven Catholic widows from their community. They watch the Mass on television and then have lunch together. This only stopped briefly when COVID restrictions were strict. To this date, eating lunch together has continued on a fortnightly basis. Sometimes the members of the 'Chapel of Bernadus' go to the traditional market together, and Maryati once initiated a recreational trip for the group. She manages the WhatsApp group, and members send greetings daily through it.

Maryati is an independent woman, in terms of her ability to do activities of daily living, getting out and about, and being financially independent. However, living alone created challenges for her in terms of piercing loneliness. In other words, despite being independent, she realised her dependence on others for comfort and social interactions. Maryati actively challenged this by creating a community of like-minded peers. This community provides her with companionship and things to do, and she feels like she has a role and purpose in the community.

Meanwhile, Giyanti inevitably became more independent after her husband passed away. Although she used to be very dependent on her husband, she now takes part in contributing to the formation and success of the Chapel of Bernadus community.

Attempts to build a neighbourhood-based network are also carried out by older people who are childless or de facto childless. These strategies often begin much earlier in life and take the form of having a role in the lives of neighbours (e.g., nanny, advisor, or friend) to build a strong network to rely on later in life. The older people who are childless or de facto childless maintain their network of neighbours to meet crucial care needs, economic needs, and access to health care. Their dependence on neighbours is, therefore, greater. Our evidence suggests that because of this existential dependence, childless older people living alone carefully manage their independence in carrying out their daily activities to the best of their abilities, so as not to over-depend on neighbours whose obligations towards them are limited. An outcome of this strategy can be the masking rather than the fulfilment of care needs.

Paerah's Strategy

Paerah's neighbours are her support network. Mijah, a middle-aged neighbour, brings her food, buys over-the-counter medication for her, and tries to help her access government support. In the past, she tried to contact Paerah's daughter abroad. Paerah was her nanny in the past, therefore Mijah feels close to her. Other neighbours give her firewood, pay her small electricity bill, and donate money during Eid Al Fitr. Paerah buys vegetables from a mobile trader, as she cannot walk to shops anymore. Paerah emphasises that she maintains good relations with her neighbours:

"If there is even the slightest need, then I will speak and ask. Then, the gifts given to

me will taste good and make my body healthy and able to work. It feels like I have a brother or sister."

Paerah is aware of her dependence on neighbours due to her health problems and financial constraints. However, she tries her best to remain independent in carrying out her daily activities, even though she struggles physically. She has to draw water from her well, sweep the floor, boil water, and cook rice herself, even though these activities take a very long time.

Harun Yahya's Strategy

Harun Yahya, similar to Paerah, has good relationships with his neighbours. When he was young and healthy, he was kind and helpful. In the past, he was a close friend of Yuni's father, a woman in his neighbourhood. Nowadays, Yuni does good things for Harun Yahya by sending him daily food. Harun Yahya also intervened positively in the life of the village's midwife by advocating her choice of husband in the face of resistance from her family. In return, she and her husband now cover some of his costs when he needs hospitalisation. Harun's neighbours feel pity for him because of his difficult situation since his wife died, and they consider it a duty and human responsibility to help him with his needs.

Harun Yahya has had to accept his dependence on his neighbours because there is no other way for him to survive. Currently, he is no longer able to go to the fields due to his declining physical condition. Nevertheless, he keeps doing his daily activities such as sweeping the yard and feeding some chickens and a dog in his house. He is very sure that his neighbours will keep returning the good deeds he did for them in the past. He puts hope in his neighbours' goodness and surrenders to Allah for the rest of his life.

Our study provides in-depth qualitative evidence on the lives and strategies of older people living alone in Indonesia. In a cultural context where living with adult children or other relatives is still the norm, solo living in old age requires courage and can pose challenges. As our case studies from Yogyakarta and West Sumatra illustrate, older people living alone are a diverse category, ranging from those with children to those who are de facto childless or actually childless (Schröder-Butterfill and Kreager, 2005). Their security or vulnerability cannot simply be deduced from their household composition. Importantly, their pathways to living alone also differ.

Some older people decided to live alone out of a positive choice, despite having the option of living with an adult child (cf. Evans et al., 2018). Maryati and Giyanti seem to epitomise what is sometimes referred to –in the literature– as the 'purchase of privacy' –they are well-off older people, in receipt of a regular pension and with good access to healthcare, who value their independence (Cameron, 2000; Michael et al., 1980). However, close attention to their motives reveals a more complex picture than a simple 'voluntary' versus 'involuntary' binary regarding living alone. When Maryati said that "Her house can be her son's home, but her son's house not her home", she put her finger on a difficult trade-off, which is at the heart of the issue of care, dependence, and independence. When older people express a preference for living alone, this choice is often a preference for remaining in their own home, or 'ageing in place' (Wiles et al., 2012), rather than a preference for solitude. Living with an adult married child who had set up an independent household requires becoming a 'guest' in their child's and child-in-law's house rather than remaining the 'boss' in their own home. As was shown in our study as well as Evans

et al.'s (2018) study on Malaysia, this creates dependency, a sense of being in debt to another person, and the need to live by their rules. If ill health, physical vulnerability, or the need for assistance are added into the picture, older people can then feel uncomfortable, even ashamed, to live in someone else's house. This was made clear in Harun Yahya's case. Therefore, we argue that although living alone can arise from a positive choice (and is likely to become a more common category as more and more older Indonesians can afford to live independently), the choice may primarily be one for 'ageing in place', in familiar surroundings and with a degree of autonomy, rather than a desire to avoid interdependence and proximity with adult children. Future research on a larger sample of older Indonesians living alone could test this idea further.

As noted earlier, living alone is often regarded as problematic in the literature on ageing in the Global South (Chen and Jones, 1989; Bongaarts and Zimmer, 2002). This is because alternatives to support and care from close family or household members are usually lacking in a country like Indonesia. For those living on their own, the fulfilment of material and financial needs, care in illness, and demand for companionship are challenges that need addressing via the wider social networks they are part of. As our study showed, some needs are easier to fulfil than others. In all of our case studies, the desire to avoid or overcome loneliness loomed large, echoing findings in Wong and Verbrugge's (2009) study on Singapore. Aside from watching TV, listening to the radio, and praying, building and maintaining good relationships with neighbours were important strategies (cf. Wong and Verbrugge, 2009; Evans et al., 2018; Akhter-Khan et al., 2022; Nocon and Pearson, 2000). However, we found that for those whose economic needs were met by generous pensions or reliable remittances from children, their dependence on friends or neighbours was limited to meeting social and emotional needs. Such limited dependence was easier to reciprocate and thus more akin to interdependence. By contrast, those older people who live alone due to a lack of family support are often forced to depend on others not just for companionship, but also for material and instrumental support. When economic poverty interacts with 'poverty in people' –as often occurs because resource scarcity impacts survival – this can result in a class-based patterning of vulnerabilities and strategies for older people living alone (Kreager and Schröder-Butterfill, 2007; Schröder-Butterfill, 2015). To manage this more existential dependence, which leaves people socially and economically vulnerable, older people living alone may withdraw and downplay their needs for support. This was found in the cases of Paerah and Harun Yahya, who neglected their health needs to not burden others.

CONCLUSION

As in Evans et al.'s (2018) study, none of the older people living alone felt comfortable contemplating their possible future need for physical care. This underlines a fundamental vulnerability when living alone, namely the fact that while financial or narrowly material needs (like food) can be met from a distance, care requires proximity and hands-on help. Our respondents with children living elsewhere expected to be able to rely on them for care, even if this meant reluctantly giving up residential independence in due course. Those without children face a genuinely uncertain future, as neighbours and friends, unlike relatives, are not usually willing or normatively expected to provide physical care (Fischer et al., 1990; Barker, 2002; Schröder-Butterfill and Fithry, 2014). In the face of rising numbers of older Indonesians who live alone and are unable to rely on family

members for care in later life, be it because of migration, conflict, poverty, or childlessness, it is clear that the time for developing a long-term care strategy as an alternative to exclusive reliance on family care is ripe.

ENDNOTES

1) The study was led by Dr Elisabeth Schröder-Butterfill and Prof Yvonne S. Handajani. We acknowledge the generous funding from the Economic and Social Research Council (ESRC) (ES/S013407/1) for the study on which this article is based. We are grateful for the fruitful discussions onf the topic of older people living alone with other team members, notably Jelly, Tresno, Yuniferti Sare, Ciptaningrat Larastiti, Dyah Rahayuningtyas, Benidiktus Delpada, Nathan Porath and Yvonne Handajani. Research ethics approval was obtained from the University of Southampton and LIPI in Indonesia.

REFERENCES

Akhter-Khan, S. C., Drewelies, J., & Wai, K. M. (2022). Coping with loneliness in southern Myanmar. *Asian Anthropology,* 21(4), 245-262.

Badan Pusat Statistik. (2020). Statistik Penduduk Lanjut Usia (Older Population Statistics). Jakarta: BPS.

Barker, J. C. (2002). Neighbors, friends, and other nonkin caregivers of community-living dependent elders. *Journals of Gerontology: Series B Psychological Sciences and Social Sciences,* 57(3), S158-S167.

Beard, V. A., & Kunharibowo, Y. (2001). Living Arrangements and Support Relationships among Elderly Indonesians: Case Studies from Java and Sumatra. *International Journal of Population Geography,* 7(1), 17-33.

Bongaarts, J., & Zimmer, Z. (2002). Living Arrangements of Older Adults in the Developing World: An Analysis of Demographic and Health Survey Household Surveys. *Journal of Gerontology: Series B Psychological Sciences and Social Sciences* 57(3), S145-S157.

Cameron, L. (2000). The Residency Decision of Elderly Indonesians: A Nested Logit Analysis. *Demography,* 37(1), 17-27.

Ju, C.A., & Jones, G. W. (1989). *Ageing in ASEAN: Its Socio-Economic Consequences*. Institute of Southeast Asian Studies.

DaVanzo, J., & Chan, A. (1994). Living Arrangements of Older Malaysians: Who Coresides with Their Adult Children?. *Demography,* 31(1), 95-113.

De Vos, S., & Holden, K. (1988). Measures Comparing Living Arrangements of the Elderly: An Assessment. *Population and Development Review,* 14(4),688-704.

Evans, N., Allotey, P., Imelda, J. D., et al. (2018). Social support and care arrangements of older people living alone in rural Malaysia. *Ageing and Society,* 38(10), 2061-2081.

Fanany, R., & Fanany, I. (2016). The old mind the house: The Elderly and Their Place in the Modern Minangkabau Family in Indonesia. *The International Journal of Aging and Society,* 6(4), 17-26.

Fanany, R., & Fanany, I. (2018). The Elderly Must Endure: Ageing in the Minangkabau Community in Modern Indonesia. ISEAS-Yusof Ishak Institute.

Fischer, L. R., Rogne, L., & Eustis, N. (1990). Support Systems for the Familyless Elderly: Care Without Commitment. *The Home Care Experience: Ethnography and Policy*. *Sage*, 129-143.

Frankenberg, E., Chan, A., & Ofstedal, M. B. (2002). Stability and Change in Living Arrangements

in Indonesia, Singapore, and Taiwan, 1993-99. *Population Studies* 56(2), 201-213.
Geertz, H. (1961). The Javanese Family: A Study of Kinship and Socialization.
Goode, W. J. (1964). The Family. Englewood C Liffs, New Jersey Prentice-Hall.
Hashimoto, A. (1991). Living Arrangements of the Aged in Seven Developing Countries: A Preliminary Analysis. *Journal of Cross-Cultural Gerontology,* 6, 359-381.
Indrizal, E., Kreager, P., & Schröder-Butterfill, E. (2009). The Structural Vulnerability of Older People in a Matrilineal Society: The Minangkabau of West Sumatra, Indonesia. *The Cultural Context of Aging: Worldwide Perspectives*. *Praeger,* 383-394.
Keasberry, I. N. (2001), Elder Care and Intergenerational Relationships in Rural Yogyakarta, Indonesia. *Ageing and Society,* 21(5), 641-665.
Knodel, J., & Chayovan, N. (1997). Family Support and Living Arrangements of Thai Elderly. *Asia-Pacific Population Journal,* 12(4), 51-68.
Knodel, J., & Saengtienchai, C. (1999). Studying Living Arrangements of the Elderly: Lessons from a Quasi-qualitative Case Study Approach in Thailand. *Journal of Cross-Cultural Gerontology,* 14(3), 197-220.
Koentjaraningrat. (1985). *Javanese Culture*. Singapore: Oxford University Press.
Kreager, P. & Schröder-Butterfill, E. (2007). Gaps in the Family Networks of Older People in Three Rural Indonesian Communities. *Journal of Cross-Cultural Gerontology,* 22(1), 1-25.
Lamb, S. (2014). Permanent personhood or meaningful decline? Towards a critical anthropology of successful aging. *Journal of Aging Studies,* 29(1), 41-52.
Lestari, M. D., Stephens, C., & Morison, T. (2022). Constructions of older people's identities in Indonesian regional ageing policies: the impacts on micro and macro experiences of ageing. *Ageing and Society,* 42(9), 2046-2066.
Marianti, R. (2004). In the Absence of Family Support: Cases of Childless Widows in Urban Neighbourhoods of East Java. *Ageing Without Children: European and Asian Perspectives. Oxford: Berghahn,* 147-171.
Martin, L. G. (1989). Living Arrangements of the Elderly in Fiji, Korea, Malaysia, and the Philippines. *Demography,* 26(4), 627-643.
Michael, R. T., Fuchs, V. R., & Scott, S. R. (1980). Changes in the Propensity to Live Alone: 1950–1976. *Demography,* 17(1), 39-56.
Nocon, A. & Pearson, M. (2000). The Roles of Friends and Neighbours in Providing Support for Older People. *Ageing and Society,* 20(3), 341-367.
Randall, S., Coast, E., & Leone, T. (2011). Cultural constructions of the concept of household in sample surveys. *Population Studies,* 65(2), 217-229.
Schröder-Butterfill, E. (2004). Inter-generational Family Support Provided by Older People in Indonesia. *Ageing and Society,* 24(4), 497-530.
Schröder-Butterfill, E., & Fithry, T. S. (2014). Care dependence in old age: preferences, practices and implications in two Indonesian communities. *Ageing and Society,* 34(3), 361-387.
Schröder-Butterfill, E., & Kreager, P. (2005). Actual and de facto childlessness in old age: Evidence and implications from East Java, Indonesia. *Population and Development Review,* 31(1), 19-55.
Schröders, J., Nichter, M., San Sebastian, M., et al. (2021). 'The Devil's Company': A Grounded Theory Study on Aging, Loneliness and Social Change Among 'Older Adult Children' in Rural Indonesia. *Frontiers in Sociology,* 6, 659285.
Schwandt, T. A. & Gates, E. F. (2017) Case Study Methodology. In *The SAGE Handbook of Qualitative*

Research. SAGE Publishing.

Somaiah, B. C. & Yeoh, B. S. (2023). Grandparenting left-behind children in Javanese Migrant-sending villages: Trigenerational care circuits and the negotiation of care. *Geoforum,* 143, 103767.

Reenen, J. V. (1996). Central Pillars of the House: Sisters, Wives and Mothers in a Rural Community in Minangkabau, West Sumatra. Leiden: Research School CNWS.

Westley, S., & Mason, A. (2002). Asia's Aging Population. The Future of Population in Asia, 82-95.

White, D. R., & Schweizer, T. (1998). Kinship, Property Transmission, and Stratification in Javanese Villages. *Kinship, Networks, and Exchange*, 36-56.

Wiles, J. L., Leibing, A., Guberman, N., et al. (2012). The Meaning of "Aging in Place" to Older People. *The Gerontologist,* 52(3), 357-366.

Wong, Y. S., & Verbrugge, L.M. (2009). Living Alone: Elderly Chinese Singaporeans. *Journal of Cross-Cultural Gerontology,* 24, 209-224.