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Constructions of older people's identities in Indonesian regional ageing policies: the impacts on micro and macro experiences of ageing

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Abstract
As Indonesia experiences rapid growth of the ageing population, the government's attention has turned to the wellbeing of older people. This study aims to review critically the construction of older people's identity and care within regional ageing policies in Indonesia. Working from a critical gerontology perspective, a critical discourse analysis of 16 regional ageing policies identified two constructions, labelled 'material' and 'cultural' ageing, which were used to position older people. The analysis showed that 'material ageing' positions older people at the intersection of 'decline' and 'successful ageing' discourses, while 'cultural ageing' positions older people's welfare at the intersection of 'public responsibility' and 'family obligation' discourses. These discursive constructions in the policy documents have both micro (interpersonal) and macro (structural) constructive effects. At the micro-level, the regional ageing policies stand at a crossroad between empowering and marginalising older people and their families. While the dominant discourse of 'successful ageing' encourages older people to be healthy, it marginalises those who do not, or cannot, meet its criteria, undermining a rehabilitative approach as a policy priority. In addition, the rights of the family are overlooked, despite being a pivotal element of cultural ageing. At the macro level, a moral dilemma appears in defining the public and private domains of older people's welfare. Eligibility requirements for state assistance (due to budgetary constraints) ensure that elder care is often relegated to the private sphere, without support. Recommendations for policy improvement are discussed, including the recognition of families' rights and the importance of local cultural practices in providing care for older people.

Keywords: ageing policy; critical discourse analysis; critical gerontology; older people's identity; older people's care

Introduction

The proportion of older people in Indonesia reached 7.6 per cent in 2010, and this figure is projected to increase to approximately 25 per cent by 2050 (Adioetomo and Mujahid, 2014; Adioetomo *et al.*, 2018). This upward trend has been influenced by

government policies resulting in rapid declines in the fertility rate and in transmigration (Hugo, 1991, 1992; Adioetomo and Mujahid, 2014; Adioetomo *et al.*, 2018). These demographic changes, as in many developing countries, have been experienced in the context of limited resources in which ageing initiatives and programmes compete with other social issues (*e.g.* maternal and child care, and unemployment). Although, improving the Indonesian national economy has been a government priority (Adioetomo and Mujahid, 2014; Adioetomo *et al.*, 2018).

The rapid growth of the ageing population requires immediate government concern. An ageing population is believed to be an economic burden through an increasing dependency ratio and decreasing saving rates (Bloom *et al.*, 2015), declining labour supply (Bloom *et al.*, 2015; Otsu and Shibayama, 2016; Loser *et al.*, 2017; Hsu *et al.*, 2018), and increasing expenditure caused by pension schemes, social security and health services (Bloom *et al.*, 2015; Otsu and Shibayama, 2016; Hazra *et al.*, 2018). Indonesia's recent policy response to these ageing issues has been positively and unquestioningly accepted by most Indonesians. This largely positive response is likely due to cultural understandings that render safeguarding older people's wellbeing a generally accepted part of local custom. Spirituality, family and kinship, balance and harmony, autonomy, social participation, equality, self-development and dignity are accepted as the fundamental principles in maintaining older people's welfare.

Previous research on ageing policy in Indonesia (Arifianto, 2004; Abikusno, 2005; Saputro *et al.*, 2015; Fitriana and Ahdiyana, 2017; Kidd *et al.*, 2018) has reviewed policy content, implementation and improvement, but overlooked the ways that older people are positioned in ageing policy and the impact of such positioning on older people's place in society. Operating on the premise that the ageing identities provided by ageing policy are believed to have implications for public attitudes towards ageing (Breheny and Stephens, 2019), this study aims to remedy this oversight. We use critical discourse analysis (CDA), within a critical gerontology framework, to analyse the construction of older people's identities in regional ageing policies in Indonesia. In so doing, we seek to provide a broader understanding of the potential impacts of these policies at the micro-level (older people and their families) and the wider social implications (policy priorities and institutions) and to provide recommendations for ongoing improvement of older people's welfare.

Policy background

The Indonesian government has developed social policies to respond to concerns about the growing ageing population. The national ageing policy (Law No. 13/ 1998) was introduced to regulate older people's welfare and Law No. 40/ 2004, Sistem Jaminan Sosial Nasional (SJSN), was established to promote equality and universality in social welfare for citizens (Supriyanto *et al.*, 2014) providing for financial (including pension and saving schemes), non-financial (including national health coverage and long-term care) and active ageing schemes (including community empowerment programmes). However, there is great variability in the actual delivery of the schemes associated with SJSN. Several schemes in SJSN, such as a contribution-based pension system for the informal sector and contribution-based long-term care, have not been implemented. Among the implemented schemes, social pensions and

long-term care in government residential care remain limited in terms of the coverage area and eligibility (Direktorat Perlindungan Sosial dan Kesejahteraan Masyarakat Kementrian PPN/Bappenas, 2015; Kidd *et al.*, 2018; Supriyanto *et al.*, 2014).

Furthermore, since Indonesia has a regional autonomy system, local governments are required to develop regional ageing policies (Saputro *et al.*, 2015; Kementerian Kesehatan Republik Indonesia, 2016). This is in line with the spirit of the regional autonomy system which provides autonomy to the local government to improve their public services and accountability, assuming the understanding and familiarity of community needs are better at the local government level compared to the central government. Thus, with the regional autonomy system, local governments are expected to be able to create more appropriate public policies (Syaiku, 2002; Bell, 2003). East Java became the first province with a regional ageing policy (Saputro *et al.*, 2015) and by 2018 17 regional ageing policies had been established. The provisions covered by these regional policies are summarised in Table 1.

Macro and micro effects of ageing policy

Ageing policies ultimately impact upon how society treats older people. These policies shape practice through their effects on social structures and on local cultural norms and obligations. In order to investigate both macro and micro dimensions, we combine political and moral economy perspectives. A political economy perspective provides a macro-level view, focusing attention on the broader socio-political and economic context. A moral economy perspective illuminates the micro-level, attending to more immediate contextual factors (Minkler and Cole, 1999; Estes *et al.*, 2001*a*).

From a political economy perspective, ageing is a socially constructed experience, influenced by the social environment and political and economic conditions (Cole, 1992; Baars and Phillipson, 2013; Baars *et al.*, 2013). These macro conditions of older people's lives, along with provisions offered by the government, critical gerontologists argue, shape experiences, status, identity and trajectories of ageing (Minkler, 1996). It is also important to note that since the ageing population is a global issue, national policy will be influenced by global initiatives on ageing (Phillipson, 2003, 2006).

From a moral economy perspective (Giddens, 1991; Estes, 1999*a*), social norms, reciprocal obligations and moral assumptions in local societies regulate the social integration of ageing discourses (Kohli, 1987; Estes, 2001). Obligations to care for older people are implicitly articulated in society, and these also impact on how an ageing policy is formed and implemented (Minkler and Cole, 1999). The moral economy perspective has had less influence on understanding ageing policy, especially in developed countries (Kohli, 1987), which usually emphasise the market economy. Kohli (1987) argues that the concept of moral economy is relevant for examining reciprocal obligations, both in developing and developed societies. Conflicts and anomalies arising from government welfare provisions are revealed by examining the intersection between the moral and political economies.

Methodology

A discursive approach to policy analysis understands social policy making as a discursive practice with social and material effects (Fairclough, 1998). Discourses can

Table 1. Provisions covered by regional ageing policies in Indonesia

Provision	Form	Aims	Eligibility
Religion and spirituality	Religion practice	Improving self-confidence	All older people
	Provide access to facilities	Maintaining family and community respect to older people	
Law	Training and consultation	Protecting and ensuring safety for older people	All older people
	Services and support		
	Assistance		
Social support schemes	Social assistance	Providing basic needs for older people	Poor older people
		Supporting business to improve autonomy	
	Community support and social services	Providing basic needs for older people	All older people
		Providing age-friendly community services	
	Insurance	Ensuring social protection	All older people
	Direct support	Providing basic needs for older people through social services or financial support	Neglected older people
	Allowance	Providing basic needs for older people	Meritorious older people
	Social security	Protecting older people from risks	Poor older people
Age-friendly district/region	Housing and environment	Improving older people's accessibility in the environment	All older people
	Policy	Reducing discrimination of older people	
	Open space and building		

Table 1. (*Continued.*)

Provision	Form	Aims	Eligibility
Convenience of public facilities and infrastructure utilisation	Travelling	Improving older people's accessibility in the environment	All older people
	Civil documents and administration		
	Cost reduction	Reducing discrimination of older people	
	Recreation and sport		
	Open space and buildings		
Health	Health education	Promoting health and preventing diseases and physical limitation	Third age
	Posyandu lansia[1]		
	Puskesmas santun lansia[1]		
	Geriatric clinic and hospital	Providing curative and rehabilitation health services for older people	Fourth age
Working opportunity	Formal through job vacancy	Increasing potential, workability and autonomy	Third age (noted with regard to older people's physical condition, skills, education, knowledge, job vacancy and core business)
	Informal through business supports financial support, training and marketing		
	Social empowerment through motivation, training, counselling, business support and coaching		
Education and training	For older people through formal and informal education	Increasing potential, workability and autonomy	Third age
	Pre-pension programme	Increasing potential, workability and autonomy	Middle adult
	For the community through a curriculum about ageing	Reducing ageism	All people

Note: 1. *Posyandu lansia*: primary health care for elderly people in the community; *Puskesmas santun lansia*: age-friendly primary health providers.

be traced via written texts, yet are also seen as operating more broadly beyond texts. According to Fairclough (1998), discourses, as a form of social action enacted primarily through texts and narratives, provide parameters for what can be known, said and thought about a particular topic, such as ageing. Discourse plays a pivotal role in constructing older people's identity, creating categories and social impacts for targeted groups (Hacking, 2000). Public discourses about ageing have practical effects on older people (Biggs, 2001; Hodgetts *et al.*, 2003; Rozanova, 2010; Fealy *et al.*, 2012) and these public discourses may be found in a variety of texts, such as newspapers, magazines or television programmes (Hodgetts *et al.*, 2003; Rozanova, 2010; Fealy *et al.*, 2012).

From the perspective of CDA, policy production as a discursive practice provides a reflection of society as well as the potential for transforming society (Fairclough, 1998). As Biggs (2001) argues, social policy does not simply represent government responses to ageing issues, but contributes to shaping behaviour and expectations, including public constructions of older people's identity. Social policy impacts social identity, social relationships, and systems of knowledge and belief around particular issues (Fairclough, 1998; Biggs, 2001).

The broad analytical framework for this study was provided by CDA, taking policy documents as data. From a critical perspective, discourses that are drawn on in policies make available subject positions (the ways that older people are positioned in the ageing policy), which collectively produce ageing – as a socially constructed experience – and age identities. In addition, actors often draw on multiple discourses, which may be contradictory (Fairclough, 1998). In line with the political and moral economy approach, the positioning of older people in ageing policy will contribute to understanding the construction of social identity, social relationships, and the systems of knowledge and belief around ageing.

Data collection

A systematic online search of legal documents and information provided by the Indonesian Ministry of Home Affairs, the Ministry of Justice and Human Rights and the Indonesian Supreme Audit Institution yielded 16 retrievable documents.[1] Three regional ageing policies were at the provincial level (namely East Java, Central Java and Bali) and 13 at the regency level (namely Magelang, Karanganyar, Pekalongan, Surakarta, Surabaya, Malang, Nganjuk, Madiun, Pasuruan, Mataram, Balikpapan, Bangka Barat and Bengkulu). Only four of the 16 policies were established outside Java and Bali (namely Mataram, Balikpapan, Bangka Barat and Bengkulu), which reflects the rapid growth of the ageing population presently concentrated in Java and Bali. The date of publication ranges from 2007 to 2018 (for details, *see* Table 2).

These documents are published in the Indonesian language and were translated into English by a professional translator. In order to increase the validity of the translation, the translated documents were back-translated by another professional translator from English into the Indonesian language. The back-translation version was then compared to the original documents and found to be sufficiently correct. The first author (a native Indonesian speaker) used the original documents to examine the linguistic domains of CDA, ensuring that the meaning in the original language was the basis of analysis.

Table 2. Regional ageing policies in Indonesia

Level	Author	Year	Title	Quotation
Province	The Government of East Java	2007	Regional Policy on Older People's Welfare No. 05/2007	Quotes 1–16
Province	The Government of Central Java	2014	Regional Policy on The Implementation of Older People's Welfare No. 06/2014	Quotes 1–16
Province	The Government of Bali	2018	Regional Policy on Older People's Welfare No.11/2018	Quotes 1–16
Regency	The Government of Bangka Barat	2012	Regional Policy on Older People's Welfare No. 11/2012	Quotes 1–16
Regency	The Government of Pasuruan	2013	Regional Policy on Older People's Welfare No. 03/2013	Quotes 1–16
Regency	The Government of Surabaya	2014	Regional Policy on Older People's Welfare No. 3/2014	Quotes 1–16
Regency	The Government of Madiun	2014	Regional Policy on Initiatives on Improvement Older People's Social Welfare No. 05/2014	Quotes 1–16
Regency	The Government of Magelang	2015	Regional Policy on Older People No. 01/2015	Quotes 1–16
Regency	The Government of Malang	2015	Regional Policy on Older People's Welfare No. 13/2015	Quotes 1–16
Regency	The Government of Balikpapan	2015	Regional Policy on The Implementation of Older People's Welfare No. 02/2015	Quotes 1–16
Regency	The Government of Bengkulu	2016	Regional Policy on Older People's Protection and Welfare No. 04/2016	Quotes 1–16
Regency	The Government of Pekalongan	2017	Regional Policy on The Implementation of Older People's Welfare No. 14/2017	Quotes 1–16
Regency	The Government of Mataram	2017	Regional Policy on The Implementation of Older People's Social Welfare No. 10/2017	Quotes 1–16
Regency	The Government of Karanganyar	2018	Regional Policy on The Implementation of Older People's Welfare No. 13/2018	Quotes 1–16
Regency	The Government of Surakarta	2018	Regional Policy on The Improvement of Older People's Welfare No. 20/2018	Quotes 1–16
Regency	The Government of Nganjuk	2018	Regional Policy on Older People's Welfare No. 01/2018	Quotes 1–16

The 16 regional ageing policies reference a further ten policy documents that were also included in the analysis according to the CDA principle of intertextuality. These additional documents include nine national policies and one action plan,

Table 3. Additional documents for intertextual analysis

Author	Year	Title	Type
Indonesia Government	1965	Law No. 04/1965 about Social Assistance for Older People	Policy
Indonesia Government	1998	Law No. 13/1998 about Older People's Welfare	Policy
Indonesia Government	2004	Law No. 40/2004 about The National Social Security System	Policy
Indonesia Government	2004	The Government Regulation on The Implementation of Initiative in Improving Older People's Social Welfare No. 43/2004	Policy
Indonesia Government	2009	Law No. 11/2009 about Social Welfare	Policy
Indonesia Government	2011	Law No. 24/2001 about Social Security Agency	Policy
Ministry of Health	2014	The Ministry of Health Regulation on Geriatric Services in The Hospital Setting No. 79/2014	Policy
Ministry of Health	2015	The Ministry of Health Regulation on Older People's Health Service in the Community No. 67/2015	Policy
Ministry of Health	2016	The Ministry of Health National Action Plan on Health and Ageing	Action plan
Ministry of Social Affairs	2018	The Ministry of Social Affairs Regulation on The National Standard of Social Rehabilitation for Older People	Policy

which were published from 1965 until 2018. These are listed in Table 3. The varied publication dates of these documents alongside an analysis of the text distribution show the way regional ageing policies became part of an intertextual chain (Locke, 2004). In this case, the regional ageing policies may be influenced by previous texts.

Data analysis

The written text in the ageing policy documents was analysed across three dimensions: (a) textual, (b) discourse practice, and (c) social practice (Fairclough, 1998; Locke, 2004). Textual analysis involved both linguistic analysis and intertextual analysis (Fairclough, 1998). For the linguistic analysis, we attended to the ways the text draws from linguistic systems (vocabulary, grammar, cohesion and text structure) in form and the content. For the intertextual analysis, we considered the way in which other documents are referenced in the production of a given text (Fairclough, 1998; Locke, 2004). In terms of content, we found that 16 regional ageing policies were identical to one another. Moreover, the regional ageing policies relied heavily on the original national-level policies, often reproducing these verbatim. In presenting our findings, the quotes we provide are common to the 16 documents.

We also attended to interdiscursivity in the ways that a text drew upon particular discourses that were available during the text's production, distribution and interpretation. Texts may draw on one or many, sometimes overlapping, discourses

(Fairclough, 1995). Intertextuality and interdiscursivity mediate the connection between language and social context (Fairclough, 1995).

Accordingly, to explore the construction of older people's identities in the regional ageing policies, we began by thematically coding the texts, then used common themes to identify the discourses that were drawn on by the authors. For example, under the theme 'decline' we found common references to limited capacity or financial dependence which we identified as belonging to a 'decline discourse' which constructs ageing as a process of physical decline. Then we examined the intersection of discourses and the implications of positioning older people in these ways. We found two main identities for an older person that were constructed through intersections among four discourses (decline, successful ageing, public responsibility and family obligations) which we named 'material' and 'cultural' ageing.

The social practice dimension of the analysis (Fairclough, 1998; Evans-Agnew *et al.*, 2016) and knowledge from critical gerontology research were used to discuss the implications of the regional ageing policies for ageing experiences in Indonesia.

Findings: the construction of older people's identities in regional ageing policies

Our analysis identified two broad constructions of ageing: (a) material ageing and (b) cultural ageing. A 'material ageing' construction draws on contradictory discourses of ageing to provide shifting ageing identities, while a 'cultural ageing' construction defines the responsibility for older people's care in either the private or public spheres. Each construction is described below using exemplary quotes.

Material ageing

In the construction of material ageing, older people are made visible primarily in terms of what Biggs (2005) terms bodily ageing: their physical condition, social mobility and economic attributes. They were described in relation to physical features and processes, such as 'physically change', '60+ citizen', 'vulnerable' and 'prevention health'. Policies also made reference to their social activity, such as 'limited', 'high risk', 'active' and 'autonomous'. Economic attributes were described, such as 'had contributed', 'financially risk', 'productivity', 'important role in the national development' and 'actively contribute'.

The construction of material ageing positions older people at the intersection of 'decline' and 'successful ageing' discourses. The notion of 'decline' is a common image of older people associated with disability and disengagement, while 'success' is associated with fully functioning older people. The 'successful ageing' discourse developed as a challenge to the more entrenched 'decline discourse', including the ageism and negative stereotypes generally associated with ageing (Rowe and Kahn, 1987, 1997).

Decline discourse versus successful ageing discourse

The use of the dominant 'decline' discourse positions older people as vulnerable and regressing physically and socially. Indonesian regional ageing policy documents

commonly draw on the 'decline' discourse. For instance, it is stated that 'Older people are a vulnerable group of people who are entitled to receive more treatment and protection due to their special condition.' In such descriptions of older people, increased age is associated with physical, social and economic decline, and with associated rights for protection and special treatment in society. The need for special treatment due to decline appeared in many provisions, as in the following extract:

> Services to provide ease in the use of public facilities and infrastructure referred to, aims to provide accessibility, especially in public places where older people's mobility may be obstructed. (Quote 1)

In contrast, a 'successful ageing' discourse contradicts the 'decline' discourse in many provisions. Drawing on a 'successful ageing' discourse, older people are constructed as autonomous, continuously active and productive, as illustrated in the following statements:

> The administration of older people's welfare is intended to lengthen their productive age. (Quote 2)

> Providing social welfare for older people is aimed at achieving autonomy. (Quote 3)

As these brief quotes show, the 'successful ageing' discourse in the regional ageing policies is reinforced by the utilitarian terms of productivity and health promotion discourses. In terms of economic development, regional ageing policies construct older people as potentially economically active and contributing to society, within policies of extended retirement age, workability, and provision of pre-retirement and long-life learning programmes; for example:

> So that older people can be empowered, independent and play an active role in development. (Quote 4)

> Older people have an important role in development, and therefore, they need to be given room to be able to increase their dignity so that they are not socially dependent and they are able to develop themselves. (Quote 5)

> The employment opportunity service referred to aims to provide opportunities for ageing people to utilise their knowledge, expertise, abilities, skills and experience. (Quote 6)

In terms of health provisions, the policy documents emphasise illness prevention and health promotion for ageing people, while neglecting a focus on aged health care. In the text structure, promotional and preventive health issues are prioritised. Moreover, there are special sections that explain responsibilities for promotional and prevention programmes at the community level, as the following extracts show:

The community and non-governmental organisation are expected to initiate and organise *posyandu lanjut usia*, *karang werdha* and *graha werdha* [primary health care for elderly people in the community] which are supported by the government. (Quote 7)

Puskesmas santun lansia [age-friendly primary health providers] are responsible for providing health services for older people which focus on promotional and preventive programmes. (Quote 8)

Many provisions reflect the intersections of 'decline' and 'successful ageing' discourses. While promoting productivity, the construction of old-age decline persists, resulting in constructions of older people as active contributors who also need special support; for instance:

An older people-friendly job means jobs which provide opportunity in accordance with the ability of older people and also provide supporting facilities. (Quote 9)

Job requirements and job qualifications are determined by considering the physical condition of older people. (Quote 10)

These quotes illustrate how regional ageing policies express the intention of promoting productive ageing by opening employment opportunities for older people, while stipulating that the job requirements should be adjusted to older people's physical conditions. A similar pattern appears in the age-friendly district and public facilities provisions which aim to encourage active ageing, while considering older people's limitations. Older people, therefore, remain positioned as having 'a special condition' that makes them vulnerable and in need of protection or special considerations.

The intersection of discourses of 'decline' and 'successful ageing' can be understood as reflecting the broader national ageing policy since the regional ageing policies draw upon outdated Law No. 13/1998 and also reference The National Social Security System. The tensions are often resolved, as the following quotes show, by classifying older people according to 'third age' or 'fourth age':

Third age includes those who are still able to work and/or carry out activities that can produce goods and/or services. (Quote 11)

Fourth age includes those who are unable to make a living, and thus they depend on the help of others. (Quote 12)

These shifting age group definitions which define eligibility for provisions are based on chronological age rather than capacity. For example, a subsidised social security is limited to those in the 'fourth age' group, while working opportunities are provided for those in the 'third age'. Thus, the terms third age and fourth age are used to classify older people by chronological age, which is then directly associated with frailty and dependency for all in the 'fourth age' (van Dyk, 2016; Kydd *et al.*, 2018).

The discourses related to material ageing are located in wider global policy production. Our analysis reveals the ways in which regional ageing policies are

influenced by an increasingly dominant discourse of 'successful ageing' adopted by many countries around the world (Biggs, 2001, 2005; Estes *et al.*, 2001*b*; Bülow and Söderqvist, 2014). This discourse understands older people as independent agents and underlines personal responsibility for ageing well (Estes *et al.*, 2001*b*; Phillipson, 2003, 2006; Walker, 2006). As in other contexts, the 'successful ageing' discourse functions alongside a 'decline' discourse of inevitable and negative physical change (Hodgetts *et al.*, 2003; Rozanova, 2010).

Cultural ageing

The second construction of ageing identified in the regional ageing policies is a cultural construction of ageing. This rendition of ageing positions older people as respected community members for whom there is a duty to care. Caregiving occurs 'in the context of respecting and giving appreciation to the older people'. Older people are also described as 'respected people', a 'source of wisdom' and 'role models'. Moreover, respect for older people is seen as an aspect of religion and spirituality. The policy states that providing access to religious practice and facilities is part of maintaining family and community respect for older people. Older people's care is depicted as being part of a cultural tradition that obligates everyone to provide care.

This obligation is constructed by means of two interrelated discourses: (a) a public responsibility discourse and (b) a family obligations discourse. Both of these discourses construct older peoples' care as maintaining the kinship system in society, as shown in the following quote:

> Every older person needs to feel respected and blessed by placing the family as the primary caregivers supported by the service system from the community, business world and local government, as well as all stakeholders concerned with ageing issues. (Quote 13)

Here caregiving is assigned primarily to the family as well as wider civil society so that older people's welfare is construed as both a community and a state interest. This construction appears in the regulations of various ageing institutions in the government and private sectors. Drawing on the public responsibility discourse, policies use words and phrases such as 'community responsibility', 'equality', 'older people's rights', 'past contribution' and 'national values'. In this way of speaking, obligation is articulated in terms of universality; obligation to care is placed on the state and construed as needs based. Accordingly, older people are construed as deserving care regardless of their former contribution to the family or to society.

In contrast, words and phrases such as 'family's role' and 'social exchange' are applied within the family obligations discourse; for instance:

> Guiding and giving advice kindly and wisely based on knowledge and experience, especially in the family environment, in order to maintain dignity and improve their welfare, becoming role models in all aspects of life to their next generations. (Quote 14)

This discourse grounds obligations to care for elders in cultural terms of reciprocity and familial obligation. Here the obligation to care is grounded in exchanges of moral economy, on an intergenerational basis, and older people are rendered as interdependent and interrelated individuals who are capable of giving as well as receiving care as part of a social exchange. Obligations grounded in exchange are illustrated by provisions that highlight older people's rights according to their past contributions.

Public responsibility versus family obligations

The construction of cultural ageing positions older people's care in the intersection between public and private obligation for their care. A tension is created between older and newer conceptions of caregiving for older people. On the one hand, traditional values emphasise the role of family as primarily responsible for older people's welfare. Prior to the introduction of the ageing policy in 1998, the cultural norm of familial obligation to care for elders regulated older people's care. On the other hand, however, ageing policy makes provision for public care by means of state provisions and subsidies. Business, industrial and academic sectors are enjoined to support older people's wellbeing by providing them with working opportunities, workshops, and training to increase their employability and entrepreneurship. Based on a newer understanding of older people's care as part of national values, the achievement of equality and universality has become a moral obligation for the government.

The tension between public and private responsibility in Indonesia's regional ageing policies suggests a moral conflict in the policy formulation. This tension is resolved by drawing on a cultural construction of ageing with its emphasis on intergenerational obligation and the familial duty of care to respected elders. Government institutional care is limited to those older people who do not have family or are deemed to be 'neglected'. For instance, the regional ageing policy states that 'Residential care is provided just for neglected older people.' The neglected older person is defined as a person aged above 60 who does not have a job, income or family to help meet their daily needs and live a decent life. Family is thus rendered central to older people's care and allows for public responsibility to be limited to those elderly people who cannot rely on familial care. Public care is provisioned according to eligibility based on contribution and means-tested benefits, as illustrated by the following:

> Social assistance is given to less-fortunate third age so that they can meet their needs and improve their level of welfare. (Quote 15)

> To provide health services for less-fortunate and neglected older people, exemptions or relief of costs of services is provided in accordance with the provisions of laws and regulations. (Quote 16)

These quotes refer to meeting particular older people's 'needs', offering 'relief' and making 'exemptions', on the basis of economic eligibility. Significantly, although family is positioned as the primary caregiver, the government's role and support of families is not well articulated in policy and largely overlooked.

Table 4. Micro and macro constructive effects of the construction of ageing in the regional policies

	Material ageing	Cultural ageing
Micro experiences: between empowering and marginalising	1. Alternative identities for older people. 2. Access to provision based on eligibility.	1. High social status in society. 2. Family as a primary support.
Macro experiences: moral obligations and moral dilemma	1. Policies prioritise provisions within 'successful ageing' discourse. 2. Strong demand for providing various forms of programmes and institutions based on older people's conditions.	1. Moral obligations in providing equality and universal provisions. 2. Setting eligibility (means-tested benefits and contribution).

Discussion

We identified two common constructions of ageing in the policies reviewed, which we labelled 'material' and 'cultural' ageing. Our analysis shows that 'material ageing' positions older people at the intersection of 'decline' and 'successful ageing' discourses, while 'cultural ageing' positions older people's welfare at the intersection of 'public responsibility' and 'family obligation' discourses. These discursive constructions have both micro (interpersonal) and macro (structural) constructive effects, as summarised in Table 4. To explore the interconnections between constructions of material and cultural ageing and their micro and macro effects, we divide the discussion into three parts, discussing first the micro experiences, then the macro experiences and finally considering the intersections between the two.

Micro effects of the construction of ageing: between empowering and marginalising

Older people's care is part of Indonesian local knowledge that values and respects older people. This is a positive value in the context of care and equality in ageing issues that commonly occurs in hierarchical societies determined by age distinctions (Katz, 2008). Indonesians commonly believe that caregiving is a family's responsibility, especially when parents become older and experience health decline (Hugo, 2000). The family obligation discourse positions older people as needing to be looked after primarily by the family, and then by the community and government.

Drawing on the construction of material ageing, with its intersecting 'successful ageing' and 'decline' discourses, regional ageing policies open alternative identities for older people that have been shown to have negative consequences. For example, the classification of older people into the third and fourth age categories in policy documents can result in inequality, marginalisation and social exclusion for those in either category. 'Successful ageing', in the context of productivity and illness prevention, tends to promise a bright future for the third age, but discriminates against older people who do not meet these criteria (Minkler, 1990; Holstein and Minkler,

2003; van Dyk, 2014; Baars, 2017). This could be seen through the emergence of programmes and institutions that are specifically limited to older people with certain conditions, among them working opportunity, education and training, and sport and social activities. These interventions could not be utilised by frail or disabled older people. However, social inclusion is needed to increase social interaction and prevent loneliness among older people (Pambudi *et al.*, 2017)

International research has also demonstrated the damaging effects of the 'successful ageing' discourse. van Dyk (2014) argues that the purpose of the 'successful ageing' discourse is to achieve the re-valuation of old age, but that it has produced new forms of ageism and exclusion. Other scholars argue that when 'successful ageing' is framed in utilitarian terms of productivity, pressure is placed on older people to continue to be productive or to contribute to society (Walker, 2006; Gilleard and Higgs, 2011, 2013). Moreover, focusing on productivity in later life can result in the reduction of state support allocations to older people as they are instead made individually accountable for their own welfare (Estes *et al.*, 2001*b*). However, rather than simply adopting the concept of successful ageing and its implications for productivity, we should re-evaluate it in the context of Indonesia. Almost 50 per cent of older people in Indonesia still work for financial reasons. Most of them are blue collar, did not finish their elementary education and are the breadwinner in the family (Silviliyana *et al.*, 2018). This means that working relates to basic needs fulfilment rather than self-actualisation.

The 'successful ageing' discourse also has implications for older people's social identities. Social identity is a result of the interplay of personal, social and institutional demands (Biggs and Powell, 2001; Powell and Biggs, 2003) and social policies influence how older people can and should be seen in society (Breheny and Stephens, 2019). Under the influence of the 'successful ageing' discourse, older people are required to be active and fit as part of a preventive approach to health care and declining health can be constructed as personal failure (Minkler, 1990; Holstein and Minkler, 2003; van Dyk, 2014; Baars, 2017). This demand, Biggs (2005) argues, influences the way older people can present themselves in public and private spheres. For example, recently there has been a growing number of financial planning and healthy lifestyle programmes (Kemp and Denton, 2003; Murray *et al.*, 2003; Pond *et al.*, 2010) and the promotion of anti-ageing medicine in Indonesia (Pangkahila, 2007). A recent online news headline stated that Indonesia needs more research and courses on anti-ageing medicine due to the rapid growth of the ageing population (Wulan, 2011). These shifts position ageing as a problem to be overcome, rather than recognised as an acceptable lifestage.

Macro effects of the construction of ageing: moral obligations and moral dilemmas

At the macro-level, practice priorities are influenced by constructions of material ageing, which emphasise the dominant discourses of 'successful ageing' and health promotion. The trend in shifting policy ideology from that of traditional welfare to 'successful ageing' – proposed by Rowe and Khan – is experienced by many countries, especially Western countries (Biggs, 2001, 2005; Bülow and Söderqvist, 2014; Stephens *et al.*, 2015). This construction of 'successful ageing' has been critiqued for its effects of oppression of those who do not meet the ideal, and focus on

individual responsibility for health (Biggs, 2005; Stenner *et al.*, 2011; Bülow and Söderqvist, 2014; van Dyk, 2014). The 'successful ageing' discourse, with its focus on prevention and health promotion, provides no space for provisions of long-term care in older people's lives. The Indonesian of Ministry of Health has admitted that caregiving is still neglected in the national action plans on health and ageing (Kementerian Kesehatan Republik Indonesia, 2016). This is a significant oversight, since around 25 per cent of older Indonesians have health and physical problems (Silviliyana *et al.*, 2018).

Though most ageing policy regulations draw on the 'successful ageing' discourse, Indonesia has not completely moved away from the former 'decline discourse'. Consequently, many provisions sound ambiguous and a moral dilemma appears when a government struggles to provide universal welfare in the public sphere for all older people. Indonesia's budget deficit for social security, especially national health coverage, is the biggest challenge for granting universal and equal provisions to all citizens (Andi, 2016; Kidd *et al.*, 2018; Agustina *et al.*, 2019). Although Indonesia strives to achieve universal social welfare for all citizens, regardless of budgetary limitation, in practice, means testing and contribution-based benefits limit care to particular older people.

Eligibility for welfare support, as intimated earlier, is made available through means-tested and contribution-based benefits. For example, the national health coverage, which adopts a contribution system, only covers those retiring from military service, civil service and formal institutions. Poorer older people are granted means-tested subsidies. This results in a 'missing middle', as the government is unable to cover older people who work and retire from the informal sector with low wages or non-working older people (Kidd *et al.*, 2018; Agustina *et al.*, 2019).

The principle of means-tested benefits re/produces inequality, limits public provision and discursively functions to limit the government's obligation to care; it positions public care as the exception, secondary to family care (Walker and Naegele, 2009; Priebe and Howell, 2014; Kidd *et al.*, 2018). Alongside this limitation is the practice of contribution-ased benefits. Provisions received from the government are defined by the level of contribution. In effect, public provisions become a personal investment and responsibility, rather than state assistance and government responsibility is limited. Importantly, the limitation of government obligation to provide care for older people is made possible by retaining the notion of familial obligation and the private sphere as the most appropriate space of caregiving.

Furthermore, the regional autonomy system has given rise to inequality issues among regions in terms of budgeting, the distribution of resources, and the number, incentives and productivity of the health-care workforce. Among regions with more resources, ageing issues are a priority and concern, while among regions with fewer resources, ageing issues have been neglected. As a result, there has been a lack of implementation in the underdeveloped regions (Kadar *et al.*, 2013).

The intersections of material and cultural ageing

The effects of the intersections of material and cultural ageing on regional ageing policies is evident in the growing number of institutions related to older people's

welfare. Attempts to separate public and family responsibility and the third and fourth ages has produced institutions with specific scopes (*e.g.* only for 'neglected' older people). There are large numbers of institutions, each with a different set of roles related to older people's welfare. In the context of health, there are primary and secondary health institutions, and in the context of social aspects of ageing, there are community care (day care) and residential care. Among those institutions, the government also facilitates the establishment of older people's commissions at the regional and national levels. Some of these institutions cater specifically for 'neglected' older people only, because for most Indonesians residential care is considered taboo.

Estes (1999*b*, 2001, 2011) has referred to the growth of various ageing institutions as an ageing enterprise. While the ageing enterprise worldwide is influenced by material ageing, in the Indonesian context, it is also influenced by cultural constructions of ageing which legitimate the ideal picture of older people's care. Traditional views of elders hold that caregiving is a family responsibility, not an institutional one. Even so, on certain occasions a family may need support for an older person's care, so temporary care can be offered, such as home care, foster care services or day care, which is limited to a maximum of eight hours and without overnight service. The question is whether this assembly of institutions could improve Indonesia's welfare provisions for older people.

Limitations

This study has provided a critical review of Indonesia's ageing policy, focusing on the positioning of older people in the regional ageing policies in Indonesia. However, some limitations are noted. First, the intertextuality method was limited to policy documents, and does not include data from newspapers and magazines that highlight public responses to the government's priorities and considerations. From the perspective of political economy, it is politics, not demography, that defines the ageing process (Minkler and Estes, 1999), and considering this material as a source of data could enhance the understanding of discourse practices in society. Second, the evaluation of the implementation of the regional ageing policy is beyond this study's scope, but future research including this topic will contribute further to developing ageing policy in Indonesia. Third, Indonesia is a diverse country with 33 provinces and more than 600 ethnic groups. This study reviewed 16 regional policies from 17 established policies which probably do not cover the diversity in cultural values. To some extent, the way that regional ageing policies reproduce national policy produces national values of ageing and family. However, the uniformity of these values across ethnic groups only can be tested if there are more available and established policies from other regions outside Java and Bali.

Conclusions

Regional ageing policies in Indonesia have several strengths. Firstly, from a moral economy perspective, local values remain a strong foundation for regional ageing policies. Constructing older people from a cultural perspective reinforces the responsibility of the family for providing care for older people. Maintaining cultural

ageing as a dominant discourse could be a strategic way of maintaining family and public concern about ageing issues in the era of an ageing population and demographic transition. However, care should be taken that this does not operate as a way of minimising state responsibilities.

A second strength is that the regional ageing policies include broad provisions for religion and spirituality, law, social support schemes, age-friendly districts/regions, convenience of public facilities and infrastructure utilisation, health services, working opportunities, education and training, and social and civic participation. The policies include the whole population of older people and demonstrate the government's intention to ensure social welfare in Indonesia. However, the 16 regional ageing policies reviewed in this study have not fulfilled the aims of the regional autonomy system. The tendency to echo national ageing policy neglects regional needs and conditions, and potentially renders regional ageing policy as simply a formality rather than fit-for-purpose guidelines that can respond to local situations.

The dominance of a global 'successful ageing' discourse across the policies may influence practice priorities. For example, the curative and rehabilitative approach to health must not be neglected in regard to providing welfare for the whole population of older people. Indonesia's policies seem to have overlooked the roles of family, including family caregivers' rights and responsibilities in health care, even though the family is a central element of cultural ageing. At the same time as family is positioned as the primary caregiver, the government's role and support of the family is not clearly articulated. This oversight suggests that family matters are considered part of the private domain that lies beyond government authority. Strengthening families' capacity to care for older people would be beneficial. It is important to note that in ensuring social welfare for its older citizens, Indonesia stands at a crossroad between globalisation and cultural values.

Note

1 Indonesian Ministry of Home Affairs: https://peraturan.bkpm.go.id/jdih/front/index/85; Ministry of Justice and Human Rights: http://peraturan.go.id/peraturan/perlembaga.html; Indonesian Supreme Audit Institution: http://jdih.bpk.go.id/.

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