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Caught in the middle:

Unravelling motive and practice of elderly care among
sandwich generation in Indonesia

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Abstract

In the perpetuated absence of wide-ranged ageing-related programmes in Indonesia, more than one-quarter of elderly population rely on to the family especially the adult children, resulting the prevalence of three-generation household. This research seeks to explain the underlying motive and the practice of caring for the elderly parent from the vantage point of adult children that act as the main support provider and primary caregiver within the household. Those are analysed with the concepts of reciprocity, intergenerational solidarity, and theory of care by Joan C. Tronto with some emphasis on the gender aspect in care-giving. Drawing on in-depth interviews of adult son and daughter, this study suggests that reciprocity and the solidarity aspect such as affection, functional, and normative familial relation intertwine one another and no single motive stand out. The analysis show that different motives act for different practice of caring. The analysis on the practice of caring based on theory of care show that both adult daughter and son perform the practice of *caring about* and *taking care of* to the elderly parent. However, the practice of care-giving is leaning towards the adult daughter, denoting that women regardless genetic daughter or daughter-in-law in three-generation household are more squeezed in the middle.

Keywords: elderly care, sandwich generation, multigenerational care, intergenerational solidarity, Indonesia

Preface

Firstly, I would like to register my sincere gratitude to my parents and my sister for their eternal support and understanding of my ups and downs especially during the thesis writing process. Thank you for putting the trust on me and always mentioning my name in your prayers.

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List of abbreviations

| | |
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| ASABRI | : Asuransi Angkatan Bersenjata Republik Indonesia (armed forces social insurance) |
| ASEAN | : Association of Southeast Asian Nations |
| Aslut | : Asuransi untuk lanjut usia (Social Assistance for Neglected Elderly) |
| BPJS-TK | : Badan Penyelenggara Jaminan Sosial Ketenagakerjaan (Social Security Administrative Body for Employment) |
| Blsm | : Bantuan Langsung Sementara Masyarakat (temporary direct cash transfer) |
| BPNT | : Bantuan Pangan Non-tunai (non-cash food aid) |
| BPS | : Badan Pusat Statistik (Centre Bureau for Statistics) |
| GDP | : Gross-domestic product |
| IADL | : Instrumental activities of daily living |
| IFLS | : Indonesian Family Life Survey |
| Jamsostek | : Jaminan Sosial Tenaga Kerja (Social Insurance for Employment) |
| JKN-PBI | : Jaminan Kesehatan Nasional – Penerima Bantuan Iuran (Premium aid for national health insurance) |
| PKH | : Program Keluarga Harapan (Family Hope Program) |
| SAP | : Structural Adjustment Program |
| SJSN | : Sistem Jaminan Sosial Nasional (National Social Security System) |
| SUSENAS | : Survey sosial dan ekonomi nasional (Indonesia’s National Socio-Economic Survey) |
| TASPEN | : Tabungan Asuransi Pensiun (public sector pension insurance) |
| TNP2K | : National Team for the Acceleration of Poverty Reduction |
| UNFPA | : United Nations Population Fund |
| WHO | : World Health Organization |

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Chapter 1. Introduction

Inter-generational exchange is a typical behaviour within the context of familial relationships. It comprises both material and non-material support, which ranges from finance and time, to uncountable forms of general support, such as personal assistance (Albertini, 2016). The pattern of support moves in two directions: from old parents to adult children (downward transfer) and from adult children to old parents (upward transfer; idem). These supports not only comprise a substantial part of intergenerational family linkages but also play a critical role to function family as the welfare provider for its members (Kohli, 1999). In Asian countries, family is widely acknowledged as a source of welfare for the elderly through the deployment of traditional familial principles such as duty, hierarchy, loyalty and compliance, along with limited comprehensive ageing-related support programmes (Papadopoulus and Roumpakis, 2017).

In recent years, Asian families have experienced dramatic changes, mainly driven by increased life expectancy, declining fertility rates, and economic development. A growth in the ageing population, migration, and the outnumbered dual-breadwinner model among adult children all impact structural changes in familial composition and the intergenerational support of older parents by their children (Chan, 2006). This has raised concerns for policymakers and scholars regarding the continuation of family as the support systems for older people. Moreover, in some cases, the responsibility of adult children to care for elderly parents conflicts with the responsibility of child rearing (idem). The cost of raising children demands a disproportionate amount of familial resources. This circumstance has created competition for family resources, such as attention and care, and placed the burden of dual support on the middle generation (Croll, 2006).

1.1 Research problem

Indonesia, as one of the most populous countries in Asia, is presently on the ageing population threshold. The United Nations has estimated that the number of people aged 60

and over in Indonesia will rise from 11.8% (33.7 million) of the total population in 2025 to 15.8% (48.2 million) by 2035 (UNFPA, 2014). As a developing country, the rising life expectancy is constituted with effective measures of government for ameliorating the overall living conditions, such as healthcare access and extreme poverty alleviation policies (Priebe and Howell, 2014). However, senior citizens in Indonesia might face challenges in terms of actual living conditions due to lower pension coverage with limited ageing-related programmes.

Wood and Gough (2006) have categorised the welfare regime in Indonesia as an informal welfare regime. This involves low public spending for social programmes and a massive reliance on informal security, which includes the family and community. Regarding ageing-related social programmes, the country only provides a lower coverage in terms of pension system (Djamhari et al., 2021a). Today, only 20% of people aged 60 and over are registered in pension schemes in Indonesia, which mainly cover people who retire from the formal sector and public servants (TNP2K, 2020). Moreover, the act of placing one's older parents in a nursing home is considered to be shameful and an act of disobedience in Indonesian culture (Djamhari et al., 2020b). Therefore, most of the adult children take care of the elderly parent in the home, although they have already owned the younger generation in their household (Arifin, 2006; Johar and Maruyama, 2011). A recent national survey by the Indonesia Bureau of Central Statistics (2019) indicated that nearly 41% of the elderly settle down in adult-children households.

The pattern of older people living in their adult children's household changes the composition of household members by increasing the trend of three-generation households. The increase in the number and longer shared lives members contribute to a shift of responsibility and status among members, which forces the middle generation to be a main support provider and primary caregiver of the elderly parents (Izuhara, 2010). However, the existence of young children in the household might to some extent have an impact on the availability of support behaviour and help networks to elderly parents that lead to elderly parent's actual lives (Timonen, 2008).

In Indonesia, kin-based relationships are the main source of care for the elderly, offering emotional consolation, material and social support and guarding against destitution that results from ageing (Keasberry, 2002). Adults who reside with their elderly parents have more responsibilities than non-cohabiting adults (Idem). Moreover, the middle generation's role as primary support providers for their elderly parents is potentially aggravated by adoption of other roles, such as housewife, breadwinner, or parent.

Traditionally, children in Indonesia are regarded as an investment, especially in the parent's old-age security (Frankenberg et al, 2002). This norm is reinforced by the limited availability of social care for the elderly from both public and private institutions, which perpetuates the primacy of extended family support networks among older people. In such circumstances, the parent devotes familial material and non-material resources to their children (e.g., formal education), both to help them achieve a better life in the near future and to serve as a parental 'loan' in the child's early life stages (Surachman and Hartoyo, 2015; Raut and Tran, 2005). In current times, families in Indonesia have opted to prolong their children's dependency by extending their schooling to tertiary education and financially supporting them until they can earn an entry-level job with a high salary. It is now common for children aged 18 or older to demand financial assistance on a regular basis (Cahya, 2019).

Overall, the reliance of both children and elderly parents on the adult-children has resulted in the sandwich generation phenomenon in three-generation household in Indonesia. The term 'sandwich generation' refers to the generational process that places an individual in the middle genealogical position between their parents and children (Alburez-Gutierrez et al., 2020). In other words, it refers to men and women aged 30–59 years who simultaneously provide financial, physical, and emotional support to both their elderly parents and their children (Tan, 2018). The compounding demand for support from elderly parents and children has increasingly placed a strain on the middle generation (Železná, 2018). According to Samudra and Wisana (2014), the 2013 national socio-economic survey (SUSENAS) estimates that the sandwich generation issue occurs in 6.42% of total household in Indonesia.

The sandwich generation issue highlights an urgent concern, because this generation is the main support provider for both elderly parents and children in the household. This complex intergenerational support network demands attention for several reasons. First, co-residing with parents has altered the adult-children's role to act as the main caregiver and support provider for elderly parents (Keasberry, 2002). Second, parental caregiving is a long-term activity compounded by increasing dependency and need for support by to adult children (Albertini, 2016). Third, the increase in the elderly population creates significant consequences for the adult-children as the middle generation in the household with regard to parental support and care; at the same time, they must also bear responsibility for childrearing. Moreover, as government support continues to be limited for the elderly population, understanding the adult-children's perspectives and support behaviours within the household is essential.

Given the centrality of adult children in supporting and caring for elderly parents in Indonesia, the inquiry about why adult children that have established the nuclear family are still supporting the parent and squeezed between elderly care and childrearing, is relevant to be explored deeply. There is a growing body of research on the sandwich generation, which has mainly focused on the generation's prevalence, the effect of compounding burden, and patterns of care distribution towards parents and children (e.g. Hämäläinen and Tanskanen (2021); Grundy and Henretta, 2006; Železná, 2018). However, these studies have placed greater attention on developed countries with advanced and progressive social policies; few studies have addressed the sandwich generation phenomenon in developing countries, where social policies are in a state of flux and families are encouraged to maintain the wellbeing of the elderly. In developing countries like Indonesia, the role of the sandwich generation at the household level is not confined to caregiving activities such as personal assistance and instrumental activities of daily living for the elderly parent. Rather, the middle generation has a substantial contribution to support in the form of material and non-material support to elderly parents.

1.2 Study aim and research questions

This study aims to explore the support and care provided to elderly parents through the dyadic relationship between elderly parents and adult children in three-generation households. The study explores this support and care from the perspective of adult children as breadwinners of the household. As such, the analysis aims to better understand the underlying motives of adult children and their practices of support and care for elderly parents at the household level. To achieve this aim, this study responds to the following research questions:

1. What motives are expressed by the sandwich generation regarding the support and care of elderly parents?
2. How is the care provided to the elderly parents, as the adult children obviously confront the reality of having to support their own children at the same time?

1.3 Thesis outline

This thesis consists of six chapters. Chapter one contains the introduction to the study, the research problem, the aim and research questions, and the literature review. Chapter two provides background information on Indonesia, including socio-economic and ageing-related issues, formal support and ageing-related programmes, and networks and informal care. Chapter three presents the theoretical framework that guided the study. Chapter four describes the study's methodological process, data analysis and ethical considerations. Chapter five details the findings of the study. Lastly, Chapter six provides a conclusion, some recommendations, and considerations for further research.

1.4 Literature review

There have been several former studies have addressed the phenomenon of adult children being 'squeezed' between responsibilities to take care of their parents and children at the

same time in Indonesia. However, few studies have focused on exploring the motive of ‘squeezed’ adult children and the practices of care that they perform for elderly parents. The majority of studies view adult children’s care and support patterns from economic and health perspectives. The former studies predominantly provide a macro-analysis of the prevalence of living in three-generation households and wealth flow patterns between elderly parents and adult children while also elucidating the burden of assuming a double burden of care and support.

Studies from Djamhari et al. (2021b), Samudra and Wisana (2013), and Kreager and Schröder-Butterfill (2010) have all described the prevalence of multi-generational households, the agency of adult children in caring for elderly parents, and exchange behaviour between elderly parents and adult children. More specifically, Djamhari et al. (2021b) and Samudra and Wisana (2013) applied a quantitative approach through a direct closed-end survey and secondary data from Indonesia’s SUSENAS; both studies used a wide range of samples from several provinces in Indonesia.

Djamhari et al. (2021b) surveyed 1,400 middle generation Indonesians (aged 25–59) in seven cities where the proportion of the elderly population is higher than the working-age population. Their results indicate that nearly 70% of the working-age population were members of the sandwich generation. Additionally, based on data from 2013 National Socio Economic Survey (SUSENAS), Samudra and Wisana (2013) found that 6.42 percent of married women aged 29 to 49 were part of the sandwich generation by using a wide range of samples and various methods, these studies highlighted that the sandwich generation is existent group in the currently demographic dividend phenomenon in Indonesia.

Given the prevalence of elderly people who cohabit with their adult children in Indonesia, Johar and Maruyama (2010) analysed the causal factors underlying this phenomenon using longitudinal data from the 1993, 1997, and 2007 versions of the Indonesian Family Life Survey (IFLS). This secondary data was re-analysed using quantitative methods. The researchers found that, while parental needs motivated adult children to co-reside with their

parents, the decision to cohabitate was mainly influenced by causal factors such as private gains and expenses incurred by the children.

On par with the study, Frankenberg et al. (2002) studied the exchange pattern between old parent and children using the same data from IFLS 1993. The findings demonstrate that motive of transfers between parent and children is associated with the need of receiver, and parent's transfer to children for education is a loan that they expect to be repaid when they are old. The finding on pattern, however, suggest the complex structure depending on need, familial structure, and gender within the household.

To address the steady increase in the ageing population, Kreager and Schröder-Butterfill (2010) conducted a study on the implication of age-structural transition to the available support network to the elderly people from the extended familial relationship in three communities from three different provinces where the proportion of the elderly population is higher compared to other provinces in Indonesia. Specifically, the study aimed to illuminate the nexus between cohort transition and patterns of inter-generational support flows within the familial system. The study employed a longitudinal ethnography methodology and covered the years between 2000 and 2005. The results provided evidence that adult children still provided financial support despite living away from their elder parents and that patterns of wealth flows depended on need and the relationship between elder parents and adult children in the long term. Resources flowed to the children (downward flow) when the parents were younger and reversed to the parents once they reached old age (upward flow). Hence, the study contributed to the understanding that family networks remained critical in maintaining the welfare of elderly parents in Indonesia.

From a health perspective, studies mainly focused on the practice of parental care and support. Studies by Van Eeuwijk (2006), Riasmini et al. (2013), and Schröder-Butterfill and Fithry (2014) examined the practice of caregiving among adult children in Indonesia to parents who were in a frail state due to diseases such as Alzheimer's or conditions such as being bed-ridden. The key finding from these studies was that family plays an important role

in providing support in terms of financial support, instrumental activities of daily living (e.g. doing the household chores) or personal assistance in the daily living (e.g. bathing and feeding) mainly to bed-ridden elderly people. Moreover, these studies found that the absence of adequate formal support systems for elderly parents and an over-reliance on the family have increased the burden on adult children. Van Eeuwijk (2006) explained that the over-reliance of elderly care towards adult children entails an economic, psychological, and social burden on adult children as the main support providers and primary caregivers. Hence, this raises concern about adult children's capacity to provide care and ensure the welfare of elderly parents.

Generally, previous studies have predominantly examined the role of adult children and the practice of providing care and support to elderly parents. However, they have not offered a fuller explanation of adult children's motivation as it relates to the practice of caregiving and support while being 'squeezed' between elderly parents and dependent children in three-generation households. Studies about the cohabitation status of elderly people tend to provide evidence of financial support by calculating the amount of financial transfers without accounting for other type of support, such as personal assistance and care from adult children. Studies with a health perspective have emphasised the implications of being a primary caregiver and main support provider without examining the motivations of adult children that already have nuclear family in caring for their parents.

Given the gap in the understanding of elderly care among adult children who are 'squeezed', this study aims to fill this gap by offering a comprehensive analysis of the underlying motives of adult children as the sandwich generation in the household in providing parental care and support. Moreover, this study highlights differences between the practice of care and support between adult sons and daughters. This gendered aspect is relevant to highlight since the norm of filial piety expects differently between men and women in Indonesia.

Chapter 2. Background on Indonesia

2.1 Socio-economic situation and ageing

In the aftermath of World War II, Indonesia gained independence from colonial rule on 17 August 1945. The newly established government led by Soekarno was characterised by political upheaval and low economic performance; these mainly resulted from the war against Dutch troops, which aimed to re-establish colonial rule after Indonesia declared independence. This circumstance meant that the new government was unsuccessful in economic development (Sumarto and Kaasch, 2018). From 1950 to 1959, economic growth remained at an average rate of 3.6%, with an inflation rate of 636% in the following seven years in 1966 (Sumarto, 2017). Moreover, the newly established government mostly spent the national budget on the military rather than welfare policies (idem).

Under Soeharto's presidency (1966–1998), economic growth gained priority under the development agenda. The Indonesian economy achieved a 7.7% growth in growth domestic product (GDP) between 1971 and 1981 (Sumarto and Kaasch, 2018). The main driving forces behind this increase in Gross Domestic Product (GDP) were oil prices and industrialization (idem). Despite a decline in oil prices in the 1980s, the export-oriented industrialization implemented by Soeharto's regime successfully maintained stable economic growth until the 1990s (idem).

The prolific economic growth enabled the government to implement social security programmes. Under Law 11/1969, all public servants were provided with compulsory coverage consisting of health insurance and a pension scheme using a pay-as-you-go (PAYG) system; these were managed by a state-owned company called PT Taspen (Ramesh, 2014). Furthermore, industrialization in Indonesia led to labour force intensification; in turn, social security programmes were expanded to include formal private sector employees in the early 1990s, but these only covered healthcare insurance and death benefits (Dostal and Naskhoshi,

2017). Regarding social assistance programmes, the government of Indonesia focused on education and health policies mainly targeted at the lowest-income households (idem).

However, the Asian financial crisis in 1998 severely affected the Indonesian economy by destabilising the Indonesian rupiah against the U.S. dollar. Consequences included a rising inflation rate and massive unemployment in every economic sector (Torheim, 2013). According to statistical data, unemployment stood at 4.7% prior to the financial crisis; in 1999, it had increased to 6.4% (Perwira et al. 2003). In addition, the crisis led to a sudden increase in the poverty rate from 17% to 24%; as a result, nearly 48 million people out of 200 million fell into poverty in Indonesia (Rizky et al. 2019). With assistance from the World Bank, the government of Indonesia implemented a structural adjustment program (SAP) at the onset of the crisis as a means of improving the economy and increasing reliance on a market economy (Sumarto, 2017: 948).

Today, there is positive trend in public income resulting in the blooming middle class, mainly due to improvements in the domestic service sector and public service reforms. In terms of sector, there has been an employment shift from the agriculture to the service sector, which is mainly concentrated in urban areas. Job growth in the service sector accounts for 80% of new job creation, while the agriculture sector has lost more than 900,000 workers over the past few decades (Ginting and Aji, 2015: 3). However, the workforce is mainly concentrated in the informal sector, which has less adequate coverage of social security programs. A study on attitudes and preparation for old age by Djamhari et al. (2021b) conducted in four provinces in Indonesia indicated that only 6% of informal workers had access to old-age pensions; more than 37% respondents said that they would rely on descendants and 35% expected to rely on old-age policies from the government when they grew older.

Additionally, the elderly population in Indonesia is currently increasing due to public service improvements, which have prolonged life expectancy, and a declining fertility rate. Compared to other Association of Southeast Asian Nations (ASEAN) countries, the annual rise in the elderly population in Indonesia is expected to increase at a relatively high pace,

with 1.2 million new senior citizens between 2010 and 2050 (UNFPA, 2014). In terms of economic security, the elderly population (60 years and over) is the most vulnerable group in the country; 27.68% of the population affected by poverty comprises the elderly (Djamhari et al, 2021a). To meet their daily needs, more than 30% of the elderly must work, mainly in informal sectors such as small retail, farming, and other casual work for a relatively low income (idem). In search of security, the elderly in Indonesia mostly co-reside with their adult children; more than 40% of senior citizens live in three-generation households consisting of one grandparent adult children who act as the family leaders and breadwinners, and children (UNFPA, 2014).

Ultimately, the prevalence of poverty, informal jobs and lower income among the elderly population in Indonesia pose great challenges for this group. However, given low formal pension coverage among the existing working-age population in Indonesia, it is safe to assume that poverty and an over-reliance on adult children in old age will be prolonged in Indonesia.

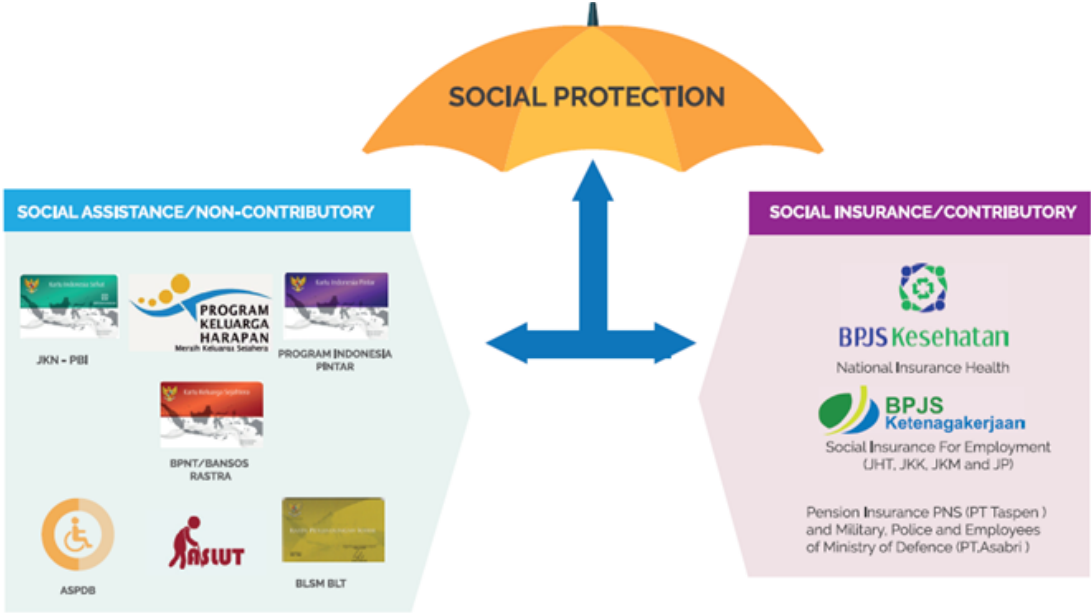
2.2 Old age-related policies and programmes in Indonesia

Indonesia specifically does not differentiate old age-related policies into particular programmes that implement formal intergenerational contracts, such as pensions for existing or future elderly populations. Under the umbrella of social protection (figure 1), social protection systems are divided into two types of schemes: contributory and non-contributory (TNP2K, 2018). This division is underpinned by different funding systems; funding for non-contributory programmes is allocated from the government's national budget through annual general tax revenue, whereas the contributory scheme consists of insurance programmes funded through membership premiums.

The division of social protection programmes targets different social classes, cohorts, and occupational statuses among citizens. This target system is meant to apply the life cycle approach in social protection scheme in which every citizen is universally covered by the social protection system with different programmes to protect them from destitution

(TNP2K, 2018). While social assistance programmes are mainly directed at low-income households under the agenda of poverty alleviation, social insurance programmes target those who are not categorised as low-income citizens (defined as below \$ 2 per day). Currently, only Social Assistance for Neglected Elderly (ASLUT) specifically targets the elderly population; however, it covers less than 1% of the elderly population in Indonesia (TNP2K, 2020). Moreover, old age-related policies are mainly subsumed under social assistance programmes, such as BLSM (temporary direct cash transfer), BPNT (non-cash food aid), PKH (Family Hope Program), JKN-PBI (Premium aid for national health insurance), and two social insurance programmes.

Figure 1. Social protection scheme in Indonesia



Source: TNP2K (2018)

2.2.1 Pension and old age savings

Changes in old-age income security policy in Indonesia have exhibited a positive trend since the onset of the Asian financial crisis in 1998. A significant change occurred in 2004, when the government of Indonesia passed Law No. 40 about the National Social Security System (SJSN) in an attempt to expand the previous social security system. The new law stipulated the replacement of the past institution that managed pensions and old-age savings for formal private sector employees. However, due to a presidential change in 2004 (Sumarto, 2017), the new institution was only established in 2011 and officially began operations in July 2015.

Pension and old-age savings in Indonesia are currently managed by different administrative bodies that cover different types of occupational status among citizens. PT Taspen is assigned to manage the pensions of public servants, while PT ASABRI is assigned to manage the pensions of employees at the Ministry of Defences and Security, including police officers and military employees (Dostal and Naskhoshi, 2017). These two administrative bodies have been operating since the former president, Suharto, was in power (1966–1998). Meanwhile, the pensions and old-age savings of formal private employees was formerly managed by Social Security for Employment (JAMSOSTEK), which became the Social Security Agency for Employment (BPJS *Ketenagakerjaan*) in July 2015 (TNP2K, 2018). Moreover, the establishment of BPJS *Ketenagakerjaan* has expanded coverage for pensions and old-age savings by allowing informal sector employees and self-employed workers from voluntarily joining old-age savings schemes.

Pensions and old-age savings differ according to design and aim. Pensions are intended to provide economic security by transferring monthly income to pensioner during the retirement period with a minimum of 15 years of premium payment, while old-age savings are a lump sum transfer once the individual retires or has paid the premium for at least 10 years (TNP2K, 2018). These two programmes are managed through fully funded systems in which the replacement rate is set according to the total amount of premium accumulated during the contribution period (Djamhari et al, 2021b). As of September 2017, both programmes

covered over 24 million Indonesians, which amounts to 15% of the total working-age population (TNP2K, 2018).

In terms of benefits, pensioners who were public servants or members of the military earn 70–75% of their last monthly income and an additional rice allowance in retirement (defined as 56 years old or over; TNP2K, 2018). However, pensioners who were formal private employees earn a lower replacement rate, mainly due to a lower premium rate during the contribution period. BPJS *Ketenagakerjaan* set the premium for pension schemes at 3% of the worker's monthly salary, with a maximum monthly earning of Rp. 8,512,400 (€496.40; Djamhari et al, 2021b). Furthermore, a study by PRAKARSA (Djamhari et al, 2021b) estimated that pensioners of BPJS *Ketenagakerjaan* would only earn a minimum replacement rate of Rp. 341,400 (€19.91) per month with such a premium design.

Given the limited opportunity for informal sector and self-employed workers to join the pension system, the existing pension scheme through BPJS *ketenagakerjaan* has created practical barriers for working-age Indonesians. Moreover, although Indonesia currently enjoys demographic dividends as a result of the working-age population outnumbering the elderly population, the future of current working-age people in old age is unclear. Hence, it can be argued that the existing pension system will only have a small impact on ensuring economic security for the future elderly population.

2.2.2 Social assistance programs

The elderly population, particularly in the lower income group, is subsumed under two non-contributory, tax-funded social protection programmes: The Food Aid Program (BPNT) and the Family Hope Program (PKH; TNP2K, 2020). Both programmes are managed by the Ministry of Social Affairs and target households in the bottom 42% of the population in terms of socioeconomic status (SMERU, 2020). To access the programmes, the household must register in advance in the database of the Ministry of Social Affairs, which is updated annually. Moreover, all beneficiaries of PKH are also beneficiaries of BPNT, but the reverse is not necessarily true (*idem*).

BPNT was introduced shortly after the onset of the Asian financial crisis in 1998 (TNP2K, 2018). The programme has experienced several changes and adjustments since launching to reach more recipients and improve delivery. The early programme design only involved the in-kind transfer of rice to recipients. Today, the programme transfers Rp. 200,000 (€11.70) per month to recipients, which can be used to purchase rice, chicken, and eggs at designated shop and distributors (SMERU, 2020). Out of a total of over 20 million recipients, 3.4 million are members of the elderly population (TNP2K, 2020).

Launched in 2007, PKH is a conditional cash transfer programme aimed at households with pregnant mothers and children in the lowest decile in terms of socioeconomic status (TNP2K, 2018). The programme aims to tackle intergenerational poverty in the long term by helping household members access healthcare and education; in the short term, the programme aims to boost local economic growth and stimulate consumption among households with the lowest socioeconomic status (*idem*). Furthermore, in 2016, the ASLUT programme was merged with PKH, and beneficiaries of ASLUT are currently included as PKH recipients (SMERU, 2020). Every month, beneficiaries receive Rp. 200,000 (€11.68) and are required to undergo health checks at the nearest community health centre (*idem*). To date, 1.1 million elderly people have benefited from this programme (TNP2K, 2020). However, due to the lower amount per monthly transfer, the money can only be used on the elderly themselves; a study by Djamhari et al.(2021a) indicated that 80% of beneficiaries were largely unable to share the benefits with other household members. The implementation of these two programmes is far from perfect. There are, at least, two main pitfalls: the prevalence of the exclusion error and the mal-administrative in citizenship document system that implicates to obscure the updated beneficiaries list (TNP2K, 2018; Djamhari et al, 2021a).

2.3 Multigenerational networks and informal care

The increasing percentage of senior citizens in Indonesia, in combination with the lack of a formal economy and social protection systems, pose challenges for the existing elderly population with regard to care and support arrangements. The elderly mostly relies on the

provision of informal care and support from the community and kin networks (SMERU, 2020). While community initiatives such as the Community Post of Integrated Service for Elderly (*Posyandu Lansia*; Utomo et al, 2019) provide health checks and staple food aid, family and kinship relationships – especially adult children – play a more critical role in caring for the elderly on a daily basis (Van Eeuwijk, 2006).

Support and care arrangements provided by family members can be identified through the co-residential status of the elderly in multigenerational households. Such arrangements are categorized in the survey by The Centre Statistical Bureau (BPS) that categorize living status of elderly in three-generation household – consisting the elderly, adult children and the grand-children – representing informal inter-generational care practice within the familial system (BPS, 2019). Despite the fact that kin networks also include adult children who do not reside with their elderly parents, a study by Priebe and Howell (2014) used the 2007 Indonesia Family Life Survey and found that 80% of elderly citizens received more at least once during the year transfers from the younger household members.

The family's involvement in taking in the elderly in Indonesia is promoted through Law No. 13 of 1998, which concerns the welfare of elderly people. The law clearly states that the family, the government, and the community have a joint role in ensuring the welfare of the elderly population. However, this law did not further elaborate on the family's role. Thus, informal care provision for the elderly in Indonesia can also be attributed to the government's limited capacity in terms of human resources and the absence of comprehensive laws and regulations for monitoring care and support for the elderly within the family.

Chapter 3. Given the absence of adequate formal care and support systems for the elderly in Indonesia, the family – especially adult children – becomes the main source of care and support for the elderly, sometimes over a long-term period. While the elderly population's wealth or financial resources, resilience, and personal capabilities in caring for themselves should not be understated, increasing age and the increasing risk of frailty lead the elderly to become more dependent on others (Kreager and Schröder-Butterfill, 2010). Based on the

Indonesia Family Life Survey 2007, Priebe and Howell (2014) found that the elderly aged over 70 are more dependent with regard to economic support than those aged 60-70. This finding raises concerns about the middle generation's ability to shoulder the responsibility of caring for their parents, as they are also responsible for nurturing their own children.

Chapter 3. Theoretical framework

To investigate adult children's underlying motives and their practice of support and care for elderly parents, this chapter begins by presenting key concepts in the discussion of obligation in familial relationships, with a special emphasis on concepts such as reciprocity and intergenerational solidarity. Secondly, the discussion of the theory of care by Tronto (1993) is presented in order to understand how care is practiced. Moreover, the gender dimensions of caregiving among men and women are presented to enrich the conceptual framework and better understand multifaceted care practices among adult children for their elderly parents.

3.1 Understanding motives

In East Asian societies, the family's primary role as a welfare provision institution for its members is promoted through cultural values of filial responsibility, which consists of dependence and obligation cemented through generational bonds (Izuhara, 2013). While a sense of obligation remains critical, the endogenous sense of obligation might stem from social norm enforcement or self-motivation. These are between attitudinal approach and relational approach (Stein et al. 1998). The former implies that filial obligation stems from social norm enforcement for children to have sense of duty to the elderly parent. The latter, by contrast, defines filial obligation as expectations of appropriate behaviour within the parent-children filial relationship that extend across the life cycle (idem).

The attitudinal approach denotes a subscription to the normative obligation in which caring for the parent is the strategy of action to accentuate the cultural, symbolic, moral imperative, and social construction (Funk, 2011). This approach can also be symbolically expressed through the act of obedience to elderly parents (Croll, 2006). In the context of Indonesia, it could be argued that adult children treat this filial responsibility as a normative duty since the norm of filial piety is highly promoted by socio-cultural constructions in South-East Asian countries (idem). Thus, caring for parents is viewed as a matter of course among adult children.

Although the social norm of obligation to the elderly parent as an approach is distinct from personal intentions to provide care and support, this norm serves as a predictor of supportive behaviour within kinship relations (Silverstain et al. 2006). Thus, the norm leaves little space for self-determination and autonomy in an ascribed familial relationship. Empirical findings from studies (Stuifbergen et al. 2010; Funk, 2012) have mainly indicated that the aspect of duty in this social norm implies negative perceptions within the child-parent relationship. Therefore, although the approach can be useful for understanding parental care by adult children, such a social norm may obstruct the exploration of adult children's motivations in caring for their ageing parents in Indonesia.

Alternatively, relational context offers the approach to understand the parent-children exchange behaviour in later life stage. This approach explains that filial obligation of adult children occurs in the family relationship across life cycle (Stein et al. 1998). The main argument in this approach is rooted in the fact that, although the norm of obligation exists in supportive behaviours within kin relations, one's obligation to kin members is a negotiated commitment that evolves over one's entire lifespan. This approach further defines the filial obligation as a duty to provide needed assistance and maintain contact to elderly parent by avoiding conflict, engaging in shared activities, and being autonomous in the ascribed familial relationship (idem). Hence, relational context is appropriate for this study, which aims to explore the motives of adult children in caring for and supporting their parents despite having a nuclear family of their own. Therefore, such approach inspired the researcher to apply the concepts of reciprocity and intergenerational solidarity as analytical tools for understanding these motives.

3.1.1 Reciprocity

In the sociological literature, reciprocity has been widely used to understand mutual exchange in relationships. It was introduced by sociologist Alvin W. Gouldner (1960). The main tenet of reciprocity posits that help (gained or received) is steamed from help by another actor within the exchange relation between agents of exchange. Gouldner further argued that

people should help and not injure those who have helped them (Gouldner, 1960: pp. 171). Moreover, anyone can engage in any form of reciprocity, but the concept functions differently to some degree in different cultures (idem).

From the vantage point of social exchange, reciprocity accounts for a behavioural tendency in which people, as actors of exchange, match their contribution to other contributions (Schokkaert, 2006). This equitable value of exchange could imply that the values exchanged should be broadly equivalent (Silverstain et al. 2002) – either exactly identical in form, or concretely different – but the value of reciprocation is equally defined by the actors of exchange (Gouldner, 1960). This equitability is intended to balance the exchange between the actors. Furthermore, Gouldner (1960) suggested that the norm of reciprocity loses its analytical significance if it applies to relationships that one of the exchange actor is disabled people physically or mentally handicapped, as these groups are less able to reciprocate.

Generalised reciprocity, by contrast, emphasises that the exchange should not be exactly the same and accepts occasional departures from other exchange actors in reciprocal relationships (Funk, 2012). Thus, the repayment of received help and support is not necessarily immediate and can be delayed. This extends the discussion of reciprocity to *lagged* reciprocity in the exchange behaviour. If the concept of *lagged* reciprocity is applied to parent-child exchange behaviour in later life stages, the concept implies to the contract between parent and children over the life cycle. It emphasises the children's motives to transfer of finance, time, and emotional support to aged parents in repayment of the social debt incurred from parents earlier in life (Izuhara, 2010).

Over the life course, this lagged reciprocity is built on the earlier experiences of children and maintained by an implicit social contract that ensures continued reciprocity (Silverstain et al. 2002). This motive has a normative aspect (i.e., reciprocating the actions of others) to avoid indebtedness, which refers to fairness between both actors (Kolm, 2006). Moreover, Kolm (2006) emphasised that reciprocity is different from the self-interest of exchange in the way

that each actor of exchange has a set of internal obligations – to receive, give, and repay – to maintain exchange behaviour in the long run.

In the context of Indonesia, some studies (Elizabeth et al, 2002; Surachman and Hartoyo, 2015) have provided evidence that early transfers from parents to children in the form of providing formal education are a factor that motivates the care of elderly parents by adult children. Furthermore, studies conducted in an East Asian context by Izuhara (2010) and Deng et al. (2020) highlighted that reciprocity also exists in the relational context across the life course through the sharing of accommodations between ageing parents and adult children, which compels adult children to care for their parents. Therefore, reciprocity as a concept is useful in the current study to explore the motives of ‘squeezed’ adult children who care for elderly parents in Indonesia. Given the reciprocity in adult children-parent relational context, this study also adopts intergenerational solidarity as an analytical tool to illuminate solidarity in reciprocal relationships within kin relations.

3.1.2 Intergenerational solidarity

Bengtson and colleagues formulated a theoretical model of intergenerational solidarity to explain intergenerational relation in later life stage between parent and children – that is, when parents age and their children have established a career and family of their own (Bengtson and Robert. 1991; Bengtson and Oyama, 2010). Intergenerational solidarity is constructed through multidimensional aspects, which comprise the emotional and behavioural dimensions of interaction, sentiment, cohesion and intergenerational mutual support between parents and children (Bengtson and Oyama, 2010). This theoretical model was introduced as an extension of three conceptual frameworks by Homan (1950) and Heider (1958) – reasoning for liking, contact and agreement as three mutual reinforcing factors of intergenerational relationships. These three solidarity elements posited intergenerational solidarity is the unidimensional construct stemmed from the high level of those three concepts within the parent-child relationship. Bengtson and Robert (1991) expanded the theoretical model by introducing three additional elements of solidarity –normative,

functional, and structural solidarity – to account for individual normative integration and resource sharing.

Associational solidarity denotes shared activities and interactions. It emphasises the frequency of interaction in the different types of setting in which family members engage (Bengtson and Robert. 1991). The contacts in various settings are featured as associational dimensions.

Affection solidarity explains the type and degree of positive sentiment towards another family member (Bengtson and Robert. 1991). It refers to the individual subjectivity of the familial bond and a sense of togetherness within familial relations; it also implies that the other member is valuable to one's life (Szydlik, 2016). This element entails closeness, trust, respect, and affection among family members.

Consensual solidarity describes concordance and commonalities between parents and children in term of values, attitudes, and beliefs (Bengtson and Robert. 1991). It presents to what extent the family members have shared political view or religion. The commonalities may foster the solidarity between parent and children. However, Szydlik (2016) highlights that there may be concordance with regard to a specific issue but no more than that.

Functional solidarity involves the actions through which familial members share and exchange resources such as time, money, or space. Bengtson and Robert (1991) emphasised this element of solidarity by introducing two aspects of exchange: subjective dimension and objective dimension. While objective dimension reflects the quantity, type, and quality of exchange, the subjective dimension refers to an individual assessment of the relative balance in exchange behaviour. Functional solidarity comprises three 'currencies' of transfer: time, co-residence, and money (Szydlik. 2016). Time-related assistance entails a wide range of behaviours, including performing household chores, offering to care for grandchildren, and providing consultation or encouragement. Monetary assistance includes voluntary or involuntary financial transfers that occur once or continuously and on a regular or irregular basis. Lastly, co-residence refers to the sharing of household spaces, which enables monetary

transfers and time assistance. However, these three ‘currencies’ are not easily separated since one currency can be used to afford another transfer; for example, monetary transfers from adult children can serve to afford the home care services for elderly parent (idem).

Normative solidarity generally concerns the division of responsibilities among family members, which entails different obligations for members with different statuses within the family. Bengtson and Robert (1991) defined normative element in intergenerational solidarity as the strength of commitment to undertake familial roles and expectations in the context of familial obligation among kin members. In addition, this familial value is normative in the sense that help and exchange between parents and children are implied in the ascribed relationship between them. Thus, this element refers to individual perception in viewing the value and norm of family relation that encourages the individual to feel obligated to be involved into the solidarity relation. This normative principle, however, does not necessarily translated into actual action of solidarity, but rather it serves as the potential aspect of solidarity (Szydlik. 2016). Structural solidarity reflects structural opportunities for cross-generational interaction and involves geographic proximity, the number of family members, and the health status of family members (Bengtson and Oyama, 2010).

Intergenerational solidarity is crucial in accounting for the behaviours, dynamics, and patterns of intergenerational relationships between adult children and elderly parents, which enables the family’s function in maintaining the livelihood of its members. However, it should be noted that the current study focuses on adult children who co-reside with elderly parents. Thus, it is not necessary to apply constructs such as associational and structural solidarity in this study. Moreover, consensual solidarity involves diverse elements such as values and personal views on life; thus, its inclusion would potentially lead this study to lose focus on exploring motives. Therefore, the three remaining constructs – affectional, normative, and functional solidarity – will be used in this study to understand the motives of adult children in caring for their elderly parents in Indonesia.

3.2 Theory of care

Studies about elderly care among adult children in developing countries, especially in Indonesia, are limited. This may be a number of reasons for this. First, the percentage of elderly citizens in Indonesia is much lower than that of the working-age population; thus, conducting a survey about the practice of care may be viewed as costly and impractical. Second, national survey data in Indonesia provides only limited information about elderly care and instead emphasises the prevalence of poverty within this population. Consequently, this may lead to a limited conceptualization of the practice of care in Indonesia. Previous studies such as Keasberry (2002) and Eeuwijk (2006) adopted a theoretical framework of care from developed countries to study the practice of care in Indonesia.

Following past studies, the current study adopts a theory of care that was conceptualised in the context of developed countries. This study draws on the most cited theory of care by Tronto (1993). Tronto attempted to develop care, as the basis of moral and political life, in a broader sense, in which care is the important element for individuals to link them to others and their environment. Moreover, care does not only take place in a dyadic or individualistic context; it can also operate socially and politically as part of a long-term process.

Tronto defined care as “On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Tronto, 1993: 103). In this sense, caring is an activity that concerns consideration and the needs of others. Moreover, care is culturally defined and care work differs according to cultural context. Within this definition, Tronto introduced four phases of caring as separate but interconnected analytical tools: caring about, taking care of, caregiving, and care-receiving.

Caring about entails a process of acknowledging that care is necessary in the first place. Caring about implies recognising needs and assessing how these needs should be met

(Tronto, 1993). This internalising process also requires the moral element of ‘benevolence’, which is culturally and individually shaped. Only those who recognise the needs of others can take action to address these needs.

Taking care of, as the next step in the caring process, involves assuming some responsibility for the identified needs and determining how to address them (Tronto, 1993). In this step, the individual identifies what and how to address these needs rather than paying attention to the needs of others. Providing care requires agency and responsibility. However, this step does not involve physical care.

Caregiving is the third step of caring and involves the direct action of caring. This implies physical work and always requires the presence of care-givers who come into contact with the recipient of care (Tronto, 1993). The care-giver must have the moral element of ‘competence’ (Keasberry, 2002) to engage in caring. However, Tronto (1993) made a distinction between the act of caregiving and providing resources to the recipient of care to satisfy their needs. For example, giving money to the object of care is not considered a form of caregiving because it does not encourage the presence or contact to the recipient of care, although this act provides resources to the care receiver. Rather, providing resources like money is more a form of *taking care of*.

Care-receiving, as the fourth phase of caring, is the object of care’s response to the act of care that they receive. The involvement of the care receiver’s perspective in the care practice can provide information to the caregiver on whether the care receiver’s needs have been satisfied or not. However, since the study focuses on adult children and situates them as care-givers, care-receiving from the vantage point of elderly parents is not relevant to apply.

As a practice, care concerns thoughts and actions that are interrelated and directed towards some end (Tronto, 1993). The four stages above represent the process from thought to activity and the end of care. Moreover, these stages set the boundaries of what is reasonable within the framework of care as a practice (*idem*), in which care can take on different forms and is simply not viewed a woman’s responsibility. Moreover, care includes both particular and

universal elements. The particularity of care concerns the construction of adequate care, which differs from one culture to another. However, since everyone has needs to satisfy and their ability to do so is sometimes limited by biological or unusual circumstances such as sickness or infirmity, everyone demands care from others; thus, care is universal.

The potential of this theory of care to explain different types of care practices – especially in intergenerational care settings – makes it an appropriate theoretical perspective for the present existing research. Given that son and daughter are expected differently in regard with the practice of caring, this is necessary for the reader to be mindful of gender difference might entail the different activities of caring between men and women. The next section describes various activities pertaining to caregiving and differences between how men and women from the middle generation contend with the burden of double care responsibilities.

3.2.1 Gender differences in caregiving

The discussion of filial caregiving depicts different practice of care between men and women. Women are generally more engaged in care work than men since women have more availability to take on multiple caregiving activities such as personal care and domestic assistance, which are more in demand from elderly parents. By contrast, a man usually undertakes caregiving in a principle of substitution of women in which he has no siblings or is the only geographically available child (Chapbell & Martin-Matthews, 2003). Such gender-based care work affects the labour division that leads women to stay at home longer than men (Chafetz, 1988).

Chafetz (1988: pp123) argued that occupational differences between men and women are encouraged by family, peers, the media, and society through the socialization process in the childhood. Socialization shapes gender identity, which typically conforms to gender norms. Thus, the specific roles and tasks of adult men and women are affected in myriad ways in both the private and public spheres. Moreover, gender differences in care work are perpetuated by parents' normative expectations of sons and daughters (Silverstein et al., 1995). Such parent's expectation prefers women to involve in multiple care tasks due to the

women's nurture responsibilities in nature (Horowitz, 1985). Although the number of women in the labour market has increased, the role in performing care duties has not concomitantly decreased (Harris, 1998).

Designated roles between men and women also differ with regard to the practice of intergenerational care. Champbell and Martin-Matthews (2003: pp. S350) sought to typify gendered care tasks. They found that women or daughters are more likely to provide emotional care, domestic assistance, and intimate care such as bathing, feeding and preparing meals, whereas men or sons tended to provide home maintenance, managerial assistance, and financial support to parents. Some care work was gender-neutral, including helping with groceries, running errands, or providing transportation to elderly parents. The study by Champbell and Martin-Matthews (2003) showed that men had more leeway to avoid stereotypically male care work, as parents expected women to perform more care work than men. However, men who performed stereotypically female or gender-neutral care work were rather rendered by the higher level of filial obligation or stronger connection with parents.

Apart from different practices, gender also has a significant influence on strategies for coping with the burden of caregiving. Men were less content with caregiving tasks than women and were more willing to look for external support from informal and formal sources of support to meet caregiving responsibilities (Yee and Schulz, 2000). This finding can be explained by the general view that provision of care was more expected of women than of men (*idem*). Women were more reluctant to seek support, as they perceived care work to be their responsibility due to gender norms. A study of Japanese women revealed that female caregivers were less willing to ask for assistance with caregiving activities and insisted on performing care work because they viewed it as their burden (Long and Harris, 2000).

Albeit gender perspective in caregiving approach is often perceived unnecessary division, as this approach leads to analysis that depicts the women's problem and understates men's problem in care works. Beyond the difference in the burden of care between men and women, a gender lens is necessary for understanding normative filial responsibility in shaping care

practices. The adoption of a gender lens enables the existing study to explain men and women's degree of involvement in certain types of care work, especially personal care (Chambell & Martin-Matthews, 2003, pp: 350). Furthermore, different practices of care also affect the degree of 'squeezed' or 'pinched' of double responsibilities between men and women in taking on double-load responsibilities.

Chapter 4. Methodology

This chapter explains the methodology of this study. The research questions and the theoretical framework explained in the previous chapters inform that this study has exploratory nature. It leads to the adoption of qualitative approach in this research. The chapter is divided in six sections: research design, area selection and sampling, data collection methods with interview and entry point as sub-sections, data analysis, and ethical consideration, and study limitation.

4.1 Research design

Qualitative method naturally allows the study to be in-depth, flexible and context-sensitive to the exploratory research (Mason, 2018). The qualitative methods also have the advantage of thoroughly apprehending human behaviour, experience, and the meaning attached to them (Porta and Keating. 2008). This research employs qualitative method since it aims to elucidate the expressed motives of adult children for supporting and caring for the elderly parent and to explore the practice of caring with associated gender dimensions in it. The study in specific adopts the phenomenology (Creswell, 2018) approach since the study seeks to deepen the understanding of the issue from the life-experience adult children.

The purpose of approaching the subject from the view of adult children is to generate the insight on how the care-work, the attached meaning, and the practice of caring for occurs within the kin relationship. This further implies to the exploration of motives and the practice of caring from the adult children since this generation has to bear the double responsibility for both older and younger generation within the household. Creswell (2018) argues that phenomenology focuses on exploring the lived experiences of one or couple of people as the phenomenon to composite the description of the common meaning among them. This experience involves thoughts, imagination, action, intention, volition, and desire (Pernecky, 2016). This research design is thus suitable with this study in an attempt to explain the

expressed motives and the practice of the caring to the elderly parent from the lived-experience adult children point of view.

4.2 Area selection and sampling

The elderly population in Indonesia mainly resides in urban area with nearly of 40% of elderly living in three-generation household (BPS, 2019). The study by Djamhari et al. (2021a) indicated that elderly in urban area especially in Jakarta constitute to higher life expectancy than in rural ones. Additionally, the incidence of cohabitation among elder people with their adult children are higher in urban area than in rural area (Johar and Maruyama, 2011). Therefore, it is more appropriate to explore the care work within the kin relationship from the ‘sandwiched’-adult children’s point of view in Jakarta.

Those analysed in this study are the adult children in three-generation household. This study employed purposive sampling in selecting the participant. Such sampling strategy enabled the researcher to access the people and setting that are relevance with the aim and research question of study (O’Reilly, 2009; Bryman, 2012). The participant in this study is purposively selected from different gender, kin relationship with elder parent, residing with at least one parent aged 60 years old or above, and currently bearing double-care responsibilities. The underlying reason in recruiting different participants in this study is meant to capture the complex experience of care work of adult children in three-generation household context through which shared commonalities and differences among them will be identified. The participant sampling in this study is conducted in collaboration between the researcher and the gate keeper, gained from network of The Prakarsa, the national think tank based in Jakarta, Indonesia. The process of approaching and engagement with them will be explained in next section.

In total, the sample size of this study is 18 ‘sandwiched’-adult children, consisting 9 women and 9 men. The reason to involve the adult son is that this study assumes care-work in the

kin relations context (Stols et al, 2016). Through which different gender expectation between son and daughter takes place that results different practice of care for the elderly parent between them. The size is deemed sufficient in respect to the topic of this study, and is feasible for three-months data collection period for this qualitative research (Mason, 2018, pp. 69). The sample size has enabled me to gain an in-depth information and not demanding for recruiting a large amount of participants. The table below provides detailed information of anonymized research participant in this study including gender, age, kin relationship with elderly parent, and age of parent.

Table 1. Research participants overview

| ID Code | Gender | Age (years) | Kin relationship status |
|--------------|--------|-------------|-------------------------|
| Interview 1 | Woman | 45 | Daughter |
| Interview 2 | Woman | 45 | Daughter |
| Interview 3 | Woman | 39 | Daughter |
| Interview 4 | Woman | 40 | Daughter |
| Interview 5 | Woman | 45 | Daughter |
| Interview 6 | Woman | 33 | Daughter |
| Interview 7 | Man | 34 | Son |
| Interview 8 | Man | 38 | Son-in-law |
| Interview 9 | Man | 52 | Son |
| Interview 10 | Man | 49 | Son |
| Interview 11 | Man | 41 | Son |
| Interview 12 | Man | 54 | Son |
| Interview 13 | Woman | 33 | Step-daughter |
| Interview 14 | Man | 45 | Son |
| Interview 15 | Man | 38 | Son |

| | | | |
|--------------|-------|----|----------|
| Interview 16 | Woman | 43 | Daughter |
| Interview 17 | Woman | 44 | Daughter |
| Interview 18 | Man | 42 | Son |

4.3 Data collection method

The phenomenology inspires this study to employ the interview as the data collection strategy. Interview is significant for the research that seeks to understand the person's experience by proposing some right questions (Holsteim and Gubrium, 1995). Moreover, this specific method (Bryman, 2012) allows this study to gain rich and detailed knowledge on the experience, thoughts, and attitudes from the informants. O'Reilley (2009) and Bryman (2012) suggested that the research, expecting to have the opportunity to explore in depth and probing some questions during the interview, is suitable to employ semi-structured interview.

Adopting the interview as the data collection strategy does not necessarily mean to disregard other data collections strategy such as observation. Such observation allows the researcher to gain the knowledge that is not articulable, recountable, and expressible during the interview (Mason, 2018). The observation also enables research to gain more depth, complex, and the roundness from the informants through direct observation and participation (idem). In this matter, it could be argued that observation could help this research in generating a fuller understanding in exploring the care-work within the kin relationship. However, this research is conducted during the pandemic of Covid-19 (WHO, 2020), that makes face-to-face meeting risky. The Government of Indonesia also imposed a new regulation to halt international entry even for Indonesian nationalities like me to refrain the entrance of new strain of Covid-19 (Septiari, 2020). Hence, the direct observation and face-to-face interview with the informant in this study is hardly to do.

To conduct research amidst the pandemic of Covid-19, the primary data in this study is collected through the online interviews. This study is using WhatsApp phone call since the

app is widely used in Indonesia and not demanding a huge internet quota for the interviewees. The online interview is justifiable since it aims to generate the data and forms the dialogues, and subjects to properly critical and reflexive methodological scrutiny (Mason, 2018; pp. 128).

4.3.1 Interview

This study employed online-phone-call qualitative in-depth interview to collect the primary data. The interview duration takes between 50 to 80 minutes in length for each interviewees. It is worth noting that researcher and participants of this study share the commonalities as Indonesian. It certainly situates the researcher with high risk subjectivity (Greene, 2014). Hence, I seek to distance myself from being emotionally over sympathetic with the state of participants and attempt to be reflexive during the study period with the participants instead (*idem*). A confidential letter of agreement to participate in this study was secured before the interview was conducted.

The in-depth interviews were conducted in semi-structured and explored their expressed motives, practice of caring for the elderly parent, and their perception towards relationship with parent. Such interview allows the researcher to probe further clarifications pertaining to the research topic while providing interviewees with the opportunity to explain the information that is not on the inquiry list (Appendix 1) (Creswell, 2013). All the qualitative interviews were conducted in Indonesian (Bahasa Indonesia) since the interviewee were not fluent in English and more comfortable to communicate.

The semi-structured interviews were under taken with time difference in which between interviewer and participants had 5 hours of time difference. I corresponded with the interviewees by WhatsApp beforehand and followed their most convenience time for having the interview. The researcher was also aware of despite the online interview, it does not necessarily mean that interview is the 'location-free' (Mason, 2018). As such, the interviewees were suggested to get a quietly convenience place from other family members,

if it is necessary, to discuss sensitive and personal issues. All interviews were recorded by permission of interviewees for the purpose of documentation of this study.

Asymmetric power relation issue is inherited during the conducted semi-structured interview. Hence, a researcher should prevent from being dominant and monopolistic in interpreting the interview (Kvale, 2006). To do so, I actively follow up the answer and reflecting back to the participants so that the participants have an opportunity to clarify the contradict statement. In the last part of interview, I re-stated its purpose to the participants and asked about any concerns that the informants may have had.

4.3.2 Entry point and gatekeepers

To gain access to the field for the online interview, the researcher corresponded with and asked for help from The Prakarsa, a national think-tank working on the issue of welfare policies in Indonesia in which the researcher had conducted an internship; I had also worked on the issue of ageing in Indonesia in the spring of 2020 as part of my master's programme in Welfare Policies and Management. The Prakarsa studied the issue of the working-age group's preparation for old age through a survey in four different provinces in Indonesia and discovered that some working-age people identified as the 'sandwich generation' (e.g. see Djamhari et al., 2021b). Thus, the aim of the researcher was to gain access to the network of the sandwich generation living in Jakarta.

This strategy has pros and cons in nature. Its first benefit is its practicality, which allowed this study to conduct interviews during the COVID-19 pandemic, in which meeting people face to face poses a risk of exposure to the virus and infection to both the researcher and informants. Additionally, this strategy offers the researcher efficiency in finding appropriate informants of the sandwich generation in Indonesia; however, it also has a drawback, in that it stems from the ability of the gatekeeper to identify these appropriate informants. To deal with this issue, the researcher proactively kept in touch with the gatekeeper to find the relevant informants based on the sampling criteria of this study.

4.4 Data analysis

The collected data of this study was analysed inductively with the thematic analysis method, which allowed me to identify, analyse, and create the codes identified from the text-based collected data (Bryman, 2012). The analysis began with data management, by transcribing all the recorded interviews verbatim. All the transcripts were reviewed while repeatedly listening to the recorded interviews to avoid missing information.

The data was categorized using a matrix table so that the topics, connections, and differences were revealed, with the aim to develop the codes from the interviews' transcripts (Bryman, 2012: 579). The purpose of the coding process is to collect the relevant information and label the interview transcripts that potentially contribute to the study (O'Reilly, 2009: 35; Bryman, 2012). It also is one way to conduct a cross-sectional thematic analysis (Mason, 2018: 194) from the collected interviews, which helps not only in developing a collective understanding of the phenomenon but also in making in-depth arguments from a theoretical perspective (O'Reilly, 2009).

The findings revealed two main themes: adult children providing support and care, and the practice of care. The former comprises motives such as reciprocity, emotional closeness, and adherence to the normative familial relation. The latter consists of practice of care such as caring for with limited practice and caring for with full practice.

4.5 Ethical considerations

Research ethics were considered central to this study. Ethical considerations attempt to prevent potential harm and respect the rights of all participants by acknowledging the consequences posed by participating in a study (O'Reilly, 2009; 57). The rise of COVID-19 cases and the new regulations imposed to international flights in Indonesia became an ethical dilemma for this research as face-to-face meetings may be harmful for the participants; therefore, all pre-planned face-to-face interviews were conducted over the telephone.

Additionally, the study underwent ethical scrutiny before being approved, to anticipate the potential impact on the participants. The study was approved by the School of Social Work, Lund University.

The participants' anonymity is essential to build a mutual trust with the researcher. Maintaining anonymity is meant to ensure that participants are confident in expressing thoughts, comments, feelings, or private experiences (O'Reilly, 2009). To do so, all participants' names, addresses, and other identifying particulars were not disclosed. The researcher also changed all the participants' names into ID codes (see Table 1).

The participants were provided with an informed consent document containing information about their right, the brief explanation and aim of the study, options for them to withdraw or decline answering particular questions, anonymity, and the uses of the research. As the researcher was also mindful that not all participants would understand what it was meant by the all the terms in the document, researcher gave thorough explanations and allowed the participants to decide the informed consent during the research process.

4.6 Study limitations

The study had to deal with several challenges. The first was the data collection through direct observation and the fact that face-to-face, in-depth interviews could not be conducted due to the COVID-19 pandemic. The Government of Indonesia suddenly halted international flights – especially from European countries – to prevent the spread of new COVID-19 strains. Moreover, since Jakarta was one of the high risk area in Indonesia, the Jakarta municipality also implemented a semi-local lockdown as a measurement to curb the spread of infections. The circumstances made the researcher feel that it was unsafe to have a travel and meet with the informants in Jakarta face to face.

The second challenge was scheduling an appropriate time for interview. The interviews were conducted with a time difference of 5 hours between the informants and the interviewers. Many sandwiched adult children who fit the study's criteria refused to be interviewed due to

the time difference; moreover, the data collection was conducted during the holy month of Ramadhan, where most people have lesser free time, which is mostly allocated to worship and the family.

The third challenge was that the study was only conducted in an urban societal context. Elderly living in three-generation households are prevalent both in urban and rural areas of Indonesia; however, this study does not account for the sandwiched adult children in the rural context. The difference between the rural and urban contexts are mainly related to socio-economic status and to the degree of communal engagement, whereby social and community norms are more imposed in rural areas. This hinders the study's in-depth exploration of the cultural aspect shaping the motives and practice of parental care by sandwiched adult children. Hence, there are specific elements pertaining to the different socio-economic status and cultural context of rural and urban sandwiched adult children that are not covered in this study.

The fourth limitation is that, while the study focuses on the support and care by adult children to the ageing parent within the three-generation household, co-residing with said parent is not the only way of being pushed into caring responsibilities. Tan (2018) identifies that those who are not co-residing with parent can also be sandwich children with double responsibilities. Thus, as qualitative research with limited coverage of informants, this study should not be generalized for the whole sandwich generation in Indonesia. However, it opens possibilities for further studies to deepen the understanding of the sandwich generation's supportive behaviour in a comparative approach – for example, between co-resident and non-co-resident adult children.

Chapter 5. Study findings and analysis

This chapter presents and analyses the key findings from the interview with the middle generation in the three-generation household, and it is divided into two sections. The first section concentrates on the motive of the middle generation within the multigenerational household for providing support and care to their parents. The second section focuses on analysing the practice of support and care by the middle generation in a daily living context as well as on understanding how the gender difference among middle generation influences the practice of caregiving to old parents.

5.1 Motives of adult children to support and care the elderly parent

The thesis investigates the motives expressed by the middle generation within the household with regard to providing support and care to their parents; moreover, it aims to apprehend the relation between motives and practice of support and care by the middle generation within the Indonesian household. The previous chapter presented the characteristic of the welfare regime in Indonesia with particular emphasis on social programmes and informal elderly care to understand their structural aspects in shaping the centrality of middle-generation within the household. This chapter presents the analysis of the expressed motives of the middle generation within the household and their relationship with their elderly parents in Jakarta, Indonesia.

When conducting the interviews, the researcher asked the following question: ‘Why do you take care of your elderly parent or in-laws?’ This open-ended question led them to explore the motives related to the particular event(s) that underlay caring for their elderly parents. This question was prompted by the fact that although it is the norm for adult children to take care of their elderly parents, their cohabitation status has forced them to have more responsibility in providing support and care to their parents (Keasberry, 2002). Hence, it is necessary to explore the motivation behind providing support and care.

It is worth mentioning that the middle generation within the household mentioned several underlying reasons for and aspects of deciding to take care of their elderly parent (see Appendix 2) and that these motivational aspects intertwine and work together. In the following section, I identify three themes with regard to the motives of caring: reciprocity, emotional closeness, and adherence to the normative familial relation.

5.1.1 Reciprocity

Reciprocity identifies that the act of helping stems from the help of others within the relationship between giver and recipient. Following the idea of lagged reciprocity in a life-course context, caring for the elderly parent by adult children is a matter of repaying them for the support received before. The interviewed adult children clearly mentioned that the feeling of indebtedness towards parents underlay their willingness to provide them with support and care. They expressed that their parents had devoted many resources to their health and education earlier in their lives so that their children would acquire basic survival skills. Then, the parents' ageing is the right opportunity for children to repay them for what they had received. This feeling of indebtedness was expressed by a 49-year-old man co-residing and caring for his mother:

That is the child's responsibility to the parent. I mean, she brought me into the world and was also responsible for me when I was a child. Now it is my responsibility to provide her with all sorts of things she needs; I am currently in the state of returning the favour, so to say. When I was young, my parent provided me with education until high school. My parent accommodated with everything that I needed, and I felt that she did everything she could for me as well. Now I can read and write, these are basic survival skills.

(Interview 10)

Parents' role in catering for their children in their early life stage has been acknowledged by the interviewee as a beneficial aspect, especially with regard to equipping them with basic

life skills. Moreover, this valuable support is not only material but also non-material, in the form of giving advice, attention, prayer and being there for the child when needed. Such parent support is viewed as an important contributory aspect that helps adult children shape their future.

For me, I do admit that I am indebted to my parent. I am wondering what I would be (without the parent's role in providing support to her before). I might be in a state of destitute living. Despite this, my parent did not provide me with an excessive number of material goods, but she gave me significant attention, advice, and prayer, which always strengthened me during hard times.

(Interview 2)

While genetic kinship status is critical as a special bond of duty and responsibility between generations, the care and support provided by the elderly parent to the adult children when they were young is a much more important aspect to be considered by adult children when deciding to care for their parents (Ganong and Coleman, 2010). The significance of parents' giving in motivating adult children to care for them in their old age is highlighted in the interview of a middle-aged woman taking care of her stepmother:

As for my case, I have to repay back the favour to her (stepmother). Since I was child, she (stepmother) took care of me, and she recognised and treated me just like her child, and so I recognise her as my parent. If I could tell you, her only genetic child passed away when she was 7, and she (stepmother) no longer has relatives, she is literally alone. The only one she has is me. So I take care of her now. I also feel proud of myself for being able to take care of her, and neither do I tire of caring for her, nor do I see her as a burden. I try to enjoy the circumstances.

(Interview 13)

The interviewed adult children mentioned that caring for parents when they are old stems from their acknowledgement of what parents had already done for them before in the form

of support during childhood and during adulthood. This act denotes an exchange behaviour among family members, in which support and care in a long-term context are bidirectional: the parents care for the children, and when they get older, providing support and care becomes a responsibility of the adult children. In this sense, caring for the elderly parent leads to a framework of delayed reciprocity, which refers to the imperative of returning the parents' 'investment' and sacrifices (Funk, 2012).

While the help and support provided by the elderly parent are a salient aspect in this exchange relationship, they lead to delayed reciprocity among the children. The interviewees in this study argued that parents provide help during adulthood; thus, although the children are able to support themselves, the exchange does not end. Interview 1 and 2 especially mentioned that parents were still offering them help and support during financial hardship, widowhood, or a health crisis by providing them with childcare or housing. Only two adult children in this study mentioned that their house was not owned by their elderly parent. Because of housing provision, the interviewed adult children made a commitment to stay and to care for their ageing parent at home. An informant expressed her commitment as follows:

All my siblings are living outside the city, and they have already acquired their own house. The only child who has remained with my parent is me, and thereby I should take care of her. Since I never had a housing opportunity for my family (nuclear family), my parent told me that my family (nuclear family) should stay in this house and take care of her.

(Interview 1).

Under the discussion of reciprocity, the exchange agent seeks to match their help or contribution to the exchange relationship with the other's contribution (Schokkaert, 2006). This act might not be performed in same way, or the form of repayment may not reflect the other's contribution exactly, but this repayment is meant to equalise the help or transfer from another agent. The interviewee below mentioned that what parents have given to the adult children is uncountable, and such support and help cannot be repaid with any kind of material

transfer. Hence, the following interviewed adult son repays the care received from his mother with caring for her when she is old.

I was taken care by the parent when I was young, and now it is my turn to take care of her as she gets older, so to say. Although I am not a well-off son, my parent is fine with it as long as she gets everything that she needs. Because I think that what parent have given to me, that (help and support from parent) cannot be repaid with any kind of material repayment. The meaning of taking in the parent is the act of returning the favour to them. She was rearing me when I was young, and now I have to take care of her.

(Interview 14)

The point of view interview 14 reveals that although the children are willingly to equalise the exchange with their parent, they must deal with challenges since they have a double role and responsibility to care for their parent and raise their own young children. This circumstance is deemed as challenges for middle-age children to equivalently repay back the favour to the old parent. In this case, the parents' understanding of their child's circumstances plays a significant role in helping the middle-age generation juggle the double care load.

I have yet to make them happy as they did for me before. I can only provide them with food and all their needs. To be frank, I want to make them happy, and I could provide them with what they want instead of only what they need, but my resources are scarce and limited; moreover, I also have to rear my own children. My husband does not have a stable job, but fortunately my parent does not ask anything that I could not afford, so that I become less worried.

(Interview 3)

The several narratives of adult children above suggest that parents' 'sacrifice' in their early life stage serves as credit for adult children and motivates them to repay the parents when they are old (Izuhara, 2010). The so-called 'lagged reciprocity' in this research work is also

found in stepfamily relationships. The similarity between the finding of reciprocity between genetic-kin relation and stepfamily relation can be explained by the examination of the child-parent bond during the life course. This reciprocity develops when both the stepparent and stepchild have had a relationship for years and when the stepparent acts as a parent, case in point, through providing the children with education. Therefore, the stepchildren take care of the stepparent just as their biological children would.

Furthermore, the findings also indicate a sense of reciprocity, which also underlies their behaviour since the parents provided the adult children with housing during adulthood. The parent's act of providing a house to the adult children indicates their negotiation for the received support and care. From the vantage point of adult children, taking care of the parent within the house can also be argued as the act of contribution to the fair relationship with the elderly parent (Kolm, 2006). Moreover, inter-generational exchange taking place in the three-generation household in this study serves as the functional aspect of solidarity in the kin relationship, through which each family members exchanges resources to equalise their exchange relationship.

The two topics discussed above related to the meaning of reciprocity suggest that reciprocity entails direct and lagged reciprocity and that it leans towards mutual support between parent and children. Relating to the motive, it is argued that lagged reciprocity alone is not adequate to motivate the adult children to take care of the parent within the household. However, the cohabitation between aged parent and married adult children, in which the middle generation is responsible for providing care and support to both their parents and their own children, prevents the middle generation from equally repaying the favour to the ageing parent.

5.1.2 Emotional closeness

Adult children–elderly parent closeness can be explained by the affection construct of solidarity, which refers to the individual's subjectivity pertaining to the closeness, trust, and

positive sentiment towards another familial member (Szydlik, 2016: 15). The interviewed adult children in this study indicated that although their motive to take care of the elderly parent partly relates to a feeling of indebtedness, the decision to assume caring responsibilities by co-residing with their parent is motivated by their positive mutual relationship, which, according to the interviewed adult children, manifests in their emotional closeness. It implies the commitment of adult children to remain in the house to care for the parent, even though they have adequate resources to move out. The correlation between sense of indebtedness and personal closeness is expressed by a 45-year-old woman taking care of her elderly father:

They (the parents) brought me into this world and raised me, so that who am I now is because of them. I have wanted to take care of them since I was young because I feel so close to them compared to my other siblings. Actually, I don't really care about my other siblings' living condition. What's important is that I myself have the willingness to take care of them (the parents).

(Interview 5)

Likewise, in interview 14, the interviewee also argued that the emotional closeness with his mother had made him her preferred child, even though he was not more financially stable than his siblings. Both interviews suggest that emotional closeness made the adult children accept the elderly parent as the ones on whom they could rely. In this sense, the interviewees reflected on perceived reciprocity in positive sentiments (Katz and Lowenstein, 2010:34), viewing primary caring responsibilities towards their elderly parents not as something compulsory but rather as positive acceptance.

Emotional closeness entails individual subjectivity with regard to the positive sentiment towards another family member (Bengtson and Robert. 1991). As the notion of family member also involves sons/daughters-in-law, maintaining a positive relationship is not only important between parent and children but also between parent and daughter/son-in-law as they also part of the household that has the contributory role to the adult children to decide

caring for the adult elder. Informant 7, who worked at a state-enterprise company, explained that one reason to remain in the house with his mother was also influenced by the positive relationship between her and his wife. Thus, a positive relationship does not only serve as motivation for the genetic son, but it also plays a role in the adult son's attempt to keep the wife in the house.

The cohabitation status with the parent serves as the best setting for the adult children to maintain contact with their parent, giving the children more occasions to meet and share activities with them. Moreover, the constant contact can also serve to maintain the positive relationship and emotional closeness between them. An adult children highlighted that living with the parent had given her more chances to maintain a relationship with her mother.

She is my parent, and of course we meet more often since I also stay with her. Therefore, our (adult children) feeling of affection will never fade away.

(Interview 16)

Nevertheless, cohabiting with a parent often contributes, to some extent, to sparking conflict and tension among family members. Some adult children mentioned that these conflicts sometimes arose due to trivial matters; for instance, the parent was not satisfied enough with the food, or the grandchildren were squirming around too loudly. However, the adult children felt that garrulous behaviour among elderly parent is caused the mentality adjustment of elderly parents that they change mentally like a child. A 40-year-old woman mentioned that her elderly parent sometimes acted like a child, which created tension between her and her mother:

My parent (mother) sometimes asked me for something that can't be substituted with something else, though those things are essentially the same. At that time, it makes me a bit peevish, and I feel that my parent literally cannot understand me well. However, I am fine with it. I mean, many people say that the older the parent is, the more childish they become, and that everything they want must be fulfilled.

(Interview 4)

The aforementioned interviewees revealed aspects that are critical to understanding the existence of affection as a partly contributory motivation for taking care of elderly parents. These motives entail positive sentiment and acceptance of responsibility of care, warmth feeling, and the understanding upon the consequence of being elder to the elderly parent within the household. The interviews also emphasised that conflict between adult children and parent is highly likely to arise. However, the conflict in this study is deemed as a trivial conflict that adult children can still deal with and that does not threaten to strain their relationship.

5.1.3 Adherence to the normative familial relation

The normative familial relation aspect came up in the interviews conducted in this study as the predisposed motive for adult children to hold responsibility as primary caregivers for their elderly parents. As such, this normative view ought to be analysed through the lens of normative construct in the solidarity discussion of the previous chapter. The notion of normative construct implies the attitude that guides members of a family to help one another as a matter of course (Bengtson and Robert, 1991). It reflects highly valued intra-family relationship and the centrality of family as an all-important and time-honoured cornerstone of social organisation (Croll, 2006). Despite there being no binding rule of law that officially rules this filial responsibility, this normative aspect is maintained in the children–parent relationship across the life course. Normative filial relation is thus the unexceptionable predisposition of adult children to care for their elderly parent to value their familial tie.

Normative familial relation entails a sense of responsibility among kin members to uphold the function of the family as an institution of welfare provision, and it is considered an integral and normative consideration for adult children to keep their elderly parent in the home (Van Eeuwijk, 2006). The interviewees in this study mostly suggested that providing support and care when the elderly parent is in a state of need is simply the responsibility of

the children. In this matter, informant 7 – a 34-year-old man – expressed that his motive to take care of his mother was partly owed to his status as the son. This implies that filial care is preferred when compared with other institution of care provision such as communities, public institutions, or even private care providers. Likewise, a 33-year-old woman expressed her responsibility as follows:

Q: Do you have sense of responsibility to take care of your elderly parent?

A: Well...that's simply my responsibility, I am supposed to provide care. That responsibility cannot be left to the neighbour.

(Informant 6)

Given normative responsibility, parental care is perceived as a normative act that should be performed by the adult children. In this sense, the interviews suggested that taking care of the elderly parent is a sign of acceptance of the obligation as family members that are supposed to help one another. If this normative view is applied to the understanding of being constrained within the household between descendants and the older generation, it is highly possible that two married adult children ought to bear the caring responsibility for two elderly parents, as in the case of interview 18. The interviewee expressed that his willingness to perpetually care for his two elderly mothers – biological mother and mother-in-law – is affected by the feeling of not wanting to abandon the elderly parent. While his biological mother has the option to be cared for by his other siblings, his mother-in-law only has his wife as a daughter; therefore, he and wife also have the responsibility to take care of the mother-in-law in the home.

To be honest, I don't want to leave them behind, I would not abandon them at all. We (he and his wife) know the situation (aging parents with all associated issues). After all, I see that parents are everything for me.

(Interview 18)

The excerpt above emphasises that the normative construct is rather accepted and personalised in motivating the adult children than imposed by social norm. As a matter of acceptance, interviewee 18 further mentioned that he expected to be able to care for the parent. Additionally, he did not perceive the act of caring for the elderly parent as a burden, although he had to take care of two in the home. Hence, it could be argued that acceptance and personalised normative filial obligation lead to perceiving care work not as a burden among adult children.

On par with the findings of a study by Železná (2018) about the predisposed factor that forms the ‘sandwich’ situation for adult children, normative solidarity results in the pattern of resource distribution among adult children flowing to both their elderly parents and their own children. It indicates that adult children show a compounding pattern of transfer rather than forcing them to compete against each other for care. The interview in this section might not capture the resource distribution by the middle generation among family members within the household. However, since normative familism towards elderly parent is evident and it is the norm to raise one’s children as their parent, it could be argued that adult children in this study deal with compounding responsibility rather than choosing to care for either the elderly parent or their own children.

It must be noted that this study is conducted among ‘sandwiched’ adult children co-residing with elderly parents; thus, they are more responsible for catering for their needs compared to other non-co-residing adult children (Keasberry, 2002). Hence, the analysis also highlights the decision to cohabit and to take care of the parent. The overall discussion in the motive section reveals some important aspects in understanding the nexus of relation and motive of adult children in taking care of their parents in Indonesia.

First, past studies (Van Eeuwijk, 2006; Djamhari et al., 2021b) have provided evidence that normative obligation and repaying for what they received by their elderly parents are two predisposed motives of parental care by adult children. Although this study supports those findings, it provides further evidence that these two aspects are not sufficient to explain the

decision of adult children to have a nuclear family of their own while taking in the elderly parent and being ‘squeezed’ in the middle. To some extent, their decision is determined by the positive relationship maintained with the parent, which consists of affection and a reciprocal relation.

Second, adult children in the interview findings mentioned more than one motive, which revealed three main themes. Moreover, the discussion on the motive above suggests that these three motives are interconnected and that no primary motive stands out. Likewise, Frankenberg et al. (2002) studied the motive of intergenerational transfer within the family and found that repaying previous education (*lagged reciprocity*) and exchanging money for time (*functional solidarity*) stand out equally. Furthermore, the presence of lagged reciprocity, affection, and functional familial solidarity as shaping the motive of adult children in this study suggests that elderly parent earn delayed reciprocity as the ‘support bank’ by maintaining a positive relationship with their adult children (Funk, 2012).

5.2 Practice of care

This section focuses on the practice and strategies by adult children in providing support and care to their ageing parent. Owing to co-residential status, the analysis centres the practice of support and care in a daily living context within the household. Two themes came up during the interviews, namely caring with limited practice and caring with full practice. The findings are analysed in line with the theory of care, subsuming some emphasis on the gender differences in caregiving activities.

5.2.1 Caring with limited practice

The interviewed adult children in this study suggested that their status as children and parents within the household places them as the main breadwinners both for their elderly parent and their own children. This state implies that the elderly parent has no responsibility for earning since all the household monetary responsibilities have been passed on to the adult children. In the daily living context, the adult children explained that their responsibility to provide

monetary support to parent is in the forms of provisioning food, paying electricity and water bills, and giving their parents a small amount of pocket money. A 45-year-old adult child spoke about this matter:

(We provide) for the food supplies and all his daily needs, providing him with fruits every day; and if he gets sick, my husband and I take him to the hospital. [The sort of parents' needs that you have to cater for] I take care of all his needs financially, and he (aged father) no longer owns money for the household. I am fine with it as he is no longer working at all. One time he earned pension, but it was a lump-sum, and there's nothing left for his monthly expenses.

(Interview 5)

Needs-related monetary support for the older parents is included in the adult children's expenses. However, giving the parents cash in a daily living setting is rather rare; only one interviewee mentioned that she gave her parent a small amount of pocket money every day so that they could buy snacks or anything they liked. This type of financial giving is meant as complementary rather than a premier monetary transfer, while monetary support is generally realised in the form of goods. A 49-year-old son explained that he catered to the parent's needs for daily living, clothing, food, and anything they needed, despite not specifying the particular type of goods.

Q: Sir, could you please tell me what sort of parent's needs you fulfil every day?

A: I have to bear all of her living needs, her clothing, her food – whatever she needs, actually.

(Interview 10)

Caring in a state of emergency emerges as the elderly parent has particular issues, for example hospitalisation. Co-residing adult children cannot handle this type of situation by themselves; in this case, the involvement of siblings is mostly expressed in monetary support

to ease their out-of-pocket expenses. Co-residing adult children only ask for a favour from another sibling if the parent needs special treatment, such as hospital care.

My little siblings actually care about our parent. They do them some favours occasionally, while I and my wife cater for my parent's needs more often. But if my parent got sick and needed hospital treatment, I would ask my siblings to help me.

(Interview 14)

Although all the parent's children ought to fulfil their needs, co-residing adult children provide the monetary support to the parent more often compared to the non-co-residential ones. On the other hand, the non-co-residing adult children have more leeway to support the parent financially by giving them money every week; however, their transfer depends on their monetary availability and is non-binding compared to the monetary support from co-residence adult children. A 44-year-old daughter explained how she and her siblings care for their parent differently:

All (my parent's needs) are my expense; sometimes my older sibling also helps out, but all the bills and food for my parent are included in my expense. My older sibling sometimes transfers money for my mother, but if he does not have money, he does not transfer any. His transfer depends on his (financial) availability.

(Interview 17)

According to the several interview findings above, the needs of the parent emerge and are divided into needs in the daily living context and needs in the emergency context. Daily needs consist of food provision, household members' needs such as electricity and water, and some small amount of pocket money; emergency needs imply personal assistance when the parent falls ill and requires hospitalisation. The findings show that adult children in this study perform the practice of *caring about* – recognising the needs of the elderly parent as the care recipient (Tronto, 1993). This type of practice is found among co-residing and non-co-residing adult children.

With regard to motives, the practice of *caring about* might be guided by the normative familial relationship since this norm encourages helping behaviour as a matter of course in the ascribed familial relation (Szydlik, 2016: 15). Additionally, in the interviews, male and female adult children indicated no gender-based differences in practicing the *caring about*. However, the difference in practice emerges between co-resident and non-co-resident adult children when it comes to the *taking care of* – referring to the responsibility and resource provision to meet the needs of recipient (Tronto, 1993). The narratives above show that co-resident adult children are more responsible in catering for all the parent’s needs both in daily living or in a state of emergency.

The co-residential status in this study implies that the monetary responsibility within the household belongs to the adult children. While the house belongs to the elderly parent, the adult children, as the breadwinners in the home, are responsible for fulfilling the needs of all household members, including the elderly parent. This interdependence between adult children and elderly parent shows the intergenerational exchange explained in section 5.1.1. In this such circumstance, the practice of *taking care of* is partly motivated by a sense of reciprocating the elderly parent’s home provision to the adult children. The monetary support also shows no gender difference: adult sons and daughters are equally responsible in providing food and paying the electricity and water bills for the parent’s house.

Given the degree of care practice by Tronto, these two practices – *caring about* and *taking care of* – have yet to convey the direct action of caring. As a result, these types of practices are still categorised into caring with limited practice. To complete the understanding, the practice of caring that entails the direct provision – *caregiving* – is presented and discussed in the next section.

5.2.2 Caring with full practice

Caregiving activities within the household in a daily living context shows that gendered care work exists in the middle generation’s parental support; it stems from the gender-based work division within the household that more often places women in care work and men in earning-

related activities (Chafetz, 1988). The adult children interviewed in this study succinctly expressed their view that household chores, childcare, and parental care are regarded as women's responsibilities, as suggested by a middle-aged woman:

My daily activities are escorting my children to study, mainly due to current distance learning. I also look after my parent by doing the dishes, doing her laundry, and cooking.

(Interview 6)

Although the husband has caregiving responsibility (*taking care of*) due to the biological relationship with the parent, caregiving activities are undertaken by the daughter-in-law. The clear division in the household is decided through a joint agreement between husband and wife. In this case, instrumental activities of daily living (IADL) such as cleaning, cooking, and laundry are responsibilities of women, while men provide financial and emotional support to the parent (Chapbell & Martin-Matthews, 2003). Such joint agreement places the elderly parent under the care of both people within the household regardless of their biological relationships. A 54-year-old man explained how the caregiving activities for the parent are divided between him and his wife in a daily living context.

The main thing that I could do to take care of her is being able to provide financial support and emotional consolation; in my view, that type of support is very important to my parent, who is still being able to perform daily tasks for herself. Still, my wife is responsible for the household chores, including doing the dishes and my parent's laundry. My parent is dependent on me and my wife.

(Interview 12)

The caregiving activities imply the increasing frequency of contact between the daughter-in-law and the older parent in the household. As the husband and breadwinner, the middle generation son spends more time in the office and has more limited opportunities to be in contact with his parent at home. This limited interaction is deemed as a source of conflict

between the son and the older parent within the household; thus, the son tries to have a conversation with his older parent to avoid conflict.

So, we agree to divide out tasks. As my wife is a housewife, she communicates with my mother more often than I, but my parent always calls me in for emergencies. My responsibility is more about being the breadwinner in this home, and I spend plenty of hours in the office. Since my parent is still in good health, I always try to have a conversation with her to avoid conflict.

(Interview 7)

Work division within the household benefits the middle generation in that it allows them to have double responsibilities towards both the elderly parent and their own children. A 52-year-old man expressed his ability to juggle double caregiving responsibilities because he shared financial support and caregiving activities with his wife.

So far, I could juggle all the responsibilities to take care of my children and my parent. Besides, my wife does the household chores. She does everything pertaining to the household chores, including cooking. But my role is more about working.

(Interview 9)

The involvement of women in caregiving activities increases when the older parent becomes frail. The role of the woman is not only limited to doing household chores, but the additional task of personal assistance to the parent is also their prerogative. Such type of support means that middle-aged women stay at home more frequently since the parent needs multiple types of support. A 45-year-old woman told how the personal assistance to her parent in daily living context.

In the morning, I bathe my mom as she is no longer able to walk, and then I serve her breakfast and get her some milk. She then prays 'Dluha', and after she has finished all her activities in the morning, she goes back to her bed until noon. In the afternoon she prays, she does everything in her wheelchair. And in the evening, I take her to shower.

Sometimes, I take her on an afternoon stroll around the house. I also take care of her with everything, including washing her clothes.

(Interview 1)

The interviewed middle generation women explained that their responsibility in carrying out double caregiving made them anxious that they might become ill; yet, although they found themselves in a state of difficulty, they refused to ask for favours.

What worries me is that I may get ill. I admit that I have a huge responsibility in this household, mainly to take care of my children and my parents. So when I become ill, I try as hard as I can to get better soon, otherwise everything will fall apart. I would not ask my parents to take care of the household chores, which are my responsibility.

(Interview 4)

Support from relatives or another family member within the household helps the middle generation juggle their double responsibilities. In a daily living context, the interviewed middle-aged woman informed that the help from another household member allowed to manage her caregiving responsibilities as her eldest child looked after their younger sibling.

Q: You take care of your parent every day, what do your husband and children do to help you out?

A: They help me a lot. For example, my eldest child helps me by looking after my younger child and the grandmother while I am doing something else. But my husband only helps me with financial support.

(Interview 17)

The above narratives represent the difference in the degree of practice of caring in light of gender difference. The role of an adult man in the household is that of breadwinner and the one responsible for providing resources to the whole household, including the elderly parent.

This denotes that the adult son, regardless of the kinship with the elderly parent, will perform the practice of caring in the degree of *taking care of*.

Designating an adult daughter or daughter-in-law for physical caring also stems, to some extent, from the expectations of normative familial obligation (Silverstein et al, 1995). The studies by Djamhari et al. (2021a), SMERU (2020), and Schröder-Butterfill (2012) reveal that women are expected to do the physical caring for the elderly parent in Indonesia. In such states, women are more ‘squeezed’ in terms of caring responsibilities towards the elderly parent and children in the house.

The overall discussion of the practice suggests that different motives underlie different degrees of practice of caring. The normative construct directly affects the practices of *caring about* and *caregiving*, whereas reciprocity as the motive plays a significant role in the degree practice of *taking care of*. However, emotional closeness, it could be argued, indirectly affects the whole process of caring since it guides the decision to co-reside and take care of the parent; hence, adult children perform all three types of practice of caring above.

Chapter 6. Conclusion

In this qualitative phenomenological study, 18 adult children co-residing with the elderly parent – consisting 9 men and 9 women – were interviewed and analysed with the concepts of reciprocity, intergenerational solidarity, and theory of care with some emphasis on the gender aspect in care-giving. The aim of this exploration is to apprehend the support and the practice of caring for the elderly parent in three-generation household. The analysis further focused on to unravel the underlying motives of adult children and the practice of caring they perform to the elderly parent. Therefore, this study answered two research questions: What motives are expressed by the sandwich generation regarding the support and care of elderly parents? (RQ1); and How is the care provided to the elderly parents, as the adult children obviously confront the reality of having to support their own children at the same time? (RQ2).

The motive analysis shows that one adult child is highly possible to mention more than one motive. The motives comprise reciprocity, emotional closeness and adherence to the normative familial relation. The findings about reciprocity in this study reveal that *lagged reciprocity* is not ample to motivate adult children as mentioned by many past studies, and reciprocity should be accompanied by the reciprocal relation with elderly parent. The decision of caring for elderly parent through co-residing showed that emotional closeness partly plays its role in maintaining good relationship with elderly parent since it represents the acceptance, understanding, and trust of adult children. Despite that the conflict is highly possible to come up, the findings showed that adult children deemed such conflicts as the trivial matter in the intergenerational tie.

The normative familial obligation in this analysis also showed that this obligation is personalized by adult children referring to the personal acceptance upon the obligation. As a result, caring for the elderly parent is not deemed as the burden for the adult children although they have had the nuclear family of their own. On par with Frankenberg et al (2002), the analysis on the motive section concludes that one motive might not be ample to encourage the adult children to step in

to the caring activities and becoming the main support provider and primary care-giver through co-residing with elderly parent.

The adult children presented various types of caring activities to the elderly parent. These are ranging from provisioning food, paying all the bills and the emotional consolation. According to the parent needs, adult children perform caring for in the daily living and during the state of emergency such as hospitalisation. Given the practice of care by Tronto, the practice of *caring about* does not show any difference between co-resident and non-co-resident adult children. Since non-co-resident adult children also perform this caring, it denotes that normative familial relation might guide this type of practice.

Furthermore, the *taking care of* practice defines the difference between non and co-residing adult children, that situates more responsibility to the co-residing children. This condition occurs due to reciprocal relationship between elderly parent and co-residing adult children in the home, in which elderly parent provides the house, so that the adult children are responsible as the household's breadwinner. Thus, it can be argued that this type of practice is performed out of the direct reciprocity. These two practices do not show any gender difference as women and men equally perform both.

The practice of *care-giving*, however, denotes strikingly the gender difference between adult son and adult daughter. The normative familial relation has different expectation between them, so that son albeit as the genetic-children only performs *taking care of* by becoming breadwinner and daughter or daughter-in-law is responsible for physical caring. Despite that reciprocity and normative solidarity construct indicate direct influence on the two-first practice of caring. The emotional closeness might indirectly play the role in the whole type of practices by encouraging them to co-reside with elderly parent.

As for further research, a more in-depth study about the negotiation for care between adult children and elderly parent is necessary to understand deeply of how the wealth resource and structural circumstance of adult children and parent shape the pattern of caring for the elderly people in Indonesia. Although the existing study provide the evidence of motive, the link between motive, wellbeing and the perception on the limit of caring is beyond the scope of this

study. Thus, further research focusing on this issue would benefit to understand how the burden of caring is perceived by adult children and how it affects the practice of caring for the elderly parent.

6.1 Recommendations

Reflecting on the motive of caring for the elderly parent and the practice of caring by the sandwich generation in the household level, there are two recommendations pertaining to the elderly care and the measure to maintain the solidarity among adult children and elderly parent for the Government of Indonesia:

- The elderly care by adult children indicates that solidarity is maintained in the intergenerational tie. This results in that elderly care by the kin members especially by the adult children is preferred by elderly parent. Transmitting the responsibility for elderly care to the family can also be justified by the existence of reciprocity held by the adult children within the household. Thus, the ageing-related policies directed to rebuild or to expand the home care for the elderly would have to deal with the resistance among the elderly.
- In terms of capability, the adult children's intention to reciprocate, nevertheless, is aggravated in the light of responsibility of adult children as the parent to provide the support for young descendant in the household. The double care responsibilities have put the strain on the shoulder of adult children. Therefore, leaving the family to cater for all needs of elderly people will result in the over-reliance and can be burdensome for adult children as the main household's breadwinner. This calls for programs that could relieve the double responsibilities for caring.

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Appendices

Appendix 1 Interview guideline

Background information

1. Please tell me about yourself briefly?
2. What do you do for living?
3. How many children do you have?
4. Which parents do you support, mother or father?

Role, responsibility, and value of family

1. Could you tell me how is your relationship to your parent?
2. How long have you been taking care of your parent(s)?
3. What does the term of family mean to you?
4. How do you describe your role within the extended family?
5. How do you compare your role with your sibling(s)?
6. Why do you think you have this type of role in your extended family?
7. How do you describe your responsibility in the family?
8. How do you perform those responsibilities?

The Intergenerational transfer

a. The motive

1. Why do you take care of your parent?
2. Do you feel an obligation to take care of your parents?
3. How did you prepare to take care of the parents?
4. What is the parent's offer so that you have the willingness to take care of him/her?
5. How does taking care of the parent mean to you?

b. Type of provided transfer

1. How do you take care of your parent?

2. Could you tell me how do you take care of your parent in a daily basis?
3. What do you do when your parent needs more special treatments?
4. What does parent do every day?

c. The transfer provider within the household

1. How do your spouse and your children help you to take care of your parent?
 - In what type of situations, they help you?
2. How do you describe the health condition and happiness of your parent before and after taken care of by you?

The experience and strategies of being sandwich generation

1. How do you handle the time and relationship with your parent and children?
2. How do all family members meet the needs for all the family members in a daily basis?
3. Would you like to describe your ability in performing double-caregiving responsibility?
4. What are the challenges of being the breadwinner or the caregiver for both parent and children?
5. How do you prepare for your own old later?

Final comment

I do appreciate your participation in this research. But before we end this interview,

- Do you have comments, questions, or additional information you have not explained yet, pertaining to the interview we just conducted?

As a final remark, please accept my deepest thanks for your time again.

Appendix 2 Table of motive analysis

| ID codes | Reciprocity | Emotional closeness | Adherence to the normative familial relation |
|--------------|-------------|---------------------|--|
| Interview 1 | ✓ | ✓ | ✓ |
| Interview 2 | ✓ | ✓ | |
| Interview 3 | ✓ | ✓ | |
| Interview 4 | ✓ | ✓ | |
| Interview 5 | ✓ | ✓ | |
| Interview 6 | ✓ | ✓ | ✓ |
| Interview 7 | | ✓ | ✓ |
| Interview 8 | | ✓ | ✓ |
| Interview 9 | ✓ | ✓ | |
| Interview 10 | ✓ | ✓ | ✓ |
| Interview 11 | ✓ | ✓ | ✓ |
| Interview 12 | ✓ | ✓ | |
| Interview 13 | ✓ | ✓ | |
| Interview 14 | ✓ | ✓ | |
| Interview 15 | ✓ | ✓ | ✓ |
| Interview 16 | ✓ | ✓ | |
| Interview 17 | ✓ | ✓ | |
| Interview 18 | ✓ | ✓ | |

Appendix 3 Information sheet provided to the participants

Information sheet for the participants

You are respectfully asked to participate in a study by Darmawan Prasetya from the School of Social Work, Lund University, Sweden. This research was conducted as part of a master's thesis from the Department of Welfare Policies and Management. Before you agree, please understand why this research was conducted and what will be involved in. Please take a moment to read the following information or if necessary, you can discuss it with your closest one. If you have further questions, please ask the researcher directly. If you agree to participate, you will be asked to sign a consent form to participate in this study. The results of this interview will only be used for this study, I as the researcher are responsible for confidentiality and ethical considerations, which are explained as follows.

Aim of study

The purpose of this study is to investigate the motives of the sandwich generation (the generation that needs to bear the burden of elderly parents and children) in providing livelihood and services to their parents. In addition, this study also aims to understand how the practice of care and support are performed among the adult children within the three-generation household.

Why you?

You were chosen because you are suitable with the category of the sandwich generation. Several people with the same characteristics were also included in this study.

Participation and withdrawal

Let me clarify that, if you are not willing to participate in this research, it will not bring any implications. This also means that if you do not want to answer the questions in this research, it will not be a problem either. Participation in this study is purely voluntary and without coercion.

Procedure

If you voluntarily participate in this research, you will be interviewed by the researcher. During the interview session, all conversations will be recorded. However, if you do not want to, the researcher will only take notes. The information that you provide will then be transcribed in written form. If you later want to change this transcript, this is highly possible to do. No interview materials will be used later without your consent.

Confidentiality and anonymity

All information obtained during the interview will be kept confidential. Your participation in this research will be kept confidential forever. All data will be stored securely, and will only be published only by your consent. Your contact information will be deleted after this research finish. The signing of the Consent Form is valid evidence that you want to participate voluntarily in this research. The interview transcript however cannot be combined with the Consent Form. I would be very grateful for your participation in this research. If you are willing, I will be happy to send the results of my thesis later.

I do appreciate for your kind support

Appendix 4: Consent to Participate in Study

The researcher has given me Information Participation Sheet.

I have read (or have been explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions and they have been answered to my satisfaction.

I understand that I am under no obligation to participate in this study.

I understand the possible risk and benefit of taking part of this study.

I understand that all the shared information will be kept confidential. The researcher has explained that I have the right to withdraw from the study in any stages and anytime I feel like and I am not obliged to give reasons.

My signature below says that I am willing to participate in this research.

Date:

Name of Participant:

Signature of Participant:

Name of Researcher:

Signature of Researcher:
