

Subjective Well-Being Amongst Older Women from Migrant and Non-Migrant Households in Rural Java, Indonesia

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Abstract

This study explored how older women living in rural Java in Yogyakarta, Indonesia construct their subjective well-being. This study identified access, control, and physical and social resources available for older adults in their daily life and, afterward, juxtaposes these factors with the socioeconomic status and culture of rural societies in Java that support elderly resilience. This study assumed there are both differences and similarities in control of those resources leading to the subjective well-being in rural Java. This research utilized subjective well-being theory to examine how older women from varied family backgrounds adapt to the challenges of older age. Two types of households were selected: older persons with migrating children and older persons with non-migrating children. This study used qualitative methods through participatory observations and in-depth interviews. In the end, this research revealed that subjective well-being is influenced heavily by family relations. This study showed the limit and the lack of government measurement of well-being from an isolated individual economic and social welfare status. It was argued that subjective well-being requires the active involvement of society and self-responsibility to keep older adults healthy and resilient in older ages, both at the individual and community level.

Keywords

Older adults with migrant or non-migrant adult children; qualitative methods; resilience; subjective well-being

Introduction

Background

Good quality of life of the older population above sixty years old is measured by satisfactory health condition, mobility, and positive perceptions of one's old age. These features are also an indicator of how a country, such as Indonesia, takes care of its increasingly aging population. The increasing numbers of older persons are seen in the growing numbers of households with more senior members. Meanwhile, the percentage of households in 2019 with older adults was nearly 28%, of which slightly more than 61% are households headed by older adults (Statistics Indonesia, 2019a). These percentages of households with older adults are high, considering most older persons are the heads of the households. There is a need to study their experiences further, focusing on the quality of life of older adults.

Considering the current growth pattern of the population of older adults, in 2050, Indonesia will have 74 million older adults, with 60% being women (Abikusno, 2007). Whereas in 2019, with 265 million people – the world's fourth-largest population, the number of older adults was over 9%, almost 26 million people of the total population of Indonesia (Statistics Indonesia, 2019a). These older adults had a life expectancy of about 71 years (Madyaningrum et al., 2018). This number was better than the 2010 life expectancy, which was just over 69 years (Sugiantari & Budiantara, 2013). The older person's well-being becomes an important issue because of their perceived physical and mental deterioration (Kusumowardani & Puspitosari, 2014).

These challenges have situated the older adults in socially vulnerable positions, both individually and socially, usually involving chronic illness, loneliness, and lack of physical protection. Having both physical frailty and mental diseases, many older adults have experienced declining economic status and autonomy; thus, they have become dependent on other family members (Gunawan et al., 2020). In answer to the above concerns, the Indonesian government has initiated Social Security for older persons (Ramesh, 2014). According to the Ministry of Social Regulation No. 19 of 2012, the terms of care and emancipation programs for older persons consist of nursing services, home assistance programs (home care), social assistance programs for abandoned older adults, emergency care, family support program, daycare services, elders-friendly development, and older adults' resilience program (Statistics Indonesia, 2019c).

The rationale of the study

Most studies about subjective well-being primarily focus on the cognitive and affective aspects of older adults and seek to understand their general life goals. Theoretically, studies on subjective well-being cover three critical elements: individual subjective evaluation, cognitive and affective positive evaluation, and the general evaluation of one's life (Şimşek, 2009). These limited components have garnered attention in studies of gerontology (Okun & Stock, 1987), with perspectives developed within social reproduction theory (Ormel et al., 1999) and salutogenic perspectives (Wiesmann & Hannich, 2008).

Therefore, this research is an integral part of gerontology studies, covering transitional intergenerational problems, care services, senior entrepreneurship, independence of older adults, and their image in society (Klimczuk & Tomczyk, 2020). This study will contribute to

the understanding of the well-being conditions of older adults from their point of view. This study will describe resilience from physical and social aspects, which is understood as the older adults' ability to walk, and their independence, emotional vitality, and self-perceived health, which affect their perceptions of well-being (Lee et al., 2020).

The greatest challenge with the concerns, as mentioned earlier, is the inability of the Indonesian government to provide optimum services (Fahrudin & Yusuf, 2020) and the lack of access to social security and social services for older adults (Do-Le & Raharjo, 2002). Adding to the challenge is the inequality of the lives of older adults in different regions and that socioeconomic groups contribute to depression in older adults (Nugraha et al., 2020). There are, fortunately, efforts to address these problems, such as community-based home care services (Sumini et al., 2020), medical approaches to lessen aging depression in older adults within hospitals (Sutinah, 2020), and nursing houses (Gunawan et al., 2020). This study offers a cultural perspective on perceiving subjective well-being among older adult members of a rural Java society.

In Indonesia, the happiness of older adults is influenced by cognitive and affective aspects – positive mood and an evaluative (life satisfaction) component (Jayawickreme et al., 2012). The first aspect is related to emotions as those feelings and memories, and the second is associated with the older person's residency. Older persons tend to live with their children (Prawitasari, 1994). In some cases, the older adults support their adult children; however, in many cases, the relationships are not reciprocal (Beard & Kunharibowo, 2001). Failures to take care of one's parents can be a reason for the parents' declining psychological well-being (Almira et al., 2019). The perspective of values, especially related to intergenerational relationships and the influence of social and cultural contexts on the relationships (e.g., the quality of relationship and support exchange) all relate with cultural values and norms (Schwarz et al., 2010) and the support of the community (Do-Le & Raharjo, 2002).

This study considers migration as a significant aspect influencing intergenerational relationships. Internal migration processes such as urbanization have increased urban populations in Indonesian cities to 43%. This number is quite substantial compared to 1980, when the urban population was 22% (Tang, 2012). It is interesting to study the effect of rural-urban migration on elderly well-being (Kreager, 2006), especially in Indonesian rural areas where the proportion of the population aged 60 years or more is 8%, caused by more young people migrating to urban areas (Abikusno, 2007).

Several studies show inconsistent results. For example, one study showed the correlation between migration and the decreasing well-being of the elderly population in rural areas (He & Ye, 2014) and the changes in intergenerational support patterns (Silverstein et al., 2006). Manifestations of the deteriorating well-being of older adults were indicated by the high incidence of depression (Madyaningrum et al., 2018; Yahirun & Arenas, 2018), the low quality of outpatient care (Wulandari et al., 2019), or low spiritual life and depression (Mahwati, 2017) and overall health conditions (Antman, 2010).

Kumar (2021) showed that the older adults were depressed because their children migrated and worked in high-risk jobs. On the other side, the older adult with non-migrating children were also depressed when there was no support from their family. On the other hand, other studies showed positive impact of outmigration on the older adult left behind (Kuhn et al., 2011). Meanwhile, a recent study showed how the negative relations between older parents and their children significantly impacted the parents' psychological well-being. Results showed that the lack of sympathy, intimacy, unfulfilled needs, neglect, and abandonment of

older adults greatly influenced their psychological well-being (Almira et al., 2019). Another study showed the limit of access to remittances for older adults, consequently affecting their well-being (Aminuddin et al., 2019).

The migration processes are changing family structure and influencing how families function, and in effect, create households with only older members. First, more than 45% of adult children have left their parents' community (Kreager, 2006; Kreager & Schröder-Butterfill, 2008). Consequently, it is essential to compare older adults living alone because their children migrated away from the community, with older adults who live with other relatives. Second, the well-being of older adults is heavily influenced by sociocultural and ethnic contexts, especially how norms and a society's local knowledge are respected, how life schemes are idealized, and the ways social justice for older adults are materialized and considered as a positive aging model (Gallardo-Peralta et al., 2020). It is vital to explore the subjective views of older adults about their well-being as parts of lifelong adaptive processes of using past experiences to deal with the current life situations (Rabe, 2015).

It is also essential to seek how older adults actively adapt, maintain stamina in the aging process, how their families and community actively create conditions for them to adapt to temporal and life-long changes and developments, how they understand aging, and how they integrate time and place where they live as holistic old age space and living environments. The issues of well-being and happiness are important considering that within these restricted conditions, data showed that the aging population in the Yogyakarta Special Region has the highest happiness index compared to other provinces in Java. However, other facts showed that in terms of age, the happiness index decreases as age increases. This includes life satisfaction, life meaning, and personal life satisfaction dimensions (Statistics Indonesia, 2017). There is no current study, especially from the qualitative approach, to explain the relationship between the living conditions of older adults in Yogyakarta and the decrease of their well-being from earlier periods of life.

Conceptual framework of the study

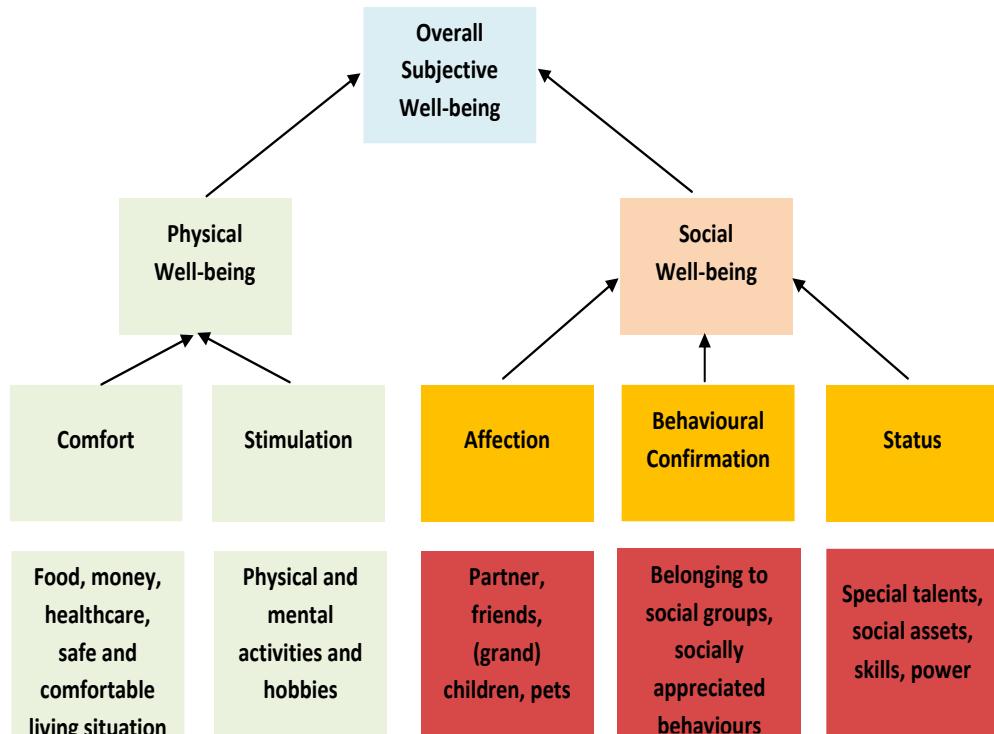
One of the challenges of this study has been defining the well-being of older adults as suitable to the research participants' conception of happiness. This study assumes that culture influences the idea and experiences of happiness, and that each older person has their own way of understanding and expressing well-being in old age. This study uses subjective well-being as the main framework, which assumes well-being in old age as "frequent pleasant emotion, infrequent unpleasant emotion, and life satisfaction" (Tov & Diener, 2007). Subjective well-being is used to identify culturally specific factors influencing the well-being of older adults in Java.

Research on subjective well-being has been used to measure customer preferences, social welfare, and to provide external checks on economic indicators (Kahneman & Krueger, 2006). This study offers an alternative to economic and psychological approaches to well-being. Well-being may consist of dimensions other than economic, medical, or cognitive aspects, such as meaning and purpose of life.

There are several ways to measure well-being in old age, physical health, and resilience. As such, well-being in old age is defined as an older person's capabilities to have control over their lives, to be self-sufficient, to have an effective strategy to deal with, adapt, and dignity to achieve their life goals (Gallardo-Peralta et al., 2020), as well as maintaining physical

health such as brisk walking, independence in daily living activities, emotional vitality, and healthy self-assessment (Lee et al., 2020). There are two indicators used to measure well-being: (1) understanding aspects influencing subjective well-being, and (2) explaining psycho-social processes influencing subjective well-being with theories of adaptation processes life course approach.

Conceptual Framework of the Research



Note: Adapted from Buijs et al., 2020

Well-being is a complicated concept (Mohd et al., 2010). Conceptually, subjective well-being comprises both physical well-being and social well-being. Physical well-being denotes (i) comfort (from food, money, health care, and comfortable housing), and (ii) stimulation (physical and mental activities and hobbies). Social well-being comprises (i) affection (partner, friends, [grand] children, pets), (ii) behavioral confirmation (belonging to social groups, society appreciated behavior), and (iii) status (special talents, social asset, skills, power) (Buijs et al., 2020).

Subjective well-being is not a static state of mind; there are moments of both pleasant and unpleasant emotions throughout the course of the lives of older adults. The adaptive process develops over the course of one's life when one uses past experiences to cope with current life circumstances. The life-course approach focuses on individual life trajectories, the current social context, and how the aging process is experienced within a specific period of history. A life course is defined as a sequence of socially defined roles, starting from birth and ending at death, embedded in an individual's daily routine activities (Wajdi et al., 2017). By applying the life-course transitions and the age profile of the internal migration model (Bernard et al., 2014), we can see the relationship between the older adult's life-course transition profiles, which include the intergenerational hierarchy and parent-children relationship (Schwarz et al., 2010).

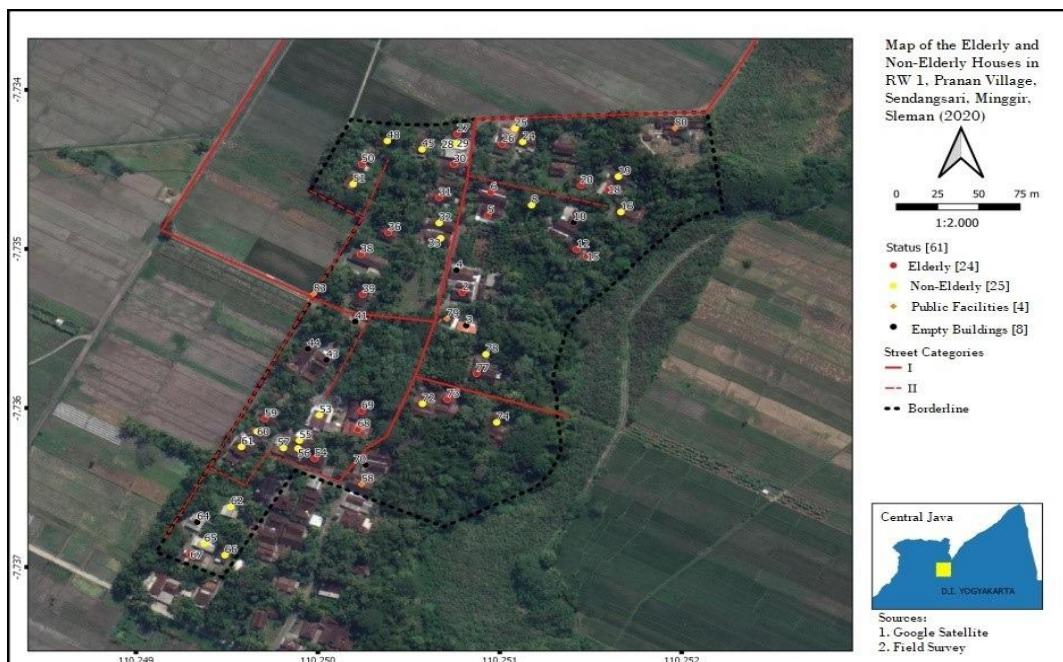
Method

Location

The research subjects were older adults living in rural areas in Yogyakarta, Indonesia. The village was chosen for several reasons. This study was conducted in the most impoverished hamlet in the Minggir Municipality. This community has the highest percentage of older adults, at about 20%, compared to other villages in the municipality, such as 11% in the Sleman Regency (Statistics Sleman Regency, 2017). Furthermore, the number of older adults in the village is higher than in the Yogyakarta Province, which is 14% (Statistics Indonesia, 2019b) and Indonesia as a whole at nearly 10% (Statistics Indonesia, 2019c). These numbers show that Yogyakarta is a region with high numbers of disadvantaged population and an unequal distribution of older adults. There is, however, no correlation between poor-enclaved regions and older adults.

Image 1 shows that the lives of older adults in rural Java are different from those who live in the city. This research shows that most older adults lived in small, enclaved communities, separated from broader village populations because of their agricultural activities such as crop and non-crop farming, animal farming, and handicrafts. The houses were spread out and separated by agricultural fields, vast yards owned by wealthy families, and rivers. Between the homes of these older adults were yards full of teak trees, *sengon*, [a tropical wood species], varieties of fruits, and vacant lots. Spatial barriers hindered the older adults from interacting with many people and receiving proper care from the neighborhood. This especially was the case where older adults had few relatives. The mobility limitations made older adult villagers make the best use of their families and their immediate surrounding for contacts and care.

Image 1: Map of the Houses with and without Older Adults in Community Association I (*RukunWarga I*) Pranan Hamlet, Sendangsari Village, Sleman
(Source: Field Survey, 2020)



Research participants

Participants were selected based on the demographic statistics provided by the village government. We aimed at interviewing and observing all households with older adults in Pranan Hamlet. We chose the village because one of the *Rukun Warga* [Community Associations] has 49% of the households (24 out of total 49 households) with older adults, and 37 older adults, making 31% of the total population of 120 people. Out of 37 older adults, 7 were male (19%), and 30 were female (81%).

We focused on the high numbers of older person-female-headed households in the Community Association I (*Rukun Warga/RW I*) in Pranan Hamlet. There were 16 out of the 24 households with older women as the head of household, and only five households with older male leaders. All informants were older women who lived independently or in a household with other family members. We observed 25 older persons and had in-depth interviews with fourteen. All observations and interviews in the hamlet were conducted from February to June 2020. Of the 25 research participants, 15 had migrant children, and 10 had non-migrant children. There were several different living arrangements: 12 older women lived alone, the remaining 13 lived with siblings, children, or other family members.

Participants were aged 60 to 92 years old. None of the participants were sick or frail. All were fit and actively moved about either to work or to exercise. Their daily routines went beyond their Community Association even though they spent most days within their yard or the boundaries of their hamlet. We selected research participants who were willing and able bodied, and based on their residential proximity.

Data collecting methods

This research was funded by the Faculty of Cultural Sciences, Universitas Gadjah Mada Yogyakarta (Contract 1325/UN1.FIB/UP2M/2020) and received ethical clearance (COA 45/Dept.Ant/2020) from the university. Research data were collected through a series of observations, participant observations, and interviews with older participants and their families. Observations of the daily lives of the older adults were conducted to find their routines and habits and see how society values its more senior members. These participant observations involved activities to engage in the older person's lives. The easiest activities were to join morning exercises and informal gatherings. These activities followed the COVID-19 health protocols such as physical distancing, masking, and hand sanitizing.

There were public health measures applied when the COVID-19 pandemic entered Indonesia, and these protocols interrupted the research process, such as choosing observations and participant observations as priorities. We observed physical distancing with non-structured interviews related to their activities. Data were mainly collected from interviews. As many older adults often visited and gathered at each other houses – known as *lemburan* [working together to finish works brought from their homes], we managed to do collective interviews. Most lemburan were bamboo weaving handicraft activities. In-depth interviews were conducted on the life history of the older adults, their relatives, or their offspring. Interview data collected consisted of information about the daily lives of the older adults, their physical capabilities – the dos and don'ts – and their feelings as they age.

Our preliminary observations showed that the older people living in the hamlet were quite active. In the early hours, when the *adzan* [Muslim call to prayer] was heard to 5:00 am,

silhouettes of figures quietly exited their houses. Their walking canes softly tapped the ground. Flashlights guided their walks; the lights were as unstable as the holders. Those were people who routinely exercised by walking the streets surrounding their quiet hamlet. They would meet each other and talk. They walked only a short distance, just 200 to 300 meters, and returned to their respective houses. But others walked up to one and a half kilometers.

Data analysis

Research data were collected from general observations, participant observations, and in-depth interviews. Interviews were transcribed and analyzed by content analysis and inductive methods. Interview content was coded by two independent researchers. Owing to COVID-19 restrictions, data analyses were done continuously and simultaneously with the data collection process. The coding process involved an open code data extraction from informants' statements by selecting the appropriate text from interviews and evaluating these codes over some periods of time. Based on similarities and proportions, codes that represented a specific life problem were then placed into sub-categories. The main categories were examined multiple times, then summarized and narrated using subjective well-being frameworks.

Findings

The results showed that overall, there were differences, especially from physical and social resources influencing their quality of subjective well-being, between older adults with migrant children and older adults with non-migrant children. These physical and social resources contributed to different dynamics and conditions of the overall subjective well-being of older adults.

Subjective well-being in households of older adults with migrant children

There were significant differences in physical well-being between older adults with migrant children and those with non-migrant children. For older persons with migrant children, the primary income were remittances, revenue from agricultural harvests with employed labors, and support programs for older adults such as *Program Kesehatan Hamlet* (PKH). Most older adults had access and were able to pay for *Badan Penyelenggara Jaminan Sosial* (BPJS) [Social Security Administrator for Health], and, after several renovations, had permanent houses with cement walls and ceramic flooring as these migrant houses were buildings occupied for three to four generations.

Ilah (70 years old) explained:

“Despite I live alone, I am happy. My children always send money. Even though the amount is decreasing, I still get yields from 850 meters of rice fields; I weave and earn at least Rp. 50,000 a week. I receive Rp. 200,000 social assistance for older persons in cash and substituted food such as rice, fruits, eggs. I am a BPJS health insurance cardholder. I got a cyst

operation; it should have cost Rp. 7,000,000, but because I am a BPJS holder, I paid only Rp. 200,000."

Tuk had a small farm. Since her children were all migrated, her life improved, and she lived in her old house that had been renovated by one of her children who was working in South Korea. She was another informant, who also lived alone at 82 years old, and was considered a part of the middle-class migrants in the hamlet. She shared a similar story:

"I never ask for remittance, but all of my seven children, routinely send money. ...I also still have rice harvested from a 7,500-meter rice field. ...Every harvesting time, I receive Rp. 5 million. This money is enough for my daily expenses. My husband's inheritance remains, almost Rp. 80 million in a bank, it has never been deducted, there is no need to."

This statement was not unique. Older persons with migrant children who lived alone had better physical resources than those with non-migrant children. However, financial aid was not the most important aspect of life for older adults. An informant, Sromo (92 years old), who was considered poor, contended that:

"I do not need anything. Foods and all my needs are provided by my children. They take a turn visiting me every day; they take a turn because only two of my five children live in this municipality. They bathe me in the morning, serve my food, and they go home. At noon, my nieces and neighbors come to chat. At this moment, all harvests are given to my children. I do not have to take care or think about anything."

Related to physical activities, most of the older adults with migrant children did activities outside their houses. Some older adults lived alone in a big house surrounded by huge yards. The smallest houses were 135 square meters, and the biggest was 400 square meters. The yard sizes varied from 500 to 2,000 square meters. In this kind of living arrangement, the daily activities of the older persons were sweeping the floor and yards and tending to the grass (sometimes they hired others to clean). Most cooked for themselves, but some received food deliveries from their children. Other activities of the older adults were related to hobbies. The older adults with migrant families have diverse hobbies such as raising chickens, cats, and fish. These regular routines take up most of their time. Isah (68 years old), one of the older widowers and a former upper subordinate civil servant, said:

"My time is spent feeding chickens and geese. Other than that, routine morning exercises. In the afternoon I usually spend the time chatting with other elderly people. Starting last week [the interview was conducted in early August], I am no longer alone. My child has returned, so I now routinely cook."

The relationship between parents and children changed following the children's migration. There is a clear difference with the children who support their parents, mainly in the form of remittances. These older adults had more leisure activities than others with non-migrant children.

Other than physical and financial aspects, affection was the primary source of social well-being. Older persons with migrant children received and felt affection from their children.

The older adults poured their attention onto their pets (cats for elderly Muslims, and cats or dogs for elderly Christians) in their daily lives. Their religiosity also influenced affection. For both elderly Muslims and Christians, their behaviors were deeply influenced by their convictions about love.

Enduring struggles through faith had become one key factor of happiness for these older villagers. "If I were not a person of faith, I might get stressed, depressed, or else. With so many pressures because my children migrated one by one, maybe I could not cope (without my faith)." (Udi, 82 years old). There was no other reason but faith. Another informant, a Christian older adult named Sadi (92 years old), said, "Jesus will help us. We should always stay with him." An elderly woman, Sromo (92 years old), stated that "I do not need anything. I can no longer go to a chapel, so I pray at home." This shows that for these older persons, faith, religious practices, and religious community helped them to deal with their immense struggle living their aging lives.

Behavioral confirmations (belonging to social groups, behavior appreciated by society) in older persons are illustrated by social activities involving older adults from different socioeconomic backgrounds, such as *pengajian* [religious studies for Muslims] and *sembahyang* [religious studies for Christians]. The community takes turns for the scheduled religious studies and community gatherings, and farmers' gatherings are held every 35 days.

The *Rukun Warga* [Community Association], situated above the *Rukun Tetangga* [Neighborhood Association], community gatherings were compulsory, but the farmers' gatherings were optional. There were many communal voluntary activities such as inter-faith *arisangampong* [regular gatherings where members collect money and take turns to take the collected money], and elderly exercise for PROLANIS (*Program pengelolaan Penyakit Kronis* [Chronic Disease Management Program]) members held on the first Saturday and Monday of the month. These activities had flat fees. The fee for farmers' gatherings was IDR 10,000 (USD .70) per month, Rukun Warga gatherings IDR 2,000 (USD .14), and for exercises, IDR 6,000 (USD .42) per visit.

Another finding is a strong faith community. It is a custom that migrants regularly return home on special days to hold prayer gatherings for their ancestors. The events were long-awaited moments for the older villagers. The most important aspect was that these older adults could meet most people of the hamlet, without regard for their religious faiths. When the prayer began, those with different beliefs sat at the back until the prayer ended. And then they got together at the more intimate mealtime. The prayer to the ancestors continued to unite the community. These were the happy moments for older adults as they could see and greet the people.

In this hamlet, a close-knit sentiment and peaceful interreligious relationships were paramount. Even when the two older persons were not of the same faith, one person explained, "I always pray to the God in heaven, all of you will be protected, all of you will be blessed, all healthy, every morning, day and before I go to sleep...I always pray for all of you," (Adi, 95 years old). For elderly Christians, every Sunday morning, they went to pray at the chapel in the hamlet. For elderly Muslims, they would pray every Friday and joined monthly religious studies rotating between houses. These worshipping events had stopped because there was a government instruction to avoid crowds during the global pandemic. Religious life harmony supported by tolerance towards other religions, to the extent their children changed their faiths. "My child said he wants to convert to Islam. I said, yes. Living

[as Muslim] seriously. If [you] want to convert to Islam, then practice your religion well..." (Yah, 65 years old). Yah's relationship with her child remained the same despite her child's change of faith.

This investigation found that the older adults continued to be involved in economic-based social activities. Still, some were not in attendance because of health reasons. Regarding this activity, Ilah (72 years old), a reasonably healthy older person, stated: "I consider myself a lucky old woman. [I] enjoy government benefits such as BPJS and elderly PKH, as well as PROLANIS. I joined many *arisan gampong*, community gatherings, and farmer gatherings, [I join] almost all activities. My children always call, and they sent monthly remittances."

For giving and readily wanting to reconcile were two characteristics of these older adults. One informant said that their religious faith and practices have made them forgive and maintain good relationships with their children, relatives, or other members of society. For these older adults, there were no hard or malicious feelings. They nurtured their relationships with the spirit of forgiveness and reconciliation. "I never had anger or hard feelings. Mother's words are the most potent prayers. It is prohibited for a mother to have grudges or say malicious things to her children, no matter how evil and awful their behaviors. ...Until now, I am fine" (Sut, 82 years old). The importance of maintaining a good relationship with their children was a priority for the older adults.

Relaxed attitudes contributed positively to the mental health and in the daily lives of older adults. That was the case with Sut. Even though she lived alone because her seven children had migrated to various Indonesian cities, her life was considered prosperous. A positive attitude and positive thinking made her healthy. Her life routines were centered around religious activities. She woke up at 3:00 am to pray, then did *Shubuh* prayer at 5:00 am. Her other leisure activities were raising chickens, sweeping the yard, cooking, and unfailingly she always enjoyed reading and reciting the Holy Qur'an.

For these older adults, maintaining sacred sources of life's well-being was the reason for their peace and happiness. Maintaining a family's mosque, with their money or contributions from their children and extended relatives, was one common activity. This was also the case even when the older adults were of different faiths. Donating at social events was common for older adults with migrant and non-migrant children.

Social status was also one of the sources of subjective happiness of older adults. There was one illustrative case. One older adult abused her upper social status, so she was considered arrogant and snobbish by her neighbors. She did not socialize with her neighbors and focused only on her private activities. In one account of daily observations, Jem (87 years old) showed no other social activities but went to chapel every Sunday morning. It was, by chance, only because her house was next to the chapel. Her social asset was inherited because she was born into a village noble family. Her ancestor was an important village figure, and her husband was a retired official of one of the State-Owned Corporations. At the same time, almost all her children were civil servants or successful corporate employees. Jem, however, considered herself a happy person. 'Over-estimated self-perception' about one's social status was a factor for her well-being, at least in the eyes of her neighbors.

Subjective well-being in households of older adults with non-migrant children

The physical well-being of older adults with non-migrant children is different from the previous group. Most older women from households with non-migrant children were from lower-economic status. Only one older woman who lived with her husband and her offspring was from a wealthy family. For lower social class older adults, they could not rely on others for their physical comforts. They earned money from various sources such as farming and working for wealthier families, harvesting labor for some business owners, or working in chicken and goat farms. They also relied on government social assistance, and in recent days, COVID-19 assistance. Luckily, most older adults had BPPJS insurance and comprehensive health coverage.

Older adults with non-migrant children lived in lesser quality houses than those with migrant children. The houses were semi-permanent, and some received *bedah rumah* [village government renovation assistance] worth IDR 15 million (USD 1,050), partially cemented floors, old houses, or inherited houses with a smaller size than the average houses in the neighborhood. Physically, older adults from non-migrant families had heavier burdens. Rumi (67 years old) described her responsibilities:

“Once all my children married, many people thought that finally, I could relax with no economic burdens. That is not true. I still workday and night harvesting rice because my son has asked for a new motorcycle and a new TV. In the end, I bought it with a loan. I have to work to pay the motorcycle and TV loan installments for Rp. 500,000. I have to set aside my salary of Rp. 40,000 to Rp. 60,000 per day, and it only pays when I go every day, no matter if my body hurts. I feel like I have to work endlessly to meet all the needs.”

Lifelong hardships, that was the best words to illustrate her life and the life of some older adults. Iyem (69 years old), with her bicycle, went to a market around Minggir municipality to sell her bamboo fans and rice baskets. She would sell these products and earn Rp. 2,000 per piece—a small amount of money, but that was all she got. She said:

“I am old, so I stopped. Today, I live from my harvests from 650 meters of land and government assistance, elderly PKH, worth Rp. 200,000 of supplementary food. Only Rp. 50,000 cash can be distributed. That much money I shared with my sister. She is retired, but I have no idea where the money went. In the end, she gets food from me.”

Iyem and her sister (67 years) are widowers, and both had no children. They lived in an old house they inherited from their parents. To Iyem and other older adults, there was a different kind of physical happiness compared to those with migrant children: physical and mental activities, and hobbies. For the older persons with migrant children, their activities around the house were a choice. The choice was there even though many would opt-out. They did daily activities indoors or outdoors surrounding their houses or yards, worshiped at home or irregularly worshiped at the houses of worships, watched television, or read their holy book. Meanwhile, older persons with non-migrant children or no children, and worse socioeconomic conditions had no privilege. Their time was spent doing morning exercises, working in rice fields or garden, or to a chapel, and occasionally watching television.

There were contexts as to why the older adults with migrant and those with non-migrant children had different household conditions. The last group lived their lives with their children, grandchildren, and their animals. Most of them were the poorer households in the hamlet. The affections of older adults for their children and grandchildren were not fully expressed. Happiness was seen when they got together, especially when they harvested rice or weaved together. These were the moments for chats and gossips.

Several older women enjoyed these get-togethers, Mah (65 years old), Rat (65), Saikem (67), Sainem (70), and Pur (70). Yah's story illustrates a non-migrant household in the hamlet:

"I have four children. All stay home. I have to be shrewd in managing life. Even though three of them are married, I have no gut to let them go. At this moment, my grandchild is now 1.5 years old, and my daughter is back because she was laid off. The husband and wife both are back. Alas, we all live together. Meantime, my other married son, I gave him a piece of land so he could work on it. So, he could have an income. He is home and resigned from his work."

Mah's (65) story illustrates the daily lives of non-migrant households with older adults. Children, friends, and grandchildren were the sources of their subjective well-being. Iyem said,

"yah, this is how it goes every day. This child will follow me to sleep. She doesn't want to sleep with her parents," (Rat, 65 years old), *"My son still asks for financial help to pay for the motorcycle and TV loans"* (Rami, 70 years old), *"I have to share the government assistance with my sister, what more to say? She never spends her money..."* (Iyem, 69 years old).

The lives of these older adults revolved around other family members. Some had to continue to be the family's breadwinner. Older adults with non-migrant children had different participation in social activities. The older they were, the less the activities they participated in, and some did not participate in any activities. Some would commonly 'relegate the *kampong* dues.' However, these older adults still carried the social obligations, especially hamlet development fees. For lower-class hamlet members, the older adults were not taken seriously during societal activities. These villagers took property assets, buildings, or lands, and family genealogy as the basis of social stratifications. They were considered lower class marked by their occupation as farm laborers, landless farmers, growers, bamboo crafters, and non-natives.

Understandably, the circumstances made the lower-class older adults positioned themselves lower than other members of society. They focused more on their private lives and did not use social assets as a source of happiness. Their social happiness was developed despite their lack of social assets and statuses. *Nrimo*, a Javanese word meaning acceptance and submission, had become their last resort for the needy older adults to survive and achieve social well-being.

Discussion and conclusion

The subjective well-being of older adults is measured by "the optimal state for an individual, a community, and a society" (Mahali et al., 2018). This study finds that older adults with migrant children had better subjective well-being compared to older adults with non-migrant children. The factors influencing the subjective well-being of older adults were whether or not their children supported them. The older adults with non-migrant children continued to financially support their adult children. In this case, hence the burden to provide for the household remained in the hand of older parents. This was the main factor of feelings of unhappiness for older adults with non-migrant children.

On the contrary, the older adults with migrant children benefitted from their children's remittances. These more aging parents could still communicate with their migrating children with new communication technologies. Other than the financial and communication factors, most older parents with migrant children were happy with their children's promise that they would be reunited in the village once their children retire.

There are three main aspects related to the social well-being of older adults: (i). affection (partner, friends, grandchildren, pets); (ii) behavioral confirmation (belonging to social groups, society appreciated behavior); and (iii) status (special talents, social asset, skill, power. There are some similar situations between older adults with migrant children and older adults with non-migrant children, but also significant differences. Similarities and differences are, for example, older adults with non-migrant children derived their social well-being from the love they received from their immediate family members, siblings, children, or grandchildren. They also had pets and farm animals.

Factors Affecting Subjective Well-being of Older Adults and Household Typology in Rural Java

Household Typology of Older Adults			
No	Subjective Well-being	With migrant children	With non-migrant children
1	Physical well-being: 1a. Comfort (food, money, health services, comfortable houses)	<ul style="list-style-type: none">The primary income is remittance, agricultural harvests handled by othersHave access and capabilities to use BPPJS health services, access to alternative medication, independentPermanent house with multiple renovations, ceramic or cement floorsMulti-generational household	<ul style="list-style-type: none">Main occupation as grower, harvesting labors, animal farming, government assistance (PKH lansia), COVID-19 aidsAccess to BPPJS health servicesSemi-permanent house, received government renovation aid, partial cemented or ceramic floorsInherited houses, smaller houses as compared to the average size
	1b. Stimulation (physical and mental activities and hobbies)	<ul style="list-style-type: none">Indoor and outdoor activities and yardsWorship at home,	<ul style="list-style-type: none">Morning exercise, work in the fields, worships at the chapel, watch television.

Household Typology of Older Adults			
No	Subjective Well-being	With migrant children	With non-migrant children
2	Social well-being:	irregular visits to the houses of worship, watch television, read their holy books	
2a.	Affection (partner, friends, [grand] children, pets)	<ul style="list-style-type: none"> Affections are given and expressed to migrated children, active regular communication via mobile phones, own pets. 	<ul style="list-style-type: none"> Affections from partners, siblings, children, and grandchildren living in the house, own pets, and farm animals.
2b.	Behavioral confirmation (belonging to social groups, society appreciated behavior)	<ul style="list-style-type: none"> Not a member of a particular group, not involved in communal activities. 	<ul style="list-style-type: none"> Join <i>arisan gampong</i>, actively participate in social activities.
2c.	Status (unique talents, social asset, skill, power)	<ul style="list-style-type: none"> From middle-class households, descendants of hamlet's founding figures, material wealth earns dependency and respect. 	<ul style="list-style-type: none"> From lower-class households, occupations are laborers, landless farmers, growers, weavers, and non-natives

Referring to the research results, the support given to older parents was heavily influenced by society's culture (Schwarz et al., 2010). Several studies show that the majority of older persons in developing countries are left with their own means and children's accumulations as old-age means of support for the older adults (Cameron & Cobb-Clark, 2001). The research shows that the level of happiness for older adults was influenced by the quality of physical and social factors. The sources of happiness of older participants were their families, their positive interpersonal and social relationships, self-development or autonomy, wealth, recreation, and the absence of negative feelings, health quality, religion, and basic needs (Jaafar et al., 2012).

The most prominent source of the resilience older adults had against depression or unhappiness was their deep religiosity, both for older Muslims and Christians. Devotion is the older persons' conception to describe their lives. There was a strong combination of devotion to family and affection (deep emotional attachment) and loyalty (deep moral commitment) towards family and children (Dollahite & Marks, 2018; Dollahite et al., 2018; Dollahite et al., 2019).

One element of the findings was social environment shaped the older informants' lives. These older adults formed and participated in social groups with dedication. Their dedication was expressed towards their immediate groups, such as family and community. Their devotion to religious activities was aimed to build transcendental relationships with ancestors and their God, with cultural activities and hobbies such as access to television and social media, as well as recreational activities such as morning and PROLANIS exercises.

These older adults have what is called generative devotion. They have devoted, to some extent, their lives to several ideals, be it communal, religious, or spiritual. One way to frame this argument is the 'child's devotion to family' theory. A daughter's devotion to their family is considered an applicable obligation resulting in many aspects which influenced

daughters physically and mentally. This suggests the need for women caregivers in the holistic intervention in elderly outpatients (Tumanggor et al., 2020).

Generative devotion is a middle-class theory based on the interview's analyses of religious and non-religious families. The theory explains how religions facilitate strong-family bonds within and inter-generations. Generative devotion depends on religious and spiritual faiths and practices and communities to give attention to the long-term well-being of family members, orientation toward others, considering other constant needs while respecting others' choices, and being willfully relational. The older persons in Java define devotion as a combination of love (deep emotional attachment) and loyalty (profound moral commitment). In some ways, the older persons' 'devotion defines their identity.' Most people desire to share their most profound devotion with selected individuals such as family and community (Dollahite et al., 2019, p. 449).

Spirituality influences family lives (Dollahite et al., 2018), while religious activities determine family relations (Chelladurai et al., 2018). This supports the argument that religious practice provides a framework to see religiosity, not only to explain a quality (devotion) but also as an entry point to see broader horizons of one's characters (dedication, work ethic, and generosity) (Power, 2017). These statements were apt to describe the lives of older people in the Pranan Hamlet I.

Conclusion

This study describes how the subjective well-being of rural older adults has close relationships with their environments, both physical and social. This result is different from the Indonesian national survey stating that older people in Indonesia have a low-relational index (Statistics Indonesia, 2017). This especially the case regarding factors influencing life satisfaction were overwhelmingly centered around individual economic and social statuses. This study also shows that BPS indexes were minimizing the role of the village or community due to the privileging focus on formal economy and urban areas. This study likewise found that older adults living alone are more susceptible to various risks such as economic and health issues, especially older women who tend to be marginalized. Factors supporting elderly persons' resilience involve bonding in social relations. The study's conceptual framework and supporting theories consider belonging and close social relationships between family members important for one's emotional relations. These relations function to form and protect individuals; in the aging process, older persons share their life experiences, challenges, successes, and disappointments (Antonucci et al., 2004).

Another important factor is the strong rural culture. The neighborhood provides a comfortable atmosphere for older adults. Older adults living alone as their children and other family members migrated to cities, could still enjoy a rich social life because of communal working situations, rotating visits among other older adults, neighbors' visits, and incentive communication with children enabled by the availability of mobile phones.

We argue that that surrounding culture and collective norms influences older persons' social lives. This study, however, found that older persons in non-migrant households have greater physical and socioeconomic burdens since many of them are relatively poor. Social aids were shared with children and grandchildren. On the other hand, for older adults in migrant households, social aids were used to meet their personal needs, and on top of that,

they routinely received remittance. Older adults in non-migrant households had multiple roles as babysitters for grandchildren, breadwinners, and were responsible for meeting their households' social duties in the community. In comparison, the older adults with non-migrant children exhibited decreasing physical and mental conditions and were exhausted and stressed.

This research shows that all participants were active actors and involved in their family and society. Various studies tend to see older persons as fragile individuals, not engaged members of family and community. This study highlights the need to see the older person's life in their sustained social roles and activities. Another recommendation is to frame older persons' lives as not limited to isolated individuals but as capable members of society.

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