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Institute of Social Anthropology

Care and Solidarity: Vulnerability and Resilience of Elderly in Tanzania and Indonesia

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(Tanzania Study and Comparative Study as work in progress)



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'Care': Discussion and Clarification of Terms I


„Care’ definition in Social Gerontology (Phillips et al. 2010):
„Providing or receiving assistance in a supportive manner“

Emotional meaning of ‘care’:
It includes *“the two basic movements of human existence: towards the other (A) and towards the future (B)”* (Kleinman & Geest 2009).

A) ‘To take care of so.’ assumes that an individual interacts with other persons and he is mandatory present among them: ➔ ‘Care’ is a strictly **relational phenomenon**: one becomes a caregiver because he is in relationship with a person who is need of care (Kleinman 2009).

B) ‘Care’ implies an intention into the future, moreover an attitude of expectation and hope on ‘the others’ and on oneself: ➔ ‘Care’ is a basic **projection of human into the future**, for instance as instrument of precautions and/or of prevision.

Nota bene: Arendt (1958) and *inter-esse* (Lat. ‘to be among ...’):
Interest in each other starts because of plurality of human existence.



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'Care': Discussion and Clarification of Terms II

Tronto (1993) and her **„Ethic of Care“**: „Good care’ consists of 4 ethical elements:

1. **caring about**, that is, assessing the need for care and calling for attention (**attentiveness**);
2. **taking care of**, assuming **responsibility** for meeting the need for care and assigning agency;
3. **care-giving**, meeting the need for care and having **competence** to care;
4. **care-receiving**, assessing the appropriateness and adequacy of care and calling for **responsiveness** on the part of the care-receivers.

➤ Geest (2002): care involves “moving from awareness and intention to actual practice and response” – Niehof (2002): “care as both attitude and practice”

➤ The political and moral concept of ‘care’: A society that claims to have a moral standard has the obligation to provide adequate care for its members (Tronto 1993).



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'Care': Discussion and Clarification of Terms III

Conclusion of Niehof (2002):
"The whole care process is gendered."

Conclusion of Eeuwijk (2003, 2006):
"Feminization of the older population ... and it is elderly women who predominate as care-receivers and as caregivers."


Household Production of Care (Niehof 2002, 2004; Eeuwijk 2007):
 Care has to be produced deliberately, adequate resources and capabilities are to be worked out before a member of household is granted care support.




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Care as a 'Fait Social Total' (Marcel Mauss)



1. (Elder) Care and **Morality/Moral Obligation**
2. (Elder) Care and **Power**
3. (Elder) Care and **Control/Disciplinary Action**
4. (Elder) Care and **Practice/Social Agency**
5. (Elder) Care and **Capitals**
6. (Elder) Care and **Gender**
7. (Elder) Care and **Trust**
8. (Elder) Care and **(Bio-)Medicalization**
9. (Elder) Care and **Social Security/Solidarity**
10. (Elder) Care and **Privatisation/Commoditisation**
11. (Elder) Care and **Globalisation/Scapes**
12. (Elder) Care and **Vulnerability/Resilience**

 Care as *microcosmic phenomenon* represents the quality and mode *how a society deals in a normative way with vulnerable people and support them in case of neediness and frailty* (Eeuwijk 2010).




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Research Sites Tanzania: Dar es Salaam & Rufiji

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Research Sites Indonesia: Manado, Tomohon, Tahuna




The slide features two maps. The left map shows the Indonesian archipelago with a red circle around Sulawesi. The right map is a detailed view of Sulawesi, with three red circles highlighting the research sites: Manado (North Sulawesi), Tomohon (North Sulawesi), and Tahuna (Sulawesi). Red lines connect these circles to a larger map of Sulawesi on the right.

Indonesian Administrative Provinces


ISLANDS FLAG

MANADO, NORTH SULAWESI, INDONESIA




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Growing Old in Tanzania: Ageing Means Work ... as Long as Your Body and Mind Stay Healthy I




The slide contains two photographs. The left photo shows a woman in a red shirt working in a kitchen with various containers and a water dispenser. The right photo shows a group of people, including children and adults, sitting around a table with food, possibly a meal or a community gathering.

Tanzania: Generating and Maintaining Respect and Reciprocity




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Growing Old in Tanzania: Ageing Means Work ... as Long as Your Body and Mind Stay Healthy II



The slide contains two photographs. The left photo shows several people walking along a paved path or road. The right photo shows a dirt road in a rural area with simple wooden buildings and trees in the background.



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Growing Old in Indonesia: Ageing Means Work ... as Long as Your Body and Mind Stay Healthy I



Indonesia: Maintaining Independence and Social Harmony

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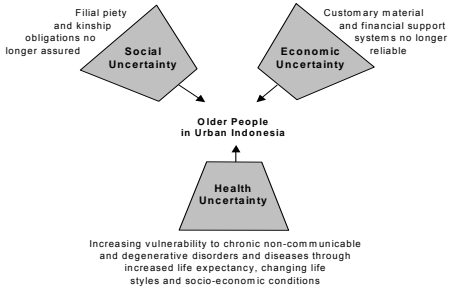
Growing Old in Indonesia: Ageing Means Work ... as Long as Your Body and Mind Stay Healthy II



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Elderly People and 'Triangle of Uncertainty'



A Triangle of Uncertainty for Older People in Urban Areas of Indonesia


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Elderly People, Care and Welfare Uncertainty

The **overall research question** for these two old age studies on care in Tanzania and Indonesia is as follows:

How can appropriate and adequate care support be provided for elderly people under the circumstances

- of gradually *unreliable social networks*,
- of *economic scarcity*,
- of a growing *number of ageing people*,
- of a steady increase in *number of chronically ill older persons and HIV-infected adults*, and
- of hardly existing *formal welfare structures*?



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Health Profile of Urban Elderly in Indonesia



Rheumatism & Asthma

Post-Stroke Paralysis

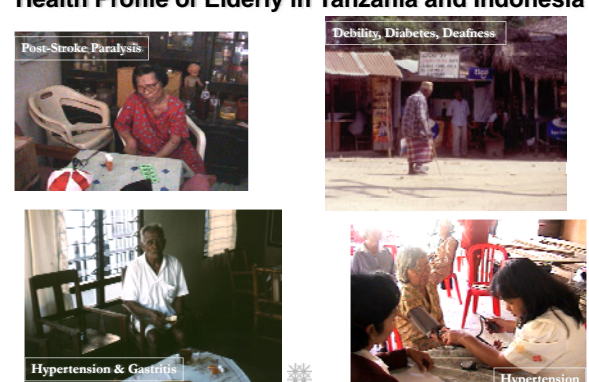
Diabetes & Obesity

Hemiplegia



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Health Profile of Elderly in Tanzania and Indonesia




Post-Stroke Paralysis

Debility, Diabetes, Deafness

Hypertension & Gastritis

Hypertension



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Where Culture Matters II: Changing Norms & Values

Changing Patterns of Care Support (Minahasa, North Sulawesi, Ind.)

- Current ideal pattern of care support** according to traditional Minahasa norms is a **rotating system of children's support**: the married children take their frail parents to their household, the oldest married son or daughter starts this rotation care scheme. Only children and grandchildren provide elder care, but not the elderly spouse (**exclusively intergenerational support**).
- Since 20-25 years this care provision is **subjected to negotiations and re-negotiations**. Care is performed in an **intergenerational combination children-parents**, but **only in one household of a child** (where the parents stay). The rotating system is abolished physically, but all children have to contribute **materials, money and/or work**.
- Current real pattern of care support** is the fact that **the parents stay alone in their own house** and do not move out anymore. But they try hard to **keep the youngest, yet unmarried daughter with them as caregiver**. The other children send generally **money** as compensation. Care is performed now in an **inter- and intragenerational combination** (ie spouse and daughter).






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Vulnerable Groups of Urban Elderly in Indonesia I

Old-Age Vulnerability to Providing or Failing Care Support is Centered around:


- o **Marital Status:**
 - **Unmarried elderly:** without children, grand-children and children-in-law, they are lacking the entire support network of the spouse's family.
 - **Unmarried women:** very vulnerable to social exclusion and destitution by not complying with cultural norms, and thus to failing care because of dependence on insecure intra-generational and mostly unreliable non-kin support.



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Vulnerable Groups of Urban Elderly in Indonesia II


- o **Wealth/Class:**
 - **Poor elderly people (women and men):** having small financial resources and material assets in a mostly impoverished environment, they lack reciprocal potential; they do not feel in a position of power and bargaining to ask for better quality of care from their caregivers, and they cannot afford access to professionalised health support.
- o **Gender:**
 - **Older women:** little social power in bargaining the conditions for care strategies and having few own material resources and human capital.
 - **Elderly widows:** relatively unequal status in their family and among their spouse's kin, and they do not feel empowered to challenge their caregivers.



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Vulnerable Groups of Urban Elderly in Indonesia III


- o **Social Capital:**
 - **Elderly people (women and men):** with low degree of trust, reciprocity, information, and cooperation associated with social networks. Elderly who did not develop bridging and bonding networks during their lifetime are likely to be excluded or omitted from existing informal vertical and horizontal social networks providing care.
- o **Severeness/Length of Chronic Illness:**
 - **Elderly people (women and men):** caregivers are disposed to reduce and decrease their care efforts with increasing health deterioration of the elderly sufferer in connection with temporal length due to growing burden (ie increased vulnerability due to vulnerable caregivers).



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Old Age Vulnerability and Old Age Resilience I

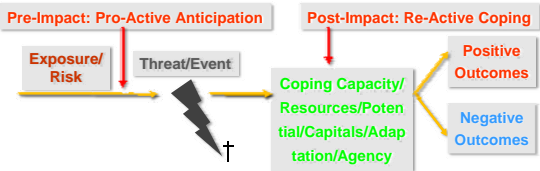
- **Social Vulnerability:** The inability and failure of individuals, organizations, and societies to withstand and resist adverse impacts from multiple stressors and dangers to which they are exposed.
- **Social Resilience:** Reactive capabilities of people to cope with, recover from and adjust to various risk and adversities and their proactive capacity to create options and anticipate responses to (health) risks and adversities.
- **Social Vulnerability and Social Resilience in Old Age:** To understand why some elderly people are able to activate (health; care) resources as well as positively respond to and even anticipate (health; care) related risks, changes or adversities, while others fail.



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Old Age Vulnerability and Old Age Resilience II

A Framework for Understanding Old Age Vulnerability and Old Age Resilience



For Example:

<ul style="list-style-type: none"> 'Old old'? Spouseless? Childless? Living alone? Rural? Uneducated? Women? 	<ul style="list-style-type: none"> Sudden illness Widowhood Removal of key carer Cessation of work Economic crisis 	<ul style="list-style-type: none"> Social networks Creating relationships Savings Switching to lighter work Social protection measures Legislation against age discrimination 	<ul style="list-style-type: none"> Poverty Lack of care Untimely or degrading death Lack of social contacts Lack of support
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(Schröder-Butterfill & Marianti 2004; Eeuwijk 2006)

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Resilience I: Psycho-Social and Economic Protection

Health and wellbeing as economic capacity and social potential for elderly people

Wellbeing means:	N=75 ↓
The capability to work every day and to contribute to the welfare of the household	43%
To have no social and economic problems	20%
To carry out activities on his/her own will in an independent and autonomous way	20%
To support the family, the grandchildren and the community in an immaterial way	8%
To enjoy physical integrity and to grow old without sickness and suffering	5%
To keep house independently	4%

(Eeuwijk 2004)

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Resilience II: Social and Cultural Protection

To join a group of people of the same age (intra-generational linking, 'age peer group') and to follow common aims and activities






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Resilience III: Social, Cultural & Economic Protection



To maintain cultural coherence, social solidarity, religious concordance and economic welfare (incl. a sort of established 'gerontocracy') represented by a transnational minority group (eg the ethnicity of Chinese in Indonesia and Indians in Tanzania)



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Resilience IV: Social, Cultural & Economic Protection

... or to take care of the grandchildren and thus preventing social and economic exclusion from their children and kinsfolk and having a protection shield against forcible claims and harsh pressure (of their own children)



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Resilience V: Economic, Social & Health Protection



A pragmatic mixture of informal and formal social security: to have financial, human and social capital for health professionals, formal care support and health insurance – and to stay independent and not to be in need of daily care support



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Resilience VI: Social and Cultural Protection

... or to get married (as widower) with a young/younger and healthy woman (does not apply for widows!)



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Resilience VII: Social and Cultural Protection

... or to get a divorce from your old and frail husband who is in need of intensive care in order to prevent any more burdens of care and to constrain his kinsfolk to provide more care support (for the husband)



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Resilience VIII: Social and Cultural Protection

... or to familiarize as an old widow with 'black magic' in order to demand more respect and to ask for more care support



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Elderly People: Laughing Enhances Your Resilience!

