

Exploring Ageism: The Lived Experiences of Older Adults in Community Settings, Bengkulu City, Indonesia

Nova Yustisia^{1*}, Titin Aprilatutini², Encik Putri Ema Komala³, Bardah Wasalamah⁴, Desi Dwi Siwi Atika Dewi⁵, Mahmasoni Masdar^{5,6}

¹Assistant Professor, Department of Emergency and Community Nursing, Vocational Nursing, Faculty of Mathematics & Natural Science, Bengkulu University, Indonesia

²Assistant Professor, Department of Pediatric and Community Nursing, Vocational Nursing, Faculty of Mathematics & Natural Science, Bengkulu University, Indonesia

³Assistant Professor, Department of Psychiatric Nursing, Vocational Nursing, Faculty of Mathematics & Natural Science, Bengkulu University, Indonesia

⁴Assistant Professor, Department of Medical Surgical Nursing, Vocational Nursing, Faculty of Mathematics & Natural Science, Bengkulu University, Indonesia

⁵Doctoral Program Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia

⁶Center for Bioethics and Medical Humanities, Universitas Gadjah Mada, Indonesia

*Corresponding Author: E-mail: nyustisia@unib.ac.id

ARTICLE INFO	ABSTRACT
<p>Manuscript Received: 14 Oct, 2025 Revised: 24 Dec, 2025 Accepted: 13 Jan, 2026 Date of Publication: 02 Apr, 2026 Volume: 9 Issue: 4 DOI: 10.56338/mppki.v9i4.8868</p>	<p>Introduction: Ageism poses a serious threat to healthy aging and remains under-researched in low- and middle-income countries. In Indonesia cultural traditions emphasize deference to elders through rituals and honorific language. At the same time, older adults often find themselves sidelined when real decisions are made in families and community groups. This stark contrast between symbolic respect and practical exclusion necessitates a more in-depth examination of the mechanisms of ageism in daily life and the responses of elderly individuals to it. This study examined the ways in which ageism affects elders in Bengkulu City, Indonesia, and how they actively resist its impact.</p> <p>Methods: This study is a qualitative phenomenological design using in-depth semi-structured interviews that are analyzed using Colaizzi's seven-step method. Interview transcripts were analyzed using Colaizzi's seven-step method. Purposive sampling was used to determine the participants. The total number of participants involved was 20 people aged 61-75 years (mean = 67.75, SD = 3.78), with the majority of respondents being female in Bengkulu City, Indonesia (June–September 2024). Trustworthiness increased by credibility, dependability, transferability, and confirmability.</p> <p>Results: This study produced four primary themes and sixteen sub-themes. Elders are venerated symbolically yet marginalized in home and community decision-making processes. Secondly, numerous individuals embrace silence and emotional suppression as a reaction to internalized ageist beliefs. Third, ageism connects with gender and socioeconomic disadvantage, exacerbating marginalization, especially for older women who serve as caretakers. Their aspirations for dignified aging highlight the necessity for dependable income, accessible healthcare, and legal protections against ageism.</p> <p>Conclusion: Addressing ageism in this context requires action at multiple levels. Practitioners and policymakers should empower older adults in decision-making, promote intergenerational dialogue, design gender-sensitive social protections, integrate spiritual support into elder services, and introduce robust anti-ageism legislation. By moving beyond ceremonial respect to genuine inclusion, societies can honor older adult's contributions and ensure their dignity.</p>
<p>KEYWORDS</p> <p>Ageism; Elder Abuse; Geriatric Psychiatry; Community</p>	

Publisher: Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

INTRODUCTION

Globally, one in six individuals will be 60 years of age or older by 2030, rising to one in five by 2050, with 80 percent of the elderly living in low- and middle-income countries (LMICs) (1,2). According to the 2023 data provided by the BPS-Statistics Indonesia, the percentage of Indonesian elderly has increased by at least 4 percent for more than a decade (2010-2022) to 11.75 percent (3). Indonesia is experiencing rapid population aging alongside global trends, with the proportion of older adults increasing steadily over the past decade (4–7). Demographic change alone does not explain why ageism in Indonesia warrants empirical attention, because public ceremonial reverence toward older adults can coexist with practical exclusion from substantive household and community decision-making. This duality aligns with benevolent ageism, where warmth and protection are coupled with assumptions of reduced competence and constrained agency (8,9), and may be reinforced by filial-duty norms that prioritize harmony and protection over elders' voices (10,11). Accordingly, we conceptualize ageism here as a culturally mediated contradiction between symbolic respect and functional marginalization and examine how older adults experience, internalize, and resist it in everyday life.

Changes in both physiology and psychology accompany aging, which is a normal and inevitable aspect of life for all living things, including humans (12,13). Individuals who are 85 years of age or older may experience rapid loss of resources, disabilities, and economic loss due to biological losses, increased disease risk, and decreases in physical, psychological, and social capacities (14,15). The quality of life and overall well-being of older adults considerably depend on their ability to live independently and function well (16). Age-related problems are unavoidably associated with diminished independence and functional abilities (17). This condition requires healthcare services to monitor not only physical but also mental health problems, especially depression and suicidal ideation (6). Beyond the physical and psychological issues that come with being older, older individuals often must confront ageism (18).

Ageism is the stereotyping, prejudice, and discrimination against older adults based on their age, affecting their health and aging processes with impacts like racism (19–21). Ageism is a major threat to active aging and public health, posing a significant threat to the well-being of older adults (1,22). Ageism is common in hospitals and communities and can be directed at oneself (23–26).

Traditional societies often view old age negatively, with stereotypes and attitudes focusing on the decline in physical and mental capacities (27,28). This perception makes older adults vulnerable to the effects of ageism, which can lead to health issues such as decreased capacity to recover from disability and increased hospitalization risk (29,30). Exposure to negative attitudes, particularly within social environments, can lead to the development of ageism, negatively impacting the quality of life of older adults (22). Ageism can result in chronic stress, increased risk of chronic diseases, and mortality, negatively affecting physical and psychosocial outcomes (21,29,31). Studies have found that ageist attitudes and stereotyping negatively affect older adults in various domains, including memory and cognitive function, work performance, depression, and the will to live (6,21,26,32,33).

Most of the empirical ageism research in Indonesia is quantitative and was done outside of Bengkulu. For example, studies were done in Bandung, Bogor, and Makassar (34–36). In Bengkulu, the only peer-reviewed study identified used a cross-sectional design to examine associations between ageism and older adults' self-esteem, rather than aiming to understand older adults' experiences of ageism (37). The detrimental impacts of ageism, particularly in society, and the paucity of research in Indonesia led the researchers to decide to perform a qualitative study based on the experiences of older adults to investigate ageism. Accordingly, this phenomenological study investigated how older adults in Bengkulu City experience the tension between ceremonial reverence and practical exclusion in community settings and how they interpret, internalize, and resist ageism in everyday family and community life.

METHOD

Research Type

A descriptive phenomenological approach was chosen because the study aimed to understand how older adults experience and ascribe meaning to ageism as it unfolds in everyday community life, including subtle forms of exclusion that may be normalized and therefore not easily captured through survey measures or purely descriptive observation (38,39). Phenomenology is epistemologically suited to this aim because it prioritizes first-person accounts, attends to how meanings are constituted in context, and enables the identification of the essential structures

of a shared experience across participants. To align the method with this epistemic stance, we analyzed narratives using Colaizzi's seven-step procedure, moving from significant statements to formulated meanings, clustered themes, and an exhaustive description, while applying reflexive bracketing to reduce the undue imposition of researchers' preconceptions. This study conforms to the Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist (40).

Population and Sample/Informants

The population of the study was elderly people ≥ 60 years old who still had good cognitive function. The study participants were selected through purposive sampling, with the inclusion criteria specifying that participants must be elderly individuals aged 60 years or older who can read, possess excellent cognitive function, willingly consent to participate through informed consent, and are able to articulate their experiences with ageism. The researchers sought assistance from nurses at the community health center to recruit potential participants, and they did not have a personal relationship with any of the participants.

Sampling and analysis proceeded iteratively. After each interview, two researchers updated the evolving codebook and maintained a saturation tracking log documenting whether the interview generated new codes or meaning units, refinements to existing codes, or divergent or negative cases. Data saturation was operationalized as the point at which successive interviews became confirmatory, producing no new codes or sub-themes and adding no substantive variation to the existing thematic structure across recruitment sites. Pseudo-saturation was found in the 18th participant. Data collection continued with the addition of two more participants to ensure data saturation. Recruitment was stopped at 20 participants when thematic redundancy was found, and the coding framework remained stable during the team discussion sessions.

Research Location

The study was conducted from June to September 2024 in the working areas of the Community Health Centers in Bengkulu City (Telaga Dewa, Jembatan Kecil, and Sawah Lebar Community Health Centers).

Instrumentation or Tools

In this study, the researcher served as the primary instrument and used a semi-structured interview guide adapted from the Ageism Scale (41), as outlined in Table 1. Interview Guideline. The guide was piloted beforehand to refine wording, flow, and probes. Each session was audio-recorded while the interviewer kept systematic field notes to capture emphasis, context, and notable nonverbal cues. All interviews were conducted in Bahasa Indonesia. Audio recordings were transcribed verbatim in Bahasa Indonesia, and the interviewer verified each transcript against the recordings to ensure accuracy and completeness.

Table 1. Interview Guideline

Main Questions
At your current age, have you ever felt that when you are with other people, you are treated like a child?
Have you ever given an opinion/suggestion to other people, but it was no longer responded to because of your age?
Do you feel that people who value your opinions/suggestions do so because they have life experience so far? Please explain
Have you ever felt that other people think that you are weak, easily sick, boring, and slow because of your age? Please explain
At your current age, do you feel that other people think that you are wise and sensible? Please explain
Have you ever experienced unfair treatment from other people, as if you were considered mentally and physically incapable because of your age? Please explain
Has your involvement in society ever been ignored/belittled because of your age? Please explain
At this age, do other people see you as a meaningful part of society, such as caring for grandchildren or volunteering? Please explain

Data Collection Procedures

Guided by a descriptive phenomenological orientation, we aimed to remain close to participants' meanings and experiences while reflectively attending to how our professional and cultural perspectives might shape data production and interpretation. NY (female, MSc Nursing; gerontology focus) and EPEK (female psychiatrist; nursing

lecturer) approached the interviews with an awareness that clinical training can privilege biomedical frameworks of aging and can position the researcher as an authority figure. Therefore, we adopted a non-clinical stance, used plain language prompts, emphasized voluntariness and the absence of right or wrong answers, and actively monitored power dynamics in participants' homes by ensuring privacy and inviting participants to guide the pace and depth of disclosure. Reflective engagement was maintained through structured post-interview debriefings and written reflective memos documenting assumptions, emotional responses, and potential interpretive biases. Coding and theme development were conducted using verbatim native-language transcripts to preserve cultural nuances; translated quotations were created for reporting, while culturally specific terms were retained with brief explanations.

Data Analysis

Inductive analysis was used with the NVivo 1.7 version for data management. Data analysis using steps from Colaizzi's Phenomenological Statements included reading and rereading the transcripts in order to obtain a general sense about the whole content; extracting some significant statements that relate to the phenomenon under the study; formulating meanings derived from significant statements; organizing and formulating meanings into clusters of themes; integrating the findings into descriptions; describing the fundamental structure of the phenomenon; and validating the findings from study participants (42). Two researchers (MM and DDSAD) independently developed initial codes, then met to build a three-level coding tree: raw codes, sub-themes, and overarching themes (see table 3). We then returned summary themes to five participants for feedback. Each confirmed that the themes reflected their experiences, and minor revisions to wording were made based on their suggestions.

To operationalize an ecological and intersectional analytical perspective, we conducted a secondary analytic mapping after the inductive thematic structure was finalized. Using matrix-based data display techniques, we aligned each overarching theme and its sub-themes with the socio-ecological level(s) at which experiences were primarily enacted, including intrapersonal, interpersonal and household, community, and institutional or policy-related conditions (43,44). Consistent with framework matrix approaches used in team-based health research, we charted condensed summaries of each theme across these levels to support transparent cross-theme comparison and to clarify the analytical logic used in this study (43,45). In parallel, we examined how ageism-related experiences were patterned by intersecting social positions evident in participants' narratives and characteristics, particularly gendered role expectations, socioeconomic resources, family-role hierarchies in decision-making, and functional constraints that shaped visibility and participation (44). This mapping did not replace the inductive phenomenological analysis, but it strengthened theoretical integration by identifying level-specific mechanisms and corresponding intervention levers grounded in participants' accounts (43,44). This mapping is summarized in Table 4.

To enhance the credibility criterion, we ensured that the transcription process captured the subjects' responses verbatim and conducted the peer debriefing. To uphold confirmability and dependability, we implemented appropriate interview techniques, field notes, and documentation. In addressing the transferability dimension, we provided comprehensive descriptions of the results and processes for data collection and analysis.

Ethical Approval

Ethical approval was obtained by the Research Ethics Committee Institute for Research and Community Service, University of Bengkulu, with IRB approval number 41/KER-LPPM/EC/2024.

Table 2. Characteristic Participants (N=20)

Initial	Age	Sex	Marital Status	Education	Job
Rose	68	Female	Married	Bachelor	Retirement
Lily	72	Male	Widowed	Master	Retirement
Tulip	68	Male	Married	Senior high school	Retirement
Orchid	65	Female	Widowed	Bachelor	Retirement
Sunflower	66	Female	Married	Not Educated	Self-employed
Jasmine	71	Male	Married	Junior high school	Retirement
Daisy	64	Female	Married	Junior high school	Housewife
Marigold	70	Male	Widowed	Senior high school	Retirement

Initial	Age	Sex	Marital Status	Education	Job
Hibiscus	70	Male	Widowed	Senior high school	Self-employed
Peony	65	Male	Married	Senior high school	Self-employed
Lavender	75	Female	Widowed	Senior high school	Retirement
Carnation	70	Female	Married	Not Educated	Self-employed
Iris	68	Female	Widowed	Senior high school	Retirement
Daffodil	74	Female	Widowed	Not Educated	Retirement
Magnolia	66	Female	Married	Bachelor	Retirement
Poppy	61	Female	Married	Junior high school	Housewife
Camellia	64	Female	Widowed	Bachelor	Retirement
Gardenia	66	Female	Married	Bachelor	Retirement
Zinnia	62	Female	Married	Senior high school	Housewife
Geranium	70	Male	Married	Bachelor	Retirement

RESULTS

Twenty older adults participated in this study, with ages ranging from 61 to 75 years (mean = 67.75, SD = 3.78). The majority of participants are female, married, and retired. Although four primary themes emerged, some participants shared different perspectives. For example, one elder described always being included in family decisions. We bring these less common voices into our thematic discussion to capture the full breadth of older adults’ experiences. Using Colaizzi’s phenomenological approach, we distilled significant statements from twenty in-depth interviews into sixteen distinct subthemes, which coalesced into four overarching themes. These themes encapsulate the intricate ways in which older adults in Indonesian communities enact, internalize, and resist ageism.

Table 3. Overarching Themes and Subthemes Identified

Overarching theme	Subthemes
Theme 1. Symbolic Reverence, Functional Neglect	Ritualized Respect without Real Influence; Firstborn Gatekeeping in Family Power Dynamics; “Usefulness” as a Prerequisite for Visibility
Theme 2. Aging in Silence	Silent Coping as Cultural Strategy; Internalization of Inferiority and Emotional Collapse; Psychological Disconnection and Ambiguous Grief; Passive Resistance through Withdrawal
Theme 3. Intersecting Inequalities	Gendered Expectations of Care and Domestic Labor; Structural Ageism and Economic Exclusion; Class-Based Community Invisibility; Family Conflict and Intergenerational Distance
Theme 4. Hope and Dignity as Resistance to Ageism	Everyday Agency; Existential Resilience; Social Validation; Recognition of Value; Institutional Equity

Symbolic Reverence, Functional Neglect: Ageism as Cultural Contradiction

Across participants’ accounts in Bengkulu, cultural norms emphasized respect for older adults, yet participants described this respect as largely symbolic and not accompanied by everyday inclusion. Older adults were invited to preside over ceremonies, addressed with honorifics, and praised for their life experience, but these gestures were often experienced as disconnected from meaningful involvement in family discussions, community planning, and social decision-making. Participants repeatedly linked this shift to perceived “usefulness”: when older adults were no longer viewed as leaders or providers, they felt their opinions were more easily set aside. In this way, public displays of deference were described as reaffirming tradition while offering limited practical influence in daily life.

Ritualized Respect without Real Influence.

Participants described receiving polite forms of address and formal invitations while simultaneously being excluded from substantive conversations. As Rose (age 68) lamented, “People never call me by my name... just

'Mak'... but honestly, it's not that I ask to be respected just because of that title." For Rose, the honorific signaled social courtesy, but it did not translate into being heard in matters that affected her. Several participants framed this as conditional respect: their views were taken seriously mainly when they still carried tangible authority or could contribute materially. Lavender (age 75) described offering guidance only to be brusquely dismissed *"I gave advice, but they said, 'Just sit down, Grandma. That's how things were in your time.'*" These accounts illustrate how ceremonial courtesy coexisted with dismissal in everyday decision-making, leaving participants feeling respected in name but overlooked in practice.

Firstborn Gatekeeping in Family Power Dynamics

Within multigenerational households, participants described decision-making as channeled through family hierarchy, most notably the firstborn child, rather than being directly negotiated with the older adult. Elders whose children occupy that privileged position retain a measure of influence, while those without such an intermediary find themselves muted. Poppy (age 61) explained, *"In my family, I'm the eldest and treated like a replacement for our late mother. So, my opinion still matters"*. In contrast, other participants emphasized how dependent this influence was on the firstborn's endorsement. Magnolia (age 66) noted the fragility of this arrangement: *"If it's not the firstborn who supports what I say, no one else listens."* For participants, this arrangement positioned their agency as indirect. Their voice was filtered through a second-hand channel of authority, rather than grounded in their own standing as older family members.

"Usefulness" as Prerequisite for Visibility

Participants frequently described economic and social contribution as an informal marker of worth that shaped whether they remained visible and included. Elders who continue to work or engage in community activities maintain a visible presence and a degree of respect. Sunflower (age 66) recounted, *"I'm still a massage therapist. If someone order, I go,"* linking ongoing productivity to continued recognition. When participation declined, however, participants described a rapid reduction in invitations and contact. Carnation (age 70) reflected on this abrupt invisibility: *"When I stopped joining community events, they also stopped inviting me."* Taken together, these accounts portray respect as experienced in transactional terms. Respect was more readily extended to older adults who could still contribute according to prevailing social and economic expectations.

Aging in Silence: Psychological Ageism and Emotional Self-Erosion

Ageism often operates through subtle, emotional currents rather than overt discrimination, leading many older adults to internalize negative beliefs about their worth. This internalization results in self-imposed silence, emotional suppression, and a gradual retreat from social engagement. Rather than openly contesting disrespect, elders draw on cultural ideals of patience and acceptance, using silence as a shield that nonetheless deepens their sense of isolation and undermines their emotional well-being.

Silent Coping as a Cultural Strategy

Silence becomes an active strategy for managing emotional pain and preserving harmony. Elders frame quiet endurance as an expression of *sabar* (patience) and *nrimo* (acceptance), values deeply embedded in Indonesian culture. Daisy (age 64) explained, *"If they don't listen, I just stay quiet. It's up to them,"* highlighting how silence serves to maintain personal peace when dialogue feels futile. Camellia (age 64) added, *"I avoid people who say hurtful things... I want to stay healthy and at peace with my children,"* demonstrating how emotional self-protection guides decisions to disengage from harmful interactions.

Internalization of Inferiority and Emotional Collapse

When elders perceive themselves as burdens, the erosion of status can precipitate profound psychological distress. Daffodil (age 74) admitted, *"I feel useless... sometimes I just want to die,"* This is a clear example of how long-term neglect can hurt self-esteem. In moments of acute despair, Daffodil (age 74) further recounted, *"I was so upset I cried... they didn't take my advice seriously,"* illustrating that repeated dismissal not only inflicts transient hurt but can lead to breakdowns in emotional resilience and, in extreme cases, suicidal ideation.

Psychological Disconnection and Ambiguous Grief

Grief among older adults often centers on the loss of meaningful roles rather than on bereavement over death. Iris (age 68) mourned, *"I used to be everywhere, helping out... now I feel alone,"* expressing the ache of social functions disappearing overnight. Jasmine (age 71) similarly reflected, *"I no longer go out... it's not the same without a role to play,"* capturing the sense of a vanished purpose. This ambiguous grief shapes their daily experience, as elders navigate an emotional landscape marked by absence and longing for past engagement.

Passive Resistance through Withdrawal

Participants described withdrawal as a deliberate choice to limit interaction. They explained that stepping back, avoiding gatherings, or remaining silent helped them feel less burdened or less exposed to disrespect in everyday encounters. Lily (age 72) noted, *"I prefer to keep quiet. If I talk, I might hurt or be hurt,"* revealing how selective engagement preserves a measure of self-respect. Geranium (age 70) concurred, *"I don't talk much unless it's necessary,"* underscoring that withdrawal, far from signifying defeat, functions as a form of self-defined boundary-setting in the face of emotional vulnerability.

Intersecting Inequalities: When Ageism Meets Class and Gender

Ageism in Indonesian communities rarely occurs in isolation. Instead, it intersects with gender norms, economic status, and class hierarchies to produce compounded marginalization. Older women often find their unpaid domestic and caregiving labor taken for granted even as their needs go unmet, while elders from low-income backgrounds lose both social visibility and decision-making power once they can no longer contribute economically. Together, these overlapping axes of disadvantage intensify the experience of exclusion, rendering some elders virtually invisible and others caught in cycles of dependency and emotional distress.

Gendered Expectations of Care and Domestic Labor

Older women's unpaid caregiving and household chores function as invisible markers of worth. Even as physical strength wanes, they are expected to maintain family routines and look after younger generations, duties that reinforce their value only insofar as they serve others. Rose (age 68) recalled, *"I wanted to help wash dishes, but they told me to sit down,"* illustrating how her desire to contribute was rebuffed despite cultural scripts praising elder support. Zinnia (age 62) likewise noted, *"Even though I'm weak, I still help my husband when I can,"* demonstrating how women assert their relevance through continued labor. In both cases, respect hinges less on intrinsic dignity than on the perpetuation of gendered service.

Structural Ageism and Economic Exclusion

Loss of regular income translates directly into social erasure, as elders' ability to participate in communal life depends on their economic contributions. Carnation (age 70) voiced this precarious link between livelihood and belonging: *"If I don't sell something, how will I eat? I can't always depend on my kids."* She further explained, *"No regular income means I can't join community events like arisan (a rotating savings group serving both financial and social functions),"* underscoring that without a means to contribute, elders lose access to the very networks that sustain their sense of purpose. Economic precarity thus operates as both a material hardship and a mechanism of exclusion.

Class-Based Community Invisibility

Socioeconomic status dictates whose voices are invited into public and private spheres, leaving poorer elders marginalized even within their communities. Carnation (age 70) lamented, *"I only get invited to religious events... nothing else,"* highlighting a narrow inclusion confined to certain rituals. Lavender (age 75) added, *"Now that I can't walk well, they rarely invite me,"* revealing how declining health compounds class-based exclusion. These accounts show that class hierarchies intersect with physical ability to define the boundaries of elders' social engagement.

Family Conflict and Intergenerational Distance

As younger generations embrace modern values, elders' traditional knowledge and autonomy are often dismissed, creating emotional chasms within families. Lavender (age 75) recounted offering a cooking tip only to be told, *"That was your time, Grandma,"* a phrase that trivialized her lived expertise. Tulip (age 68) described a double bind of care and infantilization: *"My children love me, but they treat me like a child since I got sick,"* capturing how illness and age invite both compassion and patronization. These dynamics reveal that intergenerational respect is neither automatic nor guaranteed but must be continuously negotiated.

Hope and Dignity as Resistance to Ageism

Older adults weave together their quiet acts of agency, spiritual strength, social yearnings, calls for recognition, and appeals for systemic change into a single tapestry of hope that sustains their dignity. Rather than voicing demands, they express subtle affirmations of worth by turning everyday interactions, private convictions, communal invitations, and policy appeals into a unified strategy of resistance against the erasure of ageist neglect.

Everyday Agency

Elders refuse to vanish into the background. Gardenia (age 66) put it plainly, *"I hope people accept us as we are. That is all I want."* Peony (age 65) echoed this sentiment, *"Just treat us like usual. We still want to be seen."* These simple requests for normalcy, such as sharing meals, browsing the market, and chatting on the porch, are not pleas for pity but firm assertions of equal standing. Orchid (age 65) demonstrated how routine gatherings become acts of defiance by saying, *"If there is an event and I am healthy, I will join."* Iris (age 68) described the revitalizing power of presence when she said, *"When I attend elderly group events, I feel alive again."* Claiming these small moments allows elders to reclaim space and visibility in a community that too often sidelines them.

Existential Resilience

When social recognition falters, faith becomes the bedrock of inner endurance. Rose (age 68) captured this surrender when she said, *"I surrender everything to God. Whatever happens is His will."* Marigold (age 70) framed aging as part of a larger design by stating, *"Everyone gets old; we must accept it sincerely."* Their spiritual convictions transform uncertainty into purpose. Hope itself serves as a quiet protest when Rose (age 68) voiced her vision for familial harmony with the words, *"I want peace, health, and harmony with my children."* Carnation (age 70) appealed for sustained parental regard by saying, *"Please see me as a parent figure, even if I live alone."* Each prayer and plea shows that hope functions as an act of existential resistance.

Social Validation

Beyond silent resilience, elders seek gestures that affirm their personhood. Lavender (age 75) voiced the tension between autonomy and fear of burden when she said, *"I just want not to trouble others in my old age."* Daffodil (age 74) confessed the shame that silences even the simplest plea by sharing, *"Sometimes I feel like a burden, but I stay silent."* An invitation can shatter that isolation when Tulip (age 68) affirmed, *"I want to be active like before, even if I am not as strong,"* and Rose (age 68) smiled at simple courtesies with, *"When they invite me, it means I still matter."* These moments of inclusion restore dignity by acknowledging elders as full members of the community, not as hidden liabilities.

Recognition of Value

For many elders, the deepest wound is the dismissal of a lifetime's insight. Orchid (age 65) lamented, *"When I give advice, I do it from experience, but they dismiss it as old-fashioned."* In contrast, Hibiscus (age 70) felt renewed when younger people sought his counsel: *"They still ask for my advice sometimes; that makes me feel valued."* By valuing elders' wisdom, communities acknowledge the unique contributions that only years of living can provide and reinforce elders' own sense of self-worth.

Institutional Equity

Finally, elders' aspirations extend into the realm of policy and services. Lily (age 72) described the bureaucratic maze of healthcare by saying, *"Seeing a specialist is difficult; we must first visit primary care several*

times.” Iris (age 68) issued a broader call when she stated, “I hope the government will pay more attention to elderly health.” These testimonies show that dignity requires not only personal and social affirmation but also streamlined, respectful systems that safeguard elders’ well-being. By demanding equity, they complete the arc from private hope to public advocacy, showing that true resistance to ageism must span the personal, communal, and institutional spheres.

DISCUSSION

Our study shows how cultural expectations, personal beliefs, and wider social structures come together to shape the everyday lives of older Indonesians. We identified four core themes: Symbolic Reverence, Functional Neglect; Aging in Silence; Intersecting Inequalities; and Hope and Dignity as Resistance to Ageism. We interpret these themes through an ecological and intersectional lens that situates ageism across intrapersonal, household, community, and institutional or policy levels, while recognizing that experiences are shaped by intersecting social positions such as gender and socioeconomic resources. This mapping is summarized in Table 4 and guides the organization of the Discussion and the identification of level-specific implications. In the pages that follow, we connect these themes to global research, draw out their wider significance, and offer concrete policy suggestions.

Table 4. Ecological–intersectional mapping

Theme	Dominant level(s)	Key intersections	Core levers (implications)
Symbolic Reverence, Functional Neglect	Interpersonal and household; community	Gender; socioeconomic resources; family hierarchy; functional ability	Voice in family and neighborhood deliberation; inclusive participation routines
Aging in Silence	Intrapersonal; interpersonal and household	Gender; socioeconomic vulnerability; household support; functional constraints	Psychoeducation; peer support; family communication for validation
Intersecting Inequalities	Interpersonal and household; community; institutional or policy	Gendered care; socioeconomic precarity; education; access constraints	Gender- and poverty-sensitive design; targeted outreach; service navigation support
Hope and Dignity as Resistance to Ageism	Cross-level (intrapersonal to institutional or policy)	Social support; socioeconomic resources; spirituality/community ties	Strengths-based roles; intergenerational activities; dignity-affirming services

Symbolic Reverence versus Functional Neglect

Participants often found themselves in a puzzling situation in which they were greeted with elaborate ceremonies and respectful titles, yet their views carried limited weight in household budgets, family deliberations, and community planning. Psychologists describe this pattern as benevolent ageism, where older people are seen as warm and kind but not competent enough to contribute meaningfully (8,9). Studies in Southeast Asia also show that strong expectations of filial duty can unintentionally sideline elders’ voice when authority and resources are concentrated in younger generations (10,11).

In the Indonesian sociocultural context, this contradiction can be interpreted as ritualized respect that functions as a moral script of propriety and harmony, while everyday authority remains negotiated through kinship hierarchy and intergenerational power relations (46,47). Participants’ narratives suggest that public gestures, such as honorific address and ceremonial visibility, can reaffirm cultural ideals without guaranteeing direct participation in decisions that shape daily life (47,48). This reading is consistent with evidence that older Indonesians may remain central through practical contributions, yet their influence becomes conditional and mediated when contribution declines or when decision channels are controlled by dominant family actors (46,47).

These experiences should also be situated within Indonesia’s policy environment on ageing, which includes formal commitments to older persons’ welfare and social protection through national legal and strategic frameworks, but which do not automatically translate into everyday inclusion within households and routine community practices (48,49). Wawomeo and colleagues found that higher perceived vulnerability and robust family support predict active participation in Posyandu Lansia, suggesting that engaged families can transform symbolic respect into genuine inclusion (50). To translate reverence into influence, communities can operationalize inclusion by strengthening older

adults' participation in routine family and neighborhood deliberation, and by leveraging existing community-based platforms such as Posyandu Lansia and primary-care outreach programmes to sustain older adults' visibility, agency, and support beyond ceremonial occasions (51,52).

Aging in Silence: Internalized Ageism and Emotional Toll

Faced with marginalization, many elders adopt silent coping strategies such as patience and emotional withdrawal, reflecting internalized ageism (53,54). Stereotype Embodiment Theory shows how lifelong absorption of negative age stereotypes undermines self-worth and correlates with depression and reduced resilience (55). Interventions based on CBT techniques and peer support forums demonstrate efficacy in reducing self-ageist beliefs and improving mental health by fostering counter-stereotypes and enhancing self-differentiation (54,56). Educating elders about ageism's psychological pathways further empowers them to challenge self-directed stereotypes (57). Moreover, a recent exploratory factor analysis of spirituality integration tools revealed that Malaysian healthcare professionals conceptualize spirituality across dimensions of belief, faith, emotion, and practice, providing insights that Indonesian community programs could adopt to strengthen elders' internal coping resources and counteract the toll of silence (58).

Intersecting Inequalities

Ageism rarely acts alone; it intersects gender, class, race, and finance to amplify marginalization (59,60). Feminist gerontology studies indicate that older women in rural or low-income environments endure significant unpaid caregiving responsibilities, which restrict access to services and adversely affect their well-being (61). In Fiji, mixed-methods data document how gendered health disparities and economic inequality constrain women's community participation (62). Racialized ageism in Brazil shows compounded biases against older Black women, resulting in social exclusion and diminished self-esteem (63). Intersectionality theory points out that there are policies that integrate gender-sensitive pensions, economic empowerment initiatives, and inclusive community design to address these overlapping inequities.

Dignity in Aspiration

Even when faced with systemic obstacles, older adults identify ways to take charge of their lives by staying involved in their communities, maintaining daily routines, and drawing on their faith. In South Korea, programs that bring together volunteers of different ages have helped participants bounce back from setbacks and feel that growing older can be a fulfilling journey (64,65). Long-term studies show that staying physically active and following a schedule of daily tasks can ease feelings of sadness and tension, leading to a better overall mood (66,67). Group exercise classes help participants gain confidence in managing their health and improve quality of life (68). Many agree that prayer, meditation, and other spiritual practices bring a sense of peace and hope, even during major challenges like the COVID-19 pandemic (69,70). These straightforward approaches make use of local community centers and places of worship, reinforcing older people's sense of purpose and worth.

Hopes for Dignified Aging

Older adults spoke of three basic needs that remain unmet in many places: stable income, dependable healthcare, and legal protection against age bias. Evidence from low- and middle-income countries shows that non-contributory pension programs help families afford food, increase visits to health clinics, and improve emotional well-being, even though getting payments to remote areas can be difficult (71,72). Bringing geriatrics training into primary care and adopting a medical-home approach, where a single clinic coordinates all an elder's health needs, has been shown to reduce emergency visits and hospital stays (71). International human rights guidelines call for laws that protect older people's independence and the right to participate fully in society, but many nations still struggle to enforce these protections (73). Fulfilling elders' hopes will require universal pension coverage, stronger primary care staffed by geriatric specialists, and clear anti-discrimination legislation that guarantees older adults can live with true dignity.

CONCLUSION

Our findings show that ageism operates across cultural scripts, institutional routines/policies, and everyday beliefs, even where elders are symbolically respected. Older adults also demonstrated agency through quiet resistance and by articulating clear hopes for dignity and voice. These results imply that responses should be ecological and intersectional, because exclusion is produced across overlapping social and institutional layers. Based on what participants emphasized, we recommend institutionalizing meaningful elder participation in decision-making and embedding dignity-centered, culturally responsive services, including spiritual care where relevant. Building beyond our data and informed by international scholarship, we further suggest gender-sensitive social protections, scaled intergenerational programs, and enforceable anti-ageism laws, with local co-design and evaluation to ensure fit. Together, these steps can reduce the gap between symbolic gestures and genuine inclusion and better safeguard older people's dignity.

This research was carried out in a specific area of Bengkulu, which may limit how broadly the findings apply. To strengthen and extend our conclusions, future studies should test the four-theme framework in other regions and cultures, use quantitative surveys to measure how widespread these experiences are, and run intervention trials to identify the most effective ways to support elders' participation and well-being. By illuminating both the challenges and the resilience of older Indonesians, we aim to guide policies that truly value older adults' contributions and promote their respect and care worldwide.

AUTHOR CONTRIBUTION STATEMENT

NY, TA, and EPEK conceived and designed the study. NY and EPEK participated in data collection. MM and DDSAD participated in analysis of the data. NY and MM participated in drafting the manuscript. BW and TA critically revised the manuscript. All authors read and approved of the final manuscript.

CONFLICT OF INTEREST

No conflict of interest needs to be declared

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors confirm that there was no use of artificial intelligence for assisting in the writing of the manuscript.

SOURCE OF FUNDING STATEMENTS

This research did not receive any specific grant from funding agencies in the public, commercial, or not for profit sectors.

ACKNOWLEDGMENTS

The authors wish to acknowledge the nursing staff at Telaga Dewa, Jembatan Kecil and Sawah Lebar Community Health Centers for their support during recruitment of the participants.

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