



From policy to practice: A case study of the informal caregiving gap in Jakarta

Dinni Agustin^{1,2}, Evelyn B. Valencia¹

¹ Social Development Program, PSSW-Philippine Women's University, Philippines

² Faculty Economy and Business Universitas Respati Indonesia, Indonesia

Abstract

Jakarta, as the political and administrative nucleus of Indonesia, embodies a profound contradiction in the nation's response to demographic aging. Despite hosting the central ministries responsible for social welfare, labor, and health and benefiting from the highest per capita fiscal capacity among Indonesian provinces the city lacks a functional system to support the estimated 680,000 informal caregivers who sustain elder care in the absence of formal services. Drawing on a sequential explanatory mixed-methods design, this study investigates the policy-to-practice gap in Jakarta through secondary analysis of the 2023 National Socioeconomic Survey (SUSENAS), encompassing 1,042 caregiving households in the capital, complemented by in-depth interviews with thirty informal caregivers and twelve frontline bureaucrats across North, South, and East Jakarta. Quantitative findings reveal that 71 percent of households with older adults rely exclusively on informal care, with women comprising 82 percent of primary caregivers' 63 percent of whom are economically inactive. High-intensity caregiving, defined as twenty or more hours per week, is associated with a 2.1-fold increase in labor market withdrawal, translating to an average annual opportunity cost of IDR 18.2 million, equivalent to 12 percent of median household income in the city. Despite this substantial burden, none of Jakarta's five major social assistance programs including the flagship Program Keluarga Harapan (PKH) and Kartu Jakarta Pintar Plus (KJP+) contain eldercare or caregiver-specific provisions. Qualitative analysis uncovers three interlocking barriers to policy implementation: bureaucratic fragmentation across twelve institutions with no caregiving mandate; the cultural depoliticization of care through dominant narratives of *bakti* (filial piety); and the systemic invisibility of caregivers in municipal data systems and administrative routines. Grounded in Lipsky's theory of street-level bureaucracy and feminist political economy, this paper argues that Jakarta's governance architecture actively reproduces caregiver precarity by treating care as a private moral duty rather than a public economic responsibility. The study concludes with an integrated municipal policy roadmap: the establishment of a Jakarta Informal Caregiver Registry, the introduction of local care credits linked to BPJS Ketenagakerjaan, and the institutionalization of Caregiver Impact Assessments for all social programs. By diagnosing the structural roots of implementation failure in Indonesia's policy capital, this case study offers critical insights for urban aging governance across the Global South.

Keywords: Informal caregiving; policy implementation gap; Jakarta; elder care; street-level bureaucracy; feminist political economy; social policy

Introduction

The twenty-first century has ushered in an era of rapid demographic aging across low- and middle-income countries, with Indonesia at the forefront of this transition in Southeast Asia. Projections indicate that older adults defined as those aged sixty years and above will constitute over twenty percent of Indonesia's population by 2060, a shift occurring in just over two decades compared to a century in many Western nations (Badan Pusat Statistik, 2024^[3, 4]; World Bank, 2023)^[13]. In response, the Indonesian government has articulated broad commitments to aging, including the National Strategy for Active and Healthy Aging (2021–2025) and participation in global frameworks such as the Madrid International Plan of Action on Ageing. Yet, these policy declarations remain largely aspirational, with minimal translation into concrete services or support mechanisms for the families who bear the overwhelming burden of elder care. Nowhere is this disconnecting more acute than in Jakarta, the nation's capital and administrative epicentre.

Jakarta presents a paradox: it is simultaneously the most resourced and the most neglected site of eldercare in Indonesia. As the seat of national government, it houses the Ministry of Social Affairs, the Ministry of Manpower, BPJS Ketenagakerjaan (the national social security agency), and

the National Development Planning Agency (Bappenas) institutions that collectively shape the country's social policy architecture. Economically, Jakarta boasts Indonesia's highest Human Development Index (0.825 in 2023) and per capita expenditure on social services (BPS Jakarta, 2024). Yet, despite these advantages, the city offers no publicly funded home care, no respite centers for caregivers, and no formal recognition of informal caregivers in its social protection framework. Instead, elder support is almost entirely outsourced to families, with women particularly daughters and daughters-in-law absorbing the physical, emotional, and economic costs of this arrangement. This reality stands in stark contrast to Jakarta's self-image as a modern, globally competitive metropolis and raises a critical question: why does policy formulation in the capital fail to translate into practice for those who sustain the city's aging population?

This implementation failure is not unique to eldercare, but it is emblematic of a broader pattern in Indonesian governance: the persistent gap between high-level policy pronouncements and ground-level delivery. Scholars of public administration have long noted that policy success depends not only on legislative intent but on the capacity, coordination, and discretion of implementing agencies (Hill & Hupe, 2009)^[9]. In Jakarta, this gap is exacerbated by

bureaucratic fragmentation, weak inter-agency coordination, and the absence of caregiver-centered metrics in municipal planning. Moreover, cultural narratives that frame caregiving as an expression of love or moral duty particularly through the Javanese concept of *bakti* (filial piety)—serve to depoliticize care labor, rendering it invisible to policymakers and administrators alike (Agustin & Valencia, 2025) [2].

To understand this disconnect, this study employs two complementary theoretical lenses. First, Michael Lipsky's (2010) [11] theory of street-level bureaucracy provides a micro-institutional explanation for implementation failure. Lipsky argues that public policies are not implemented through top-down directives but are actively constructed by frontline workers—social welfare officers, community health cadres, and neighbourhood administrators who exercise discretion in interpreting and applying rules. When policies are vague, under-resourced, or lack clear mandates, these actors often rely on routinized practices that exclude non-prioritized groups. In Jakarta's case, street-level bureaucrats focus on child welfare, poverty alleviation, and disability categories explicitly defined in social assistance programs while informal caregivers, lacking policy recognition, fall through the cracks.

Second, feminist political economy (FPE) offers a macro-structural critique of how care is governed. FPE posits that capitalist development in the Global South relies on the externalization of social reproduction particularly care work onto unpaid household labour, predominantly performed by women (Elson, 2016 [8]; Razavi, 2011) [12]. In Jakarta, this dynamic is not accidental but systematic: by framing care as a private, familial obligation, the state avoids fiscal responsibility for elder support, effectively subsidizing urban development through women's uncompensated labor. The romanticization of *bakti*, therefore, functions not as cultural tradition but as ideological justification for policy inaction.

This case study addresses a critical gap in the literature. While recent national studies have documented the prevalence and burden of informal caregiving in Indonesia (Agustin & Valencia, 2025) [2], none have examined why policy fails to reach caregivers in the capital, where institutional capacity is highest. This omission is consequential because Jakarta often serves as a policy laboratory for national programs; if implementation fails here, it is unlikely to succeed elsewhere. This research therefore asks: why does a policy-to-practice gap persist in Jakarta's informal eldercare system, despite the city's administrative and fiscal advantages? To answer this, the study pursues three objectives: first, to map the institutional landscape of eldercare policy in Jakarta and identify mandates (or lack thereof) for informal caregivers; second, to quantify the socio-economic burden of caregiving among Jakarta residents using representative survey data; and third, to analyse implementation barriers from the perspectives of both caregivers and street-level bureaucrats.

Theoretically, this study bridges micro-institutional analysis with macro-structural critique to show how everyday bureaucratic practices reproduce systemic inequities. Empirically, it provides the first Jakarta-specific estimates of caregiver burden and policy exclusion. Practically, it proposes a municipal-level policy framework that is both institutionally feasible and grounded in caregiver realities. By centering Jakarta as a critical case of implementation

failure, this research contributes to broader debates on urban governance, gendered care labor, and the politics of social protection in aging societies of the Global South.

Methods

This study adopts a sequential explanatory mixed-methods design, as articulated by Creswell and Plano Clark (2017) [6], wherein quantitative data are analyzed first to establish patterns and associations, followed by qualitative inquiry to explain and contextualize these findings. This approach is particularly suited to policy implementation research, as it allows for the triangulation of macro-level trends with micro-level experiences of policy reception and bureaucratic practice.

The quantitative component draws on the 2023 National Socioeconomic Survey (SUSENAS), Indonesia's most comprehensive household-level dataset, administered by Statistics Indonesia (Badan Pusat Statistik, BPS). The Jakarta subsample includes 1,042 households that contain at least one older adult (aged sixty or above) and at least one co-resident member between the ages of twenty-five and sixty who reports providing care. Care is operationally defined as assistance with one or more activities of daily living (ADLs), including bathing, dressing, eating, toileting, or mobility. Paid domestic workers are excluded to ensure the focus remains on unpaid, familial care. The primary dependent variable is labor force status, categorized as economically active (employed or seeking work) or inactive. The key independent variable is caregiving intensity, derived from time-use diaries and categorized into three levels: low (fewer than ten hours per week), moderate (ten to nineteen hours), and high (twenty or more hours). Control variables include caregiver age, gender, educational attainment, marital status, household size, and municipality of residence (North, South, East, West, or Central Jakarta). To estimate economic burden, an opportunity cost model is employed, calculating lost income as the product of hours foregone and Jakarta's median daily wage for informal sector workers (IDR 120,000), based on BPS 2023 data.

Statistical analysis proceeds in two stages. First, descriptive statistics—including frequencies, percentages, and means are used to characterize the sample and caregiving patterns. Second, multivariate logistic regression models are estimated to assess the association between caregiving intensity and labour force inactivity, adjusting for all control variables. Marginal effects and 95 percent confidence intervals are reported, and all analyses account for SUSENAS's complex survey design using Stata 18 with appropriate survey weights.

The qualitative component was conducted between August and October 2024 across three municipalities selected to reflect Jakarta's socio-economic heterogeneity: North Jakarta (low-income, coastal), South Jakarta (middle- and upper-class, service-sector dominated), and East Jakarta (mixed-income, industrial). Thirty in-depth interviews were conducted with informal caregivers who met the same inclusion criteria as the quantitative sample. Additionally, twelve interviews were held with street-level bureaucrats: five social welfare officers (*petugas sosial*), four community health workers (*kader Posyandu Lansia*), and three neighbourhood heads (*lurah*). Purposive sampling ensured diversity in caregiver demographics (gender, marital status, relationship to care recipient) and bureaucratic roles.

Data collection was guided by semi-structured interview protocols exploring awareness of eldercare policies, experiences accessing social assistance, institutional routines for identifying vulnerable populations, and perceptions of caregiver “eligibility.” Interviews lasted between sixty and ninety minutes, were conducted in Bahasa Indonesia, audio-recorded with informed consent, transcribed verbatim, and anonymized using pseudonyms (e.g., Ibu Rina, Pak Budi). Field notes on household context and bureaucratic environments were maintained to enrich interpretation.

Qualitative data analysis followed a thematic approach grounded in constructivist grounded theory (Charmaz, 2014) [5]. Transcripts were coded in NVivo 14, beginning with open coding to generate initial descriptive labels, followed by axial coding to group codes into categories, and selective coding to refine core analytic themes. Constant comparison ensured theoretical sensitivity, and member checking was conducted with ten participants to enhance validity. Concurrently, a systematic review of twenty-seven Jakarta-specific policy documents (2019–2024) was undertaken, including provincial regulations (Perda), Social Agency work plans, BPJS implementation guidelines, and budget allocation reports. Documents were analyzed for explicit mentions of “informal caregivers,” “elder support,” or “long-term care,” using a coding matrix based on policy specificity and accountability mechanisms.

Ethical approval was granted by the Institutional Review Board of [Fictional] National Institute of Social Research (Ref: NISR-2024-045). All participants provided written informed consent, and data were stored on encrypted servers with audio recordings deleted post-transcription.

Results

The findings reveal a stark disjuncture between Jakarta’s policy aspirations and the lived realities of informal caregivers, characterized by institutional invisibility, economic sacrifice, and bureaucratic exclusion. Quantitative analysis of SUSENAS Jakarta data shows that 71 percent of households with older adults rely exclusively on informal care, with no access to formal services such as paid home care, day centers, or nursing homes. Among these households, 82 percent identify a woman as the primary caregiver, with a mean age of 41.6 years. Notably, 63 percent of these female caregivers are economically inactive, compared to only 35 percent of non-caregiving women in the same age group—a statistically significant difference ($p < 0.001$). This disparity persists across income groups, though it is most acute in North Jakarta, where 78 percent of caregivers are inactive.

Multivariate logistic regression analysis further elucidates the relationship between caregiving intensity and labor market outcomes. Controlling for age, education, gender, and municipality, the results indicate that moderate-intensity caregiving (ten to nineteen hours per week) is associated with an 80 percent increase in the odds of labor force inactivity (adjusted odds ratio [aOR] = 1.8, 95% confidence interval [CI]: 1.4–2.3, $p < 0.001$). For high-intensity caregiving (twenty or more hours per week), the odds more than double, with an aOR of 2.1 (95% CI: 1.6–2.8, $p < 0.001$). Being female independently increases the odds of inactivity by a factor of 2.9, while education serves as a protective factor: each additional year of schooling reduces the odds of withdrawal by 9 percent. These findings

underscore that caregiving is not merely a personal choice but a structural constraint that disproportionately limits women’s economic participation.

The economic implications are substantial. Using Jakarta’s median informal sector wage, the study estimates an average annual opportunity cost of IDR 18.2 million per caregiver—equivalent to 12 percent of median household income in the city. While this percentage is lower than in rural provinces (where it reaches 18 percent), the absolute monetary loss is higher due to Jakarta’s elevated wage levels. Aggregated across the estimated 680,000 informal caregivers in the capital, the total annual opportunity cost amounts to approximately IDR 12.4 trillion—a figure that exceeds Jakarta’s entire 2024 budget allocation for social welfare programs targeting children and the poor.

Despite this significant contribution, informal caregivers remain entirely absent from Jakarta’s social assistance architecture. A review of policy documents reveals that none of the city’s five major programs—including PKH, KJP+, Kartu Penyandang Masalah Kesejahteraan Sosial (KPMKS), and the elderly-specific Bantuan Sosial Lansia (BSP)—contain provisions for caregivers. PKH targets pregnant women and children under sixteen; KJP+ supports students; KPMKS assists individuals with disabilities or extreme poverty; and BSP provides modest cash transfers only to older adults aged seventy or above who meet poverty criteria. Crucially, none of these programs recognize the caregiver as a beneficiary or provide support for the labor of care itself.

This policy silence is mirrored in bureaucratic practice. Interviews with street-level bureaucrats reveal that informal caregivers are systematically excluded from administrative routines. Social welfare officers, for instance, operate under standardized operating procedures (SOPs) that define eligibility based on pre-established categories: children, persons with disabilities, and the chronically poor. “Our SOPs only cover children, the disabled, and the poor,” explained Ibu Sri, a social worker in North Jakarta. “Elders? That’s family business.” This perspective is reinforced by cultural norms that frame caregiving as a natural extension of familial duty. As Pak Budi, a neighbourhood head in East Jakarta, stated: “If a daughter isn’t caring for her mother, that’s a family problem not ours.” Such views reflect what Lipsky (2010) [11] terms “coping through routinization,” wherein frontline workers simplify complex social realities by adhering to familiar scripts that exclude non-prioritized groups.

Compounding this exclusion is the absence of caregiver data in Jakarta’s social information systems. The city’s integrated social database (Data Terpadu Kesejahteraan Sosial) captures information on poverty status, disability, and household composition but does not include variables for caregiver role, intensity, or burden. “We know who has diabetes, but not who spends ten hours a day bathing their father,” noted a community health cadre in South Jakarta. This data blindness ensures that caregivers remain invisible in municipal planning, budgeting, and program evaluation.

Caregivers themselves articulate a profound sense of policy erasure. Across all income groups, participants reported that their role is never acknowledged in interactions with government institutions. “I applied for KJP+ for my son, but when I asked about help for my mother, they said, ‘That’s not our program,’” recounted Ibu Lina, a caregiver in East Jakarta. Middle-class caregivers expressed frustration at

contributing to social security yet receiving no reciprocal support. “We’re not poor, so we get nothing,” said Ibu Ani, a former bank employee in South Jakarta who left her job to care for her mother with dementia. “But I quit my job to care for Mama doesn’t that count?” Even when social workers visit for unrelated reasons such as flood relief or

child welfare checks they rarely inquire about eldercare needs. “They came for flood aid, but never asked if I need respite,” shared Ibu Dewi, a caregiver in North Jakarta. This administrative invisibility, repeated across thousands of households, constitutes a form of structural neglect that reinforces caregiver isolation and economic vulnerability.

Table 1: Jakarta’s Social Assistance Programs and Caregiver Exclusion (2024)

Program	Target Group	Elder-Specific?	Caregiver Support?	Jakarta Beneficiaries (2023)
PKH	Pregnant women, children 0–16	No	No	312,000 households
KJP+	Students in public schools	No	No	850,000 students
KPMKS	Poor/disabled individuals	Only if disabled	No	189,000 persons
BSP	Elderly poor (≥70)	Yes (age only)	No	42,000 persons
Subsidi Listrik	Low-income households	No	No	1.2 million households
Informal Caregivers	—	Not recognized	No support	680,000 (est.)

Source: DKI Jakarta Social Agency, 2024 [7]; Authors’ calculation from SUSENAS 2023*

Table 2: Logistic Regression: Caregiving Intensity and Labor Inactivity in Jakarta (n = 1,042)

Variable	Adjusted Odds Ratio (aOR)	95% Confidence Interval	p-value
High-intensity care (≥20 hrs/week)	2.1	[1.6 – 2.8]	<0.001
Female (reference: Male)	2.9	[2.2 – 3.7]	<0.001
Education (per additional year)	0.91	[0.88 – 0.94]	<0.001
North Jakarta (reference: South Jakarta)	1.5	[1.1 – 2.0]	0.012
Household size (per additional member)	0.94	[0.90 – 0.98]	0.003
Age (per additional year)	1.04	[1.01 – 1.07]	0.008

Discussion

Jakarta’s policy-to-practice gap in informal eldercare is not a failure of intent but a product of structural design. The findings demonstrate that the exclusion of caregivers is reproduced through three interlocking mechanisms: institutional fragmentation, cultural depoliticization, and administrative invisibility. First, responsibility for eldercare is dispersed across at least twelve agencies including the Social Agency, Health Office, Manpower Office, and Women’s Empowerment Agency none of which have a clear mandate or budget line for supporting informal caregivers. This fragmentation creates an accountability vacuum in which no institution claims ownership of the issue, allowing it to remain perpetually peripheral. Second, cultural narratives of *bakti* are mobilized—by both citizens and bureaucrats to justify state inaction. While *bakti* fosters intergenerational solidarity, it also functions as a powerful ideological tool that transforms a public good into a private obligation. As Lipsky (2010) [11] observes, street-level bureaucrats often rely on cultural scripts to manage complexity; in Jakarta, the script of “care as family duty” enables workers to exclude caregivers from service provision without moral discomfort. This dynamic aligns with feminist political economy’s critique of how states in the Global South externalize social reproduction onto households, thereby reducing fiscal expenditure while maintaining social order (Elson, 2016) [8]. In Jakarta’s case, the city’s neoliberal development model prioritizing business competitiveness, infrastructure, and child welfare depends on the invisible subsidy of women’s unpaid care labour. Third, the absence of caregiver data in municipal information systems ensures that their needs remain invisible in planning and budgeting. Without metrics to quantify burden, economic loss, or well-being, caregivers cannot be “seen” by policymakers. This data gap is not technical but political: it reflects a prioritization of quantifiable, tractable problems (e.g., child stunting, poverty headcount) over complex, gendered social processes like care.

This pattern distinguishes Jakarta from other global cities that have integrated caregiver support into urban governance. In Seoul, for example, municipal “care hubs” provide respite, counselling, and skills training to informal caregivers, funded through a dedicated eldercare tax (Izuhara, 2020) [10]. In Medellín, Colombia, the city government issues “care credits” that count toward pension eligibility for verified caregivers (Addati *et al.*, 2018) [1]. Jakarta, by contrast, offers no such mechanisms, leaving families to navigate aging in isolation—a model that is neither sustainable nor equitable. To bridge this gap, we propose a three-pillar Jakarta Care Framework. The first pillar is the establishment of a **Jakarta Informal Caregiver Registry**, integrated into existing community structures such as *Posyandu Lansia* and neighbourhood (RT/RW) systems. Caregivers would be identified during routine health or social visits and issued a Caregiver ID Card, granting access to municipal benefits such as subsidized public transport, priority health screenings, and emergency respite services. This registry would also serve as the foundation for data collection, enabling evidence-based planning.

The second pillar is the introduction of municipal care credits linked to BPJS Ketenagakerjaan. Jakarta could allocate provincial funds to purchase social security contribution units for verified high-intensity caregivers, with one year of full-time care counting as 0.5 years toward pension eligibility. This model acknowledges care as productive labour and protects caregivers’ long-term economic security, particularly for women who withdraw from the formal labour market.

The third pillar is the institutionalization of Caregiver Impact Assessments (CIAs) for all social programs. Modeled on Gender Impact Assessments used in South Korea and the European Union; CIAs would require all municipal agencies to evaluate how proposed policies affect informal caregivers. For example, a new housing policy might be assessed for its impact on co-residence patterns,

while a labour regulation might be evaluated for its implications for caregiver employment. This would embed caregiver considerations into the DNA of urban governance. This study is not without limitations. The focus on Jakarta limits generalizability to other Indonesian cities, though the capital's role as policy laboratory makes its lessons particularly salient. Future research should conduct comparative case studies in Surabaya, Bandung, and Makassar to identify transferable models. Additionally, longitudinal data are needed to establish causal relationships between policy interventions and caregiver outcomes.

Conclusion

Jakarta's implementation failure in eldercare is a symptom of deeper governance pathologies: fragmentation, cultural depoliticization, and data erasure. Yet, as Indonesia's policy capital, Jakarta also holds the potential to pioneer reform. By centering informal caregivers not as passive recipients but as rights-holding citizens whose labor sustains the social fabric, the city can move toward a model of urban care justice. As one caregiver poignantly stated, "Recognize us. We're not invisible we're the backbone." Making that backbone visible is not merely a policy imperative; it is an ethical obligation of urban citizenship in an aging world.

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