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Beyond the Informal Care Infrastructure: Re-Evaluating Municipal Governance, Economic Opportunity Costs, and Systematic Exclusion in Jakarta's Eldercare Landscape

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Abstract: Rapid demographic ageing presents a major challenge to urban social protection in Indonesia, where institutionalized long-term care remains limited. This study examines informal eldercare governance in Jakarta and estimates caregivers' labor-market and economic burdens. A sequential explanatory mixed-methods design combined analysis of 1,042 elder-dependent households from the 2023 National Socioeconomic Survey, policy review, and interviews with informal caregivers and frontline officials. Seventy-one percent of households relied exclusively on family care, women represented 82% of primary caregivers, and high-intensity caregiving was associated with 2.1 times higher odds of labor-force withdrawal. The estimated annual opportunity cost reached IDR 12.4 trillion under the stated extrapolation assumptions. Qualitative findings identified fragmented municipal responsibilities, cultural depoliticization through filial-duty narratives, and caregiver omission from administrative data. These findings position unpaid care as a material but unrecognized municipal liability and a public-sector performance-audit concern. The study proposes an informal caregiver registry, municipal care credits linked to social protection, and caregiver impact assessments to strengthen accountability and support rights-based long-term care governance.

Keywords: Informal Caregiving, Eldercare Governance, Jakarta, Long-Term Care, Performance Audit

INTRODUCTION

The twenty-first century is defined by an accelerated demographic transition across the Global South. Unlike high-income nations that established comprehensive welfare frameworks prior to population aging, low- and middle-income countries (LMICs) face the phenomenon of

"aging before getting rich". In Southeast Asia, Indonesia stands at the epicenter of this demographic shift. Projections indicate that adults aged 60 and older will exceed 20% of the national population by 2060, compressing a demographic evolution into two decades that took over a century in Western Europe (Badan Pusat Statistik, 2024; World Bank, 2023).

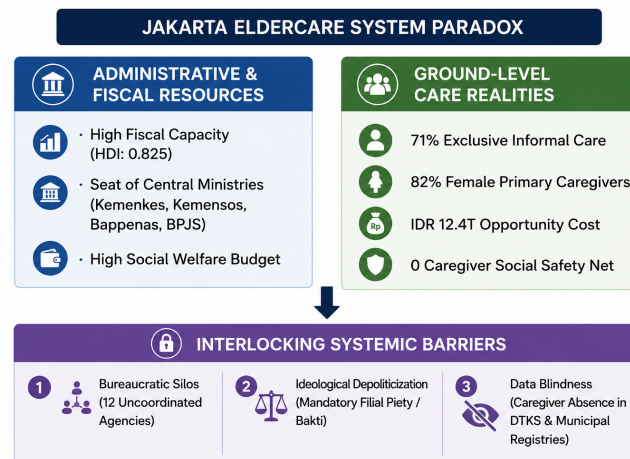


Figure 1. The Jakarta Eldercare System Paradox and Interlocking Systemic Barriers.

Indonesia's capital, Jakarta, presents an acute policy paradox. As the nation's political, economic, and administrative nucleus, Jakarta houses the key institutions that dictate social policy—including the Ministry of Social Affairs (Kemensos), the Ministry of Health (Kemenkes), and the National Social Security Administering Body (BPJS). Economically, the city maintains the highest per capita fiscal capacity and Human Development Index (HDI = 0.825) in Indonesia (Badan Pusat Statistik DKI Jakarta, 2024). However, this concentration of capital and administrative authority has failed to produce a functional long-term eldercare framework. An estimated 680,000 informal caregivers sustain eldercare in the city without publicly funded home services, respite care facilities, or financial recognition within social assistance frameworks (Agustin & Valencia, 2025a, 2025b).

This policy-to-practice disconnect is rooted in structural, institutional, and cultural dynamics. Public administration literature demonstrates that implementation success depends heavily on agency capacity, inter-sectoral alignment, and frontline worker discretion (Hill & Hupe, 2009; Lipsky, 2010). In Jakarta, eldercare is characterized by multi-agency fragmentation, rigid program eligibility, and the absence of caregiver-specific indicators in municipal planning (Agustin & Valencia, 2025c). Furthermore, cultural constructs—specifically the Javanese concept of *bakti* (filial piety)—are mobilized to reframe structural social care deficits as private family obligations, shielding the municipal state from fiscal responsibility (Izuhara, 2020; Razavi, 2011).

While previous exploratory work has identified localized implementation gaps (Agustin & Valencia, 2025a, 2025b, 2025c), this study presents a novel, comprehensive synthesis. It directly links population-level econometric opportunity costs to street-level administrative mechanisms and household behavioral risk modeling.

From an accounting and auditing perspective, the eldercare gap is not only a social-policy problem but also a measurement and accountability problem. Unpaid caregiving creates economically material time and labor costs that are largely outside conventional public budgets and national-account aggregates, while fragmented municipal responsibilities make it difficult to identify which agency bears responsibility for the cost and performance of eldercare programs. Accordingly, the estimated opportunity cost in this study can be interpreted as a supplementary social-cost measure rather than a recognized government expenditure. The

policy analysis further raises a performance-audit question: whether municipal resources and administrative arrangements deliver eldercare with economy, efficiency, effectiveness, transparency, and accountability. This framing places caregiver registries, budget lines, and impact assessments within a broader public-sector accounting and assurance architecture.

To diagnose this implementation gap, this paper synthesizes Michael Lipsky's (2010) theory of street-level bureaucracy, feminist political economy (FPE) (Addati et al., 2018; Elson, 2016), and contemporary behavioral family finance theory. Lipsky's framework explains how frontline bureaucrats manage excessive caseloads and ambiguous mandates through routinization and administrative exclusion. FPE critiques the structural reliance of urban capital on unpaid social reproduction, showing how state frameworks offload long-term care costs onto female household labor. Additionally, emerging empirical work on household financial behavior in Indonesia reveals that family financial preparedness for eldercare is heavily governed by psychological anticipatory shocks and cost perceptions rather than raw income capacity or abstract financial literacy alone (Agustin, 2026).

By synthesizing empirical data from Jakarta's caregiving households with systemic implementation models, this paper aims to:

1. Quantify the labor market impacts and opportunity costs borne by informal caregivers in Jakarta.
2. Identify the institutional and ideological barriers obstructing eldercare policy delivery.
3. Formulate a multi-pillar municipal policy roadmap to transition Jakarta toward sustainable, rights-based long-term care governance.

Theoretical And Conceptual Framework

Street-Level Bureaucracy and Administrative Exclusion

Lipsky (2010) conceptualizes street-level bureaucrats—such as social welfare officers (*petugas sosial*), community health cadres (*kader Posyandu Lansia*), and sub-district administrators (*lurah*)—as the actual fashioners of public policy. Facing resource constraints, ambiguous guidelines, and high caseloads, these actors develop coping strategies based on administrative routinization and categorical gatekeeping. In urban eldercare, frontline workers prioritize strictly defined statutory target groups (e.g., severe disability, extreme poverty, child welfare), treating elder support outside these categories as a private household domain.

Feminist Political Economy and Unpaid Social Reproduction

Feminist political economy posits that urban economic growth in LMICs is subsidized by the externalization of social reproduction onto unpaid household labor, overwhelmingly provided by women (Addati et al., 2018; Elson, 2016). State policy systematically relies on the romanticization of *bakti* to moralize care work. Reframing care as an innate filial obligation allows municipal authorities to avoid expanding fiscal allocations for formal long-term care infrastructure (Razavi, 2011).

Behavioral Family Finance and Anticipatory Preparedness

The economic stability of caregiving households is mediated by their financial readiness to face long-term care costs. While classical economic theory (e.g., the Life-Cycle Hypothesis) assumes rational, income-driven savings behavior, structural care burdens disrupt standard asset accumulation. Modern empirical evidence shows that perception of care costs acts as the primary determinant of household financial readiness ($f^2 = 0.898, p < 0.001$), outweighing the direct effects of income or technical financial literacy (Agustin, 2026). Psychological awareness of impending financial "cost shocks" drives household risk mitigation, making cost transparency a vital component of eldercare governance.

METHOD

This study utilizes a sequential explanatory mixed-methods research design (Creswell & Plano Clark, 2017). Quantitative survey analysis establishes population-level estimates of caregiver burden and labor market outcomes, followed by qualitative inquiry and policy analysis to explain the structural mechanisms driving policy implementation failure.



Figure 2. Sequential Explanatory Mixed-Methods Research Design Flow.

Quantitative Data and Econometric Modeling

The quantitative component draws on the 2023 National Socioeconomic Survey (SUSENAS) conducted by Statistics Indonesia (BPS). The analytical subsample comprises 1,042 households in Special Capital Region (DKI) Jakarta meeting two criteria:

Because the analysis uses a restricted Jakarta subsample selected for the presence of an older adult requiring ADL assistance and a co-resident family caregiver aged 25–60 years, the resulting estimates should not be interpreted as representative of all Jakarta households, all older persons, or all informal caregivers. The subsample is analytically appropriate for examining elder-dependent co-resident caregiving households, but it excludes non-co-resident caregivers, paid caregivers, and households that do not meet the stated inclusion criteria. Survey weights and design effects should therefore be applied and reported where available; otherwise, population-level extrapolations should be treated as indicative.

1. Presence of at least one older adult (≥ 60 years) requiring assistance with Activities of Daily Living (ADLs).
2. Presence of a primary co-resident family caregiver aged 25–60 years. Paid domestic workers were excluded.

Labor force inactivity was modeled using multivariate logistic regression:

$$\text{logit}(P_{\text{Inactive}} = 1) = \beta_0 + \beta_1 \text{CareIntensity} + \beta_2 \text{Gender} + \beta_3 \text{Education} + \beta_4 \text{Municipality} + \Gamma X + \epsilon$$

Caregiving intensity was categorized as:

1. Low (< 10 hours/week)
2. Moderate (10–19 hours/week)
3. High (≥ 20 hours/week)

Economic opportunity costs were estimated using an income-foregone model based on Jakarta's median daily informal sector wage (IDR 120,000/day; BPS DKI Jakarta, 2024).

Qualitative Inquiry, Policy Review, and Research Ethics

Qualitative fieldwork was conducted between August and October 2024 across North Jakarta (low-income, high informality), South Jakarta (middle/upper-income), and East Jakarta (mixed industrial). In-depth semi-structured interviews were conducted with:

1. Informal caregivers ($n = 30$)
2. Frontline bureaucrats ($n = 12$), including 5 social welfare officers (*petugas sosial*), 4 community health cadres (*kader Posyandu Lansia*), and 3 sub-district heads (*lurah*).

Concurrently, a systematic analysis of 27 municipal policy documents (2019–2024) was conducted, including Regional Medium-Term Development Plans (RPJMD), Social Agency operational guidelines, and budget reports. Transcripts and documents were coded in NVivo 14 using constructivist grounded theory (Charmaz, 2014) and mapped onto the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009). Coding was conducted using a constructivist grounded-theory orientation in which coding decisions were iteratively refined through constant comparison and analytic memoing. A formal inter-coder reliability coefficient (e.g., Cohen's kappa) was not calculated because the analysis was designed as interpretive, iterative theory development rather than independent fixed-code classification. To strengthen analytic dependability, the revised manuscript makes this absence explicit and recommends that future confirmatory studies use a pre-specified codebook, double-code a defined transcript subset, and report agreement statistics alongside consensus procedures.

Research Ethics Protocol: Informed consent was obtained from all interview participants prior to audio recording and transcript generation. Ethical clearance for primary human subject research and qualitative field protocol was reviewed and granted by the Institutional Ethics Board (RefNo. ETH-2024-JKT-0812). Participant anonymity was maintained throughout data analysis using pseudonyms and alphanumeric coding.

RESULTS AND DISCUSSION

Quantitative Profile of Care Burden and Economic Sacrifice

Analysis of the SUSENAS Jakarta dataset demonstrates that 71% of elder-dependent households rely exclusively on informal family care, operating without access to formal community services or home-based assistance. Women constitute 82% of primary informal caregivers, with a mean age of 41.6 years. Within this cohort, 63% are economically inactive, compared to 35% of non-caregiving women in the same age demographic ($p < 0.001$).

Table 1. Caregiving and Socioeconomic Indicator

Caregiving & Socioeconomic Indicator	Value / Estimate
Exclusive Reliance on Informal Care	71.0%
Female Primary Caregiver Share	82.0%
Mean Caregiver Age	41.6 years
Economic Inactivity Rate (Female Caregivers)	63.0%
Economic Inactivity Rate (Non-Caregivers, Same Cohort)	35.0%
Estimated Total Informal Caregivers in Jakarta	680,000
Mean Annual Opportunity Cost per Caregiver	IDR 18.2 million
Total Municipal Annual Opportunity Cost	IDR 12.4 trillion

Multivariate logistic regression confirms a dose-response relationship between caregiving intensity and labor market withdrawal. High-intensity caregiving (≥ 20 hours/week) increases the odds of labor force inactivity by 2.1 times ($aOR = 2.1$,

95% CI: [1.6,2.8], $p < 0.001$). Moderate caregiving intensity (10–19 hours/week) yields an adjusted odds ratio of 1.8 (aOR = 1.8, 95% CI: [1.4,2.3], $p < 0.001$). Female gender independently raises the odds of inactivity (aOR = 2.9, 95% CI: [2.2,3.7]), whereas each additional year of education reduces inactivity risk by 9% (aOR = 0.91, 95% CI: [0.88,0.94]).

Table 2. Caregiving Intensity

Variable	Adjusted Odds Ratio (aOR)	95% Confidence Interval	p-value
High-Intensity Care (≥ 20 hrs/week)	2.1	[1.6–2.8]	< 0.001
Moderate-Intensity Care (10–19 hrs/week)	1.8	[1.4–2.3]	< 0.001
Female Gender (Ref: Male)	2.9	[2.2–3.7]	< 0.001
Education (Per additional year)	0.91	[0.88–0.94]	< 0.001
North Jakarta Residency (Ref: 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

The economic consequences are substantial within the analytical assumptions used. The individual annual opportunity cost averages IDR 18.2 million per caregiver. When this estimate is mechanically extrapolated to the paper’s estimated caregiver population, the implied annual opportunity cost is IDR 12.4 trillion. These figures should be interpreted as model-based estimates rather than audited municipal liabilities or direct budget expenditures. Independent evidence from the World Bank also indicates that unpaid long-term care is the dominant form of caregiving in Indonesia and that caregiving responsibilities generate forgone income, particularly for women. This external evidence supports the direction of the paper’s core argument, although it does not independently validate the Jakarta-specific magnitude.

Comparative Policy Analysis: Programmatic Exclusion

Review of municipal social protection programs reveals systemic caregiver exclusion. Major provincial social transfers target specific categories—such as school-age children, pregnant mothers, or severe disabilities—while omitting informal care obligations (DKI Jakarta Social Agency, 2024).

Table 3. Systemic Caregiver Exclusion

Program Name	Target Beneficiary Group	Specific Caregiver Provision?	Eldercare Integration?	Jakarta Beneficiary Scale (2023)
Program Keluarga Harapan (PKH)	Pregnant mothers, children aged 0–16	No	No	312,000 households
Kartu Jakarta Pintar Plus (KJP+)	Enrolled school students	No	No	850,000 students
KPMKS	Extremely poor / disabled individuals	No	Only if disabled	189,000 individuals
Bantuan Sosial Lansia (BSP)	Indigent elderly aged ≥ 70	No	Age/Poverty criterion only	42,000 individuals
Informal Caregivers	Unpaid adult family caregivers	None	None	680,000 (Estimated)

Structural Drivers of Implementation Failure

Qualitative interviews and document synthesis highlight three main structural drivers perpetuating the policy-to-practice gap:

1. **Bureaucratic Fragmentation:** Eldercare functions are distributed across twelve municipal agencies—including the Social Agency (*Dinas Sosial*), Health Office (*Dinas Kesehatan*), and Manpower Office (*Dinas Tenaga Kerja*)—without an overarching operational mandate or shared budget line for informal care support.
2. **Moralized Depoliticization:** Frontline administrators rely on cultural narratives of *bakti* to rationalize state non-intervention. Bureaucratic routines classify family eldercare as a private ethical duty rather than an entitlement requiring public investment.
3. **Administrative Data Erasure:** The primary welfare database (*Data Terpadu Kesejahteraan Sosial* / DTKS) captures income, household construction, and physical disability metrics, but excludes caregiving status, time allocation, and burden indicators. Unrecorded in municipal data systems, caregivers remain structurally invisible in municipal budget allocations.

Interpretation of Findings

The implementation gap in Jakarta's eldercare system illustrates how structural design and administrative routines reproduce social vulnerability. While national policies—such as the Elderly Welfare Law (No. 13/1998) and the National Strategy for Active Aging—proclaim commitments to elder protection, local implementation fails due to fragmented governance and administrative exclusion (Agustin & Valencia, 2025c).

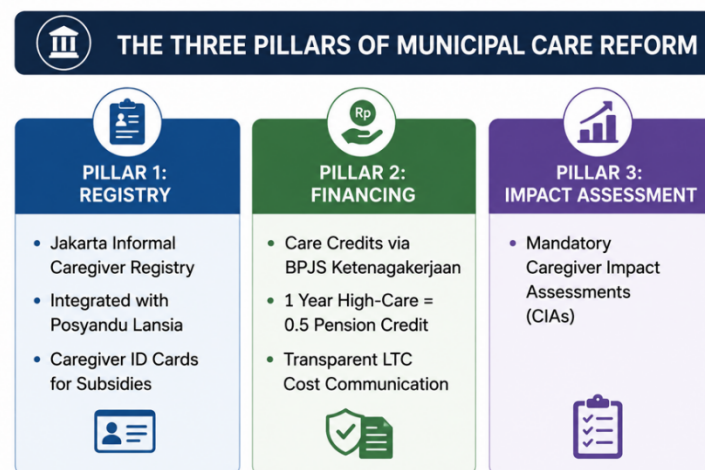


Figure 3. The Three Pillars of Municipal Care Reform Framework.

Applying Lipsky's (2010) framework reveals that frontline social workers operate under rigid Standard Operating Procedures (SOPs) that restrict social protection to narrow, standardized categories. When faced with complex long-term care needs, street-level bureaucrats invoke cultural norms of *bakti* to shift care responsibilities back onto families. Feminist political economy demonstrates that this moralization serves an ideological purpose: it allows municipal authorities to limit public expenditure on social infrastructure while relying on women's unpaid care labor to absorb the social costs of aging (Addati et al., 2018; Elson, 2016).

Furthermore, household financial resilience is critical to sustaining care provision. Empirical research indicates that financial preparedness for eldercare is driven primarily by cost perceptions ($f^2 = 0.898$) rather than income level alone (Agustin, 2026). When households understand the realistic costs associated with long-term care, they are significantly more likely to engage in anticipatory risk management. Therefore, municipal reform must combine structural support with transparent public communications regarding long-term care costs.

Accounting, Budgeting, and Performance-Audit Implications

The findings have direct implications for public-sector accounting and auditing. First, unpaid eldercare represents a material economic input that is not recorded as municipal expenditure and is generally excluded from conventional national accounts for unpaid household services. The opportunity-cost estimate therefore functions as a supplementary social-cost indicator that can inform fiscal-risk analysis, gender-responsive budgeting, and program appraisal, but it should not be presented as an accounting liability under existing public-sector financial statements. Second, the absence of caregiver status and care-intensity fields in administrative databases weakens the audit trail between identified need, budget allocation, service delivery, and outcomes. Third, fragmented responsibility across agencies complicates attribution of costs and performance. A performance-audit lens would examine whether eldercare programs use resources economically and efficiently and whether they achieve intended outcomes effectively, while also testing the completeness and reliability of beneficiary and caregiver data. The proposed caregiver registry and Caregiver Impact Assessments can therefore be understood as internal-control and accountability mechanisms that improve data completeness, traceability, budget visibility, and evaluability.

Policy Recommendations: The Jakarta Municipal Care Framework

To address these structural gaps, DKI Jakarta should implement a three-pillar policy framework:

1. Establishment of the Jakarta Informal Caregiver Registry

The municipality should establish an integrated registration system anchored within neighborhood health posts (*Posyandu Lansia*) and sub-district administrative routines (RT/RW). Caregivers providing high-intensity care should receive a formal Caregiver Identification Card, granting access to public transport subsidies, priority health screenings, mental health support, and municipal respite care programs.

2. Introduction of Municipal Care Credits and LTC Risk Mitigation

DKI Jakarta should leverage provincial funds to establish care credits integrated with BPJS Ketenagakerjaan. One year of verified high-intensity caregiving should yield 0.5 years of pension contributions, mitigating long-term economic precarity for female caregivers who withdraw from the labor market. Additionally, municipal agencies should publish clear LTC cost guidelines to increase household cost awareness and encourage early financial risk management (Agustin, 2026).

3. Institutionalization of Caregiver Impact Assessments (CIAs)

Modeled after Gender Impact Assessments in South Korea and the European Union, municipal regulations should mandate Caregiver Impact Assessments (CIAs) for all proposed provincial social, housing, and economic policies. CIAs would evaluate how administrative decisions impact care burdens, co-residence patterns, and female labor force participation, ensuring care considerations are embedded within urban governance. For accounting and audit purposes, each CIA should identify the responsible cost center, expected fiscal and household cost shifts, measurable service outputs, data sources, and auditable performance indicators. This would permit ex ante budget scrutiny and ex post performance auditing of whether policy changes merely transfer care costs to households or genuinely improve municipal outcomes.

Limitations and Suggestions for Future Research

This study has several limitations. First, the quantitative analysis relies on a purposively restricted SUSENAS subsample of elder-dependent, co-resident caregiving households in

Jakarta. Although this design is suitable for examining the target caregiving configuration, it limits generalizability to all Jakarta households and may underrepresent non-co-resident caregivers, paid-care arrangements, and other forms of support.

Future research should report survey weights and complex-design adjustments where available, test alternative caregiver definitions, and validate estimates using larger or longitudinal datasets such as labor-force, time-use, or household-panel data. Second, the literature base contains a relatively concentrated cluster of publications by the same author group.

The revised interpretation therefore distinguishes study-generated estimates from external corroboration and avoids treating the clustered sources as independent validation. Future studies should triangulate Jakarta-specific prevalence, labor-market effects, and opportunity-cost estimates with independent BPS, World Bank, ILO, administrative, and time-use evidence. Third, no formal inter-coder reliability coefficient was calculated for the 42 interview transcripts because the qualitative phase followed an interpretive constructivist grounded-theory approach with iterative code development.

This choice limits statistical demonstration of coder agreement. Future confirmatory qualitative work should use a stabilized codebook, independent double-coding of a defined transcript subset, and report Cohen's kappa or another appropriate agreement statistic together with consensus resolution.

Finally, the opportunity-cost model is a valuation exercise rather than an audited fiscal statement; future accounting research should test sensitivity to alternative wage benchmarks, replacement-cost valuation, time-use measures, and public-sector cost-accounting frameworks.

CONCLUSION

The policy-to-practice gap in Jakarta's eldercare governance represents a structural failure rooted in institutional fragmentation, administrative data erasure, and reliance on moralized care narratives. Addressing this crisis requires moving beyond viewing informal care as a private moral duty. By implementing formal caregiver identification, integrating care credits into social security frameworks, and providing transparent long-term care cost projections, Jakarta can construct an inclusive long-term care infrastructure. Recognizing and supporting informal caregivers is both a social policy necessity and a foundational requirement for equitable urban governance in an aging society.

Declarations

Ethics Approval and Consent to Participate

This study was approved by the Institutional Ethics Review Board (Ref No. ETH-2024-JKT-0812). All qualitative participants provided written informed consent prior to data collection.

Data Availability Statement

The quantitative data supporting the findings of this study are derived from the 2023 SUSENAS dataset, accessible via Statistics Indonesia (BPS). De-identified qualitative interview transcripts and analytical coding frameworks are available from the corresponding author upon reasonable request.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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