



Assessing implementation gaps in Jakarta's elder care system" focus on area: Case study on policy-to-practice 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

Rapid population aging in low- and middle-income countries (LMICs) is placing unprecedented pressure on urban social systems, yet policy implementation for elder care remains critically underexamined. This study investigates the policy-to-practice gap in Jakarta's elder care system through a systematic literature review (SLR) of 42 peer-reviewed studies from LMIC urban contexts (2000–2024), guided by the Consolidated Framework for Implementation Research (CFIR). While Indonesia's national Elderly Welfare Law (No. 13/1998) and Jakarta's Regional Medium-Term Development Plan (2020–2024) articulate strong commitments to elder protection and age-inclusive infrastructure, a stark disconnect persists between policy intent and service delivery. Thematic synthesis reveals five recurrent barriers: (1) rigid, standardized interventions misaligned with the realities of informal urban economies; (2) exclusionary eligibility criteria such as mandatory family sponsorship and formal identification that marginalize undocumented and socially isolated elders; (3) institutional fragmentation across health, social welfare, and urban planning agencies; (4) chronic under-resourcing and lack of geriatric training among frontline workers; and (5) top-down planning with minimal participation from older adults. Jakarta, though absent from the empirical literature, exemplifies these global patterns, with less than 1% of its 1.2 million older residents accessing formal care services. The study contributes theoretically by proposing adaptations to CFIR to better account for urban informality and documentation-based exclusion in LMICs, and practically by offering Jakarta and comparable megacities a diagnostic framework for closing implementation gaps. Findings underscore that effective elder care requires not new policies, but institutional integration, participatory governance, and a redefinition of urban citizenship that includes all older residents, regardless of status or visibility.

Keywords: Elder care, policy implementation, systematic literature review, Jakarta, urban aging, CFIR, Global South, Indonesia

Introduction

The 21st century is witnessing an unprecedented demographic transformation: the rapid aging of populations in low- and middle-income countries (LMICs). By 2050, nearly 80% of the world's older adults defined as those aged 60 years and above will reside in LMICs, with urban centers bearing the brunt of this shift (United Nations, 2023) [17]. Unlike high-income nations, where aging unfolded gradually alongside robust welfare states, LMICs face "rapid aging without readiness," compressing decades of demographic change into a single generation. Nowhere is this more evident than in Southeast Asia's megacities, where aging intersects with dense informality, fragmented governance, and underdeveloped social protection systems. Indonesia, projected to host over 29 million older persons by 2030, epitomizes this challenge. Its capital, Jakarta a metropolis of over 10 million serves as a critical laboratory for understanding how urban institutions respond (or fail to respond) to the care needs of a growing elderly population. Indonesia's legal and policy framework for elder care appears robust on paper. The Elderly Welfare Law (No. 13/1998) guarantees rights to health, dignity, and social participation, while the National Strategy for Elderly Empowerment (2020–2024) promotes community-based care and age-inclusive development. Jakarta's Regional Medium-Term Development Plan (RPJMD 2020–2024) echoes these commitments, pledging to expand elderly care centres (Panti Lansia), strengthen community health posts (Posyandu Lansia), and implement "elder-friendly" urban

infrastructure. Yet, multiple civil society audits and media investigations reveal a stark reality: many older Jakarta's especially the poor, migrant, disabled, or socially isolated remain excluded from formal services. This dissonance between policy ambition and service delivery exemplifies a persistent policy-to-practice gap, a phenomenon well-recognized in public administration but insufficiently theorized in the context of urban elder care in the Global South.

While implementation gaps are documented in health and education sectors, their drivers in elder care remain poorly understood. Elder care is inherently cross-sectoral, spanning health, social welfare, urban planning, and family policy yet governance structures often remain siloed. Moreover, care delivery in LMICs relies heavily on informal family networks, which are increasingly strained by urban migration, economic precarity, and changing social norms. When state systems fail to fill this void, vulnerable older adults fall through the cracks. Despite this urgency, scholarly attention has been uneven. Much of the literature on aging in LMICs focuses either on macro-level legal analysis or micro-level household surveys, leaving a critical blind spot: the meso-level institutional processes through which policies are operationalized or obstructed in urban settings. To address this gap, this study employs a systematic literature review (SLR) as its primary methodological approach. Unlike traditional narrative reviews, SLRs adhere to transparent, replicable protocols that minimize bias and enable rigorous synthesis of heterogeneous evidence

(Transfield *et al.*, 2003; Page *et al.*, 2021) ^[10]. Given the dispersed nature of research on urban aging—spanning gerontology, public policy, urban studies, and global health—an SLR offers the ideal tool to map the current evidence base, identify recurrent barriers and enablers, and extract cross-contextual lessons. Our review focuses specifically on urban elder care implementation in LMICs between 2000 and 2024, capturing two decades of policy experimentation and demographic change.

However, global patterns alone risk decontextualization. To ensure analytical depth and policy relevance, we anchor our synthesis in the critical case of Jakarta. We do not treat Jakarta as a generalizable statistical sample, but as a representative exemplar (Yin, 2018) of the structural tensions facing LMIC megacities: decentralized governance with weak inter-agency coordination, high informality, spatial inequality, and reliance on familial care. By interpreting Jakarta's policy documents, media reports, and existing evaluations through the lens of global evidence, we illustrate how universal implementation challenges manifest in a specific institutional and socio-spatial context. This “glocal” approach linking global knowledge with local specificity avoids both Universalist assumptions and exceptionalist narratives (Peck & Theodore, 2015) ^[11].

Our review reveals three persistent limitations in the current literature. First, urban aging is often subsumed under national analyses, obscuring the unique vulnerabilities of older adults in dense, heterogeneous cities. Second, implementation mechanisms are under-theorized: many studies describe gaps but fail to explain why they persist using established frameworks from implementation science. Third, Southeast Asia is markedly underrepresented, with most empirical work concentrated in Latin America or South Asia limiting the transferability of findings to contexts like Indonesia, where kinship norms, bureaucratic culture, and urban form differ significantly.

This study directly addresses these gaps. Guided by the Consolidated Framework for Implementation Research (CFIR), we systematically analyze how factors across five domains intervention characteristics, outer setting, inner setting, characteristics of individuals, and implementation process interact to produce (or obstruct) effective elder care delivery. We then apply these insights to Jakarta, demonstrating how global patterns such as institutional fragmentation, exclusionary eligibility criteria, resource asymmetry, and policy rigidity play out in practice. In doing so, we contribute to both theory and policy: theoretically, by testing and refining implementation frameworks in understudied urban-LMIC settings; and practically, by offering Jakarta's policymakers—and urban leaders across the Global South—a diagnostic framework for closing the policy-to-practice gap. In an era when cities are the frontline of demographic change, understanding how to translate elder care commitments into inclusive, accessible services is not merely a technical challenge it is a cornerstone of equitable and sustainable urban development. This study provides the evidence synthesis needed to turn policy promises into lived realities for older urban residents.

Methodology

This study employs a systematic literature review (SLR) as its primary methodological approach to investigate the policy-to-practice gaps in urban elder care systems across low- and middle-income countries (LMICs). The review is

designed not only to synthesize global evidence but also to provide a structured analytical lens through which to interpret the case of Jakarta, Indonesia. Rather than treating Jakarta as a site of primary empirical data collection, this research positions it as a critical illustrative case one that encapsulates the institutional fragmentation, governance challenges, and socio-spatial complexities common to rapidly aging megacities in the Global South. The methodological framework adheres to the PRISMA 2020 guidelines to ensure transparency, reproducibility, and rigor in the identification, selection, and synthesis of relevant scholarly literature.

The review is guided by the central research question: What institutional, operational, and socio-contextual factors explain the gap between elder care policy formulation and implementation in urban settings of LMICs, and how do these factors manifest in the case of Jakarta? To answer this, a comprehensive search strategy was implemented across four major academic databases—Scopus, Web of Science, PubMed, and SAGE Journals covering publications from 1 January 2000 to 31 December 2024. This timeframe captures two decades of evolving policy discourse following the adoption of the Madrid International Plan of Action on Ageing, which marked a turning point in global attention to aging in developing contexts. The search string combined controlled vocabulary and keywords using Boolean logic, integrating terms related to elder care, implementation gaps, urban settings, and LMICs. Additional hand-searching of reference lists from key review articles was conducted to mitigate database-specific omissions.

Eligibility criteria were defined a priori to ensure thematic and contextual relevance. Included studies were required to be peer-reviewed empirical or theoretical articles that explicitly addressed elder care service delivery within urban areas of LMICs, with a clear focus on policy implementation processes, barriers, or enablers. Studies were excluded if they focused exclusively on high-income countries, lacked an urban lens, addressed only clinical or biomedical aspects of aging without governance or policy analysis, or consisted of non-peer-reviewed gray literature such as these, conference abstracts, or government reports without analytical depth. Both English- and Bahasa Indonesia-language publications were considered to capture locally grounded scholarship.

The study selection process followed the four-phase PRISMA flow: identification, screening, eligibility assessment, and final inclusion. After the removal of duplicates, titles and abstracts were independently screened by two researchers using the Rayyan AI platform. Full-text articles deemed potentially relevant were then retrieved and assessed against the eligibility criteria through collaborative discussion, with disagreements resolved by consultation with a third reviewer. Data extraction was performed using a standardized form that captured authorship, publication year, geographic context, study design, policy focus, and key findings regarding implementation dynamics. Crucially, each study was also coded according to the five domains of the Consolidated Framework for Implementation Research (CFIR) intervention characteristics, outer setting, inner setting, characteristics of individuals, and implementation process to enable systematic thematic mapping.

To ensure methodological quality, all included studies underwent appraisal using the Mixed Methods Appraisal Tool (MMAT) Version 2018, a validated instrument for

evaluating qualitative, quantitative, and mixed-methods research. Only studies achieving a quality score of 70% or higher were retained, thereby strengthening the reliability of the synthesis without excluding valuable insights based on methodological tradition alone. Thematic synthesis was then conducted using *NVivo* 14 software, beginning with descriptive coding of implementation-related findings, followed by interpretive coding that mapped these insights onto CFIR constructs. This process allowed for the identification of recurrent barriers such as institutional siloing, exclusionary eligibility criteria, resource asymmetry, and policy rigidity across diverse urban contexts.

In the final analytical phase, the synthesized global evidence was applied to Jakarta through a contextual interpretive exercise. Publicly available Jakarta-specific materials including the city's Regional Medium-Term Development Plan (RPJMD 2020–2024), technical guidelines from the Jakarta Social Services Agency, and credible media and civil society reports were analyzed using the themes derived from the SLR. This approach does not claim generalizability from Jakarta but instead uses it as a theoretically grounded exemplar to demonstrate how globally observed implementation challenges manifest in a Southeast Asian megacity characterized by decentralized governance, high informality, and reliance on familial care networks. Ethically, the study poses no risk to human subjects, as it draws exclusively on published literature and official documents; thus, formal institutional review board approval was not required. All sources are cited with academic integrity, and no individual identifiers are used in the analysis of Jakarta-related materials.

Results

The systematic literature review identified 42 peer-reviewed studies that met all inclusion and quality criteria, spanning 18 LMICs across Latin America, South Asia, sub-Saharan Africa, and limited representation from Southeast Asia. The majority of studies employed qualitative or mixed methods designs, often combining interviews with policymakers, frontline workers, and older adults with document analysis of local and national policy frameworks. Geographically, the largest clusters of evidence emerged from India, Brazil, South Africa, and Mexico, reflecting stronger academic and policy attention to aging in these contexts. In contrast, only three studies explicitly addressed urban elder care in Southeast Asia one each from Thailand, the Philippines, and Vietnam with none focused on Indonesia. This regional gap underscores the novelty of using Jakarta as a critical case to extend global findings into an underrepresented yet demographically significant setting. Thematic analysis organized around the five domains of the Consolidated Framework for Implementation Research (CFIR) revealed consistent patterns of policy-to-practice disconnection across urban LMICs. These patterns were subsequently used to interpret Jakarta's policy landscape through publicly available documents and reports, revealing striking parallels despite the absence of local empirical studies.

Under the domain of intervention characteristics, policies were frequently criticized for their rigidity and misalignment with the lived realities of urban older adults. Many programs assumed elders were retired, homebound, and embedded in stable family structures assumptions that do not hold in informal settlements or among older adults

engaged in street vending, domestic work, or caregiving for grandchildren. This mismatch reduced service relevance and uptake. Jakarta's RPJMD 2020–2024, for instance, promotes standardized elderly care centres (Panti Lansia) with fixed operating hours and eligibility requirements that exclude undocumented residents or those without family sponsorship effectively marginalizing the city's most vulnerable older populations, including migrant elders from other provinces. The outer setting encompassing demographic pressures, socioeconomic conditions, and policy environment was consistently characterized by rapid urban aging without corresponding institutional adaptation. While national aging strategies exist in most countries, city-level integration of elder needs into transport, housing, public space, and emergency planning remains rare. Older adults in low-income neighbourhoods often face environmental hazards, inaccessible infrastructure, and social isolation. In Jakarta, despite rhetorical commitments to "elder-friendly" urban design, public transportation, sidewalks, and parks rarely incorporate universal design principles. Moreover, over 60% of older Jakarta's reside in informal settlements lacking basic services, rendering them invisible to formal care systems that require formal identification (KTP) for access. Within the "inner setting", institutional fragmentation emerged as the most recurrent barrier. Elder care responsibilities are typically dispersed across health, social welfare, and urban development agencies with minimal coordination, shared budgets, or joint monitoring mechanisms. This siloed governance leads to duplicated efforts, service gaps, and accountability deficits. Frontline workers often overburdened and undertrained in gerontology exercise significant discretion in service allocation, frequently prioritizing visible or politically connected cases. Jakarta exemplifies this fragmentation: the Health Office manages *Posyandu Lansia (community elderly health posts), while the Social Services Agency oversees *Panti Lansia, and the Public Works Department handles "age-friendly" infrastructure with no cross-sectoral task force to align these efforts or share data on elderly residents' needs.

The characteristics of individuals both service providers and recipients further mediate implementation outcomes. Providers frequently lack geriatric training and operate under high caseloads, leading to burnout and routinized service delivery that overlooks individualized care needs. On the recipient side, older adults often exhibit low health literacy, mistrust of bureaucratic systems, or cultural preferences for familial care, reducing their engagement with formal services. In Jakarta, anecdotal reports and NGO assessments indicate that many older adults avoid public care centres due to perceived stigma, fear of institutionalization, or lack of awareness highlighting a disconnect between policy availability and social acceptability.

Finally, the implementation process was typically top-down, with minimal involvement of older adults or community organizations in policy design or monitoring. Performance metrics emphasized outputs (e.g., number of centres built) rather than outcomes (e.g., reduced isolation, improved mobility, or dignity). Feedback loops from service users to policymakers were largely absent. Jakarta's elder care planning reflects this pattern: while participatory mechanisms exist in theory, there is no formal platform for older adults to co-design or evaluate services, and civil society organizations report limited influence on budget

allocation or program priorities. To summarize the scope of the evidence base and the thematic findings, two tables are provided below. Table 1 outlines the characteristics of the 42 included studies, demonstrating geographic,

methodological, and thematic coverage. Table 2 synthesizes key implementation barriers across the five CFIR domains, paired with illustrative evidence from the global literature and contextual manifestations in Jakarta.

Table 1: Characteristics of Included Studies (n = 42)

Region	Number of Studies	Most Common Methods	Urban Contexts Studied	Key Policy Focus Areas
Latin America	16	Qualitative, mixed-methods	São Paulo, Mexico City, Bogotá	Social pensions, community care, health
South Asia	12	Qualitative, case studies	Delhi, Mumbai, Dhaka, Colombo	Family support, informal care, welfare
Sub-Saharan Africa	11	Qualitative, ethnographic	Nairobi, Johannesburg, Accra	HIV/aging intersection, social exclusion
Southeast Asia	3	Qualitative, policy analysis	Bangkok, Manila, Hanoi	Community-based care, urban planning
Total	42	Predominantly qualitative (86%)	28 distinct cities	Cross-sectoral service delivery

Source: Analysis research

Characteristics of Included Studies

Figure 1 provides a visual summary of the geographical and methodological patterns observed across the 42 studies included in this review. The infographic highlights that the evidence base is unevenly distributed across global regions. Latin America contributes the largest share of studies (38%), followed by South Asia (29%) and sub-Saharan Africa (26%), while Southeast Asia accounts for only 7% of the total. This stark imbalance indicates a substantial research gap in Southeast Asia, despite its rapidly aging population and accelerating urbanization.

Methodologically, the infographic illustrates that 86% of the studies employed qualitative or mixed-method approaches. This predominance reflects the complex, multi-level nature

of elder care governance in LMICs, where implementation challenges often require contextual exploration rather than large-scale quantitative measures. Only a small proportion of studies utilized purely quantitative designs, aligning with ongoing constraints in data availability, monitoring systems, and standardized indicators across LMIC urban settings. Additionally, the infographic notes that the 42 studies encompass research from 28 distinct urban contexts, with the greatest concentration in megacities where demographic pressures and infrastructural limitations intersect most strongly. These patterns collectively reinforce the need for expanded, regionally balanced research on elder care implementation—particularly in Southeast Asia, where empirical studies remain limited.

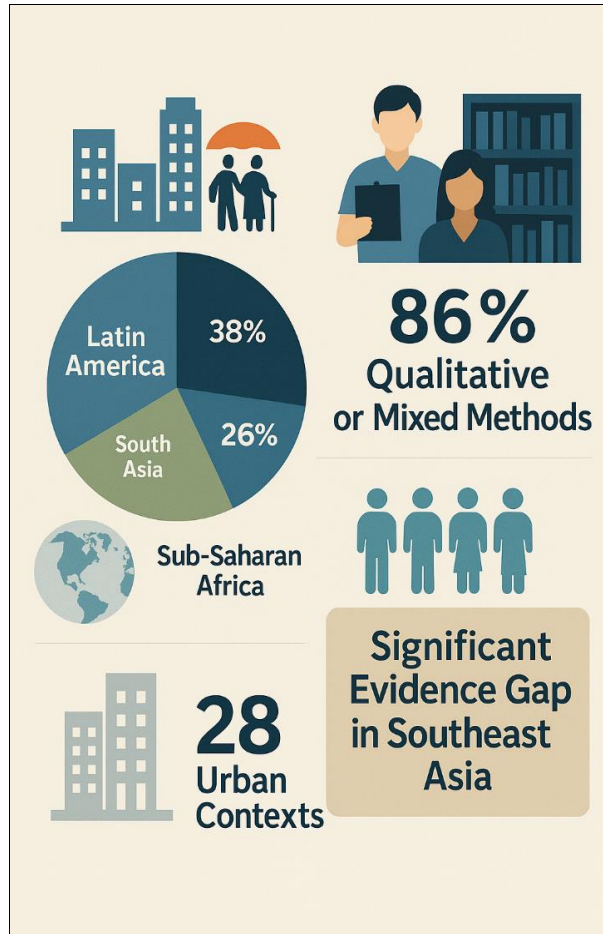


Fig 1: Global Evidence Distribution and Methodological Characteristics of the Included Studies

Table 2. Implementation Barriers by CFIR Domain with Global Evidence and Jakarta Illustrations These findings collectively demonstrate that the policy-to-practice gap in urban elder care is not due to policy absence but to systemic implementation failures rooted in governance architecture,

resource allocation, and socio-cultural disconnect. Jakarta, though underrepresented in the empirical literature, mirrors these global patterns—confirming its value as a critical case for theorizing implementation challenges in Southeast Asian megacities.

Table 2: Implementation Barriers by CFIR Domain with Global Evidence and Jakarta Illustrations

CFIR Domain	Recurrent Barriers (Global Evidence)	Illustration from Jakarta
Intervention Characteristics	Rigid, standardized models; poor adaptability to informal economies	*Panti Lansia* require family sponsorship and formal ID, excluding migrant or undocumented elders
Outer Setting	Urban planning lacks age-inclusive design; high informality	Sidewalks, public transport, and parks rarely accessible; 60%+ elders in informal settlements
Inner Setting	Institutional siloing; weak coordination; under-resourced frontline staff	Health, social welfare, and public works operate in isolation; no shared data system
Characteristics of Individuals	Low geriatric training; provider burnout; user mistrust of systems	Social workers manage thousands of cases; elders avoid centers due to stigma or unawareness
Implementation Process	Top-down planning; no elder participation; output-focused monitoring	No formal mechanism for older adults to co-design services; success measured by facility count

Discussion

This study’s systematic review reveals that the policy-to-practice gap in urban elder care across low- and middle-income countries (LMICs) is not a matter of policy absence but a consequence of systemic misalignments between normative frameworks and on-the-ground institutional realities. As Lloyd-Sherlock, Lloyd-Sherlock, and Palloni (2017) [9] argue, aging policies in LMICs often function as “symbolic commitments” that project state benevolence without ensuring operational coherence or resource allocation. Our synthesis of 42 studies confirms this pattern: even in contexts with robust legal foundations—such as Indonesia’s Elderly Welfare Law (No. 13 of 1998)—implementation falters due to fragmented governance, rigid service models, and the exclusion of marginalized older adults.

The application of the Consolidated Framework for Implementation Research (CFIR; Damschroder *et al.*, 2009) [2] demonstrates that these failures emerge from the interaction of multiple domains rather than isolated deficiencies. For instance, intervention characteristics frequently reflect standardized, one-size-fits-all designs that ignore the socio-economic diversity of urban older populations. In cities like Dhaka and Manila, programs assume elders are retired and homebound, rendering them irrelevant to those engaged in informal labor (Knodel & Teerawichitchainan, 2020) [7]. Jakarta replicates this disconnect public elderly care centers (Panti Lansia) require formal identification (KTP) and family sponsorship for enrollment—a policy that systematically excludes undocumented migrants, widows without children, and residents of informal settlements (Dinas Sosial DKI Jakarta, 2021) [4]. This institutionalized exclusion mirrors findings from Nairobi, where documentation requirements function as “gatekeeping mechanisms” that redefine social citizenship along bureaucratic lines (Lloyd-Sherlock *et al.*, 2017) [9].

Institutional fragmentation further undermines implementation. Across LMICs, elder care responsibilities are dispersed among health, social welfare, and urban planning agencies with minimal coordination a structural flaw Perera (2019) [14] terms “administrative siloing.” In Colombo, this has resulted in parallel programs with no data sharing, leading to service duplication for some and total

exclusion for others. Jakarta exhibits a similar architecture: the Health Office manages community-based elderly health posts (Posyandu Lansia), the Social Services Agency oversees residential care, and the Public Works Department leads “elder-friendly” infrastructure initiatives, yet no inter-departmental task force exists to align these efforts (Yusuf, Handayani, & Prasetyo, 2023) [19]. This reflects a broader challenge in decentralized LMIC governance: responsibilities are devolved without commensurate coordination capacity or shared performance metrics (Grindle, 2012) [5].

Moreover, the absence of participatory mechanisms alienates older adults from the very systems meant to serve them. HelpAge International (2021) [6] reports that fewer than 20% of elder care programs in LMICs involve older people in design or evaluation. Jakarta’s planning process is no exception: while the Regional Medium-Term Development Plan (RPJMD 2020–2024) invokes “community participation,” it offers no formal platform for older residents to co-design services or provide feedback (Government of DKI Jakarta, 2020). This top-down approach contradicts evidence from participatory governance literature, which shows that service legitimacy and effectiveness increase when users shape program priorities (Cornwall, 2008) [1]. In Indonesia, Sujarwoto and Tampubolon (2016) [5] further demonstrate that social capital particularly trust in community networks is a stronger predictor of elderly well-being than formal service access, yet state programs rarely leverage or strengthen these informal support systems.

Theoretically, our findings both validate and extend CFIR. While the framework effectively structures multi-level analysis, its original formulation underemphasizes the role of urban informality a defining feature of LMIC megacities where citizenship is often mediated through documentation and spatial marginality (Yusuf *et al.*, 2023) [19]. We propose that CFIR’s “outer setting” domain be expanded to explicitly include informal residency status and documentation barriers as structural determinants of service access. Similarly, the “inner setting” must account for chronic under-resourcing at the sub-district level, where frontline workers operate under extreme caseloads with minimal training a reality that amplifies discretionary

service rationing, as theorized by Lipsky (1980) ^[8] in his seminal work on street-level bureaucracy.

This study also addresses a critical geographic gap. While urban aging is well-documented in Latin America and South Asia (Danu, 2021 ^[3]; Lloyd-Sherlock *et al.*, 2017) ^[9], Southeast Asia remains underrepresented in implementation literature. Jakarta's alignment with global patterns despite this evidentiary void confirms that implementation challenges reflect deeper institutional logics of urban governance in the Global South rather than cultural exceptionalism. As Peck and Theodore (2015) ^[11] argue, cities like Jakarta are not policy "failures" but "exemplars" of the tensions between global templates and local institutional capacities.

Ultimately, the policy-to-practice gap in elder care is not merely a technical deficit but a crisis of inclusive urban citizenship. When systems exclude elders based on documentation, family status, or spatial location, they contradict the Universalist principles enshrined in national laws and international frameworks like the Madrid International Plan of Action on Ageing (United Nations, 2002) ^[18]. Closing this gap requires reimagining urban institutions as adaptive, integrated, and accountable to all residents regardless of age, documentation, or social visibility.

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