

Gaps In The Implementation of Maternity Leave Policy And Its Impact on The Mental Health of Working Mothers In Indonesia

Ulfah Oktarida Sihaloho

Universitas Sumatera Utara

Email: ulfahoktarida@usu.ac.id

Abstract. *Maternal mental health, including postpartum depression, is a growing concern in Indonesia. Despite legislative advances (e.g., Law No.4/2024 extending maternity leave), gaps remain between policy and practice. This study examines how Indonesia's maternity leave implementation gap affects maternal mental health using public policy frameworks. A qualitative literature review was conducted of relevant Indonesian and international studies. Analysis applied Street-Level Bureaucracy theory (highlighting frontline implementers' discretion), the Public Value perspective, and the CFIR implementation framework. We found recurring implementation barriers: limited enforcement and awareness of leave rights, employer non-compliance, and social norms discouraging leave utilization. Survey data indicate about one-third of eligible mothers did not receive the full statutory leave, and 59% did not get full wage replacement during leave. These gaps were linked to elevated stress and depressive symptoms among new mothers. International evidence suggests that more restrictive maternity leave policies are associated with higher rates of postpartum depression. From a public value standpoint, the policy's intent to protect maternal well-being is undermined without effective execution. Findings highlight the need to strengthen enforcement, workplace accountability, and integrate maternal mental health support into maternal care. These frameworks suggest that holistic strategies (e.g., monitoring mechanisms, implementer training) are needed to bridge the implementation gap and improve outcomes for mothers.*

Keywords: *maternity leave; maternal mental health; policy implementation; street-level bureaucracy; public value; Indonesia*

Abstrak. Kesehatan mental ibu, termasuk depresi pascapersalinan, menjadi perhatian signifikan di Indonesia. Meskipun terdapat kemajuan hukum (misalnya UU No.4/2024 yang memperpanjang masa cuti melahirkan), kesenjangan antara kebijakan dan pelaksanaannya masih ada. Penelitian ini menelaah bagaimana kesenjangan implementasi cuti melahirkan memengaruhi kesehatan mental ibu melalui lensa kebijakan publik. Dilakukan studi literatur kualitatif terhadap penelitian relevan dari Indonesia dan internasional. Analisis menggunakan kerangka teori Street-Level Bureaucracy (menyoroti diskresi pelaksana di lapangan), perspektif Nilai Publik, dan kerangka implementasi CFIR. Ditemukan hambatan berulang dalam implementasi, yaitu penegakan kebijakan yang lemah, kurangnya kesadaran tentang hak cuti, ketidakpatuhan pengusaha, serta norma sosial yang menghalangi pemanfaatan cuti. Data survei menunjukkan sekitar sepertiga ibu bekerja tidak menerima durasi cuti penuh sesuai ketentuan, dan 59% tidak mendapat penggantian upah penuh selama cuti. Kesenjangan ini dikaitkan dengan peningkatan stres dan gejala depresi pada ibu pascapersalinan. Studi internasional menunjukkan bahwa kebijakan cuti yang lebih pendek berkaitan dengan tingkat depresi pascapersalinan yang lebih tinggi. Dari sudut pandang nilai publik, niat kebijakan untuk melindungi kesejahteraan ibu terganggu jika pelaksanaannya tidak efektif. Temuan ini menegaskan perlunya penguatan penegakan hukum, akuntabilitas di tempat kerja, dan integrasi dukungan kesehatan mental ke dalam layanan kesehatan ibu. Pendekatan holistik (misalnya mekanisme pemantauan dan pelatihan) diperlukan untuk menutup kesenjangan implementasi dan meningkatkan hasil kesehatan ibu.

Kata Kunci: cuti melahirkan; kesehatan mental ibu; implementasi kebijakan; birokrasi lapangan; nilai publik; Indonesia.

Received apr 26, 2025; Revised may 08 2025; Accepted Jun 24, 2025

* Ulfah Oktarida S, e-mail address: ulfahoktarida@usu.ac.id

INTRODUCTION

Maternal mental health is a critical public health and policy issue. Globally, an estimated 10–20% of women experience perinatal mental health disorders, with higher prevalence reported in low- and middle-income countries (Fisher et al., 2012). Postpartum depression, affecting approximately 13–19% of new mothers, imposes significant social and economic burdens, including reduced workforce participation and increased healthcare costs; women are also disproportionately affected, with depression rates nearly twice as high as in men (Howard et al., 2014). Paid maternity leave is widely recognized as a core measure to protect women’s and children’s health: for example, the International Labour Organization affirms that “paid maternity leave is a core element of the health and economic protection of women workers and their children over the perinatal period” (ILO, 2020). In Indonesia, recent legislation (e.g. the new “First 1000 Days” law) highlights maternal and child welfare, underscoring the importance of adequate leave. The provision of statutory maternity benefits, though present, is frequently brief and unevenly applied. A critical issue arises from the informal sector, which employs approximately half of Indonesian women of childbearing age, a demographic predominantly lacking formal maternity leave entitlements (Chen, 2012). These contextual facts make the effectiveness of Indonesia’s maternity leave policy — and its impact on mothers’ wellbeing — a matter of pressing policy significance.

The aim of this study is to examine how Indonesia’s maternity leave policies translate into actual support for new mothers, and to assess the implications for maternal mental health. In particular, we investigate the implementation gap between formal policy and lived experience: how workplace practices, organizational actors, and institutional processes mediate maternity leave entitlements on the ground. We frame this gap using multiple theoretical lenses. Drawing on policy implementation theory, we consider how top-down versus bottom-up approaches influence policy rollout. We also invoke street-level bureaucracy (Lipsky, 1980) to highlight that frontline implementers (e.g. HR managers, health workers, inspectors) exercise discretion that shapes the real delivery of leave (Erasmus, 2014). From a governance perspective, public value theory (Moore, 1995) reminds us that public programs must produce outcomes that citizens value – here meaning tangible improvements in maternal and child welfare. Finally, we draw on occupational stress and work–family theories: role conflict theory (Greenhaus & Beutell, 1985) describes how conflicting demands of work and family roles generate strain, and the job demand–control model (Karasek & Theorell, 1990) predicts that high job demands combined with low autonomy lead to stress. Together, these frameworks help conceptualize how an implementation gap in maternity leave could amplify work–family conflict and job strain for new mothers, with adverse effects on mental health.

Current Evidence on Maternity Leave and Maternal Mental Health

Extensive research in high-income settings indicates that longer, paid maternity leave benefits maternal mental health. For example, Hidalgo-Padilla et al. (2023) review numerous studies and report that paid and longer maternity leaves are generally associated with reduced postpartum depression symptoms. In contrast, more restrictive leave policies tend to be linked with higher rates of postpartum depression. This systematic review also notes that almost all existing evidence comes from high-income countries, and there is a dearth of data from low- and middle-income contexts.

In Indonesia, available studies confirm that maternal mental health is a significant concern. A recent national survey based on data from RISKESDAS 2018 found that 12.6% of pregnant women and 10.1% of postpartum mothers experienced common mental disorders such as depression and anxiety (Ariasih et al., 2024). Although direct studies of maternity leave effects on Indonesian women are lacking, related findings hint at risk factors: working mothers generally face extra pressures when juggling childcare and job responsibilities, which heightens their vulnerability to depression. Indeed, one study of U.S. mothers found that higher work–family conflict after childbirth was associated with poorer physical and mental health. In that study, nonstandard work schedules (a proxy for low job control and high demands) significantly increased work–family conflict, whereas greater schedule control buffered against it (Carlson et al., 2011). These results align with the demand–control model, suggesting that Indonesian mothers who lack workplace flexibility or leave may experience similar conflicts and stress. Indonesia’s statutory maternity leave (currently three months paid, extendable to six with medical approval) remains short by international standards (ILO, 2020). A substantial portion of the workforce, particularly the majority operating within the informal economy, consistently lacks access to such statutory provisions (Chen, 2012). This gap between law and practice could leave mothers unsupported during a vulnerable period. Taken together, the literature implies that inadequate leave provision and its patchy implementation may contribute to maternal stress. Yet no study to date has explicitly linked the implementation of Indonesia’s maternity leave policy with maternal mental health outcomes, signaling a clear research gap.

Theoretical Perspectives

To structure our analysis, we draw on several theoretical frameworks:

- **Top-Down vs. Bottom-Up Implementation:** This perspective contrasts centrally designed policies with local enactment. A top-down view suggests clear, hierarchical enforcement of leave laws, whereas a bottom-up view recognizes that local actors interpret and adapt rules, potentially creating variation. In practice, policies often lie somewhere between these extremes.
- **Street-Level Bureaucracy (Lipsky, 1980):** Frontline implementers – such as health or labor inspectors, human-resources officers, and managers – interact directly with beneficiaries and have discretion in service delivery. Lipsky’s theory implies that these “street-level” actors effectively become co-creators of policy on the ground, deciding how (and to whom) leave is applied. In the Indonesian context, for instance, a health clinic or employer may interpret maternity leave provisions differently, affecting how much support a mother actually receives (Erasmus, 2014).
- **Public Value (Moore, 1995):** This approach emphasizes that public programs must generate outcomes that citizens value. Applied to maternity leave, public value theory would assess whether the policy actually produces the intended societal benefits (healthier mothers and infants, improved workforce participation, etc.). A gap between formal law and practice would represent a failure to create public value from this policy.
- **Role Conflict (Greenhaus & Beutell, 1985):** Work–family conflict theory describes how pressures from the work role and family role can clash when demands overlap. New mothers often experience time-based (scheduling) and strain-based (stress spillover) conflicts. Empirical evidence shows that greater work–family conflict after childbirth predicts worse maternal mental health (Carlson et al., 2011). In other words, if a mother cannot take adequate leave and must return to full duties quickly, the resulting role conflict can directly harm her wellbeing.
- **Demand–Control Model (Karasek & Theorell, 1990):** According to this model, jobs that

combine high demands with low decision latitude produce the most stress-related illness. For new mothers, high demands at work (e.g. a heavy workload or inflexible schedule) coupled with low autonomy would exacerbate strain. Consistent with this, Carlson et al. (2011) found that nonstandard (rigid) work schedules strongly increased work–family conflict, whereas having control over one’s schedule (greater autonomy) buffered the stress of high job demands. This suggests that limited leave (which effectively extends work demands into the postnatal period) can raise psychosocial pressure on mothers.

Collectively, these frameworks illuminate the implementation gap and its consequences. They suggest that even well-intentioned maternity leave laws may not yield benefits if implementation is weak or inconsistent. For example, street-level discretion and local adaptations (top-down vs. bottom-up) may produce uneven coverage, while the lack of workplace flexibility (demand–control) and competing role demands can convert policy shortfalls into real stress. In sum, the conceptual model posits that unmet policy entitlements increase work–family conflict and stress, thereby elevating the risk of maternal mental health problems (Erasmus, 2014; Carlson et al., 2011). Our study will use these insights to analyze how Indonesia’s maternity leave policy is enacted in practice and to explore the links between any implementation gaps and mothers’ psychological outcomes.

METHODS

This study adopts a qualitative, desk-based research design to explore how Indonesia’s maternity leave policy is implemented and how this affects the mental health of working mothers. A qualitative approach is appropriate for understanding policy dynamics, institutional behavior, and subjective consequences that cannot be captured by numerical data alone (Bowen, 2009; Braun & Clarke, 2006).

Data were collected from publicly available secondary sources, including: Legal documents such as Law No. 13/2003, Government Regulation No. 33/2012, and Law No. 4/2024, Official policy guidelines and ministerial statements from the Ministry of Manpower and the Ministry of Health, Peer-reviewed academic literature on maternity protection, policy implementation, and maternal mental health and Media reports and NGO publications discussing real-world challenges and commentary on policy effectiveness. All documents were accessed between May and June 2025 via government databases (JDIH), academic repositories (e.g., ScienceDirect, Springer, BioMed Central), and national media outlets.

The data were analyzed using thematic analysis following Braun and Clarke’s (2006) six-step framework: familiarization, coding, theme development, review, definition, and reporting. Both inductive and deductive coding approaches were used: inductively to capture emerging themes from the data, and deductively to align with policy implementation and mental health concepts.

Themes were developed around two core areas: (1) gaps and barriers in the implementation of maternity leave policy, and (2) reported or implied effects on maternal well-being and mental health. Examples of themes include lack of employer compliance, weak enforcement, organizational culture, and psychosocial stress. These methods help explain why formal maternity protections may fail to reach intended beneficiaries, and how that failure can

lead to increased psychological burdens for mothers. As the study uses only publicly available secondary sources, no ethical approval was required.

RESULTS AND DISCUSSIONS

Implementation gaps

The data indicate substantial gaps between Indonesia's maternity leave laws and women's actual experience. A recent survey found that about one-third of working mothers did not receive the full three months' leave, and roughly 59% did not receive their full salary during maternity leave (Setyonaluri et al., 2023). Smaller employers and non-permanent ("outsourced") workers were most affected. Women in micro and small firms were especially likely to get reduced pay on leave. Several respondents reported that supervisors treated leave as an informal "break" rather than a paid entitlement, often leaving the mother without income. These findings echo national analyses showing that Indonesia's employer-funded scheme often fails to deliver the mandated benefits. A major implementation gap is the exclusion of the informal sector: over half of Indonesian women of childbearing age work informally, yet no social-insurance or cash transfer covers their leave (Siregar et al., 2021). In short, although the law guarantees leave, many eligible women either cannot access it or do not receive the full benefits, reflecting a divide between statutory rights and on-the-ground practice.

Institutional/organizational barriers.

Qualitative data highlight workplace culture and institutional limitations as key barriers. Interviewees reported that awareness of rights is uneven – some women simply believed (incorrectly) that salary stops while on leave – and employers often lack clear procedures for leave (Setyonaluri et al., 2023). For example, one worker noted that in her company leave "depends on the principal" and is treated as a personal agreement. The ILO survey authors describe how "employer–employee relationships and work culture" strongly shape compliance. In many small workplaces, informal norms and managerial discretion dictate outcomes. Other studies in Southeast Asia find similar barriers: lack of funding and training for implementers, weak reporting processes, and misinformation have frustrated leave-related policies (Payán et al., 2022). In Indonesia, the reliance on employers to cover all leave costs (no pooled insurance fund) further undermines enforcement, as firms may evade costs by circumventing the law. Regulatory oversight is limited, and as a result many organizations simply do not follow the letter of the law. Taken together, these organizational factors – inadequate employer readiness, poor monitoring, and equivocal leadership – systematically weaken the policy's impact.

Mental health effects.

The data on how these gaps affect women's mental health are largely indirect, but existing literature strongly suggests negative consequences. Globally, more restrictive or unpaid leave is consistently associated with higher rates of postpartum depression and stress (Heshmati, Honkaniemi, & Juárez, 2023). Systematic reviews show that longer, paid maternity leave policies significantly reduce maternal depressive symptoms and improve overall mental well-being (Hidalgo-Padilla et al., 2023). In Indonesia, maternal mental health is an emerging concern: surveys report postpartum-depression prevalence of several percent among young

mothers, and risk factors include low support and stress, which inadequate leave can exacerbate. Paid leave is also linked to broader family health. For example, paid maternity leave is recognized as a key component of maternal protection that “improve[s] maternal-child physical and mental health and family wellbeing” (Siregar et al., 2021). Working mothers juggling childcare and full pay are likely to face greater anxiety and burnout, suggesting that failure to implement leave fully undermines the policy’s intended health benefits. In short, while direct Indonesian data are limited, both international evidence and contextual studies imply that the current implementation gaps in Indonesia likely contribute to worsened mental health among new mothers.

Discussion

Interpreting these findings through policy-implementation theory highlights why the maternal-leave policy’s promise remains unmet.

Street-level bureaucracy

According to Lipsky’s framework, front-line actors (e.g. supervisors, managers, health workers) effectively determine policy outcomes. Our results illustrate this: one respondent in a medium-sized firm reported full, paid leave in line with the law, while another in a small clinic received none, attributing the difference to her boss’s personal attitude. Similarly, teachers noted that changing school principals changed whether temporary teachers got leave. These accounts show that “street-level” discretion and informal practices dominate: when supervisors have latitude to interpret or ignore the law, statutory rights can be nullified. In Lipsky’s terms, the policy essentially rides on the decisions of employers and officials who may lack commitment or resources to enforce it, leading to patchy implementation.

Implementation theory

Classic analyses emphasize that successful policy execution requires resources, clear guidelines, and institutional support. Indonesia’s maternity-leave law fails many of these criteria. There is no central fund or insurance pool; employers bear 100% of costs without subsidy, which strains small businesses and encourages under-delivery (Setyonaluri et al., 2023). Our findings of incomplete salary payments and the absence of alternative benefits reflect what implementation scholars term a “shortfall” in enabling conditions. Moreover, the policy change (recently extended to six months) appears to have been made without commensurate investment in enforcement or education. As a result, many women simply are unaware of their rights or lack the documentation to claim them, matching common implementation failures (e.g. inadequate training, weak communication). In Vietnam’s experience with a similar leave extension, researchers noted that insufficient funding and knowledge gaps posed major barriers to enforcement (Payán et al., 2022). Indonesian officials face analogous issues: extending the law on paper is easier than embedding it in local workplaces. In other words, policy theory tells us that without strengthening the administrative “machinery” (budgets, monitoring, accountability), the new leave entitlement cannot achieve its goals – which matches the persisting gaps we observe.

Public value perspective

From a public-value standpoint, maternity leave is meant to generate social benefits (family health, gender equity, economic stability) that reflect collective values. The literature emphasizes that paid leave supports maternal and child health and helps normalize women's dual roles at home and work. Indeed, Anderson et al. (2025) note that maternity protection is designed to “preserve the health of working women and their infants” and to “prevent workplace discrimination.” In Indonesia's case, the public value goal is clear: a healthier next generation and fair opportunity for mothers. However, the observed implementation shortcomings mean much of this value is unrealized. Failing to pay full leave or excluding most women from coverage likely reduces the policy's legitimacy and support (a core public-value criterion) while also diminishing its health returns. In effect, the state's investment in extending leave is undermined by weak delivery; families may lose trust in the system if mothers continue to suffer needless stress or stigma despite the law. Thus, interpreting our themes with the public-value framework underscores that the current policy – though well-intentioned – is not achieving the collective outcomes that would justify public confidence and generate positive political support.

Global and Indonesia-specific context

These themes resonate with international research. High-income countries with generous leave and strong social welfare consistently report lower postpartum depression and better maternal health (Heshmati et al., 2023). By contrast, lower-income settings often show the opposite: restrictive policies correlate with worse outcomes. Our Indonesian findings fit this pattern: leave entitlements are relatively short and unevenly applied, and thus the mental health burden on mothers is likely higher. Compared to global norms (e.g. ILO recommends at least 14 weeks, ideally 18+), Indonesia's statutory leave has been at the low end, which systematic studies link to higher stress and depression (Hidalgo-Padilla et al., 2023). On the other hand, our study highlights some features specific to Indonesia. The sheer scale of informality (over half of women workers) means a much larger proportion of mothers receive no state support at all (Siregar et al., 2021). Cultural factors also differ: for example, Indonesian mothers may face strong social pressure to return to work quickly or to avoid showing weakness. Moreover, Indonesia's decentralized governance means local authorities and businesses play an outsized role in implementation (Setyonaluri et al., 2023). In sum, while the negative link between limited leave and maternal distress is globally observed, Indonesia's context – especially its fragmented labor market and enforcement gaps – amplifies the problems of implementation.

Overall, the results suggest that Indonesia's maternity-leave policy, though expanded on paper, is largely not being realized in practice. Street-level discretion, weak institutional support, and the lack of inclusive coverage have created significant gaps. These shortcomings not only violate Indonesian workers' rights but also undermine the policy's intended public value of protecting maternal health. To align with the global evidence on leave and mental health, Indonesia must strengthen enforcement and broaden coverage (for example by introducing social insurance for informal workers) so that expanded leave generates its full intended benefits.

CONCLUSIONS

This study shows that maternity leave policy in Indonesia, although formally established, faces significant gaps in implementation. Many working mothers—especially in informal sectors—struggle to access their rights due to weak enforcement, limited institutional coordination, and unclear support from frontline actors. These challenges reduce the policy's ability to deliver its intended health and social benefits.

When maternity leave is short, unpaid, or difficult to access, mothers are more likely to experience stress and role conflict between their work and family responsibilities. This can negatively impact their mental health and overall well-being. Supportive and flexible workplace conditions, in contrast, help mothers navigate the postpartum period more effectively.

To improve outcomes, the government and organizations must ensure that maternity leave policies are not only well-designed but also well-implemented. Key steps include expanding leave duration and wage protection, increasing flexibility for returning to work, improving communication and awareness, and equipping frontline institutions with the tools and training needed to apply the law fairly and consistently. By closing the gap between policy and practice, Indonesia can better support working mothers and promote public value across its institutions.

REFERENCES

- Anderson, M. E., Putri, A. R., & Cabrera, E. J. (2025). Advocating for paid maternity leave and workplace lactation policy reform and implementation: Lessons from Indonesia, Nigeria, the Philippines and Vietnam. *Maternal & Child Nutrition*, 21(2), e13784. <https://doi.org/10.1111/mcn.13784>
- Ariasih, A., Besral, Budiharsana, M., & Ronoatmodjo, S. (2024). Common mental disorders and associated factors during pregnancy and the postpartum period in Indonesia: An analysis of data from the 2018 Basic Health Research. *Journal of Preventive Medicine and Public Health*, 57(4), 388–398. <https://doi.org/10.3961/jpmph.24.082>
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27–40. <https://doi.org/10.3316/QRJ0902027>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88. <https://doi.org/10.5465/amr.1985.4277352>
- Carlson, D. S., Grzywacz, J. G., & Zivnuska, S. (2009). Is work–family balance more than conflict and enrichment? *Human Relations*, 62(10), 1459–1486. <https://doi.org/10.1177/0018726709336500>
- Erasmus, E. (2014). Street-level bureaucracy and public health services delivery: a scoping review. *Health Policy and Planning*, 29(suppl_2), ii98–ii112. <https://doi.org/10.1093/heapol/czu084>
- Chen, M. A. (2021). The informal economy: Definitions, theories, and policies. *Studies in Comparative International Development*, 56(1), 1–21. <https://doi.org/10.1007/s12116-021-09322-8>

- Fisher, J., Cabral de Mello, M., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2012). Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: A systematic review. *Bulletin of the World Health Organization*, 90, 139–149. <https://doi.org/10.2471/BLT.11.091850>
- Howard, L. M., Molyneaux, E., Dennis, C. L., Rochat, T., Stein, A., & Milgrom, J. (2014). Non-psychotic mental disorders in the perinatal period. *The Lancet*, 384(9956), 1775–1788. [https://doi.org/10.1016/S0140-6736\(14\)61276-9](https://doi.org/10.1016/S0140-6736(14)61276-9)
- Hidalgo-Padilla, L., Toyama, M., Zafra-Tanaka, J. H., Vives, A., & Diez-Canseco, F. (2023). Association between maternity leave policies and postpartum depression: A systematic review. *Archives of Women's Mental Health*, 26(4), 433–446. <https://doi.org/10.1007/s00737-023-01294-6>
- International Labour Organization. (2020). *Maternity protection resource package: From aspirations to reality for all*. <https://www.ilo.org/publications/maternity-protection-resource-package>
- Karasek, R. A., & Theorell, T. (1990). *Healthy work: Stress, productivity, and the reconstruction of working life*. Basic Books.
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. Russell Sage Foundation.
- Moore, M. H. (1995). *Creating public value: Strategic management in government*. Harvard University Press.
- Heshmati, A., Honkaniemi, H., & Juárez, S. P. (2023). The effect of parental leave on parents' mental health: A systematic review. *The Lancet Public Health*, 8(1), e57–e75. [https://doi.org/10.1016/S2468-2667\(22\)00311-5](https://doi.org/10.1016/S2468-2667(22)00311-5)
- Payán, D. D., Zahid, N., Glenn, J., Ha, T. T. T., Huong, T. T. T., & Moucheraud, C. (2022). Implementation of two policies to extend maternity leave and further restrict marketing of breast milk substitutes in Vietnam: A qualitative study. *Health Policy and Planning*, 37(4), 472–482. <https://doi.org/10.1093/heapol/czab116>
- Setyonaluri, D., Aninditya, F., Radjiman, D. S., Fasikha, E., Fajri, N., Aryaputra, C., & Tsuruga, I. (2023). Maternity leave in metropolitan Indonesia: Evidence on duration, benefits and job protection [PDF]. International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_888511.pdf
- Siregar, A. Y. M., Pitriyan, P., Hardiawan, D., Zambrano, P., & Mathisen, R. (2021). The financing need of equitable provision of paid maternal leave in the informal sector in Indonesia: A comparison of estimation methods. *International Journal for Equity in Health*, 20(1), Article 95. <https://doi.org/10.1186/s12939-021-01431-4>