

Poor Women's Livelihoods and Access to Public Services



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SMERU RESEARCH REPORT

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May 2016

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ACKNOWLEDGEMENTS

This report was able to be completed due to the support of various parties. For that, we express our appreciation and gratitude to Mr. Stewart Norup, Ms. Elizabeth Elson, Ms. Maesy Angelina, and Mr. Aaron Situmorang from the Empowering Indonesian Women for Poverty Reduction (MAMPU) team that has facilitated and provided technical guidance during this study. We also thank the partners of MAMPU, especially those in the study areas, for the valuable information related to the activities conducted and the general overview of the condition of the study areas.

We also convey our gratitude to the local governments of the study areas, particularly the heads of the sub-districts and villages and their staff that have facilitated and provided valuable information so that the study was able to be carried out well. We also thank other key informants at the village and community levels for all the valuable information needed in this study. Gratitude and appreciation also go to all respondent families that have been willing to be interviewed and to spare their precious time. Finally, we thank the local researchers and the enumerators in the study areas that have helped the SMERU research team in conducting interviews and collecting information in the field.

ABSTRACT

Poor Women's Livelihoods and Access to Public Services

Rahmitha, Hastuti, Dyan Widyaningsih, Niken Kusumawardhani, Dinar Dwi Prasetyo, Hafiz Arfyanto , Veto Tyas Indrio, and M. Fajar Rakhmadi

This study is part of a 2014-2020 longitudinal study series that aims to study the lives of poor women across five themes, namely access to social protection, employment, women migrant workers, maternal and reproductive health, and violence against women (specifically domestic violence). By studying the lives of poor women in five districts in Indonesia (Deli Serdang, Cilacap, Timor Tengah Selatan, Kubu Raya, and Pangkajene and its archipelago), this study developed a preliminary picture of the lives of poor women in relation to the five themes.

The access of FHF to government social protection programs in general is lower than that of MHF. Meanwhile, the choice of employment for poor women is affected by local natural resources, the economic activity of their place of residence, and their education level. Women migrant workers generally work in the informal sector that do not require special education and skills, and these women have a weak legal position that puts them in a vulnerable position which leads to the violation of their rights and harassment by employers.

Poor women's understanding of maternal and reproductive health is highly influenced by their level of education and also the availability of public facilities. Study area communities still have low awareness in regards to violence act against women, and domestic violence is still a taboo issue to discuss; thus, reporting levels are still low. A thorough understanding of the characteristics of women's poverty and FHF is the key to design a social protection agenda that is able to alleviate poverty among women.

Keywords: poor women's access, poverty, women

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LIST OF ABBREVIATIONS

APBD	Anggaran Pendapatan dan Belanja Daerah	Regional Budget
APBN	Anggaran Pendapatan dan Belanja Negara	State Budget
BBM	Bahan Bakar Minyak	Oil Fuels
BLSM	Bantuan Langsung Sementara Masyarakat	Temporary Direct Cash Assistance
BOS	Bantuan Operasional Sekolah	School Operational Assistance
BPS	Badan Pusat Statistik	Statistics Indonesia
BSM	Bantuan Siswa Miskin	Cash Transfer for Poor Students
BSPS	Bantuan Stimulan Perumahan Swadaya	Self-Help Housing Stimulus
CSR		Corporate Social Responsibility
FGD		Focus Group Discussion
FHF		Female-headed Family
JKN	Jaminan Kesehatan Nasional	National Health Insurance
JMP	<i>Joint Monitoring Programme</i>	Joint Monitoring Program
JPMP	Jaringan Peduli Masalah Perempuan	Network for Women's Issues
JPS	Jaring Pengaman Sosial	Social Security Network
KDRT	kekerasan dalam rumah tangga	Domestic Violence
KPKG	Kelompok Pemerhati Kesetaraan Gender	Gender Equality Activist Group
KPS	Kartu Perlindungan Sosial	Social Protection Card
KTP	Kartu tanda penduduk	Indonesian ID Card
KUR	Kredit Usaha Rakyat	Credit for Business
LSM	Lembaga Swadaya Masyarakat	Non-governmental Organization
MHF		Male-headed Family
OPK	Operasi Pasar Khusus	Special Market Operation (for subsidized rice)
Pangkep	Pangkajene dan Kepulauan	Pangkajene Archipelago
PAH	Penampungan air hujan	Rain water harvesting
PAUD	Pendidikan Anak Usia Dini	Early Childhood Education
PBI	Penerima Bantuan Iuran	Contribution Assistance Recipients
PDAM	Perusahaan Daerah Air Minum	Regional Drinking Water Company
PDMDKE	Pemberdayaan Daerah dalam Mengatasi Dampak Krisis Ekonomi	Regional Empowerment to Overcome the Impact of the Economic Crisis
PHBS	Perilaku hidup bersih dan sehat	Clean and Healthy Behavior
PKH	Program Keluarga Harapan	Family Hope Program

PKK	Pembinaan Kesejahteraan Keluarga	Family Welfare Movement
PKPU	Peraturan Komisi Pemilihan Umum	The Regulation of the General Election Commission
PLN	Perusahaan Listrik Negara	State-owned Electricity Company
PNPM	Program Nasional Pemberdayaan Masyarakat	National Program for Community Empowerment
PPIP	Program Peningkatan Infrastruktur Perdesaan	Rural Infrastructure Development Program
PPK	Program Pengembangan Kecamatan	Sub-district Development Program
PTPN	PT Perkebunan Nusantara	State-owned Plantation Company
RK	Rukun kampung (rukun warga)	a unit of local administration consisting of several RT (neighborhood units)
RS	rumah sakit	Hospital
RS-RTLH	Rehabilitasi Sosial Rumah Tidak Layak Huni	Social Rehabilitation of Poor Housing
RT	rukun tetangga	Neighborhood unit
RW	rukun warga	a unit of local administration consisting of several RT (neighborhood units)
SD	sekolah dasar	Elementary School
SJSN	Sistem Jaminan Sosial Nasional	National Social Security System
SKTM	surat keterangan tidak mampu	Certificate of Financial Incapability
SMA	sekolah menengah atas	High School
MP	sekolah menengah pertama	Junior High School
SPKP	Simpan Pinjam Kelompok Perempuan	Women's Savings and Loan Group
SPP	Simpan Pinjam untuk Kelompok Perempuan	Women's Savings and Loan
SSP	Sanggar Suara Perempuan	Voice of Women Group
STM	Serikat Tolong Menolong	Mutual Assistance Association
TKI	Tenaga Kerja Indonesia	Indonesian Migrant Workers
TPAK	Tingkat partisipasi angkatan kerja	Work Force Participation Rate
TTS	Timor Tengah Selatan	Timor Tengah Selatan
UMK	Upah Minimum Kabupaten	District Minimum Wage

EXECUTIVE SUMMARY

Introduction

In Indonesia, various empowerment efforts to improve gender equality have been undertaken by both the Indonesian government and by NGOs. The MAMPU (Empowering Indonesian Women for Poverty Reduction) Program focuses on interventions for poor women, and takes women's organizations that struggle for women's rights as its work partners. The MAMPU program aims to improve the livelihood of poor women and improve their access to public services through five work themes, namely (i) women's access to social protection programs, (ii) women's access to employment, and discrimination against women in the workplace, (iii) conditions of women migrant workers, (iv) reproductive and maternal health and (v) violence against women.

In efforts to investigate the conditions and the changes in the livelihoods of poor women and their access to public services, the SMERU Research Institute and MAMPU are conducting a 5-year longitudinal study. From October to November 2014, the baseline field research was conducted to obtain basic data that to be utilized as a comparison to determine the changes in women's livelihood and the access of poor women to public services. The research was conducted in 15 villages across 5 districts, namely Deli Serdang in North Sumatra, Cilacap in Central Java, Kubu Raya in West Kalimantan, Pangkajene and its archipelago (Pangkep) in South Sulawesi, and Timor Tengah Selatan (TTS) in East Nusa Tenggara (NTT). 10 out of the 15 study villages were partners of MAMPU. The following are the key findings of the research conducted in those five districts.

The Profile of the Study Areas

The Conditions of the Area

The study villages in the western part of Indonesia such as Deli Serdang had better means, infrastructure and public facilities compared to the study villages in the eastern region (such as TTS). The condition of the education facilities, health services, electricity, clean water and sanitation in Deli Serdang were better than those in other districts. In Pangkep and TTS, there were still *kampongs* or villages that did not have access to the electricity provided by the State Electricity Company (PLN); therefore the people there had to use solar-powered electricity or kerosene lamps. Clean water in Kubu Raya, Pangkep and TTS was available only during the rainy season, as in the dry season, the water springs run dry or turn bad. In terms of sanitation, some people in Kubu Raya and Pangkep defecated outdoors. Most study villages still had rural characteristics, with economic activities limited to agricultural sectors. The commodities grown varied among districts. However, staple food commodities such as rice and corn dominated the land cultivation in all study villages.

The Welfare Conditions of the Community

The study made use of the welfare information at local/village levels to determine the criteria for the community welfare. FGDs were conducted in each village to obtain information and indicators of local welfare that were commonly used by the local people. Based on the results of the FGDs, the majority of the people in the study villages classified family welfare conditions into four groups: rich, average, poor and very poor. The distribution of families across each welfare group

was varied; however the families of the poor category constituted highest percentage in the majority of the study villages. The highest proportion of poor families was found in the villages in the eastern region.

The Existence of Programs or Assistance

Each village had access to a minimum 7 programs or forms of assistance, and some villages received more than 20 programs/forms of assistance from both governments and non-government organizations. The assistance that they received was mostly in the forms of cash, staple foods, business tools, construction or infrastructure renovation, training and information dissemination, and counselling. The recipients of the programs/assistance varied, including individuals, families, groups or village people in general.

The poverty reduction program from the central government that were present in all villages were the Rice Subsidy for low income people (Raskin), Temporary Direct Cash Assistance (BLSM), School Operational Assistance (BOS), Cash Transfer for Poor Students (BSM) and Health Insurance for Communities (Jamkesmas) (later altered to become the National Health Insurance (JKN)). Meanwhile, there were some programs that only existed in some study villages, such as the Family Hope Program (PKH), the National Program for Community Empowerment (PNPM), the Rural Infrastructure Development Programme (PPIP), the Self-Help Housing Stimulus (BSPS), and the Social Rehabilitation for Poor Housing (RS-RTLH). The program of Local Health Insurance (Jamkesda), as a partner of the Jamkesmas, was the only regional government program that was present in all study villages. Besides the government, non-government entities, including companies, local, national and international NGOs, political parties, parliament candidates and schools as well as universities offered assistance in the form of staple food, business capital, scholarships, training for health, agriculture, gender, domestic violence, and employment, small scale business training, free health treatments, clean water, as well as advocacy in business and social activities.

The Profile of Poor Families and their Family Members

The Characteristics of Poor Families

The characteristics of the poor families in this study were as follows: (i) they did not have livestock/assets/savings, (ii) they had televisions and cell phones, while the most luxurious transportation owned was motorbike, and (iii) they used gas as the main fuel to cook and used electricity provided by PLN for lighting. The majority of the poor families lived in their own house, but only some of the families had legal documents for land ownership. In general, the access of the poor families to clean water was good enough, but the sanitation conditions were relatively insufficient. Only 55% of the poor families had their own toilet facilities. Those who did not have such a facility usually defecated outdoors.

For the last two years, almost all poor family enlisted in the study had benefited from at least one type of program or assistance from the government or a non-government organization. However, there were still 7% of the poor families who never received a single program. For the past two years, there were 14% of families who appealed for the Certificate of Financial Incapability (SKTM) to receive health and education programs and assistance. Basically, the programs of Raskin, BLSM and BSM had the same target criteria, that is for families to have the Social Protection Card (KPS). Yet, there were only 10.67% of families who received Raskin, BLSM and BSM all at once. Besides

that, based on the requirements of target criteria, the families receiving PKH should have obtained other social protection programs from the central government, namely Raskin, BLSM, BSM and JKN. In reality, there was only 1.78% of the PKH recipient families that were also enlisted in the four other social protection programs.

The Characteristics of the Heads of Poor Families

The number of male-headed families (MHF) was higher than the female-headed families (FHF). Most of the household heads were married and were aged from 17-59 years old. The male family heads were mostly younger than female family heads, and the majority of the male family heads were still married while the female family heads were divorced. The study found that 80% of the female family heads who were divorced (or widowed). This finding indicates that divorce is the main reason why women became the head of the family.

All heads of household were in the productive age bracket, but not all of them had a job. Most of the household heads worked as laborers or part-time labourers, primarily in the agricultural sector. Aside from agriculture, construction and services were the sectors chosen by most of the male family heads, whereas the female family heads preferred service and trade sectors.

In terms of education, the data shows that most household heads did not have a diploma, despite the fact that they were able to read and write, with a higher literacy rate for male household heads compared to the female household heads. Out of the 19% of the poor household heads who did not receive a formal education, around 63% of them were women. Besides that, almost 40% of the poor household heads did not have formal diplomas, from which 38% of them were women.

The Characteristics of Poor Family Members

In general, the education level of female family members was lower than that of their male counterparts, based on possession of a diploma or literacy rate. In terms of occupation, the data shows that most family members work in the agricultural sector. Although both men and women had employment, the activities of taking care of the household were mostly done by female family members. The great number of family members working in the agricultural sector was influenced by the availability and the utilization pattern of the natural resources which were mostly agricultural lands or plantations. Based on gender, the male members of the family mostly worked in construction, transportation and mining, whereas the female members worked in service, trade, and manufacture sectors.

According to their marital status, most of the family members had married through religious customs and their marriage was legalized by the government (having the legal documents/papers). But there were some people whose marriages were only recognized by religions (not having the legal documents/papers), and some lived together without having the legal marital status. In terms of document ownership, not all of the poor family members had personal documents such as an identity card, marriage certificate, family registers and birth certificate. The main reasons for the absence of such documents were financial constraints and incomplete supporting documents, especially the marriage certificate of the parents. This study reveals that the absence of marriage certificates—other than because of early-age marriage—was due to the parents' marital status which was not officially legal.

Public Services and Women's Livelihood

Poor Women's Access to Social Programmes or Assistance

Generally, the decisions about the targets of program/assistance recipients are based on poverty level. There were only two Central Governments' programs which positioned women as the main recipients, namely PKH and PNPM through the Women's Savings and Loans Groups (SPKP). The SPKP was meant to boost women's productive activities by providing soft loans for business capital or for setting up new business. Most of the study villages received special programs/assistance for women from NGOs that paid special attention to women's issues. In general, the programs/assistance took the form of empowerment, training, and information dissemination through advocacy.

Based on the gender of household heads, survey data shows that overall, female household heads had reduced access to the government programs/assistance than the male household heads. The access of the female family heads was only higher for certain programs such as Raskin, BLSM, and illiteracy eradication. The proportion of the female household heads that applied for SKTM to access government aid, particularly education and health grants, was also lower than that of male household heads. However, in general, the access of female family heads to the programs/assistance from non-governmental organizations was higher than that of the male household heads, especially in terms of legal assistance, food, cash funds, housing, and education.

The Jobs of Poor Women

More than half of the poor women were laborforce participants, with quite a high work participation rate. Survey data reveals that the participation rate of the labour force (TPAK) of the poor women workers in FHF was higher than that in MHF. The three highest employment sectors for poor women both in FHF and MHF were agriculture, services, and trade. Nevertheless, in some study districts, there were different choices of jobs for single and married women. Based on education level, the proportion of women workers who did not go to school or who had dropped out of the elementary school was more than half of the total number of women workers in the study areas.

Meanwhile, the survey data shows that the working women in the study areas were mostly adults between the ages of 30 and 59 years old. However, there were also child workers coming from the poor families who were as young as 6 years old. The types of jobs done by the female child workers included work as labourers/part time workers or casual workers; usually, their main reason for working was to help support the family economic situation.

Migration

The number of poor women workers working domestically was higher than that of those working outside the country. Big cities such as the provincial capitals were still the top migration destinations for the domestic women migrant workers. The variety of jobs available in big cities, and location close to the family were the two main pulling factors for those women to work inside the country, rather than abroad. Meanwhile, the countries that were the top destinations for the women migrant workers were Malaysia, Singapore, and Hongkong.

Migration was mostly undertaken by women under the age of 30 years old, and usually they migrated for the first time at the age of 20-25. Meanwhile, the women migrant workers who

worked abroad mostly came from the age group of 20-29 years old. Based on their marital status, 85% of the women migrant workers were single. Based on the results of the FGDs and the in-depth interviews, community norms that view the husband as the main breadwinner of the family were also a contributing factor to the low rate of migration among married women.

The majority of women migrant workers had some level of schooling; 32% had elementary school certificates and 21% did not have any diplomas. The education levels were closely related to types of jobs, and women migrant workers usually worked in the informal sector as domestic workers or part time/casual workers. In Malaysia, there were relatively many Indonesian women migrant workers who did not have any diplomas, while in Singapore, there were more Indonesian migrant workers who had elementary school certificates or other certificates that were of a similar level than those who did not have any certificates.

The main reason for women to migrate was the economic factor, while divorce was the main non-economic factor. Women migrant workers made real contributions to their family's economic situation through the money (remittances) they sent to their family. The money sent was usually used by the family who was left behind to support their daily needs, pay school expenses and repay family debt. When the migration income was considered sufficient to meet the economic needs or had achieved a certain goal, the women migrant workers would usually stop working and return to live in their village. The biggest percentage of remittance was from the poor women migrant workers who were still single or were the daughters of the household head.

In general, women migrant workers who worked abroad had more challenges than their domestic counterparts. The women migrant workers who went abroad had to face a lot of problems in terms of migration, both before and during their departure, and both in their destination country as well as in their home country when they returned home. Such problems included capital, departure processes involving illegal processes and human trafficking, sexual harassment risks, violence, rape, and violation of human rights by their employers.

Maternal and Reproductive Health

Kubu Raya and TTS had on average a relatively higher pregnancy rate compared to that in the three other districts. This rate of pregnancy was among poor women in the oldest age bracket with the lowest education level. Based on the age of the first pregnancy, as many as 59% of the women were pregnant for the first time between the ages of 20-29. But, there were 36% of women who experienced pregnancy as teenagers, with the youngest belonging to the age group of 10-19 years old. In Pangkep, such conditions were found to be closely related to the culture of early-age marriage. In general, early-age marriage had a positive correlation with early-age pregnancy. Women who experienced early-age pregnancy have a higher risk of problems during pregnancy and delivery, especially because their reproductive organs are not yet fully developed and their womb is not strong enough for their babies.

The most common pregnancy problems were high blood pressures, vomiting in the first trimester, anaemia, preeclampsia, long *partus*, and pregnancy over 40 weeks. Most pregnant mothers from poor families suffered from anaemia due to malnutrition. Most of them had also had their pregnancy examined at health facilities or practitioners' own clinics (midwife/doctor). Considering the availability and accessibility of health facilities, the local government regulations, and the level of education, the poor women mostly chose from three pregnancy check-up facilities, namely midwifery clinics, *puskesmas/pustu* and *posyandu*.

Although almost all of the poor women in the survey had their pregnancy overseen in a health facility, only 45% of them delivered their babies in those health facilities. The limited number and distribution of health facilities, bad road infrastructure, transportation fees, unaffordable fees for baby delivery, easy access to traditional midwives, including this service's flexible payment, tradition, and sudden onset of labor were some of the reasons why women chose to deliver their babies at home. Based on education levels, the survey data showed that home labour and delivery was mostly undertaken by women who did not have any education.

In terms of birth control, most poor women did not use any contraception. Some of the reasons why women used contraception were mainly to postpone pregnancy, to limit the number of children or to maintain their health as suggested by the midwives. The most commonly used contraception type was the injection. The decision to use contraception was made by either the women or their spouse, or it was decided together by both. However, a few involved other parties such as parents or midwives to help them make the decision.

Violence against Women

Cases of violence against women happened most frequently in TTS, both in the form of physical and verbal abuse. People in TTS considered violence a normal way to reprimand their wives or their children, or even their siblings to make them realize their mistakes. In many cases, abused women could end up fighting back. Unfortunately, religion and culture prevent them from reporting the violence to the police or community leaders. However, the results of FGDs and in-depth interviews reveal that there was a declining rate of domestic violence in TTS in the past two years.

Women's Participation in Village Activities

In general, women's participation in the village government and political activities in all study areas was low. There was only one village that had a female village head; meanwhile, other forms of women's participation in political activities included, among others, becoming a legislative candidate, becoming a committee member for the election, or becoming a member of a 'success team' of a certain political party. However, none of the women in the study area were elected as legislative members. Meanwhile, in social activities, women's participation could be seen in *Posyandu*, PKK and religious activities.

Conclusion

Different poverty characteristics between men and women require a comprehensive understanding of the conditions experienced by poor women, especially in terms of their livelihoods and access to public services. Efforts to improve the livelihoods of poor women would have a cross-generation impact; thus this would contribute to the improvement of the welfare of the children, who constitute the next generation.

I. INTRODUCTION

1.1 Background

For the last few decades, the Indonesian government had undertaken various efforts to increase gender equality and to boost women's empowerment, including reform efforts to decrease violence against women. At the same time, there have also been various interventions by different institutions, such as international aid for mothers' reproductive health and efforts by NGOs or LSMs to improve women's livelihoods. Significant results have been seen, namely the increase in the school participation rate (APS) of women, which was higher than that of men (BPS¹, 2013a), and the improvement of health facilities and their increased use (Riskesdas, 2010 dan 2013)². The establishment of the Ministry of Women Affairs³ in 1978 also opened up opportunities for the government to encourage women's participation in social, economic and political sectors. However, women have still been prone to poverty. According to UNDP⁴ (2014), the gender development index (IPG)⁵ shows that men's income per capita remained double than that of women.

Women's poverty should be given special attention; the ILO⁶ has stated that poverty is the source and effect of poverty itself (2004). The implication of this is that, poverty among women can become a vicious cycle in which women fall into worse poverty conditions. The data taken from the National Social and Economic Survey (Susenas) indicated that the percentage of women living in poverty based on the national poverty threshold in Indonesia from 2009 to 2014 decreased by 3.18 percentage points, or as many as 2,553,138 women (Figure 1). Although the poverty rate among women declined, the rate of decrease was smaller than that among men (3.39 point of percentage). This was one of the indicators that government policy in reducing poverty had a greater impact on men than women. This should become a major concern, since women's poverty eradication greatly influences the life of the next generation. The ILO (2004) stated that when women's income increases and the number of poor women decreases, children benefit more from the progress, because women spend their money on their family and children more than men do. Poverty eradication among women affects the welfare of the children who will become the future generation. Thus, there should be special efforts from various parties to overcome and prevent poverty among women.

¹Badan Pusat Statistik (Statistics Indonesia).

²Women APS between 2002 and 2013 increased. Women APS at the age of 7-12 in the year of 2002 was 96,49%, rising into 98,58% in 2013. The same thing could be seen in the APS of the older age groups at the same period, namely the age bracket of 13-15, increasing from 79,50% to 91,72%, the age bracket of 16-18 from 48,77% to 63,82%, the age bracket of 19-24 from 10,38% to 19,89%. In 2013 the number was even higher than men APS for certain age groups. Men APS in 2013 for certain age groups were as follows: 98,16% for the age bracket of 7-12 years old, 89,69% for the age bracket of 13-15 years old, and 63,16% for the age bracket of 16-18 years old. The exception was for APS at the age bracket of 19-24 years old, in which the men's number was higher than that of the women.

³The current name was the Ministry of Women Empowerment and Child Protection.

⁴The United Nations Development Programme

⁵IPG is the ration of the Index of Human Development (IPM) between women and men. This index measured the disparity in human development between women and men in three dimensions, namely health, education, and living standard. The Indonesian IPG in 2014 ranked 108 out of 187 countries, with an IPG score of women compared to men of 0.923. The income per capita value (PPP) of women in 2011 was \$5,873; whereas men \$12,030.

⁶International Labour Organization

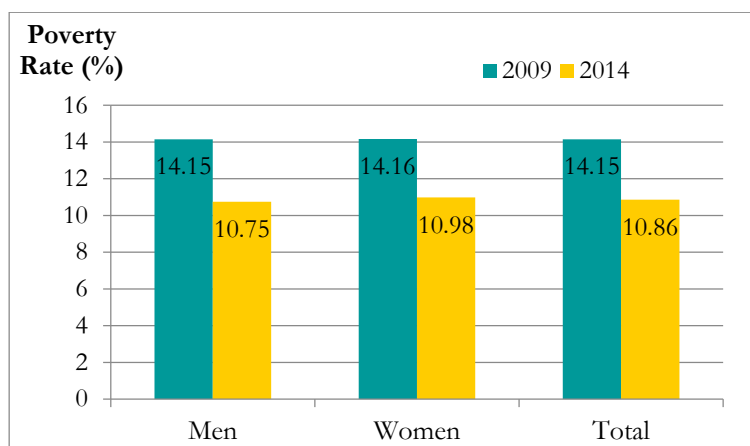


Figure 1. Poverty rates based on gender, 2009 and 2014

Source: Susenas, 2009 and 2012

Poverty among women was different from poverty among men (Pearce, 1978). Moghadam (2005) stated that women were more prone to poverty because of limited access to jobs, low income, high rate of school attrition, and high rates of illiteracy. Vulnerability to poverty was found to be even higher among women, especially those who serve as the head of the family, because they had to carry out more roles and had heavier responsibilities than other women. According to PEKKA (2014) more than half of the families headed by women in Indonesia was categorized as poor. Most of these women did not go to school, and worked as farm hands or in the informal sector and had responsibility for 1 to 6 people.

Besides having different levels of susceptibility when compared to men, the effect of shocks faced by women was also different from one woman to another. Holmes et al. (2011) stated that shocks had greater effect on women because they are the ones who had the responsibility to manage the consumption and nutritional intake of the family. The effect of such shocks among poor women was even greater because besides being responsible for family consumption, poor women also had a role in contributing to the family's income.

MAMPU was one of the programs that focused on interventions among poor women and women's organizations working in the areas of poor women's rights. The MAMPU program aimed to improve the livelihoods of poor women and to increase their access to public services in areas, namely (i) women's access to social protection programs, (ii) improve women's access to employment and eliminate discrimination against women in the workplace, (iii) improve the conditions of women migrant workers, (iv) improve maternal and reproductive health, and (v) decrease violence against women. Essentially, women—especially those that are poor—face quite a lot of problems. However, improvements to women's social protections, employment (in-country and abroad), health, and the violence they experience can result in significant changes to their lives (Cameron, 2014).

The improvement of poor women's livelihoods and their access to services is a long-term process (Krantz, 2001). Therefore, there is a need for longitudinal research to understand the situation and changes in poor women's livelihoods and their access to public services. As a preliminary step, the SMERU Research Institute, supported by MAMPU, conducted a baseline study to obtain basic data that could serve as a comparison in the efforts to understand changes in women's livelihoods and their access to public services. The research focused on five themes, namely social protection programs, employment, migration, maternal and reproductive health, and domestic violence

(KDRT). The baseline research was conducted in five districts in Indonesia using a mixed-methods approach of both quantitative and qualitative data collection. The results of this research, together with the follow-up research, were expected to provide comprehensive information regarding poor women to all stakeholders that had active roles in improving poor women's livelihoods and their access to public services.

1.2 Research Objectives

In general, the purpose of this baseline research is to obtain a preliminary description of access to public services and the livelihoods of poor women in the five thematic areas of MAMPU, in a number of regions in Indonesia. There are several questions to be answered by this research that relate to the general preliminary conditions of the access to services and the livelihoods of poor women. Several specific questions are posed in regards to livelihoods and access among these women are:

- a. What is the state of women's access to social protection programs?
- b. What are women's working conditions?
- c. What are women migrant workers' conditions?
- d. What is the state of women's health, particularly maternal and reproductive health?
- e. What is the state of violence against women, especially domestic violence?

The environmental factors can provide information about the factors that support and hamper poverty reduction efforts and efforts to improve access to services. Therefore, there were several additional questions related to the environmental conditions where women live, particularly related to general village conditions:

- a) What is women's participation in village activities?
- b) How is the availability of the public facilities in the village?
- c) What is the welfare state of the community?

1.3 Report Structure

The report consists of seven chapters. Chapter 1 describes the background and the objectives of the study. Chapter 2 is a literature review covering the five themes of the research focus, which depict women's living conditions. Chapter 3 explains the methodology used in the research, including the background to the selection of the study areas, research samples, and data collection techniques using mixed quantitative and qualitative methods. Chapter 4 provides a profile of the study area, and includes discussions of the facilities, the welfare conditions of the community, and the availability the government and NGO programs and assistance, based on the interviews and FGDs as well as observation. Chapter 5 discusses the family and individual profiles of those sampled in the research, covering the characteristics of the houses and their facilities, characteristics of the family heads, and the characteristics of the family members, based on the survey findings. Chapter 6 elaborates the main findings on women's livelihoods in the context of the five central themes of the study. Chapter 7 presents the conclusions from all of the study's findings.

II. LITERATURE REVIEW ON WOMEN'S LIVELIHOODS

Literature on the livelihoods of poor women is essential as for understanding the problems faced by poor women, in order to establish a reference point for the situation of the poor women who are the focus of this study. This section discusses existing studies on the welfare conditions of poor women in and outside Indonesia, particularly in regard to five themes, namely social protection programs, employment, migration, maternal and reproductive health, and violence against women. Women's position in those five areas will be depicted based on existing research and related statistical data.

The limited availability of social protection programs especially designed for women and the limited role of women in social protection programs can be a cause of the women's limited access to social protection programs provided by the government. In terms of employment, women still faced discrimination on salary and types of jobs between men and women. Low education levels among women also contributes to the marginal position of women in employment. For some women, migration becomes an option to get better-paying work. Migrant women workers face various problems such as exploitation, high migration fees, and minimum protection. In terms of maternal and reproductive health, access to health facilities and healthcare workers is influenced not only by the minimal facilities, but also the low education levels of the community as well as a low awareness towards the significance of these issues. In terms of violence, women experience this quite often, but not many cases are exposed. Culture and a lack of understanding in the community regarding this issue are reasons why violence against women is not made public.

2.1 Social Protection Programs

Social protection programs are considered a way that governments can attempt to overcome poverty and to protect poor communities. The term social protection covers various policy initiatives and services to eradicate poverty, isolation, and susceptibility in order to improve people's welfare, facilitate social cohesion, and contribute to the economic performance and equitable development (Singh dan McLeish, 2014). In Indonesia, social protection programs have taken the form of direct cash programs, rice subsidies, aid for school students, and health insurance. It was hoped that those social protection programmes would be able to protect poor communities from shocks, improve their income, and in the long term, increase investment in terms of human resources. As Roelen (2014) stated, social protection programs for the poor aim to eliminate individuals' limitations so that they can overcome poverty and improve the condition of their lives.

It has been proven that social protection programs can become a safety net for the poor. However, some of the social protection programs often fail to support marginalized groups, including women (Cameron, 2014). The failure in this regard is caused by a number of factors:

- a) compared to men, women are inclined to work in the informal sector,
- b) women sometimes had to quit from employment because they had to take care of children after giving birth to them, or because the common norms regulated that they were not allowed to work
- c) these conditions made women prone to income shocks.

Giving social aid to women is believed to be one of the effective ways to overcome inter generational hunger and poverty (Thakur, Arnold, dan Johnson, 2009). In Indonesia, the government has made efforts to reach women through some social protection programs such as the Family Hope Programme (PKH) and Women's Savings and Loans Groups (SPKP) (Syukri, 2013). Both programmes specifically targeted women and tried to improve their social and political situation in the community. Though some opinions state that the programs have increased women's ability to meet their basic daily needs, women's position in the family and community has remained unchanged (Syukri, 2013). Take PKH for example, although women are given direct access to a social assistance grant, their bargaining position in determining the allocation of the money allocation remains still weak (Arief et al. in Syukri, 2013). These social protection programs have not been able to change the relational patterns between men and women; thus, what often happens is that women's roles are limited to meeting the program requirements.

Van Klaveren et al. (2010) and World Bank (2011) noted some other factors that led to women's limited access to social protection programmes. Those factors were lack of program information, low education levels, and women's low awareness towards the availability and requirements of a program as well as transportation expenses to access such a program. Therefore, gender mainstreaming in the design and the implementation of social protection programs is essential to ensure that the program can serve as a safety net for the poor, especially women.

2.2 Women's Employment

Indonesian population growth led to an increase in the size of the workforce. Data from Sakernas 2014 shows that the size of the workforce increased from 107.07 million in 2004 to 121.16 million in August 2014 (BPS, 2014). Even though the total size of the workforce experienced an increase, the participation rate of the workforce experienced a decrease, from 67.8% in 2004 to 66.6% in August 2014. A more detailed analysis of the data showed that there was difference in the workforce participation trends among men and women. Women's participation in the formal sector tended to increase despite the fact that the number of women was lower than men (Khotimah, 2009). The ILO stated (2014) that there was still a gap between the workforce participation rates of men and women. In 2012 the male workforce participation rate was 85% whereas that of women only 53.4%.

Besides the gap, women also experienced employment discrimination. Khotimah (2009) stated that almost all communities have maintain ideological concepts related to the division of activities between men and women, including in relation to labor. Men are generally conceptualized as having stronger muscles and as being able to face greater risks and danger so they were positioned to outdoor jobs that required higher skills and teamwork. In contrast, women are generally conceptualized as weak and are given jobs that have fewer risks and dangers, that are relatively repetitive, that do not need concentration, and that are temporary (not permanent). This situation is represented in the characteristics of the jobs that men and women have. The ILO (2014) stated that 57.9% of women work in the informal sector, while only 50.9% men work in the same sector.

The high percentage of women working in the informal sector brings certain risks. The World Bank (2007) stated that the informal sector has certain characteristics such as low productivity, unfair competition, and unavailability of social protection systems for workers. The reason that such a high number of women work in the informal sector is that these women do not have a sufficient education and only have relatively low skills (Chen, 2001). Meanwhile, Wagner (2014) mentioned that high education levels and better literacy rates could improve livelihoods.

Low education levels is closely related to poverty conditions. Tjandraningsih (2000) stated that in Indonesia, poverty and low education levels among women are the causes of the marginalization of women in obtaining formal employment, especially those in the formal sector. The statement was also confirmed by Gallaway and Bernasek (in ILO, 2010) who found that the majority of Indonesian women who work in the informal sector had low education levels, low incomes, and did not have a chance to earn a living in the formal sector. On the other hand, the ILO (2010) mentioned that the number of male workers working in the informal sector was higher than women workers. However, the growth of informal women workers was higher than that of men. Still according to the same source, from 2006 to 2009, the number of women informal workers increased by as much as 17.9%, while the number of informal male workers grew only by 0,21%.

In terms of wages, Sohn (2015) conducted research regarding gender-based wage discrimination in Indonesia using 2007 Indonesian Family Life Survey data. Sohn discovered that the income of women workers, either those working as employees or those with their own business, was 30% lower than their male counterparts. The causes of these differences was also due to the tendency of employers to hire women in only particular sectors and types of occupation that had a lower wage, resulting in women's lower incomes compared to that of men. The Indonesian government has actually regulated the rights of women workers, such as maximum work hours, leave, and special facilities for women workers in Regulation Number 13, 2003 on Labor Matters. The regulation is meant to protect women workers' basic rights, such as giving women workers time to rest during pregnancy up to the time of delivery. But failure to abide by the law, weak monitoring, and the weak law enforcement in Indonesia remain causes of the high rates of discrimination against women workers in terms of employment (ILO, N.D.; Addiniaty, N.D.).

2.3 Women Migrant Workers

Based on the determining factors of migration, a related study found that there are two main migration models: individuals and households (Ranis and Fei Mincher in Kuhn, 2005). Todaro (1969) stated that the individual migration model occurs when there is an income difference between the income in the place of origin and that in the migration destination; thus income disparities become a determining factor of migration. Some studies supported the abovementioned hypothesis (Fields, 1982; Schultz, 1982). This approach, using cost-and-benefit analysis, would also suggest that the household migration model occurs when a household could derive benefit from the migration process. Mincer (1978) stated that migration was the household response towards the imperfections of the capital and insurance market, so acts as a financial intermediary for families who experience capital limitation. Related empirical studies haven been done by, among others, Morrison (1994), who proved that the credit market conditions in the place of origin is the determinant of migration.

Internationally, migration started to receive special attention since around the year 2000 when issues related to migration were discussed at various policy levels. ILO (2014) noted that there were 232 million people who migrated internationally and almost 740 million people who migrated internally. Globally, 48% of all workers who migrated were women (ILO, 2014). Even though women migration rate was high, the dichotomy of men and women in terms of employment still existed, and there were still more women working in the informal sector (Kawar, 2003).

According to an ILO report (2013), Indonesia ranked second in terms of the number of migrant workers sent to work abroad. Silvey (2004) predicted that in 2012 there would be 4.3 million Indonesian migrant workers working outside the country and around two thirds of them would be women. The majority of Indonesian migrant workers worked in Malaysia and the Middle East. However, recently there have been an increasing number of Indonesian migrant workers working in Hong Kong, Singapore, and Taiwan (Hoang, Yeoh, dan Watti, 2012).

Golinowska (2008) stated that the opportunity of a better job and a bigger salary encourages a perception that working abroad could improve welfare. However, the reality can be totally different, especially for women who work as domestic workers. Varia (2011) noted that violence and unfair treatment, such as violation of working hours and withholding of wages, is regularly experienced by women migrant workers. The handling of such cases is not easy because of the great difficulties in regulating migrant work—considering its international scope—and the weak legal status of women migrant workers who work in the informal sector (Ford, 2006).

Women migrant workers have a high risk of falling victim to human trafficking, labour exploitation, sexual harassment, abuse (physical, mental, sexual), violation of their rights as workers (ILO, 2013). Even women migrant workers that left the country through legal migration routes in general do not receive full work protection in the destination country (Soeprono and Wiyono, 2004). When facing various forms of violence and mistreatment as mentioned above, they could not simply avoid these violence and treatments and return to their home country. The ILO report (2010) mentions that before leaving for the destination country, these migrants are required to pay for the recruitment fee, which is quite high. Not many of them had the funds to pay the fee and in the end, they pay for it in instalment, deducted from their wages during their time abroad. The repayments that they have to pay can amount to equivalent of 14 months of their salary. This situation is worsened by the practice of withholding documents by employers or the Indonesian migrant worker (TKI) agents. In the end, the problems faced by women migrant workers need to be settled comprehensively so that their rights are protected both before and during migration, and even after they return to their place of origin.

2.4 Maternal and Reproductive Health

The mortality rate of mothers and babies in Indonesia is quite high compared to other countries in Southeast Asia (Agus, Horiuchi, and Porter, 2012). This situation is mainly caused by the low level of women's understanding on the use of facilities and healthcare workers in the delivery process (Riskesdas, 2013). According to 2013 Riskesdas data, mothers who had a higher educational background were inclined to use safer health services when giving birth, such as a midwife and specialist physician. On the contrary, mothers who had a low educational background tended to make use of traditional birth attendants and enlist family and relatives when they delivered their babies.

In addition to the lack of understanding, the availability of healthcare workers and health facilities that should encourage the improvement of obstetric service delivery was also very limited. In East Nusa Tenggara (NTT) for example, the number of healthcare workers are relatively limited and people have been found to have difficulties in accessing the services of healthcare workers because of poor infrastructure (Belton *et al.*, 2014). Meanwhile, Agus, Horiuchi, and Porter (2012) found that women in West Java prefer to deliver their babies using the service of the traditional midwives to that of the medical midwives, because in the local culture considers the traditional midwives to be better, more tolerant, and more experienced.

The 2013 Riskesdas data showed that education is one of the important factors in efforts to improve mothers' and children's health. This is also supported by the results of the studies by Grown et al. (2005) that mention the importance of education for women in order to improve health, reduce gaps, and empower women. Education, especially formal education, was a key to ensuring that women have an in-depth understanding and awareness of not only reproductive health, but also the available options in terms of health facilities.

Improvement of women's access to primary education would have a positive impact on the state of women's reproductive health, as this could prevent early-age marriages, early-age pregnancy, as well as reduce the mortality rate of mothers and babies. Meanwhile, improvement of women's access to mid-to-high levels of education (junior high to university) could increase women's knowledge about health services and their reproductive health. The study by Grown et al. (2005) shows that further education would be beneficial for women in order for them to be able to take control of their own mobility and to improve their access to services. They also mention that women could obtain more knowledge that they needed to overcome the obstacles in improving their health through higher education.

2.5 Violence against Women

Violence against women, in physical, psychological, economic, as well as sexual forms, is one of the impacts of unequal relationships between men and women. As stated by Tomagola (in Andari, 2012: 309), violence against women occurs because there is a vertical relationship marked by dominance; the position of men in the social hierarchy is considered higher and more superior economically, socially, and politically, compared to women. This does not only cause inequality in gender relations but also put women in a relatively powerless position.

Violence against women is not only committed by people outside the household, but also by the closest people inside the family circle. In fact, domestic violence has more victims, and has greater trauma effects than other forms of violence (Rahman, 2010). Rahman quotes data from a legal aid institute (LBH) that specializes in women's cases that stated that in 2005, as many as 395 cases out of 464 household cases that involved women were domestic violence cases (Rahman, 2010: 192). However, domestic violence is usually difficult to get out in the open, for the following reasons, among others:

- a) A substantial number of people consider it normal and even think of domestic violence as part of as "education" that a husband gives to his wife;
- b) Household conflicts are often seen as private problems;
- c) Wives may fear that their husbands will do something even crueller if she talks about the abuse to other parties; and
- d) A woman who suffers abuse feels ashamed if other people find out that her husband has behaved badly (Rahman, 2010).

Moreover, according to Aisyah and Parker (2014), women believe that telling others about the abuse they experienced was humiliating.

The rate of violence in Indonesia is quite high, even though there are many incidents that have not been reported. The Annual Report of the National Commission on Violence against Women showed that violence against women in Indonesia in 2014 reached 293,220 cases (Komnas

Perempuan, 2015). More specifically, in 2014 there were as many as 8,626 cases inside the home or perpetrated by those who had family, marriage, or intimate relationships with the victims.

In addition to the inferior-superior relationship between women and men, domestic violence is also closely related to local cultural factors and the relatively low understanding of the people regarding issues of violence against women. Quite often, directly or indirectly, the local culture also contributes to the continued presence of domestic violence (Rahman, 2010: 200). In East Nusa Tenggara (NTT), for example, the people— both for religious and customary reasons—are very much against divorce. Consequently, women who become victims of domestic violence find it hard to seek legal protection and file for divorce. (Nilan et al., 2014) conducted research in several cities in Indonesia and found that some men considered violence against women as something normal for a husband to do in order to impose discipline on his wife if she had broken the rules. As a result, the abuse of women by their own husbands is often considered part of marital relationships and not domestic violence.

III. RESEARCH METHODOLOGY

The section on research methodology explains the selection of samples and data collection techniques that were used in this research. The selection of study areas was based on a *purposive sampling* method so that districts, sub-districts, and hamlets that were chosen as samples could provide answers to the research questions. The data collection in this study was done by using a combination of quantitative methods (through surveys) and qualitative methods (through FGDs, in-depth interviews, and observation). This combined methodology was applied to ensure that the research questions could be answered comprehensively.

The baseline study is a part of the core research series of longitudinal studies which are to be conducted over 6 years, from 2014 to 2020. The core study will be conducted three times, at the baseline (2014), midline (2017), and endline (2019) stages. The core study is of more general characteristics, and examines the changes in the livelihoods of poor women and their access to public services in the long term. In between the core study phases, module studies are to be conducted twice, in 2015 and 2018. The module study aims to examine the impact of a specific issue or policy on the livelihood of poor women. An issue or a certain policy can have a significant effect on the livelihoods of women, but this may not be captured in this study. Therefore, module studies are necessary to explain the effect.

3.1 Study Area Selection

The use of a purposive sampling method enabled area selection to be done based on the potential representation available, as the general condition of the area (Teddlie dan Yu, 2007). Sharp et al. (2012) used a purposive sampling method in their longitudinal study of the impact of educational reform in South Carolina and found that the method was the most effective way to produce representative data. That is why the purposive sampling method was also used in this baseline study. The purposive sampling method was used to determine the study area samples—districts, sub-districts, villages, and hamlets—as well as to determine the respondents that were to be surveyed.

The research locations chosen consist of five districts scattered across five large groups of islands in Indonesia. The distribution of the study areas among several points was designed to provide regional variations, that is, to depict the variety of regional conditions in the socio and economic fields, so that their effects on the livelihoods of women could be seen. The five districts will be visited at each stage of the study and the study will retain the same sample families and individuals that were chosen in the baseline research in 2014.

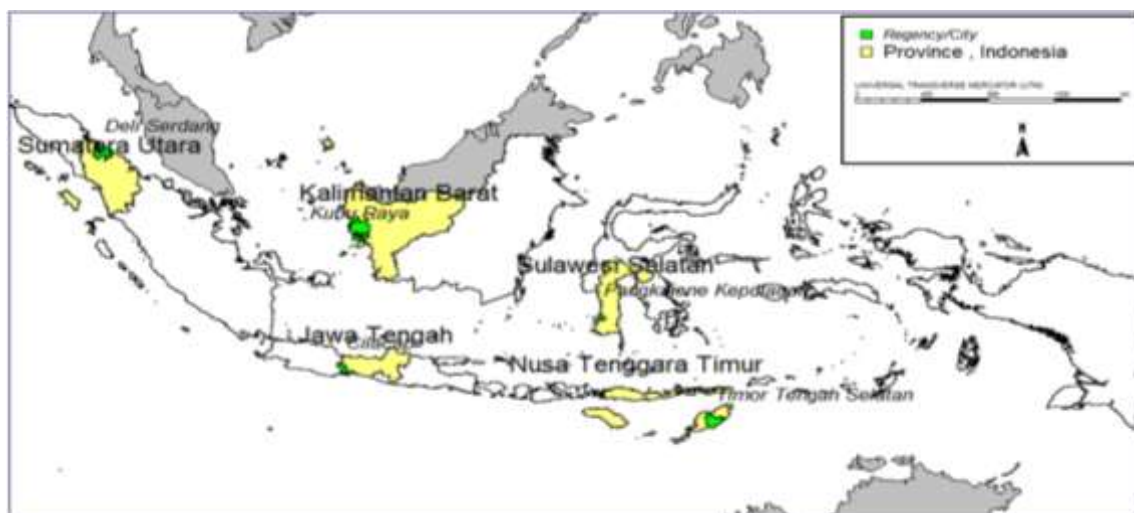


Figure 2. Map of Study Areas

Source: Natural Resource Database map, modified by the SMERU Research Team.

3.1.1 The District Selection

These five chosen districts represented five islands/groups of islands in Indonesia: Sumatra, Java, Kalimantan, Sulawesi, and Nusa Tenggara. In addition to regional representation, the selection criteria of the study districts also took into account the level of poverty that was relatively high at the national as well as provincial level⁷, the representation of five themes of MAMPU work areas, and the representation of MAMPU partner organizations. The five districts in five provinces that became study areas are Kabupaten Deli Serdang in North Sumatra province, Kabupaten Cilacap in Central Java province, Kabupaten Kubu Raya in West Kalimantan province, Kabupaten Pangkajene and its archipelago (Pangkep) in South Sulawesi province, and Kabupaten Timor Tengah Selatan (TTS) in East Nusa Tenggara province (Table 1).

⁷Deli Serdang and Kubu Raya had a relatively low poverty rate when compared to the other districts. The selection of these two districts as sample districts was based more on the representation of the themes of MAMPU work areas and the representation of MAMPU's partner organizations. Deli Serdang was the only district belonging to the ILO work area in Sumatra, meanwhile West Kalimantan was the only province in the work area of MAMPU's partner in Kalimantan, and Kubu Raya was chosen because of its relatively high rate of poverty compared to other MAMPU work areas in Kalimantan.

⁸The average of all sub districts from a variable—added or deducted with the deviation standard of the variable—would be the upper limit or bottom limit of the value interval that would be used to determine whether the sub-district was similar to the average of its district. The comparison was done for every variable separately so that in total there would be 19 comparisons.

Table 1. Study Area Districts

Province	District	Poverty Rate (SMERU, 2014)	Themes	Partners at District Level	Supporting Data for Sample District Selection
North Sumatra	Deli Serdang	5.22%	Employment	ILO	Deli Serdang is a district that has the largest workforce in North Sumatra. According to the 2008 survey of the national workforce, there were as many as 407,768 people in the workforce in Deli Serdang.
Central Java	Cilacap	18.6%	International migrant workers	<ul style="list-style-type: none"> • Migrant Care • Aisiyah • KPI 	Based on data from the National Board for the Placement and Protection Indonesian Migrant Workers (BNP2TKI) of 2008-2011, the number of migrant workers originating from Cilacap was quite high: 20.520 people.
West Kalimantan	Kubu Raya	7.33%	Social protection	PEKKA	In Kubu Raya, there were 2,690 very poor families, recipients of the PKH. This number was higher than the average number of PKH recipients in Kalimantan (2,092 families), even though the average number of PKH recipients per district in Indonesia was 6,802 families (the Social Ministry, 2014)
South Sulawesi	Pangkep	19.12%	Maternal and Reproductive Health	<ul style="list-style-type: none"> • Aisiyah • KAPAL Perempuan 	In Pangkep, only 75.84% of total births took place with the help of healthcare workers (<i>salinakes</i>). This number was lower than the percentage of <i>salinakes</i> in South Sulawesi, which was 88.67% (the Social Ministry, 2009)
East Nusa Tenggara	TTS	28.79%	Violence against women	Komnas Perempuan	The women in TTS are susceptible to food insecurity and domestic violence, especially during difficult times such as the dry season (Holmes et al., 2011)

Notes: The poverty rate based on the national poverty threshold for 2012

3.1.2 The Sub-district selection

The criteria for the selection study areas at sub-district level were as follows:

- In one sub-district there had to be at least two villages which is located in the work area of MAMPU's partners, and there had to be at least one village which is not part of the work area of MAMPU's partners.
- The nature of livelihoods and infrastructure in the sub-district had to represent livelihoods and infrastructure in the district.
- The poverty rate of the selected sub-districts had to be relatively high compared to the poverty rate of other sub-districts in the same districts to ease the data collection of poor families

The reason why the three selected sample villages had to be in the same sub-district was to increase the likelihood that villages would share similar characteristics. In practice, except for Kubu Raya, no sub-districts in the selected districts having three villages that met the criteria of the study area selection were found; therefore, the study areas had to be expanded to two sub-districts. Yet, this did not become a problem because the selected village in the other sub-district also had the characteristics that were similar to the other sample villages.

The characteristics of a sub-district were compared to the characteristics of a district through a number of variables that originated from the Data Collection of Village Potentials (*Podes*) of 2011 and the Poverty Map and the Livelihood of Indonesia (SMERU, 2014). The aim was so that the selected sub-districts had similar characteristics to the selected district and could represent the condition at the district level. The value of a variable in a certain sub-district was compared to the average of the value of the variable in all sub-districts of the selected district.⁸ The more variables there were within the interval of the value of the district average, the more similar the characteristics of a sub-district had to its district. The more similar characteristics a sub-district had to its district, the bigger the probability the sub-district had to be selected as a study area.

Table 2. Variables at the Sub-district Level

Variable Groups	Variables
Human Resources	<ul style="list-style-type: none"> • The number of elementary school (SD) buildings, junior high school (SMP), and senior high school (SMA). • The proportion of the people who work in the industrial sector • The proportion of the people who work in the service sector • The proportion of the people who work in the agricultural sector
Health Infrastructure	<ul style="list-style-type: none"> • The number of villages that have a hospital • The number of villages • The number of villages that have polyclinics • The number of villages that have <i>puskesmas</i>
Banking Infrastructure	<ul style="list-style-type: none"> • The number of villages that have credit facilities • The number of banking facilities (general and people's credit banks)
Public Infrastructure	<ul style="list-style-type: none"> • The existence of public transport that have permanent routes • The existence of market buildings • The number of NGOs operating in the village region
Housing condition	<ul style="list-style-type: none"> • The proportion of households with access to safe drinking water (bottled water/retail tap water/pump water/protected well water/protected spring water) • The proportion of people who live in a healthy house (the area is 8m² per capita) • The proportion of household with access to electricity
Poverty	<ul style="list-style-type: none"> • The poverty rate of the sub-district

⁸The average of all sub districts from a variable—added or deducted with the deviation standard of the variable—would be the upper limit or bottom limit of the value interval that would be used to determine whether the sub-district was similar to the average of its district. The comparison was done for every variable separately so that in total there would be 19 comparisons.

The number of the selected sub-districts in this study totalled nine sub-districts, which were Sunggal and Hamparan Perak in Kabupaten Deli Serdang, Jeruklegi and Kedungreja in Kabupaten Cilacap, Sungai Raya in Kabupaten Kubu Raya, Bungoro and Labakkang in Kabupaten Pangkep, as well as Kualin and Amanuban in Kabupaten TTS.

3.1.3 Village Selection

In every district, three villages in a sub-district were selected so that in total there were 15 villages that became the study area. The villages that became study areas consisted of two villages that were the work area of MAMPU's partners and one village that was not the work area of MAMPU's partners. The criteria for village selection were based on the similarities of the condition of the livelihood and infrastructure at the sub-district level so that the selected villages had characteristics that were similar to the sub-district, and were also based on the similarity of the characteristics and the inter village welfare level so that the impact of other factors outside the existence of MAMPU's partners could be isolated.

Table 3. Study Area

Province	Region			Village Categories	MAMPU's Partner/ Local Partner	Themes	Other NGOs
	District	Sub-districts	Villages				
North Sumatra	Deli Serdang	Sunggal	Mulioarjo	MAMPU	ILO/Bitra	Employment	-
		Hamparan Perak	Payabakung Klambir V Kebun	Non-MAMPU	-		
Central Java	Cilacap	Jeruklegi	Citepus	MAMPU	Aisyiyah	International Migrant Workers	Muslimat NU
		Kedungreja	Bojongsari	MAMPU	Migrant Care/INDIPT		Muslimat NU
			Rejamulya	Non-MAMPU	-		Muslimat NU and YSBS
West Kalimantan	Kubu Raya	Sungai Raya	Mekarsari	MAMPU	PEKKA	Social Protection	-
			Sungai Ambangah	Non-MAMPU	-		
South Sulawesi	Pangkep	Bungoro	Bowong Cindea	MAMPU	Aisyiyah	Mother's reproductive health	-
			Bulu Cindea	Non-MAMPU	-		
		Labakkang	Bonto Manai	Non-MAMPU	-	Oxfam	
East Nusa Tenggara	TTS	Kualin	Kiufatu	MAMPU	Komnas Perempuan/ SSP	Violence against women	Plan International
			Toineke	Non-MAMPU	-		Plan International
		Amanuban	Batnun	Non-MAMPU	-	Plan International, Helen Keller International, CIS Timor, and Care International Indonesia	

At the village level, the hamlet selection was based on the number of poor families and female family heads. In every village, two hamlets that had the highest number of poor families were selected by considering the number of female heads of families. This was done to facilitate the decision on the poor families that were going to be surveyed. The hamlets were selected based on the interview results with the heads of the villages and the community leaders, the village-level FGD, and observation. The variables that were used to determine whether the similarities between a village and its sub-district were the same as the variables used at the sub-district level with an additional variable, which was the number of families that lived in that village.⁹

3.2 Data Collection Techniques

The data collection for the core study of 2014 took place between October-November 2014 and was conducted by using four methods, namely (i) FGDs, (ii) surveys, (iii) in-depth interviews, and (iv) observation. The mixed-methods data collection were used to enrich and facilitate the information triangulation. In several respects, the information gathered from a method completed the information from the other data collection methods; thus, all data collection methods needed to be used in order that the information from the study results could answer the questions of the study comprehensively.

3.2.1 FGD

FGDs were conducted in three stages, namely villages, hamlets, and community. The overall number of FGDs conducted in this study was 60 FGDs in 15 villages. In every village, four FGDs were conducted, consisting of 1 village FGD, two hamlet FGDs, and 1 community FGD. The village FGDs were aimed at finding out in general the condition of the women's livelihood and their access to public services, family welfare classifications, social protection programs in the village, socio-economic changes during a certain period along with their causal factors, and the rank of the hamlets based on the number of the poor families. The hamlet FGDs aimed at gathering information to prepare the list of the poor families as the basic data of the families who were to be listed. This FGD was only conducted in the baseline study because the families whose data was to be collected in the following years would be the same families. The community FGD aimed at obtaining in-depth information on the condition of women's livelihoods and their access to public transport in the village, the benefits of the government's major social protection programs, and the changes in the condition of women's livelihoods as well as the changes in their access to public services along with their causes. The general criteria for FGD participants was the representation of men and women, the representation of regions/domiciles, sufficient knowledge about the socio-economic conditions, and good communication ability. The participants of the village FGDs were the village elites—comprising the village officials including the heads of hamlets, the organizations of the village community (the Village Consultative Council/BPD, Family Welfare Movement/PKK, and Community Empowerment Organization/LPM, religious leaders, and community leaders, and the village activists). The chosen people were selected as participants because they were believed to be those who understood the condition of the village community the most. The participants of the hamlet FGD were elites from the selected hamlets consisting of all heads of the neighbourhood groups (RT), the heads of the community groups (RW), the religious leaders, as well as the community leaders and the hamlet activists. Those people were

⁹The comparison of the characteristics between a village and a sub-district was done through the same process taken when comparing a sub-district with a district, which was the ratio between the value of a variable in a village and the average value of the variable in all villages in the selected sub-districts.

selected as the participants in the hamlet FGD because they were thought to be the ones who know best the condition of the hamlet residents and the welfare level of every family at the hamlet level. Meanwhile, the participants of the community FGD were representative of the general community from all hamlets that were quite active in the activities at the village level. The participants of the FGD at the village and hamlet levels were a combination of men and women in all stages. The separation of participants was not done because the information sought was of a general nature. Meanwhile, the FGD participants at the community level were a combination of men and women in the initial stage of the FGD, who then were separated in the final stage. The separation of the men and women in the community FGD was meant to capture different points of view about the benefits of the programs/assistance schemes in the village and the changes in women's condition in the community.

3.2.2 Survey

Surveys were conducted at the family and individual levels, namely the family members.¹⁰ The family was defined as a group of people who lived in one house and still had family relationship or were blood related through marriage, birth, adoption, and others. According to the Statistics Indonesia (BPS), there were two types of families; nuclear families and extended families. The concept of family that was used in this study was the extended family, which is the family consisting of the father, mother, unmarried children, children with widow/widower status but without offspring, grandchildren, parents, parents in-law, and other relatives that are the dependents of the head of the family. The dependents in this case relied on the head of the family for their consumption needs or daily meals. An exception was for the family members who were already married, as well as children with widow/widower status and with offspring; though they were still the dependents of the head of the family, they were not included as parts of the family.

This survey used a questionnaire that had been digitalized so that data collection could be done using tablet computers. The data was collected by ten enumerators from the respective regions that had been given training by the SMERU researchers in advance. The information gained through this survey relates to basic information about all family members, information about family members who migrated, information about the condition of the house and livelihood, information about family health, information about female family members who had jobs, and information about female family members who had been or were being pregnant and were below 50 years old.

In every village, 100 poor families from two hamlets consisting of families that were headed by women and families that were headed by men¹¹ were selected. The requirements for a family to be selected were that it did not have an intention to move away, that its head of the family or his/her spouse was between 15-64 years old, and that there were female members in the family. The reason why poor families with female members was chosen was because the focus of this

¹⁰Different from the national data collecting unit that used the household unit, this study used the family unit. The reason for choosing the family—not the household—as the analysis unit was because decisions related the livelihood were generally made at the family level, not that of household level.

¹¹The number of FHF and MHF whose data were collected in every study area was attempted to be in the ratio of 50 : 50. However, in reality, in all study areas, this ratio was hard to achieve. In some study areas, the researchers also faced difficulties in finding families who admitted that their heads of families were women, for example in TTS where the number of FHF was very small because in this area divorce was very much avoided (both for religious and customary reasons). The decision that the number of samples was as many as 100 poor families was made to make sure the significance of the results statistically at the village level.

study is the livelihood of the poor women.¹² The selection of the families in every hamlet was based on the results of the hamlet FGD. If the number of the poor families in both hamlets was still fewer than 100, there would be additional poor families from other hamlets in the same village based on the results of the interview with the head of the village and the head of the hamlets that were just chosen.

Table 4. The Poor Families Survey Sample

Province	District	Number of FHF	Number of MHF	Number of Families
North Sumatra	Deli Serdang	114	187	301
Central Java	Cilacap	133	178	311
West Kalimantan	Kubu Raya	112	194	306
South Sulawesi	Pangkep	127	173	300
East Nusa Tenggara	TTS	70	230	300
Total		556	962	1,518

The list of the families whose data was collected was determined during the baseline study based on the results of the FGD at the hamlet level. The data on the chosen families would be collected again in the subsequent years. If in the next study the selected family had moved out and lived in one of the study villages, then the data of that family would still be collected. However, if the family moved out of the study villages, then it would be replaced with a different family that belonged to the list of the poor families based on the results of the hamlet FGD during baseline. If the list of the poor families was not sufficient, then there would be a new family to replace the lost family based on the information from the respective head of the village or of the hamlet. If the family members had moved out because of marriage and were still in one of the study villages, then the data of these members of the families would still be collected and would be considered as an addition of a new family member. This was done to make sure that information about the condition of and changes in the livelihood of all family members that had been surveyed could still be monitored. Therefore, there was a possibility that the number of the family members whose data was collected in the following years could be higher than that during baseline. If a respondent passed away, the data of his/her family would still be collected with another family member as a substitute respondent. The total number of individuals whose data was collected in the baseline study was 5,747 people, consisting of 2,666 women and 3,081 men. The survey respondents in this study were female family members who were above 17 years old and understood the condition of the family.

¹²The poor women samples in this study were women from the poor families. The assumption used was that all members of the poor families were poor. Therefore, all terminologies in this report that were related to poor family members, for example, poor women or poor children, referred to the people who were parts of the poor families.

Table 5. Individual Samples

Province	District	Village	Men	Women	Total
North Sumatra	Deli Serdang	Muliojejo	165	194	359
		Payabakung	166	190	356
		Klambir V Kebun	175	176	351
Central Java	Cilacap	Citepus	154	165	319
		Bojongsari	151	184	335
		Rejamulya	144	205	349
West Kalimantan	Kubu Raya	Mekarsari	227	222	449
		Sungai Ambangah	170	231	401
		Tebang Kacang	204	203	407
South Sulawesi	Pangkep	Bowong Cindea	162	226	388
		Bulu Cindea	150	184	334
		Bonto Manai	144	208	352
East Nusa Tenggara	TTS	Kiafatu	205	244	449
		Toineke	238	225	463
		Batnun	211	224	435
Total			2,666	3,081	5,747

3.2.3 In-depth Interviews

The in-depth interviews were conducted with the heads of the villages/the secretaries of the villages/the heads of village affairs, the heads of the selected hamlets, the village community leaders (including the women leaders), and the families from the two selected hamlets. The number of in-depth interviews that was done in this study was 165 interviews in 15 villages. In every village, an interview was conducted with the head of the village/the secretary of the village/the head of the village affairs, two heads of hamlets, four community leaders, and four families. The informants were selected because they were the ones who understood the condition of the sample village and hamlets the most. The interview with head of the village, other village officials, and the heads of hamlets was meant to generate information about the socio-economic and demographic situation, poverty conditions, facility availability, as well as women's access to services and the general livelihood conditions based on the five work themes of MAMPU. Meanwhile, the interview with families was done to generate more in-depth information about women's access to public services and livelihoods based on the five work themes of MAMPU. Therefore, the interviewed family was the family who had special cases related to the five work themes of MAMPU based on the results of the interviews with the village officials and the community leaders as well as the results of the enumerator's data collecting. In addition, to complete the baseline information, the in-depth interviews were done with partners of MAMPU and the head of the sub-district of the study area. The interviews with the partners of MAMPU were done to find out the activities of the partners, especially in the study villages, as well as to discuss the village selection and to obtain general information about the study village. Meanwhile, the interviews with the heads of the sub-districts were designed to discuss the village selection and to obtain general information about the study village.

3.2.4 Observation

The observations were conducted with the transect walk¹³ to find out the conditions of the village environment and the availability of public facilities in every village. Informal interviews with the members of the community was also conducted during the transect walk.

¹³*The transect walk* is a data collection method that is done by walking through the area that becomes the object to be observed in a more in-depth manner. The transect walk is usually conducted with the local people to explore the condition of an area through observation, asking questions, listening, watching, and note-taking methods.

IV. PROFILE OF THE STUDY AREAS

A description of the profile of the study areas is needed to understand the context of the areas where the poor women in this study live, given that regional characteristics play a major role in affecting the livelihoods of poor women. Information about land use, total population, means of transportation, and other public facilities at village level was obtained through sub-districts in the form of quantitative data, village monographs, in-depth interviews with village officials and community leaders, and observation. In addition, this chapter also discusses the welfare conditions of the rural communities obtained through the results of the village-level and community-level FGDs. The availability of assistance/programs for the community in the study villages is also presented, based on the in-depth interviews with various parties, village-level FGDs, and community-level FGDs.

In general, the condition of study villages of the same province, especially in terms of resources, infrastructure, and public facilities tended to be similar. Differences were seen quite clearly among villages of different provinces. The villages in the western region of Indonesia, for example those in North Sumatera, had a tendency to have better means, infrastructures, and public facilities than the villages in other provinces. Meanwhile, most of the villages in the eastern region such as NTT usually had inadequate means, infrastructure, and public facilities. Regarding welfare levels, the majority of the FGD results categorized family welfare in the study villages into four groups: rich, average, poor, and very poor. In general, the proportion of poor families was highest in the study villages in the eastern region. The existence of programs/assistance tended to vary between regions, in the case of both programs/assistance from the government and those from non-governmental organizations.

4.1 Regional Conditions

The administrative status of the fifteen study sites was that of village, but according to Podes data of 2011, two among them had urban characteristics, namely Desa Muliorejo and Desa Klambir V Kebun in North Sumatera. This is in line with the results of field observation which found that both villages, particularly Desa Muliorejo, were industrial locations with quite active economic activities and various public facilities. Other villages possessed rural characteristics because their economic activities had the tendency to be limited to the agricultural sector, and because the availability of stalls and shops as well as public facilities in those villages was relatively limited.

4.1.1 Land Use and Total Population

In general, the land use in all villages was similar, namely for agriculture and plantation activities. However, the agricultural characteristics of study provinces were relatively diverse. The study villages in North Sumatera had sugar cane and tobacco plantations that were mostly owned by the state. In Central Java, two villages (Bojongsari and Rejamulya) were wet paddy farming areas with technical irrigation systems, and the other village (Desa Citepus) was a dry-land farming area. All of the study villages in West Kalimantan had rubber plantations and dry-land farming areas planted with paddy and vegetables. In the study villages in South Sulawesi, there was irrigated rice paddy farming and fish farming. The three study villages in NTT had dry land farming areas that were mainly planted with corn. Meanwhile, only one village had a land use pattern that lead to settlement development, namely Desa Muliorejo. In this village area, the

land was also used as industrial sites for intermediate goods such as plastic, wood processing, rubber and tires, and glass.

The topography of village areas was somewhat different. Three villages in West Kalimantan were by the side of a large river, namely Sungai Kapuas, and a small part of their areas were swamp lands. Two villages in South Sulawesi and NTT were in coastal areas. Meanwhile, other villages were located in plains, except for Desa Citepus in Central Java which had a rather hilly topography.

The total area, total population, and population density also varied among the villages in the five provinces. The villages in West Kalimantan had relatively bigger areas, whereas the study villages in Central Java and South Sulawesi had the smallest areas. In terms of total population, the villages in North Sumatera and West Kalimantan were relatively more populated, while the villages in NTT had the smallest population. In general, the villages in North Sumatera and Central Java had the highest population density, whereas the villages in West Kalimantan and NTT had the lowest population density (Table 6). One possible cause was the fact that the study villages in North Sumatera were urban in nature so they became the target of urbanization.

Table 6. Total Area, Total Population, and Population Density of 2012

Provinces	Village	Total Area (km ²)	Total Population	Density (people/km ²)
North Sumatera	Mulioarjo	12.4	32,950	2,657
	Payabakung	16.5	10,791	654
	Klambir V Kebun	25.6	19,731	771
Central Java	Citepus	9.9	4,902	495
	Bojongsari	6.4	6,091	947
	Rejamulya	6.3	6,846	1,083
West Kalimantan	Mekarsari	60.0	11,444	191
	Sungai Ambangah	15.7	5,229	334
	Tebang Kacang	102	4,257	42
South Sulawesi	Bowong Cindea	5.3	3,651	691
	Bulu Cindea	7.0	4,464	638
	Bonto Manai	6.9	2,897	419
NTT	Kiufatu	17.1	3,277	192
	Toineke	39.2	2,660	68
	Batnun	13.0	2,524	194

Source: Sub-districts in numbers (various regions), 2013.

4.1.2 Means of Transportation and Health and Education Facilities

Almost all major roads in the study villages had been asphalted, except in Desa Batnun in NTT where most of the roads were still in the form of hardened roads. Meanwhile, almost all hamlet roads in all villages were in the form of hardened, paving-blocked, or concrete roads, and only a small fraction were still dirt roads. A small percentage of villages had areas that were difficult to access by vehicles due to poor roads or lack of roads. In Desa Bulu Cindea in South Sulawesi, for

example, some areas in a hamlet could only be accessed on foot or by bicycle because people had to pass pond embankment. Similar condition was also seen in West Kalimantan, where most hamlets in Desa Mekarsari and Desa Tebang Kacang had peat soil that was very difficult to pass by vehicles, both motorcycles and cars, especially during the rainy season.

In terms of means of transportation, in some study villages, there was already public transport available, such as *angkutan desa/kota* (village/city minibuses) or buses. Public transports available in several regions were relatively unique, such as *becak motor* (auto rickshaw) in North Sumatera and South Sulawesi and *motor air* (water bike) in West Kalimantan.¹⁴ Meanwhile, in other villages such as Payabakung in North Sumatera, Bojongsari and Rejamulya in Central Java, and Mekarsari in West Kalimantan, public transportation had not been operational for a few years or was only available in limited numbers because many villagers used motorcycles. Particularly in Desa Batnun, NTT, lack of public transportation was due to poor road conditions and low demand because the mobility of the village community was relatively high only on market days, when many people went to the market that could be reached on foot.

In general, the availability of health facilities was somewhat different among study villages. Three villages in North Sumatra had relatively good health facilities, compared to other regions. In the study villages in North Sumatera, besides basic health facilities, there were doctors' medical practices, midwives, and orderlies or nurses (Table 7). Meanwhile, villages in other regions tended to only have access to basic health facilities. There were *posyandus*² in all villages (3-11 *posyandu* per village) which were generally found to be available in each hamlet. All *posyandu* were operational once a month, except two *posyandus* in Desa Tebang Kacang in West Kalimantan because, their locations were difficult to access by the village midwives. In 13 out of 15 villages, there were *poskesdes* (village health post), *polindes* (village maternity post) or *pustu* (supplementary health post) that were usually run by a midwife or nurse on duty every workday, except in Desa Mekar Sari in West Kalimantan (once a month) and Desa Kiufatu in NTT (once a week and was served by the midwife from the *puskesmas* because there were no midwives in the village). *Puskesmas* were only available in Desa Muliorejo (North Sumatera) and Desa Bowong Cindea (South Sulawesi). Meanwhile, people in other villages could only access *puskesmas* in the neighbouring village or the sub-district capital around 2-13 km from the village. Hospitals were only found in district capitals and were usually only accessed by people that needed further treatment. The distance from each village to the nearest hospital varied between 5–80 km. The study villages that were in close proximity to the hospitals were in the province South Sulawesi, while the study villages that were far from the hospitals were in the province of NTT.

¹⁴All study villages in West Kalimantan were by the river so they could be accessed more easily using water-based means of transportation such as *motor air*

¹⁵Floating toilet on the river.

Table 7. The Availability of Health Facilities at Village Level, 2014

Provinces	Village	Posyandu	Poskesdes/ polindes	Pustu	Puskesmas	Doctor practice	Midwife practice	Orderly/nurse practice
North Sumatera	Muliorejo	available	-	-	available	available	available	-
	Payabakung	available	available	available	-	-	available	available
	Klambir V Kebun	available	-	available	-	available	available	available
Central Java	Citepus	available	-	available	-	-	available	-
	Bojongsari	available	available	-	-	-	available	available
	Rejamulya	available	available	-	-	-	available	available
East Kalimantan	Mekarsari	available	available	available	-	-	-	-
	Sungai Ambangah	available	available	available	-	-	available	-
	Tebang Kacang	available	available	-	-	-	-	-
South Sulawesi	Bowong Cindea	available	-	-	available	-	available	available
	Bulu Cindea	available	available	available	-	-	-	-
	Bonto Manai	available	available	-	-	-	-	-
NTT	Kiufatu	available	available	-	-	-	-	-
	Toineke	available	available	-	-	-	-	-
	Batnun	available	available	-	-	-	-	-

Source: Result of interviews by the SMERU Research Team, 2014.

In general, the study villages in Central Java, South Sulawesi, and NTT had fewer education facilities than the study villages in North Sumatera and West Kalimantan. However, all villages had preschool facilities in the form of early childhood education (PAUD) and kindergarten (TK), amounting to 2-13 PAUDs/TKs per village. All villages had education facilities that supported compulsory elementary education (*wajardikdas*), in the form of elementary school (SD) or Islamic elementary school (*madrasah ibtidaiah/MI*). All villages also had a junior high school (SMP) or Islamic junior high school (*madrasah tsanawiah/MTs*), except Desa Bonto Manai in South Sulawesi and Desa Kiufatu and Desa Batnun in NTT (Table 8. The Availability of Educational Facilities at Village Level, 2014). Nevertheless, children's access to junior high school education was quite good because there was a junior high school in the neighbouring village that was easy to access due to its proximity. Education facilities such as high schools (SMA), vocational schools (SMK), and Islamic high schools (*madrasah aliyah/MA*) were only available in some villages; communities from the villages that did not have these facilities could continue their studies in other villages or the capitals of the sub-districts. In many cases, although in that village there was a school of the same level, many villagers continued their middle and high level education in the neighbouring villages or the sub-district capital, or even in another sub-district, due to preference and school quality. There were no higher education facilities in any of the villages, so the villagers that wished to continue their education to a polytechnic school or university had to go to a district capital, the capital of their respective province, or that of other provinces.

Table 8. The Availability of Educational Facilities at Village Level, 2014

Provinces	Villages	TK/PAUD	SD/MI	SMP/MTs	SMA/SMK/MA
North Sumatera	Mulioarjo	13	9	3	3
	Payabakung	2	3	2	1
	Klambir V Kebun	8	6	1	1
Central Java	Citepus	3	2	1	-
	Bojongsari	2	5	2	-
	Rejamulya	5	7	1	-
Kalimantan Barat	Mekarsari	4	13	8	2
	Sungai Ambangah	6	4	2	2
	Tebang Kacang	2	8	1	-
South Sulawesi	Bowong Cindea	2	2	2	1
	Bulu Cindea	3	5	1	-
	Bonto Manai	2	3	-	-
NTT	Kiufatu	4	2	-	1
	Toineke	2	2	1	1
	Batnun	2	2	-	-

Source: Results of Interviews by the SMERU Research Team, 2014.

4.1.3 Clean Water, Sanitation, and Other Facilities

The clean water facilities in the study villages varied, depending on the available natural resources. In North Sumatera and Central Java, clean water was relatively widely available throughout the year with quite high quality. This clean water came from dug wells, drilled wells, or the Regional

Water Company (PDAM), and, in Desa Citepus in particular, clean water came from the water springs that flowed through the pipeline. In the other three districts, clean water was usually available only during the rainy season because outside the rainy season, the springs dried, or the quality of the water worsened. In West Kalimantan, the community used rain water harvesting (PAH) in the rainy season, and in the dry season they used the brownish water from the rivers or wells. There was a small number of communities that used refill water for consumption. In South Sulawesi, mainly in the dry season, people usually bought or received clean water from wells or PDAM that was channelled through the pipeline. In NTT, the community utilized the water from dug wells or the water springs in neighbouring villages that was distributed through the pipeline, but the water flow was very limited, particularly in the dry season.

In terms of sanitation, the community in some regions had private toilets (*jamban*), while the rest used public toilets. The community of the study villages in North Sumatera, Central Java, and NTT generally already had private toilets, except that in Desa Citepus (Cilacap) where most of its people still used public toilets. Meanwhile in the study villages in West Kalimantan and South Sulawesi, only part of the community owned private toilets, while the rest made use of rivers, paddy fields, gardens, or ponds to defecate. In Desa Tebang Kacang in West Kalimantan, some of its people lived by the river and often used *lanting*¹⁵ for their sanitation facility.

In regards to the use of electricity, the study villages in North Sumatera, Central Java, and West Kalimantan had access to the electricity service from the State-owned Electricity Company (PLN) as a means of lighting although there was a small portion of the community that installed electricity lines illegally. Meanwhile, in South Sulawesi and NTT, there were *kampongs* or hamlets that were not within reach of the PLN power lines; so the community used solar-powered electricity or kerosene lamps instead.

In terms of communication, most of the community in the study villages used mobile phones with varying signal quality. Almost all villages did not have access to fixed telephone network (PSTN), except in North Sumatera. Available PSTN connections were utilized by companies located in the region.

In relation to supporting facilities, not all study villages had facilities for economic activities such as markets, banks, pawnshops, or other financial institutions. The study villages in North Sumatera tended to have better facilities than other study villages. For example, there were markets, banks, pawnshops, and other financial institutions in the form of cooperatives in Desa Muliorejo. Desa Payabakung had a market and two cooperatives, whereas Desa Klambir V Kebun had two cooperatives. In other provinces, village markets were only available in Desa Rejamulya in Central Java, Desa Sungai Ambangah in West Kalimantan, and Desa Toineke in NTT. Meanwhile, other financial institutions were only available in Desa Mekarsari, West Kalimantan. Post offices were not present in all study villages. Normally, the nearest post office was in sub-district capital.

¹⁵Floating toilet on the river.

4.2 The Welfare Conditions of the Community

4.2.1 Community Livelihood

In accordance with land use patterns, most of the community of the study villages worked in the agricultural sector, among others, as self-employed farmers, farm hands or plantation hands, fishermen, and cattle breeders. In addition, other professions undertaken by the community were as construction workers and merchants. The income from these jobs if calculated based on monthly average would be between Rp500,000–Rp2,500,000. A slightly different situation was found in Desa Muliorejo in which most of the community worked in other sectors, working in private companies or as factory workers. Their average income in a month was above Rp3,000,000.

4.2.2 Family Categorization Based on the Welfare Level

The state of community welfare can be estimated using available data such as poverty data from Statistics Indonesia (BPS) and the integrated database (PPLS 2011) as well as the welfare information taken at the local level. This study used the welfare information at local level, namely village level, to determine the criteria of community welfare. In every study village, FGDs were conducted to gather information about the welfare of the community by using the local welfare indicators commonly used by the local community.

The welfare indicators could vary according to the condition of the village area. In fact, differences were also seen between the study villages that were located in one district. The emerging welfare indicators were interconnected with other indicators so the welfare level of a family could not be determined by only one indicator. For example, a group of community classified as poor in Desa Bowong Cindea, South Sulawesi, had the characteristics of having a bicycle or motorcycle, working as a laborer, owning a *rumah panggung* (stilt house), seeking medical treatment at a *Puskesmas*, and having children that usually achieved a high school (SMA) level of education. The welfare indicators obtained from the FGD results were then used to identify the poor families that would be researched further in this study.

Table 9. Estimated Categorization of Families Based on Welfare Level in the Village

Province	Village	Family Categorization Estimations				
		Very Poor	Poor	Middle/Average	Very Poor	Very Rich
North Sumatera	Mulioarjo	12%	28%	39%	21%	-
	Payabakung	13%	44%	40%	3%	-
	Klambir V Kebun	14%	41%	26%	19%	-
Central Java	Bojongsari	16%	40%	34.5%	9%	0.5%
	Citepus	2%	43%	54%	1%	-
	Rejamulya	10%	42%	37%	11%	-
West Kalimantan	Mekarsari	78%	12%	8%	2%	-
	Sungai Ambangah	15%	39%	33%	13%	-
	Tebang Kacang	11%	35%	45%	9%	-
South Sulawesi	Bulu Cindea	11%	46%	36%	7%	-
	Bowong Cindea	9%	45%	35%	11%	-
	Bonto Manai	20%	41%	34%	5%	-
NTT	Kiufatu	17%	41%	29%	13%	-
	Toineke	37%	29%	20%	14%	-
	Batnun	19%	72%	9%	-	-

Source: Results of FGDs by the SMERU Research Team, 2014.

Based on the results of the village-level FGDs, the majority of the study villages divided families into four welfare groups, namely very poor, poor, average, and rich (Table 9). The number of welfare groups in a village also demonstrated welfare level variation between families. However, there were exceptions in Desa Bojongsari and Desa Batnun. Desa Bojongsari had the most variation in welfare groups (five groups); even though the people in this village assumed that the number of families that were included in the very rich category was less than 1%. Meanwhile, the people of Desa Batnun thought that the welfare condition of each family was relatively the same so it could only be divided into three groups, namely very poor, poor, and middle/average.

Table 10. Categorization Estimates of Poor and Very Poor Population at Village Level

Province	Village name	Estimated Proportion of Poor and Very Poor Population in 2012	Estimated Proportion of Poor and Very Poor Population in 2014
North Sumatera	Mulioorejo	40%	40%
	Payabakung	61%	57%
	Klambir V Kebun	62%	55%
Central Java	Bojongsari	66.5%	56%
	Citepus	49%	45%
	Rejamulya	57%	52%
West Kalimantan	Mekarsari	96%	90%
	Sungai Ambangah	56%	54%
	Tebang Kacang	28%	46%
South Sulawesi	Bulu Cindea	54%	57%
	Bowong Cindea	62%	54%
	Bonto Manai	75%	61%
NTT	Kiufatu	45%	56%
	Toineke	52%	52%
	Batnun	91%	91%

Source: Results of FGDs by the SMERU Research Team, 2014.

Note: Communities with welfare levels categorized as poor were the communities classified as poor and very poor based on FGD results.

The distribution of families across welfare groups also varied, even though families classified as poor constituted the largest percentage in the majority of the study villages. The largest proportion of poor families was in Desa Batnun, NTT, which was 72%. In fact, the percentage of poor and very poor families in Desa Batnun reached 91%, and this condition had not changed from the two previous years (Table 10). This reconfirmed that the people in Desa Batnun had a relatively uniform welfare condition. In some of the study villages, the average family classification had the highest proportion, such as in Desa Citepus and Desa Payabakung. Meanwhile, in all study villages the proportion of rich families never ranked the highest among other welfare groups. The proportion of families identified as average and rich was highest in Desa Mulioorejo, North Sumatera

4.3 The Existence of Programs or Assistance

Discussion of the program/assistance in this section refers to the programs and assistance from the government and non-governmental circles that were available in the study villages for the past two years (2013-2014). Since announcing the Social Security Network (JPS) in 1998, followed by the implementation of social protection programs in poverty alleviation, the Indonesian government had implemented various programs or assistance to improve the welfare of communities. In addition, non-governmental institutions also implemented different programs or assistance in various regions in Indonesia. This situation resulted in the many programs and forms

of assistance received by villages/*kelurahan* (administrative villages) which came from various sources, such as the case in the study villages.

According to the results of the FGDs and interviews at village and community levels, there was no significant difference in the availability of programs/assistance in villages of the same district in the past two years. Each study village was the site of at least 7 programs/types of assistance, and there were several villages which received more than 20 programs/types of assistance.

4.3.1 Types of Programs or Assistance

Programs/assistance found in the study villages varied in terms of type, target recipients, delivery mechanisms, and sources. The types of assistance received were in the form of, among other things, cash, *sembako* (staple food)¹⁶, business tools, construction or infrastructure renovation, training, dissemination, medical treatment, and counselling. In terms of targets, there were programs/assistance aimed at individuals, families, or certain groups, and there were some that were directed to the village or the community in general. In terms of delivery, there were programs/assistance forms channelled through the village officials and there were some that were directly given to target individuals, families, or groups. Meanwhile, in terms of sources, there were programs/assistance from the government (central, provincial, or district level) and there were some originating from several non-governmental institutions.

a) The Programs or Assistance from the Government

(1) The Central Government

All study villages received almost all of the poverty alleviation programs from the Central Government, namely the Rice Subsidy for the Poor (*Raskin*), the Temporary Direct Cash Assistance (BLSM), the School Operational Assistance (BOS), the Cash Transfer for Poor Students (BSM), and Community Health Insurance (*Jamkesmas*), later altered to become the the National Health Insurance (JKN). All programmes have been received on a regular basis since several years ago. In fact, there were programs/assistance received since the implementation of JPS, albeit with different names, such as *Raskin*, formerly known as the Special Market Operation (OPK).

In addition, there were several programs/assistance packages of the Central Government that were available in only some of the study villages. The Family Hope Programme (PKH) was only received by 11 of the 15 study villages. This was consistent with the scope of the PKH Programme that has not nationally covered all sub-districts. The community empowerment programme, which was the National Programme for Community Empowerment (PNPM), was only available in six villages. Other villages did not receive PNPM in the last two years, despite being recipients in the previous years (until 2011 or 2012). Some of the reasons were because the proposal of a village had not been accepted, the program was alternatingly given to other villages, or because there were problems in the implementation of the previous program. Other programs from the central government that were only received by some of the villages were the Rural Infrastructure Development Programme (PPIP), the Self-Help Housing Stimulus (BSPS), and the Social Rehabilitation of Poor Housing (RS-RTLH).

¹⁶Nine basic commodities, which are the basic needs of the community consisting of: (i) rice, sago, and corn; (ii) sugar; (iii) vegetables and fruits; (iv) beef, chicken, and fish; (v) vegetable oil and margarine; (vi) milk; (vii) eggs; (viii) kerosene or liquid gas (*LPG*); and (ix) salt with iodine and natrium.

The number of programs/assistance from the central government was relatively balanced among villages, ranging from five to nine. These programs/assistance were received by the community in the form of subsidized rice (Raskin), cash (BLSM, PKH, BSM), free medical treatments (Jamkesmas/ JKN), the removal/ reduction of school fees (BOS), and renovation of rundown or inhabitable houses (BSPS and RS-RTLH). The PNPM, whose assistance was tailored based on the suggestions of the village community, was generally used to improve infrastructure, especially roads, just like PPIP (the general description of the programs/assistance of the Central Government can be seen in Appendix 1).

(2) Regional Government

The regional government's programs/assistance funding came from the Regional Budget (APBD) of the district and the province. The informants of the in-depth interviews and the FGD participants also noted some programs/assistance whose source of funding was the National Budget (APBN) as being programs/assistance from the regional government. The funding of a program/assistance by the APBN was usually a ministerial program that was dispersed through the related offices in the region.

The number of programs/assistance from the regional governments was varied among the study villages, and ranged from 1 to 12 programs/assistance per village. The variation in the number also occurred among the villages in the same sub-district. The villages with few programs/assistance (1-5 programs/assistance) were scattered in almost all districts. When compared among provinces, the villages in the North Sumatera received programs/assistance that were relatively small in number (1-6), while the villages in Central Java received relatively many programs/assistance (9-12).

The regional government programs/assistance that existed across all study villages was *Jamkesda*, which was the health insurance system that accompanied *Jamkesmas*. Particularly in Kubu Raya, West Kalimantan, *Jamkesda* was discontinued from 2012, but the free health insurance from the regional government was still available, and even covered all communities and could be accessed by using the ID card (KTP).

There were quite a number of programs/assistance from the regional government that was given in the form of infrastructure development such as the asphaltting of the (district/provincial) highways, the layering of the neighbourhood roads or alleys with lean concrete, the construction of irrigation, the building of public toilets, and the development of clean water facilities. In most of the programs, the type of development depended on the policy of the respective offices. However, in very few cases, the programs/assistance were the proposed by the village or the community, such as the Village Fund Allocation Programme (ADD) and the Aspiration Fund. The other programs/assistance from the regional government that could be found in most of the study villages were farming and health elucidation, skill or small enterprise training, business tool assistance, and plant seeds and fertilizers assistance.

b) The Programs or Assistance from Non-Governmental Institutions

Every village received different assistance from 1-3 non-governmental institutions. The donor institutions varied from one village to another, i.e. companies, local/national/international non-governmental organizations (NGOs), political parties or legislative member candidates, and schools/universities. The areas of assistance received varied as well, in the forms, among others, advice on health, agriculture, gender, domestic violence, and labor; small enterprise training; free medical treatment; basic commodities; clean water and clean water facilities; business capital; assistance for schools; as well as counselling on business and social activities.

The reasons for the distribution of the assistance were relatively varied. Several companies provided assistance because it was related to their line of business, which was a way of promoting products or expanding markets. For example, PDAM and PLN built an installation so that the community in the region could become their consumers. An organic fertilizer company provided advice on agriculture and fertilizer assistance in order to attract farmers to use its fertilizers. In addition, there were also some companies that provided assistance in order to implement their corporate social responsibility (CSR) activities. That kind of assistance was usually given by a company located inside or around a study village. In the case of assistance from a political party, there was a possibility that the assistance was given because of the success of a party in garnering votes in that region, while the assistance of a parliament member candidate was usually given during certain periods of time and was meant to gather votes.

In ten MAMPU study areas, there were MAMPU partners that provided assistance in the forms of training, advice/dissemination, and counselling. Some of the ten villages were new counselled villages of the MAMPU partners, and some others were the old counselled villages. In some villages, the activities related to MAMPU could only be implemented several days before this field activity was done and their forms were limited to program initiation. Meanwhile, in some other villages, the MAMPU activities had been conducted for quite a while, and there were also villages that continued the activities that had been previously done by the MAMPU partners.

4.3.2 Communities' Access to Programs or Assistance

The communities' access to programs/assistance, both coming from the government as well as the non-government communities, depended on the existence of the programs/assistance in the village. Because the existence of programs varied among villages (see Appendix 2), the access of the community in every village to the programs/assistance also varied. The access of the community also depended upon the decision concerning the targeted recipients. If a program at village level decided on certain targets as recipients, then the programs/assistance could only be accessed by the respective target groups. On the other hand, if a program did not make a decision concerning target recipients, then the program/assistance could be accessed by all village residents. Furthermore, there were even programs/assistance that could be accessed by outsiders who visited a study village, for example road construction or improvement assistance.

The social protection programs from the central government usually decided on certain targets as their recipients. For example, the BLSM, BSM, and *Raskin* programs targeted the same type of household nationally, covering 25% of the households with the lowest welfare level. The targets were decided at central level by making use of the integrated data base. The other program that also made use of the integrated data base was *Jamkesmas* and PKH, but the target households were not exactly the same as the target households of BLSM, BSM, and *Raskin*. Particularly for PKH, there were several additional criteria.

In terms of access, the programs from the regional governments could usually be accessed by either all people or certain groups. The programs/assistance that could be accessed by the public was usually in the form of infrastructure development, health elucidation, and medical treatment. In a limited number, there was also assistance that was aimed at certain groups, such as seed and fertilizer assistance for the farmer groups and house renovations that were aimed at very limited population because of budget limitations and special criteria such as the condition of the house.

The programs/assistance from the non-governmental institutions in general could be accessed by all people. The assistance from the non-governmental institutions that could only be accessed by certain targets was only in the forms of training, non-cash (tangible) assistance, and cash assistance.

According to the results of the FGDs and interviews in all study villages, from the targeting side, there were still programs/assistance that were not accurately targeted. In the BLSM programme, for instance, there were few programs that were not well-targeted, in which there were recipient households whose economic conditions were better than the non-recipient households. On the contrary, there were still many poor households who did not become program recipients. This was mainly because there was a gap between the data collection held in 2011 and the implementation of the programme in 2013; and also because there was no data verification. The decision on the PKH recipient families was considered more accurate because there was a facilitator who took on the role of verification. Meanwhile, the *Raskin* distribution done by the local officials—targeting the target families, but also with a tendency to be distribute assistance equally to all families or to additional families—was considered not very appropriate because the officials believed that all people needed rice.

4.3.3 Program or Assistance Benefits

Based on the results of the FGDs and interviews, all programs/assistance forms were very beneficial to the community and villages. The benefit levels varied among programs/assistance types because they depended on the amount of assistance and the number of recipients. The programs that only target certain groups tended to be beneficial for those respective groups only. In general, the benefits that were gained could be categorized into (i) improvement of availability and quality of infrastructure, (ii) improvement of access, (iii) improvement of health and education services, (iv) extra cash funds and daily groceries, (v) improvement of knowledge and skills, (vi) improvement of economic condition/activities, as well as (vii) improvement of social activities.

a) Infrastructure

Improvement of infrastructure availability and quality was enjoyed by all villages due to development or repair of the village road, neighbourhood roads or alleys, irrigation networks, clean water facilities, and school buildings. Moreover, there were several villages that received road repair assistance from several sources, such as in a study village in Central Java that received road/alley repair assistance from PNPM, Aspiration Fund, ADD, and Provincial Assistance. The road repair assistance was beneficial in increasing the access of the people to various facilities. The roads in several study villages, particularly those in Central Java and West Kalimantan, which in the past could not be easily passed by vehicles—especially during the rainy season—today could be passed by vehicles, at least by bicycles and motorcycles. Thus, the people could save time and transport costs. The selling price of produce could also be increased because there was an increase in the number of buyers who came to the villages.

The FGD informants and participants usually complained about the lack of programs/assistance as well as the lack of funding for the programs/assistance; consequently, the development of infrastructure was not comprehensive and had to be done in rotation. For instance, the PPIP fund in Desa Toineke, NTT, was only sufficient to build the village road in two hamlets. However, in reality, there were two other hamlets in the village that also needed it, and the length of the road that could be constructed was also limited.

b) Education

Education assistance was beneficial in terms of reducing school expenses and increasing access to education. With the existence of education funds through the BOS Program, the schools at primary and junior high levels had the regular school fees removed or cut. Because the cost of education of children at these levels could be cut down, parents could focus on preparing for the school expenses of their children at higher levels. With a lower cost burden, people were able to realize nine-year compulsory basic education for their children more easily. In addition, the students from primary to senior high levels that were given the education grant, particularly through BSM, received cash fund every semester which could be used to buy school necessities. With the fulfilment of these school necessities such as uniforms, shoes, and bags, the BSM recipients who mostly came from the poor groups could feel more enthusiastic to go to school. The benefits of the access improvement in education were also influenced by the presence of assistance for school construction. With sufficient school facilities available, children at school age would be more motivated to continue their studies.

In terms of the BOS Program, the community did not know about the weaknesses of this program since this program was managed by the schools. For the community, the removal or reduction of school fees alone was already an advantage of the BOS Programme. Moreover, this program was applied to all students. The evaluation was a little different when they assessed the BSM. Since the programme aimed at special targets, there was an assertion that the quota of the students who received the grant was not sufficient. In addition, the accuracy of the targeting was also still doubted because there were poor students who did not receive the BSM.

c) Health

The community felt the benefits of the improvement of access to health services with the existence of *Jamkesmas* or BPJS, *Jamkesda*, free medical treatment and check-ups, as well as a free mass circumcision service. However, for poor communities, the availability of health insurance did not necessarily guarantee their access to all health facilities. The limitation of funds for transport costs often became the reason why this group could not access advanced health facilities, such as the hospital, which was usually available only in the capital of the district. Moreover, for certain village communities, it was not easy to access a *puskesmas* because most *puskesmas* were located in the capital of the sub-district. Meanwhile, the free medical treatment and check-ups as well as mass circumcision were easy to access because these activities were held in the village, but this type of assistance was only available once a while.

d) Direct Cash Assistance, Staple Foods, Basic Commodities Assistance

Some other programs/assistance offered cash funds, foods, and basic commodities assistance for the community. Several programmes of the central government such as BLSM, BSM, and PKH had benefits in the form of additional cash funds that was used for numerous needs, especially consumption needs and children's school expenses.

Meanwhile, the *Raskin* program provided cheap rice for almost all families because of the equal-distribution practice in almost all villages. In Desa Bulu Cindea, South Sulawesi, and Desa Kiufatu, NTT, the people also received basic commodities from the local Social Office, on the event of Eid religious holiday and when a flood hit. Especially in the case of the *Raskin* program, the majority of the informants and FGD participants conveyed the same flaw of the program, which was the low quality of rice; the rice was smelly, infested with weevils, broken and hard. As a result, the recipients had to mix it with good quality rice, grind it to make flour and cakes, or sell it to the mills.

e) Community Empowerment

The community also felt an improvement in terms of knowledge and skills with the existence of the programs/assistance, especially the ones in the form of advice, trainings, and counselling. The additional knowledge obtained varied among villages, depending on the materials presented such as Clean and Healthy Behaviour (PHBS), mother and children's health, law on domestic violence and the Law on Children Protection, agricultural and fishery enterprise, law, employment, and reforestation. The additional skills also varied among villages, such as motor repair, sewing, furniture making, cake making, bamboo plaiting, palm sugar making, and salt making. Some of the activities were routinely held every year, such as the farming advice, and health training. Other activities, namely training on business skills or business activities, were only held once.

The additional knowledge gave incremental benefits for the community. The knowledge about PHBS and health made the community able to prevent diseases so that they could be more active in doing various activities. The knowledge about agriculture and fishery enterprises enabled the community to develop their business activities, creating new businesses, or getting a job. For example, after completing the training on cake making, some women in Desa Rejamulya in Central Java began accepting cake orders for various activities held in the village. There is another example: some young people in Desa Bojongsari, Central Java, who took part in motor repair training, could work for a motorcycle/car workshop afterwards.

Almost all of the activities were considered good and beneficial in improving the knowledge of the people. However, not all trainings could be put to good use because there were several limitations. For example, the training on the making of coconut sugar (crystal sugar) in a study village in Central Java was not applied by the palm sugar makers because they felt that the making of coconut sugar was more difficult and was not worth the selling price. The skills obtained from completing a sewing training was not always applied because not all participants owned a sewing machine. In regards to the training assistance, the FGD participants in Central Java complained that the trainings were not accompanied by capital provision; thus the benefit was not maximal.

f) Livelihood and Social Activities

Economic benefits were also obtained from other assistance, namely seed and fertilizer assistance for farmers and aid in the form of fish-catching tools for fishermen. In South Sulawesi, Desa Bowong Cindea received a business capital grant and Desa Bonto Manai received loan assistance that could support business activities. In several villages, economic benefits could still be obtained from assistance that was received more than two years ago, which was the one from PNPM which at that time had a portion of its assistance allocated for SPKP activities. Moreover, the people in Desa Rejamulya, Central Java, could still benefit from the savings and loan activity which was funded by one of the JPS programmes in 1998, namely the Regional Empowerment to Overcome the Impact of the Economic Crisis (PDMDKE).

Some assistance improved the social activities of the village people, such as the Al Qur'an recitation activity and *arisan* (a social gathering and cyclical credit scheme) activity. Assistance like PNPM, PPIP, Aspiration Fund, and ADD that demanded the community's role to take part in planning and/or implementation had improved the social activities in the villages. Furthermore, the community worked together in providing labor as well as food and drinks for the workers. Some other forms of assistance that also had improved the social activities of the people was public education and health check-ups as well as additional food assistance that usually involved women from PKK and *posyandu*.

The Most Beneficial Programs

According to the results of the community FGDs, the programs that were considered to be the most beneficial for the improvement of the village community socio-economic condition were in general the social protection programs from the Central Government. The programs of the central government that were often selected among the three most beneficial programs were Raskin, Jamkesmas, PNPM, BOS, BLSM, and PPIP. The programs from the regional governments and other institutions only appeared in two villages, namely the health education, free electricity installation, PDAM network installation, and business capital assistance (Table 12).

The programs/assistance that always belonged to the three most beneficial programs were *Raskin* because of its type of assistance, regular schedule, timing, and recipient coverage. The community felt that the cheap rice assistance was beneficial in fulfilling their needs for staple food. They could buy *Raskin* rice at a price of Rp1,600-Rp2,500/kg; this was far cheaper than rice price in the market which was around Rp8,000/kg. There was an exception for Desa Bulu Cindea, South Sulawesi, where the amount of rice received by the people was only 3-12 kg/month; this was not the same amount as regulated, which was 15 kg/month. Nevertheless, the regular schedule of the assistance, dispersed every 1-3 months, and the fact that the program had been running for 16 years were achievements of the program itself. The coverage of the *Raskin* recipients, which included all or the majority of the families were also an advantage of this program.

The second program that often appeared in the three most beneficial programs was *Jamkesmas*, which appeared in the top three programs in 13 study villages. This happened because the community felt that *Jamkesmas* had greatly helped families by giving medical insurance. With *Jamkesmas*, a family whose members were sick did not have to worry much about who would be responsible for the medical cost. The community also assessed that it was easy to utilize *Jamkesmas* because it could be used to get treatments from *puskesmas* level up to hospital level.

The third program that ranked in the top three of the most beneficial programs/assistance was PNPM. It was considered beneficial because it helped build or renovate numerous facilities and infrastructure, particularly roads, so that the village communities' access to variety of facilities could be improved. Furthermore, the improvement of access had an impact on the improvement of economic activities and community income.

Table 11. Three Most Beneficial Programs for the Village Community

Province	Village	Rank No.1	Rank No.2	Rank No.3
North Sumatera	Payabakung	Raskin	BLSM	Jamkesmas
	Mulioorejo	Raskin	Jamkesmas	BOS
	Klambir V Kebun	Raskin	Jamkesmas	BOS
Central Java	Bojongsari	Raskin	BOS	PNPM
	Citepus	PNPM	Jamkesmas	Raskin
	Rejamulya	PNPM	Jamkesmas	Raskin
West Kalimantan	Mekarsari	PPIP/PNPM	Raskin	Jamkesmas
	Sungai Ambangah	Raskin	PPIP/PNPM	Jamkesmas
	Tebang Kacang	Raskin	Jamkesmas	BLSM
South Sulawesi	Bowong Cindea	Raskin	Jamkesmas	farming business capital assistance
	Bulu Cindea	Raskin	Jamkesmas	farming assistance
	Bonto Manai	Jamkesmas	Raskin	BLSM
East Nusa Tenggara	Kiufatu	Water Pipeline	Raskin	Jamkesmas
	Toineke	Health Elucidation	Raskin	PPIP
	Batnun	Jamkesmas	Raskin	Free electricity installation

Source: Results of FGDs of the SMERU Research Team, 2014

V. THE PROFILE OF FAMILIES AND FAMILY MEMBERS

The profile of families and family members explains the characteristics of the families based on the data obtained in the field through surveys, FGDs, interviews, or observations. The number of families recorded in this study was 1,518 poor families consisting of 556 FHF and 962 MHF. The number of FHF in this study was high because the sample collection method was designed to approximate a balanced ratio between FHF and MHF. The number of poor families surveyed in this study reached 5,747 people, consisting of 2,666 men and 3,081 women. The family characteristics discussed in this section include living conditions; programs/assistance received by the family; as well as the characteristics of family heads and family members in terms of activities, employment, education, marital status, and document ownership.

5.1 Family Characteristics

The majority of families in this study did not have cattle, land, or savings. The most luxurious transportation owned was only a motorbike. Half of the families used three kilogram LPG tanks for cooking, while the other half of the families still used traditional firewood or coconut or palm shells.

Meanwhile, in terms of access to the programs/assistance, the majority of the families in this study received a variety of programs/assistance benefits from government and non-governmental institutions. *Raskin* and *Jamkesmas* were accessed by more than half of the families, whereas many other programs/assistance could only be accessed by a small proportion of the families. To obtain the programs/assistance in health and education, some families filed a Certificate of Financial Incapability (SKTM).

5.1.1 Family Asset Ownership

Most families lived in their own houses. Families living in their own houses were approximately 77%. The rest was as follows: 16% of the families lived in the house of other families without paying rent (living off others) and 7% of the families lived in rented houses, someone else's house without paying rent, and home offices. Not every homeowner built their houses on their own land. Only about 21% of the lands had land ownership certificate, while 21% of the lands were only legalized by the Letter *C/girik* (customary land appointment)/*patok D* (land ownership memo from the local village head or sub-district head), 24% of the lands only had the right of use, 22% was land borrowed from other parties, and 12% were lands of other forms.

In North Sumatra, especially in Desa Klambir V Kebun, a small number of families lived on land owned by PT Perkebunan Nusantara (PTPN/State-owned Plantation Company) that lent the land to the families as long as their family members were employees or retired employees of PTPN. From all study villages, only in Muliorejo did most families live in rented houses (28%), while in other villages the percentage of families who rented their house was only 6%. This was because the location of Desa Muliorejo was close to Medan where there are many industries; as a result a large number of migrants rented houses in the area.

The use of home building materials, especially the roof, walls, and floors, was highly dependent on the conditions of the area. In general, many families in the study districts occupied tin-roofed, wooden-walled and wooden-floored houses. Factors considered in the selection of home building materials in an area were, among other things, easy access to the materials and cheap prices.

There were only a few poor families that did not own a single household appliance. The household appliances generally owned by the sample families were, among others, televisions and cell phones. Some families did not have any type of vehicles (41%). Vehicles that were generally owned by the families were motorbikes (42%). In terms of assets, only about half of the families had assets such as a house that they did not occupy themselves, gardens, paddy fields, yards, or *tambak* (embankment)/*empang* (small dam)/*kolam* (pond). In terms of livestock ownership, as many as 54% of the families did not have cattle. Of the cattle-owner families, 41% of them owned poultry only.

In terms of finance, in general poor families had no savings. Only about 17% of the families had savings. They saved their money in banks/KPR (homeownership loan), piggy banks, or school savings. About 40% of the families had borrowed money over the past two years. The sources of the loans were mostly family, neighbours, friends, or grocery stalls. Meanwhile, families who had the experience of borrowing money from the bank were only about 5%. The small number of families that saved in and borrowed from the banks was partly due to the availability of banks that were generally limited to the district capitals.

5.1.2 Access to Water, Sanitation, and Health

Poor families' access to water sources was quite good, whereas the condition of sanitation facilities was relatively insufficient. Based on the survey results, the main uses of water sources were for drinking and bathing/washing depending on the potential of the water sources in each region. Approximately 70% of the families in the study areas could access protected water sources.¹⁷ The type of water sources commonly used for drinking, bathing, and washing across the study areas was protected wells. Especially in West Kalimantan, where most regions are passed by rivers, families usually used river water for bathing and washing purposes. Meanwhile, for drinking and cooking, the majority of the families used rainwater.

Related to sanitation, approximately 55% of the families already had their own toilet facilities at home, while other families used shared toilets, public toilets, or did not have a toilet at all. The families that did not have toilets at all usually defecated in the river/ditch or field/garden, as was the case in all study villages in West Kalimantan, South Sulawesi, and some study villages in Central Java.

In general, the availability of health facilities (*poskesdes/polindes*, *pustu*, or *puskesmas*) at village level was quite diverse and could be accessed free of charge by using Jamkesmas. Approximately 67% of the families in the study areas had health insurance in the form of Jamkesmas, applicable to either all or some of the family members. *Jamkesmas* membership or other health insurance may have been one of the reasons that encouraged the families to access health facilities because they could receive free medication, especially if it was supported by the availability of facilities and easy access. This was indicated by approximately 60% of the families opting for medical

¹⁷According to WHO/UNICEF (N.D.) Joint Monitoring Programme (JMP) for Water Supply and Sanitation, protected sources of water are piped water, tap water, drilled wells, protected wells, protected springs, and rainwater. Meanwhile, packaged drinking water is considered protected only if the households use water from protected springs and it is used for cooking and personal sanitation.

treatment at health facilities. Meanwhile, a small percentage of families still preferred their own medical treatment such as taking drugs bought from a stall or taking traditional medicines. Typically, this choice was taken because of limited access to health facilities or money constraints.

5.1.3 Programs/Assistance

The government still played an important role in improving the welfare of the community, but non-governmental institutions also helped in providing programs/assistance. Over the past two years, almost all poor families recorded in this study (93%) had received at least one type of programs/assistance from the government or non-governmental institutions. About 80% of the families received programs/assistance only from the government; 1% of the families received programs/assistance only from non-governmental institutions; and about 11% received programs/assistance from both sources. However, 7% of the families, both MHF and MHF, did not receive any assistance either from the government or non-governmental institutions. The families that did not receive any programs/assistance deserve attention, considering they were poor families.

The coverage of families receiving social protection programs in the study areas tended to be different for each program. The recipients of *Raskin* and *Jamkesmas* programs exceeded half of the number of the families, at 87% and 64% respectively. The number of BLSM recipient families was also quite large at 41%, while the number of BSM recipient families was only 20%. The proportion of BSM recipients was lower than the national average, when in fact the families recorded were poor families in their respective area. It was possible that the low access to BSM was influenced by the target determination that did not fully use the integrated database but rather the suggested less precise targeting system of BSM recipients. *Raskin* recipients were the highest proportion because this program was distributed through the village government that generally made adjustments to coverage. In almost all study villages, *Raskin* was distributed evenly to all families or to a number of families which was higher than regulated.

Most social protection programs, especially *Raskin*, BLSM, and BSM, had the same household target criteria, namely that families should possess the Social Protection Card (KPS). The KPS holder households should have received at least two programs, namely BLSM and *Raskin*. In fact, the target households with children attending school at elementary to high schools level should have received these three programs. However, in reality, a household that became a recipient of one of these programs did not necessarily receive other social protection programs. Survey results showed that the percentage of families that received *Raskin*, BLSM, and BSM was only 10.67% (Figure 3). There were 39.12% families that received *Raskin*, but did not receive BLSM and BSM; and 0.73% families received BLSM, but did not receive *Raskin* and BSM. Some BLSM recipient households may have not received BSM due to, among others, the fact that these families did not have children attending school, or inaccurate recommendation of beneficiaries by schools as a result of limited program socialization (See SMERU 2014: BLSM study). Meanwhile, the existence of BLSM recipient families that did not receive *Raskin* could be caused by several things, such as the fact that the families did not have cash at the time of *Raskin* distribution, were not in the village at the time of *Raskin* distribution, or were not interested in buying *Raskin* rice that sometimes had poor quality.

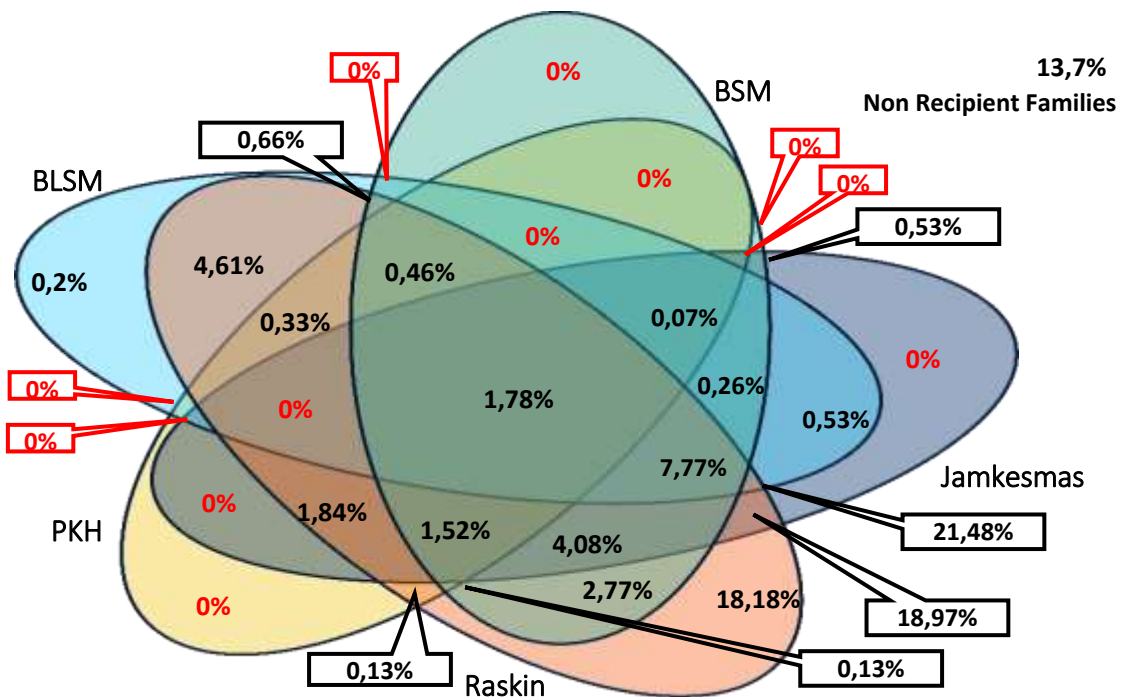


Figure 3. Family Proportion Based on the Received Social Protection Programme

Source: Results of survey by the SMERU Research Team, 2014.

PKH program was a provisioned cash assistance program aimed at very poor families. Based on the criteria requirements of this program, the PKH recipients should also receive four other social protection programs from the central government, namely BSM, *Jamkesmas*, *Raskin*, and BLSM. However, many PKH recipients only received one to three of the four social protection programmes. The survey results showed that only 1.78% of PKH recipient families received all four social protection programs (Figure 3).

Actually, the government provided opportunities for poor families to get access to certain social programs/assistance by applying for SKTM from the village government, but there were not many families that took up this benefit. For the past two years, there were only 14% of the families that had applied for SKTM. They usually applied for SKTM to obtain education and health programs/assistance (92%). From this number, 46% applied for SKTM to receive education programs/assistance only, 35% to acquire health programs/assistance only, and 11% to obtain both types of programs/assistance. The low number of SKTM applications may have been caused by several factors, such as the use of SKTM that was limited for certain programs only, the information about SKTM that was not widely known to the community or the lack of need for health assistance because there were no sick family members.

In addition to receiving the programs/assistance from the government, the families in the study areas also received programs/assistance from the non-governmental institutions. Some of the programs/assistance were intended only to target specific individuals, such as staple food and cash assistance for poor families. There was also some assistance that was only targeted at specific groups, such as facility assistance for farmers and fisher groups. In the study areas, only about 15% of all families accessed programs/assistance from the non-governmental institutions in the last two years. This shows that the interventions done by the non-governmental institutions was still relatively small. The types of assistance from the non-governmental institutions that were widely accepted were staple assistance, cash assistance, and home improvement assistance (Figure 4).

The assistance came mainly from companies, political parties or legislative member candidates, and NGOs.

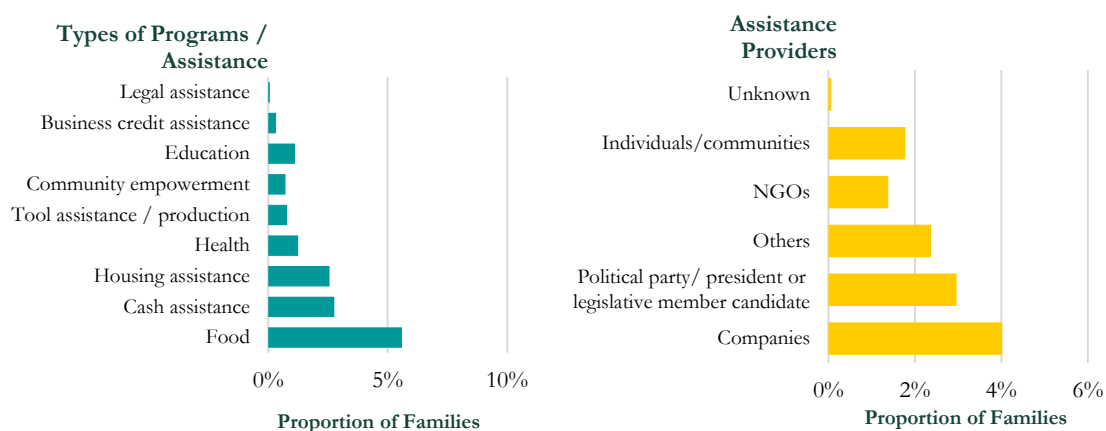


Figure 4. Types and Sources of Assistance from the Non-Governmental Institutions Received by the Families

Source: Results of survey by the SMERU Research Team, 2014.

Notes: The number of samples was 1,518 families.

5.2 The Characteristics of the Family Heads

The number of MHF in this study was higher than the number of FHF. From 1,518 families, around 63% of the families were headed by men, and the rest were headed by women. Most of family heads were already married and were aged between 17 and 59 years old. Not all family heads had jobs. The employment status of family heads was generally labourers or part-time workers, and most of the family heads worked in the agricultural sector. In terms of education, although they could read and write, most family heads did not have a school diploma/certificate.

5.2.1 Age and Marital Status

The male family heads tended to be younger than the female family heads. In terms of age, all family heads were over 17 years old, and more than half were under 50 years old. The age of female family heads was mostly in the 50 – 49 years old group, whereas the male family heads were in the 30 – 39 years old group.

Most of the male heads of families were married, while the majority of women that headed families were divorced. Of all family heads, 67% were married and only about 1% were unmarried. Married male family heads were more than 90%, while the married female family heads were only about 17%. In contrast, 80% of female family heads were divorced, while divorced male family heads were less than 1%. This indicates that divorce is one of the main factors that leads women to become the family heads.

5.2.2 Choices of Employment Types

All heads of families belonged to the working age population, but not all of them had a job. At the time the survey was conducted, around 80% of the heads of the families had a job within the past week and 10% of them took care of the household. The percentage of the male family heads that had a job was 90%, while that of the female family heads was 62%. When it comes to taking care of the household, there were 8% male family heads and 27% female family heads that were responsible for this. Of the total number of female family heads, 27% of them worked and took care of the household as well.

The majority of the family heads worked in the agricultural sector. The other employment sectors that many of the male family heads opted for were construction and service, meanwhile the majority of the female family heads were involved in the service and trade sectors (Figure 5). Most of the family heads who had a job worked as labourers or casual workers. The type of employment that was mostly found among the male family heads was labourers or casual workers in the agricultural or farming sectors, while the majority of the female family heads worked as independent workers in service and trade sectors.

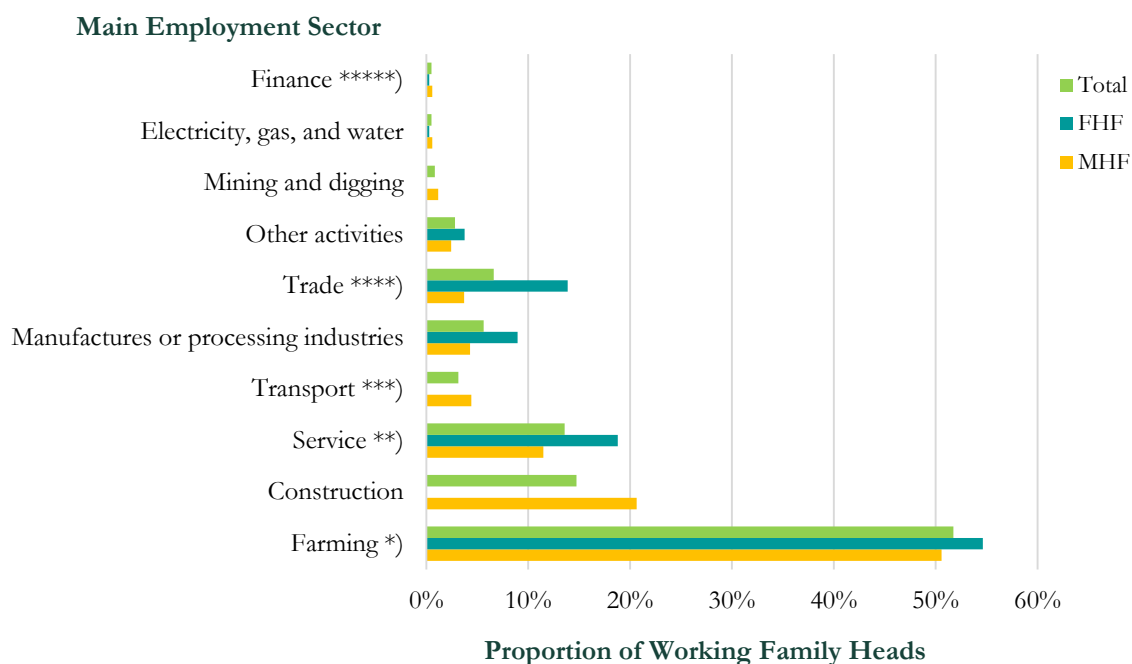


Figure 5. Proportion of the poor working family heads based on the main employment sector

Source: Results of the Survey by the SMERU Research Team FHF

Notes Sample consists of 348 FHF and 861 MHF

*) covering agriculture, forestry, fishery and game hunting

**) covering community, social, and individual services

***) covering transports, warehousing, and communication

****) covering wholesale trading, retail sales, restaurants, and hotels

*****) covering financial services, insurance, rentals of buildings, lands, and company services

5.2.3 Literacy Ability and Education Level

The majority of the heads of the families could read and write, even though there were still many of them who did not have a diploma. Around 65% of the heads of the families had the ability to read and write, with a higher rate of literacy found among the male family heads (78%), compared to that of the female family heads (54%). The rate of literacy was considered as an important indicator because it showed the development of human resources from an educational perspective. In general, almost 40% of the heads of the families did not have a diploma, and 38% of them were female family heads. This percentage was higher than the figures at national level: there were only 30% of family heads who did not have a certificate and 12% of them were women (Susenas, 2014). In addition, 19% of poor family heads never went through the formal education system and around 63% of them were women. Meanwhile, nationally, there were only 6% of the heads of the families that never undertook formal education, in which 48% of the number was women. The lower rate of education of the heads of the families in this study when compared to the national data was quite normal, considering that the heads of the families that became the samples came from poor families. The number of the female family heads who never went to school and did not have primary school certificate was larger than that of the male family heads. Even though this does not entirely illustrate their intelligence, the education of a head of a family can affect the level of education of his or her family members. If a family has a sufficient access to education, it will be able to maximize its potentials to achieve better livelihood outcomes.

5.3 Characteristics of Family Members¹⁸

More than half of the family members were women, and the highest age group was 0-19 years old. Around 54% of the total number, 5,747 family members were women. From an age perspective, around 22% of the family members were 10-19 years old, and 20% belonged to the age group of 0-9 years old. There were as many male family members as female family members who had a job and most of them worked in the agricultural sector.

From a document ownership perspective, most of the family members had an ID card, but there were many of them who did not have a birth certificate. From marital status angle, the majority of the family members were married through religious customs and their marriage was legalized by the state, although there were also few family members who lived together with their partners without marriage ties. Meanwhile, the level of education of women was relatively lower than that of men, based on both diploma ownership and literacy rate.

5.3.1 Activities of Family Members

The main activities of female and male family members were relatively similar, except in terms of household care. In general, the three main activities done by the family members were working (50%), going to school (26%), and taking care of the household (12%). This was similar to the national data where around 40% of the population worked; 22% went to school; and 26% took care of the household (Susenas, 2014). The two main activities done by the male and female family members in this study were fairly similar, namely working and going to school. Based on the Susenas data of 2014, the activities of the majority of men were also working and

¹⁸The term Family Members in this study is defined as all individuals in a family that consists of the head of the family, his/her spouse, and other family members.

going to school, while the activities of the women were mainly taking care of the house (57%) and going to school (23%).

In this study, in the case of the family members whose main activity was taking care of the household, there was a quite big difference in the participation of women and men. As many as 23% of all women and less than 1 % of all men took care of the household; yet, on the other hand, more than 6% of men who were unemployed (Figure 6). The difference in proportion showed that the distribution of responsibilities in the household was still based on gender and these responsibilities had the tendency to be attached to women; thus men who did not have a job were also not involved in taking care of the household.

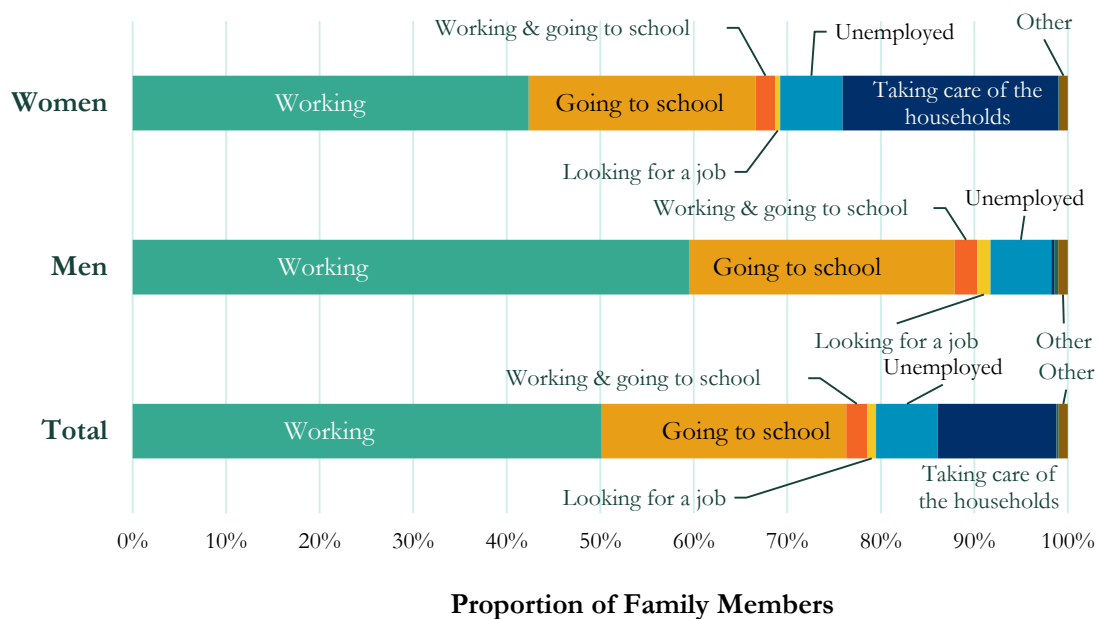


Figure 6. Main activities and gender of members of poor families

Source: Results of Survey by the SMERU Research Team, 2014

Notes: Samples consists of 2,323 men and 2,774 women

5.3.2 Choice of Types of Employment

Half of the total family members who had a job worked in the agricultural sector. According to the Susenas survey of 2014, the majority of the population worked in the agricultural sector, even though the percentage was only as high as 34%. The high number of family members who worked in the agricultural sector in this study was influenced by the availability of work and the pattern of land use, dominated by agriculture or plantations, except for Desa Muliorejo in Deli Serdang, North Sumatera, which had industrial characteristics. Based on gender, other sectors besides agriculture that were dominated by men were construction, transportation, and mining. Meanwhile, women mainly worked in service, trade and processing industry sectors.

5.3.3 Document Ownership and Marital Status

Owning personal documents in the form of a national identity card (KTP), birth certificate, and family card, and marriage certificate/book is very important. Unfortunately, not all family members had these documents. In addition to serving as citizenship identification, these

documents could open the access of the family members who possess them to social protection programs as well as public services that are organized by the government. Of all family members who were above 17 years old, more than 81% had already possessed a KTP. Meanwhile, of all family members who were between 0-17 years old, only half of them possessed a birth certificate. This was different from the data of birth certificate ownership nationally. Based on the Susenas of 2014, around 78% of children in Indonesia had a birth certificate. The main reason for the low rate of birth certificate possession in this study was among others, financial constraint (32%) and incomplete supporting documents (31%). The necessary supporting document was primarily the marriage certificate of the parents. Based on the results of the interviews in South Sulawesi, couples who married at an early age generally did not have a KTP, marriage certificate and family card. Consequently, if they had a child, they could not apply for the birth certificate for the child. Usually, only after they had reached the required age and had sufficient funds, would this couple try to acquire the necessary documents. Besides early-age marriage, another factor that became the reason for the absence of a marriage certificate was their marital status that has not been legalized by the state.

The majority of the family members having a marital status were married through religious customs and were legalized by the state (having a marriage certificate/book). However, there were still 25% who were only religiously married (not owning a marriage certificate/book) and less than 1% were married through customary wedding only. The marriage of a couple which was only acknowledged by the religion or the traditional custom had the tendency to disadvantage the couple because it was not legalized by the state, so they generally did not possess a marriage certificate. If in the future, there was a problem in their marriage, there would be no clear arrangement regarding the rights and responsibilities of each party, for example, related to property division and child support. Particularly in NTT, about 15% of couples lived together without marital ties. The reasons were, among others, the expensive dowry and the high cost of the wedding that included expenses for a series of customary ceremonies.

5.3.4 Education

The literacy rate and the education level of the female family members were lower when compared to those of the male family members. The illiteracy rate of the members of the families who were over 15 years old was higher than the national illiteracy rate. According to the BPS (2015), the illiteracy rate of family members who were over 15 years old nationally was 16%, meanwhile based on the results of this survey it was 22%. The illiteracy rate of the women (28%) was higher than that of men (15%). Meanwhile, based on the highest education level, 41% of the family members in the study area had not graduated from primary school. Women usually had lower education levels than men. Figure 7 shows that the number of women who did not go to school and did not graduate from primary school was larger than men, while the number of women with junior high school education or its equivalent and a senior high school or equivalent education was smaller than that of men.

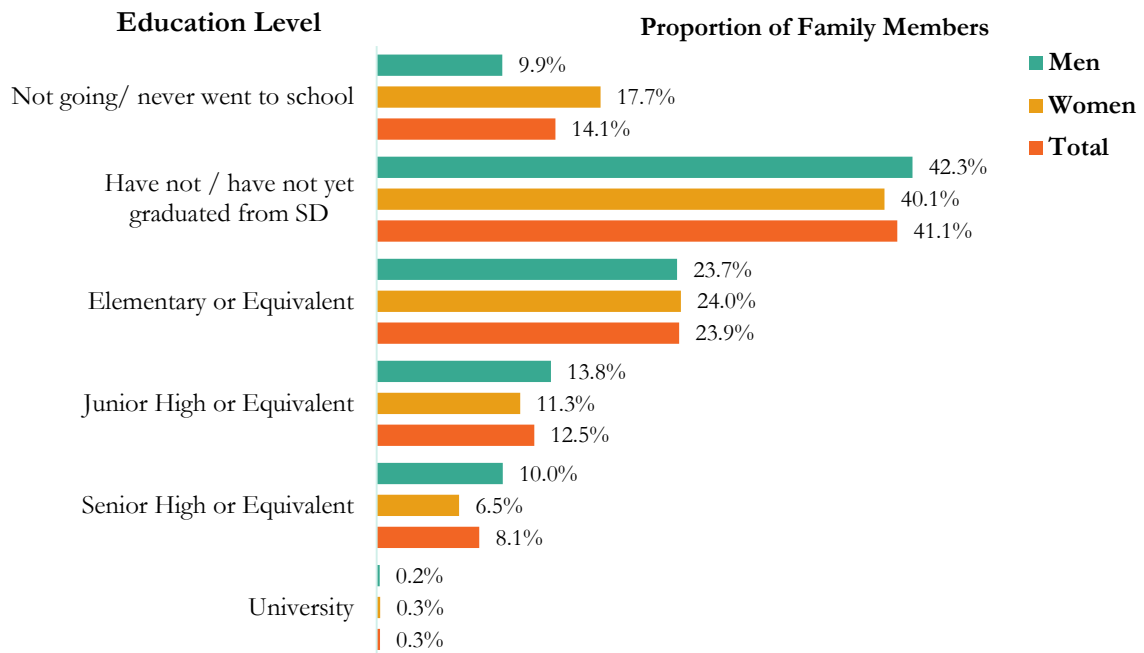


Figure 7. Level of education of poor family members seen from the percentage of certificate ownership

Source: Results of survey by the SMERU Research Team

Notes: Samples consist of 2,447 men and 2,883 women.

VI. PUBLIC SERVICES AND WOMEN'S LIVELIHOODS

The livelihoods of poor women and their access to public services are described in the five themes that serve as the focus of this study, namely (i) access to social protection programs (ii) employment, (iii) migration, (iv) maternal and reproductive health, and (v) violence against women. The discussions about the existence of social programs/assistance from the government and non-governmental organizations, women's employment, migration, and maternal reproductive health are based on results of surveys by the SMERU research team on poor families that were triangulated with the results of the FGDs, in-depth interviews, and observations regarding the condition of women in general. Meanwhile, the discussions related to domestic violence and women's participation are based on the results of the FGDs and the in-depth interviews and focus more on describing the conditions and problems experienced by women in general, with some emphasis on the condition of poor women.

6.1 Poor Women's Access to Social Programs/Assistance

6.1.1 Government Programs/Assistance

In general, the decisions about the targets of program/assistance recipients in the study villages are based on the poverty level. There are only two programs from the central government that promote women as the main beneficiaries, namely PKH and PNPM. PKH is a conditional cash transfer program for very poor households with pregnant/lactating women. By accepting PKH, pregnant/lactating women have to check themselves in regularly to a health facility. The limitation of this program is that the number of recipient households is very small compared to the number of poor households in the villages, and not all study villages receive PKH¹⁹.

Meanwhile, PNPM has a special activity for women, namely SPKP. This activity is intended to encourage women's productive enterprise activities through the provision of soft loans, either to start or expand a business. Although in the past two years PNPM in the study villages did not allocate funds for SPKP, there were ongoing activities from the previous years of SPKP in some study villages.

At the regional level, generally the provincial and district governments were not found to provide social programs/assistance specifically for women. The regional governments in all study areas only provide assistance to PKK and *Posyandu* activities such as training or public education for the caretakers as well as members and incentives for cadres. Social programs/assistance, in addition to PKK and *posyandu*, that are specialized for women can only be found in a few study villages, namely in the form of training in needlework and sewing machine assistance. The trainees were very few in number. For example, in a sewing workshop in NTT, there were only two participants from Desa Kiufatu. Meanwhile, sewing machine assistance is not given to individuals but to groups, as happened in Desa Bojongsari, Cilacap, Central Java.

Based on the gender of the family heads, the data shows that overall, the access of poor FHF to social programs/assistance from the government is lower than that of poor MHF. The access of

¹⁹Only 11 of 15 study villages received PKH.

FHF is higher only in Raskin, BLSM, and the illiteracy eradication programs (Figure 8). In fact, no FHF had accessed the tool assistance for fishery and micro/small enterprises. Both of these programs were given to groups whose members are men. The proportion of FHF that applied for SKTM (11.5%) to access government assistance, particularly education and health assistance is also lower than that of MHF (15.5%).

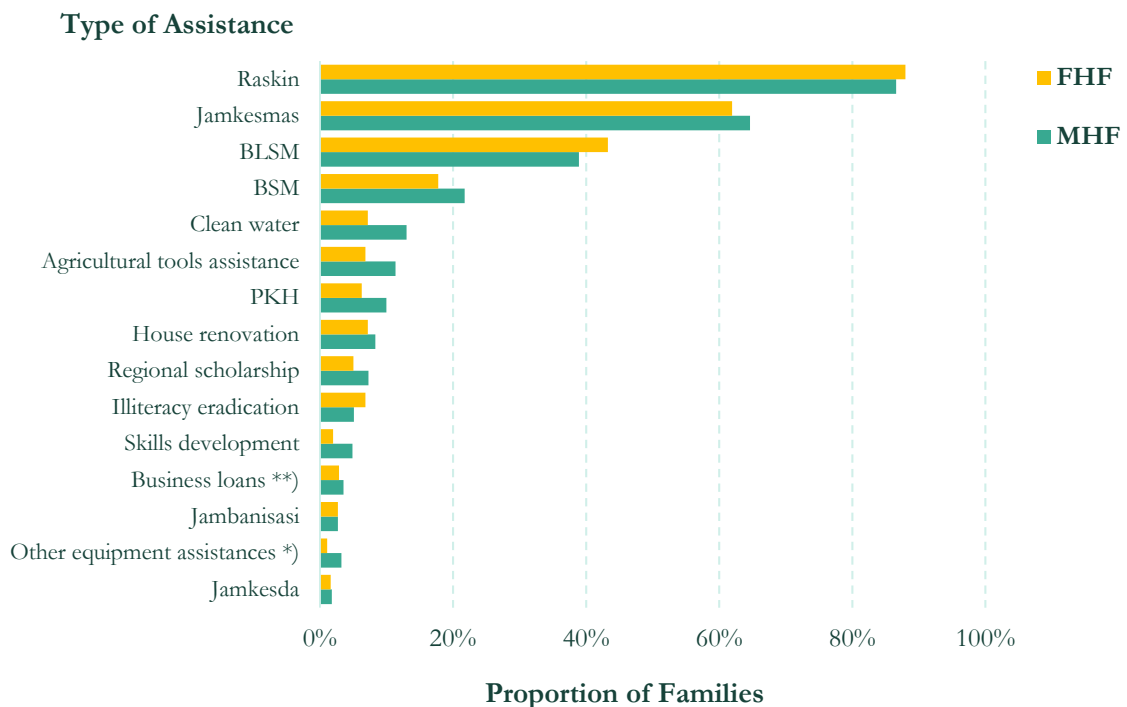


Figure 8. The proportion of poor families receiving government programs according to types of assistance

Notes: Samples consist of 557 FHF and 961 MHF

*) including tool assistance for fishery and micro/small enterprises

**) including SPKP, Credit for Business (KUR), and other types of credit assistance

6.1.2 Programs/Assistance from Non-governmental Circles

Most study villages received special programs/assistance for women from non-governmental institutions or NGOs that have an interest in women's issues. Generally, the programs/assistance are in the forms of empowerment, training, and advice that are done through counseling processes. The types of the activities were, among others:

- economic empowerment through savings and loans groups, the establishment of productive enterprise groups, and business skills training;
- empowerment of women migrant workers and home workers;
- public awareness of Law No 13 Year 2003 on Employment for Women;
- reproductive health services and education;
- advocacy on matters regarding document administration such as JKN/BPJS *Kesehatan* and birth/marriage/divorce certificates; and
- advocacy on gender equality values.

Based on the survey of poor families by the research team, in general, the access of FHF to the programs/assistance from non-governmental institutions is better than the access of MHF (Figure 9). The reason is, among others, there are programs/assistance meant specifically for women in most of the study villages. The proportion of FHF is higher than MHF in terms of access to food, cash, housing, and education assistance. In fact, legal aid is only received by FHF. The access of FHF is lower than that of MHF in four areas of assistance, namely health, production tools/facilities, community empowerment, and business loans. Based on the types of assistance provider institutions, FHF had greater access than MHF to assistance from companies and individuals/communities. Although the access of FHF to programs/assistance from non-governmental institutions tended to be higher than that of FHF, the number and scope of recipients are limited. The proportion of FHF receiving assistance is only around 0.3% -6.6% of total MHF (see Figure 9). It is much smaller compared to the access of FHF to programs/assistance from the government that ranges from 1.08%-87.97% of total FHF.

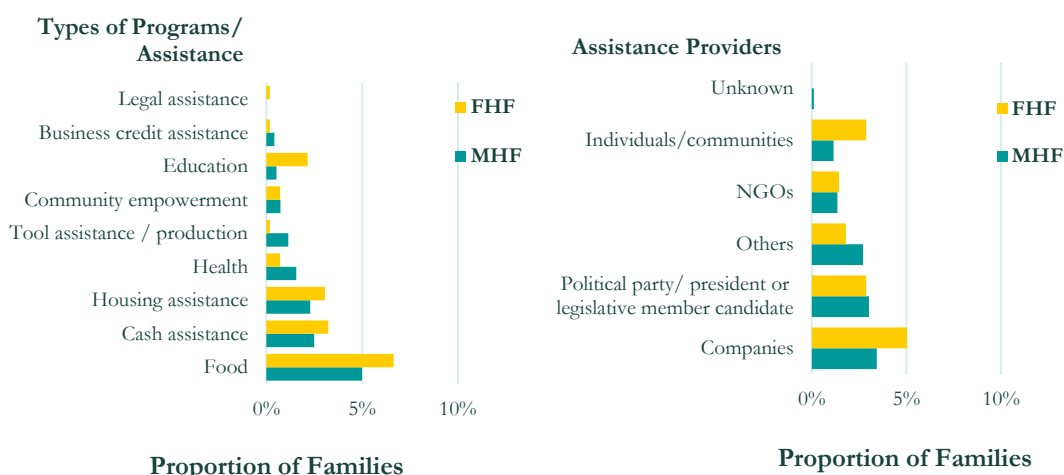


Figure 9. The proportion of poor families receiving programs/assistance from non-governmental circles according to the types of assistance and assistance providers

Source: Results of surveys by the SMERU research team, 2014.

Notes: The total samples are 1,518 families; determined by the types of programs/assistance and assistance providers.

6.2 The Jobs of Poor Women

6.2.1 Work Force

More than half of poor women belong to the work force and the labor participation rate of poor women is quite high. The study surveyed 3,081 poor women in which 2,199 were of working age (above 15 years old), and 62.80% of them were in the work force (Table 12). The survey result data shows that the work force participation rate (TPAK) of poor women in FHF is higher than the TPAK of poor women in MHF. Meanwhile, based on the figures across study districts, women's TPAK in each district ranged around 51% -70%. Beyond that, the working-age women in the study areas were generally found to be housewives, and a small number of them were students.

Table 12. The Numbers and Characteristics of Working Age Women in Female-Headed and Male-Headed Families

Note	Poor MHF	Poor FHF	Total
Working age (≥15 years old)	1,328	871	2,199
Work force	737	644	1,381
TPAK (%)	55.50	73.94	62.80
Employed	657	536	1,193
Unemployed	80	108	188
Unemployment rate (%)	10.85	16.77	13.61

Source: Results of surveys by the SMERU research team, 2014. by the SMERU research team, 2014.

6.2.2 Women Workers

In this study, working is defined as an activity to gain earnings done for at least an hour without a break. Earnings here can be in the forms of salary, income, wages, or goods. A total of 86.8% of poor women from the work force are workers (Table 12). The proportion of poor women workers in MHF is slightly higher than the proportion in FHF, but the difference is not statistically significant, that is, respectively 89.1% and 83.2%.

The three largest employment sectors mostly undertaken by poor women workers in both FHF and MHF are agriculture, services and trade (Figure 10). Employment sector choices are influenced by natural resources and the economic activities in one's residential area. In Cilacap, Central Java; Kubu Raya, West Kalimantan; and TTS, NTT, which are agriculture areas, the employment sector mostly chosen by poor women is agriculture. Deli Serdang in North Sumatra is the region with the highest number of women workers in the industrial sector because in this region there are many factories such as plastic, wood, rubber, tire, and glass manufacturers. Meanwhile, in Pangkep, South Sulawesi, the most prominent employment sectors for women are services and agriculture. Based on the age groups of the workers, the survey result data shows that women workers in the study areas are dominated by the adult age group (30-59 years old), which is 67.1%; while the young age group (15-29 years old) reaches 23.1%; and the older age group (60 and above) only amounted to 9.7%.

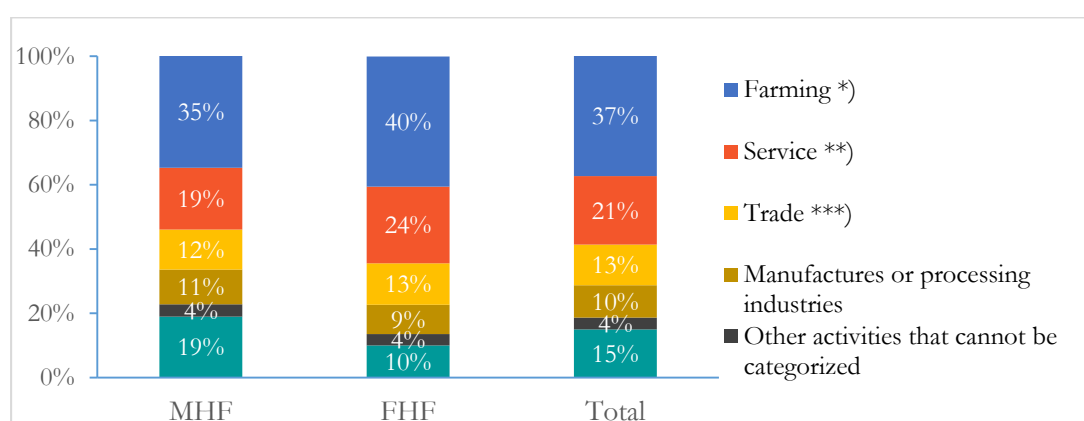


Figure 10. Women workers based on the five highest employment fields

Source: Results of surveys by the SMERU research team, 2014.

Notes: Samples consist of 534 women in MHF and 482 women in FHF

*) covering agriculture, forestry, fishery and game hunting

***) covering community, social, and individual services

****) covering wholesale trading, retail sales, restaurants, and hotels

*****) covering mining and digging / electricity, gas, and water / transport / finance / construction

The education levels of women workers in the study areas are relatively low. The proportion of women workers who did not attend school or did not complete primary school is more than half of the total number of women workers in the study areas. The data in Figure 11 shows that 34.5% of women workers did not complete primary school and 18.3% had never attended school. The proportion of women workers who have a primary school/equivalent certificate is 25.6%. In this case, there is no difference in the condition between the women from the MHF and the women from FHF group. Meanwhile, based on the comparison between study districts, the education levels of women workers in Deli Serdang, North Sumatra, are relatively better than other regions. The reason could be the nature of the study villages in Deli Serdang is urban and it could also be because the availability of education facilities.

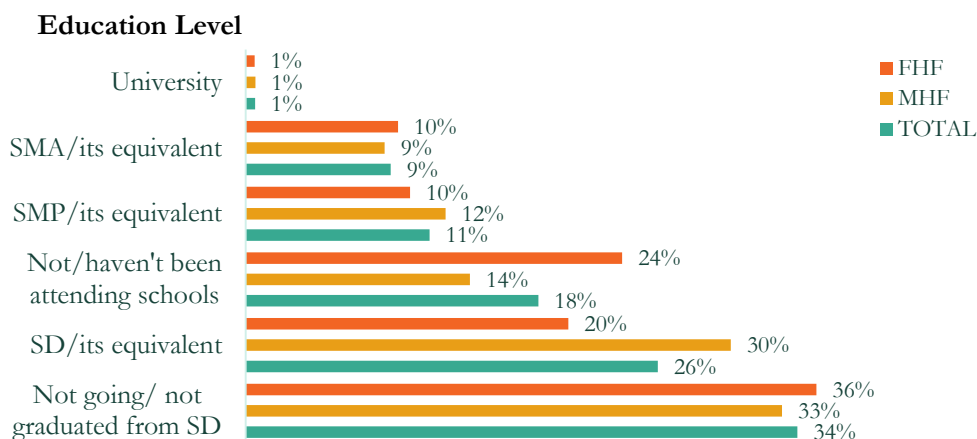


Figure 11. The Education levels of women workers (%)

Source: Results of surveys by the SMERU research team, 2014.

Notes: Samples consist of 654 women in MHF and 534 women in FHF

6.2.3 Child Workers

Based on the survey in the study areas, female child workers, namely females who are still considered as children but have already been working²⁰, from poor families were found. Survey data shows that the youngest age of female child workers is six years old. The number of female child workers reaches 4.8% among girls aged 6-17 years old, of which 25.2% worked as laborers/freelancers/casual workers. From their levels of education, 45.8% of female child workers have an elementary school certificate; 30.8% have not completed elementary school; and 20.6% have high school/equivalent diploma. Of all female child workers, only 2.8% have high school/ equivalent diploma. In general, the participation of children in employment is driven by their desire to help the family economy. Take for example what was found in TTS: almost all family members were involved in work activities to support household income.

6.2.4 Unemployment

The unemployment rate of poor women is quite low. Results of surveys by the SMERU research team in 2014 show that the unemployment rate of poor women in the study areas reaches 13.6% (Table 12). The unemployment rate of poor women in FHF (16.8%) is higher than the unemployment rate of poor women in MHF (10.8%). A total of 48.9% of poor women who are unemployed are people aged 65 and above.

²⁰Based on Law No.23 Year 2002 on Child Protection, children are all citizens under 18 years old.

There are variations in the unemployment rate of poor women in the study areas. The lowest unemployment rate of poor women was found in TTS, NTT (9%), and the highest was in Pangkep, South Sulawesi (33%). The low unemployment rate in TTS is because in that region there are a variety of business activities that could be undertaken by the community, including women. In the rainy season, the women in TTS generally engage in farming activities, while in the dry season they look for sour fruit or *kabesa*²¹ to be sold to merchants. In addition, they can also work as palm sugar producers or kapok-filled mattress makers. This could happen because of the vast areas of the forest in the study villages that were planted with tamarind trees, *kabesa* trees, and kapok trees.

Unemployed poor women have relatively lower levels of education compared to poor women workers. In the study areas, more than half of unemployed women did not attend school or did not complete elementary school, and none of them possessed a diploma higher than the high school diploma. The survey results show that unemployed women who have a high school diploma reach 9%, while those that hold a junior high school diploma are only about 2%. In the group of women with higher education, unemployment could occur due to, among others, the incompatibility between available jobs and expectation. For example, they are not willing to do jobs that do not require relatively high education.

6.2.5 Employment Discrimination

Based on in-depth interviews, in general, women in all study areas do not suffer discrimination in employment. In some types of work, there are differences in wages and working hours between women and men. However, it is due to different job roles between men and women. In Deli Serdang, North Sumatra, for example, the wages of farm hands and plantation hands are different between men and women because of the differences in the work types and workload. Men have heavier workloads, including harvesting and plowing so they are paid Rp 100,000/day, while women plant the rice and earn Rp 50,000/day. However, in Cilacap, Central Java, especially in Desa Rejamulya and Desa Bojongsari, the wage for male and female farm hands is the same, which is Rp 30,000/day.

Although there is no real and overt discrimination in terms of employment, in some study districts there are differences in employment choices between single and married women. This limits the choices of occupation for women. In Deli Serdang, a job as a factory worker is usually preferred by young women who have not been married or have recently graduated from high school. In Kubu Raya, West Kalimantan, jobs for women who are not legally married or do not have children are usually more restrictive in terms of working hours, such as timber factory workers, shopkeepers and waiters in restaurants. Still in Kubu Raya, married women usually work to help their husbands in the fields and go home during breaks to take care of the household. In Pangkep, South Sulawesi, employment choices for women who are married are fairly limited because most of the community still thinks that the purpose of women working is to help their husbands, so they do not have to work if the needs of the family are met by the husbands.

6.2.6 The Involvement of NGOs in the Employment of Women

In the study areas, there is only one NGO which concerns with the issue of women's employment, namely Bitra in Deli Serdang, North Sumatra. One of the reasons for Bitra to select Deli Serdang as its work location is because of the many women workers in that region. Bitra helps some women with legal training and advocacy on the rights of workers. Legal training activities

²¹In Indonesian, it is called *pilang* fruit (see <https://id.wikipedia.org/wiki/Pilang>).

conducted are in connection with the dissemination of the Employment Act. The women workers groups that are mentored by Bitra are mat and baby carseat makers.

6.3 Migration

6.3.1 Migration in General²²

From all study areas, the villages in Cilacap, Central Java, have the largest number of migrants from poor families, and the villages in Deli Serdang, North Sumatra, have the smallest number of migrants from poor families. Labor migration from Cilacap has been going on since the 1980s and has become a popular choice for job seekers. Although some data suggests that the supply of migrant workers from Cilacap continues to decline, migration is still seen as one way to get a job and a better life.

Based on the migration destination regions, the majority of poor migrants migrated within the country. Of the total 428 members of poor families who migrated, 83% migrated in the country and 17% migrated outside Indonesia. Meanwhile, based on gender, 65% of poor migrants are men. Based on the migration destination regions, the participation of men in domestic migration is higher than female participation (Figure 12). This suggests that women, except in Kubu Raya, West Kalimantan, have a higher tendency to migrate internationally compared to men. The majority of jobs available to international migrant workers are jobs that are commonly done by women so the earning potential of women in the international labor market is higher.

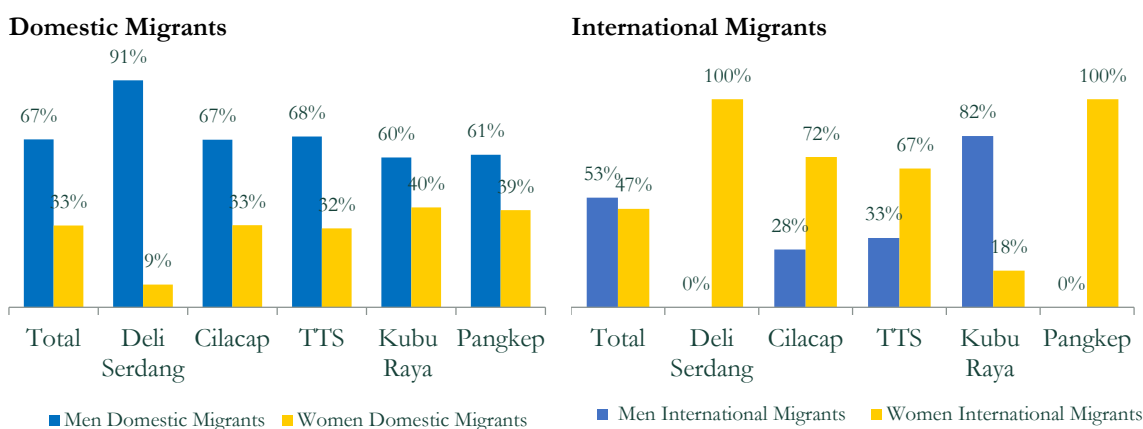


Figure 12. The proportion of domestic and international poor migrants based on gender

Source: Results of surveys by the SMERU research team, 2014.

Notes: Samples consist of 116 women domestic migrants, 238 men domestic migrants, 35 women international migrants and 39 men international migrants.

In general, there is no difference between poor men and women in terms of the main reasons to migrate. Figure 13 showed that the main reason they migrated is related to employment, both in the case of men (81%) and women (79%). About 13% -14% of them migrated for educational or training purposes. Meanwhile, the remaining fraction migrated to live with other family members for reasons related to marriage (married/divorced). Women who migrated for work-related

²²Definition of migration in this study is those who have stayed for 6 months or more in a district different from the district where their family resides and plan to stay outside the district for 6 months or more.

purposes (working, looking for work, preparing a business, helping relatives/family to run a business) are the focus of the following discussion in this study.



Figure 13. Poor migrants' reasons to migrate

Source: Results of surveys by the SMERU research team, 2014.

Notes: Samples consist of 151 women and 277 men.

6.3.2 Poor Women Migrant Workers

a) Characteristics of Women Migrant Workers

Migration often occurs as a process of natural selection, and only individuals with certain characteristics are capable of participating in the migration (Deb and Seck, 2009). Selection can originate from the requirements proposed by employers or the individual's own characteristics. By marital status, 85% of poor women migrant workers were single (Figure 14). Women who are not married have a higher tendency to migrate, given that separation from family is one of the toughest non-economic costs faced by women migrant workers. Based on the FGDs and the in-depth interviews, social norms which dictate that the main breadwinner in the family is the husband contribute to the low level of migration among married women.

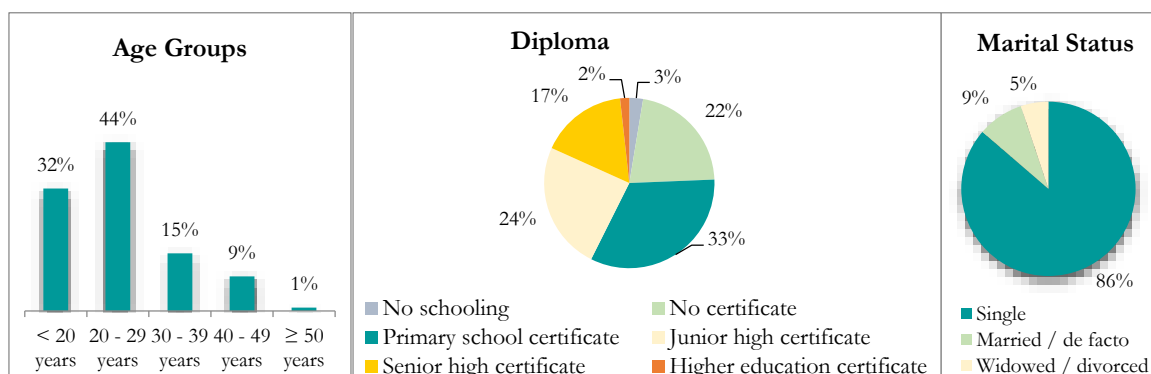


Figure 14. The characteristics of poor women migrant workers based on marital status, age, and education

Source: Results of surveys by the SMERU research team, 2014.

Note: Samples consist of 115 people based on certificate possession, 117 people based on marital status, and 117 people based on age group.

In terms of age groups, migration is mostly done by poor women under the age of 30 years old (Figure 14). Women migrant workers generally migrated the first time at the age of 20-25 years old and some of them continue to migrate repeatedly until around the age of 40 years old. Migration in Cilacap is an exception because it is done by older and married women. The situation in Cilacap is different from the condition of the other four study areas because migration is deeply rooted and has become a culture there, especially for women, so migration tends to be undertaken by many women.

The majority of poor women migrant workers have attended school, but only a few are highly educated. 32% of poor women migrant workers have primary school diploma, while 21% have no diploma at all (Figure 14). The low level of education of women migrant workers is closely related to the level of welfare. In poor families, the migration of family members is seen as a way to improve the livelihood of the family. Based on the in-depth interviews, in Deli Serdang, for example, the low district minimum wage (UMK) is one of the driving factors of migration to Malaysia.²³

Unlike the other four study districts whose migrant workers do not have a tendency to come from a particular ethnic group, women migrant workers in Kubu Raya generally belong to the Madurese ethnicity. The Madurese community living in Kubu Raya belong to the poorest group. Initially, they were transmigrants who lived in the housing units that are difficult to reach. However, there were also migrants who began to settle during the relocation of refugees in 2000 due to ethnic unrest in Sambas, West Kalimantan. Like the housing units of the transmigrants, the relocation points of the refugees were relatively difficult to reach. At that time, among the Madurese, migration was seen as a way to improve livelihoods in difficult places. According to the local people, this could be due to the fact that Madurese are more hardworking and willing to take risks, compared to the Malays and the Javanese that also reside in Kubu Raya. These characteristics explain the high rates of migration of the Madurese in Kubu Raya.

b) The Driving Factors of Women's Migration

Economic reasons are the most powerful driving factor for women in general to migrate (Table 13). Based on in-depth interviews, in general, migration is done repeatedly until they have collected enough money to achieve particular goals, for example a house construction, sending parents to Mecca for the pilgrimage, or paying family's debt. When employment opportunities in the villages are limited, women are encouraged to look for employment alternatives to be able to make ends meet. One such alternative is becoming a migrant worker. A bigger salary has made working outside the region a potential choice for women to obtain a better life. Non-economic motives that drive the migration of women include divorce, as there is an expectation that migration would be an effective way to get over the ex-husband and start a new life. In addition, most women are encouraged to migrate because they want to have experience working outside the village or abroad.

²³As comparison, the maximum income for working in Deli Serdang according to UMK was Rp 1,00,000/month, whereas the income as a labor in an electronic factory in Malaysia was Rp 3,300,000/month

Table 13. The Driving Factors of Women’s Migration

Internal Factor	External Factor
<ul style="list-style-type: none"> • Economic Reasons <ul style="list-style-type: none"> – To improve the economic condition of the family – To provide for the family after divorce/abandonment by husband – To earn a lot of money in short amount of time – To pay debt – To support child’s education – To add/improve asset quality <ul style="list-style-type: none"> ○ Buy land/jewelry/motor bike – To renovate/build a house – To save money <ul style="list-style-type: none"> ○ Money for Hajj pilgrimage – To use as capital for starting a business 	<ul style="list-style-type: none"> • Economic Reasons <ul style="list-style-type: none"> – No employment in the village – Paddy fields experiencing slow production
<ul style="list-style-type: none"> • Non-economic Reasons <ul style="list-style-type: none"> – To get over ex-husband – To get new experience by working outside the village/abroad 	<ul style="list-style-type: none"> • Non-economic Reasons <ul style="list-style-type: none"> – Emulating neighbor’s success – Taken by family/friend – The existence of broker/distributor in the village

Source: Results of in-depth interviews by the SMERU research team, 2014.

The external factors that motivated the participation of women in migration are also divided into economic and non-economic reasons. The lack of jobs in the villages encourages women to seek employment outside the villages, even abroad. In addition, migration has already become entrenched in some study areas, which encourages women to be involved in migration. The image of success and improved livelihood of their neighbors that have already become women migrant workers, which could be seen from, for example, house renovation and land purchase, are some of the driving factors behind migration. Generally, women who want to become migrant workers are more active in making use of the network of the family/relatives that have already become migrant workers. The opportunity to migrate is wider if a candidate has a connection with a migrant worker. There is usually a network among migrant workers, such as a network of migrant workers who work at households, restaurants, factories or plantations.

c) Migration Destination Regions of Women Migrant Workers

The proportion of domestic poor women migrant workers (72%) is greater than the proportion of international poor women migrant workers (28%). Large cities like the provincial capitals are still the main migration destinations for domestic women migrant workers (Table 14). Based on the in-depth interviews, many alternative jobs available in large cities are a major pull factor, in addition to the consideration that the location is closer to the family compared to working abroad. On the other hand, migrating abroad remains an option for some of women migrant workers. The reason is that the wage earned by working abroad is higher and there is pride for the family when there is member of the family who works abroad.

Table 14. Migration Destination Regions of Women Migrant Workers

Migration Destination Regions	District of Origins
Domestic	
Jakarta, Bandung, Bogor, and other big cities in Java	<ul style="list-style-type: none">• Cilacap
Provincial capitals (Kupang, Pontianak)	<ul style="list-style-type: none">• Kubu Raya• South Timor Tengah
International	
Malaysia	<ul style="list-style-type: none">• Deli Serdang• Cilacap• Kubu Raya• South Timor Tengah
Saudi Arabia²⁴	<ul style="list-style-type: none">• Cilacap• Kubu Raya• Pangkep
Singapore	<ul style="list-style-type: none">• Cilacap• South Timor Tengah
Taiwan, Brunei Darussalam, Hongkong	<ul style="list-style-type: none">• Cilacap

Source: Results of in-depth interviews by the SMERU research team, 2014.

d) Employment Types of Women Migrant Workers

Poor women migrant workers (both domestic and international) generally work in the informal sector. The surveys show that 50% of poor women migrant workers are employed as home workers, 22% are employees, 13% work as freelancers/casual workers, and 16% are involved in other professions²⁵. Choice of employment is closely tied to the education levels. Women with higher levels of education tend to work as formal employees, while in the freelancers/casual workers group there are many women who have never attended school or have no diploma at all (Figure 15). The lack of education and skills is an obstacle for poor women migrant workers to compete for jobs requiring special skills and knowledge.

²⁴Migration export to Saudi Arabia had been stopped since the implementation of a moratorium in 2013. In this study, women migrant workers were still found working in Saudi Arabia and they have been there before the issuance of the moratorium.

²⁵Home workers defined in this study are workers who do house related work that do not require special skills such as domestic workers and nannies/elderly attendants.

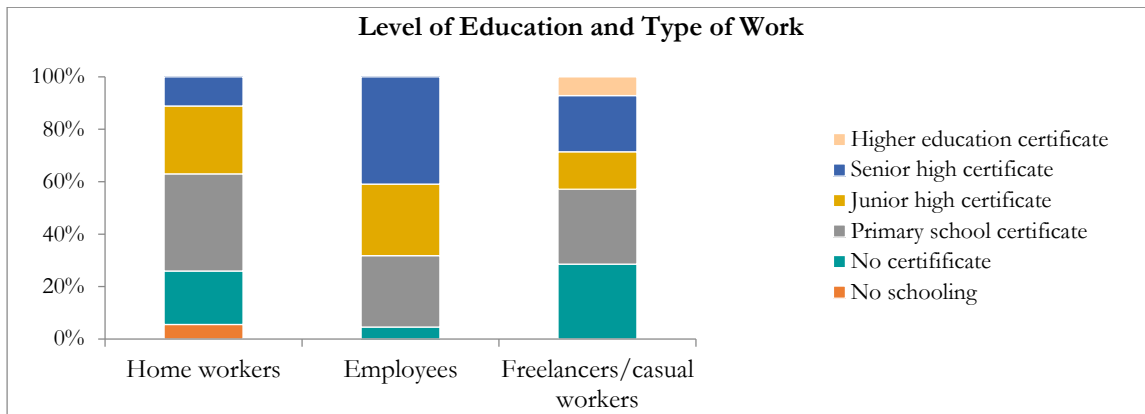


Figure 15. The employment types and education levels of poor women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Note: Samples consist of 54 home workers, 22 employees, and 14 freelancers/casual workers.

In terms of age groups, poor women migrant workers, both domestic and international workers, under the age of 30 years old have a higher tendency to work as employees (Figure 16). The reason is that their education levels are higher than those of women of older age groups. The surveys show that formal employment and freelance/casual work are not options for women aged 40 years old and above. The high risk of losing a job in freelance/casual types of work results in low participation of women of older age groups in this type of work.

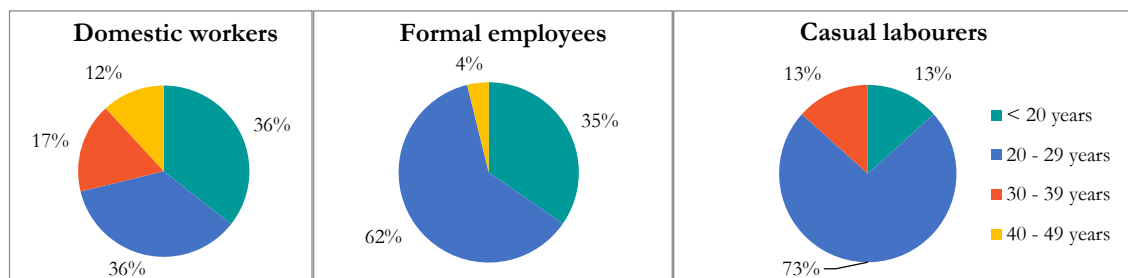


Figure 16. The employment types and age groups of poor women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Notes: Samples consist of 59 home workers, 26 employees, and 15 freelancers/casual workers.

6.3.3 International Poor Women Migrant Workers

The number of international poor women migrant workers recorded in this study is 33 individuals, while that of domestic women migrant workers is 83 individuals. Judging from the overall samples of migrants, the proportion of international women migrants is only about 7%, while the proportion of domestic women migrant workers reaches 19%. The small number of women who migrated abroad may be influenced by the welfare characteristics of the families that became the focus of this study, the poor families. The high economic and non-economic costs associated with overseas migration naturally select the individuals with certain characteristics of the migration process itself.

a) Migration Destination Countries

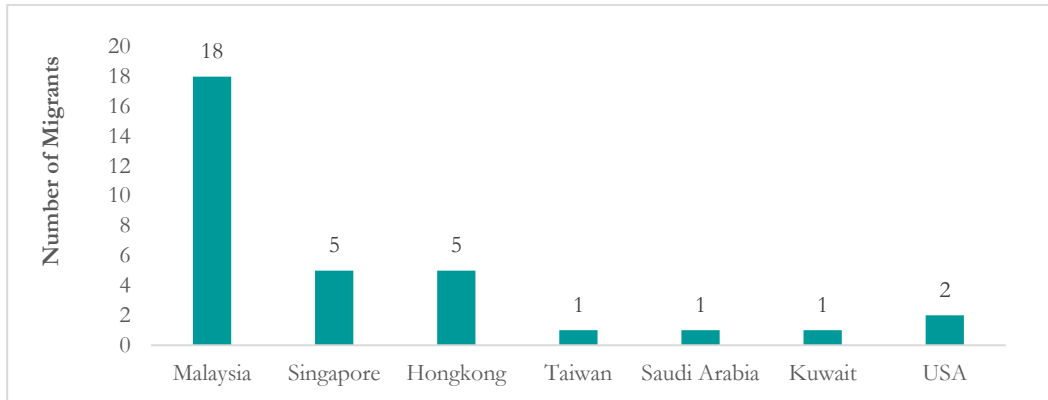


Figure 17. Migration destination countries of poor women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Malaysia, Singapore, and Hong Kong are the top destination countries of poor women migrant workers in this study (Figure 17). Meanwhile, in a much smaller proportion, there are poor women migrant workers who migrated to Taiwan, Saudi Arabia, Kuwait, or even the United States. Based on the in-depth interviews, Malaysia is the most popular migration destination for several reasons:

- a) the distance between Malaysia and Indonesia is relatively close so migration costs could be cheaper;
- b) the working conditions in Malaysia are not much different from that in Indonesia so migrant workers can quickly adapt;
- c) the Malay language is used in Malaysia so there is no difficulty for Indonesian migrant workers to communicate with their employers; and
- d) the presence of other family members who also migrated to Malaysia makes them feel safe, despite being away from home.

b) Characteristics of International Women Migrant Workers

There is a pattern in the relationship between migration destination countries and the education levels of poor women migrant workers. Countries in East Asia absorb more women migrant workers whose education levels are quite high. Figure 18 shows that half of women migrant workers in Hong Kong and Taiwan have a high school or equivalent diploma. Different conditions are seen in the Middle East, where the education levels of women migrant workers from Indonesia are relatively low, possessing only elementary school certificate. The number of Indonesian women migrant workers in Malaysia who do not have any certificate at all is relatively large. Meanwhile, in Singapore, most Indonesian women migrant workers only have an elementary school or equivalent certificate.

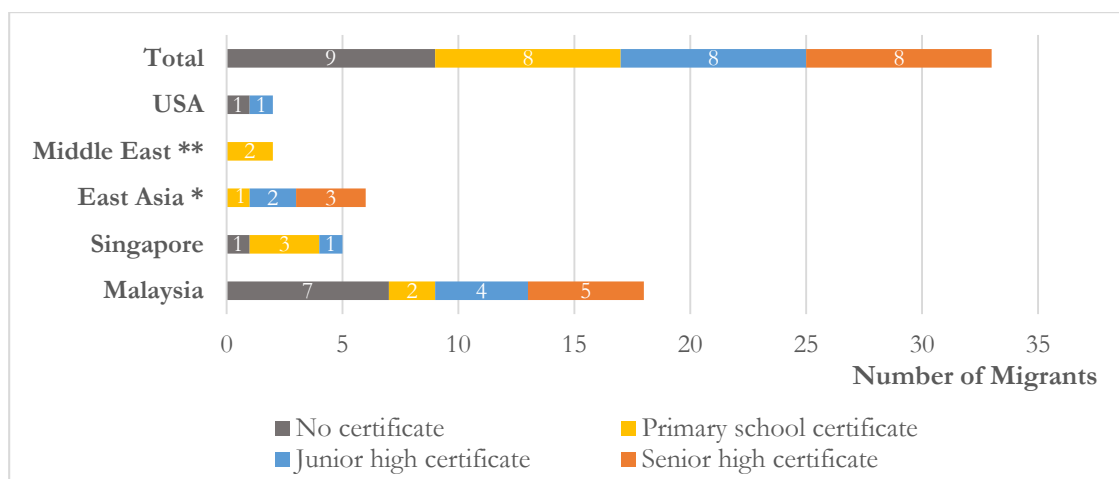


Figure 18. The education levels and migration destination countries of poor women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Notes: *) East Asia consists of Hongkong and Taiwan.

**) Middle East consists of Saudi Arabia and Kuwait.

Poor women migrant workers that migrated abroad are mostly from the age group of 20-29 years old (Figure 19). However, the largest age group varies among migration destination countries. Most of Indonesian women migrant workers in Malaysia are between 20-29 years old and in Singapore are 30-39 years old (Figure 19). Meanwhile, Indonesian women migrant workers in Taiwan and Hongkong are dominated by the age group of 30-39 years old. All Indonesian women migrant workers in Middle East countries are under 30 years old.

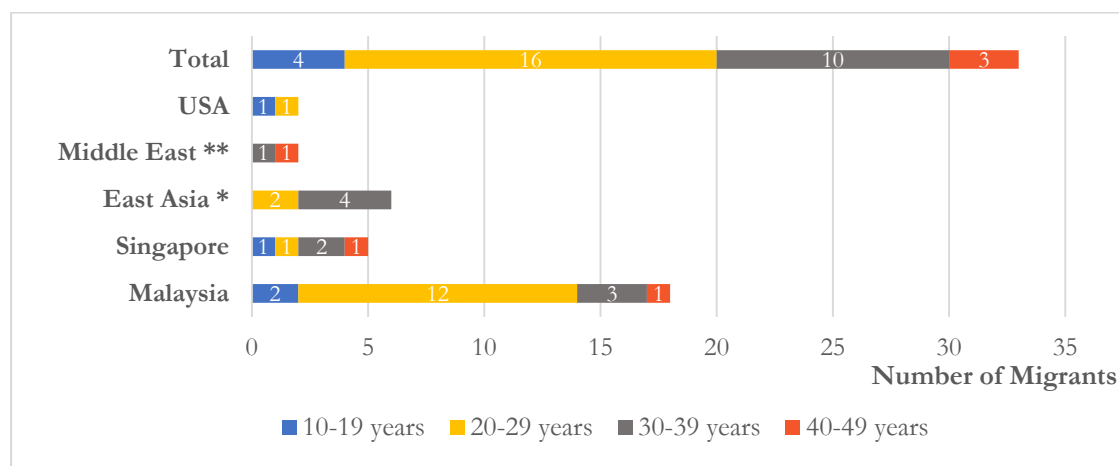


Figure 19. The age groups and migration destination countries of poor women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Notes: *) East Asia consists of Hongkong and Taiwan.

**) Middle East consists of Saudi Arabia and Kuwait.

c) Employment Types of International Women Migrant Workers

Based on the results of the in-depth interviews, the types of occupation that women migrant workers from Indonesia engage in are different in each destination country. Malaysia offers the most varied options of employment types compared to other countries (Table 15). There are women migrating to Malaysia that work as laborers in palm oil plantations or factories, a situation that could not be found among other women migrant workers who migrated to other countries. Before the issuance of moratorium on Indonesian labor (TKI) export to Middle Eastern countries in 2013, the majority of Indonesian women migrant workers in Middle East worked as home workers. Similar to this condition, Indonesian women who migrated to Hongkong, Taiwan, Japan, and Singapore work as nannies or elderly attendants.

Table 15. Employments and Migration Destination Countries

Migration Destination	Employment Types
Middle East Countries	Homeworkers
Malaysia	<ul style="list-style-type: none"> • Home workers • Nannies/elderly attendants • Restaurant waiters/waitress • Labors in palm oil plantations/electronic factories/manufacturing industries
Hongkong, Taiwan, Japan, Singapore	<ul style="list-style-type: none"> • Nannies/elderly attendants • Home workers

Source: Results of interviews by the SMERU research team, 2014.

d) Problems Faced by International Women Migrant Workers

Migrant workers, especially women, face a lot of problems in immigration, not only prior to departure and during their stay in the destination country, but at the time when they return home as well. Based on the in-depth interviews, the challenges faced by the women migrant workers abroad were more varied than those they faced in the home country.

Table 16. Women Migrant Workers' Problems Abroad

Periods	Types of Problems
Before Migration and during departure	<ul style="list-style-type: none"> • Having debts to pay for migration costs • Leaving through illegal channel
Upon arrival in the destination country	<ul style="list-style-type: none"> • Not having complete documents and work visa • Being pregnant, even giving birth to a child out of marriage • Having their rights contravened by their employers • Suffering physical abuse from their employers • Having problems communicating with the families
After migrating and when returning to the home village	<ul style="list-style-type: none"> • Going home pregnant/bringing a child home without a husband • Getting a divorce from the husband • Having difficulties in taking personal documents back from PJTKI

Source: Results of In-depth Interviews by the SMERU research team, 2014.

From the in-depth interviews, it was found that prior to departure, the problems faced by the prospective women migrant workers were closely related to the financial capital for immigration expenses. The high cost of migration necessities forced the prospective migrant workers to borrow money from their family or friends. Moreover, many of them had to borrow some capital for the migration cost from the workforce manpower agencies—this debt had to be paid later on by deducting their wages for the first several months. These findings are in accordance with the ILO report that mentioned that prior to departure, migrant workers had to pay a very high recruitment cost, that could even reach up to the amount of 14-month wages received (ILO, 2010).

Another problem faced during departure is the departure process that involves illegal channels and human trafficking. Deploying migrant workers legally requires a long time and is very costly because there are a large number of documents that have to be prepared.²⁶ Many prospective migrant workers thus opt to go through illegal channels. As a result, they become more vulnerable to human trafficking practices.

In the migration destination, the problems that are often experienced by the migrant workers are contravention of their rights by their employers and abusive treatment. The rights violations by the employers could be in the form of prohibition to do religious activities, late or missing wage payment, and prohibition to return to the home country. Meanwhile, many of the women migrant workers coming from Cilacap experienced violence, abusive treatment, and rape attempts by their employers. The weak legal status of women migrant workers in the migration destination country has placed them in a vulnerable position that could encourage rights violations and abusive treatments against these workers from their employers.

e) International Women Migrant Workers' Contribution

Poor women migrant workers have given real contributions to the economy of the family through remittances. The women migrant workers on average send money to their families in the home village at least twice a year; moreover, many of them routinely send money once a month. The money could be sent via bank transfer, left to relatives to bring it home, or taken by themselves when they return home. The money from remittance is usually used by their families in their home village for among others:

- a) financing the daily necessities of the family members ;
- b) financing the children's school expenses;
- c) paying for the family's debt;
- d) building or repairing house;
- e) buying various assets for productive activities as well as family's investments;
- f) financing parents' pilgrimage to Mecca; and
- g) fixing the family's graves.

The money (from the remittance) and the buying of assets are usually managed by the closest family members, particularly the parents. If the money from the migration is considered able to fulfill the economic needs or has reached certain goals, usually the women migrant workers will stop working and return to the village to stay.

²⁶Departure through official channel requires the making of travel documents, work visa, debriefing or training for around one week at the training centers, and the fulfillment of other administrative requirements. The making of the work visa itself can take up to 1.5-3 months.

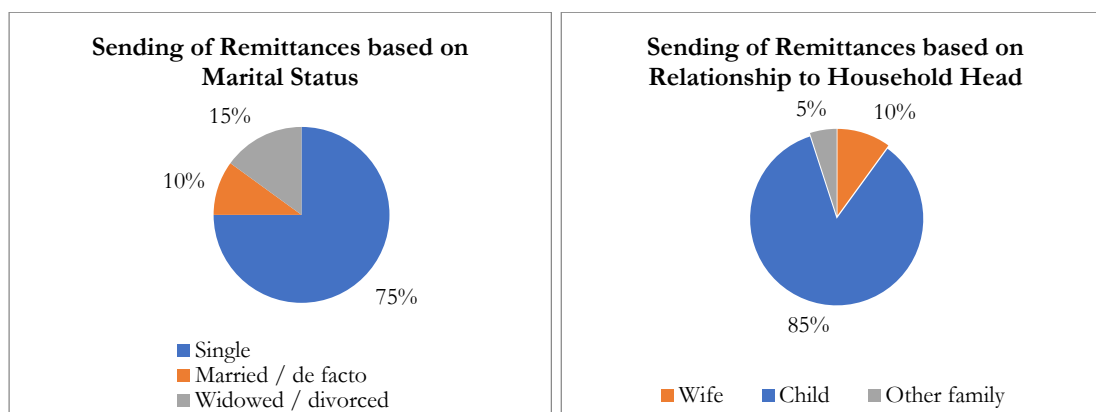


Figure 20. Remittance from international women migrant workers

Source: Results of surveys by the SMERU research team, 2014.

Notes: The samples consist of 20 migrants based on the remittance related to marital status and 20 migrants based on the remittance related to relationship with the family head.

The largest percentage of the remittance comes from the group of poor women migrant workers who have not married or who are the biological children of the head of the family left (Figure 20). This is in accordance with one of the strongest factors that encourage women to become migrant workers, which is helping parents to improve the family's economy. The presence of a woman migrant worker who is considered successful usually helps raise the socio-economic status of that woman's family in the community. In several study areas, the contribution of women migrant workers can manifestly alleviate the family's poverty. In a wider context, women migrant workers are expected to not only contribute for their families, but also to the local community where they live. Directly and indirectly, women migrant workers contribute to the increasing number of women who are motivated to become migrant workers. However, so far the significant contribution of women migrant workers towards the local community has not yet seen, except in Kubu Raya, West Kalimantan. In Kubu Raya, the migrant workers, both men and women together contribute to the local community in the form of donations for religious activities (for example, donations for renovation of religious places and donations for the establishment of education institutions starting from preschool to senior high school level).

6.3.4 The Roles of NGOs in Problems Concerning Women Migrant Workers

Of all study areas, there is only one village in Cilacap that receives counseling and empowerment from a local NGO named Indipt, which becomes a partner of MAMPU in the empowerment and protection of women migrant workers. The reason is probably because Cilacap is a region that sends migrant workers in a greater number compared to that in other study areas. Indipt conducts meetings between former women migrant workers who have returned to the village and prospective women migrant workers in order to broaden the community's, especially women's, knowledge about migration. The purposes of the meetings are to strengthen the bonding among women migrant workers; to provide a forum for women migrant workers and prospective women migrant workers to share real information, especially about the tips in handling the problems that are related to migration; and to collect data about the women migrant workers and their families.

6.4 Maternal and Reproductive Health

The data concerning the maternal and reproductive health in this study shows that 940 individuals (31% of all poor women who were surveyed) are women below the age of 50 years old who had experienced pregnancy or were pregnant during the data collection.²⁷ Around 4.5% of the poor women were pregnant when the data was collected with varied proportion among study areas. Among poor women whose age was below 50 years and who had experienced pregnancy or were pregnant, around 39% are 40-49 years old. Meanwhile, 44% of the women have low education, that is, they have never gone to school or do not possess any diploma or diploma.

6.4.1 Poor Women's Pregnancy

a) Pregnancy Rates

The highest rate of pregnancy among poor women is found in Kubu Raya, West Kalimantan, which is, as many as 14 times the average (Figure 21). Kubu Raya and TTS, NTT has an average pregnancy rate that is higher than the average number of pregnancy in all study areas, meanwhile, Cilacap, Central Java has the lowest average pregnancy rate.

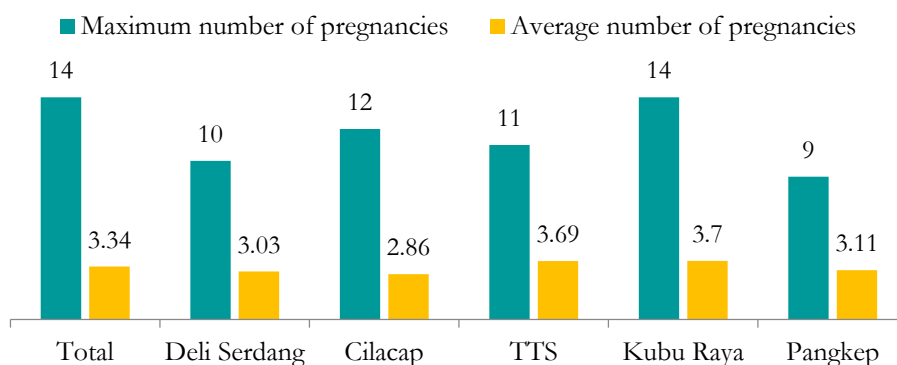


Figure 21. The highest pregnancy rates and the average number of pregnancies among poor women in the regions

Source: Results of surveys by the SMERU Research Team, 2014.

Notes: The overall samples in total are 940 women.

The highest pregnancy rate is found among poor women in the oldest age group and in the group with the lowest education. Among the women in the age group of 40-49 years old, there are women who were pregnant for 14 times (Figure 22). Meanwhile, the highest pregnancy rate and the average pregnancy rate tend to decrease as women's educational performance increases. This correlation is parallel to the view that states that education is the key in the maintenance of maternal and reproductive health (Grown, et al., 2005). One of the roles of education in family planning, for example, is forming awareness about the importance of the use of contraception, which can control the number of pregnancies.

²⁷The next discussion is about maternal reproductive health that refers to poor women under 50 years old who were once pregnant or were pregnant during the time of the data collection.

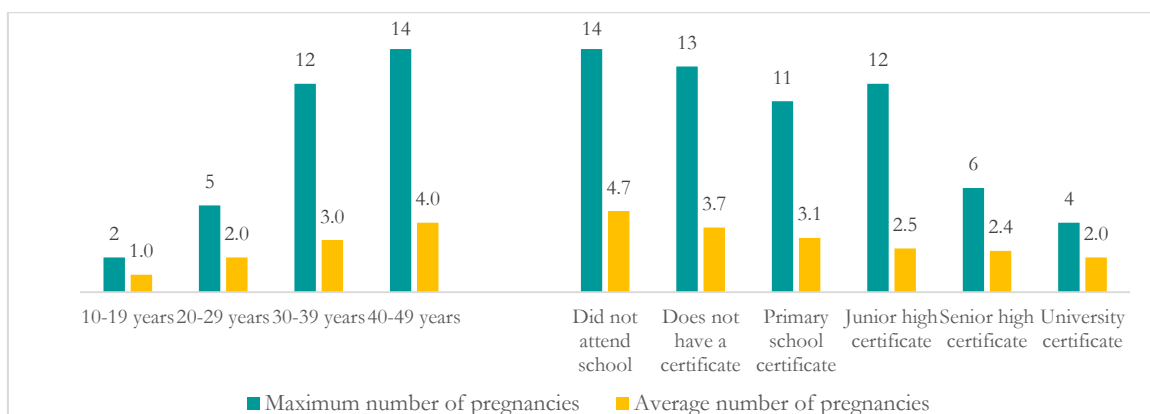


Figure 22. The highest pregnancy rates and the average number of pregnancies among poor women between age groups and educational levels

Source: Results of surveys by the SMERU Research Team, 2014.

Notes: The samples consist of 940 women based on age groups and 936 women based on educational level.

b) Age of Women at the Time of Their First Pregnancy

Based on the age when the poor women experienced their first pregnancy, as many as 59% of them were pregnant for the first time between the ages of 20 and 29 years old. However, 36% of these women were pregnant for the first time in their teenage years, and the youngest age of women pregnant for the first time found in the survey was 10 years old.²⁸ The proportion of teenage pregnancy reached over 40% in Cilacap region, Central Java; Kubu Raya, West Kalimantan, and Pangkep, South Sulawesi. In Pangkep, this situation is closely related to the culture of early-age marriage that is still applied by the community. Teenage pregnancy is quite worrisome because it is inseparable from health issues; especially those that are related to reproductive organs that are not yet fully developed and the lining of the uterus are not yet strong enough to hold the fetus. A woman who is pregnant as a teenager has a higher risk of experiencing problems during pregnancy and when in labor.

c) Pregnancy Problems

Based on the in-depth interviews, it was found that the problems during pregnancy that are quite common in the study areas are (i) pregnant mothers having high blood pressure, (iii) pregnant mothers suffering from anemia, (iv) pre-eclampsia²⁹, (v) longer labor³⁰, and (vi) gestational age that is over 40 weeks. Pregnant mothers from the poor families tend to suffer from anemia because of the lack of nutritious consumption. From the interviews in Pangkep, it was found that the pregnant mother that suffered from pre-eclampsia and longer labor was only 17 years old. Pregnancy during teenage years has higher risks of suffering from pre-eclampsia during pregnancy and when in labor as well as irregular contractions that can cause longer labor.

²⁸The definition of teenage in this study is the age group of 10-19 years old.

²⁹Pregnancy problem that is indicated by high blood pressure and high protein content in the urine usually occurs when the gestational age is over 20 weeks.

³⁰Difficult labor and is indicated by the long progress of parturition, or the birth of the baby.

d) Pregnancy Examination

Most of the individuals have their pregnancy check-ups at the health facilities or medical workers (midwife/doctor) practices. From all study areas, 34% of poor women went to the midwife for their pregnancy check-ups, 32% to *puskesmas/pustu*, and 19% to *posyandu* (Figure 23). Meanwhile, a small number preferred to go to *polindes/poskedes*, private clinics/doctors' practices, government/private hospitals, and traditional midwives for their pregnancy check-ups. This is not different from the nation-wide data for women in general. Based on the data of Riskesdas 2013, around 52.5% of women have their pregnancy check-ups at the midwives'; 16.6% at *puskesmas/pustu*; 10% at *posyandu*; and the rest at other health facilities.

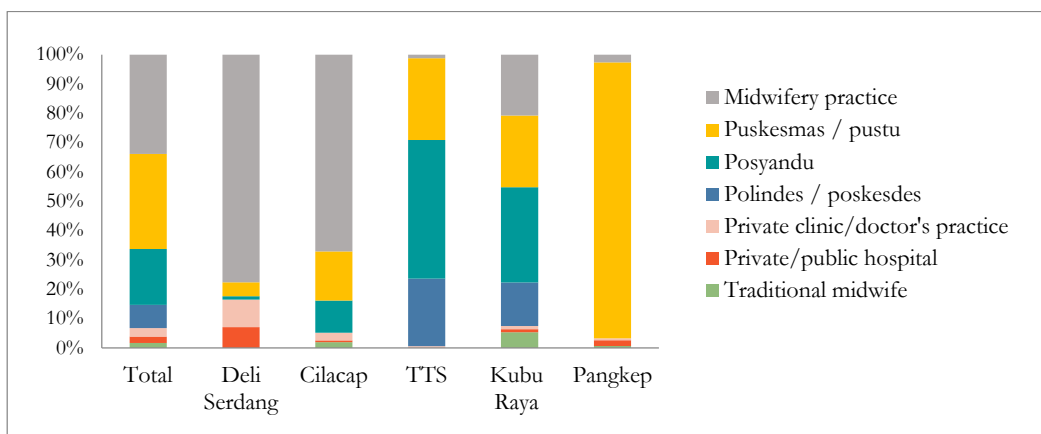


Figure 23. Poor women's choices of facilities for pregnancy check-ups

Source: Results of surveys by the SMERU Research Team, 2014.

Notes: The total samples are 830 women.

Three health facilities that women opt for the most for their pregnancy check-ups are the midwives' practice, *puskesmas/pustu*, and *posyandu*. The factors behind the choice of facilities for pregnancy check-ups are among others (i) the availability and the accessibility of health facilities, (ii) the local government regulation, and (iii) the educational level of the women.

The high rate of the visits of pregnant mothers to the midwives' practice in Deli Serdang and Cilacap is facilitated by the great number of midwives' practices, that is, 2-10 per village. This condition is different from the three other regions, especially the villages in TTS, NTT, where there are no midwives' practices. Meanwhile, the reasons for the high visit rate of pregnant mothers to *posyandu* in TTS and Kubu Raya are its accessible location, the availability of routine schedule, and its relatively complete types of services. Pregnancy examination at *posyandu* is also maximized because there is an instruction from the Health Office of Kabupaten TTS to the village government to implement a fine of Rp5, 000 for pregnant mothers and mothers with infants or children below five years old who fail to come to *posyandu*.³¹ In Pangkep, the reasons for the high rate of visits of pregnant mothers to *puskesmas/pustu* is the easy access and the existence of free medical treatment program from the head of the district of Pangkep that not only has increased the visits for pregnancy check-up, but also has raised the frequency of health check-ups in general.³² Another factor behind the preferences of facilities for pregnancy check-ups is the level of education. Results of surveys by the SMERU research team, 2014 show that women who consulted

³¹The money from the fine is allocated to buy supplementary diet (PMT).

³²Since 2005, there has been a free medical treatment program at *poskedes/polindes* and *puskesmas/pustu* in Pangkep.

the traditional midwives had an educational level that was not higher than junior high. Meanwhile, 60% of the women who had an education higher than senior high school opted for government/private hospitals for their pregnancy check-ups.

6.4.2 Poor Women's Labor

a) Birthing Facilities

Even though almost all poor women surveyed have had their pregnancy examined at health facilities, only 45% gave birth at these facilities. Of the overall samples, 54% gave birth at home (Figure 24). This is quite different from the situation of women in general. The data of Riskesdas in 2013 shows that 70.4% of women gave birth at health facilities and only 29.6% gave birth at home. Poverty and limited access to health facilities can be some of the factors why women give birth at home and not at a health facility. In addition, some women preferred to deliver their babies at home because their labor was unexpected, different from the estimated due date; therefore, there was no time to go to a health facility. Giving birth at home is prone to higher risks because of limited tools especially for emergency conditions (Riskesdas, 2013:215). Figure 24 presents the data of the four places that are accessed the most in the study areas. Based on the educational level, the survey data shows that home birth is mostly practiced by poor women who did not go to school (70%). On the contrary, poor women with an educational level higher than high school only gave birth at the hospital (80%) and *puskesmas/polindes* (20%).

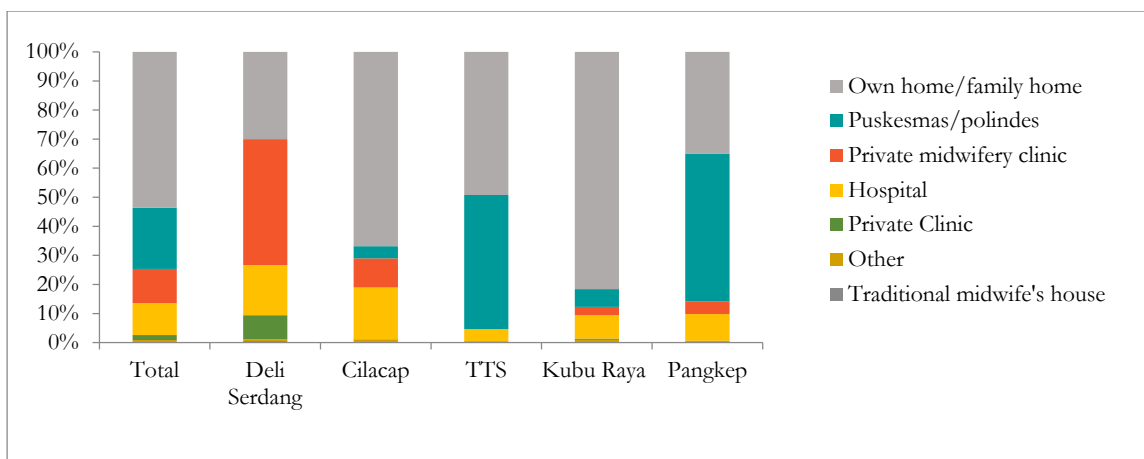


Figure 24. Poor women's choices of facilities for their labor

Source: Results of surveys by the SMERU Research team, 2014.

Notes: The total samples are 919 women.

There are many factors that contribute to the high rate of home birth. One of them is the difficult access to health facilities and the bad quality of the road infrastructure. For example, the size of the village area in Kubu Raya which is not counterbalanced by the even distribution of the health facilities and sufficient quality of the road infrastructure has an impact on the high rate of home birth in Kubu Raya, which reaches 82% (Figure 24). This is the highest number when compared to the other four study areas. Compared to the villages in four study districts, the study villages in Kubu Raya are much larger; meanwhile the number of their health facilities is very limited.

In order to increase the percentage of deliveries at health facilities, the Health Office of Kabupaten TTS encourages the village government to impose a fine on deliveries that are not done at a health

facility or that are done without the assistance of medical staff. The labor fine is given to mothers who give birth at home and to the non-medical staff that helps the delivery, as much as Rp250,000 each. Based on the in-depth interviews, it is found that the implementation of the disincentive was expected to increase visits to *posyandu* and labor at the nearest health facility. However, under certain conditions, the fine can threaten the lives of mothers and infants (Appendix 2)

b) Birthing Assistants

Some poor women have given birth with the assistance of a midwife, but there are still many poor women that deliver their babies without the assistance of a medical worker (Figure 25). In TTS there were 3% of poor women that gave birth without any assistance. Labor with the help of a traditional midwife/birth attendant is usually done intentionally and planned in advance; however, in some cases, it is done unintentionally because the labor process is unexpected, while the medical staff has not yet arrived. An exception occurs in Kubu Raya, in which the major assistance provider in all study areas are midwives. In Kubu Raya, the percentage of poor women that went into labor with the help of a traditional midwife reaches 68%. This condition is parallel to the high practice of home birth that reaches 82 % in Kubu Raya (Figure 25)

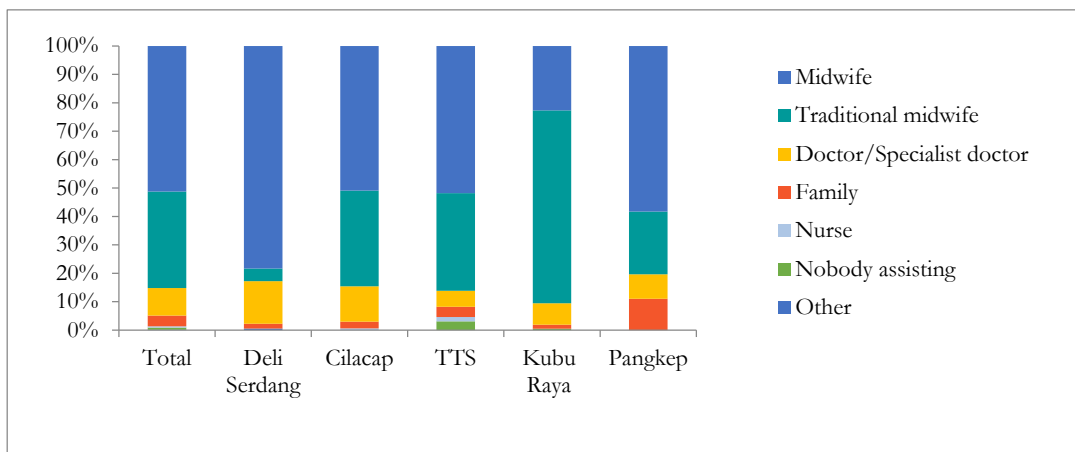


Figure 25. Poor women’s primary assistant during labor

Source: Results of the Survey by the SMERU research team, 2014.

Notes: The total samples are 919 women.

The limited access to health facilities as well as to professional home service becomes one of the factors why there is a high rate of labor with the help of a traditional midwife/birth attendant. Unlike a *poskesdes*’s midwife that often resides in the center of the village, a traditional midwife lives around the people’s residence; thus, she is relatively more accessible, especially for a sudden childbirth that is not the same as the predicted due date. Generally, today a traditional midwife will have received some training from a medical midwife and becomes a partner of a medical midwife in helping childbirth. However, based on the *Pedoman Pelaksanaan Kemitraan Bidan dan Dukun* (Guidelines for the Implementation of the Midwife and Traditional Birth Attendant Partnership), the roles of the traditional midwife during labor process is more as a mother’s attendant and helps the medical midwife that takes the role as the main help provider in childbirth. That means, even though a traditional midwife has received training from the medical midwife, the traditional midwife still cannot become the main help provider during labor. Based on the in-depth interviews, childbirth with the help of a traditional midwife/birth attendant is chosen because, in the process there are certain rituals that are believed to be able to provide

comfort for mothers who are about to give birth. In addition, the labor cost with the assistance of a traditional midwife/birth attendant is cheaper.

The level of education also becomes a significant factor that affects mothers-to-be when choosing their main help provider when giving birth. The higher the level of education of an individual, the better the choice she makes in regards to her main assistant in labor. Results of surveys by the SMERU research team show that poor women with a level of education higher than senior high school only gave birth with the help of doctors (80%) and medical midwives (20%), meanwhile, 63% of the individuals whose labor was assisted by a traditional midwife/birth attendant came mostly from the group with the lowest level of education (never went to school or did not graduate from primary school).

6.4.3 Contraception

a) The Use of Contraception by Poor Women

Results of surveys by the SMERU research team in 2014 show that the majority of poor women did not use contraception. During the data collection, only 48% of the poor women were using contraception, while the rest either was not using or had not ever used one. This number is higher than that for women population nationally. In 2014, around 42% of women were using contraception (Susenas, 2014). In this study, the reasons why women use contraception, based on the in-depth interviews, are among others to delay pregnancy and to limit the number of offspring; as well as for health purposes based on the midwife's recommendation. Still based on the same source, in general the decision to use contraception is taken by the women or by their partners, or by both parties together. However, it is also not uncommon that the decision regarding the use of contraception also involves another party such as parents and midwives.

b) Types of Contraception

The type of contraception that are mostly used by poor women is injection. Similar to the decision regarding whether or not to use contraception, the decision concerning the type of contraception not only involves the women and their partners but also the parents and midwives. Results of surveys conducted by the SMERU research team in 2014 show that the two types of contraception most widely chosen were injections/shots (66%) and pills (21%). Based on Susenas 2014, nationally the majority of the women population also chose injections/shots (60%) and pills (22%) as their contraception. The injection method is preferred over pills because it is only done once in three months, while pills have to be taken every day; therefore, there is a risk that this contraception user might forget to consume them. Meanwhile, other contraception types, namely, implants, contraceptive coils, condoms, and sterilization are not really favored. These types of contraception are only chosen if they are free, as was found in Kubu Raya and Deli Serdang.

6.4.4 The Roles of NGOs in Maternal and Reproductive Health Matters

Of all study areas, only the villages in Cilacap and Pangkep received counseling and empowerment from the local NGO related to maternal reproductive health. When data collection was conducted, the counseling activity done by Aisyiyah in Pangkep was still limited to education about reproductive health. Meanwhile, in Cilacap, Aisyiyah had already had more activities, such as giving advice for mothers and facilitating reproductive health examination.

6.5 Violence against Women

6.5.1 Intensity and Types of Violence against Women

This study has explored information about domestic violence that may be experienced by women not only physically, psychologically, and sexually, but economically as well. Based on the FGDs and the in-depth interviews, except for Kabupaten TTS, there were not many domestic violence problems found in the study areas. In general, the village officials do not really know whether there is domestic violence in their neighborhood because usually cases that happened in the community are not reported to the village officials. Moreover, people usually do not know much about domestic violence problems in their neighborhood because a violent act that happens in a family is not usually known to others outside the circle of the respective family. One of the reasons is because there is a belief that domestic violence is a family's internal matter. According to Rahman (2010), domestic violence cases are relatively difficult to expose.

Of all study areas, TTS is the district that has the highest number of cases of violence against women. In this area, domestic violence tends to be regarded as something that is not taboo to talk about. The results of the discussion of the research done by Lindsay Stark of Columbia University, together with the UNICEF and the Provincial Government of NTT, in 2010 show that TTS as well as other districts in NTT (Kupang, TTU, and Belu) had a relatively large number of cases of violence against women and children, and most of the cases were not reported. (Puskapa UI, 2010).

Based on the in-depth interviews, in the three study villages in TTS, domestic violence was something common among the community (Appendix 3 presents one of the cases of domestic violence). Usually, the acts of domestic violence are in the form of physical and verbal abuse. For the people in TTS, violence is a man's way to reprimand or to 'teach his wife a lesson'; the same principle applies to children or siblings so that they realize their wrongdoings. The forms of physical abuse that are often committed are hitting or kicking body parts; meanwhile, verbal abuse is done by speaking insults. The local people have a local term to call these two forms of domestic violence, namely, "*naik tangan*" for hitting and "*naik mulut*" for making insults, yelling, etc.

According to the confession of the people during the in-depth interviews, the relatively high domestic violence rates in TTS could not be separated from the habit of the men in the three study villages, that is, drinking traditional alcoholic beverages called *laru* and *sopi*. These two types of drinks are often consumed by men when they hang out, work together, or have a party. When they go home, they are drunk; they lose their temper easily and they commit violent acts against the other family members, especially their wives. In many cases, the women physically fight back against violence that is inflicted on them.

Unlike the people in TTS that see domestic violence as something common, the people in other areas still view domestic violence as something taboo to discuss openly. Based on the in-depth interviews and the FGDs in other study districts, domestic violence was only found in Deli Serdang (North Sumatera) and Kubu Raya (West Kalimantan); meanwhile, in Cilacap (Central Java) and Pangkep (South Sulawesi), there was no single case. The reasons behind the domestic violence cases in Deli Serdang and Kubu Raya were economic and relationship (affairs) problems. The forms of violence found were physical and psychological abuse.

Based on the FGDs and the in-depth interviews, for the last couple of years, there has been a decrease in the domestic violence in TTS, especially in Desa Toineke and Desa Kiufatu. In fact, in

2012, Desa Kiufatu successfully became the 1st champion in domestic violence alleviation among the districts in TTS. This happened because there was a decrease in the number of cases in the TTS community and a decrease in the number of reports filed to the village officials. Based on the in-depth interviews in TTS, the reasons for the declining rate was improvements in community's understanding regarding domestic violence and fears of legal sanctions for perpetrators based on the prevailing laws, which are Law No. 23/2004 about Domestic Violence as well as Law No. 23/2002 and Law No. 35/2014 on Child Protection.

6.5.2 Settlements of Cases of Domestic Violence against Women

Settlement of cases that is regulated in Law No. 23/2004 on KDRT puts more emphasis on settling them in the legal domain. The police force holds a major role in handling the cases of domestic violence. Meanwhile, the roles of the regional government, in this case the Social Office, along with the social workers, are to provide protection and counseling for victims. The village government does not have a role that is explicitly stated in the abovementioned law.

In all study districts, settlement of cases of domestic violence was done by first involving the village officials. Based on the in-depth interviews, the officials who are of equivalent to RT/RW (neighborhood) head or hamlet head become the first party to be involved in the mediating process to settle cases among the parties in dispute. If this effort does not succeed, then the settlement process is brought up to a higher level, which is the village level. The legal course of action as well as divorce will only be taken only if the mediating process at the village level is not successful after a period of time.

As happened in TTS, the increasing understanding of the people concerning the legal consequences of domestic violence make them opt for efforts to settle the matters at the lowest level, that is the family level. If later there is no agreement reached between the two parties, then the settlement will be done in several stages through deliberations at RT, RW, hamlet, and village level. Reporting the case to the police force becomes the last resort in their efforts to settle problems. This settlement scheme is also supported by the village government in an attempt to protect the image of the village. The village governments in TTS tend to suppress cases of domestic violence that occur in their region because there is a joint movement initiated by the Government of Kabupaten TTS to reduce the number of cases.

Encouragement to settle domestic violence cases at the lowest level is also reflected in the existence of payment burden, whose value will increase as settlement process goes up to a higher level. As conveyed by one of the religious leaders in Desa Batnun (TTS, October 24, 2014), people who want to settle their case have to pay an amount of money, which is Rp 25,000 at RT level, Rp50,000 at the *rukun kampung* (RK)³³ level, Rp75,000 at hamlet level, and Rp100,000 at village level. The money had to be paid before the case is closed; the people of this village usually call it "*buka pintu*" (door opening) money. Another community leader in Desa Batnun (TTS, October 22, 2014) said that if the settlement of the case went up to the police level, then the "*buka pintu*" money to be paid would be even higher, Rp250,000. In addition, when the cases could be settled, the people also had to pay "*tutup pintu*" (to close door) money, which is of the same amount. Therefore, if a case can no longer be settled at the family level, many families preferred to settle them through mediation by the head of the custom institution because they only need to pay Rp15,000 for that matter. Another community leader in Desa Kiufatu also mentioned that there was a village regulation on domestic violence (TTS, October 23, 2014) which obliged people involved in domestic violence to pay money as much as Rp100,000 at the village level.

³³*Rukun Kampung* is a unit of local administration consisting of several RT (neighborhood units).

The low reporting and settlement rate of domestic violence cases at institutional level or in terms of legal manners is also influenced by religious and customary reasons. The religion held by the majority of the local people does not allow divorce. Meanwhile, the custom of the people in TTS states that if a wife reports her husband to the authorities, then it means that they are already divorced. A divorce is also recognized by the custom if the parents of the wife meddle in the affair and have a dispute with the husband. Therefore, even if a wife returns home and reports her husband to her parents, usually the parents will immediately tell her to go back to her husband. Consequently a wife only has two options, that is, keep quiet or solve the problem she has with her husband in the familial manner.

6.5.3 The Roles of NGOs in Solving Problems of Domestic Violence against Women

The roles of NGOs in solving domestic violence problems are also not stated explicitly in Law No. 23/2004. If identified as a unit of the community, NGOs should at least have the obligation to prevent a criminal act, provide protection for victims, provide emergency shelter, and help the process of protection pronouncement request. However, as the issue of domestic violence is widening and becoming a common concern, currently in Indonesia, there are many NGOs, especially those that focus on gender equality and child protection issues, which take on a relatively big role in efforts to eliminate domestic violence.

In this study, the involvement of NGOs both in the settlement of cases of domestic violence and in the efforts to eliminate domestic violence could only be found in TTS. The large number of cases in this region has created wide concern, especially from the regional government and NGOs. In three study villages in this district, the dissemination of the laws on domestic violence and child protection was conducted by the regional government. Desa Kiufatu and Desa Toineke have received intensive counselling from Voice of Women Group (SSP) in the form of advocacy assistance on domestic violence cases for victims and establishment of a village institution concerned with gender equality.³⁴ In addition, in Desa Kiufatu and Toineke, two institutions have also been established, the Network for Women's Issues (JPMP) in 2007 and Gender Equality Activist Group (KPKG) in 2010. In JPMP, there are 4-5 counselors at the village level. The counselors are residents of the villlage or the officials that are empowered and given the duty to help with mediation as well as to give input in settling household problems. A little bit different from the above sample, in Desa Batnun, SSP only provides advocacy assistance in settling the cases of domestic violence.

6.6 Women's Participation in Village Activities

6.6.1 Women's Participation in the Village Government

In the time of decentralization, the opportunities for women to take part in the making of a policy is getting bigger. These opportunities also become challenges at every government level. The village government is the first stage for women's participation in the government. Nationally, women's participation in the village government is still low. Based on the data of BPS (2008) in UNDP (2010), the number of female village heads was only 3.91% of all village heads.

³⁴SSP is an NGO that focuses on efforts to make men women relationship equal in TTS.

In general, women's participation in village government in all study areas is still low. Women mainly participate as the village office staff and only a very small number of women become the village heads. Based on the in-depth interviews, in Desa Bonto Manai, women's participation as the village office staff reached 86%. Meanwhile, the other two study villages in Pangkep also had a high rate of women's participation in the village government, at 70% and 80%. The high rate of women's participation in Pangkep is because, among other factors, there is a tendency that men opt for another job with higher salary than the pay they will get working as a staff of the village office.

At the lower village government level (hamlet/RW/RT level), women's participation is very much lower. Based on the in-depth interviews, only in Desa Kiufatu and Desa Toineke in TTS and Desa Mekarsari in Kubu Raya were women involved in the government, but their participation rate was only around 2%-25%. This situation represents an increase after activities promoting gender equality were held by the NGO in the three villages. Meanwhile, in three study villages in Deli Serdang, the low women's participation in the government is also because there is no other government level that is lower than the hamlet.

The low participation of women in the village government is indirectly an impact of the nature of the decentralization process. Decentralization that is not accompanied by the spreading of gender perspectives, especially to civil organizations and regional governments, tend to strengthen the patriarchal values at the local level (Women Research Institute, 2014).

6.6.2 Women's Participation in Political Activities

With the changes of the political dynamics in Indonesia, women's participation in political activities has also progressed over time. Efforts to improve women's participation in the political world, both in terms of activities and institutionally, have grown to be common concerns. Women's participation in the legislative institutions at national, provincial, as well as district/municipality level up to now has been low. The rate of increase in the number of women legislative members has been slow, that is 5.9% in 1995 to 17.32% in 2009 (UNDP, 2010).

Based on the FGDs and the in-depth interviews, in all study areas, women's involvement was still limited to the process of the political activity, not to the political institutionalization. Women from all study villages were only involved as legislative member candidates, election organizer committees, witnesses, as well as political party success teams. Women's participation in political activities is commonly seen in Kubu Raya, Cilacap, and Deli Serdang. Meanwhile, in Pangkep and TTS, women are only involved as committee organizers and success team members or witnesses to political parties.

In no study area were there woman who become elected legislative members. The people in the study areas still view that women's involvement as legislative candidates has only a normative value to fulfill the quota of 30% of women legislative candidates in the election as regulated by Law No. 2/2008 on Political Parties and Law No. 10/2008 on Election of Members of DPR, DPD, and Regional Legislative Council. The Regulation of the General Election Commission (PKPU) that affirms the regulation also becomes a consideration of the political party to involve women legislative candidates because if they fail to fulfill the requirement, their candidate list will be voided (Women's Coalition, 2014).

Women's participation is not yet strong in political activities and institutionalization is especially weak because of the lack of support from the leaders of the political parties for women candidates, where the structure of the party leadership is generally dominated by men (Parawansa, 2002).

The low political participation of women can also be caused by the absence of a network of mass organizations, NGOs, and political parties that specializes in fighting for women's representation. All this time, only women who have closeness to a political party can later be nominated in the election.

6.6.3 Women's Participation in Community Social Activities

In community social activities, women hold a significant role, having positions as housewives, wives, educators, as well as a members of the community. Women's participation in community social activities can be seen from their active involvement in *posyandu*, the Family Welfare Management organization (PKK), and religious activities. The situation regarding women's participation in community social activities in this study is based on the results of the FGDs and in-depth interviews.

Women's participation in *posyandu* activities in all study areas is quite high. Aside from being a *posyandu* cadre, they are also active in accessing services available in *posyandu*. Activities such as health awareness-raising for mothers and children, weight measurement and examination for infants, expecting mothers' pregnancy check-ups, and distribution of supplementary diet materials are conducted by *puskesmas* every month in each hamlet in every village. The number of *posyandu* is adjusted to the number of hamlets and population. Women's active participation in *posyandu* activities in several study areas is encouraged by the regional government regulations that oblige routine examination for pregnant mothers and mothers who have just given birth, as happened in TTS.

Women in all study areas participate in PKK activities, even though the participatory level of each region is different from another. PKK activities cover skill training for members, monthly *arisan* (rotating savings scheme whose members meet at a fixed interval), social activities, as well as meetings at the village level. In TTS, PKK is also active in activities at sub-district and district levels. Meanwhile, in Kubu Raya and Pangkep regions, the one active PKK activity is monthly *arisan*.

In all study areas, women are quite actively involved in religious activities. In study villages, in which the majority of the people are Muslims, the women are active in routine Al Qur'an recital activities and as *majelis taklim* (mosque organizers). Meanwhile, in TTS where the majority of the people are Christians, the women are also active as the village church organizers. In Deli Serdang, most women in the three study villages are involved in *wiridan* (reading a citation from Al Qur'an repeatedly) activity which is conducted every week. Besides *wiridan*, in this activity there is also an informal social institution named Reciprocating Help Union (STM). This STM institution provides social assistance to *wiridan* members that need it using the mechanism of collecting dues from other members.

VII. CONCLUSION

The different poverty characteristics among women and men demand a comprehensive understanding about the conditions facing poor women, especially in terms of their livelihood and access to public services. Efforts to improve livelihoods among the poor women will have a cross-generation impact, that is, will lead to the improvement of the welfare of children of the next generation. This study attempts to provide a preliminary illustration of the livelihood conditions of poor women and their access to public services across five themes, namely, access to social programs/assistance, employment, migration, maternal and reproductive health, as well as domestic violence against women. Women's participation in political activities and community activities also become one of the concerns in this study.

Social Protection Programs

The social protection programs from the central government target the poorest community members as their beneficiaries, and there are only two programs that specifically target women, namely, PKH and SPKP. Overall, FHF's access to the social protection programs from the government, both the central and regional governments, is lower than the access enjoyed by MHF. This might be caused by the targeting of the government programs that aim for the poor people without focusing on women, and the existence of several government programs that are related to occupations undertaken by men only. On the other hand, the access of FHF to the programs/assistance from non-government circles is better than the access of MHF. The reason could be the fact that some assistance that come from these organizations focus on women. The different poverty problems that women and men face means that there is a need for social protection programs that are specifically designed to answer problems affecting poor women's livelihoods. The collaboration between the central government or the regional government and civil society organizations can speed up women's social protection and capacity building efforts, especially for poor women.

Women's Livelihood

As part of the livelihood strategies that poor families undertake, women have double roles, namely as the breadwinner and as the household caretaker. The employment options for poor women are influenced by access to natural resources, economic activities of the region where they reside, as well as their level of education. Even though in general they do not have permanent jobs, the agricultural, service, and trade sectors are the main sectors in which women, both those from MHF and FHF undertake. The low level of education and skills create limitations for poor women in accessing jobs. Even though in general there is no discrimination in occupations, women who are tied in marriage have more limited options of occupations because they have to divide their time between working and taking care of the household, and moreover, they have to get permission from their husband.

Migration

When options for employment in their neighborhood are limited, some poor women choose to migrate in order to get a better job and livelihood. Economic reasons becomes the strongest driving factor for women to migrate, although there are also non-economic reasons behind women's migration. Women migrant workers usually work in the informal sector that does not require special education and skills. The success of women migrant workers in lifting up their

family's standard of living often motivates other women in the area where these women migrant workers live to also participate in migration. In a bigger scale, successful women migrant workers also make a real contribution to the life of the community in their neighborhood. Nevertheless, there are still many problems that are faced by women migrant workers abroad. The weak legal status of women migrant workers in the migration destination countries has placed them in a vulnerable position that facilitates the violation of their rights and abusive treatment against them by their employers. Strengthening the legal status of migrant workers in the destination countries is one of the protection efforts that has to be continuously encouraged in order to overcome the problems that are faced by women migrant workers.

Maternal and Reproductive Health

Poor women's understanding concerning maternal and reproductive health is very much affected by their level of education. Another thing that also affects this is the availability of public facilities. Good access to public facilities and close proximity of medical staff to the place where they live will encourage them to take advantage of the official health facilities, both for their health check-ups and pregnancy examinations. Even though almost all women have their pregnancies overseen at health facilities; however, the delivery rate at health facilities is in fact still low. Cultural factors play a role in influencing the choice of the main assistant for childbirth, as reflected by the belief of some people that giving birth with the help of a traditional midwife/birth attendant can provide comfort because there are rituals to be done prior to labor. Intervention of the regional government in the form of fines or sanctions has proven able to increase the labor rate with the help of the healthcare workers. Efforts to improve awareness and to broaden the knowledge of the community about maternal and reproductive health are very much needed, particularly for poor women that have not realized the importance of maternal and reproductive health maintenance.

Violence against Women

The low awareness of the community, particularly women, about the violence that is inflicted upon them becomes one of the reasons why government officials do not realize that there are violent acts around them. The problem of domestic violence that is still considered taboo to talk about and the belief that it is a family affair provides an explanation for the small number of cases reported. However, for communities that believes that violence is something common, such as that in TTS, NTT, domestic violence problems that women experience are not easy to solve. Local culture tends to tolerate all kinds of violence that are inflicted upon women. In all study areas, domestic violence cases that occur are most of the time solved in a familial manner or handled by local village officials' mediation. Broadening the knowledge and encouraging openness among women who become the victims is the key in reducing the rate of domestic violence in the community. In addition, community's lack of concern over domestic violence incidents is also a situation that has to be improved.

Women's Participation

Women's participation in government as well as community activities is one of the important indicators of women's empowerment efforts. In general, women's participation in formal institutions, both politics and government, is still relatively low. Women's involvement in governmental and political activities is still seen as an obligation to fulfill the requirement of the way of the legislation. A factor that also contributes to the low participation of women in political as well as governmental activities is the patriarchal values that remain strong at the local level. So far, the efforts undertaken by civil society organizations that are concerned with women's

empowerment have been able to increase women's participation in the government, especially in the village government. Joint efforts of all related parties are needed to spread out gender awareness in order to realize genuine women's empowerment.

Public Services Availability in the Village

The public services available in the study villages that are located in the same district are relatively similar. The public facilities referred to include means of transportation, health facilities, educational facilities, clean water and sanitation, electricity, and communication facilities. Public facilities are similar among the study villages of the same district because of the common characteristics of villages in the same district. This study purposively chose study villages that are not characteristically different located in the same district. The villages with similar characteristics turn out to have the same public facility availability. Public facility availability in the village also plays a role in influencing the livelihood of poor women and their access to public services. Nevertheless, the difference among the study districts in terms of the availability of public facilities is clearly seen. The districts that are located in the western region of Indonesia such as Deli Serdang and Cilacap, have better public facility availability when compared to the study districts in the eastern part of Indonesia, namely Kubu Raya and TTS.

The Condition of the Community's Welfare

Based on the welfare indicators obtained from FGDs with the people in every study village, the proportion of poor and very poor families is quite high. The lowest proportion of poor and very poor families is in Desa Muliorejo (40%), while the highest proportion is in Desa Batnun (91%). The welfare indicators used to determine the welfare level of a community varied across villages. The distribution of the families across welfare categories also varies. Nevertheless, in most of the study villages, the family category that occupies the highest percentage is the poor category.

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APPENDICES

APPENDIX 1

Brief Description of Programs/Assistance

The Rice Subsidy Program for People with Low Income (Raskin)

According to the General Guidelines of Rice Subsidy for People with Low Income (*Pedum Raskin*) 2013 that was made by the Coordinating Ministry for People's Welfare, the *Raskin* program is an effort of the government to provide social protection for people by implementing a food subsidy for poor and vulnerable households. Through this program, the government tries to help reduce the burden of the targeted household expenses through the fulfillment of staple food need in the form of rice. Based on the Circular from the Ministry of Internal Affairs No.900/2634/SJ Year 2013 about the Allocation of *Raskin* Distribution Cost from the Distribution Point to the Transfer Point, *Raskin* is distributed by Perum Bulog to the community at the distribution point that has been previously decided. The amount of *Raskin* rice that is received by target households is 15 kg per month at a price of Rp1, 600 per kilogram. This program has been around since 2005 and is distributed every month. In 2013, the *Raskin* recipients are households that own the Social Protection Card (KPS); KPS is distributed to 15.5 million households whose socio-economic level is the lowest nationally.

The Temporary Direct Cash Assistance (BLSM)

BLSM is temporary direct cash assistance that is given by the government to poor and vulnerable households so that they are protected from the impact of the price increase as a result of the Oil Fuels (BBM) price adjustment in 2013 (TNP2K, 2013). BLSM is meant to help maintain the buying power of the poor and vulnerable households in fulfilling life needs. BLSM beneficiaries are households that possess a Social Protection Card (KPS), that is, 15.5 million households with the lowest welfare level. The amount of BLSM assistance given is Rp150,000/month for 4 months, which was disbursed twice, namely in June/July 2013, as much as Rp300,000, and in September/October 2013 period, as much as Rp300,000. The disbursement of BLSM was done by post office officials at a scheduled time at the post office or postal counter that has been predetermined.

The School Operational Assistance (BOS)

Based on the Government Regulation of the Republic of Indonesia No.48, 2008 about Education Funding, BOS is a government program for the provision of non-personnel operational cost funding every year for elementary education unit as the executor of the Compulsory Education Program. With the issuance of the Regulation of the National Education Minister No.60 Year 2011 about Prohibition on Educational Cost Levy in Elementary Schools and Junior High Schools, the BOS program aims to ease the burden of the community in terms of educational funding in order to realize quality 9-year compulsory education program. The targets of the BOS Program are all schools at elementary and equivalent level, junior high and equivalent level, and high school and equivalent level, across both public and private sectors that have already had the operation permit issued. The amount of BOS funding received by a school is calculated based on the number of students of the school times the BOS cost unit. In 2014, the amount of BOS fund calculation for each student is Rp580,000/student/year for SD/MI and its equivalent, Rp710,000/student/year for SMP/MTS and its equivalent, and Rp1.000.000/student/year for SMA/SMK/MA and its equivalent.

The Cash Transfer for Poor Students (BSM)

BSM is a national program that has been running since 2008. This program is in the form of cash assistance that is given directly to students from all education stages (SD/MI, SMP/MTS, and SMA/SMK/MA) that come from the poor and vulnerable households. The BSM program aims to improve community's access to education, prevent school drop-outs, and support the 9-year Compulsory Education Program. BSM recipients are children at school age from 15.5 million households that own the Social Protection Card (KPS) or cover 16.6 children who are 29% of the total number of students nationally. According to the Guidelines for the Implementation of the Cash Transfer for Poor Students (BSM) APBNP Year 2013 from the Ministry of Education and Culture of the Republic of Indonesia, BSM is given per semester, which is in August/September for Semester 1 and in March/April for Semester II. In 2013, the amount of assistance is adjusted to each educational stage, that is, Rp450, 000 for SD/MI, Rp750, 000 for SMP/MTS, and Rp1, 000,000 for SMA/SMK/MA. The BSM beneficiaries also get an extra benefit as much as Rp200, 000 as a compensation for the increase of the fuel price (TNP2K, 2013).

Community Health Insurance (*Jamkesmas*)

Jamkesmas is a protection guarantee for comprehensive health services that include promotional, preventive, curative, and rehabilitative services that are given to the poor and the financially incompetent as well as other participants whose premium is paid by the government. *Jamkesmas* has been applied since 2005 since the issuance of Law No.40 Year 2006 about the National Social Insurance (SJSN). The services for *Jamkesmas* participants are given in stages according to the health facilities levels. In 2010, the *Jamkesmas* participants are poor people and financially incompetent all over Indonesia numbered 76.4 million people, not including the people who had another health insurance. The objectives of the *Jamkesmas* Program are to improve health access and service quality so that optimum health degree can be realized effectively and efficiently for all *Jamkesmas* participants. The funding sources of this program are the Central Government budget (APBN) through the social assistance funding mechanism. As of January 2014, this program is merged into the National Health Insurance Program (JKN).

The National Health Insurance (JKN)

The JKN Program is part of the National Social Insurance System (SJSN) that has been effective since January 2014. SJSN is held through social health insurance mechanism that is obligatory based on Law No.40 Year 2004 about the National Social Insurance System. This system is aimed to have all Indonesian citizens protected in an insurance system in order that they can meet proper community basic health need. Based on the Handbook of the National Health Insurance Socialization (JKN) in the National Social Insurance system (SJSN) (the Ministry of Health of the Republic of Indonesia, 2013), the participants of JKN are anyone who has paid the insurance, including foreigners who work in Indonesia for at least 6 months. The participants of JKN comprise (i) Premium Assistance Beneficiary (PBI) from the government, that is, the people who belong to the poor and financially incompetent and (ii) non PBI participants, that is, the people who don't belong to the poor and financially incompetent. One's participation in JKN is valid as long as the respective person pays the premium.

The Family Hope Program

According to Nazara and Rahayu (2013), PKH is a social protection program through cash assistance distribution to the very poor households that have women who are pregnant/in the postnatal period/breastfeeding, children below 5 years old, or children aged 5-18 years old that

have not completed their elementary education. The PKH households are 7% of the households having the lowest socio-economic status nationally. The long-term objective of this program is to cut off poverty chain across generations. This program is a conditional cash assistance program. The PKH households will receive assistance if they send their children to school with certain attendance rate and if they check the children and pregnant mother's health and/or are concerned with their nutrition sufficiency and healthy lifestyle. In 2013, the amount of PKH fixed assistance is Rp300,000/year. For PKH recipients who have children below five years old and/or women who are pregnant/in postnatal period/ breastfeeding, the additional assistance received is Rp1,000,000/year. Then, for PKH participants who have children who are in school at SD/MI or its equivalent level will receive an additional assistance of Rp500,000/year, and for those who have children who go to SMP/MTS or its equivalent will get an additional assistance of Rp1,000,000/year.

The Rural Infrastructure Development Program (PIIP)

PIIP is an infrastructure development program under the umbrella of PNPM Mandiri that has been effective since 2007 (the General Director of Cipta Karya, 2013). The program activities cover facilitation and mobilization of the community so that they are able to identify problems regarding the availability of and access to basic infrastructure, prepare planning, and implement infrastructure development. The objectives of the program are to realize improvement of access of the poor community, the almost-poor community, and women, including the minority group, to basic infrastructure services of the rural settlement that support the village potentials. Every PIIP target village receives an assistance that amounts to Rp250,000,000, and the fund is used for basic infrastructure development of rural settlement, namely among others, village roads, water channels/drainage, bridges, drinking water facility, sanitation facilities, simple irrigation, and boat moorings.

The Self-help Housing Stimulus (BSPS)

BSPS is a program from the Ministry of Public Housing in the form of an amount of fund that is given to the people with low income to help the implementation of residential development based on the initiative and efforts of the community that include repair, renovation/expansion, as well as new house building. The purpose of the program is to empower people with low income so that they are able to build or improve the quality of their house independently and to reside inside a proper house in a healthy and safe environment. According to the Regulation of the State Minister of Public Housing No.14 Year 2011 about the Guidelines of the Implementation of Self-Help Housing Stimulus for People with Low Income, the assistance beneficiaries are determined through a proposal mechanism that is done independently that goes through different stages, from the village, the regional government, up to the Central Government level. The amount of assistance given is Rp11, 000,000/house for the building of a new house, Rp6, 000,000/house for the improvement of house quality, and Rp4, 000,000 for the building of infrastructure, public means, and public facilities.

Social Rehabilitation for Uninhabitable House (RS-RTLH)

RS-RTLH is a program from the Social Ministry that is provided for the poor households having a house that is in an uninhabitable condition that does not fulfill the health, safety, and social requirements. Based on the Centre for Data and Information of the Social Ministry, this program is meant to improve the social welfare of the poor people through the distribution of house rehabilitation assistance to the respective recipients so that they can actively participate in self-managing the activity and sustaining the activity performance independently. The Social Office of

the district/municipality is active in collecting the data of the beneficiary households, and it is then make a proposal through stages up to the Central Government Level. This Program is then disbursed through the group assistance scheme: the head of the family (KK) of the assistance beneficiary is facilitated by the Social Office of the district/municipality to form a group with members consisting of 5-10 KK.

The National Program for Community Empowerment (PNPM)

PNPM is the national program framework serving as a basis and reference for the implementation of poverty alleviation programs that are based on community empowerment. .PNPM consists of 15 programs that are implemented in numerous focuses and sectors (TNP2K, 2015). One of the programs in PNPM is Rural PNPM Mandiri (PNPM-MP) that aims for community empowerment in the rural areas. This program was established in 2007 and was developed from the Sub district Development Program (PPK) that had been around since 1998. The general objectives of PNPM-MP are to increase welfare and job opportunities of the poor community in the rural areas by encouraging independence in decision making and development management. In PNPM-MP, there are 4 types of activities that are facilitated by the government; one of which is the distribution of revolving fund for women, or usually called the Women's Savings and Loan (SPP). In principle, SPP is a government effort to help empower the community, particularly women. Through the distribution of the revolving fund for productive enterprise activity development, women are expected to be more independent and capable of becoming a supporter of the family welfare.

APPENDIX 2

Programs/Assistance per Village

District	Villages	Programs/Assistance from the Central Government											
		PNPM	Raskin	BLSM	BSM	BOS	<i>Jamkes mas/Jam persall BPJS</i>	PKH	PIIP	BSPS (Home renovation from the Ministry of Public Housing)	RS-RTLH (Home renovation from the Social Ministry)	NICE	Others
Deli Serdang	Klambir V Kebun	-	v	v	v	v	v	-	v	-	-		
	Payabakung	-	v	v	v	v	v	-	v	-	-		
	Mulioorejo	v	v	v	v	v	v	-	-	-	-		
Cilacap	Bojongsari	v	v	v	v	v	v	v	-	-	-		SSP
	Citepus	v	v	v	v	v	v	v	-	v	-		SSP
	Rejamulya	v	v	v	v	v	v	v	v	-	-		PDMDKE
Kubu Raya	Mekarsari	v	v	v	v	v	v	v	v	-	-		
	Sungai Ambangah	v	v	v	v	v	v	v	v	v	-		
	Tebang Kacang	v	v	v	v	v	v	v	v	v	-		
Pangkep	Bowong Cindea	v	v	v	v	v	v	v	-	-	v	v	
	Bulu Cindea	v	v	v	v	v	v	v	v	-	v		
	Bonto Manai	v	v	v	v	v	v	v	-	-	v	v	
TTS	Kiufatu	-	v	v	v	v	v	v	-	-	-		
	Toineke	-	v	v	v	v	v	v	v	-	v		SMP school building renovation
	Batnun	-	v	v	v	v	v	-	-	-	-		

Districts	Villages	Programs/Assistance from Regional Government							
		Aspiration Funds	ADD	APBD	Assistance from the Province	Clean Water Reservoir Construction	Home Improvement	Public Toilet Construction	Water Gate Construction
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-	-	-
	Payabakung	-	-	-	-	-	-	-	-
	Mulioarjo	-	-	-	-	-	-	-	-
Cilacap		Lean concrete placement for alleys	v	-	Lean concrete placement for office roads, facilities, and infrastructures (<i>sapras</i>) ^a	-	-	-	-
	Bojongsari	Cattle (cows) assistance	Lean concrete placement for pathways	Road asphaltting	Lean concrete placement for office roads, facilities, and infrastructures	-	-	-	-
	Citepus	Lean concrete placement for fish ponds	Road plastering and hardening for pathways	Road asphaltting	Lean concrete placement and road hardening for alleys	-	-	-	-
	Rejamulya								
Kubu Raya	Mekarsari	-	-	-	-		from the Office of Public Works	from the Office of Public Works	from the Office of Public Works
	Sungai Ambangah	-	-	Lean concrete placement for neighborhood roads	-	v	-	-	-
	Tebang Kacang	-	-	Lean concrete placement for neighborhood roads	-	-	-	from the Office of Public Works	-

Pangkep	Bowong Cindea	-	-	-	-	-	-	-	-
	Bulu Cindea	-	-	-	-	-	-	-	-
	Bonto Manai	-	-	-	-	-	From the Social Ministry	-	-
TTS	Kiufatu	-	-	-	-	-	-	-	-
	Toineke	-	-	-	-	-	-	-	-
	Batnun	-	-	-	-	-	-	-	-

Districts	Villages	Programs/Assistance from the Regional Government								
		Clean Water Supply	House of Worship Construction/ Renovation	KF ^b Program from the Office of Education	One Roof Program from the Office of Education	<i>Pugar</i> ^c from the Office of Fisheries	Jam-kesda	Health Elucidation	PHBS Elucidation	Free Medical Examination/ Treatment
Deli Serdang	Klambir V Kebun		-	-	-	-	v	-		
	Payabakung		-	-	-	-	v	v		v
	Mulioarjo		-	-	-	-	v	-		
Cilacap	Bojongsari		-	-	-	-	v	-		
	Citepus		-	-	-	-	v	v		v
	Rejamulya		-	-	-	-	v			
Kubu Raya	Mekarsari		Temples and Mosques	-	-	-	v	v		
	Sungai Ambangah		-	-	-	-	v	-		
	Tebang Kacang	from the Office of Public Works	-	-	-	-	v	-		
Pangkep	Bowong Cindea		-	v	v	-	v	-		v
	Bulu Cindea		-	v	-	-	v	-		
	Bonto Manai		-	v	-	-	v	-		
TTS	Kiufatu		-	-	-	-	v	v		
	Toineke		-	-	-	-	v	v		
	Batnun		-	-	-	-	v	v		

Districts	Villages	Programs/Assistance from the Regional Government								
		Immunization for First to Third Grade Students of SD	Road Construction/Renovation	Bridge Construction/Renovation	River Dredging by the Office of Public Works	Irrigation Development	Lean Concrete Placement for Fish Ponds	Elucidation on Agriculture	Agriculture Assistance for Seeds and Fertilizers	Agricultural Tool Assistance (pumps, tractors)
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-	-	-	-
	Payabakung	-	-	-	-	√	-	-	√	√
	Mulioarjo	-	√	-	-	-	-	-	√	√
Cilacap	Bojongsari	-	-	-	-	JITUT (Farm Level Irrigation Network)	-	√	√	Water pumps
	Citepus	√	-	-	-	-	-	√	√	-
	Rejamulya	-	-	-	-	-	-	√	√	-
Kubu Raya	Mekarsari	-	-	-	-	-	-	-	√	-
	Sungai Ambangah	-	-	-	-	-	-	-	√	-
	Tebang Kacang	-	-	-	-	-	-	-	√	Tractor and paddy thresher assistance
Pangkep	Bowong Cindea	-	-	-	-	-	-	-	-	-
	Bulu Cindea	-	-	-	√	-	-	-	-	-
	Bonto Manai	-	-	-	-	-	-	-	-	-
TTS	Kiufatu	-	-	-	-	-	-	-	√	-
	Toineke	-	-	-	-	-	-	-	√	-
	Batnun	-	-	-	-	-	-	-	-	-

Districts	Villages	Programs/Assistance from the Regional Government								
		Fishery Training	Fishing Tool Assistance	Fish Seed Assistance	Animal Husbandry Training	Cattle (Cows) Assistance	Tourism Elucidation and Assistance	Skill Training	Business Tool Assistance	Home Appliance Assistance
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-	-	-	Stove + Gas Assistance in 2012
	Payabakung	-	-	-	-	-	-	v	-	-
	Mulioorejo	-	-	-	-	-	-	v	-	-
Cilacap	Bojongsari	v	-	-	-	-	v	Garages	Sewing machines	-
	Citepus	-	-	-	-	-	-	Crystal sugar production	-	-
	Rejamulya	-	-	-	-	-	-	Palm sugar production	Cassava chopper machines	-
Kubu Raya	Mekarsari	-	-	-	-	-	-	-	-	-
	Sungai Ambangah	-	Floating fish cages	-	-	-	-	-	-	-
	Tebang Kacang	v	Floating fish cages	v	-	-	-	-	-	-
Pangkep	Bowong Cindea	-	-	-	-	-	-	-	-	-
	Bulu Cindea	-	Fish nets and boats	-	-	-	-	Chicken farming and sewing	Salt and tractors for fish farmers	-

	Bonto Manai	-	Fish nets and boats	-	-	-	-	salt farming and dry minced meat production, salted egg production	-	Solar panels
	Kiufatu	-	Fishing tools and motors	-	-	-	-	Furniture and sewing	Cassava flour machines	Mosquito nets
TTS	Toineke	-	Fishing tools and motors	-	-	-	-	Furniture	-	Mosquito nets
	Batnun	-	-	-	-	-	-	-	-	-

Districts	Villages	The Regional Government Programs					
		Staple Food Assistance	Home improvement	Dock Renovation	Mangrove Planting	Others	Others
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-
	Payabakung	-	-	-	-	-	-
	Mulioorejo	-	-	-	-	-	-
Cilacap	Bojongsari	-	-	-	-	-	-
	Citepus	-	-	-	-	-	-
	Rejamulya	-	-	-	-	-	-
Kubu Raya	Mekarsari	-	-	-	-	-	-
	Sungai Ambangah	-	-	-	-	-	-
	Tebang Kacang	-	-	-	-	-	-
Pangkep	Bowong Cindea	-	-	-	-	-	-
	Bulu Cindea	v	-	v	v	-	-
	Bonto Manai	-	-	-	v	-	-
TTS	Kiufatu	v	-	-	-	Reforestation socialization	Employment socialization
	Toineke	-	-	-	-	-	-
	Batnun	-	-	-	-	Free electricity installation	Land optimization fund

Programs/Assistance from Other Organizations												
Districts	Villages	Worker Counseling/Elucidation	School Renovation	Fund Assistance for Schools/Students	Health Elucidation	Medical Examination	Free Medical Treatment	Mass Circumcision	PEKKA	Birth Control Assistance	Agriculture Elucidation	Agriculture Counseling
Deli Serdang	Klambir V Kebun	-	v	-	-	-	-	-	-	-	-	-
	Payabakung	Home industry workers	-	-	-	-	-	-	-	-	-	-
	Mulioarjo	-	-	-	-	-	-	-	-	-	-	-
Cilacap	Bojongsari	Migrant workers education	-	-	-	-	-	-	-	-	v	-
	Citepus	-	-	-	v	v	-	-	-	v	-	-
	Rejamulya	-	-	-	-	-	-	-	-	-	-	-
Kubu Raya	Mekarsari	-	-	-	-	-	-	-	v	-	-	-
	Sungai Ambangah	-	-	-	-	-	v	v	v	-	-	-
	Tebang Kacang	-	-	-	-	-	-	-	-	-	-	-
Pangkep	Bowong Cindea	-	-	v	-	-	-	-	-	-	-	-
	Bulu Cindea	-	-	v	-	-	-	v	-	-	-	-
	Bonto Manai	-	-	-	-	-	-	-	-	-	-	-
TTS	Kiufatu	Gender and domestic violence education	-	-	-	-	-	-	-	-	-	-
	Toineke	Gender and Domestic Violence education	-	-	-	-	-	-	-	-	-	-
	Batnun	-	-	-	-	-	-	-	-	-	v	Seed Assistance

Districts	Villages	Programs/Assistance from Other Organizations										
		Fertilizer Assistance	Skill Training	Business Capital Assistance	Fund Loan	Mangrove Planting	Elucidation on Law (Field Work Practice from Hasanuddin University/ KKN Unhas)	Road Hardening	PDAM Installation Assistance	Public Toilet Construction	Clean Water Assistance (water, installation)	Home improvement
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-	-	-	-	-	-
	Payabakung	-	-	-	-	-	-	-	-	-	-	-
	Mulioarjo	-	-	-	-	-	-	-	-	-	-	-
Cilacap	Bojongsari	-	-	-	-	-	-	-	v	-	-	-
	Citepus	-	-	-	-	-	-	-	-	-	-	-
	Rejamulya	v	Snack production	-	-	-	-	From YSBS Foundation	-	-	-	-
Kubu Raya	Mekarsari	-	-	-	-	-	-	-	-	-	-	-
	Sungai Ambangah	-	-	-	-	-	-	-	-	-	-	-
	Tebang Kacang	-	-	-	-	-	-	-	-	-	-	-
Pangkep	Bowong Cindea	-	-	v	-	-	v	-	-	v	v	-
	Bulu Cindea	-	-	-	-	v	-	-	-	-	v	v
	Bonto Manai	-	Mangrove and dry minced milkfish processing	-	v	-	-	-	-	-	-	-

TTS	Kiufatu	-	-	-	-	-	-	-	v	-	-	-
	Toineke	-	-	-	-	-	-	-	-	-	Dug wells	-
	Batnun	Dug well assistance	Tarp & crowbar assistance, catfish farming	-	-	-	-	-	-	-	-	-

Districts	Villages	Programs/Assistance from Other Organizations						
		Women's Al' Quran Recitation Groups	Staple Food Assistance	Market Operation (cheap staple foods)	market Operation (cheap gas fuel)	Ambulance Loan	Assistance from Legislative Candidates	Other Assistance
Deli Serdang	Klambir V Kebun	-	-	-	-	-	-	-
	Payabakung	-	-	v	v	-	-	-
	Mulioorejo	-	Staple Food Assistance and money from 2 companies for RTM	-	-	v	-	-
Cilacap	Bojongsari	-	-	-	-	-	-	-
	Citepus	<i>Aisyiyah and Women of NU (Muslimat NU)</i>	-	-	-	-	-	-
	Rejamulya	-	-	-	-	-	-	-
Kubu Raya	Mekarsari	-	-	-	-	-	-	-
	Sungai Ambangah	-	-	-	-	-	-	-
	Tebang Kacang	-	-	-	-	-	Cement and herbicide assistance for road improvement	-
Pangkep	Bowong Cindea	-	-	-	-	-	-	-
	Bulu Cindea	-	-	-	-	-	-	-
	Bonto Manai	-	-	-	-	-	-	-

TTS	Kiufatu	-	-	-	-	-	-	Toilet construction movement: healthy toilet training and examination
	Toineke	-	-	-	-	-	-	Toilet construction movement: healthy toilet training and examination
	Batnun	-	-	-	-	-	-	Toilet construction movement: healthy toilet training and examination

^a Facilities and Infrastructures.

^b Functional Literacy.

^c People Empowerment for Salt Production.

APPENDIX 3

Box A1 **Another Impact of Implementing Fines for Home Birthing Practices**

The informant had given birth eleven times. She delivered her first nine children at home with the help of a traditional midwife. When she was carrying her last two children in 2007 and 2009, the informant and her family had planned to give birth at a community health center (*puskesmas*) located in the sub-district capital about 11 km from her home. However, she ended up giving birth to both babies at home because the informant had no time to go to *puskesmas*.

At the time of the birth of her last child, the informant had actually felt that she was already due for labor. Her husband had also prepared to take her to *puskesmas* by using *ojek* (motorbike taxi). However, just before they left, the baby was already born at home. Because it was an emergency delivery process and it was done without the help of a midwife or a birth attendant, the cutting of the umbilical cord was performed by the informant's relative.

Due to the fear of paying a Rp500, 000 of fine for giving birth at home, the informant—who came from a very poor family—was immediately taken to a *puskesmas*. Her husband brought the informant and her baby, who was wrapped in plastic with the placenta still attached to it, to *puskesmas* by using *ojek*. This desperate and highly risky act finally resulted in the informant being considered to have given birth at *puskesmas* and therefore, she had avoided the fine for giving birth at home. (Source: Results of the in-depth interview by the SMERU Research Team, 2014).

APPENDIX 4

Box A2 Domestic Violence (KDRT) that Has Become a Habit

The family of Mr. A, as a village official, should have been the role model for the local community. However, it can be said that this family, with three children who were all grown up, was not quite harmonious. Violence, especially physical and psychological, was not uncommon. Mr. A (45 years old), who had a high school education, often used violence, both against his wife and children. The triggers were, among others, Mr. A being drunk after consuming *sopi* or *laru* (alcoholic drinks); his wife failing to prepare food or it being prepared late; his wife/children not completing tasks or refusing orders; and his wife/children speaking harshly to him.

He had inflicted violent acts upon his children ever since they were small. He believed that violence was a form of education for his children so that they would become children who were obedient to their parents and would not behave badly. Since their three children were one year old, Mr. A and his wife often beat them whenever they made a mistake. This habit continued until their children had grown up, albeit with a much reduced frequency. Mr. A also admitted that he and his children had never sat together and talked to each other when needed. Sometimes in a month they did not speak to each other at all.

In the case of Mr. A's wife, violence was inflicted on her almost every week, especially when Mr. A was drunk. Sometimes she did not remain silent. In fact, once she threatened to throw a big rock at him. When she acted like that, Mr. A would run to the neighbor's house. "I will be dead if the rock hits me," he said. His wife also repeatedly complained to her parents. However, her parents usually did not do anything and told her to go home instead. The term for such condition for a wife is "leave with blood, return home with blood." It means that the injuries due to domestic violence that a woman suffers will remain when she returns because her parents would directly order her to return to her husband. Parents tell their daughters to return to their her husbands because it is a local custom—if there is a domestic dispute that involves the parents, the husband and wife can be considered divorced by custom.

Mr. A realized that domestic violence was not a good habit, but he also thought that beating one's wife and child was the custom of the Timor people. He said, "According to the Timor custom, a woman's position is placed under her husband." He also stated that his drinking habit was encouraged by the local custom because in every traditional ceremony, such as marriage proposals and weddings, the prospective groom must bring a jerry can of *sopi* or *laru*. In each event, this drink is also commonly served. In fact, when people gather or work together, this drink is also provided as it is believed would raise their work spirit.

The respondent was aware of the Law on Domestic Violence and the provisions for human rights since there was once a public education activity on this matter from the local government. In fact, the existence of the Law on Domestic Violence is known by almost all local people. However, the existence of this regulation has not significantly affected the habit of beating the members of the family since its implementation is hindered by the custom. Mr. A stated, "The custom suppresses the Law on Domestic Violence." If a wife reports an incident inflicted by her husband and the case is processed according to the law, it can mean that she is divorced by the custom. Therefore, cases are usually resolved within each family. Some cases are solved at RT (neighborhood), hamlet, or, at the highest, village level. Meanwhile, divorced by custom does not necessarily mean that people can be easily divorced by religion. According to the religion embraced by the majority of the local people, it can be

concluded that divorce is not allowed because there is a provision that states a divorce can only happen when there is a decision made by the bishop.

Given these provisions, Mr. A's wife, as well as other wives in the region, held the principle that if God had joined them together, then no man could separate them. Therefore, although she often suffered from domestic violence, Mr. A's wife still maintained the unity of the family. This principle was firmly believed despite the fact that her husband had been involved in the case of impregnating other women twice. Although the cases were reported to the police, Mr. A was just called in and detained for a while because his wife bailed him out. Mr. A could not be forced to marry the women he had an affair with because he had a legitimate wife. Mr. A was also not financially responsible for the children from his affairs because in his opinion, "I am innocent, it is their own fault for being willing to have an affair with a married man."

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