

# The Well-Being of Poor Children Left by Their Mothers Who Become Migrant Workers: Case Study in Two *Kabupaten* in Indonesia



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**SMERU RESEARCH REPORT**

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**Editor**

Dhania Putri Sarahtika

**The SMERU Research Institute**

**December 2019**

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Editor: Dhania Putri Sarahtika

Cover photo: IDEP

The SMERU Research Institute Cataloging-in-Publication Data

Mayang Rizky

The Well-Being of Poor Children Left by Their Mothers Who Become Migrant Workers: Case Study in Two Kabupaten in Indonesia. Mayang Rizky; et al.: Editor, Dhania Putri Sarahtika.

--Jakarta: Smeru Research Institute, 2019.

--112 p.; 30 cm.

ISBN 978-623-7492-13-9

ISBN 978-623-7492-12-2 [PDF]

1. female migrant worker

2. child well-being

3. childcare

I. title

II. Author

DDC'23 331.4

Published by:

The SMERU Research Institute

Jl. Cikini Raya No.10A

Jakarta 10330

Indonesia

First published in December 2019



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A significant part of the research in this publication uses interviews and focus group discussions. All relevant information is recorded and stored at the SMERU office.

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# ACKNOWLEDGEMENTS

The completion of this report has been made possible with significant contributions of many people. Our profound gratitude goes to all children and families in the research areas who have been willing to be our respondents and to share their lives and experiences. Special thanks also go to all the key informants who have taken part in providing valuable information for this study.

We also appreciate all the help given by the local government officials at the *kabupaten* and *kecamatan* levels in the study areas as well as the village leaders and *posyandu* cadres who had allowed this research to take place. We would like to extend our appreciation to the regional researchers for their dedication to the research by working hard despite the limited conditions.

This study is funded by UNICEF Indonesia under UNICEF and Government of Indonesia cooperation. We are grateful to all supports and inputs from UNICEF staff, particularly from the Social Policy Cluster.

Finally, we are thankful to The SMERU Research Institute staff for the support given throughout the study.

# ABSTRACT

## The Well-Being of Poor Children Left by Their Mothers Who Become Migrant Workers: Case Study in Two *Kabupaten* in Indonesia

Mayang Rizky, Sofni Lubis, Nila Warda, Yudi Fajar M. Wahyu, Emmy Hermanus, Niken Kusumawardhani, Hafiz Arfyanto, Joseph Marshan, and Nina Toyamah

This study attempted at obtaining a description of child well-being, caregiving arrangements, and child caregiving practices in both poor migrant and nonmigrant families in two migrant-sending *kabupaten* (districts), namely Kabupaten Banyumas, Central Java, and Kabupaten Lombok Tengah, West Nusa Tenggara. Through qualitative and quantitative approaches, this study finds that there is a difference between the well-being of children from migrant and nonmigrant families seen through the aspects of cognitive ability, physical growth, and psychological conditions. Children from poor families whose mothers are migrant workers in this study, on average, score lower on the cognitive ability and psychological tests, and height-for-age measurements than children from poor nonmigrant families. More than half of the children from poor migrant families were under five when left behind by their mothers for the first time. Most of them have been taken care of by the biological father and/or grandmother/grandfather. The ratio of caregivers per child is higher in poor migrant than in poor nonmigrant families, indicating a positive coping strategy among migrant families to maintain the quality of care. In terms of learning activities and supervision, there are not many differences between poor children from migrant and nonmigrant families. Differences in care practices appear in matters relating to physical and emotional needs, which show the importance of mother's presence at crucial ages and well-maintained mother-child communication. There has been no specific and systematic support scheme from the government, be it at the *kabupaten* or lower levels, to facilitate the various needs of children from poor migrant families. Only a few support efforts are focused on the training of care for the families left behind, such as 'fathering' training, management of remittances, and communication maintenance between the family and migrating mother. These support efforts are usually conducted within a certain community spontaneously by volunteers. There is still a gap in policies provided by the government for children from poor migrant families. In other words, the existing policies that govern migrant workers and issues in managing these policies affect the caregiving arrangements that can still be carried out by the mothers from afar.

Keywords: child well-being, female migrant worker, childcare, family

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# LIST OF ABBREVIATIONS

BKTKI	Bina Keluarga Tenaga Kerja Indonesia	Fostering the Families of Migrant Workers
BNP2TKI	Badan Nasional Penempatan dan Perlindungan Tenaga Kerja Indonesia	National Agency for the Placement and Protection of Indonesian Migrant Workers
BOS	Bantuan Operasional Sekolah	School Operational Assistance
BPS	Badan Pusat Statistik	Statistics Indonesia
BSM	Bantuan Siswa Miskin	Cash Transfer for Poor Students
CRC		Convention on the Rights of the Child
FGD		focus group discussion
GDM	Gerakan Desa Membangun	Village Development Movement
IFLS		Indonesian Family Life Survey
ILO		International Labour Organization
JARPUK		Women in Small Business Network
KMS	Kartu Menuju Sehat	Health Card
MCC		Millennium Challenge Corporation
NGO		nongovernmental organization
NPL		national poverty line
PANDI	Pengelola Nama Domain Internet Indonesia	Indonesian Internet Domain Name Management
PAUD	<i>pendidikan anak usia dini</i>	early childhood education
PKH	Program Keluarga Harapan	Household Conditional Cash Transfers
PKK	Pemberdayaan Kesejahteraan Keluarga	Family Welfare and Empowerment
PNPM GSC	Program Nasional Pemberdayaan Masyarakat Generasi Sehat dan Cerdas	National Program for Community Empowerment for a Bright and Healthy Generation
<i>posyandu</i>	<i>pos pelayanan terpadu</i>	integrated health service post
PPGA-PM Unsoed	Pusat Penelitian Gender, Anak dan Pelayanan Masyarakat Universitas Jenderal Soedirman	Center for Research on Gender, Children, and Community Services of Jenderal Soedirman University
<i>puskesmas</i>	<i>pusat kesehatan masyarakat</i>	community health center
Raskin	<i>beras untuk rumah tangga miskin</i>	Rice for Poor Households
SD	<i>sekolah dasar</i>	elementary school

SDQ		Strengths and Difficulties Questionnaire
SERUNI	Serikat Perempuan Indonesia	Indonesian Women's Organization
SLB	<i>sekolah luar biasa</i>	School for the Special Needs
SMA	<i>sekolah menengah atas</i>	senior high school
SMP	<i>sekolah menengah pertama</i>	junior high school
SMS		short message service
TKI	<i>tenaga kerja indonesia</i>	Indonesian Migrant Workers
UNDP		United Nations Development Programme
WHO		World Health Organization

# EXECUTIVE SUMMARY

## Background

The flow of both international and internal migrations is estimated to increase along with the rapid development of Indonesia's economy. It is also often assumed that women's migrating to work overseas or in other cities is one of the strategies carried out by poor families to move out of poverty. Another factor which contributes to the increasing number of poor women migrating is the increasing demand for domestic workers in the migration destinations, such as maids, and nurses or caregivers. This feminization of migration is considered to have an effect on female migrant workers as well as the families they leave behind. In the desire to help families move out of poverty, poor women who work outside of the region must face separation from their children, husband, and relatives. From a child's perspective, this separation increases the risk of vulnerability of poor children, who are already vulnerable due to poverty, because of the lack of fulfillment of children's rights related to the caregiving generally provided by the mother. On the other hand, rising income due to migration can be used as an opportunity for the family to help fulfill children's basic needs. These conditions are considered essential in evaluating the true well-being and caregiving of children from migrant families.

To provide a detailed description of the well-being and caregiving practices of poor children who are left by their migrant mothers, The SMERU Research Institute and UNICEF conducted research in two *kabupaten* (districts) where women are often sent as migrant workers, namely Kabupaten Banyumas, Central Java, and Kabupaten Lombok Tengah, West Nusa Tenggara, in November–December 2013. Earlier in mid-2013, a pilot study was conducted in one of the largest migrant enclaves on the island of Java, Kabupaten Cianjur, to carry out a qualitative assessment on the transmission of impact of mothers' migration on children's well-being. By combining two methods of research—quantitative and qualitative—the main study conducted in 13 villages in 5 *kecamatan* (subdistricts) in Kabupaten Banyumas and Kabupaten Lombok Tengah was carried out by comparing the well-being and caregiving practices of the children from poor migrant and nonmigrant families.<sup>i</sup> In addition to this comparison, it also identifies other forms of support provided by the government and society to the children and families left behind. The following are the research findings from the two *kabupaten*.

## The Phenomenon of Female Migration in the Research Areas

### Poverty and Migration Trend in the Sample Areas

This study uses secondary data to analyze poverty in the sample *kabupaten*. In 2013, the poverty rates in Kabupaten Cianjur and Kabupaten Banyumas were still relatively high compared with the poverty rate of their respective province. As for Kabupaten Lombok Tengah, the poverty rate was lower than the poverty rate at the provincial level. Focus group discussions (FGDs) were conducted in each sample village to obtain information about community welfare at the village level. FGDs at the village level produce welfare indicators commonly used by local communities. Based on the FGD results, the majority of sample villages usually have four categories of social welfare status:

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<sup>i</sup>The term 'migrant families' refers to families whose mother of the children lived in a different *kabupaten/province/country* than the children for working purpose where the last time the mother left was at least six months before the research was conducted and the mother visited the family not more than once a month.

rich, moderate, poor, and very poor. In Kabupaten Banyumas, none of the FGDs explicitly identified working as a migrant as part of the characteristics of any of the welfare groups. On the contrary, in Kabupaten Lombok Tengah, one FGD mentioned that one of the characteristics of the poor category is resettling in Sumatra and Sumbawa.

In general, findings from the research sample areas show that poverty is the main driver for women to become migrant workers. Migration plays a significant role in helping families improve their economic condition. On the other hand, the increased rate of women migrating is not merely due to their economic condition, but also because of the high demand for women workers in the migration destinations. Domestic and factory workers are the two most common types of occupation for female migrant workers.

## Community's Perceptions of Children Left Behind by their Mothers to Migrate

The decision to migrate often causes married female migrant workers to leave their children and family in their homelands for a long time. FGDs with teachers, early childhood education and development (PAUD) cadres, integrated health service post (*posyandu*) cadres, and village midwives conducted at the *kecamatan* level in the two *kabupaten* of the main study research areas (Kabupaten Banyumas and Kabupaten Lombok Tengah) depicted the community's perceptions of the conditions of migrant workers' children. During the FGDs, it was discussed that the separation experienced by children from migrant mothers generally affects children's education, health, and psychology. According to the discussion with participants, rising income obtained from the migration create greater possibilities for the children to continue study. On the other hand, the rise of income of the migrant workers' family might have a bad influence on children's behavior, with caregivers giving too much allowance so that children tend to be overindulgent.

## Child Well-Being

### Child's Cognitive Ability

The child well-being measured in this study includes three indicators of child development: education, health, and emotion. This study measures a child's cognitive ability from an educational perspective. The instrument used was the cognitive test questionnaire (consisting of nine questions) which was taken by children aged 7–17 years old. Each correct answer gets 1 point, while a wrong answer gets 0. The scores were then combined to get a total score for each child. For the follow-up analysis, the total score of each child was then aggregated per sample group by using the average score. Based on the cognitive ability test results of children aged 7–17 years in the sample group, there is a difference between the average score of poor children from migrant and nonmigrant families in which children from migrant families in this research tend to have lower scores compared with children from nonmigrant families.

### Child's Physical Growth

For the health aspect, this study measures children's physical growth using an indicator of height-for-age of the child. This measurement was only observed for children aged 0–6 years. In comparing the children's height, a similar *z-score* calculation technique was applied, unless the comparison used local mean and standard deviation. Through this calculation, an illustration of the deviation between a child's body height and the average height of the sample children could be obtained. Based on the comparison, children aged 0–6 years from migrant families have a shorter average height than the average height of sample children in that age group. Meanwhile, sample children

aged 0–6 years who come from nonmigrant families are relatively taller than sample children in that age group. This indicates that children from migrant families are relatively shorter than children from nonmigrant families.

## Child's Psychological Condition

This study measures children's emotional well-being using a Strengths and Difficulties Questionnaire (SDQ). SDQs are usually used to identify behavioral problems of children aged 4–17. The questionnaire was twofold; one part was filled out by the caregivers for children aged 4–10 and the other filled out by the children themselves for children aged 11–17. This questionnaire consists of 25 questions about behavioral symptoms, both positive and negative, which are related to five psychological components: *emotional symptoms*, *conduct problems*, *hyperactivity*, *peer relationship problems*, and *prosocial behavior*. Each component consists of 5 questions to be answered by respondents in order to identify the child's psychological condition. There are three steps of calculation in analyzing SDQs. First, there is a score for each answered question. Second, there is the calculation of the score aggregation (average score) per question to get the score for each scale. The third step is the calculation of the score aggregation (average score) per scale to get the total score. Based on the average total score of the SDQs, there is a difference between the average score of total SDQ tests and sample children from migrant and nonmigrant families aged 4–17 years old. The higher average score of children from migrant families indicates that children who were at the age of 4–17 years old and who come from migrant families tend to have more difficulty behaving compared with children in that age group who come from nonmigrant families.

## Children Caregiving Arrangements and Practices

### Children Caregiving Arrangements

Information about the childcare arrangements was obtained from survey questionnaires and in-depth interviews (e.g., since when the children were left behind by their migrant mother, who becomes the caregiver, what the age and education of the caregiver are). More than half of the children from migrant families were left behind by their mothers for the first time under the age of five. While children from nonmigrant families are cared for by their biological mothers, children left behind by migrating mothers are usually taken care of by their biological fathers or grandfathers/grandmothers in their everyday life. A higher ratio of the number of caregivers per children in migrant families than in nonmigrant families indicates that there is a positive coping strategy in the migrant families in the allocation of more caregivers to the children as a family effort to maintain quality of care for children in the midst of poverty and mothers migrating.

### Caregiving Practices

In this study, caregiving practices received by children are measured by the fulfillment of children's basic needs. Children's basic needs were divided into four groups, namely physical needs (food, clothing, health services, and housing), cognitive needs (education and cognitive stimulation), emotional needs (attention, affection, support, and sense of security), and supervisory needs (supervision over children's social interaction and activities). In some aspects, such as learning activities and supervision, there are not many differences between children from migrant and nonmigrant families. The common characteristics of sample children in this research, all of whom are from poor families, likely cause the absence of sharp differences between children from migrant and nonmigrant families in terms of learning activities and supervision. The difference in caregiving practice emerges in the matters related to the absence of mothers and communication between

mothers and children in the families, i.e., in the aspects related to the fulfillment of physical and emotional needs. This depiction shows the importance of ensuring well-maintained communication between mothers, children, and the families left behind so that the children may still obtain their caregiving rights even though the mother is away.

## Child Well-Being Viewed from Caregiving Arrangements and Practices

Related to cognitive abilities, the low cognitive test scores of the migrant children group are possibly due to several factors relating to migrant family conditions. The importance of caregivers' presence in children's cognitive abilities can be explained with Vygotsky's cognitive development (1978), which stresses the importance of adults' role in social interaction as assistants with higher cognitive abilities to help develop children's cognition through a knowledge and skill transfer. It is found that children from international migrant families have a higher rate of learning problems. However, almost half of the children from all family groups experience difficulties in learning processes. It needs to be noted that children's cognitive abilities assessed in this cognitive test are also influenced by their natural and inherited cognitive abilities. Besides, there are also other unobservable factors, such as family's preference or view on the importance of education, school choice, and the school's accessibility. That is to say, caregiving practices are not the only points to be examined in this study which affect children's cognitive competence. Poverty, for instance, is also found to be able to affect a child's cognitive balance; financial constraints on the families might become a great barrier for them to meet the nutritional intake required in child growth—which is proven to affect a child's cognitive development.

In terms of early child health services, such as weighing and vitamin supplementation, it can be seen that children from the migrant group, especially international migrants, have access to less services than those from the nonmigrant group. The difference in caregiving practices can also be seen in who prepares food at home. Hence, as found in the discussion of child well-being, it is not surprising that there is a significant difference in children's height between migrant and nonmigrant groups, seen from each age group. Within the migrant group, there is no significant difference in the caregiving practices except children's physical needs in their early age. This might explain why there is no significant difference in children's height between internal and international migrant groups. It is worth acknowledging that outside the aforementioned factors, there are other determinant health factors, such as genetic factors, which are excluded from this survey albeit playing a significant role in determining children's relative height.

It can be assumed that the significant difference between the group of poor children in migrant and nonmigrant families in terms of children's behavior and social life (the result of SDQ test in the components of *conduct problems*, *hyperactivity*, and *pro-social behavior*) is mostly affected by mothers' presence. In relation to this aspect, a difference can also be seen in the communication between migrating mothers and left-behind children between the group of internal and international migrants. Viewed from the frequency of communication by telephone between the mothers and children, the communication is found to be better in internal migrant families than international migrant families. Furthermore, considering that more than two thirds of the children in all groups assert that they share stories with their mothers when they feel sad, communication with their faraway mothers is crucial and longed for by the children. The communication constraint between mothers and children often exists in migrant families, especially when considering the distance and cost.

## Support from the *Kabupaten* Governments and the Community

### Support from the *Kabupaten* Governments

Information regarding support from the *kabupaten* governments related to children from migrant mothers was obtained through FGDs and in-depth interviews. FGDs at the *kecamatan* level were conducted to identify forms of support from the community and the actors' capacity in solving the problems of children who had migrant mothers. The participants represented two study villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's caregiving, such as the principals/senior teachers (PAUD, TK/RA, SD/MI, SMP/MTs), *posyandu* cadres, Family Welfare and Empowerment (PKK) cadres, family planning cadres, village midwives/orderlies, social workers, facilitators of the National Program for Community Empowerment for a Bright and Healthy Generation (PNPM GSC), and other stakeholders recommended by the community (such as religion teachers). The researchers also conducted in-depth interviews with some of the respondents' families to find out other forms of support received by the children. The series of the in-depth interview process with the respondents and the FGD at the village/*kecamatan* level resulted in temporary findings or a working hypothesis. The researchers then consulted the government and NGOs at the *kabupaten* level on the field findings. Overall, this study did not find any specific programs designed by the governments of Kabupaten Banyumas and Lombok Tengah for children whose parents migrated domestically or internationally for work. The types of assistance/support given were mostly general, aiming at poor families, such as the Rice for Poor Households (Raskin) program, School Operational Assistance (BOS), Cash Transfers for Poor Students (BSM), PNPM GSC, and Household Conditional Cash Transfers (PKH). But at this moment, the Kabupaten Banyumas and Lombok Tengah governments were forming working groups for the Fostering the Families of Migrant Worker (BKTKI) program.

### Programs Related to International Migrant Workers

BKTKI is a specific program established by the government to protect international migrant workers and their family members. One of the BKTKI implementation steps was setting up working groups to assist the local government and community in empowering and protecting migrant workers' families so that the family members could make good use of the remittances for their family members' welfare, develop themselves financially and mentally, and protect the rights of their children to grow and develop optimally. In Kabupaten Lombok Tengah, the main activities of these working groups were to set up independent businesses, water hyacinth handicrafts, and sewing training. There was only one village that has activities directly related to childcare. A key development in Kabupaten Lombok Tengah in 2015 was the presence of village regulations in some villages on the protection of migrant workers. It stipulates a ban on prospective international migrant workers who are pregnant or have infants under 12 months. In Kabupaten Banyumas, the involvement of scholars in working groups had significant roles in promoting, guarding and finding solutions to any problems faced by international migrant workers and their families. A key development in Kabupaten Banyumas was the presence of regional regulations which regulate the rights and obligations of not only the candidates who are to become (or have become) an international migrant worker, but also the family left behind. In these regional regulations, family members have the right to obtain correct and accurate information about the state of their family members who become international migrant workers and can obtain the work and placement agreements. There is also a ban on the departure of prospective internal migrant workers if they are pregnant or have children aged less than 6 months.

## Community Support

Support efforts at the village and community level focus on the training of caregiving practices for families left behind, such as ‘fathering’ training, management of remittances, and communication link between migrant mothers and their families. This support is usually carried out spontaneously by certain volunteers who are concerned for the children of migrant families. The presence of Program Desa sebagai Basis Migrasi Aman (Village as the Basis of Safe Migration Program) in one of the sample villages in Kabupaten Banyumas indicates that village communities pay attention to their members who will work abroad and leave their families in the village. The objective of the training was to give village heads a bigger role in disseminating information to the prospective migrant workers and their family regarding a safe migration process to prevent human trafficking in their villages. Safe migration is one of the bases that need to be created so that the mothers can work outside the region and still have good communication with the children and families they left behind.

## Roles and Support in Childcare

In FGDs conducted at the *kecamatan* level, the majority of FGD results show that family plays the biggest role and provides the strongest support in terms of care giving for children who are left behind by their migrant mothers. However, this support from families needs to be strengthened by the support from others, such as from schools and *posyandu*. School plays a role in monitoring the learning activities of children and paying more attention to children from migrant families who have difficult circumstances. *Posyandu* has a role in monitoring children’s health development so that the children still receive sufficient nutrition although their mothers have migrated. The study also shows that in the four sample *kecamatan*, most migrant workers’ residence is near their relatives’, so the relatives, together with their neighbors, can take care of the children.

## Discussion on Policy

Based on the results of the study on recent policies, as well as the results of interviews and discussions with the stakeholders working on and concerned with the issue of Indonesian migrant workers, this research has several points of recommendation for policy. The recommendations are expected to be capable of helping various stakeholders in the effort to improve the well-being of the children left behind by their migrating mothers: (i) to classify the group of children from migrant families as group of children in need of special protection, (ii) to develop the technical guidelines for the debriefing of migrant workers before departure to accommodate more the needs of women migrant workers having children to carry out distant caregiving, (iii) to develop the caregiving guidelines and efforts for the awareness development for families and communities giving care to the children from migrant families, (iv) to increase schools and teachers’ engagement in the efforts to raise the awareness of and strengthen the protection for the left behind children, and (v) to conduct further study on the impacts of previously implemented regulations in the efforts to protect the children of women migrant workers.

# I. BACKGROUND

Between 2003 and 2013, the poverty level in Indonesia decreased from 17.4% to 11.4%. Along with the downturn of the national poverty level, the child poverty rate also went down from 21.7% to 13.9%. However, the national poverty line (PPL) used only measures extreme poverty. If we double the poverty cut-off point (henceforth 2xPPL), there will still be 62.8% of children who are poor and vulnerable. This number indicates that more than half of the children are still vulnerable to getting dragged down into poverty in the event of an economic shock. Even though the rate of child poverty is declining, the rate of the decline tends to be slow and the child poverty rate remains higher than the national poverty rate. This high rate reflects a phenomenon in which poor families tend to have more children than nonpoor families (Hadiwidjaja, Paladines, and Wai-Poi, 2014; Isdijoso et al., 2013).

On the other hand, poverty itself makes children vulnerable. Children from poor families have a higher tendency to be poor when they enter adulthood (Suryadarma, Pakpahan, and Suryahadi, 2009).<sup>1</sup> This might occur because of several factors, such as education and health (Corcoran, 1995; Harper, Marcus, and Moore, 2003). Children living in poverty for longer periods of time tend to demonstrate relatively lower achievements in education and health (Brooks-Gunn and Duncan, 1997; Suryadarma, Pakpahan, and Suryahadi, 2009). This condition affects the opportunities for children to access higher education, acquire a proper job, and satisfy their life needs when they grow up (Black, Devereux, and Salvanes, 2007; Maluccio et al., 2009).

In general, none of the government's interventions through various programs aimed at poor families target these children comprehensively. The Cash Transfers for Poor Students (BSM) and Household Conditional Cash Transfers (PKH) provide assistance for children to an extent; however, not all poor children benefit from these programs. The high rate of exclusion and inclusion errors, the fact that the nominal value given to each poor family is relatively low, and the fact that there are several requirements needed to gain assistance from PKH, for instance, all become barriers for the poor families seeking to access this assistance (World Bank, 2012). Consequently, poor families cannot be completely dependent on government assistance. They have to rely on their own resourcefulness and initiatives to escape the cycle of poverty and further reduce the high likelihood of their children being poor in the future.

One of the strategies implemented by poor families to move out of poverty is labor migration (being a migrant worker) (Meng et al., 2010). Labor migration is conducted to make a better life, since the swift flow of labor supply is often unmatched by the availability of employment in home regions. More working opportunities in the destination regions of the migration significantly open opportunities for poor families to improve their life by raising their income. Several previous studies in developing countries show that through the remittances obtained from working abroad, families can improve their access to education, nutritional sufficiency, and better health services (Antman, 2011; Frank, 2005; Macours and Vakis, 2007; McKenzie and Rapoport, 2010). Internal migration is also proven to be capable of raising the socioeconomic status of a family through increasing income and consumption (Deb and Seck, 2009). This opportunity to raise their income becomes a common phenomenon among poor families.

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<sup>1</sup>For further discussions see Solon (2002) and Corak (2006).

## 1.1 Child Protection in the Context of Migration Escalation

It was estimated that in 2010 there were 214 million international migrants and 740 million internal migrants worldwide, half of whom were women (International Organization for Migration, 2011).<sup>2</sup> In the ASEAN region, Indonesia is the second biggest country in migrant-channeling after the Philippines. It is estimated that 4.3 million Indonesian migrant workers were registered in 2009 (International Organization for Migration cited in Dungo et al., 2013), in which women were the biggest proportion with their numbers, reaching 75.3% in 2006 and 83% in 2009 (UNESCAP and International Organization for Migration cited in Dungo et al., 2013). The primary destination of the migrant workers was Malaysia with 917,932 workers registered in 2010 (Sabri cited in Dungo et al., 2013). More than 90% of the registered female international migrant workers coming from Indonesia worked as domestic workers (Sabri cited in Dungo et al., 2013).

Amid the rampant phenomena of migration, concern for internal migrant workers is still relatively low. In fact, internal migration (temporary or permanent) is the biggest contributor to the outflow of population in developing countries (Deb and Seck, 2009). The estimated data from Indonesian Family Life Survey (IFLS) 1993, 1997, and 2000 show that during 1994–2000, almost half of all families surveyed had at least one family member migrating internally (Deb and Seck, 2009). About 63% of them remained in their destinations of migration; most of them had migrated to urban areas. The relative scantiness of studies on internal migration in developing countries is not only caused by asymmetrical attention given to international migration studies, but also caused the low availability of data related to internal migrant workers (de Brauw, Mueller, and Woldehanna, 2013; Mendola, 2008).

The flow of both international and internal migrations is estimated to increase along with the rapid development of Indonesia's economy and escalation of the needs of poor families. The participation of women in migration will also increase considering that poverty—which is considered as one of driving factors for migration—leaves poor women with no choice but to work outside the region to fulfill the economic needs of their families. Another factor which contributes to the increasing number of poor women migrating is the increasing demand for domestic workers in migration destinations, such as maids and nurses or caregivers (Dungo et al., 2013). Based on data from International Organization for Migration (2010), 97% of international migrant workers working as domestic workers are women. It is typically assumed that domestic work is categorized as a low-skilled job. This number clearly shows that most female migrants working abroad as domestic workers possess low skills and tend to have low educational backgrounds.

The feminization of migration—a trend which pushes the increase of independent female migration (not accompanied by her husband or family)—is considered to have an effect on female migrant workers as well as the families they leave behind. Rahmitha et al. (2016) explained that unmarried women tend to migrate more, considering that the separation from family is one of the hardest nonmonetary costs experienced by female migrant workers. This cost gets more unbearable for married female migrant workers originating from poor families. In the desire to help their families out of poverty, poor women who work outside of the region must face separation from their children, husbands, and other family members. From the children's perspective, this separation makes poor children, who are already vulnerable because of poverty, more vulnerable due to the lack of fulfillment of children's rights related to the caregiving generally provided by the mother. Children who are not taken by their mothers while migrating are usually taken care of by their fathers or other relatives because the mothers no longer perform their role as a caregiver. These

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<sup>2</sup>An international migrant in this context is defined as a migrant worker with overseas destination, whereas an internal migrant is a migrant worker with domestic destination, which is still a part of the original country.

conditions highlight the importance of assessing the differences in well-being, caregiving arrangements, and care practices given to children from poor families whose mothers migrate compared with those who do not migrate since the families left behind are not only experiencing separation between mother and child, but also living their daily lives differently from the generally accepted norm.

An understanding of caregiving arrangements and practices for children from poor families whose mothers migrate is crucial to devise policy strategies for reducing poverty and children's vulnerability. Migration conducted by the mother is, in essence, considered a family strategy to escape poverty. Even if migration is undergone as an effort to improve the quality of life of poor families, it is important to research the separation of children from their migrating mothers in order to create a comprehensive overview of the benefits of the migration process itself.

The 1989 Convention on the Rights of the Child (CRC) states that every child has rights and that the state must protect every child regardless of citizenship status or parental status. This convention was ratified by Indonesia in 1990. In 2002, Law No. 23 on Child Protection was approved and then was changed in 2014 with Law No. 35 on the Amendment of Law No. 23 of 2002 on Child Protection. Both legal documents clearly indicate that the Government of Indonesia takes full responsibility to protect children who are in need of protection and caregiving. The preamble to the CRC also explains that the family is the best environment to support the growth and well-being of all family members, especially children, and that parents are fully responsible for the caregiving and fulfillment of children's rights. If parents are not able to perform the caregiving role, the caregiving responsibilities will be passed on to other family members of the mother and/or father or another person in the children's neighborhood. In the context of a poor child with a migrant mother, it is important to look at the practices of the statements outlined in the CRC.

## 1.2 Literature Study: The Impact of Parents' Migration on Children

Until now studies that look at the conditions of well-being and caregiving practices for poor children with migrant mothers are still very limited. Most studies on the relationship between migration and children focus on the impact of parents' migration on children's development. This impact is evident in relation to various factors ranging from education (Macours and Vakis, 2007; McKenzie and Rapoport, 2006; Antman, 2011; Hanson and Woodruff, 2003; Edwards and Ureta, 2003; Farooq and Javed, 2009), health (Gibson, McKenzie, and Stillman, 2011; Hildebrandt and McKenzie, 2005; Frank, 2005; Antén, 2010), and child psychology (Liu, Li, and Ge, 2009; Gassmann, Siegel, and Vanore, 2012; The CHAMPSEA Project, 2008).

In general, studies on the impact of parents' migration on children's education lead to two conclusions. Firstly, there is a positive impact of parents' migration on children's education through remittances. Remittances increase Mexican and El Salvadoran parents' ability to send their children to school, reducing the tendency of children to be underage workers, and decreasing dropout cases (Hanson and Woodruff, 2003; Edwards and Ureta, 2003). The second conclusion explains that the parents' migration has negative impacts on children's education. This is demonstrated by the strong association between parents' migration and an increased proportion of dropouts among boys and a decline in educational achievement of children of school age in Mexico and Pakistan (Antman, 2011; Farooq and Javed, 2009; McKenzie and Rapoport, 2006). According to Hansen and Woodruff (2003), these negative impacts arise because the children lose a figure who is a role model in the family.

In conjunction with migration, some previous studies on migration and children's health show that migration has varied implications on the health conditions of children (Gibson, McKenzie, and Stillman, 2011; Hildebrandt and McKenzie, 2005). Studies conducted by Frank (2005) and Hildebrandt and McKenzie (2005) in Mexico and Antén (2010) in Ecuador find that remittances are one of the channels that contribute to improved nutrition of children when they are left by their parents for migration. Frank (2005) identified that migrant families in Mexico tend to have children with a normal birth weight, although migrant families tend to have higher levels of stress and limited social support compared with the nonmigrant families. Remittances as well as the mothers' behavior in regularly monitoring the health of their babies while in the womb explained this positive impact. In addition, migrant parents in Mexico also have increased knowledge about nutrition and children's health (Hildebrandt and McKenzie, 2005), which is assumed to encourage parents to improve the quality of caregivers, which in turn will affect the achievements of the children's development. However, the migration conducted by parents also has negative impacts on children's health. Hildebrandt and McKenzie (2005) suggested that preventive healthcare practices, such as breastfeeding and vaccinations, are rarely found in migrant families in Mexico. Given that breast milk is one of the nutrients important for a child's development (Green, 1999), these findings suggest the potential negative impacts of migration conducted by the mother on the child's physical growth.

From the psychological aspect, Liu, Li, and Ge (2009) found that children below seven years old who were left behind due to rural-urban migration in China are more prone to depression and anxiety symptoms. Although there is no information about the caregiving received by children during separation from their parents, Liu, Li, and Ge (2009) stated that these findings can be explained by previous literature related to the lack of attachment between parents and children which is usually obtained through caregiving practices for children.<sup>3</sup>

Most of the literature on migration and children focuses on the migration conducted by parents or, in particular, the father, except for Macours and Vakis (2007), Gassmann, Siegel, and Vanore (2012) and Liu, Li, and Ge (2009), who also analyzed the impact of mothers' migration. According to Battistella and Conaco (1998) and Gamburd (2000), Filipino and Sri Lankan parents' migrations have significant effects on the participation and educational attainment of children if the migration is conducted by the mother rather than the father. Macours and Vakis (2007) and Liu, Li, and Ge (2009) found similar trends in migrant families in Nicaragua and China where the effects of migration are seen from the educational and psychological aspects of the child, while Gassmann, Siegel, and Vanore (2012) through their multidimensional approach concluded that such effects are ambiguous for the left-behind children in Moldova. On the one hand, mothers' migration negatively impacts children's education, yet on the other hand, it positively impacts the material well-being of the children.

Amid the relatively numerous studies on the impact of migration on children, not many attempt to analyze more thoroughly the caregiving arrangements and caregiving practices experienced by children during the absence of their migrant mothers (Graham et al., 2012; Hoang et al., 2015; Dungo et al., 2013; Hoang, Yeoh, and Wattie, 2012). A mother's decision to become a migrant worker is a family decision, although commonly children are not involved in the decision-making (Dungo et al., 2013). The caregiving responsibilities are then handed to other members of the nuclear and extended family, for example the father, grandmother/grandfather, aunt/uncle, and siblings. Contradictory to previous studies, Hoang et al. (2015) pointed out that children in Southeast Asian countries who were left by their mothers for migration develop close relationships

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<sup>3</sup>Some studies discuss the attachment of children living in orphanages (Zeanah et al., 2005; Rutter et al., 2007; Smyke et al., 2007; Zeanah and Smyke, 2008), children whose parent died (Harris, Brown, and Bifulco, 1986; Kendler et al., 1992) and children whose parents are divorced (Kendler et al., 1992; McLeod, 1991).

with their caregivers and tend to be relatively more independent. Besides the negative impacts, so far the absence of mothers is often associated with all the negative experiences of their children, such as dropping out of school; having relatively low educational performance, relatively bad health conditions, and irritable behavior; feeling ignored; and being involved in delinquent activities (Adhikari et al., 2012; Kofman and Raghuram, 2012; Bakker, Elings-Pels, and Reis, 2009; Escobal and Flores, 2009; Edillon, 2008; D’Emilio et al., 2007; Save the Children in Sri Lanka, 2006). Not many studies consider support systems other than the caregiving received by children from the environment outside the family during the mother’s migration. This indicates that family caregiving and support from other stakeholders, such as the government and community, are the most important aspects to consider, apart from the impact of migration itself. An overview of the actual caregiving and other support activities will be more capable of providing solutions, rather than either blaming or supporting mothers’ migration as the cause of a certain conditions experienced by children left behind.

In Indonesia, research on children left behind by migration could be attributed to a series of transnational studies on children left behind in Southeast Asia (Child Health and Migrant Parents in Southeast Asia, CHAMPSEA). One part of the study (Sukamdi and Wattie, 2013) assesses whether tobacco use and exposure to it are higher among children in migrant families than among those in nonmigrant families in Java. The findings suggest that there is no difference in smoking behavior between children of migrant and nonmigrant families. Another part of the study (Graham et al., 2012) looks at the impacts of migration and the reconfiguration of caregiving arrangements on the subjective well-being of the children from migrant families. Using a care triangle to represent the interaction between the three groups (left-behind children, parents/other caregivers, and migrant parents), it reveals that the subjective well-being of the child relies integrally on contact with the parents, diversity of experiences, and intimate relationships among children.

One of the most recent studies on migrant families in Indonesia is a study conducted in Kabupaten Bengkayang and Kabupaten Lombok Timur using a Reality Check Approach (RCA) method (The Reality Check Approach + Project Team, 2015). This method allows the research team to stay with families experiencing migration for work and use this opportunity to observe the daily lives of the families left behind. Although the study only discusses international migration and not specifically the caregiving of the children left behind, some findings reveal that children are subject to the impacts of migration, particularly when mothers are the ones who migrate. In one case, the children do not even remember their mother’s face because the mother had been working abroad since they were young and had never returned or contacted them. One child argued that they do not feel close to their mother anymore, while another shared that he cried a lot when his mother left, and he can only speak with her once in three months. Even within the same family, there is an adverse effect in which one daughter says that she will not migrate herself, while another daughter says that she will since she has to look after her younger siblings. In another case from a different province, the children became rude and naughty and a son admitted that he had dropped out of school because his father was not there when his mother was away. He also revealed that his younger brother is closer to him than his own father. Another eight-year-old son said he lives happily because his mother gives him nice gifts such as electronic gadgets to keep him occupied while his mother is away. These stories illustrate that a mother’s migration does produce adverse effects on the children, depending on how well the family ties and communication are maintained when the mother is away.

## 1.3 Objectives and Scope of the Study

Comprehensively, the objectives of this study are to obtain a descriptive overview of children's well-being, caregiving arrangements, and child caregiving practices in both poor migrant and nonmigrant families. This description is also followed by explanations of government and community support systems, especially for poor children of migrant families. By providing an overview of these support systems, it is expected that the findings from this research can be used as a reference to improve efforts to protect children's rights in relation to the risks and problems faced by children from poor migrant families. The specific questions about child caregiving and well-being examined in this research are:

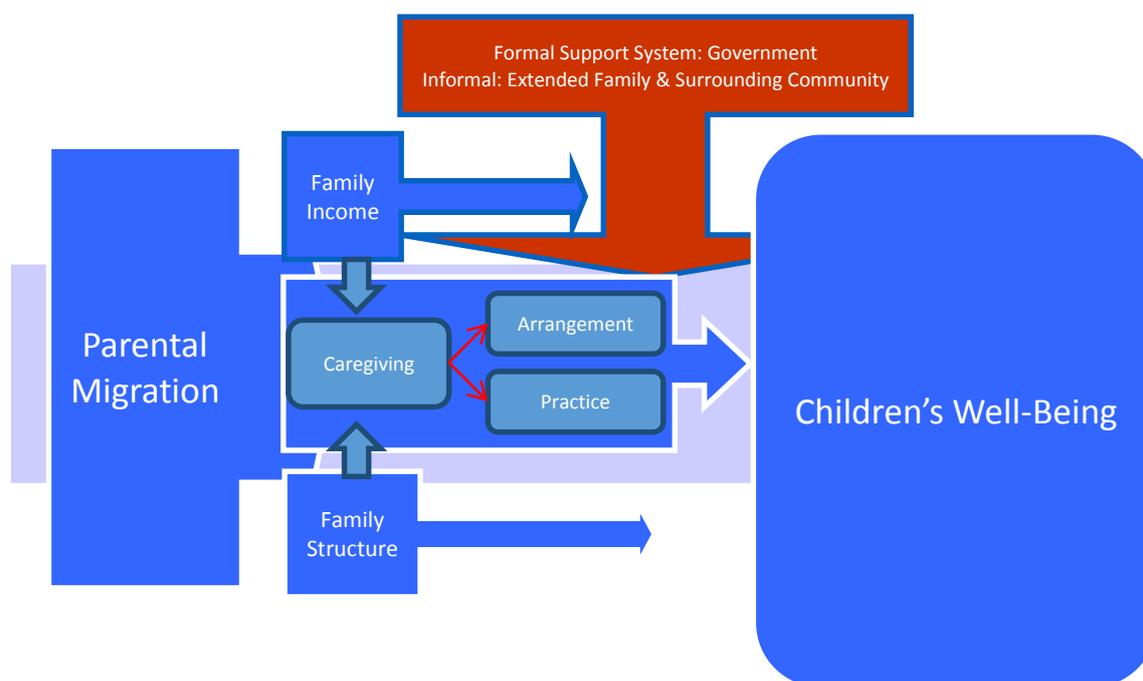
- a) Is there any well-being discrepancy between children in poor families whose mothers are migrant workers and those whose mothers are nonmigrant workers?
- b) Is there any difference in terms of caregiving arrangements and caregiving practices between poor migrant and nonmigrant families?
- c) How do caregiving arrangements and caregiving practices affect child well-being in migrant and nonmigrant families?

The scope of this study is limited by its focus on families with relatively low levels of well-being (poor families). The objective is to obtain a description of the caregiving and well-being of children in poor families in which one key member has migrated, considering that commonly migration is aimed at bringing families out of poverty. In addition, since this study compares the caregiving and well-being of children in nonmigrant families, a focus on poor or low-income families is essential. The context of poverty means that both types of family share similar characteristics and have equal access to various basic services. Mothers' migration is expected to be the only differentiating factor affecting the conditions of the two family groups.

This study is also confined to migrations (both international and internal) performed by mothers (or wife of the husband) who have children in the family. Aside from the reason that half of all international migrant workers are women, the objective of this study is to provide specific descriptions of child well-being and caregiving in poor families whose mothers migrate abroad or domestically. By focusing the study on female migrant workers who have families, it is expected that this research can provide a clear description of the nonmonetary conditions of both migrant and nonmigrant families, including any possibility of discrepancy in terms of child well-being and caregiving for the children left behind.

## 1.4 Analytical Framework

In order to answer the research questions in this study, the analysis was conducted with a focus on family structure as an inseparable part of parental migration. The analysis of family structure was conducted by comparing the caregiving arrangements and child caregiving practices of several sample groups. Besides distinguishing the two main groups, i.e., migrant and nonmigrant groups, as well as between internal migrants and international migrants, the two variables were also compared based on sex and age groups. The comparison between sample groups was also conducted with a focus on child well-being by viewing the state of the children's conditions in terms of education (logical competence), health (physical growth), and emotional condition (psychology).



**Figure 1. Analytical framework**

The support from stakeholders outside the family also makes up part of the analytical framework, yet not compared between family types. An analysis of the support systems can be used as a tool to review the prevailing policies in the field in order to draw links between the analysis of family structure and children's well-being. This link can be used as the finding to support disparity and a relevant resource for the stakeholders, nongovernmental organizations, and the community in protecting the rights of poor children whose mothers migrate.

## 1.5 Report Structure

This report consists of seven chapters. Chapter 1 presents the background, literary review, and objectives of the study. Chapter 2 explains the applied research methods starting from the research design to the data analysis methods. Chapter 3 provides a brief explanation of poverty trends and the phenomenon of female migration in three research areas, i.e., sample areas for the preliminary and main study. Chapter 4 discusses the conditions of children's well-being in migrant and nonmigrant families based on three aspects, namely children's cognitive competence, physical growth, and psychological condition. Chapter 5 deals with the caregiving arrangements, incorporating children's and caregivers' characteristics and the caregiving practices both from migrant and nonmigrant families, as well as a brief discussion about the relationship between the three well-being aspects and child caregiving arrangements and practices in the family. Chapter 6 describes the support systems provided by the *kabupaten* governments and communities for the children left behind by their mothers for migration. Chapter 7 discusses the relevant policies based on the findings of this study and ends with a brief conclusion and several policy recommendations.

## II. METHODOLOGY

### 2.1 Research Plan

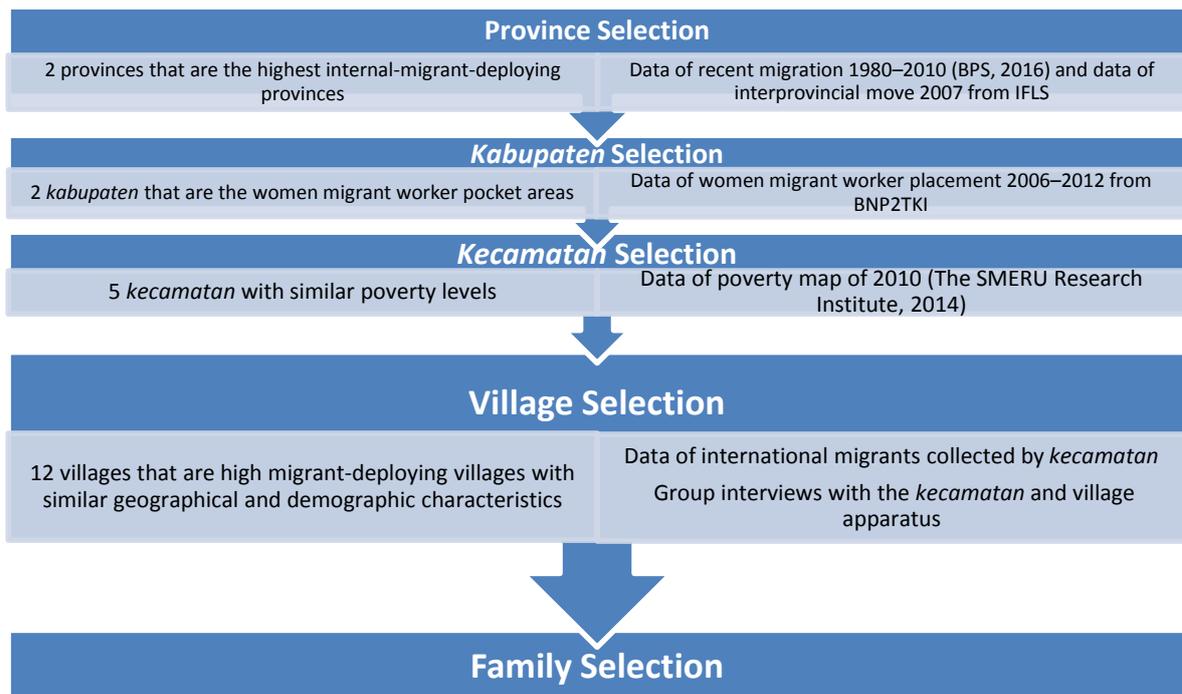
This research was divided into two stages, namely the pilot study, which was conducted in mid-2013, followed by the main study at the end of 2013. The purposes of the pilot study were to map out the problems among migrant families in relation to childcare and to study the channels of impact that mother's migration have on the child's well-being. The pilot study was conducted in Kabupaten Cianjur, which is one of the largest regions for outgoing migration in Java Island. The findings of this pilot study were then used to arrange the research instruments for the main study. The research method used during the pilot study stage was qualitative, where the research team conducted several interviews with the following participants:

- a) policymakers at the provincial and *kabupaten* levels (Social Affairs, Labor, and Transmigration Agency; Regional Development Planning Agency, Bappeda; Integrated Service Center of Women and Children, P2TP2A; Subdepartment of Child Protection of the Women's Empowerment and Child Protection Agency),
- b) organizations or institutions focused on migration and child protection (Indonesian Migrant Workers Union, SBMI; Care Home for the Children of Indonesian Workers, RPA TKI),
- c) elites at the *kecamatan* and village levels (*kecamatan* heads, village heads, community leaders, RT heads),
- d) teachers and midwives in the area, and
- e) families whose mothers have been or are involved in migration.

This research combined two approaches, namely quantitative and qualitative approaches. The quantitative approach was carried out through household-based and child-based surveys that made use of questionnaire instruments, while the qualitative approach was carried out through focus group discussions and in-depth interviews. These two approaches were implemented simultaneously. During the data collection process, the output from the qualitative methods became the input in the implementation of the quantitative methods during the period of sample selection for the household surveys. After the survey results had been gathered, the output from the quantitative methods became the input in determining the target families to be interviewed in more depth. The research locations for the main study included Kabupaten Banyumas, Central Java, and Kabupaten Lombok Tengah, West Nusa Tenggara. The main study was conducted in November–December 2013. All names of respondents, villages, and *kecamatan* in this report have been changed.

#### 2.1.1 The Sample Selection Method

This study used a non-probability sampling method for its sample selection technique where the sample was determined based on a set of certain criteria until the desired quota was reached. The criteria used to select the sample were poverty and migration status, as described in Figure 2. Area selection from the province to *kecamatan* level was based on macrodata related to migration and poverty. Meanwhile, the village selection also considered information other than secondary quantitative data on poverty and migration, such as local perspectives obtained through interviews with the sample village and *kecamatan* staff (see Appendix 4 for further details). Since probability calculations were not conducted, the findings of this study are not representative of the entire population.



**Figure 2. Sample selection process**

#### a) Selection of Sample Families for the Quantitative Survey

The selection of sample families was conducted through focus group discussions at the village level. Each discussion was attended by 10–15 women and men whose professions were namely the head of *dusun*<sup>4</sup>, the head of RT<sup>5</sup>, *posyandu* cadres, early childhood education and development (PAUD) cadres, and Family Welfare and Empowerment (PKK) cadres. These discussions were divided into three stages:

- (1) Grouping people from the villages into welfare levels and identifying the characteristics of each group.
- (2) Making a list of families that belonged to the poor group or lower-middle group and separating the families into two types of sample families according to the predetermined criteria, namely migrant families and nonmigrant families (see Table 1). The migrant families were then distinguished according to their destinations, namely internal migrant families if the migration destination was within the country and international migrant families if the migration destination was outside the country.
- (3) Making sketches of the village region to map the the residences of the families that had been identified. The aim of which was to allocate enumerators and to help them locate the sample families.

<sup>4</sup>A *dusun* is an administrative area within a village, consisting of a number of RT.

<sup>5</sup>RT, or neighborhood unit, is the smallest unit of local administration consisting of a number of families.

**Table 1. Sample Family Selection Criteria**

Migrant Families	Nonmigrant Families
Poor families	
Having children below 18 years old	
The father and children lived in the same <i>kabupaten</i>	
The mother of the children lived in a different <i>kabupaten</i> /province/country from the children in this family for working purpose, where: <ul style="list-style-type: none"> <li>• the last time the mother left was at least 6 moths ago, and</li> <li>• the mother visited the family not more than once a month.</li> </ul>	The mother of the children never worked outside the <i>kabupaten</i> and has never left her children for more than 6 months.

In separating the migrant families into international and internal migrant families, an emphasis was put on ensuring that the number of families in each group was equal. From the list of potential sample families obtained from the focus group discussions, there was only a limited number of internal migrant families found; thus, a snowballing technique was necessary to meet the sample quota. This technique was carried out by visiting the houses of the village apparatus (the head of *dusun* or the head of RT/RW<sup>6</sup>), especially those who were not discussion participants, and by asking the migrant and nonmigrant families that had been interviewed to identify internal migrant families. Before the quantitative survey process began, enumerators were asked to verify the list of potential sample families. This step was implemented to control possible information errors obtained from the focus group discussions or the snowballing sampling (see Appendix 3). The survey could not be continued if the enumerators deemed a family to not meet the sample criteria.

**b) Selection of Sample Families for In-depth Interviews**

In determining the candidate families for in-depth interviews, a focus group discussion with the enumerator team was carried out to get an idea of the general characteristics of the migrant and nonmigrant family groups. This discussion was conducted after around 75% of the data collection process was completed so that the enumerators already had adequate information about a number of families that had been surveyed.

Around 5–6 families were selected from each sample region of the study. Sample families were selected based on the information from the enumerators in the field regarding the condition of several family candidates. The focus of the selection was families (both from migrant and nonmigrant families) with specific conditions, such as families in which the child respondent was classified as a child with special needs, the child respondent had dropped out or was not continuing his/her studies, or the caregiver respondent suffered from a physical disability or disease that would not allow him/her to work.<sup>7</sup>

**2.1.2 Data Collecting Methods**

The instruments of collecting data for the quantitative and qualitative approaches were developed simultaneously as soon as the pilot study in Cianjur was completed. Findings from the pilot study were used as a basis to develop research instruments for both the quantitative and qualitative approaches.

<sup>6</sup>RW is a unit of local administration consisting of several RT (neighborhood units) within a *kelurahan*.

<sup>7</sup>The illnesses the respondents suffer from included, among others, stroke and lung disease (TBC).

## a) Quantitative Approach

The data collection of the quantitative approach used a structured questionnaire. In general, this questionnaire was divided into four parts. The first part summarized the information related to the family characteristics; the second part contained migration information; the third part discussed caregiving; and the last part contained information about children's well-being. Of the four parts, only in the last part did the respondents fill out the answers directly, while in the first three parts, the enumerators read out the questions and filled out the questionnaire using the respondents' answers.

The first part of the questionnaire contained information about the characteristics of the individuals, both those who resided in the family and those who visited periodically to take care of the children. The information about the individuals that was inputted included age, education, marital status, and occupation. In addition, information about the housing conditions and characteristics of the household's socioeconomy was also enquired about. In the second part of the questionnaire, which covered migration information, the data acquired only included information about the most recent migration conducted by the family members and the characteristics of this migration. This information included the goal of migration, duration of migration, reasons for migrating, means of financing the departure, as well as confirmation that the children living with the sample families were, in fact, the children of the migrant worker. The individual characteristics that were recorded were age, education, marital status, etc. The third part, concerning childcare,<sup>8</sup> was divided into several modules. The first module contained information about caregivers. The second module contained a history of the childcare arrangements starting from birth to the time of the data enumeration. The third contained information about caregiving practices. In this last module, there were two module versions with the same questions. The first version was used to collect data of caregiving practices from the perspective of the caregivers and the second version was used to record caregiving practices from the perspective of the children. However, the second version module was only given to sample children within the age range of 7–17 years because the questions in this module were considered too difficult to be answered by children below the age of seven years. The fourth part of the questionnaire was aimed at measuring the well-being of the children in terms of education and emotion and was divided into two modules. The two modules were separated according to age groups and the children were asked to fill out the module themselves without the help of their caregivers. The first module measured the development of logic and was used to value the children's educational achievements. There were two types of modules, with the first module being completed by children aged 7–14 years and second module by children aged 15–17 years. For this module in particular, children were asked to fill in the questionnaire without the help of their caregivers. The other module was a Strengths and Difficulties Questionnaire (SDQ) that was used to measure the emotional problems faced by children. This module was divided into two groups according to the age of the children. The first module was for children aged 4–10 years old and was filled out by the caregivers. The second module was for children aged 11–17 years and the children themselves filled out the module (see Appendix 2. Research Instrument).

## b) Qualitative Approach

The qualitative data-collecting methods were focus group discussions and in-depth interviews. There were three sessions of focus group discussions in this study. First, discussions with village apparatus to make decisions on sample households. Second, discussions with practitioners at the *kecamatan* and *kabupaten* levels to determine the problems faced by children left by their migrant

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<sup>8</sup>In accordance with Law No. 35/2014 on the Amendment of Law No. 23/2002 on Child Protection, children are defined as individuals, including unborn children, under the age of 18 years.

mothers and the forms of support that need to be provided by the community and the government. Third, discussions with the enumerator team that had obtained a general overview of the characteristics of the sample families that would be the targeted in the in-depth interviews.

This study implemented the in-depth interview method for several types of respondents, each aimed at achieving different goals. At the family level, in-depth interviews were conducted to obtain information about various possible reasons behind the good and bad conditions experienced by children, both those who were left behind by their migrant mothers as well as those who lived with their mothers. The in-depth interviews conducted with the staff at the village and *kecamatan* levels were to select the sample villages and to select participants for the focus group discussions at the *kecamatan* level. In the final stage, the in-depth interviews were carried out with respondents that represented the governmental and nongovernmental institutions at the *kabupaten* level. This activity aimed to discuss the temporary findings from the results of the discussions with the practitioners at the *kecamatan* level and the results of the in-depth interviews with several selected sample families (see Appendix 3. Qualitative Research Activity).

### **c) Research Ethics**

To ensure that all participants were well-informed about the study, the research team was obliged to explain the contents of the study and the requirements involved in contributing to this study before all FGDs or interviews were carried out. All members of the study team were trained to conduct studies with children. Written informed consent was sought in particular for children and some of the parents who were interviewed representing parents or carers for the children. The research tools and information form were designed to be simple, straightforward, and user-friendly for children. Moreover, the study team also informed all participants about the utilization of the data, how the confidentiality of the information given during the interviews would be protected, and that there was no pressure for them to participate in this study.

## **2.1.3 Data Analysis Method**

The analysis method used in this study was a combined analysis of both quantitative and qualitative approaches. These approaches were implemented simultaneously with the purpose of providing a descriptive analysis of families left by mothers for migrant work, especially related to child well-being, caregiving, and general support given to the families. The next section will describe the main variables.

### **a) Mother's Migration**

Mothers who worked as migrant workers were defined as mothers who worked in a different *kabupaten*/province/country from the place where the children were currently living, or at least had been for the past six months, and who did not visit the children more than once a month. Therefore, the migrant families were defined as families with children who were left behind by their migrant mothers. On the other hand, the nonmigrant families were families with children who lived with their mothers. If there was a household with more than one families living in the same house, where some children were left behind by their migrant mothers and others were not, then the family would be identified as a migrant family, while the children who were not left behind by their mothers would not be counted as sample children.

### **b) Child Well-Being**

The well-being of the children was measured through three indicators of child development: education, health, and emotion. In terms of education, this study considered the educational

achievements of the children as measured by their cognitive ability. Cognitive ability is one of the most commonly used indicators of child well-being because this indicator is a general benchmark to observe the potential of a child's income in the future (Rossi, 2009). Cognitive ability is defined as the capacity of the child's logical thinking to apply knowledge and to interact with his or her surroundings. The instruments used differed according to the child's age group, either 7–14 years old or 15–17 years old. From each module, there were nine questions analyzed. Each correct answer received 1 point while a wrong answers received 0. The scores were then combined to get a total score for each child. For the follow-up analysis, the total score of each child was then aggregated per sample group by using the average score. The sample groups were then separated based on their locations (Kabupaten Banyumas and Kabupaten Lombok Tengah), mother's migration status (internal migrant, international migrant, and nonmigrant), sex, and age group.

As for health, this study measured children's physical growth using an indicator of height-for-age of the child. A child's height, measured based on his/her age, is an important anthropometric measure that is often used to monitor children's physical growth and development. Especially for the age group of 0–6 years, height is one of the most important indicators in monitoring children's physical development in their early stages of life. In comparing child's height across the sample, each child's height-for-age was standardized using the sample mean and standard deviation. Through this calculation, an illustration of the deviation between a child's height and the average height of sample children could be obtained.<sup>9</sup>

This study also measured the children's emotional well-being using the Strengths and Difficulties Questionnaire (SDQ). SDQ is a brief questionnaire that is usually used to identify behavioral problems in children aged 3–17 years. This questionnaire consists of 25 questions representing five aspects, each of which consisted of five points of questions related to behavioral symptoms, both positive and negative. The five aspects are the following:

- (1) *Emotional symptoms*. The emotional symptom scale attempted to identify the emotional problems faced by children. Examples of such problems include frequent anxiety, nervousness, fear, unhappiness, and stomachache.
- (2) *Conduct problems*. The questions in the conduct problem scale were related to children's problems in carrying out certain activities, for example, being temperamental, being rebellious, having frequent disputes with their peers, and having a tendency to lie and steal.
- (3) *Hyperactivity/inattention*. The hyperactivity problem scale identified children's problems including inability to concentrate, impulsiveness, irresponsibility, inability to be still, and frequent anxiety.
- (4) *Peer relationship problems*. The peer problems scale identified problems faced by children such as a tendency to be alone or feeling more comfortable with adults than with their peers.
- (5) *Pro-social behavior*. The pro-social behavior scale was used to identify the social relationships of the children, such as being helpful, having a kind attitude toward younger children, being generous, and being accustomed to showing empathy and sympathy.

The questionnaire differed depending on who completes the form; there was a questionnaire filled out by caregivers for children aged 4–10 years and a questionnaire filled out by the child alone (aged 11–17 years). Both were composed of the same questions but differed in terms of phrasing so that the questions could be easily understood and were appropriate to caregivers and children.

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<sup>9</sup>The fact that the sample was initially restricted to poor families means that this comparison—based on a standardized height-for-age and calculated from local mean and standard deviation—can underestimate the health problems in the areas. Therefore, the interpretation should be carefully considered.

Meanwhile, there was no difference in the approach to analyzing the questionnaires. As many as 25 items in the questionnaire represent 5 scales, each consisting of 5 items. There were three answer choices for each item: 'Not True', 'True', and 'Very True'. 'True' was always given score 1, while 'Not True' and 'Very True' could be given score 0 or 2 depending on the questions. For each scale, the total score ranged between 0 until 10 if all questions were answered. To assess each scale, at least there should be 3 questions answered from the 5 questions asked.

There were three steps of calculation in analysing SDQ. First, there was a score for each question. Second, the calculation of score aggregation (average score) per question to become the score for each scale. Third, the calculation of score aggregation (average score) per scale to become the total score. The total scores were grouped into several scales to evaluate whether the children's behavior was considered normal, almost normal, or deviant. The higher the total scores, the bigger the problems that the children experience.

### **c) Caregiving Arrangements**

Information about the childcare arrangements—i.e, since when the children were left behind by their migrant mother, who became the caregiver, age and education of the caregiver, and additional characteristics of the caregiver—was obtained from survey questionnaires and in-depth interviews. The question of 'since when the children were left' pinpoints the age when the children were left by their migrant mothers for the first time. A caregiver is defined as the person(s) taking care of children daily. In the data collection stage, the identification of caregivers was conducted based on the answers of respondents/caregivers themselves and linked with the children's answers. If there was more than one caregivers, primary and secondary caregivers were identified through the answers of respondents/caregivers and linked again with the children's answers.

### **d) Caregiving Practices**

To create a description of the caregiving practices received by children, this study used the child neglect approach as one form of child maltreatment. There has never been a consensus reached by scholars on the definition of this neglect, but in general a child could be considered neglected if anyone who was responsible for the child could not fulfill the basic needs to support the growth and development of the child, and that as a result, at a certain level it would possibly harm the the child's well-being (Straus, 2001; Kantor et al., 2004; Straus, 2008). In this study, caregiving practices received by the children were measured by the fulfillment of children's basic needs, but the child neglect status of the children in the sample was not further analyzed.<sup>10</sup> The fulfillment of children's basic needs were divided into four groups:

- (1) Physical needs, such as food, clothing, health services, and housing;
- (2) Cognitive needs, such as education and cognitive stimulation;
- (3) Emotional needs, such as attention, affection, support, and sense of security; and
- (4) Supervisory needs, such as supervision over children's social interaction and activities.

Other than the survey questionnaires, caregiving practices were also observed through in-depth interviews with respondents in the field. The interviewer asked a set of questions to gain a brief overview of the daily activities of the families, both migrant and nonmigrant. Questions asked to the respondents (either the caregivers or the children) were about daily caregiving practices, namely communication between families and the migrant mothers, children's education and health, as well as children's daily activities.

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<sup>10</sup>Need further study to discuss child neglect especially for a sample of poor children left by their migrant mothers.

## e) Support Beyond Family Caregiving

The researchers conducted FGDs in the *kecamatan* to identify (i) problems faced by children whose mothers migrated; (ii) the impacts of the children's condition on the family, community, government, and private sector; and (iii) the forms of support from the community and their actor capacity in solving the problems of children who have migrant mothers. The participants represented two study villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's caregiving, such as the principals/senior teachers (PAUD, TK/RA, SD/MI, SMP/MTs), *posyandu* cadres, PKK cadres, family planning cadres, village midwives/orderlies, social workers, facilitators of PNPM GSC, and other stakeholders recommended by the community (such as the religion teachers).

The researchers also conducted in-depth interviews with some of the respondents' families to find out the process and causes of the conditions of the child respondents and their caregivers. The researchers conducted FGDs with the enumerator team to determine respondent candidates for the in-depth interviews. The series of the in-depth interviews with the respondents and the FGDs at the village/*kecamatan* level resulted in temporary findings or working hypotheses. The researchers consulted the government and NGOs at the *kabupaten* level about the field findings. The consultation process was framed in the in-depth interview method which discussed the main issues specifically. The consultation process was successful in identifying various forms of formal and informal support provided by the government and NGOs, such as individual support, employment programs (provided by government and NGOs) and involvement of academics/scholars.

## 2.2 Profiles of Respondents

The data in this study were collected from 399 sample families in which there were 626 children. The sample families consisted of 239 nonmigrant families and 160 migrant families. The migrant families consisted of 103 international migrant families and 57 internal migrant families. Out of the 626 sample children, 397 lived with their mothers in the nonmigrant families and 229 did not live with their mothers in the migrant families. Out of the 229 children, as many as 154 children were left by their mothers who went to work overseas and as many as 75 children were left by their mothers who went to work outside the *kabupaten* (Table 2). Out of the 154 children who were left behind by their mothers to migrate abroad, 80 children were boys and 74 children were girls. Out of the 75 children who were left behind by their mothers to work outside the *kabupaten*, 44 children were boys and 31 children were girls.

**Table 2. Composition of Sample Families and Children Based on Migration Status**

Family Types	Number of Families	Number of Children
Nonmigrants	239	397
International migrants	103	154
Internal migrants	57	75
<b>Total</b>	<b>399</b>	<b>626</b>

Source: Survey results, processed, 2013.

Out of the 626 children in the sample, most of them were between 7 and 12 years old, or 35.6% (223 children); whereas 27% were between the ages of 3 and 6 years old (169 children) (Table 3). This ratio was consistent in every family group, both in the international migrant families, internal migrant families, as well as nonmigrant families. When distinguished based on gender, in total, in almost every age group the composition of boys was larger; around 10% larger than that of girls, except in the age group of 0–2 years old and in the age group of 16–17 years old, where the percentage of girls in each group was 10.1% and 16.0% larger. This number consisted of more children from migrant families. The number of girls compared to that of boys in the age of 0–2 years in the migrant families was 12:4, while in the nonmigrant families, it was 37:36. A similar comparison was also observed in the age group of 16–17 years old, with a ratio of 13:7 in the migrant families and 16:14 in the nonmigrant families.

**Table 3. Distribution of Sample Children According to Age and Gender Groups**

Age Categories	Children in Migrant Families									Total of Children in Nonmigrant Families			Observation Total		
	International Migrants			Internal Migrants			Total Migrants			M	F	M+F	M	F	M+F
	M	F	M+F	M	P	M+F	M	F	M+F						
0–2 years old	3	10	13	1	2	3	4	12	16	36	37	73	40	49	89
3–6 years old	23	22	45	7	7	14	30	29	59	59	51	110	89	80	169
7–12 years old	35	22	57	24	13	37	59	35	94	74	55	129	133	90	223
13–15 years old	14	12	26	10	4	14	24	16	40	26	29	55	50	45	95
16–17 years old	5	8	13	2	5	7	7	13	20	14	16	30	21	29	50
<b>Total</b>	<b>80</b>	<b>74</b>	<b>154</b>	<b>44</b>	<b>31</b>	<b>75</b>	<b>124</b>	<b>105</b>	<b>229</b>	<b>209</b>	<b>188</b>	<b>397</b>	<b>333</b>	<b>293</b>	<b>626</b>

Source: Survey results, processed, 2013.

Note: M=number of male children, F=number of female children.

Table 4 outlines the characteristics of the migrants, both international and internal. As many as 44% of the international migrants worked in Saudi Arabia and 68% of the internal migrants worked in Jakarta. There was a significant difference between the international and internal migrants concerning their migration characteristics. The majority of internal migrants (70%) migrated using their own funds; on the other hand, half of the international migrants (51%) were sponsored, with the condition that they should return the funds to the sponsor later. The distance from their homes meant that the international migrants returned home relatively less frequently than the internal migrants did. Around 73% of international migrants never went home during their last period of migration, while 33% of internal migrants went home more than twice a year. The ease of access to go home also made it possible for the internal migrants to bring their own remittances. As many as 18% of internal migrants did this. Nevertheless, most migrants, including internal migrants, preferred to send their remittances through interbank transfer or money transfer services.

**Table 4. Characteristics of International and Internal Migrants**

Migrant Characteristics	Frequency		Percentage	
	International Migrants	Internal Migrants	International Migrants	Internal Migrants
<b>Migration Characteristics</b>				
Migration destination: Saudi Arabia	45	-	44%	-
Migration destination: Malaysia	10	-	10%	-
Migration destination: Singapore	12	-	12%	-
Migration destination: Taiwan	11	-	11%	-
Migration destination: United Arab Emirates	10	-	10%	-
Migration destination: DKI Jakarta	-	39	-	68%
Migration destination: West Nusa Tenggara	-	8	-	14%
Migration destination: Bali	-	5	-	9%
Self migration	99	55	97%	96%
Self-funded migration	39	40	38%	70%
Sponsor-funded migration	52	4	51%	7%
Never return home	74	6	73%	11%
Frequency of returning home more than once	0	19	0%	33%
Never send remittance	15	2	15%	4%
Remittance frequency: not regular	22	20	22%	35%
Remittance method: interbank transfer	39	24	38%	42%
Remittance method: PIN - Western Union	30	5	29%	9%
Remittance method: brought back by oneself	0	10	0%	18%
Migration duration ≤ 5 years	87	39	85%	68%
<b>General Characteristics</b>				
Aged 21–30 years	41	19	40%	33%
Aged 31–40 years	39	25	38%	44%
Married	67	34	66%	60%
Divorced	34	23	33%	40%
Literate	97	55	95%	96%
No school certificate	14	12	14%	21%
Have SD or SD-level certificate	44	24	43%	42%
Have SMP or SMP-level Certificate	38	16	37%	28%

Source: Survey results, processed, 2013.

Around 70% of the migrants were between the ages of 21–40 years. More than half were still married, and the rest were divorced. The majority of migrants were literate, although our data show that 14% of international migrants and 21% of internal migrants had no school certificates. The last certificate possessed by most of the internal and international migrants was an SD certificate; however, more international migrants possessed an SMP certificate than internal migrants. This is because there was a regulation that required the migrant worker candidates to have at least an SMP certificate if they wanted to work in certain countries.

**Table 5. Housing Characteristics of the Migrant, Nonmigrant, and Internal and International Migrant Families**

Housing Characteristics	Migrant Families	Nonmigrant Families	p-value	International Migrant Families	Internal Migrant Families	p-value
Living in a residential building	95%	95%	1.000	97%	91%	0.103
Resided by more than one family	25%	14%	0.006	25%	25%	0.924
Residence being one's own possession	94%	89%	0.076	97%	91%	0.103
Having property rights over the land where the residence is located	93%	85%	0.010	96%	89%	0.096
Roof-tiled	78%	73%	0.167	73%	89%	0.019
Brick-walled	74%	69%	0.205	78%	68%	0.153
Cemented-floor	46%	48%	0.775	48%	44%	0.570
Drinking water from covered well	55%	51%	0.390	61%	46%	0.058
Bath water from covered well	57%	47%	0.041	59%	54%	0.553
Owning a toilet	52%	41%	0.020	50%	58%	0.368
Electrical energy source	94%	97%	0.405	96%	93%	0.384
Electricity installed with a meter	78%	80%	0.578	80%	75%	0.541
Using gas to cook	40%	37%	0.402	45%	33%	0.130
Buying/receiving Raskin for the past 3 months	94%	93%	0.492	95%	95%	0.910

Source: Survey results, processed, 2013.

Note: p-value based on chi-squared.

Some specific housing characteristics were also compared, i.e., among migrant families and nonmigrant families, and international and internal migrant families. These housing characteristics can be used as an indicator of the welfare level of a family. The migrant families tended to live in a household consisting of more than one family. The most common scenario was that after the mothers had migrated, the children and father would live together with other family members, such as grandparents or uncle/aunts. Aside from this factor, the four indicators imply that the migrant families are relatively more prosperous than the nonmigrant families. This is evident in the large number of migrant families that own their own building and land, bathe with water from covered wells, and have their own toilet facilities. However, outside those five indicators, there is no real difference in the characteristics of the houses of migrant and nonmigrant families. When the international migrant families and internal migrant families are compared, only three out of the 14 residence characteristics are significantly different. There are more international migrant families who own the property rights to the land they live on; their houses usually have tiled roofs; and there are more of them with access to clean drinking water. It can be concluded that the housing characteristics between the international migrant families and the internal migrant families are not statistically different. Nevertheless, the difference in housing characteristics between sample family groups as shown in the table could be derived from two possibilities; as supporting factors of migration or as consequences of the migration itself, considering that the housing characteristics reflect similar conditions to those recorded in 2013 (where the migration was ongoing).

### III. THE PHENOMENON OF FEMALE MIGRATION IN THE RESEARCH AREAS

#### 3.1 Poverty and Migration Trends in the Sample Areas

##### 3.1.1 Poverty in the Sample Areas

The poverty levels in Kabupaten Cianjur, Kabupaten Banyumas, and Kabupaten Lombok Tengah have decreased in the last five years, yet the declines tend to get slower. The poverty levels in Kabupaten Cianjur and Kabupaten Banyumas are still considered high in comparison to the average provincial poverty levels. In Kabupaten Cianjur, the poverty level was 15.38% in 2009 and decreased to 12.02% in 2013 with a 0.84% rate of decline per year. Meanwhile, in Kabupaten Banyumas, the poverty level decreased from 22.93% in 2009 to 18.44% in 2013. In other words, it decreased 1.33% per year on average, yet this number is still below the target set in the Regional Medium-Term Development Plan (RPJMD) (JPNN, 2013). In addition, it is noted that 12 out of 20 *kecamatan* in Kabupaten Banyumas are still in the range of the poverty red zone (Radar Banyumas, 2015). Meanwhile, the poverty level of Kabupaten Lombok Tengah is lower than the average poverty level of West Nusa Tenggara Province. In 2013, the poverty level of Kabupaten Lombok Tengah was still at about 16.20%, only decreasing 0.51 percentage point from 2012, whereas in previous years, the average rate of decline of the poverty level reached 1.53% per year.

**Table 6. Poverty Levels in Sample Areas (%), 2009–2013**

Sample Areas	2009	2010	2011	2012	2013
Kabupaten Cianjur	15.38	14.32	13.82	13.17	12.02
West Java Province	12.74	10.93	10.57	9.88	9.61
Kabupaten Banyumas	22.93	20.20	21.11	19.44	18.44
Central Java Province	18.99	16.11	16.21	14.98	14.44
Kabupaten Lombok Tengah	22.32	19.92	18.14	16.71	16.20
West Nusa Tenggara Province	23.40	21.58	19.67	18.02	17.25
<b>National</b>	<b>14.15</b>	<b>13.33</b>	<b>12.49</b>	<b>11.96</b>	<b>11.37</b>

Source: Data and information on poverty of *kabupaten* from the National Socioeconomic Survey (Susenas) 2008–2013.

The state of poverty in the sample villages was discerned by conducting FGDs concerning the well-being level of the community. In four sample villages in Kabupaten Banyumas, the participants of the FGDs classified the state of their community's well-being into a set of well-being levels. However, the categories applied in each FGD group differed from one another, particularly in terms of the poor categories. For the first two categories of well-being, four groups of village FGDs used relatively similar terms, namely (1) prosperous/adequate/rich and (2) moderate/middle. As for category (3), the terms used are underprivileged and poor. Meanwhile, category (4) used terms which overlap with category (3), namely poor/very poor/displaced/indigent. The state of poverty for the community belonging to the poor/very poor/displaced/indigent category is defined as not owning assets, not having a permanent occupation, being at most an elementary school graduate, and being in need of assistance from others. One of the sample villages added some more essential characteristics, i.e., being widowed, being sickly, getting old, and living alone. Especially for the displaced/indigent category, some members of this category work as beggars due to not having a

source of income and not having graduated from elementary school. However, they commonly own a house, even though it is small and in a terrible condition. Nonetheless, none of the FGD results explicitly assert that being a migrant worker is part of the characteristics of a certain category of well-being.

Meanwhile, in Kabupaten Lombok Tengah, based on the FGDs in five sample villages, the level of well-being in some villages consisted of four categories and in the other villages only included three categories. The FGDs in two sample villages classified the level of well-being in their community into four categories, which were (i) rich, (ii) medium/simple, (iii) poor, and (iv) very poor. In the other three sample villages, the state of well-being was only classified into three categories, i.e., (i) wealthy/rich, (ii) medium/simple, and (iii) poor/at the threshold. Furthermore, in one of the villages, it was stated that none of its residents were considered rich, so the well-being was only categorized into (i) middle, (ii) poor, and (iii) poorest/at the threshold. The poverty condition in the sample villages of Kabupaten Lombok Tengah is slightly different from that in Kabupaten Banyumas, considering that the community categorized into very poor/at the threshold in Lombok Tengah commonly do not own a house and work as seasonal farm workers. However, although they do not have occupations, none of them become beggars. In one of the sample villages in Kabupaten Lombok Tengah, they even commonly have arable land—although less than 5 acres on average—and have a relatively higher level of education, i.e., on average graduating from junior high school. The result of one FGD concluded that one of the characteristics of poor communities is that they transmigrate to Sumatra and Sumbawa.

### 3.1.2 Women's Motivation to Become Migrant Workers

Generally, the findings from the three sample *kabupaten* indicate that there is a close relationship between female migration and poverty. Women perform migration as an effort to move out of poverty. In other words, poverty, also often referred to by research respondents as weak/insufficient economy, is the primary reason for migration. As explained by the caretaker of a junior high school in Cianjur, the community assumes that becoming a migrant worker is the most promising and easiest solution to poverty because of the unavailability of employment in their hometown. However, recently, particularly in Banyumas, interest in becoming a migrant worker also comes from the upper- and middle-class families.

Students from migrant families commonly come from families with an under-average level of well-being. (Taufik Ryan<sup>11</sup>; vice headmaster for Student Affairs in State Junior High School 21 Kecamatan Cemara, Kabupaten Cianjur)

The majority of migrant workers from Desa Petunia are from low-income families, or lower and middle class. (Wawan; former village head of Desa Petunia, Kecamatan Akasia, Kabupaten Banyumas)

[Migrant workers] are commonly from poor families. Though, nowadays women migrant workers are not only women from the lower class, but also the upper and middle class. (Desi Sulistiawani, SERUNI<sup>12</sup>, Kabupaten Banyumas)

All informants state that economic reasons are the main motivation why women want to become migrant workers, especially international migrant workers. Economic reasons include insufficient income obtained by their husband or household, low availability of employment in their hometown, and low levels of education in the community. Commonly, international migrant workers depart

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<sup>11</sup>In this report, communities (*dusun*, villages, *kecamatan*) and work places as well as informants have been given fictitious names for anonymity.

<sup>12</sup>Indonesian Women's Organization

their hometowns more than once. During leaves or at the end of the contract, migrant workers return to their hometown and after some period of time, they leave again.

The high number of female migrant workers is underlain by economic factors, [one of which is] because the husbands are casual workers. (Kika, secretary of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Villages cannot provide employment. [Factories around villages require that] you must be a junior high school graduate, and most didn't pass it ... some have graduated from junior high school and senior high school, but only a few. (Sido Merta, community figure of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Economic factors are the things that encourage the community to migrate in order to improve their lives, repair the house, pay children's school fees, and buy motorcycles. (secretary of Desa Begonia, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The FGD results at the *kecamatan* level, conducted in two sample *kecamatan* in Kabupaten Banyumas and two sample *kecamatan* in Kabupaten Lombok Tengah, reveal various economic motives which encourage women to become migrant workers. Some reasons put forward by the participants of the FGDs are the desire to improve household economies and well-being of the family, husband's low income, desire to change their lifestyle, inability to afford children's needs, and unavailability of employment. The other causes, indirectly related to economic issues, are getting divorced with their husband, having inharmonious family backgrounds, getting bored with the conditions of their own house and environment, feeling sad of being idle in the house, and feeling frustrated.

Furthermore, the escalation of international migration, in particular, is promoted by the large number of sponsors operating up to the village level, which can generate community interest in becoming migrant workers. The success of former migrant workers is also an attraction and motivation for other members of the community to become migrant workers. The success of migrant workers, especially international migrant workers, is marked by an increase in assets, especially ownership of a house. According to the head of a *kecamatan* in Kabupaten Cianjur, it is not only adult residents who are interested in migrating, but many of the children also dream of becoming migrant workers. The interest of the community to work abroad does not wane despite the many cases of violence in the destination countries and the failure of some migrant workers.

Not all migrant workers are successful overseas; many of them don't really make it. (Kika, secretary of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Even though [issued] by official channels, there is a lot of manipulation of biodata, such as in terms of age, marital status, and domicile. The phenomena of trafficking and violence, in fact, do not diminish the trend of international migration. (Drs. Djiwandono, head of Public Administration and Public Welfare, Regional Development Planning Agency, Kabupaten Cianjur)

### 3.1.3 The Trend of Female Migration in the Research Areas

#### a) Characteristics of Migrant Workers in the Sample *Kabupaten*

The communities living in the three sample *kabupaten* perform both kinds of migration, becoming both international and internal migrant workers. Work as a migrant worker is undertaken by both men and women. In Kabupaten Cianjur and Kabupaten Banyumas, both types of migration are predominantly undertaken by women with more international migrant workers than internal migrant workers due to the higher wages.

The wage of international migrant workers is so much higher than the wage of internal migrant workers. (Drs. Hadid Nasution, head of Kecamatan Cemara, Kabupaten Cianjur)

International migration occurs more frequently than internal migration. (Drs. Djiwandono, head of Public Administration and Public Welfare, Regional Development Planning Agency, Kabupaten Cianjur)

In Banyumas, almost every month approximately 1500 [women] depart. (Ivory, Academic, female, 42 years old, Kabupaten Banyumas)

Meanwhile, in Kabupaten Lombok Tengah, migrant workers are still mainly undertaken by men (unmarried, married, or with children). Making a living is the responsibility of the husband and commonly the community still firmly holds onto this perspective. Nevertheless, there is no restriction on women working as migrant workers.

Here (in Desa Begonia) men must be the breadwinner, that's it...women commonly go to the paddy field. (Ebony, secretary of Desa Begonia, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

In Desa Krisantium, women and men become migrant workers together, but fathers dominate the numbers. (Raden Amir, head of General Affairs of Desa Krisantium, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The *kabupaten*-level respondents in Kabupaten Cianjur and Kabupaten Banyumas stated that the flow of women migrant workers, especially international migrant workers, from villages began in the 1980s. This is consistent with Chammartin (2005) who argued that the feminization of migration, a trend that began in the early 1980s, has resulted in an increasing number of women who migrate privately—not to follow her husband or family.

It was around the 80s that the villagers began to work in Saudi Arabia. (Maroon, head of the Employment Department of Social, Manpower, and Transmigration, Kabupaten Cianjur)

Around the 1980's women started to become migrant workers and their number has been increasing every year. (Desi Sulistiowani, SERUNI, Kabupaten Banyumas)

The increased deployment of migrant workers has also been made possible because of the growing demand for female workers and the easier procedures available for women to become migrant workers. Prospective women migrant workers do not need to pay their departure cost. However, they are provided with an amount of pocket money or capital from their sponsor which can be paid back when the workers start receiving income.

In general, both international and internal migrants are women. The demand for female migrant workers is higher than male migrant workers. (Drs. Hadid Nasution, head of Kecamatan Cemara, Kabupaten Cianjur)

Prospective female workers do not need to pay some amount [departure cost] to go to Saudi Arabia. Instead, for example, they are given a down payment of Rp4 million. This is different from prospective male workers who must pay Rp12 million–Rp13 million to work abroad. (Sido Merta, Community Figure of Desa Seruni, Kabupaten Cianjur)

The larger numbers of women who become migrant workers than men are following the demand of the sponsors who are in need of more female workers to become domestic workers. (Drs. Djiwandono, head of Public Administration and Public Welfare, Regional Development Planning Agency, Kabupaten Cianjur)

Women migrant workers receive a stipend of Rp1–Rp3 million as part of the lure to make them agree to go abroad with the help of sponsors. (Desi Sulistiowani, SERUNI, Kabupaten Banyumas; and Hasyim, JARPUK [Women Small Business Owners Network], Kabupaten Lombok Tengah)

The international women migrant workers from the three sample *kabupaten* are commonly 18–25 years old and above, elementary or junior high school graduates, already or never married, and some having had children. However, there are also some possibilities for young unmarried women to become migrant workers abroad.

The majority of the international migrants are single or married or widowed women aged 25–45 years. However, many more than those have not remarried or divorced. On average, these migrant workers have children under five who are left at home with their father or grandmother. (Mr. Farhat, chairman of RT 02 RW 01, Kecamatan Cemara, Kabupaten Cianjur)

Most of them [migrant workers] are elementary school graduates. (Kika, secretary of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Women who become migrant workers are married and some of them have already had children, but the others are still single. (Malik, head of Desa Kamboja, Kecamatan Akasia, Kabupaten Banyumas)

In Desa Wijaya, many women, whether they are married or single, decide to become migrant workers. There is even a family whose daughter, mother, and daughter-in-law chose to become migrant workers. (Hasyim, JARPUK, Kabupaten Lombok Tengah)

However, there is a slight difference with the internal migrant workers from Kabupaten Cianjur and Kabupaten Banjarnegara who are mostly not married or are still teenagers, some having graduated from high school.

The average residents working outside the village are not married. (Firman Hidayat and Prasetyo, head of Village and head of General Affairs of Desa Cempaka, Kecamatan Cemara, Kabupaten Cianjur)

Not a lot of mothers [with children] leave their homes to work in different areas in Indonesia. Most of the workers are teenagers who graduated from elementary school and junior high school, and few of them are high school graduates. (Malik, head of Desa Kamboja, Kecamatan Akasia, Kabupaten Banyumas)

## **b) The Destination Regions/Countries and the Types of Work of Women Migrant Workers**

Saudi Arabia and Malaysia are the main destinations for international migrant workers from Indonesia, especially from the three sample *kabupaten*. Saudi Arabia is selected not only because of its religious proximity but also because of the desire to perform *umrah*<sup>13</sup> and *haji*<sup>14</sup> during the migration. As for Malaysia, it is chosen because it is relatively close and its language is similar to Indonesian.

[Saudi Arabia is the main choice for the migrant workers from Desa Sukaraharja] for reasons related to religious motivation. They can perform *haji* during their migration. (Sido Merta, community figure of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Most of them went to the Middle East or Malaysia. (Drs. Djiwandono, head of Public Administration and Public Welfare, Regional Development Planning Agency of Kabupaten Cianjur)

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<sup>13</sup>Muslims' short pilgrimage which can be done anytime.

<sup>14</sup>Muslims' pilgrimage which is done in a designated month.

Moreover, the destination country of choice is also closely related to the education level of the prospective migrant workers. As explained by an academic in Kabupaten Banyumas, most prospective migrant workers are elementary school graduates and they can only choose to work in Saudi Arabia or Malaysia, although the salary is much lower compared with that in Hong Kong and Taiwan for the same job. Working in the latter countries requires special skills and to master the local language, they have to take a language course of several hundred hours.

Although worker deployment to Saudi Arabia and Malaysia is regulated by a moratorium policy and the numbers have recently tended to decrease, especially in Banyumas and Lombok Tengah, the departure of women migrant workers continues through illegal routes and through sponsorships. Particularly in Lombok Tengah, departures to Saudi Arabia take place under the pretext of going to perform *umrah*.

Usually those who are used to going abroad, when they come back home, will recruit their neighbors through nongovernmental migration routes. (Desi Sulistiowani, SERUNI, Kabupaten Banyumas)

Even if now it is said that the route to Saudi Arabia has been closed, many sponsors dispatch workers secretly. (Hasyim, JARPUK, Kabupaten Lombok Tengah)

In the last three years, the bureaucracy of migrant worker deployment tightened and there is also a moratorium, but migrant workers will try to go to perform *umrah* in order to live and work in Saudi Arabia after they have finished *umrah*. (Raden Amir, Head of General Affairs of Desa Krisantium, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The moratorium policy also encourages a shift of the destination countries to other parts of Asia, such as Hong Kong and Taiwan. For example, in Kabupaten Cianjur, based on the monitoring of the Social, Manpower, and Transmigration Agency throughout January to June 2012, the main destination countries of the migrant workers are the United Arab Emirates and Qatar. One of the village staff in Kabupaten Cianjur also added that there are migrant workers from his village who worked in Kuwait, Brunei Darussalam, and Qatar.

As domestic workers, women workers. (Fita Perdana, Midwifery School, midwife of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

Women usually work as maids and men become drivers. (Kika, secretary of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

The majority of migrant workers work in the informal sector as housemaids, caregivers, drivers, or gardeners. (Jihan Sadhu and Afdan, head of the Employment Department of Social, Manpower and Transmigration Agency, Kabupaten Cianjur)

The majority of female international migrant workers work as domestic workers, including caregivers, while the destination for internal migrants is largely determined by the presence of industries around the region and outside the sample *kabupaten*. The destination areas of internal migrant workers from Kabupaten Cianjur are Jakarta, Bandung, Bogor, Sukabumi, and Bangka. Female workers generally work as factory workers and domestic workers, including caregivers, while male workers work as drivers. Most informants stated that in 2010–2013 there were at least three famous shoe brand industries in Sukabumi and a clean water processing plant in the area of Bandung Barat. The migrant workers in those factories usually return to Cianjur once a week. In contrast to the international migrant workers, factories generally require at least junior high school graduates. In Bangka, there are more male workers who work in the mining sector. One village official in Cianjur added that the other destination areas for the internal migrant workers from Cianjur include Aceh and Batam.

Internal migrant workers [in Bandung and Sukabumi] are able to return to their villages once a week. Residents can meet more often or get together with their family. (Drs. Hadid Nasution, head of Kecamatan Cemara, Kabupaten Cianjur)

The villagers who work outside the village work as domestic workers, caregivers, and factory laborers. Unlike the other jobs, working in a factory requires a junior high school certificate. (Kika, secretary of Desa Seruni, Kecamatan Cemara, Kabupaten Cianjur)

According to an official at the Regional Development Planning Agency of Kabupaten Cianjur, employment in the industrial sector is dominated by women because their wages are cheaper and they are considered to put less demand on the company. In addition, the wage rate is too low for male workers. Therefore, they prefer to work as construction workers, farm laborers, or small-scale traders. Working as a construction worker is usually considered to be a sideline. Men usually take on this job at the end of the harvest season while waiting for the planting season to arrive. They will work in Jakarta for one or two months and then return to their village to start working on the paddy fields.

Meanwhile, the destination areas of female internal migrant workers from Kabupaten Banyumas are most often cities such as Jakarta, Semarang, and Surabaya. The type of work undertaken is almost the same as that of workers from Cianjur who become domestic workers, caregivers, and factory workers. Language skills, level of education, and other practical skills help determine the kind of employment that migrant workers take on. Particularly in Jakarta, as stated by one of the academics, the number of migrant workers who work as domestic workers is decreasing because they prefer to work abroad. The head of a village in Banyumas revealed that many new jobs in Banyumas—such as those in the the roof-tile industry, cement plants, drinking water processing industry, and tourism industry—are, to some extent, able to withstand the people's desire to work outside the region. However, due to the low wages offered by these jobs, working abroad is still an option for some people.

As in Banyumas, women migrant workers from Lombok Tengah rarely become internal migrants. The number of women working in Batam or Jakarta is small, as stated by one of the JARPUK administrators in Lombok Tengah.<sup>15</sup> A member of the village staff in Kecamatan Pacar Air added that there are also young migrant workers, commonly men, who work in Bali as builders.

### 3.2 Community's Perceptions of Children Left Behind by Their Mother to Migrate

The type of migration undertaken in the research areas is generally economic migration. Economic conditions are what force women in the research areas to migrate and leave their family in their hometowns. Often, the decision to migrate causes married female migrant workers to leave their children and families in their homelands for long periods of time.

FGDs with teachers, PAUD cadres, *posyandu* cadres, and village midwives conducted at the *kecamatan* level in the two *kabupaten* of the main research study (Kabupaten Banyumas and Kabupaten Lombok Tengah) depict community's perceptions of the conditions of migrant workers' children. According to the participants, some of the problems faced by migrant workers' children

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<sup>15</sup>Women in Small Business Network (JARPUK) is an association of female entrepreneurs in Kabupaten Lombok Tengah which focuses on the development of small and micro businesses. This association is under the assistance of an NGO named Association for Women in Small Business Assistance (ASPPUK) of Nusa Tenggara. The business fields occupied by this association comprise trade, weaving and *ketak* (woven handicraft), and other household industries.

in each sample *kecamatan* in Kabupaten Banyumas and Kabupaten Lombok Tengah are generally related to children’s education, health, and psychology. On the topics of education and health, participants of the FGDs argued that migrant workers’ children tend to lack the basic needs related to education and health. Furthermore, this view is explained with several examples, such as that migrant workers’ children tend to not go to school and skip classes often, lose concentration at school, do not do their homework, and are relatively more consumptive. The participants argued that, psychologically—or in terms of behavior—migrant workers’ children tend to have bad manners, such as being mischievous and always wanting to hang out with friends during study time. They are also associated with being waifs and lacking affection (Table 7).

**Table 7. The Problems of Children Who Are Left Behind by Their Migrant Mothers**

Kecamatan Proteus	Kecamatan Pacar Air	Kecamatan Primaros	Kecamatan Akasia
Lacking education, such as that children do not go to school or are often absent from class	Basic needs (health and education) are not met	Lacking affection	Not being able to meet daily needs
Having relatively poor health	Lacking affection	Lacking education: they lose concentration when studying at school and they do not do their homework	Being more consumptive, meaning that they tend to buy more snacks at school
Having negative behaviors: being mischievous, always wanting to hang out with friends during study time		Lacking good manners	Being neglected and lacking attention

Source: Focus group discussions.

The FGD participants also identified various positive and negative behaviors of the children left behind by their mothers to migrate and the impact of their behavior on the family, community, government, and private sector. The participants provided scores ranging from 1 to 10 for each identified behavior, in which score 1 shows that the behavior reflects that there is no impact and score 10 shows that it has a high impact.

On the positive side, the increase in parent’s income enables children to continue their study. In addition, the remittances gained through migration are also allocated by the family, mainly toward house reparations. Supported by good living conditions, the children can then study comfortably. The participants also argued that if the right type of caregiving is provided, it can produce more independent and mature children (Table 8).

**Table 8. Average Scores of Children’s Positive Behaviors and Conditions Which Affect the Family, Community, Government, and Private Sector in Four Sample Kecamatan**

No.	Positive Behavior/Condition	Family	Community	Government	Private Sector
1	Children are relatively able to be more independent and mature	8.50	7.13	5.75	1.00
2	The family is able to meet daily needs (including children’s needs) and build adequate housing for children	9.42	7.50	6.25	5.75
3	Children’s education is met and children can continue their education to the higher level	9.42	7.50	6.25	5.75
4	Children achieve good scores (in the top ranking)	9.00	8.00	8.00	1.00

Source: Focus group discussions.

Note: Score 1: having no impact; score 10: having a great impact.

However, the increase in income for migrant workers’ families might also have negative impacts on children’s behavior. According to the participants, there were cases where caregivers allocated too much allowance, resulting in children’s tendency to be overindulgent. Moreover, the money is used to buy unhealthy snacks. In other cases, the migrant workers’ failure to raise their income might also create specific bad impacts on their children. Children of migrant workers tend to feel insecure being among their peers, experience various health problems, and do not continue their education to higher levels (Table 9). All these factors are closely related to poverty, particularly the economic condition of the migrant workers’ families. Hence, solutions that might be adopted to assist these children should not only be related to poverty eradication, but also integrated into their caregiving arrangements and be in the form of the provision of appropriate caregiving.

In relation to children’s negative behaviors, the FGD participants gave high scores, except for aspects related to the private sector. This depicts that badly behaving children not only affect their families and the community, but also the private sector, although the effect is minimal. For instance, in Kabupaten Banyumas, there was a case of chicken theft; the chicken was owned by a businessman (private sector) and the thief was the child of a migrant worker who is known in his neighborhood for being mischievous. The majority of participants in the discussion agreed that to tackle such incidences, the starting point is to ensure the provision of appropriate caregiving.

**Table 9. Average Score of Children’s Negative Behaviors Which Affect the Family, Community, Government, and Private Sector in Four Sample *Kecamatan***

No.	Negative Behavior	Family	Community	Government	Private Sector
1	Excess of affection	9.00	5.50	1.00	1.00
2	Lack of monitoring from parents	10.00	8.00	1.00	1.00
3	Children becoming consumptive	10.00	4.50	2.00	1.00
4	Children becoming inferior	10.00	7.00	3.00	1.50
5	Being one of the causes for divorce hence the father becoming a single parent	10.00	5.00	4.00	1.00
6	Children becoming neglected and lacking affection	8.50	7.50	4.75	1.00
7	Relatively poor health	8.50	8.00	5.00	1.00
8	Children becoming mischievous and stubborn, and lacking good manners	9.00	8.75	8.00	2.50
9	Low educational attainment	8.00	2.50	8.00	2.50

Source: Focus group discussions.

Note: Score 1: having no impact; score 10: having a great impact.

### Box 1

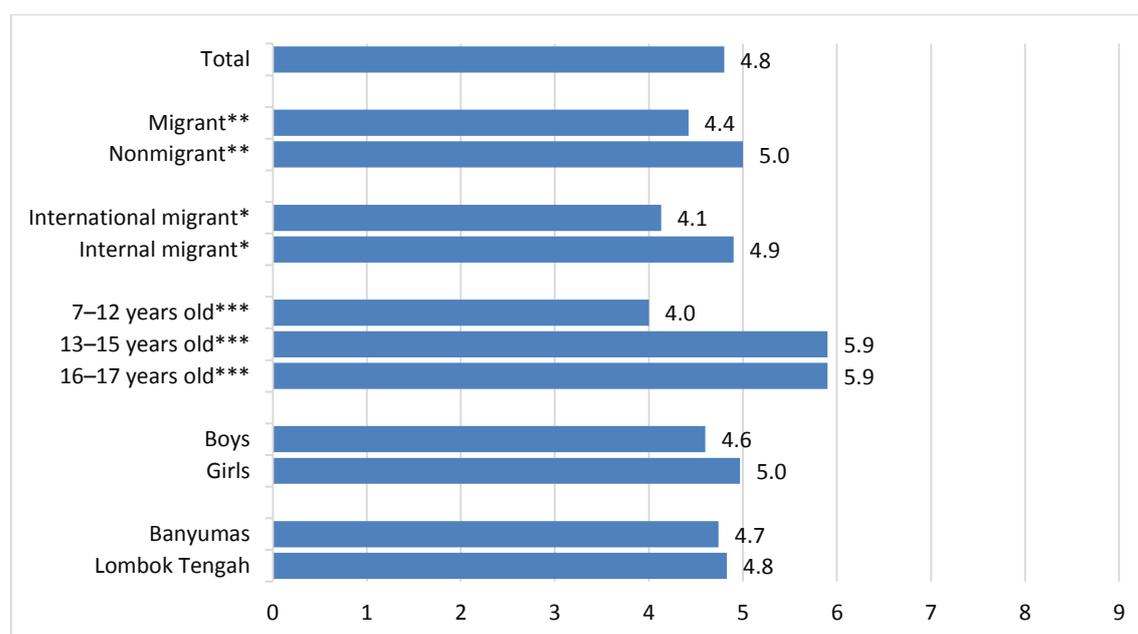
#### Key Finding 1: The Phenomenon of Women Migration in the Research Areas

Poverty is the main drive for women to become migrant workers. Migration plays a significant role in helping families to improve their economic conditions. On the other hand, the increased rate of female migration is not merely due to poor economic conditions, but also the high demand for women workers in migration destinations. Domestic and factory works are the two most common types of occupation taken by migrant workers. Female migrant workers generally leave their families in their homelands for long periods of time, meaning that mothers and children are forced to separate. According to the informants in the field, children’s education, health, and psychological conditions can be associated with this separation, viewed from both positive and negative perspectives.

## IV. CHILD WELL-BEING

### 4.1 Children's Cognitive Ability

Overall, as reported in Figure 3, children in the sample aged 7–17 years who participated in the cognitive ability test have an average total score of 4.8 from a total of 9 questions. This means that, on average, children answered 4–5 questions correctly.<sup>16</sup> This average score is observed based on children from migrant and nonmigrant families, migrant family groups (internal and international), age, sex, and *kabupaten* used in the research sample.



**Figure 3. Average score of child cognitive test results**

Source: Survey results, processed, 2013.

Note: Number of samples were 367 children aged 7–17 years old.

\*significant at 10%

\*\*significant at 5%

\*\*\*significant at 1%

With 10% significance level, the average score in the cognitive ability test for sample children in this study shows that the test scores are significantly different between children from migrant and nonmigrant families, internal and international migrant families, and age groups. To begin with, this study finds no evidence of a statistically significant difference between the average cognitive test scores of boys and girls. This finding is not surprising since most of the sample children are less than 16 years old. Previous studies, using similar Raven's cognitive testing, find that there is no difference in cognitive development in children from different sexes between the ages of 5 and 15 years (Lynn,

<sup>16</sup>To simplify the interpretation of the test scores between sample groups, this study uses total scores from the test. It has to be noted that the ability of all sample children who participated in this cognitive test was assessed based on the same set of questions in the test; the same nine questions were completed by all sample children from all age groups. More accurate results would be obtained if the average scores were calculated based on questions adjusted to the age groups, for example in IFLS where questions for children aged 15–17 are relatively more difficult than those given to children aged 7–14 years.

1994; Lynn and Kanazawa, 2011). Children from migrant families in this research tend to have lower scores compared with children from nonmigrant families. The results show that the average scores between children from international migrant families and nonmigrant families in this research also differ significantly, in that children from internal migrant families have a higher average score. If observed by age group, the test scores of children aged 7–12 years were 1.9 points lower than those of children aged 13–15 and 16–17 years. Although the test scores obtained from the sample children in this research cannot be used as a direct indication of a child’s cognitive level, the scores may describe the child’s ability in applying the common principles of logical thinking. This means that children who answer more questions correctly in the cognitive test tend to be more skilled at applying logical principles to their daily lives.

These findings can add valuable insights to the limited research already conducted on children left behind while their mothers migrate by using Raven’s test to check children’s cognitive ability. Evidence from other countries, such as a study by Powers (2011) in Mexico, supports a similar finding in terms of the adverse effects of parental migration on cognitive development. Powers (2011) found that there is a negative relationship between being in a migrant family and cognitive scores, especially in relation to visual reasoning ability. She also found that adverse effects of migration tend to be higher in younger children, while there is no difference across genders. The reduction of growth in visual reasoning ability found in Powers (2011) may be explained by a tendency to speak indigenous languages at home and having mothers with little or no formal education when compared to elementary or secondary school experiences among children from migrant families. The findings can also be explained by further analysis conducted through this study into the effects of migration on children’s time use. It was found that for younger children, there are large increases in time spent both reading and watching television when the parent is a migrant. This finding, with respect to television viewing, is also demonstrated in a study conducted by Creighton et al. (2011). It is also possible that verbal ability improves at the expense of other abilities due to increased reading. Similar to Deb and Seck’s (2009) study, Powers (2011) also suggested that time spent on household chores and playing increases when a parent is a migrant worker.

## 4.2 Children’s Physical Growth

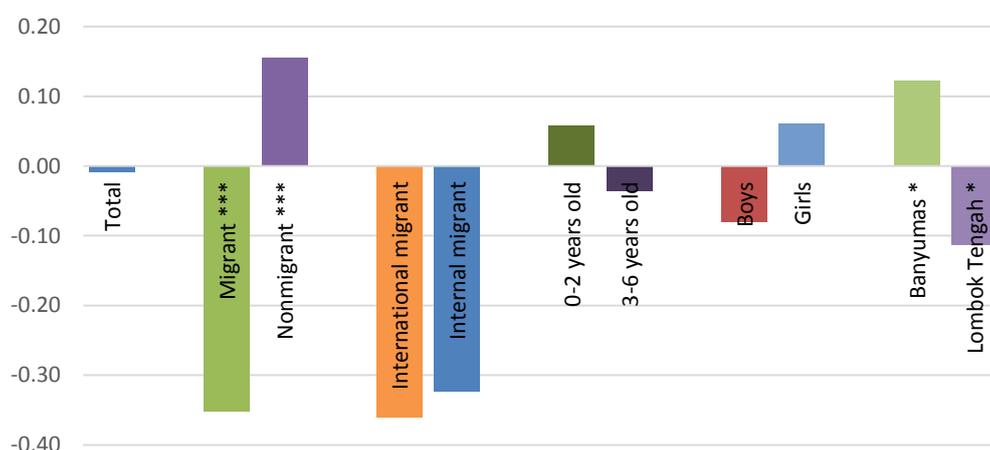
As illustrated by Figure 4, children from migrant families in the sample group are significantly shorter than children from nonmigrant families, with 10% significance level.<sup>17</sup> In general, children aged 0–6 years in this study who come from migrant families have a lower average height than the average height of all sample children in that age group. Meanwhile, children aged 0–6 years who come from nonmigrant families are relatively taller than the average sample children in that age. This difference also occurs between sample children in the two study *kabupaten*. Children aged 0–6 years from Kabupaten Lombok Tengah are relatively shorter than sample children from Kabupaten Banyumas ( $p\text{-value}<0.10$ ). It can also be seen that there is no significant statistical difference between the average height-per-age of boys and girls in the pooled sample of children from migrant and nonmigrant families. Data analysis on children’s height in this research was only observed in 217 sample children aged between 0-6 years, both from migrant and nonmigrant

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<sup>17</sup>Height-for-age is one of the standard anthropometric indicators that are often used to monitor child growth and nutrition sufficiency (World Health Organization, 2006). Other indicators are weight-for-age and body mass index (BMI) per age. Height-for-age of the child is an indicator that is deployed in this study because it can be conducted directly in the field, while weight data is provided by the caregiver. Therefore, there is a risk of high recall bias, especially if the child does not have a health card (KMS). It has to be noted that a more accurate description of children’s physical growth could be obtained if there were supporting data for other indicators.

families. These sample children aged between 0–6 years old were also observed based on two age groups: 0–2 years (infant) and 3–6 years (pre-school).

This research finding adds insights to the debate of whether parental migration is good for children’s health development. Mu and de Brauw (2015) found no relation between parental migration and height of children but they did find a positive relationship between parental migration and child’s weight. However, their finding is limited to the context of rural to urban migration. Another problem is the potential of selection bias in parents who are willing to migrate from rural to urban areas. Other findings from Mexico (Nobles, 2007) show the opposite, finding that the international migration of parents has a negative effect on children’s height. Gibson, McKenzie, and Stillman (2011), using Tongan household samples and natural experiments of New Zealand’s migration policy, suggested that migration will affect child nutrition status through changes in dietary behavior. The findings of this research that suggest lower average height-for-age in children from migrant compared with nonmigrant families and in international migrant compared with internal migrant families may be related to differences in their dietary behavior (e.g. who helps children prepare their meals, composition of protein intakes, etc.) which will be discussed further in the next section.



**Figure 4. Average standardized scores of children’s height-for-age**

Source: Survey results, processed, 2013.

Note: Number of samples were 217 children aged 0-6 years old.

\*significant at 10%

\*\*significant at 5%

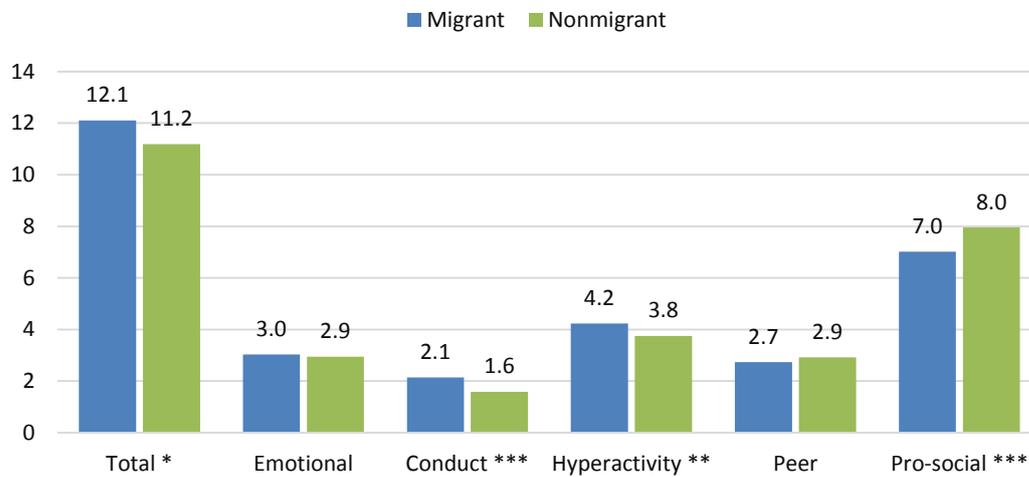
\*\*\*significant at 1%

### 4.3 Children’s Psychological Condition

Based on the average total score of SDQ (Figure 5), in general, children who are between the ages of 4–17 years in this study and who come from migrant families tend to have more difficulties behaving compared to sample children from that age group who come from nonmigrant families. In Figure 5, this tendency can be seen in the higher average total score of SDQ for children from migrant families when compared with those from nonmigrant families.<sup>18</sup> The higher the total score

<sup>18</sup>SDQ was also used in The CHAMPSEA Project (2008) to identify the well-being of children left by migrant fathers. The total score of SDQ for each child was obtained from the score calculation for each component: emotional symptoms,

of SDQ obtained, the more psychological obstacles experienced by the children, except for the prosocial scale, where the higher the score on the scale means that the child experiences less behavioral symptoms. This indicates that the child experiences less obstacles in relation to the development of social relationships.



**Figure 5. Average total score of SDQ and its components**

Source: Survey results, processed, 2013.

Note: Number of samples were 476 children aged 4–17 years old.

\*significant at 10%

\*\*significant at 5%

\*\*\*significant at 1%

Further investigation shows that the statistical difference in the average score of SDQ test results between children from migrant and nonmigrant families is significantly different for the values of conduct problems, hyperactivity, and prosocial behavior. This indicates that children from migrant families in this study tend to experience more difficulties compared to sample children from nonmigrant families in the area of social relationship behavior, for instance on how to face problems in their daily lives, to control their behavior and concentration, as well as prosocial behavior. Findings of SDQ test results in this study are similar to the findings of Graham and Jordan (2011) using CHAMPSEA study datasets in Indonesia. Using a similar SDQ test, they find that there is a high proportion of sample children from migrant families who were revealed to have behavioral problems, such as becoming easily upset (emotional symptoms) and having problems with friends (conduct problems). Children from migrant families also tend to be more hyperactive in that they cannot keep still and be quiet. It has to be noted that the sample used in the CHAMPSEA study was not limited to poor families like in this study. Nevertheless, both this research and the previous CHAMPSEA study pinpoint the importance of caregiving and support from the families and beyond in helping children tackle the behavioral problems that they experience in their daily lives.

conduct problems, hyperactivity, peer problems, and prosocial behavior. This total score is used to classify whether the child is included in the categories of normal, almost normal, or abnormal. In this study, the total score of SDQ for sample children is not interpreted based on those classifications, but only compared based on the comparison group, considering the sample limitation and the purpose of this research to focus more on the comparison between sample groups. See Goodman, Lamping, and Ploubidis (2000) related to the use of SDQ to detect the child’s early psychological condition in the community and Youth in Mind (n.d.) for the explanation on questionnaire, calculation, and interpretation of SDQ score results.

## **Box 2**

### **Key Finding 2: The Well-Being of Children in This Study**

There are differences in the well-being of children from migrant and nonmigrant families when the well-being is viewed from the aspect of cognitive ability, physical growth, and psychological behavior. Sample children from migrant families in this study tend to have a lower cognitive ability, are shorter than, and have a lower psychological well-being than sample children from nonmigrant families. Specifically, children from internal migrant families in this research tend to have lower scores in the cognitive test and are also shorter than their counterparts. This tendency also appears to be more dominant in girls than boys.

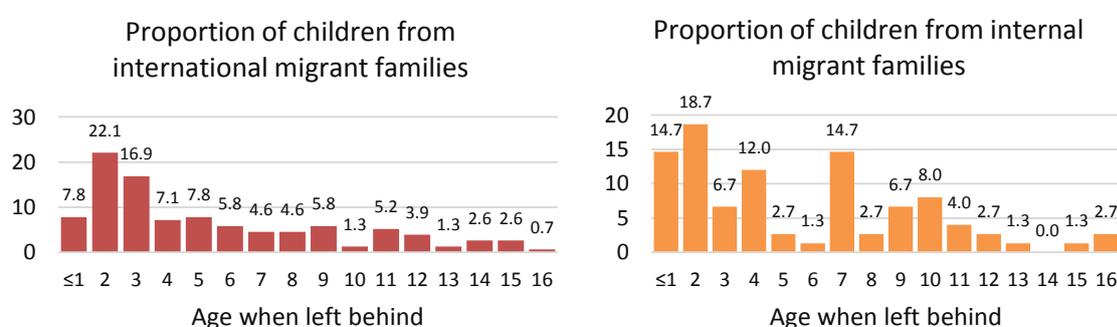
## V. CHILD CAREGIVING ARRANGEMENTS AND PRACTICES

Besides providing an overview of child well-being from the aspect of cognitive ability, physical growth, and psychological condition, this research also attempts to observe caregiving arrangements conducted by migrant families, which will be discussed in this chapter. It is assumed that parental migration, especially by the mother, can cause various changes in childcare situations. Such changes in childcare involve a shift in the roles and responsibilities which have to be taken on by the mother and the family she has left during migration (Gamburd, 2000; Hugo, 2002). These changes certainly will not only influence the caregiving practices, but also the caregiving quality, which eventually may affect the child's well-being. Factors that were found to have a significant influence on changes in caregiving arrangements included the children's initial conditions when left, such as the children's age and alternative caregivers, including the number of caregivers and their characteristics. The aspect of caregivers is particularly important to discuss, since in the context of a migrating mother, generally the alternative caregiver performs the roles which are usually performed by the mother and contributes to the success of a mother's migration, as well as affect the lives of all family members (Schmalzbauer, 2004; Bruijn et al., 1992).

### 5.1 Characteristics of Children and Caregivers

#### 5.1.1 Children's Age at the Time of Being Left by their Migrating Mothers

In this study, more than 50% of sample children from migrant families were left by their mothers for migration when they were less than 5 years old, as depicted in Figure 6. Similar to the pattern found in international migrant women families, the age of children from internal migrant women families when being left for the first time is also mostly (52%) less than 5 years old. There is also quite a large proportion (14.7%) of children who were left by their mothers for internal migration for the first time at the age of 7. One possible explanation for this might be that 7 is the age at which children usually enter school. The difference between international and internal migration lies in the departure procedures. Prospective international migrants usually need to stick to a series of preparation activities and do not have the discretion to set the time of departure, whereas internal migrant workers have a degree of flexibility in time arrangement, making it possible for them to depart right after their children enter school.



**Figure 6. Distribution of children's age while being left by mothers (%)**

Source: Survey result of SMERU research team, 2013.

Note: The quantity of sample is 229 sample children age 0–17 years old from migrant families.

The finding does not only describe the risk of losing the children's main caregiver in the family, that is the mother, at a very young age, but also the potential of the mother's absence negatively impacting the children's growth and well-being. This underlines the importance of alternative caregiving arrangements (which in this research refers to caregiving not performed by the mother) for children from migrant families while their mothers are away.

The results of interviews with several migrant families in Banyumas and Lombok Tengah found that children from migrant families were left for the first time by their mothers for migration at a very young age (40 days to 2 years old). As demonstrated by Figure 6, the trend of mothers migrating when their children are at a very young age is a common phenomenon among migrant worker families. Furthermore, such patterns are also found to recur in sample migrant families that have more than one child. An example is the family of migrant worker Mrs. Siti, whose three children were left for migration at more or less the same age, which was at 1.5 years old or after being weaned. Even though the families left behind (both the nuclear family and extended family) understand that the migration conducted by the mother is an effort to release their families from poverty, most of the family members interviewed stated that they did not agree with the migration plan conducted by their Mrs. Siti. One of the reasons for their disagreement is the very young age of the children at the time.

Yes [actually] we did not allow her to go because her children were still very young, but what could we do... She said she wanted to earn lots of money for the children... (SH, Caregiver, Kabupaten Banyumas)

Besides the potential effect on breastfeeding duration (that will be further discussed in the next section), one important aspect that may be affected is the close bond between mother and the children left behind, or what is referred to as attachment. Bowlby as quoted by Bretherton (1992) expressed that attachment or a close bond can be interpreted as an emotional bond formed between individuals. This emotional bond is what influences an individual's behavior and feelings toward other people (Mercer, 2006). The close bond between children and parents is established through children's interaction with their parents from an early age, and it keeps developing throughout their lives. In the context of migrant worker families, it is inevitable that the children left behind will face limitations in being physically close to their biological mothers, so they will start to build a close bond with their caregivers. Children's success in building an emotional bond, or being securely attached to their parents and people around them, is proven to affect their personalities and social developments. Children who have good and close relationships with the people around them usually grow up to be independent and positive toward other people compared to those who do not have good relationships with their parents and the people around them (Mercer, 2006). This means that even though the migrating mother inevitably can not be present to take care of and accompany her children, making an effort to ensure that the mother and children keep forming a close relationship becomes an important factor in building a secure attachment. The caregiver's presence and role in forming an emotional bond with the children has the same importance in ensuring that the children who are left behind grow up to be independent and have positive attitudes.

Since the caregiver will play a crucial role in the caregiving of children who are left by their mothers for migration, it is important to further investigate the characteristics of the caregivers in migrant families, which will be discussed in the following section.

### 5.1.2 Allocation of Caregivers

The caregiver to children ratio refers to the quantity allocation of caregivers for each child in the family. This indicator provides a general illustration of the caregiving burden on the caregiver, which

is assumed to determine the quality of the caregiving. This research finds that children under seven years old have, on average, at least one caregiver. This data can be assumed to represent the general overall condition, considering that older children are able to do more things independently, so they are considered to be in need of less intense caregiving and supervision.

One of the interesting findings observed in this study, as shown in Table 10, is the tendency of a higher caregiver-to-children ratio in migrant families, both international and internal, compared to nonmigrant families. This means that children from migrant families usually have more caregivers than those from nonmigrant families. Such findings can be considered as a positive coping strategy of migrant families, undertaken as an effort to uphold the quality of childcare in the midst of the families’ poverty and migrating mothers. This kind of strategy is usually performed because the caregivers commonly have other burdens and responsibilities, such as working or taking care of other children, which often make them unable to perform full-time caregiving tasks. Therefore, caregiving tasks are performed together with other family members.

**Table 10. Caregiver to Children Ratio**

Children Age Group	International Migrant	Internal Migrant	Nonmigrant
0–2 years old	1.31	0.96	0.87
3–6 years old	1.13	1.56	0.84
7–12 years old	0.93	0.99	0.72
13–15 years old	0.92	0.98	0.73
16–17 years old	0.64	0.95	0.66

Source: Survey result of SMERU research team, 2013.  
 Note: The quantity of sample is 542 caregivers and 626 children from migrant and nonmigrant families.

Nevertheless, generally the caregiving tasks will be mostly carried out by the main caregiver, with the involvement of other family members. Such trends are seen in several migrant families interviewed in this research; the husband/biological father or the grandmother of the children often become the main alternative caregivers for children, with help from other family members in several caregiving tasks which can not be performed by the main caregiver. In daily caregiving practices, older children, especially girls, often help in taking care of younger children in the family. For example, as reported by a caregiver of a family in Banyumas, Ana, the second of three siblings who were left by their mother for migrating to Singapore, helped her younger sibling to do their homework every day and was responsible for managing the money sent by their mother. However, this research, as illustrated in Figure 7, finds that the proportion of daughters in migrant families who take care of their own siblings is very low, both in international (2%) and internal migrant families (1%). This may be affected by the proportion of daughters in migrant families who were part of the research sample, in which most of the children were very young. Thus, the proportion of daughters who are also caregivers is very little. When viewed proportionally, there were 105 sample daughters from migrant families, with only 27% of them aged between 13–17 years.<sup>19</sup>

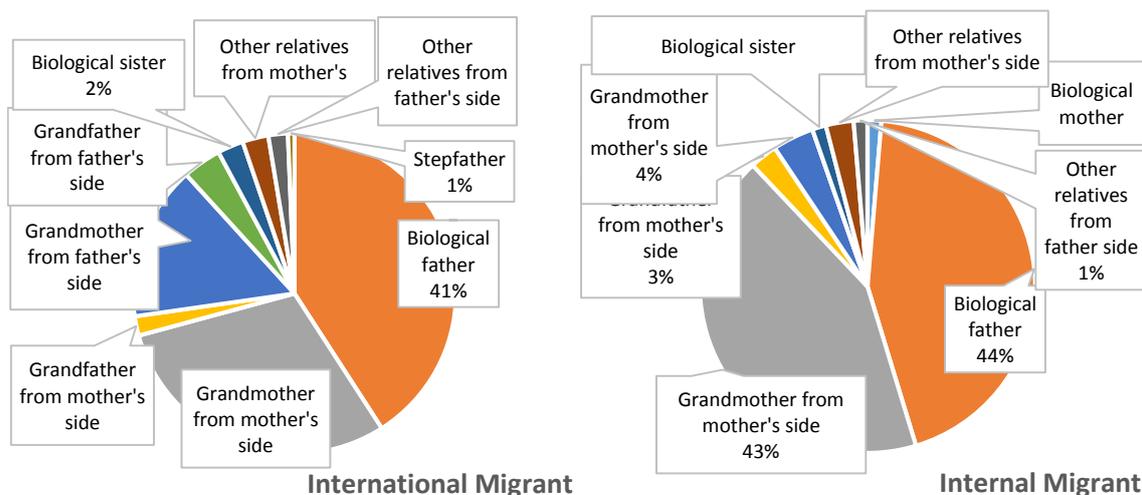
<sup>19</sup>The tendency for daughters from migrant families to take part in performing caregiving practices in the family was revealed from the results of in-depth interviews, both with main caregivers and children from migrant families. The survey results do not necessarily indicate that daughters become the main caregivers, since in the data collection process, the identification of main caregivers was based on caregivers’ confessions in conjunction with children’s confessions. However, the survey also asked the children about other caregiving roles, such as who usually cooks the meals, who deals with school on term report day, or to whom children usually ask for pocket money.

Even though caregiving responsibilities charged to daughters are always assumed to have positive impacts on the children's independence and the life of the family left behind, there should also be careful observation to make sure that such burdens do not impact on the children's chances to continue their studies. According to some studies (Giannelli and Mangiavacchi, 2010; Alcaraz, Chiquiar, and Salcedo, 2012), not all children left by their parents for migration continued to go to school; even if they continued going to school, their academic achievement was relatively low. One of the causes was the burden of family work being charged to children, which made them unable to attend their classes or concentrate on their lessons (McKenzie and Rapoport, 2006).

### 5.1.3 Caregivers' Relationship with Children

In interviews with several sample families in this study, the caregiving arrangements for children of migrant families in this research were never discussed directly with all of the family members who would be involved in the caregiving, especially in terms of who would be the main caregiver while the mother was migrating. D'Emilio et al. (2007) explained that the change of roles and responsibilities in migrant families is inevitable, especially in families which are left by the mother for migration. The father is not only no longer the sole breadwinner, but he also has to perform domestic work and childcare. Relatively older children, on the other hand, are usually charged with more roles and responsibilities since they are considered able to help the father manage the domestic work, including taking care of younger children.

The results of the surveys conducted with migrant families in this research suggest that most children who were left by their mothers for migration were taken care of by their biological fathers (40%) and maternal grandmothers (30%), as depicted in Figure 7. If there are any, some of the secondary caregiver's tasks were entrusted to other family members from the mother's side. Such data can be assumed adequate enough to represent the general condition, since the father is usually the only adult in the nuclear family who is able to play the role of the parent in the family while the mother is migrating. The high proportion of alternative caregiver roles performed by the grandmother also illustrates the nuclear family's high dependency and closeness with their extended family, especially the mother's parents (grandfather/grandmother) as is common in most Indonesian families. Referring to Figure 7, there is no significant difference between the caregiving arrangements conducted by international and internal migrant families, except that the caregiving portions given to the biological father (44%) and maternal grandmother (43%) are found to be higher in internal migrant families.



**Figure 7. Relationship between children and caregivers in migrant families**

Source: Survey result of SMERU research team, 2013.

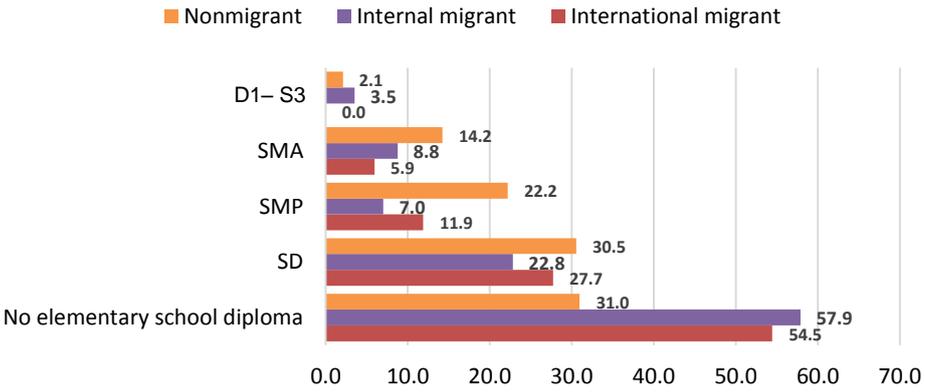
Note: The quantity of sample is 234 main caregivers from migrant family samples.

Children’s caregiving arrangements in several of the migrant families interviewed were influenced by several factors related to the relationship between the mother and the family she left behind (both nuclear and extended families). The relationship between the mother and her husband, and that of the mother and her parents (grandfather/grandmother), as well as the commitment of the mother and father in caregiving were found to be very influential to the caregiving arrangements in migrant families interviewed for this research. In migrant families whose husband-and-wife relationship is harmonious, the biological father will be very engaged in childcare while the mother is migrating. The closeness of the mother as a migrant actor with her parents (grandfather/grandmother) also determines their engagement in childcare; for example in divorced migrant families, childcare is often performed by the grandfather and grandmother. Another factor found to be influential to children’s caregiving arrangements in migrant families is the commitment of the husband and wife as parents toward childcare while the mother is migrating. An example is shown by the caregiving practices performed by one of the migrant families from Kabupaten Banyumas. Besides involving her parents (grandfather/grandmother) as alternative caregivers, Mrs. Tini, who was working in Singapore, always allocates time to send SMS and make phone calls with her children and parents to maintain close relationships and communication with the family she left.

Another conclusion from the findings is the significance of the extended family’s role in alternative caregiving practices in migrant families. In both international and internal migrant family groups, it is evident that besides the members of the nuclear family, especially the biological father, the members of the extended family, such as the grandparents, also become instrumental as alternative caregivers. The important role of the extended family underlines the need to improve the caregiving knowledge and skills of the family in a broader sense, especially in poor areas which turn into migration enclaves.

**5.1.4 Caregiver’s Age and Education Level**

Looking at the findings explained previously where most caregivers are biological fathers or maternal grandmothers, as suspected, the caregiver’s age in migrant family groups is usually in the 41–60 age group. Meanwhile, in nonmigrant family groups, the average caregiver’s age is a bit younger, which is in the 31–50 age group, where most caregivers of the children are the biological mothers.



**Figure 8. Caregivers’ highest education level (%)**

Source: Survey result of SMERU research team, 2013.

Note: The quantity of sample is 542 caregivers from migrant and nonmigrant family samples.

The caregiver’s age is considered to have influence on quality of care because it is related to the caregiver’s experience in deciding on the most appropriate caregiving practice for the children. This is also closely related to the caregiver’s education level, which is assumed to affect the caregiver’s

access to information that eventually will influence the quality of care given. Furthermore, caregivers with higher educational attainment are assumed to have been more exposed to the benefits of education, thus having greater potential to encourage and motivate the children to reach higher levels of education themselves (Ermisch and Prozanto, 2010; Chevalier, 2004).

The survey results from this research, referred to in Figure 8, suggest that more than 80% of caregivers in migrant families are elementary school graduates, with almost 60% of them not having an elementary school diploma. Such findings might be related to the characteristics of the families who make up the sample of this research—being from poor families which commonly have lower education levels. Moreover, lower levels of access to education are often seen as a common condition in people from previous generations. Another trend to observe is the limited access to education, resulting in intergenerational poverty, especially among migrant family groups in this research. This is in line with the findings of several studies that show the significance of education as one of the key factors in breaking the intergenerational poverty cycle (Corcoran, 1995; Harper, Marcus, and Moore, 2003). Different from migrant groups, caregivers in nonmigrant groups are reported as having relatively higher education levels. This can be explained by the results of this study's surveys, showing that on average caregivers in nonmigrant families are younger and assumed to be born in the developmental era with better access to education compared with the caregivers from migrant families who come from the previous generation. Nevertheless, the significance of the proportion of nonmigrant families' caregivers who have a lower education level than elementary school (31% of them do not have elementary school diplomas, see Figure 8) also reflects low levels of access to education, especially among poor women.

### 5.1.5 Caregiver's Psychological Condition and Behavior

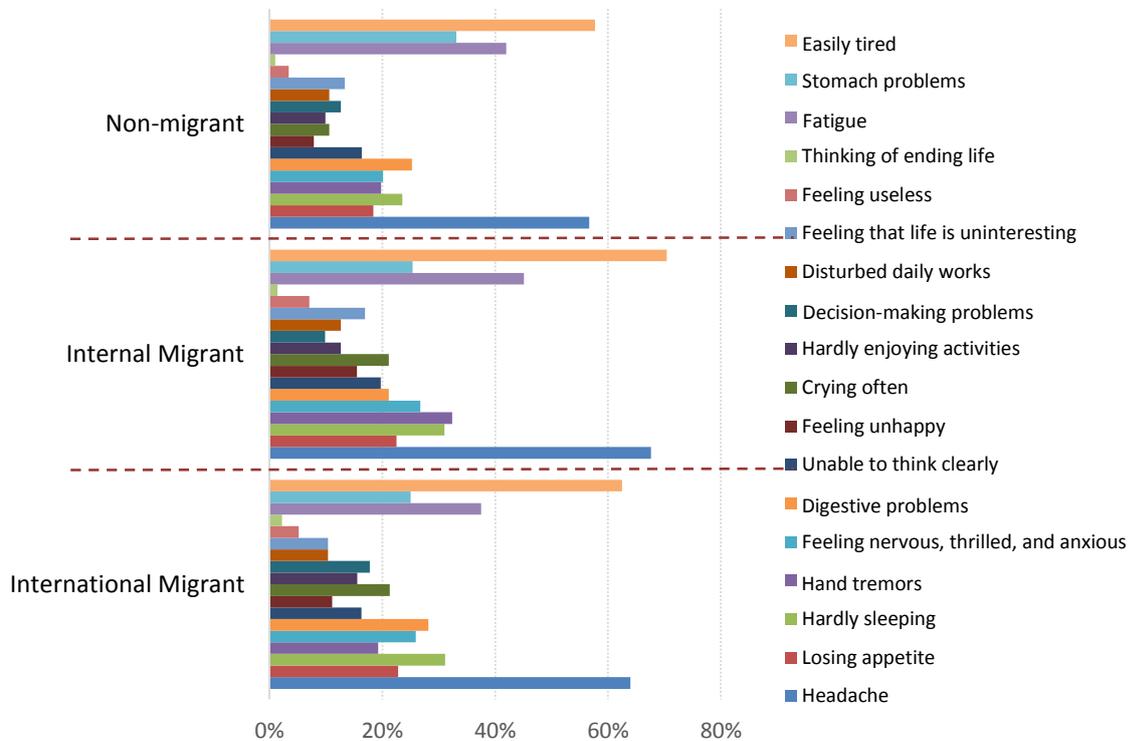
Regarding the very important role of alternative caregivers in the adaptation of children caregiving arrangements in migrant families, this research attempted to observe the caregiver's psychological values and behavior in relation to child well-being. The caregivers in migrant families are assumed to be responsible for an additional workload related to caregiving, which is one of the characteristics of all sample households in this research. Moreover, as the function of the caregiver is mostly undertaken by the father, the father experiences social pressures commonly placed on men, who are not the main breadwinner in the family (Hoang and Yeoh, 2011). Such conditions will surely affect the caregiver's psychological condition and behavior toward caregiving practices, which eventually will influence the childcare quality. Therefore, this research attempted to observe caregivers' psychological condition by using the Self-Reporting Questionnaire (SRQ).

SRQ is a standardized survey used to observe the respondent's psychological condition (Beusenbergh, Orley, and WHO 1994). The questionnaire consists of 20 questions that will be answered by the respondent himself/herself. Each question has the same weight which later will be summed up as a total score to determine whether the respondent encounters a psychological problem or not. However, it is important to note that determining the cut-off from the total score of people diagnosed as having a problem or not is different in each country. This difference is related to cultural aspects and general health of each community. Commonly, 7 is the cut-off used in developed countries (Beusenbergh, Orley, and WHO, 1994). However, in the case of Indonesia, the cut-off generally used is 5 or 6 (Idaiyani, Suhardi, and Kristanto, 2009).<sup>20</sup> Ideally, determining a valid cut-off requires a validity test according to the condition of the local community. In this

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<sup>20</sup>The cut-off value of 5 or 6 is generated from a validity test based on Ganihartono (1995). The cut-off value basically varies between one research and another, depending on the sampling method, language used, and research objective. The cut-off value of 5 or 6 is developed by Ganihartono (1995) based on the value of sensitivity test of 88%, specificity of 81%, positive predictive value of 60%, and negative predictive value of 92%, thus such a cut-off value can be applied to various research settings.

research, to perform such test is impossible considering the samples used cannot represent the entire population and there are no data on the respondents' psychological condition preceding the survey. Therefore, in an effort to maintain the robustness of the results in this research, the analysis of the SRQ score totals will be presented with several cut-offs—i.e., 5, 6, and 7—to adjust to the literary references available in several developed countries and in Indonesia (Idaiani, Suhardi, and Kristanto, 2009; Ganihartono, 1995).



**Figure 9. Proportion of caregivers responding “yes” in SRQ**

Source: Survey result of SMERU research team, 2013.

Note: The quantity of sample is 542 caregivers from migrant and nonmigrant family samples.

Generally, there are many similar symptoms encountered by caregivers, both in migrant and nonmigrant families. Physical symptoms such as “easily tired”, “headaches”, and “fatigue” are the three most frequently reported by respondents of all family groups in this research (see Figure 9). This may be related to family members’ occupations; most parents who become caregivers in the family are also blue-collar workers who rely on physical strength in their daily work, such as farmers, construction workers, and so on. Moreover, for mothers and other female caregivers, the responsibility as a caregiver is an extra work load on top of other domestic chores (washing clothes, washing dishes, cleaning the house, cooking). Such conditions will certainly affect the caregiver’s health. Based on the results of interviews with a female alternative caregiver from a migrant family in Banyumas, the increasing workload is one thing significantly felt by them.

Whenever I wash their clothes, I am reminded of their mother... the clothes are abundant, if I don’t have enough time or am suffering from a headache, no one will do the washing, so the dirty clothes may reach one big basin, and I will be reminded of their mother... (Migrant family, Kabupaten Banyumas)

To understand the factors which influence the symptoms, this research uses a principal component analysis (PCA). The finding shows that there are five-component factors which can explain 53% of

all answer variations in SRQ respondents.<sup>21</sup> The first factor consists of symptoms namely “inability to think clearly”, “decision-making problems”, and “feeling useless in life”. The second factor consists of “hand tremors” and “feeling nervous, thrilled, and anxious”. The third factor consists of “fatigue” and “easily tired”. The fourth factor consists of “stomach problems” and “digestive problems”. The fifth factor is related to “the urge to commit suicide”. The classification of these factors is similar to Iacoponi and Mari (1988) where the symptoms appearing are classified as somatic symptoms (Factor 3 and 4), depressive feelings (Factor 2), and depressive thinking (Factor 1 and 5).

**Table 11. Test on the Average Diagnosed Incidents of Psychological Problems Experienced by Caregivers**

Cut-off	Migrant	Nonmigrant	Diff/SE
5	0.795	0.761	0.0348 (0.0359)
6	0.682	0.650	0.0322 (0.0409)
7	0.578	0.517	0.0608 (0.0431)
Number of Observations	542		

Source: Survey result from the SMERU research team, 2013.

Note: The number of samples is 542 caregivers from migrant and nonmigrant families. The standard error score is in the brackets.

In the next step, we will compare the proportion of caregivers from migrant and nonmigrant families who are diagnosed as having psychological problems. Table 11 presents the conditions of the sample caregivers who were diagnosed as having psychological problems by using three cut-offs on each group of migrant and nonmigrant families. Statistically, there is no significant difference that can be found in the incidences of psychological problems between caregiver groups in migrant and nonmigrant families. The symptoms appearing signify this similarity, so it can be concluded that these psychological problems are commonly experienced by the caregivers who are the respondents in this research.

On the other hand, besides observing whether there is a difference or not in the psychological problems or symptoms, the differences in other aspects of the caregivers, including their side jobs, were also observed. The survey results, as shown in Table 12, show that there is no difference between the caregiver groups from migrant and nonmigrant families in relation to the side jobs they undertake. This is in correlation with the behavioral aspect, in which we found habits that can be associated with certain characteristics of the caregivers. The behavior or habit of smoking, for example, is found to be significantly different among caregivers from migrant and nonmigrant families. This finding can be explained with the related finding on the caregivers’ characteristics explained previously, that most of the main caregivers in the migrant families are men—the biological fathers. Considering that the habit of smoking is more commonly found among father respondents (men) than mother respondents (women), it is not surprising that there are more caregivers in migrant families who smoke than in nonmigrant families, whose children are mostly

<sup>21</sup>The cut-off which is used to establish the number of components in PCA is the commonly implemented standard, which is having an eigenvalue greater than 1. As for the chosen component in each factor, a cut-off of more than 0.4 is used in the rotated component coefficient.

taken care of by the biological mothers. This condition also underlines the assumption about the higher risk of children from migrant families being affected by the negative impacts of smoking. Thus, it can be said that although there was no difference in the psychological conditions of caregivers from migrant and nonmigrant families, it is the children from migrant families who are more exposed to unhealthy habits/behaviors of caregivers.

**Table 12. The Status of Caregivers’ Other Jobs and Habits**

	Nonmigrant	Migrant	Diff/SE
<b>Status of other jobs</b>			
Domestic work	0.798	0.841	-0.043 (0.035)
Unpaid job	0.156	0.136	0.020 (0.032)
Paid job	0.503	0.563	-0.060 (0.045)
<b>Habit</b>			
Smoking	0.221	0.321	-0.100* (0.039)
Drinking	0.007	0.023	-0.017 (0.010)
Gambling	0.010	0.019	-0.009 (0.010)
Number of Observations	519		

Source: Survey result from the SMERU research team, 2013.  
 Note: The number of samples is 519 caregivers from migrant and nonmigrant families. The standard error score is in the brackets and \* shows the significant number according to *p-value* score.

## 5.2 Caregiving Practices

As mentioned previously, this study attempted to observe the various childcare practices undertaken by families as a way of adapting their caregiving arrangements when the mother is away. In this section the caregiving practices will be explained more as an effort to fulfill the children’s primary needs. The primary needs which make up children’s rights are divided into four groups of primary needs, namely physical, cognitive, emotional, and supervisory needs.

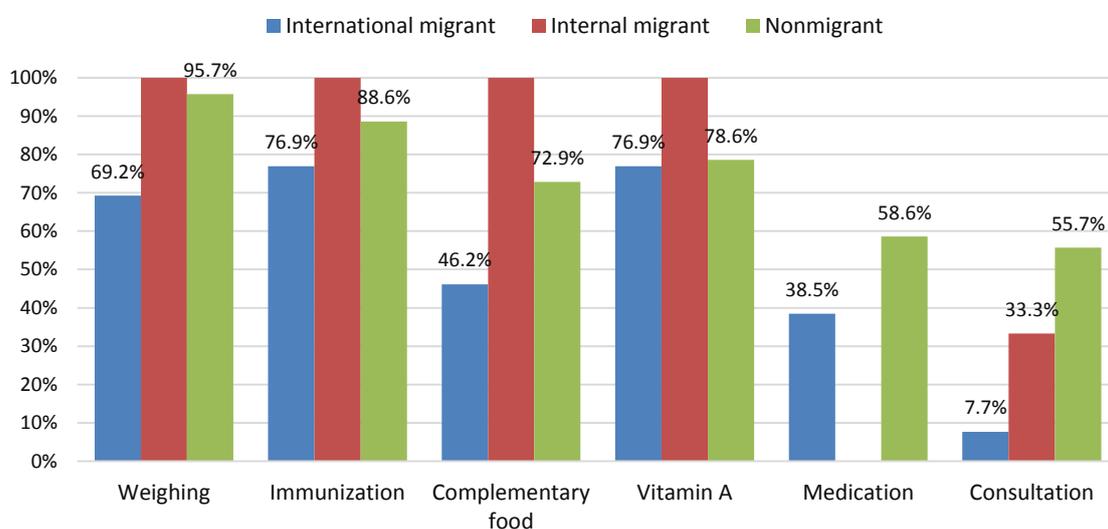
### 5.2.1 Physical Needs

Based on the survey results, almost all sample children, both from migrant or nonmigrant families, have at one stage been breastfed by their mothers but not all sample children were breastfed exclusively. According to Kantor et al. (2004), children’s physical needs including food, clothes, health services, and housing are some of the primary needs that have to be fulfilled. In addition, the study emphasized that the necessary needs and their fulfillment will also be influenced by the children’s age. Exclusive breastfeeding, at least in the first 6 months of a child’s life, will greatly influence the child’s nutritional development status at an early age. Reducing the duration of exclusive breastfeeding heightens the risk of developmental problems in a child’s nutritional status

indicators, both in the short and long term (Weimer, 2001; Fitzsimons and Vera-Hernandez, 2013; Atsbeha, Nayga Jr., and Rickertsen, 2015).

In-depth interview results with one of the international migrant families in Banyumas found that the mother breastfed her children before she migrated, but no information was acquired as to whether this was an exclusive breastfeeding practice or to how long this practice was conducted. This breastfeeding practice was done by the mother when she gave birth to the first, second, and the third child. Considering that exclusive breastfeeding has been proven to positively influence the child's growth (Green, 1999), this story underlines the importance of making sure that the procedure and the regulation of women migrant workers' departure is sensitive to the needs of maintaining breastfeeding practices for migrants who have children. The importance of exclusive breastfeeding for 6 months seems to be used as the basis of the policies in some regions in determining the minimum age of a child permitted to be left by his/her mother to migrate.<sup>22</sup> The effectiveness of the policy settlement of a child's minimum age to be left by the mother for migrating needs to be examined further to determine the impacts on the child's growth and well-being.

Another important aspect related to the fulfillment of children's physical needs is their access to the required health services. As seen in Figure 10, the proportion of children who receive health services from the *posyandu* around their residences is relatively high compared to the group of children from internal migrant families, except for the services related to medical treatment. In internal migrant families, all sample children from this group are reported to have received vaccinations, been weighed, received supplement food, and received vitamin A. Generally, the proportion of children who receive health services is found to be relatively low for children in the international migrant families compared to those in the internal migrant and nonmigrant families.



**Figure 10. Health services received by children (%)**

Source: Survey results from the SMERU research team, 2013.

Note: The number of samples is 89 sample children aged 0–2 years old (according to the caregivers' information).

<sup>22</sup>Several regions have implemented the Law No. 39/2004 on the Placement and Protection of Indonesian Migrant Workers Abroad which determines the minimum age a child permitted to be left by his/her parents to migrate, especially if the mother is the migrating one. Kabupaten Banyumas Regional Government Regulation No. 2/2015 on the Protection of Migrant Workers from Banyumas, for example, has decided that the minimum age of a child to be left migrating by mother is six months old.

Based on the information provided, the caregiving practices of exclusive breastfeeding and obtaining health services for the children are found to be more prevalent in the internal migrant, nonmigrant, and then international migrant families consecutively. This finding is very interesting, considering that the previous findings show that the majority of sample children in the migrant families, both internal and international, were left at the age of 0–2 years old. This means that the early hypothesis that the nonmigrant group would have a better quality of caregiving due to the presence of the mother as the main caregiver is not proven in this research. It was expected, at first, that the higher supervision costs that need to be spent by a migrating mother because of the distance would negatively influence the services received by the child. However, it turns out that this hypothesis is not proven in this research. This finding indicates that the presence of a mother as the main caregiver in the nonmigrant families does not automatically improve the quality of care received by a child. This means, there are other important factors that also influence the caregiving quality besides the existence of a mother. Looking at the previous study results and the data provided in this research, other factors such as the level of awareness of the caregivers, support from the *posyandu* cadres in the area related to children’s health services, and explanations of the health information available to the caregivers/mothers are several factors that need to be considered in evaluating caregiving practices, in either migrant or nonmigrant families.

**Table 13. Daily Treatment Toward Children at Home**

Activity	International Migrant (%)	Internal Migrant (%)	Nonmigrant (%)
Confirming the tidiness of clothes and hair			
Caregivers	88.89	92.86	98.18
Other non-caregiver household members	8.89	7.14	1.82
N/A	2.22	0.00	0.00
Helping the children trim the fingernails and toenails			
Caregivers	86.67	85.71	96.36
Other non-caregiver household members	11.11	14.29	2.73
N/A	2.22	0.00	0.91
Helping the children clean their ears			
Caregivers	86.67	85.71	98.18
Other non-caregiver household members	11.11	14.29	1.82
N/A	2.22	0.00	0.00

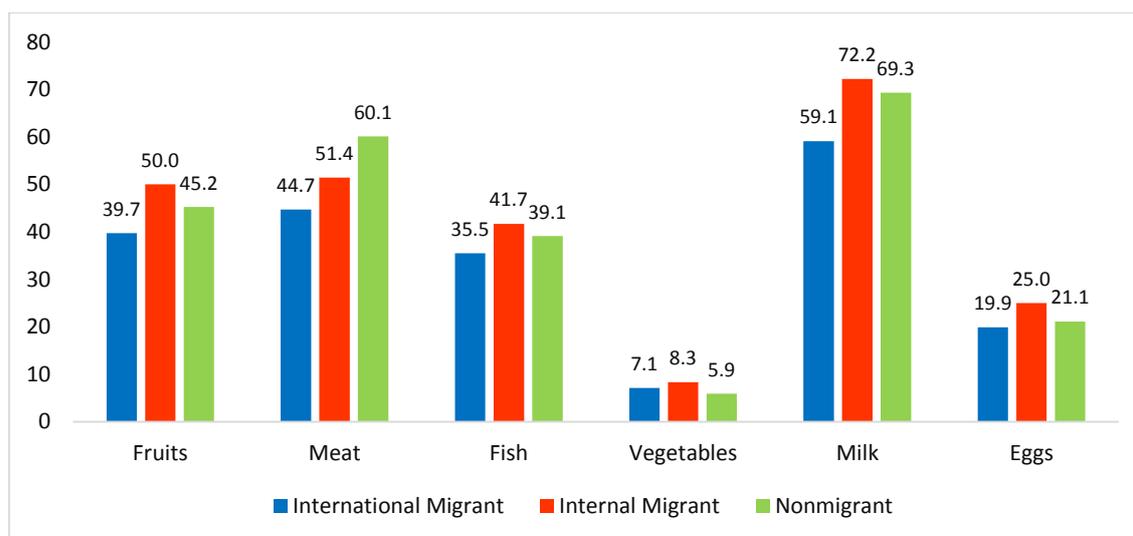
Source: Survey result from the SMERU research team, 2013.

Note: The number of samples is 169 sample children aged 3–6 years old (according to the caregivers’ information).

The other aspect of children’s physical needs analysed in this study is the aspect of treatment received by the children daily. In Table 13, it is revealed that almost all children from the nonmigrant families in this research reported that they get assistance from their caregivers (who are their biological mothers) in performing their daily hygiene tasks, such as getting dressed, brushing their hair, trimming their fingernails and toenails, and cleaning their ears. Although they are not directly cared for by their biological mothers, the proportion of children in the internal and international migrant families who are helped by their caregivers in their hygiene practices

is also quite high, although not as high as in the nonmigrant families.<sup>23</sup> When observed further, this is very likely to be caused by the demand that is faced by the caregivers in the migrant families, either international or internal, to divide their time between performing these caregiving tasks and their other responsibilities. This condition often leads the other family members such as the child’s sibling, to be more involved in the caregiving practices in migrant families. As shown in Table 13, there are 8–14% of children from migrant families who are helped by other family members besides the main caregivers in performing self-care tasks. Even so, in the international migrant group, it was found that there are children who do not get any treatment at all.

Similar patterns are not only found in the caregiving practices which are related to the treatment aspects mentioned above, but also in other childcare practices, such as preparing meals for the children. In this research, the role of the main caregivers in preparing meals for the children is found to be higher in nonmigrant families than in the migrant groups. In the international migrant group, this caregiving responsibility is often divided among the other family members, or even becomes the responsibility of the children themselves (the child has to take care of himself/herself). The finding that there is a small portion of sample children from the migrant families who prepare their own meals is in accordance with the findings from Hoang et al. (2015) which reports that children from migrant families are relatively more independent. One of the ways that this is apparent is in the ability of the children to decide for themselves who they feel more comfortable with to take care of them and nurse them.



**Figure 11. Percentage of children who are never given complementary food (%)**

*Source:* The result of survey by SMERU research team, 2013.

*Note:* The number of samples is 535 sample children aged 3–17 years old. The answer is based on the caregivers’ perspective.

The survey also collected data about the children’s daily meal activities at home which are displayed in Figure 11. From the view of the caregivers, the percentage of children who are never given supplementary food is quite varied according to the family groups and the types of food. Observed from the types of the supplement food, the proportion of children who are not given vegetables is about 5.9% for nonmigrant families and 8.3% for internal migrant families. Different patterns were

<sup>23</sup>It is important to note that the information about who helps the children in conducting self-care tasks (as shown in Table 13) was based on caregivers’ information only and was not compared to information from the children who receive the treatment.

observed in the other four types of food, which were eggs, fish, fruit, and milk. In all these four kinds of food, it was revealed that the proportion of children who were not given complementary food from international migrant families is lower than that of nonmigrant and internal migrant families. Despite having the same pattern, the proportion range of the children who do not receive complementary foods such as milk is much smaller than the ones who receive eggs. Around 19.5–25% of children are not given complementary food, i.e., eggs, by their caregivers, while as much as 59.1–72.2% of children are not given complementary food, i.e. milk, by their caregivers. In contrast to the previous percentage patterns of the five foods, the proportion of children who do not receive complementary food, i.e. meat, in nonmigrant families is higher than the proportion in internal migrant families, respectively by 60.1% and 51.4%.

The results of in-depth interviews also found cases where the awareness of the migrant and nonmigrant families involved in this research about children's growth is low. There are several reasons that make the families decide not to bring their children to a health facility although they realize their children are experiencing delays in their growth. One of the caregivers in the migrant families who was interviewed said that he/she never takes the child under her care to a health facility to check their speech delay because the caregiver hopes the child's condition will get better when he/she grows up. The caregiver also adds that he/she will only bring the child to the health facility when they are sick. This example demonstrates that the awareness among the caregivers found in this research about the needs of treating children's growth issues as early as possible is still low. As a result, the children who have growth problems later in life are not identified and treated retrospectively by the available health services.

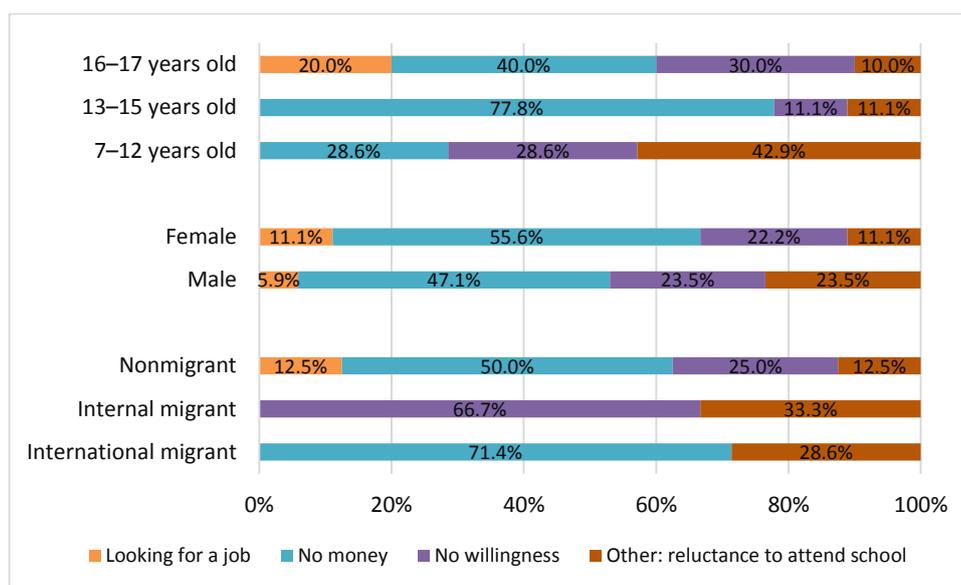
[Interviewer: 'Has (the child) been examined to find the cause (of the delayed speech)?'] No, just like that... because perhaps I think later when he/she grows up, maybe not yet... (Migrant family, Kabupaten Banyumas)

Another caregiver from a nonmigrant family said that she chooses to bring her child who experiences delayed speech to the *dukun* (shaman) in the area because she is worried that malpractice might occur if she takes her child to the doctor. It is also important to be noted that the caregivers interviewed reported that there are health workers like *puskesmas* cadres and midwives who are aware of the condition of their children, but up until the interviews were conducted, these children had not received any handling or treatment. This fact demonstrates the importance of role reinforcement for the health workers and facilities, such as midwives and *puskesmas* cadres, who take on the role at the forefront of the service, in improving the access of poor families to the health facilities. Furthermore, as outlined in the Regulation of the Minister for Health No. 46/2015 related to the standard of health services<sup>24</sup>, the first-stage service facilities like *puskesmas* available in the migrant enclaves need to identify the needs of the children from the migrant families and provide the services needed.

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<sup>24</sup>Regulation of the Minister for Health No. 46/2015 on the Accreditation of Community Health Centers (*Puskesmas*), Primary Medical Clinic, Independent Doctor Clinics, and Dental Clinics established that one effort that needs to be undertaken in the implementation of *puskesmas* services is an analysis of the community's needs in their working area. It means that the types of services provided to the community need to be adjusted with the community's needs and the existing health problems in the working area by getting input from the community through the community empowerment process.

## 5.2.2 Cognitive Needs



**Figure 12. The reasons children do not attend school**

*Source:* The result of survey by SMERU research team, 2013.

*Note:* The number of samples is 26 children aged 7–17 years who do not attend school.

The results of a survey conducted in this study show that the majority of children aged 7–17 years from both migrant and nonmigrant families were still in school, only a few of them did not attend school (26 children, with 31% coming from migrant families). Most children who do not attend school are in the age range of 16–17 years. As shown in Figure 12, generally they reported that the unaffordable cost of education was their reason for not attending school. This condition is often found in poor families where older children—with an average age equal to junior and senior high school students—can no longer go to school because their parents cannot pay for their school needs. In general, school needs consist of direct costs, such as school entrance and monthly fees, uniforms, books, and transport fees; as well as indirect costs, such as family income and the loss of economic contribution from children because they are in school (Dungo et al., 2013). However, studies show that poverty is indeed one of the main determining factors in whether children go to work (Priyambada, Suryahadi, and Sumarto, 2005). However, working is not necessarily the main reason for children not continuing their education. In fact, poor children can attend school and work part-time to help their parents to support the daily needs of the family or their needs as a student.

It is their family poverty that often encourages children to choose to work in order to help their parents. However, the study also found that parental attitudes also affect children’s decisions about continuing their education, which seems to be caused by a lack of experience in communicating and interacting with children. Some of the parents interviewed admitted that they did not know how to convince their children to continue school even though as parents they understand that education is important for their children to break out of poverty. One nonmigrant mother in Banyumas even reported that her son, who was doing fairly well in school, decided not to continue his education even though he received a scholarship from one of the teachers to continue in another school.

Mr. Budi, Dodi’s elementary school teacher, came twice to ask Dodi to go back to school. But Dodi refused. Of course I was confused. I asked for help. If my son does not want to continue his school,

what will my future be like? My family is very poor. What if I don't get any help? Maybe it's regrettable, but Dodi insists not to go. (Nonmigrant family, Kabupaten Banyumas)

In migrant and nonmigrant families with children who have development delays, children's access to school is still low, especially because caregivers do not know where they can educate their children. The caregivers who were aware about the different condition of their children also said that they were concerned that their children would struggle to make friends or be bullied by other children if they put their children into regular schools.

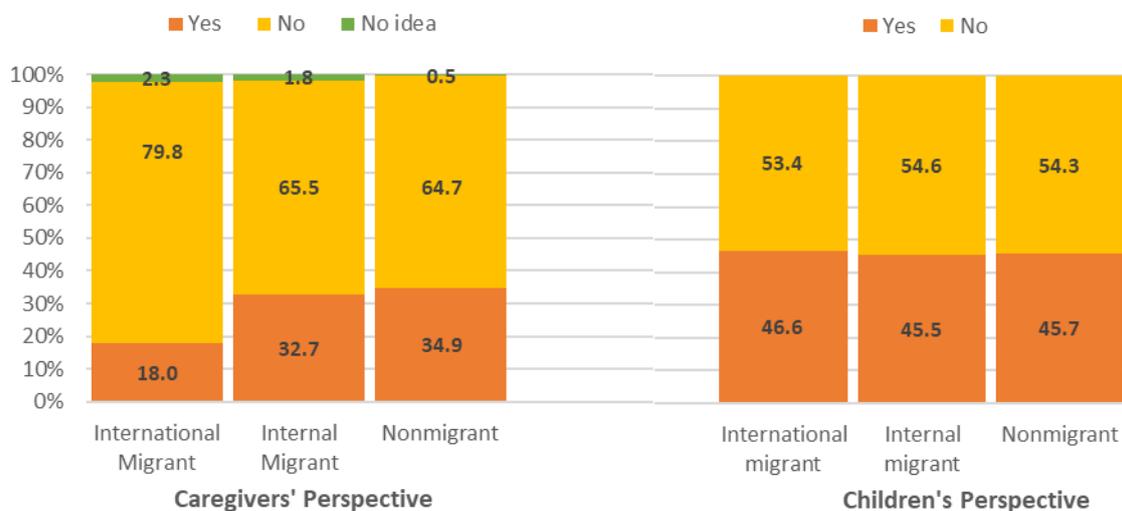
I never put him to school... I'm confused... I mean... confused... sad. He is old enough, if I put him to PAUD... he will not have friends. (Nonmigrant family, Kabupaten Banyumas)

Because I don't have the heart to leave my child in school. I'm afraid other children will bully him... so I will wait until he can speak a bit fluent... maybe next year [he will attend school]. (Migrant family, Kabupaten Banyumas)

This story underlines the lack of awareness of the caregivers about the importance of resolving development issues in children at the early stage. This lack of awareness is usually caused by a lack of knowledge about children's development stages and what to do when they encounter problems in these development stages. Another point that needs to be examined is that most children from internal migrant families who skip school do not state the cost factor as the main reason not to continue their education, but rather because they are reluctant to go to school. These findings once again underline other important factors, besides the cost factor, which will affect the continuation of education for children from migrant families. Although remittances for the family obtained from parental migration are still considered to be one of the prospects for improvement of children's education (Antman, 2011; Mansuri, 2006; Edwards and Ureta, 2003), attention, supervision, as well as support they receive through the presence of their parents are also proven to affect the continuity of children's education and their achievement in school (Lu and Treiman, 2007; Save the Children in Sri Lanka, 2006). Therefore, children's low motivation from this group is more appropriate to be seen as the result of a lack of the support system that the children need to continue their education, and not a characteristic inherent to the group of migrant children. The support and intervention of all stakeholders, including families, schools, and local governments to ensure that children can continue their education without obstacles are necessary to resolve this problem.

In relation to children's education, an issue which was often reported by children in this study is difficulty in studying. In general, as shown in Figure 13, almost half of the children who attend school in this study, coming from both the migrant and nonmigrant family groups, admitted that they experience difficulties in following the lessons in school. Another interesting thing to be observed is the different perspectives between caregivers and children which can be seen in the different answers caregivers and children provided. When comparing between groups, the most significant difference can be seen between children and caregivers from international migrant families. This discrepancy is indicated by the large difference between the proportion of children who admitted no difficulties in learning with the proportion of caregivers who reported that children did not have difficulties in learning. These findings can be observed as an early indication of the difference between the expectations and understanding of the caregivers with what is actually experienced by children, especially in the international migrant family group. This condition might be explained by the previously presented findings, that the caregiving for the international migrant group is usually performed by several caregivers from the extended family. It implies that the involvement of each caregiver in the caregiving process is lower in intensity compared to single caregivers, who are fully involved in all aspects of caregiving and childcare. This might be one of the factors which cause this high discrepancy or different expectations and understanding between

children and caregivers about the learning difficulties faced by children from the international migrant group.



**Figure 13. Proportion of children who have difficulty keeping up with lessons in school according to caregivers' and children's perspectives**

Source: The result of survey by SMERU research team, 2013.

Note: The number of samples were 342 sample children of 7–17 years old who were of school age.

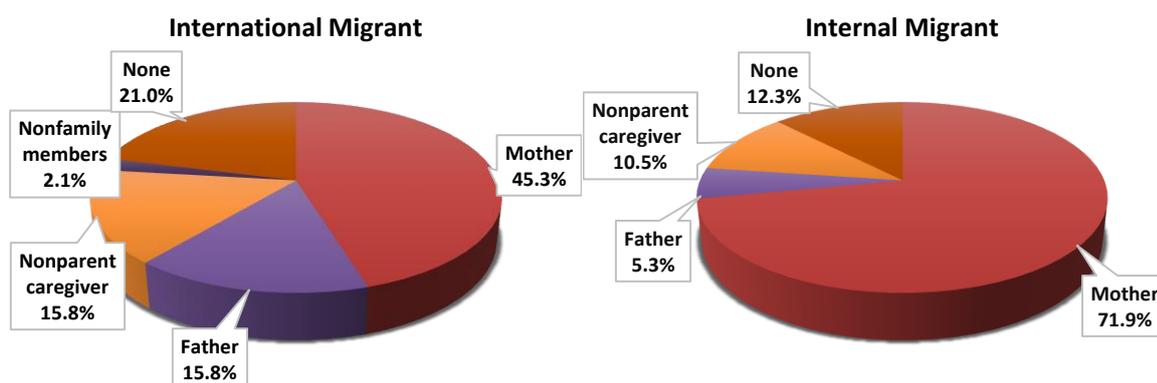
Interviews about children's learning activities revealed that there was no significant difference between migrant and nonmigrant families in relation to children's learning activities at home. The children from both groups admitted that they were not used to being assisted by caregivers in completing their homework. Nonetheless, it was found that a small portion of children from nonmigrant families were assisted by their mothers in completing their homework. As for the children from internal migrant group, a small proportion of the children were accompanied by the fathers when studying. Meanwhile, in the international migrant group, only a few children asserted the accompaniment of their fathers or other caregivers in studying since most children reported that they were helped by other family members or other persons outside the family.

Based on the interview with an international migrant family with three children, the responsibility of accompanying and assisting the children in studying was given to the eldest sister. Since the parents got divorced, the main caregiving duty has been given to the grandmother, who also has to take care of the sickly grandfather. Despite having to manage time for other kinds of domestic work, the grandmother sometimes also helps the children when studying.

The caregiving practices carried out by the family in the above story signify a need to involve a number of various stakeholders in making sure that the children have access to education and acquire the required cognitive stimulation. The division of caregiving responsibilities to be carried out is almost certainly affected by the relative abilities of the caregiver and the other household members who can share the role of caregiving. Furthermore, the participation of other stakeholders outside the family, especially teachers and schools, is necessary to help the children from migrant families so that they can keep up with the lessons in school.

### 5.2.3 Emotional Needs

Emotional needs are one of the basic needs of children which involve attention, affection, support, and security (Kantor et al., 2004). Children's emotional development will be highly affected by the emotional ties built through interactions with surrounding people, especially their caregiver, who takes care of and accompanies the children every day. Given the absence of the mother as the main caregiver, children may need to undergo a process of adjustment following the change in caring practices as well as care-giving arrangements. It is important for children to be aware of the departure of their mothers to ease the process and in turn reduce the risk of emotional deprivation. As Hogan, Halpenny, and Green (2002) reveal, children who are suddenly left by their non-resident parents without explanation experience distress and confusion.

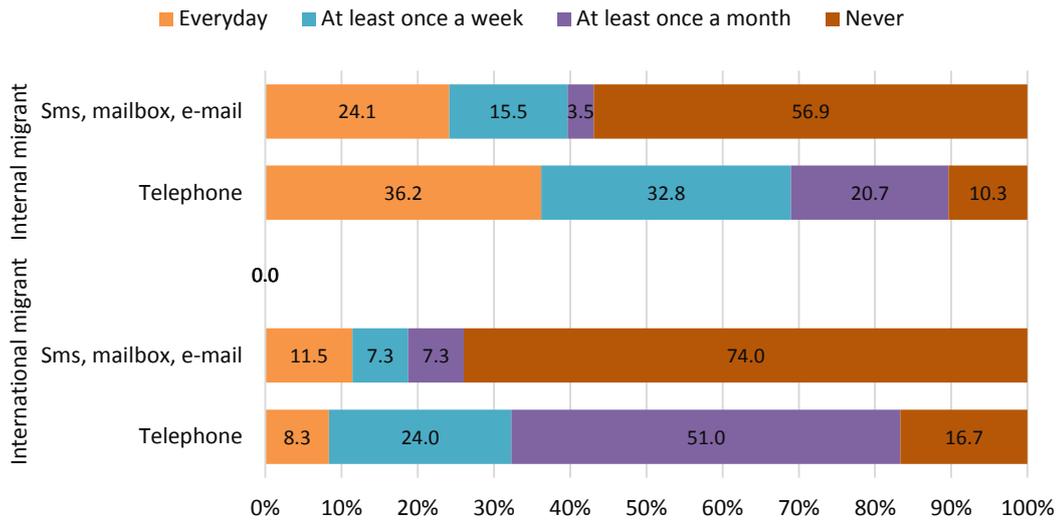


**Figure 14. Those who told the children about their mother's departure**

*Source:* The result of survey by SMERU research team, 2013.

*Note:* The number of samples were 154 sample children of 7–17 years old from the group of migrant family.

The results of this study show that almost all children from the migrant family groups acknowledge the current location of their mothers' migration. There is only a small fraction of the children from internal migrant families who do not know where their mothers have migrated to. To obtain more complete descriptions about the process of how the children get to know their mother's plan for migration, this survey also asked the children who first informed them about their mother's departure. As shown in Figure 14, the majority of the children asserted that they received this information directly from their own mother, yet a small fraction of the sample children from internal migrant families (12.3%) and international migrant families (21%) admitted that they were never told any information about the departure of their mother and came to the knowledge by themselves.



**Figure 15. Frequency of communication between mothers and their children in the last six months**

Source: The result of survey by SMERU research team, 2013.

Note: The number of samples were 154 sample children of 7–17 years old from the group of migrant families.

Continuous communication is necessary not only at the time of mother-child separation, but over time as family structures undergo changes. In their study, D’Emilio et al. (2007) introduce the term “transnational families” or “global parenting”, in which the migrants and their families can keep in touch by means of modern communication such as telephone, short message service (SMS), e-mail, and social media. This concept also introduces caregiving practices which are achievable not only by face-to-face interactions, but through other communication media available in the recent era of technological development.

The survey results on the frequency of communication in migrant families are portrayed in Figure 15. The frequency of direct communication conducted by children and their mother, particularly communication by telephone, tends to be high in the internal migrant group; 36.2% of the children directly communicate with their mother each day, in comparison with 8.3% of the children from the international migrant group. In relation to the media used, these research findings show that the majority of the sample children from migrant families tend to call their mothers instead of sending sms, letters, or e-mail. Despite the ease, the preference to use telephones as the communication medium is likely because a child can directly listen to their mother’s voice so that they can feel the presence of their mother and express themselves directly. According to Thompson (2010), this verbal communication model, which enables mothers to directly talk to their children, is also found to have an impact on children’s emotional development. This survey indeed does not enquire further about the ownership of cellular phones in each family group, yet it can be said that the intensity and frequency of this communication between migrant mothers and their children by telephone varies, from everyday, once a week, to once a month.

The frequency and intensity of communication between children and migrant mothers is affected by several factors, such as the destination country or location of the migration, which will further affect the distance, cost, and mothers’ access to the media and opportunities to communicate with the family. In addition to this, considering that most children do not independently earn a living yet, the mother usually plays an active role in making contact by telephone, while the children wait for the call (Dungo et al., 2013). Considering that all sample families are poor households, financial constraint is also one of the main barriers for the children and family who are left behind in taking

the initiative to regularly contact the mothers, especially where the mothers have migrated overseas. Viewed in terms of the locations of the mothers' migration, it seems that the sample children in internal migrant families communicate with their mothers by telephone more often than the sample children from international migrant families. This discrepancy in communication frequency is most likely caused by the high cost required to make international calls. This finding also proves that the responsibility of establishing communication and intimacy with the children left behind depends almost entirely on the active role of the mothers. In conclusion, interventions and efforts to ensure that mothers have adequate access to the means of communication to contact their family are crucial in maintaining the quality of childcare in migrant families.

**Table 14. Frequency of Communication by Telephone between Children and Migrant Mothers Based on Locations in the Last Six Months**

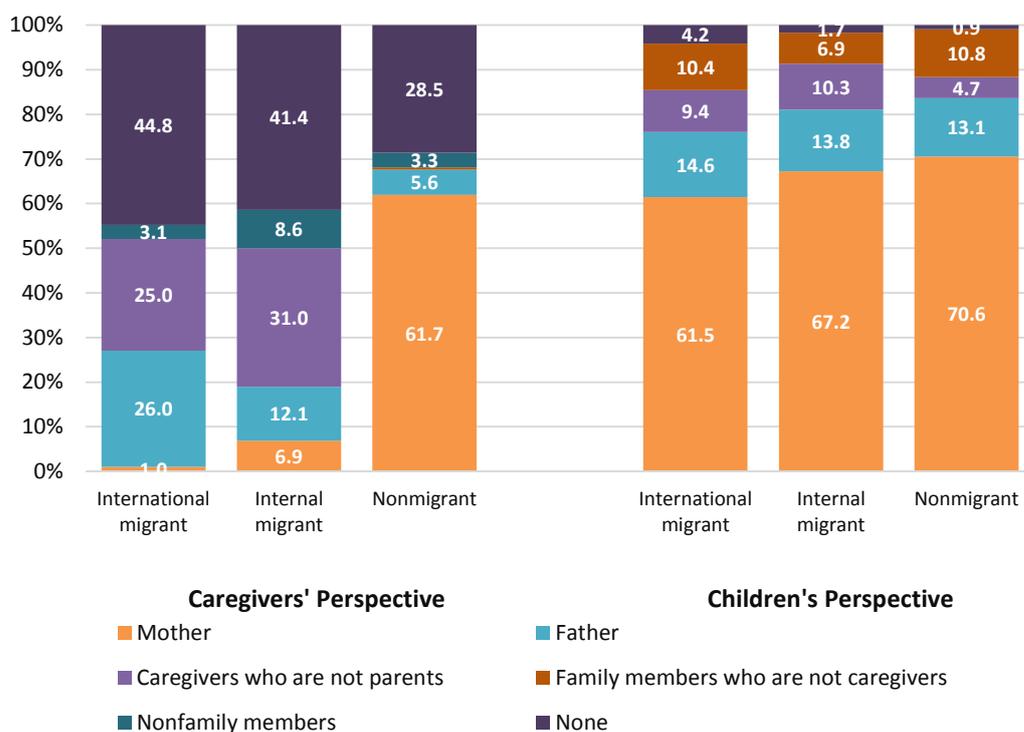
Location of Mothers' Migration	Number of Observations (children)	Frequency of Communication between Children and Mothers by Telephone (%)			
		At least once a day	At least once a week	At least once a month	Never
DKI Jakarta	35	45.7	42.9	11.4	-
West Java	1	100.0	-	-	-
Bali	6	16.7	16.7	16.7	50.0
West Nusa Tenggara	11	9.1	27.3	36.4	27.3
NTT	1	100.0	-	-	-
Malaysia	13	-	23.1	46.2	30.8
Singapore	11	27.3	18.2	27.3	27.3
Brunei Darussalam	2	-	50.0	50.0	-
Hongkong	6	-	50.0	50.0	-
Taiwan	9	44.4	22.2	33.3	-
Thailand	1	-	100.0	-	-
Qatar	1	-	-	-	100.0
Saudi Arabia	44	-	20.5	61.4	18.2
UAE	9	11.1	22.2	66.7	-

Source: The result of survey by SMERU research team, 2013.

Note: The number of samples were 150 sample children aged 7–17 years from the group of migrant families.

As mentioned above, the destination country is a determining factor in the frequency of communication conducted between children and migrant mothers, not only in terms of distance and cost, but also access to communication media and opportunities to communicate with their families. As summarized in Table 14, among the children from the sample groups in which the mother has migrated overseas, mother-child communication is found to be established more often by the group of children whose mothers have migrated to East Asian regions, such as Taiwan. The lowest frequency of communication is found in the group of children whose mothers have migrated to Middle Eastern countries, such as, Qatar, Saudi Arabia, and United Arab Emirates. Based on the results of previous studies, this condition is closely related to efforts to protect migrant workers in these countries. The majority of Indonesian migrant workers who are infringing working agreements are the migrant workers sent to the Middle East. In Saudi Arabia, for instance, there are frequent cases in which the employer does not obey the written rules outlined in the employment contract, for example with workers being asked to work more than 8 hours a day

(Dungo et al., 2013). Such cases are less frequently experienced by the rest of Indonesia's domestic workers in Malaysia, Singapore, and Hong Kong. Nevertheless, this research also revealed that a small fraction of the children involved have never established communication with their mothers even though the mothers have migrated to regions like Malaysia and Singapore. This finding highlights the need for stricter monitoring of the implementation of various regulations on the protection of migrant workers overseas, taking into account that some other countries, such as Hongkong and Taiwan, have, in fact, implemented regulations ensuring one day-off a week for domestic workers (Dungo et al., 2013).



**Figure 16. With whom children share stories when they feel sad**

Source: The result of survey by SMERU research team, 2013.

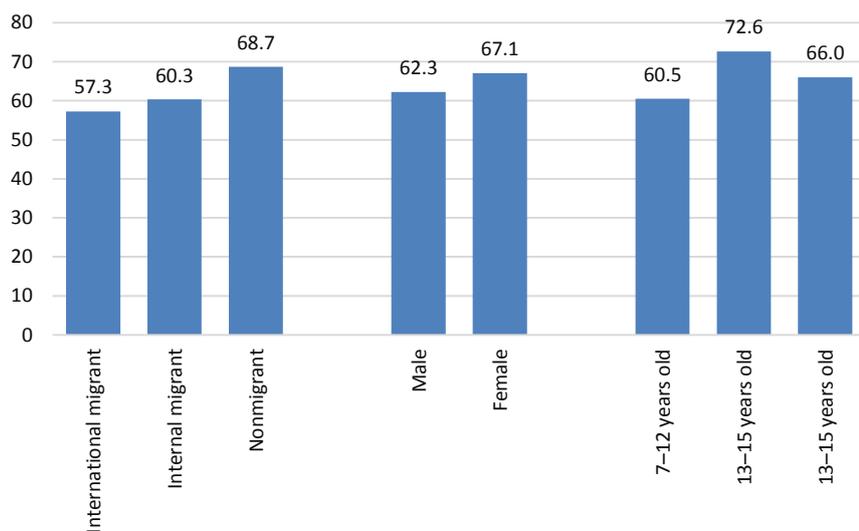
Note: The number of samples is 368 sample children aged 7–17 years.

To examine the fulfillment of emotional needs, the survey asks the children and caregivers about the person the children share stories with, particularly when they feel sad (see Figure 16). As a result, this study encountered significant differences in the answers given by the caregivers and children. Most caregivers from the migrant families expressed that the children have no one to share stories with when they feel sad. Meanwhile, according to most children, their biological mother is the person who they prefer to share stories with when they are sad. This depiction shows that although the mother cannot be physically present at every moment to take care of the children at home, the children still feel more comfortable sharing stories with their mother when they feel sad. A similar trend was also found in the group of children from nonmigrant families, who reported that their mother is the person who they share stories with when they are sad. It is also interesting that a small fraction of mothers from nonmigrant families expressed that they are not the person with whom their children share their stories, whereas according to the children, they are still most comfortable confiding in their mothers when they are sad.

## 5.2.4 Supervisional Needs

The fourth aspect of the children's basic needs is the need for the supervision of their activities and social lives (Kantor et al., 2004). Based on information given about children's social relationships in their peer groups, it was found that almost all sample children aged 7–17 years asserted that they have close friends. Additionally, these children also reported that their caregivers know their close friends. This can be considered as a good caregiving practice, since it could make the supervision of children's outdoor activities easier. Other forms of supervision include curfews or caregivers' knowledge of children's activities, such as activities with friends, extracurricular activities, and work.

A curfew is defined as a limit on the time until which the children are allowed to conduct outdoor activities (such as playing and studying) set by the caregivers. Most children in this research asserted that a curfew is enforced in their family. Based on the information from the children, as illustrated in Figure 17, the proportion of children whose caregiver enforces a curfew is slightly higher in the group of girls and the group of 13–15 year-old children than the group of boys and the group of other ages. Generally, most children admitted that they never violated their curfew. When compared between sex and age, it is found that boys and 16–17 year-old children have a higher tendency to violate the curfew set by their caregiver. This is also in accordance with the information given by both caregivers and the children themselves.



**Figure 17. Enforcement of curfews (%)**

Source: The result of survey by SMERU research team, 2013.

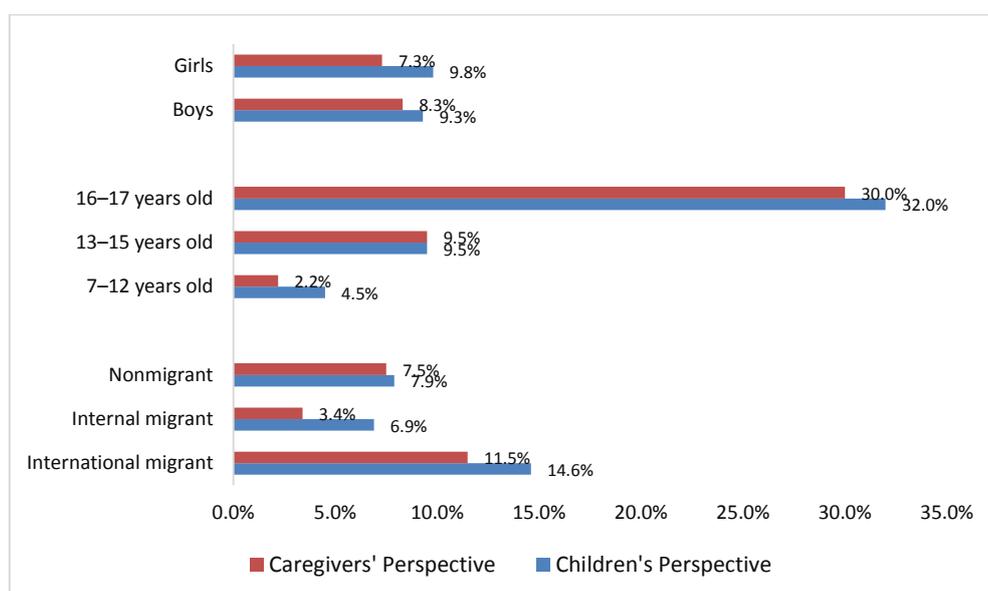
Note: The number of samples is 368 sample children aged 7–17 years old.

Apart from learning and exercising, most of the activities undertaken by children with their close friends consist of playing. Caregivers' knowledge of children's activities with their close friends also shows that children's needs to be supervised are relatively fulfilled by the caregivers. The similarity of information given by the caregivers and children can be interpreted to mean that the caregivers know the types of daily activities undertaken by the children, which means that the alternative caregivers are involved enough in monitoring the children's activities. It can be assumed that the caregivers and children can cooperate well in fulfilling the children's need for supervision.

In order to gain a comprehensive overview of the children's activities, the survey in this research also looks at the children's participation in extracurricular activities, both inside and outside school.

Extracurricular activities are the activities, besides academic activities, which the students participate in based on their interests and talents. These activities can be conducted by the school or other parties. The objective of extracurricular activities is to develop children’s soft skills, so that children develop not only their academic abilities through classical learning methods, but also their nonacademic abilities, such as sports, arts, scouts, or Koran reciting. Unfortunately, there is no further information on the kinds of extracurricular activities the children participate in. It is reported that the children tend to prefer joining extracurricular activities at school rather than outside school. Considering that all children in this research come from poor families, the preference is most likely due to the financial constraints; additional activities outside of school often involve additional expenses, which may not be affordable by the children’s family.

Besides activities with friends and extracurricular activities, some students are also involved in part-time work to help the family. A small fraction of the children in this research reported that they work, with the biggest proportion coming from the group of international migrant children (15%). There is no significant difference if viewed from the sex of the children, only that the highest proportion of working children comes from the group of children aged 16–17 years (32%). This is in accordance with the previous finding which shows that the children in poor families often cannot attend school and have to work to help fulfill family needs, both for daily needs and to pay for the school fees of the children themselves. In accordance with these findings, poverty is one of the main factors in determining whether children work (Priyambada, Suryahadi, and Sumarto, 2005), yet the findings emphasize that working is not always the reason for children dropping out of school. In fact, poor children often stay in school while working part-time to fulfill the family and school needs.



**Figure 18. Children working to earn income**

Source: The result of survey by SMERU research team, 2013.

Note: The samples are 368 sample children aged 7–17 years.

As portrayed in Figure 18, there are no significant differences between caregivers’ and children’s perspectives on the number of working children based on sex and age groups. However, more noticeable differences are found among caregivers and children in internal and international migrant groups. In relation to this, more data, which are not displayed here, show that the differences in perspectives about working children are mostly evident in families whose children are raised by the grandmothers.

As found in this study, a small fraction of the sample children still maintain their status as students. Based on the information obtained from the working children, generally they work for 4–5 hours a day and for 3–4 hours a week. The majority of the working sample children, both from migrant and nonmigrant families, asserted that their reason for working is for extra pin money, while the others gave the reason of helping to fulfill the daily needs of the family and pay school fees. The surveys or in-depth interviews did not find any further information about the kinds of jobs they take on. It is interesting to note that no sample children from internal migrant families work in order to pay their school fees. This finding is also in accordance with the previous findings related to the aspect of cognitive needs, in which the cases of sample children from internal migrant families who do not attend school are mostly not caused by financial factors. This fact implies that amid the poverty and absence of their mothers due to migration, children’s motivation and awareness of the importance to attend school are still low. This signifies that caregivers and schools need to take on a more active role in improving children’s motivation to learn.

## 5.3 Child Well-being Viewed from Caregiving Arrangements and Practices

Children’s caregiving arrangements and practices in migrant and nonmigrant groups are apparently different in some aspects, particularly in relation to the fulfillment of the emotional and physical needs which support the children’s development. The difference between caregiving arrangements and practices seems more obvious, particularly in the international migrant group. Oftentimes this is caused by the fact that in several caregiving aspects it is difficult or impossible to replace the role of the mother, both in the matters directly related with to the presence of the mother and in the intensity and quality of caregiving carried out by the alternative caregivers. However, beyond such constraints, female migrant workers in the study area commonly entrust their children to alternative caregivers who have a close relationship with the family. This close family relationship can explain the low tendency of the mother-substitute caregivers in migrant families to experience signs of psychological burden (based on the SRQ test result concerning additional burden as a child caregiver). This shows that amid the family’s economic demand, which encourages mothers to migrate, female migrant workers still consider the caregiving needs and the potential impacts migration will have on the well-being of their children.

### 5.3.1 Physical Growth and the Fulfillment of Children’s Physical Needs

From the physical aspect, for instance, in the practice of exclusive breastfeeding, children from international migrant families have a shorter breastfeeding period than the sample children from nonmigrant and internal-migrant families. Exclusive breastfeeding is proven to be closely related to the fulfillment of the nutritional needs and early development of children (Green, 1999). Other findings, in terms of early child health services, such as weighing, vitamin supplementation, among others, show that children from the migrant group, especially the international migrant group, utilize less services than those from the nonmigrant group. The difference in caregiving practices can also be seen in the person who prepares the food. Hence, as found in the discussion of child well-being, it is not surprising that there is a significant difference in children’s height when comparing migrant and nonmigrant groups according to age group.

The caregiving practice indicators used in this research inherently have limits in explaining the condition of children’s well-being. For instance, in the case of exclusive breastfeeding and other various aforementioned health services, this research can only provide limited data considering that the survey conducted to measure these aspects was addressed to the age group of 0–6 years old, while the comparison of children’s height was addressed to the 0–2 year-old age group.

However, the generated data can more or less explain the common patterns of caregiving in migrant and nonmigrant groups. It is worth remembering that outside the aforementioned factors, there are other determinant health factors, such as genetic factors, which are not included in this survey albeit playing a significant role in determining children's relative height (Liu, 2014).

The differences in caregiving practices between migrant families cannot be interpreted as neglect from the mother-substitute caregiver which affects the child's physical development. The differences in caregiving practices found in the research can also be interpreted as a lack of understanding about good childcare practices, considering that the alternative caregivers for migrant families, have low educational attainment. Another factor identified as influencing children's development is the physical condition of alternative caregivers. They are generally older than the caregivers from the nonmigrant group. Furthermore, the existing data show that there is no significant difference in caregiving practices from alternative caregivers in migrant and nonmigrant families in terms of child treatment, provision of complementary food, and visitations to health facilities when the child is sick. Almost all indicators show that most children from migrant families are taken care of by their alternative caregivers. Furthermore, within migrant families, except in relation to children's physical needs at an early age, there is no significant difference in caregiving practices. This might explain why there is no significant difference in children's height when comparing internal and international migrant groups.

### 5.3.2 Cognitive Abilities and the Fulfillment of Children's Cognitive Needs

Related to cognitive abilities, the low cognitive test scores in the migrant children group are possibly due to several factors related to migrant family condition. Most children from the migrant families in this research were left behind by their mothers when they were at an early age, the most important time in cognitive development and growth. The importance of a caregiver's presence in children's cognitive abilities can be explained with Vygotsky's cognitive development theory, which stresses the importance of adults' roles in social interaction as an assistant having higher cognitive abilities to help develop children's cognitive abilities through knowledge and skill transfers (Vygotsky, 1978). Through this assistance, children can work on particular tasks and develop their knowledge and skills (Sigelman and Rider, 2009). Through a collaboration with an individual who has higher knowledge and skills—a practice known as guided participation—children learn and internalize new problem-solving techniques which can be recalled when needed without the assistance of others. This process eventually enhances children's mastery in conducting the tasks given to them. This practice underlines the significance of adults' presence in guiding children to learn from their surroundings.

Children from migrant families do not entirely lack the attention of caregivers because all of them are raised by other family members, such as their biological father, grandfather, or grandmother. However, it is worth noting that the mother's absence as the main caregiver results in a lack of support from adults that can be accessed by children in their learning process. One of the reasons is the father's inadequate caregiving. This research finds that alternative caregiving is mostly carried out by the biological father. However, in Indonesia, the father tends to be less involved in childcare than the mother, so he often lacks the caregiving knowledge and skills. Another reason is that when the primary caregiver role is passed on to a family member other than the parents, that person often has more important priorities than taking care of the children. Hence, it is even harder to achieve the same level of intensity that a biological mother can provide when she is the primary caregiver. One case in relation to this factor serves as an example. An aunt (the father's biological sister) has taken on the role as the alternative caregiver with the responsibility to take care of not only the left-behind children, but also her own. She also has to carry out other domestic tasks. Given her many responsibilities, she has limited time and energy to care for the left-behind children.

In terms of the caregiving practices related to a child's cognitive needs, it is found that children from international migrant families experience greater learning difficulties. However, almost half of the children from all family groups experience difficulties in the learning process. Yet, just as discussed above, fewer caregivers in the migrant group, as compared to those in the nonmigrant group, know about these learning difficulties. Lack of interaction between children and adults who have higher cognitive abilities, as stated by Vygotsky (1978), can explain why children from migrant families have lower scores in the cognitive test compared with those from nonmigrant families.

It is important to remember that children's cognitive ability seen from this cognitive test is also influenced by their inherited characteristics. On top of this, there are still other unobservable factors, such as family's preference or view on the importance of education, and other external factors such as school choice and the school's accessibility. That is to say, caregiving practices are not the only factor that needs to be examined in relation to children's cognitive competence. Poverty, for instance, is also found to affect the children's cognitive function. Financial constraints faced by the families may become a significant barrier to meeting the nutritional intake required for child growth, hence affecting children's cognitive development (Kretchmer, Beard, and Carlson, 1996). Another factor found to have indirect impacts is the low knowledge and skills of the parents about child caregiving, which often hinders their ability to communicate and interact with the children. This is in accordance with the previous research findings, which reveal a tendency in parents from the lower social classes to not practice reasoning or critical thinking ability with their children. Instead, they tend to confine them, indicate authoritative attitudes, and show less warmth and affection toward their children (Conger and Dogan, 2007; McLoyd cited in Sigelman and Rider, 2009). The results of the interviews with several migrant and nonmigrant families in this research show that parents are often not capable of confronting children who decide to quit school since they do not know how to make the children understand the risks they will face in the future.

### 5.3.3 Psychological Conditions and Fulfillment of Children's Psychological Needs

The presence of a mother is found to be one of the irreplaceable aspects of caregiving, as predicted by Bretherton (1992) and Mercer (2006). It can be concluded that the significant difference between the group of children in migrant and nonmigrant families in terms of children's behavior and social life is most likely affected by the aspect of the mothers' presence. This is based on the result of SDQ test which assesses conduct problems, hyperactivity, and prosocial behavior.

In relation to that aspect, the difference between children from internal and international migrant families is also seen in terms of communication between migrating mothers and the left-behind children. The communication established between mothers and children in this study is found to be better in internal migrant than international migrant families if viewed from the frequency of communication by telephone between the mothers and children. Furthermore, if referring to the finding in which more than two thirds of the children in all groups state that their mothers are whom they share their stories with when they feel sad, communication with mothers is highly crucial and desired by the children. This finding also implies that the lower the frequency and intensity of communication established between children and mothers, the greater the barrier which stands in the way for the children to share their emotional burdens. In the group of international migrant children it is noted that 21% of the children are not given any information on their mothers' whereabouts, they figure it out themselves instead. This communication constraint between mothers and children often exists in migrant families due to distance and cost. The high cost expended by migrant workers, particularly those working overseas (international migrants), indeed becomes a consideration in contacting their children since they still have to send remittances for the survival of the family they leave behind. Thus, external support is extremely necessary to help overcome the impacts of this separation.

The impact of parents' absence on the children's emotional need fulfillment is also one of the primary findings in the research conducted by Heymann et al. (2009), who found that in general, children from migrant families in Mexico who are left behind by their parents migrating to the US are reported to have problems in behavior and emotion. This finding also confirms the importance of "transnational families" or "transparenting", which emphasizes a model of caregiving practices through various available communication media and does not merely rely on direct face-to-face interactions for the separated families, as experienced by migrant families. This model is expected to be able to fulfill the children's emotional needs although they are separated from their parents, and to prevent children from facing emotional barriers emerging from their unfulfilled emotional needs. Families, communities, and the government need to realize that without special treatment, problems with children's emotions can also affect other aspects of children's development. The children undergoing difficulties in interacting with people around them will have fewer opportunities to acquire guidance in their process of learning from their surrounding environment, and eventually this will affect the children's cognitive development.

### **Box 3**

#### **Key Finding 3: Caregiving Arrangements and Practices in the Research Samples**

There are differences between migrant and nonmigrant families in terms of child caregiving arrangements and practices. While the children from nonmigrant families are taken care of by their biological mothers, the children left behind by migrating mothers are usually taken care of by their biological fathers or grandfathers/grandmothers in everyday life. This alternative caregiving is closely related with the patterns of caregiving practices in the families. Viewed from the fulfillment of the child's basic needs (physical, cognitive, emotional, and supervisory needs), there are not too many differences between children from migrant and nonmigrant families. This is specifically seen in cases such as learning activities and supervision. The characteristics of sample children in this research, all of which are from poor families, likely cause the absence of sharp differences between children from migrant and nonmigrant families in terms of learning activities and supervision. The difference in caregiving practices emerges in matters related with the absence of mothers and communication between mothers and children in the families, i.e., in the aspects related to the fulfillment of physical and emotional needs. The results pertaining child caregiving practices demonstrate the importance of ensuring fluency of communication between mothers and children as well as the rest of the families left behind so that the children can still obtain their caregiving rights even though the mothers have migrated.

## VI. SUPPORT FROM THE *KABUPATEN* GOVERNMENTS AND COMMUNITIES

### 6.1 Support from the *Kabupaten* Governments

Overall, this study did not find any specific programs designed by the governments of Kabupaten Banyumas and Lombok Tengah for children whose parents migrated domestically or internationally for work. The types of assistance/support given were mostly aimed at families, such as the Raskin, BOS, BSM, PNPM GSC, and PKH programs. However, at this moment, the *kabupaten* governments of Banyumas and Lombok Tengah are implementing working groups for BTKI.

The discussion on program support in general covered programs conducted by the Government of Kabupaten Lombok Tengah. Those programs were Millennium Challenge Corporation (MCC) (MCA-Indonesia, n.d.), Energy Self-Sufficient Village (Desa Mandiri Energi), and Inclusive Education programs. Therefore, the MCC Program was aimed at the parents with the purpose to stop the area from becoming the sources of migrant workers' deployment or at least to reduce the number of migrant workers. The inclusive education program is aimed at all children with special needs so they can attend regular schools at the basic education level. One of the child respondents from an internal migrant family in this study already receives the benefit of this inclusive education program; the child with special needs continues school and receives specific support in learning from one of the teachers at school.

Kabupaten Lombok Tengah Government saw that the lack of clothing, food, and housing were what mainly motivated villagers to work outside the *kabupaten*. Using the MCC grant program, Kabupaten Lombok Tengah Government will build a hydroelectric power plant. The community were motivated to make good use of the electricity (by using sewing machines, producing equipment using machines, and many other activities) to improve their welfare instead of using the electricity for merely watching TV. The locations for the program implementation were in four *kecamatan*: Kecamatan Melati, Kecamatan Teratai, Kecamatan Tulip, and Kecamatan Kenanga, or the area within the radius of Rinjani Mountain (Emeneng zone).<sup>25</sup>

Kabupaten Lombok Tengah Government has been implementing the Inclusive Education Program<sup>26</sup> for children since September 2012. This is an education program from the Ministry of Education and Culture and Kabupaten Lombok Tengah Government focusing on access to facilities, such as developing pathways to the school toilets and classrooms that are accessible for wheelchairs. The expense for Inclusive education at SD level is Rp2,200,000 per month per person. However, the School Operational Assistance (BOS) has not yet been provided for inclusive schools. BOS for elementary education is Rp750,000. Thus, the *kabupaten* government uses APBD funds to cover the expenses, which is as much as Rp1,500,000 per student. In regard to human resources, there were 5 teachers (2 men and 3 women) sent to Surabaya to attend training of trainers (ToT) for one year. The cost of the 5 teachers was Rp125 million, which was jointly borne by the Central government and Kabupaten Lombok Tengah Government.

The inclusive education program is only implemented in schools under the supervision of the Ministry of Education and Culture. Schools under the supervision of Ministry of Religious Affairs were still waiting for their turn when this study was conducted. This inclusive education program

<sup>25</sup>There were three zones: Emeneng Zone, Tunjuk Dilah Zone, and Tumpak Bau Zone.

<sup>26</sup>Lombok Tengah is one of the 20 *kabupaten* that proclaimed itself as the *kabupaten* with inclusivity.

places children with special needs in public schools instead of in schools for children with special needs (SLB). Children with special needs comprise four types namely (i) slow learners, (ii) gifted and talented learners (CIBI), (iii) learners with different abilities, and (iv) learners with physical disabilities. Through this program, Kabupaten Lombok Tengah Government wished that they had accommodated the learning needs of the children who were left behind by their migrating parents, especially those belonging to the group of children with special needs. The implementation of this inclusive education program has covered some *kecamatan* such as Anggrek<sup>27</sup>, Mawar, Lili, Flamboyan, dan Proteus.

When this research was carried out in Kabupaten Banyumas, their education agency had not had any similar programs on inclusive education to the one in Kabupaten Lombok Tengah. Kabupaten Banyumas only had schools for children with special needs. The number of SLB schools was also limited. There were only three schools, all of which were maintained by the private sector.<sup>28</sup> The inclusive education program in Kabupaten Banyumas began in 2014. When it first began, the Banyumas Education Agency had a minimum of 1 SD and 1 SMP in each *kecamatan* (Dinas Pendidikan Kabupaten Banyumas, 2014). In the early stage of the program, there were 10 inclusive schools at the level of SD/SMP, and increased to become 32 schools at the level of SD/SMP in August 2015 (Satelit Post, 2015).

## 6.2 Programs Related to International Migrant Workers

In 2010, The Ministry of Women's Empowerment and Children Protection (KPPPA) issued the general guidelines of BKTKI. The general guidelines covered three main problems faced by migrant workers. The problems are: (1) economic empowerment, (2) family security and welfare, and (3) child protection. These guidelines are one of the efforts taken to protect international migrant workers and their family members.

One of the steps taken was setting up a BKTKI working group. The members of a working group comprised government institutions, nongovernmental organizations, financial institutions, private institutions, and functional apparatus in the village, *kecamatan*, and *kabupaten/city*. The purpose of this working group was to protect migrant workers' family members so that the family members could make good use of the remittances for their family members' welfare, could develop themselves financially and psychologically, and could protect the rights of their children to grow and develop optimally.

BKTKI in Kabupaten Lombok Tengah became official in December 2013. Immediately, three working groups were established in three villages.<sup>29</sup> In the mid 2014, another three working groups were formed in two *kelurahan*<sup>30</sup> and one village.<sup>31</sup> The main activity of the working groups was to set up independent businesses such as the production of processed food from sea produce, water hyacinth handicrafts, and sewing training. However, only in Desa Moringa were activities directly related to childcare since the village had set up the Fostering Family with Infant (BKB) program in 2009/2010, which later on developed into PAUD and kindergartens (TK). Through PAUD, training regarding childcare was given to mothers and other family members (usually fathers and

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<sup>27</sup>Of the 12 *kecamatan* in Kabupaten Lombok Tengah, Anggrek conducted the inclusive education the most.

<sup>28</sup>These 3 SLBs are SLB ABCD Kuncup Mas (Kelurahan Rafles, Kecamatan Banyumas), SLB C and C1 Yakut (Kelurahan Semanggi, Kecamatan Alamanda) and SLB B Yakut (Kelurahan Rampai, Kecamatan Adentium) (Kemdikbud, n.d.).

<sup>29</sup>Desa Ruby (Kecamatan Tulip), Desa Moringa (Kecamatan Mawar), and Desa Wijaya (Kecamatan Anggrek).

<sup>30</sup>A *kelurahan* is a village-level administrative area located in an urban center.

<sup>31</sup>Kelurahan Kusuma and Kelurahan Sawit (both in Kecamatan Mawar) and Desa Sari (Kecamatan Lili).

grandmothers) who were responsible for taking care of children. The main problem faced by this group whose activities' main focus was child caregiving was that the community always demanded training results that were ready-to-use (or to be sold). Meanwhile, parenting models are a form of knowledge, so they did not have any tangible form (Woman, 40 years old, Kabupaten Lombok Tengah).

One of the interesting findings of this study was the involvement of scholars from the Center for Research on Gender, Children, and Community Services of Jenderal Soedirman University (PPGA-PM Unsoed) in Kabupaten Banyumas. The government of Kabupaten Banyumas ratified the working group for BKTKI<sup>32</sup> and established other working groups in three *kecamatan*, namely Kecamatan Oryza, Kecamatan Sativa, and Kecamatan Pudica. The participation of the research center in the working groups had significant roles in promoting, guarding, and finding solutions to any problems faced by international migrant workers in order to make the solutions the focus of the government institutions and NGOs in Kabupaten Banyumas. PPGA-PM Unsoed worked together with SERUNI in implementing various activities such as training and research related to women migrant workers and the families they left behind.

A key development in Kabupaten Banyumas is the issuance of Kabupaten Banyumas Regional Government Regulation No. 2/2015 on the Protection of Migrant Workers from Banyumas.<sup>33</sup> This regulation regulates the rights and obligations not only of the prospective or international migrant workers, but also the family left behind (Article 3). Family members have the right to obtain a correct and accurate information about the state of their family members who become international migrant workers and can obtain the agreement of work and placement agreement (Article 7). This provides an opportunity for family members to obtain access rights, in particular regular communication between international migrant workers and the children.

The child protection aspect also emerged with the ban on the departure of prospective international migrant workers if she is pregnant and have children aged less than 6 months (Article 23). The minimum age of children in the pre-requisites of the departure among international migrant workers was actually different across regions. For example, the neighboring *kabupaten*, Kabupaten Cilacap, sets a higher minimum age of children, which is 2 years old, for women who want to become international migrant workers.<sup>34</sup>

A key development in Kabupaten Lombok Tengah in 2015 is the village regulations on the protection of migrant workers such as in Desa Nyerot<sup>35</sup> and Desa Darek<sup>36</sup> (Migrant Care, 2016; MAMPU, 2015). Village regulation of Desa Darek also stipulates a ban on prospective international migrant workers who are pregnant or have infants under 12 months (Article 7). The village regulations were successfully launched in part due to the intervention from the national level organization, Migrant Care, through its cooperation with local agencies at the provincial level under Perkumpulan Panca Karsa.<sup>37</sup> They formed the Village that Cares for Migrant Workers (DESBUMI), which serves as an

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<sup>32</sup>Working group on TKI family guidance.

<sup>33</sup>The regulations on international migrant workers protection issued by local governments are important because in the *kabupaten* of the pilot study, Cianjur, respondents at the *kabupaten* level still see that international migrant worker protection is in the hands/authority of the Ministry of Foreign Affairs. Meanwhile, the regional governments' only major role is at the time of pre-departure.

<sup>34</sup>Article 35 of Kabupaten Cilacap Regional Government Regulation No. 7/2014 on the Protection of Migrant Workers from Cilacap.

<sup>35</sup>Desa Nyerot Regulation No. 4/2015 on the Protection of International Migrant Workers from Desa Nyerot.

<sup>36</sup>Desa Darek Regulation No. 4/2015 on the Protection of International Migrant Workers from Desa Darek.

<sup>37</sup>Intervention to protect international migrant workers are part of MAMPU programs which was launched in 2012 (MAMPU, n.d.).

information and data center as well as a center for receiving complaints from international migrant workers. Until 2015, Perkumpulan Panca Karsa was still advocating for the DPRD Lombok Tengah to produce regulations on the protection of migrant workers (Suara Komunitas, 2015).

In Kecamatan Proteus, Kabupaten Lombok Tengah, attention toward the migrant workers was also shown by the *kecamatan* government who conducted random verification on the completion of migrant workers' administrative documents, which had been taken care of by intermediaries. The verification was done through phone calls to the heads of the village and *dusun* where TKI candidates lived to make sure that the information that was obtained by the intermediaries was correct. Should the information obtained was incorrect, then, the Kecamatan would refuse to sign the administrative documents of the prospective TKI. This action was taken in Kabupaten Lombok Tengah after examining several deportation cases of TKW whom after investigation turned out to be the non-natives of Kabupaten Lombok Tengah.

## 6.3 Community Support

The community has the capacity to reduce the adverse circumstances experienced by the migrant families. Community involvement, either individually or in groups, appears in the realm of the family and village. Some of the circumstances experienced by the migrant families found in this study are:

- a) child well-being in the aspects of education, health, and psychological condition being relatively low compared with sample children from nonmigrant families;
- b) adjustments and mother's care practices replaced by other family members that should be done by the family when the mother migrated;
- c) the family's financial incompetence in managing their income to enable a more productive business, to buy assets, and to improve the children's well-being; and
- d) disrupted communication between the migrant workers and their family.

### 6.3.1 Support for Families

The migrant workers face the dynamic problem of childcare. Mothers who became migrant workers would surely leave their children to the care of their fathers or other family members. This condition demanded the fathers to be able to play the roles of the child caregiver. However, the lack of knowledge about the role of the caregivers created problems in parenting practices which affected the children's well-being.

Problems of parenting practices in Kabupaten Banyumas became the focus of attention of PPGA-PM Unsoed, SERUNI, and the Psychological Research Institute of the University of Indonesia (UI). In October 2011, the three institutions worked together to hold fathering training, which 16 fathers from Dusun Cihuya, Desa Cihonje, Kecamatan Gumelar participated in. These fathers were left behind by their wives who worked overseas and had children under five years old. The purpose of this training was to improve the capacity of those fathers in taking care of their children so that they could optimally educate and take care of their children. The fathering concept was adopted by PPGA-PM Unsoed and SERUNI and up to the year of 2013, the fathering training had been conducted in four SERUNI working areas, namely Kecamatan Kalibagor, Kecamatan Sokaraja, Kecamatan Gumelar, and Kecamatan Sumbang (Suswoyo, 2013; Desa Pancasan, 2013; SERUNI, 2013; Humas Unsoed, 2013a).

Communication is essential to maintain the family and to build the children's resilience when facing problems. A former village head in Kabupaten Banyumas, Mr. Anom, saw the importance of communication. He realized that migrant worker families had communication problems because there were not any media to help them communicate. Therefore, he volunteered to become the intermediary of the international migrant workers and their families who live in his village. He uses social media such as Facebook as his communication tool with those women migrant workers.

Other than communication between migrant workers and the family, there is support in terms of financial management given by one of community volunteers, Mrs. Ariani, in Kabupaten Lombok Tengah. She is trusted by around 50 international migrant workers in the *dusun* where she lives to save their transferred money and then give it to the migrant workers' families. The money is saved in the Periodical Savings account with 1.25% of interest per month. This Periodical Savings is one of the Health Agency Cooperative's products that has run since the 1960s. The procedures of this financial management are completed before the migrant workers left for work abroad. They, together with their family members and Mrs. Ariani, made a deal to let Mrs. Ariani receive their income. The arrangement of the transferred money is in accordance to the migrant workers' request. The money received is recorded in the savings account book and the delivery of the money to the family used receipts to avoid any misunderstanding in the future. At present, the families have managed to buy houses, cattle, and motorcycles; they even managed to buy back their field, pay for their children's education, and send their parents to perform *hajj* pilgrimage.

Mrs. Citra, an SD teacher who is also a Koran recital tutor and a *posyandu* cadre in a village in Kabupaten Lombok Tengah, showed her concern toward the education of children of migrant workers. Mrs. Citra had the initiative to send Binar, whose mother was a migrant worker, back to school and was even able to enlist Binar as a member of the school fund recipients. Binar's inability to read and write despite being in Grade 2 drew Mrs. Citra to give Binar a set of tests which results showed that Binar was a child with special needs. Binar's condition led Mrs. Citra pay special attention to Binar and monitor him closely at home and in school, and put Binar in the Koran recital class.

*Posyandu* cadres have an important role in monitoring the health condition of children aged 0–2 years. The results in this study show that the majority of sample children of migrant and nonmigrant families in the two study *kabupaten* receive immunization either from *posyandu* cadres or midwives/doctors. Regular activities performed in *posyandu* such as weighing, immunization, supplementary feeding, and the provision of vitamin A can be accessed very well by almost the entire families in the sample. These activities are conducted not only in *posyandu*, but the cadres also make home visits to check children under five years of age who do not come to *posyandu*. The parents usually consider *posyandu* cadres as the main source of information when talking about the development of their children. However, cadres usually stop recording the data of child development and growth when the children are above 5 years old (Interview, Female, 30 years old, Banyumas).

### 6.3.2 Support from Actors in Village Domain

In Kabupaten Banyumas, the support for children left behind by their migrating parents was also given by the community. The rationale was that the community should be held responsible for the caregiving and the development of the children. The form of the support given was called Community Parenting. The support was conducted by PPGA-PM Unsoed and SERUNI and was funded by the Tifa Foundation. The intervention area of this program comprised three villages in three *kecamatan*, namely (i) Desa Karangdadap in Kecamatan Kalibagor, (ii) Desa Dawuhan Wetan in Kecamatan Kedungbanteng, and (iii) Desa Banjaranyar in Kecamatan Pekuncen. The baseline of

the research was conducted on January 2–14 and the results were expected to be ready in mid-2014 (SERUNI, 2014).

Another program, taken as a prevention step to protect migrant workers from trafficking practices, was the Village as the Basis of Safety in Migration Program. This program was a cooperation between PPGA-PM Unsoed; Kabupaten Banyumas Social, Labor, and Transmigration Agency; SERUNI; and Mr. Anom, the aforementioned former village head in Kabupaten Banyumas. The training materials of this program included, among others: (i) procedures and mechanism of doing the international migration, (ii) rights and obligation of the migrant workers, (iii) common cases faced by migrant workers and the handling procedures, and (iv) reflection of activities and agenda of PPGA-PM Unsoed to empower migrant workers (Humas Unsoed, 2011). Up until 2013, there had been around 195 villages involved in the training (Humas Unsoed, 2013b).

The objectives of the training were (i) to give village heads a bigger role in disseminating information to the prospective migrant workers and their family regarding a safe migration process to prevent human trafficking in their villages; (ii) to enable the village heads to contribute significantly in managing, mentoring, and supervising the arrangement of the migrant worker placement and protection (Humas Unsoed, 2013b), (iii) to make the village heads not only be responsible for the document authenticity of the prospective migrant workers but also be aware and have the willingness to help solve any problems that emerged in the migrant workers' families.

The desire to manage the village resources and build good governance in Kabupaten Banyumas became the basis of the volunteers' program—Village Development Movement (GDM). In 2011, the volunteers of GDM and the staff members of four villages in Kecamatan Kedungbanteng created a website for villages for free using the domain of desa.id (Desa Membangun, 2011 & 2014). Officially, the domain of desa.id was launched in Jakarta on 1<sup>st</sup> May, 2013 by the Internet Domain Manager Indonesia (PANDI) (PANDI, 2013). The villages in this study that had such domain were Desa Semedo, Kecamatan Pekuncen (<http://semedo.desa.id>); Desa Pancasan, Kecamatan Ajibarang (<http://pancasan.desa.id>); and Desa Darmakradenan, Kecamatan Ajibarang (<http://darmakradenan.desa.id>).

While waiting for the official launching of the domain, the GDM volunteers closely worked with the apparatus of Desa Darmakradenan to make a Facebook page of Desa Darmakradenan (<https://www.facebook.com/darmakradenan.desa.id>). Apparently, the existence of the Facebook page of Desa Darmakradenan had a positive impact. A female migrant worker was able to contact her family after losing contact for a long period by the help of the page. Since then, migrant workers and their family members have actively communicated using the Facebook page.

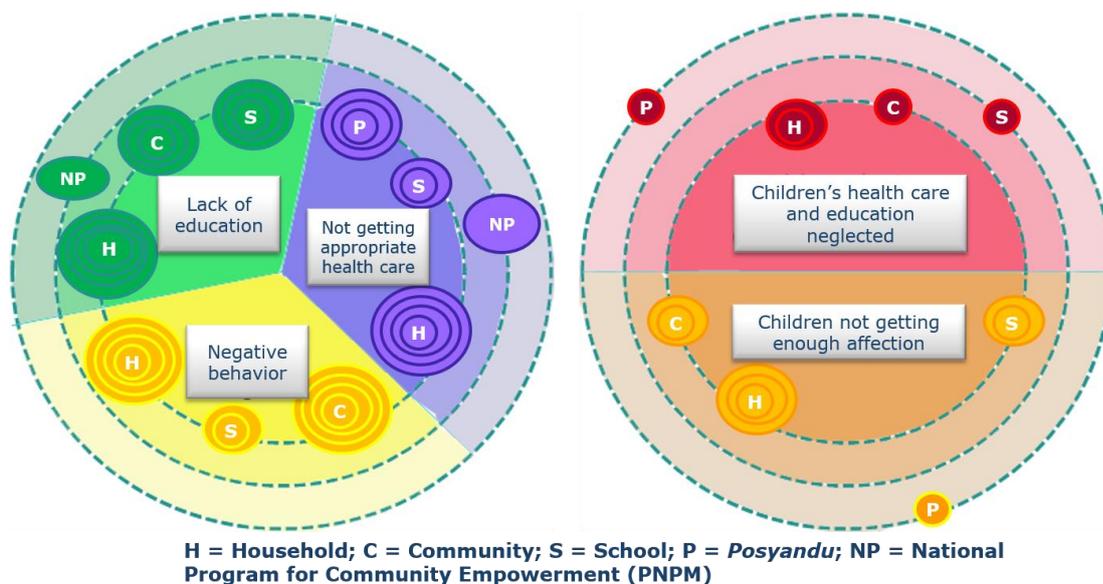
## 6.4 Roles and Support in Childcare

Changes in the structure of the nuclear family—as a result of one of the parents' migration—call for a system of caring arrangements where the parents are obliged to choose the right person to be a caregiver. Good communication between the mother and the child, and between the mother and the caregiver, is a necessary condition that must be created. Governments of various levels (ranging from village to the central governments) should facilitate this.

On the other hand, the government has yet to pay attention to the condition of internal migrant workers and her family members because their problems are not as complicated as international migrant families' problems. (Female, 35 years old, Kabupaten Banyumas)

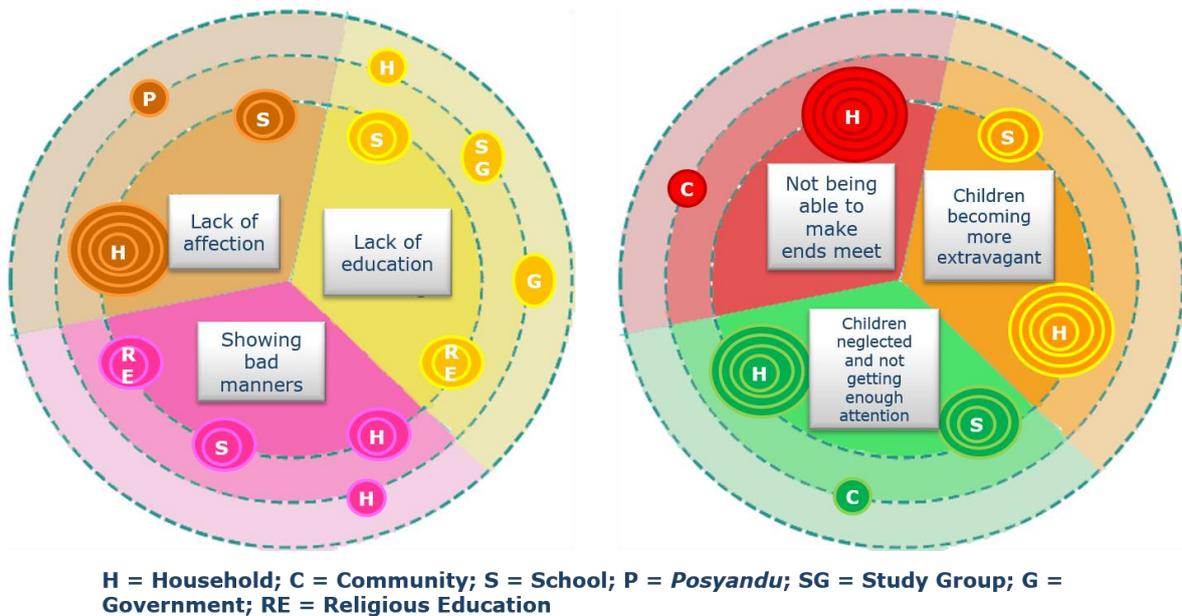
In general, the FGD results in the four *kecamatan* show that the family has the biggest role and provides the strongest support in terms of caregiving for children who were left behind by their migrant mothers. In Figures 19 and 20, the strong family roles are indicated by a four-layer circular diagram in the two *kecamatan* in Kabupaten Banyumas, while the other two *kecamatan* in Kabupaten Lombok Tengah show five-layer-circle thickness. The strongest supports were indicated by the shortest distance to the problem point in which the four *kecamatan* identified the location of the family at the first shortest distance.

The problems presented in Figure 19 basically originated from the lack of affection and insufficient caregiving practice. There are different parenting practices used by the grandmothers and the fathers. The fathers are usually more disciplined compared with the grandmothers. This might be caused by the age and workload factors, such as doing the household chores, earning a living, and taking care of the children. However, the caregivers who provide affection and sufficient caregiving would make (i) the children be more independent, mature, and creative; (ii) the children's education be more secured, and even make the children continue their education to the higher level; (iii) the children live in decent housing; (iv) the children's daily needs be fulfilled; and (v) the children perform better at school. The participants of the discussions stressed that in general, children whose mothers migrated would most probably experience lack of affection despite the fact that they are taken care of by the fathers.



**Figure 19. Results of identification of the capacity and strength of influence of the actors in Kecamatan Proteus and Kecamatan Pacar Air, Kabupaten Lombok Tengah**

Source: Focus group discussions.



**Figure 20. Results of identification of the capacity and strength of influence of the actors in Kecamatan Primaros and Kecamatan Akasia, Kabupaten Banyumas**

Source: Focus group discussions.

Regarding the question about who will take care of the children after the mother left, the answers of the participants of the focus group discussions were similar to the findings in the quantitative data and results of the exploration study in Cianjur. First, the children would mostly be taken care of by the father and/or grandmother from the mother's side and only a small number of children were taken care of by their aunt or uncle. Second, the choice of caregivers are mostly from the mother's side, which is the most common choice in the community. The FGD results revealed the facts that neighbors have also certain roles in taking care of the children. The neighbors' participation indirectly minimizes the social impact of the children having migrant mothers. The four study areas show that most migrant workers live near their relatives so that the relatives, together with their neighbors, take care of the children.

**Box 4**  
**Key Finding 4: Support for Children of Migrant Families in This Study**

The government has provided no specific and systematic support scheme that facilitates the various needs of children of poor migrant families, both at the *kabupaten* as well as at the lower levels. Only few forms of support focus on the training of care for the families left behind, such as training on 'fathering', management of remittances, and communication link between the family and the mother who migrated. Those forms of support are usually carried out in some communities spontaneously by volunteers who have concerns for the migrant families and their children. The key finding of this chapter shows that there is still a gap in the support given by the government to the left-behind children, meaning that there are still no policies to adequately address children of poor migrant families.

## VII. DISCUSSION ON POLICY

This study finds that there is a difference between the well-being of children from migrant and nonmigrant families if well-being is seen through the aspects of cognitive ability, physical growth, and psychological conditions. On average, children from poor families whose mothers are migrant workers in this study have lower results in the cognitive ability test, height-for-age, and psychological tests than children from poor nonmigrant families. More than half of the children from poor migrant families were left behind by their mothers for the first time at the age of less than five. Most of them are taken care of by their biological father and/or grandmother/grandfather. The higher ratio of the number of caregivers per child in poor migrant families, however, illustrates that families take on positive coping strategies in an effort to maintain the quality of care for children in the midst of poverty and mother's migration. Patterns in caregiving practices as seen in the fulfillment of basic needs of children (summarized as physical, cognitive, emotional, and supervisory needs) show that in terms of learning activities and supervision, there are not many differences between poor children from migrant and nonmigrant families. Differences in caregiving practices appear in matters related to the physical and emotional needs of children, for which the mother's presence at crucial ages as well as well-maintained communication between the mother and children in the family are critical.

This study also uncovers that there has been no specific and systematic support schemes from the government to facilitate the various needs of children from poor migrant families, either at the *kabupaten* level or at the lower administrative levels. Only a few support initiatives are focused on the training of the families left behind in caregiving practices, such as training on 'fathering', management of remittances, and maintenance of communication links between the family and the mother who has migrated. These initiatives are usually conducted in certain communities and carried out randomly by volunteers who are concerned for the migrant families and their children. While it was found that children from poor migrant families in this study need more attention, there is still a gap in policies provided by the government for children from these families. In other words, the existing policies that govern migrant workers and issues related to managing these policies affect the ability of mothers to carry out caregiving practices from afar.

Recently the government's awareness of the vulnerability of children from migrant worker families is reflected in the Regulation of the Minister for Women's Empowerment and Child Protection No. 20/2010 on the General Guidelines on Fostering the Families of Migrant Worker (BKTKI) Program. In the general guidelines of this regulation, child well-being is emphasized as one of the primary issues commonly faced by migrant workers and their families, meaning that the protection of the children and families of migrant workers needs to be one of the main principles in developing policies concerning migrant workers. The importance of this effort can be seen in Law No. 6/2012 on the Ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. The convention was ratified by the Indonesian Government in 2004 and regulates the protection of the rights of migrant workers and their entire families, including the children who have been left behind. Even so, there is still a long way to go in the development of related policies and in implementing the efforts of BKTKI, as the recent BKTKI guidelines have not been able to effectively manage appropriate strategies to implement these developments. Especially in regard to children's development, the emphasis still revolves around the factors of religious and moral education, without further explanation of the concrete strategies and activities required to realize effective protection policies for children from migrant worker families.

Recent efforts to provide protection for children in Indonesia have been managed in relation to Law No. 35/2014 on the Amendment of Law No. 23/2002 on Child Protection. The child protection law can be seen as an embodiment of Indonesia's compliance to the rights of the child, as listed in the Convention on the Rights of the Child, which was ratified through the Presidential Decree No. 36/1990. In relation to the issue of children who are left behind by migrant parents, several articles in this law (Article 14 and 26) assert children's rights to obtain caregiving from their own parents and state that it is parents' duty to care, nurture, educate, and protect their children. This means that children also have the right to obtain an explanation and be involved in decision-making concerning the parents' migration plan because the caregiving duty to the child cannot be accomplished while one or both parents migrate.

However, in practice, it is also found that the awareness and understanding of the community on the compliance with children's rights is still very low, especially parents as the subject of migration. The findings of a survey conducted by the Ministry of Women Empowerment and Child Protection (KPPPA) with international migrant workers, both those who have departed and those who are going to depart, highlight the low awareness and understanding of most migrant workers about child rights; the children are often considered to have no right to know why and how long their parents are going to leave them.<sup>38</sup> Furthermore, the process of handing over the caregiving responsibilities to others is mentioned in this law as a step taken when parents are unable to perform the caregiving tasks. However, no alternative caregiving arrangements are suggested and there is no guidance available to the families or caregivers who are left behind in how to perform alternative forms of caregiving. A staff member from SERUNI who was interviewed for this research to provide a description of the caregiving arrangements of children left behind by their migrating mothers, expressed several issues faced by alternative caregivers in migrant families.<sup>39</sup> These include avoidance of disciplinary tactics, due to a tendency in alternative caregivers to obey the children to keep them from crying, and insufficient knowledge and skills about appropriate caregiving practices, especially for children who are entering adolescence. This also highlights the importance of debriefing on caregiving practices for families who are left behind and the communities in the migrant enclaves.

The Child Protection Law also specifically manages special protection for the group of children considered vulnerable in Article 59.<sup>40</sup> In addition, Article 53 mentions the duty of the central government and regional governments to give assistance in the form of educational fees, special services, or free assistance to the children from this group, i.e., waifs, underprivileged children, and children living in remote areas. Although in many cases children from migrant families are found to

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<sup>38</sup>Lies Roesdianty, Deputy Assistant of Woman Labor Protection-KPPPA, Protection for Children Left Behind by Migrant Workers, was present as the key speaker in the Workshop for the Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

<sup>39</sup>The SERUNI representative was a speaker in the Workshop for the Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

<sup>40</sup>Article 59 of Law No. 35/2014:

(1) the central government, regional government, and other governmental institutions bear the duty and responsibility to provide special protection for children.

(2) The special protection for children as referred to in section (1) belongs to: a. children in emergency situations; b. children in conflict with the law; c. children from minority or isolated groups; d. children economically and/or sexually exploited; e. children who are the victims of the abuse of drugs, alcohol, psychotropic drugs, and other addictive substances; f. children who are the victims of pornography; g. children suffering from HIV/AIDS; h. children who are the victims of abduction, sale, and/or trafficking; i. children who are the victims of physical and/or psychological abuse; j. children who are the victims of sexual crimes; k. children who are the victims of terrorist networks; l. children with disabilities; m. children who are the victims of wrongdoing and abandonment; n. children with socially deviant behaviors; and o. children who are the victims of stigmatization from labeling related to their Parents' conditions.

be face-to-face with the issues of abandonment<sup>41</sup>, poverty, and living in remote areas, unfortunately the group of children from migrant workers' families are not clearly categorized as a group in need of special protection. Combined with the community's lack of awareness of the vulnerability of children from migrant families, these children's access to assistance programs and the protection that should be provided by the government is hindered. This research is expected to inform the government, especially lawmakers, about the various discrepancies experienced by the children from migrant families, so that protective measures taken in the future can satisfy the needs of this group. Furthermore, the Child Protection Law does not specify the responsible parties or the child protection mechanisms that should be performed; the law merely mentions the central government and regional government, referring to the *kabupaten* heads and their apparatus, as the responsible parties for carrying out child protection strategies. Even though one of the articles<sup>42</sup> mentions the formation of the Commission of Child Protection (KPAD) and other similar organizations as being necessary in the monitoring of child protection strategies in certain regions, once again their responsibilities and working mechanisms are not clearly outlined.

Discussions about the arrangement and implementation of protective strategies for children from migrant worker families cannot be separated from discussions about protective strategies for Indonesian migrant workers, both international and internal. The results of the interviews with children from migrant families show that the vulnerability faced by women migrant workers in their workplaces is one of the factors which determine their involvement in distant caregiving. One of the migrant families that is involved in this study, with four children who were frequently left by their mother from a young age to migrate overseas, is still able to successfully ensure that the children's needs were fulfilled in terms of education, economy, and closeness with their mother. After further investigation, it was found that the mother, who acts as the breadwinner in the family, always sends her earnings to her family and communicates with all children and their caregivers (grandfather and grandmother). Meanwhile, in some other migrant families, who never hear any news from the migrating mothers, the left-behind children are more vulnerable to experiencing difficulties. This indicates the importance of resolving issues surrounding the management of institutions which regulate Indonesian migrant workers and ensure their safety.

Law No. 39/2004 on the Placement and Protection of Indonesian Migrant Workers Abroad is still considered in need of revision, both in accommodating the protection of left-behind families and protective strategies for the migrant workers themselves in the destination countries. This law only specifically regulates efforts to protect international migrant workers, yet for the group of internal migrant workers, particularly those who work in the informal sector, there are no clear legal protections. Although it is assumed that all migrant workers have been included in Law No. 13/2003 on Labor, this law is more focused on regulating efforts to protect migrant workers in particular sectors, especially the formal sector. Therefore, migrant workers in the informal sector, as professed by many of the women migrant workers in this research, are not yet protected by adequate legal instruments. Furthermore, even though the protection of international migrant workers has been legalized in Law No. 39/2004, there are only 9 articles (Article 77–85) which

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<sup>41</sup>Based on Law No. 35/2014 on Child Protection, waifs are the children whose physical, mental, spiritual, and social needs are not properly satisfied.

<sup>42</sup>Article 74 section 2 of Law No. 35/2014 states that in this matter regional governments are required to establish a Regional Commission of Child Protection or a similar organization to support the monitoring of child protection in the regions.

regulate protection. Moreover, the protective mechanisms implemented to date and how the migrant workers can access them are not clearly explained.<sup>43</sup>

The weaknesses in the government's protective efforts are reflected in the high number of violation cases experienced by Indonesian migrant workers in several destination countries and the government's weak efforts to ban or stop the distribution of labor to these countries, although it has been clearly regulated in Law No. 39/2004.<sup>44</sup> Based on the results of a study on recent policies as well as interviews and discussions with the stakeholders working in and concerned with the issue of Indonesian migrant workers, this research has several policy recommendations which are expected to help various stakeholders in the effort to improve the well-being of poor children left behind by their migrating mothers.

**a) Classifying the group of children from migrant families as a group of children in need of special protection**

Identifying children from migrant families as part of the group of children in need of special protection is expected to encourage stronger protective efforts for them and to provide them with services and access to the government assistance programs, which are supposed to prioritize them. Furthermore, efforts to implement the Child Protection Law should be integrated with efforts to improve the awareness of families and the surrounding community about child rights since parents and family members interviewed in this study seem to be unaware that children have a right to be involved in decision making on the migration conducted by their parents. This provision of information needs to be institutionalized so that it can be widely applied, for instance, in the marriage preparation courses administered by religious institutions or legal entities.

**b) Developing technical guidelines for the debriefing of migrant workers before departure, to better accommodate the needs of women migrant workers with children so they can perform distant caregiving**

The importance of quality caregiving for children and the role that women migrant workers play in maintaining communication and relationships with their left behind children is an essential aspect of migration which needs to be emphasized in the debriefing materials provided to migrant workers. Learning from migrant families who were reported to be successful in maintaining communication with their children with simple but necessary practices—such as providing their children with communication devices and maintaining daily contact with their children through texting and phone calls—is found to be useful. In this fashion, there is a substantial need for the government to cooperate with the private telecommunication sectors, so that the unaffordable cost of communication, especially for the families of international migrants, can be subsidized. Furthermore, it is important to learn which practices work well in Indonesia and can be used to develop practical and easy-to-learn guidelines for migrating mothers. It is important to ensure that the materials included in the guidelines are easy to deliver by the recruitment agents and easy to

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<sup>43</sup>Lies Roesdianty, Deputy Assistant of Woman Labor Protection-KPPPA, Protection for Children Left Behind by Migrant Workers, was the key speaker in Workshop of Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

<sup>44</sup>Article 81 section 1–2 of Law No. 39/2004:

(1) With the consideration to protect the candidates of migrant workers/the migrant workers, even distribution of working opportunities and/or for the sake of availability of labor in accordance with national need, the government can stop and/or ban the distribution of migrant workers in certain countries or the placement of migrant workers into several positions in foreign countries.

(2) In order to stop and/or ban the placement of migrant workers as referred to in section (1), the government shall take into account any suggestion and consideration from the National Agency for the Placement and Protection of Indonesian Migrant Workers.

understand by the women migrant workers. It also means that more studies are needed to identify what works best for migrant families in Indonesia in terms of strategies to ensure that alternative caregiving is provided to children while maintaining the relationship between migrating parents and their children.

**c) Developing caregiving guidelines and strategies to raise awareness of the caregiving issues of children from migrant families among families and the surrounding community**

The vulnerability of the children from migrant families needs to be realized and understood by all stakeholders who are going to take part in the caregiving. The relatively low educational levels of caregivers and economic pressures often mean that the families and surrounding community are unaware of how to overcome the various problems faced by these children. The existing policies and regulations do not give a clear direction and guidance to these ends. Therefore, efforts to improve the awareness of this issue among the families and surrounding community and the provision of easily understandable caregiving guidelines will prove extremely beneficial in strengthening efforts to protect migrant workers' children. As discussed in the previous point, this effort to improve awareness needs to be widely implemented by religious institutions and legal entities.

It is found that in practice, alternative caregiving arrangements are never discussed with the family members left behind by migrant workers, including the children themselves although the alternative caregivers are reported to have a profound influence on the success of alternative caregiving. The surrounding community is reported to influence children in many ways and is able to provide support for the children left behind. These children are often stereotyped as challenging and disobedient by the surrounding adults. However, the family and community, in fact, do not have the appropriate knowledge and skills to deal with the issues experienced by the children left behind. These facts highlight the importance of raising awareness of and providing guidance on issues faced by children from migrant families, and ways to support the provision of alternative caregiving options, not only for the migrating parents, but also for the families and community left behind.

Furthermore, besides efforts to involve local communities in activities aimed at raising awareness of and knowledge on issues around the left behind children, efforts to replicate and institutionalize initiatives that have been conducted by local communities will be required to strengthen the initiatives themselves. As mentioned previously, there are several initiatives that have been reported as providing a positive contribution in helping migrant families to improve childcare conditions, for example, through assistance in financial management for migrant families; training for fathers in left behind families to improve their engagement in parenting; and the use of social media and other technologies to improve the quality of distant parenting through regular communication between the migrating mothers and their families. Ensuring that these projects are sustainable is one of the initiatives that can be undertaken to ensure that the families who are left behind have access to the necessary support system.

**d) Increasing school and teacher engagement in the efforts to raise and strengthen awareness of and protection for the left-behind children**

One of the issues faced by the left-behind children and families in this study is related to children's performance at schools. The study finds that children from migrant families often skip classes, do not do their homework, and experience difficulties focusing when studying and in their social interactions. Children of internal migrants are found to be reluctant to go to school and the parents often permit this because they do not know how to deal with the situation. Furthermore, there are school-age children with special needs in this study who have no access to education because their

caregivers are worried that their children will be bullied if they attend a regular school. On top of this, most of these caregivers do not have information about schools for children with special needs. These findings highlight the important role local schools and teachers play in providing support for children from migrant families, particularly in ensuring that these children have access to education and are not left behind in their education.

Considering the fact that most of children's time is spent at school, it is important for schools and teachers to realize and understand the vulnerabilities of children from migrant families. That being said, efforts to raise awareness of and improve knowledge around issues faced by children in migrant families need to target schools and teachers in the strategy and to promote more support for this group of children. Local schools in areas with high numbers of female migrants need to recognize the needs of left-behind children and develop more programs to support them. This can be achieved by providing additional tutorial classes outside school hours, empowering early child education institutions in the community, and providing information to parents on their access to schools, especially schools for children with special needs.

**e) Further studying the impacts of previously implemented regulations on efforts to protect children in migrant families**

The implementation of regional regulations, such as those in Banyumas and Lombok Tengah, which apply a minimum age of children allowed to be left behind by their migrating parents, needs to be further studied to provide empirical evidence for the stakeholders and policymakers about the impact of such regulations on child well-being. Furthermore, considering the essential role of the community in caring for children from migrant families, available studies also need to learn how to empower the community to be involved in monitoring the implementation of these regulations. Indonesia also needs to learn from the good practices implemented by other countries in an effort to protect migrant workers and their families, especially the left-behind children. Moreover, as mentioned earlier, studies to identify which practices in alternative caregiving arrangements work best in the local context are required to strengthen efforts in the provision of sufficient alternative caregiving for the left-behind children.

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### **Government Laws and Regulations**

- Keputusan Presiden No. 36 Tahun 1990 tentang Pengesahan Convention on the Rights of the Child (Konvensi tentang Hak-Hak Anak) [Presidential Decree No. 36/1990 on the Ratification of the Convention on the Rights of the Child].
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Peraturan Daerah Kabupaten Banyumas No. 2 Tahun 2015 tentang Perlindungan Tenaga Kerja Indonesia Kabupaten Banyumas [Kabupaten Banyumas Regional Government Regulation No. 2/2015 on the Protection of Migrant Workers from Banyumas].

Peraturan Daerah Kabupaten Cilacap No. 7 Tahun 2014 tentang Perlindungan Tenaga Kerja Indonesia Kabupaten Cilacap [Kabupaten Cilacap Regional Government Regulation No. 7/2014 on the Protection of Migrant Workers from Cilacap].

Peraturan Desa Darek No. 4/2015 tentang Perlindungan Tenaga Kerja Indonesia Luar Negeri Asal Desa Darek [Desa Darek Regulation No. 4/2015 on the Protection of International Migrant Workers from Desa Darek].

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Peraturan Menteri Kesehatan No. 46 Tahun 2015 tentang Akreditasi Puskesmas, Klinik Pratama, Tempat Praktik Mandiri Dokter, dan Tempat Praktik Mandiri Dokter Gigi [Regulation of the Minister for Health No. 46/2015 on the Accreditation of Community Health Centers (*Puskesmas*), Primary Medical Clinic, Independent Doctor Clinics, and Dental Clinics].

Undang-Undang No. 6 Tahun 2012 tentang Pengesahan Konvensi Internasional Mengenai Perlindungan Hak-Hak Seluruh Pekerja Migran dan Anggota keluarganya [Law No. 6/2012 on the Ratification of the International Convention on The Protection of The Rights of All Migrant Workers and Members of Their Families].

Undang-Undang No. 13 Tahun 2003 tentang Ketenagakerjaan [Law No. 13/2003 on Labor].

Undang-Undang No. 35 Tahun 2014 tentang Perubahan Atas Undang-Undang No. 23 Tahun 2002 tentang Perlindungan Anak [Law No. 35/2014 on the Amendment of Law No. 23/2002 on Child Protection].

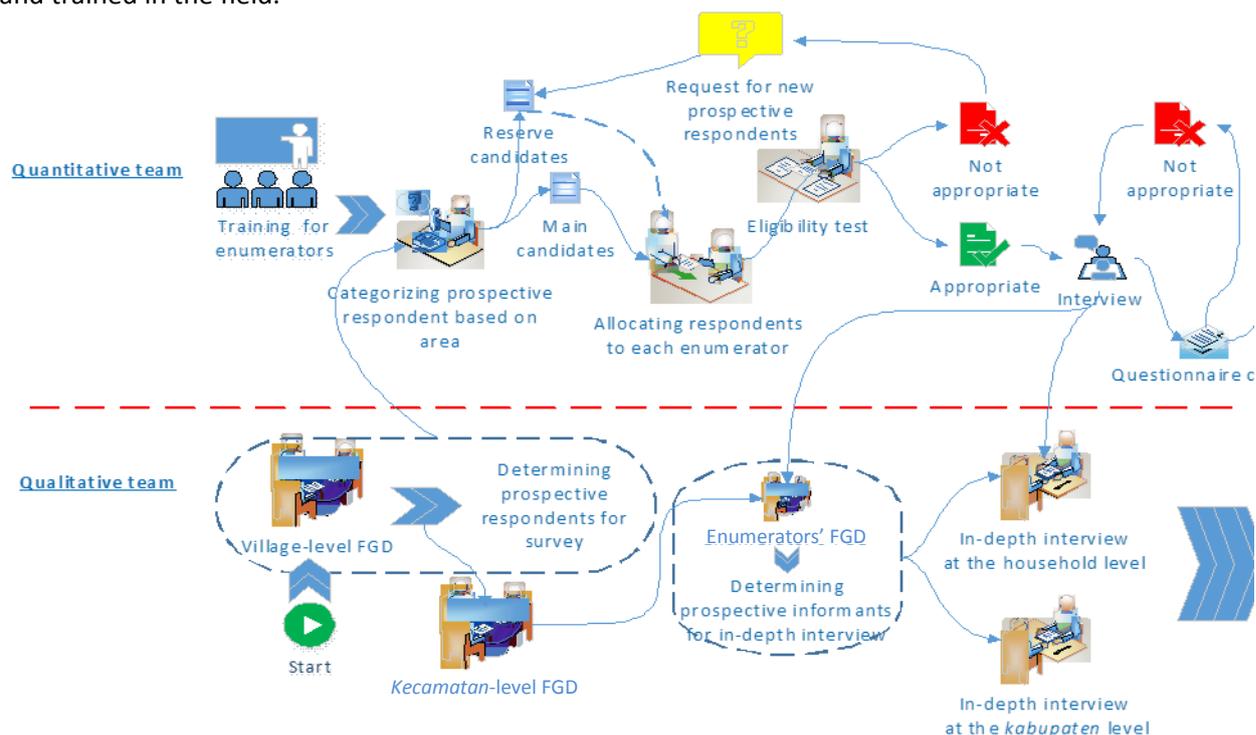
Undang-Undang No. 39 Tahun 2004 tentang Penempatan dan Perlindungan Tenaga Kerja Indonesia di Luar Negeri [Law No. 39/2004 on the Placement and Protection of Indonesian Migrant Workers Abroad].

# APPENDICES

# APPENDIX 1

## Field Research Procedures

In the process of data collection, the implementing team in the field was divided into two, namely quantitative and qualitative teams. The quantitative team consisted of 1 supervisor, 1 assistant supervisor, and 10 enumerators. The qualitative team comprised 2 facilitators, 1 assistant facilitator, and 1 note-taker. The data collection in both *kabupaten*, Banyumas and Lombok Tengah, was conducted consecutively by two different teams. The rest of the team were locals recruited and trained in the field.



**Figure A1. Scheme of the field research procedures**

As shown in the picture, both qualitative and quantitative team worked simultaneously. In brief, there were five stages of data collection as follows.

- The qualitative team conducted FGDs at the village level to determine the candidate respondents of the survey. Since there were around 4 villages in every study area, the FGD would be conducted 4 times. At each village, there were 50–70 target respondents.
- The first FGD at the village level was carried out by the qualitative team, while the quantitative team conducted enumerators' training on the survey instruments, stages of data collection, and ethics of conducting a survey.
- Next, once the list of respondents was obtained from the first village, the quantitative team grouped them based on the smallest area unit (RW or *dusun*) and divided them into main and back-up candidates. The decision to classify the respondents was made randomly without any specific criteria. There were around 50 main candidates distributed to 10 enumerators who would finish the work in two days. When the quantitative team conducted data collection in the first village, the qualitative team conducted FGD again to decide the next respondent candidates in the next village. The same stage was repeated until there were 200 respondents in each *kabupaten*.

- d) In the survey process, enumerators conducted respondents' eligibility examination before conducting the interview. Should the respondents not meet the criteria, the enumerator would then confirm to the supervisors, who would decide whether the interview could continue. Once it was decided not to continue with the interview, the supervisors then would give a new list of respondents taken from the list of back-up candidates. It was quite common that the supervisors directly visited the respondents to verify the respondents' eligibility.
- e) All the questionnaires that had been completed were submitted to the supervisors who verified their accuracy. There were two things examined from the questionnaires. The first one was their completeness, especially for some modules that were different depending on the age brackets of the respondents, such as the cognitive ability, emotional problem, and caregiving modules. This examination was conducted by the assistant supervisor. The second examination was related to the accuracy of the way to fill out the questionnaire and the consistency of the answers to the questions. This examination was conducted directly by the supervisors. Due to the large number of questions and questionnaires to be completed, and given the time constraints, the examination was not done to all of the questionnaires. The supervisors had already had a rough description on the common mistakes that usually happened. Then, from each enumerator, the supervisors took sample questionnaires with certain criteria to examine. After that, the supervisors asked the enumerator to fix the mistakes.

## APPENDIX 2

### Research Instruments

This appendix is an elaboration of the brief explanation regarding the research instrument stated in Chapter 2 about the quantitative approach.

Based on the scope of the questions, the questionnaire modules was grouped into three types of modules: first, modules that cover household information to be answered by household heads or his/her representatives; second, modules that cover information regarding the caregivers to be answered directly by the caregivers; third, modules about children some of which to be answered/completed by the caregivers, while some others to be answered/completed by the children themselves.

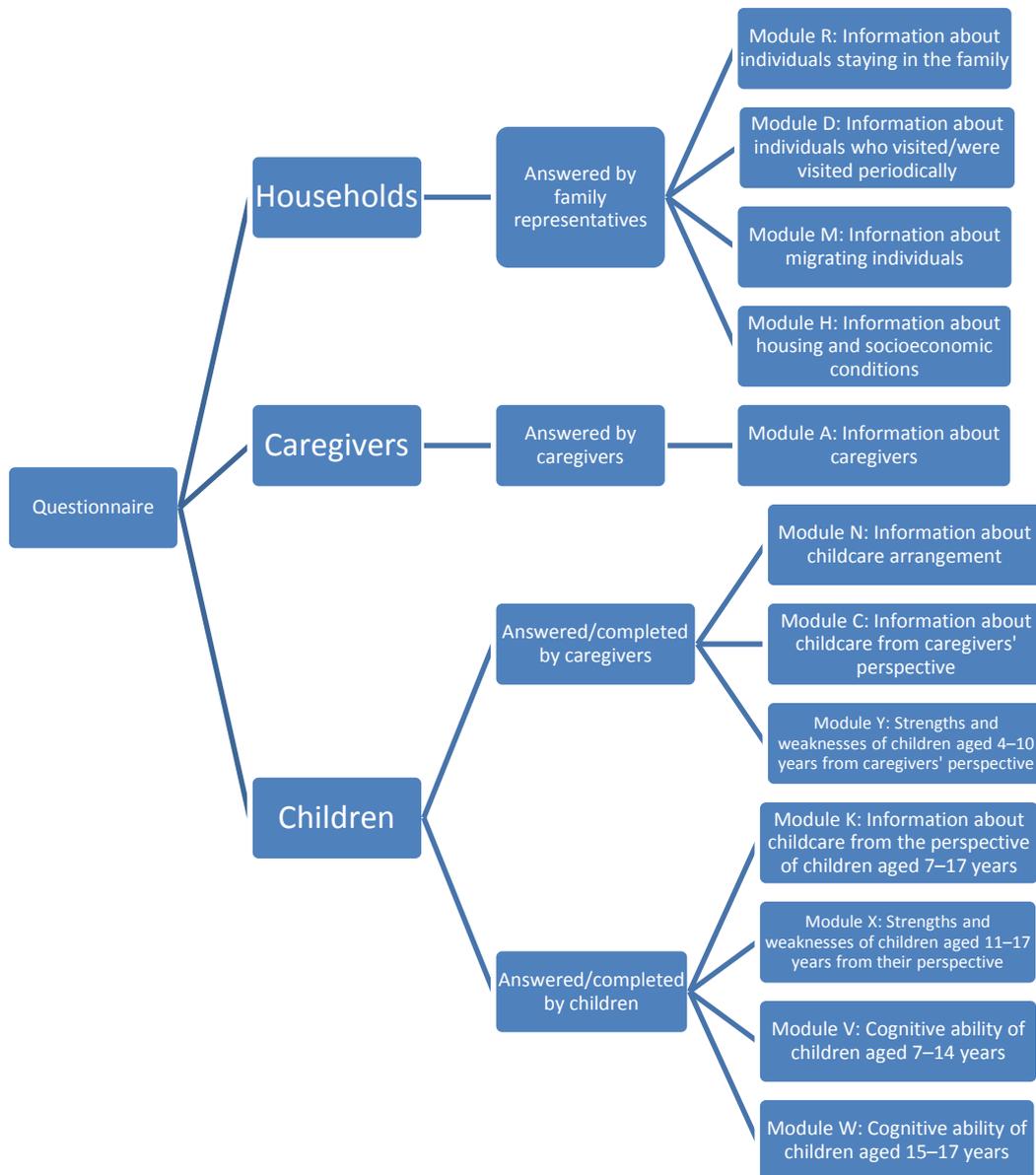


Figure A2. Questionnaire diagram

## **a) Household Questionnaire**

The enumerators read questions to the respondents and recorded the answers in the questionnaire. The questionnaire covers Modules R, D, M, and H.

### **(1) Module R: Information about Individuals Staying in the Family**

This module summarizes the information regarding each family member, namely the adults and children, including infants, who lived in the family during the survey. The definition of living here is when the members of the family were not located in another *kabupaten*/province/country within six months or more and visited this family more than once a month.

Several questions covered in the module are as follows:

- (a) the identity of each family member, such as the name, sex, age, date of birth, and relationship with the head of the household;
- (b) disability, meaning whether the family members had health problems leading to disability or needing the help of others to do daily activities;
- (c) ownership of birth certificate and reasons for not having the certificate—addressed to family members at the age of 0–17 years old;
- (d) marital status and the age when married for the first time;
- (e) jobs, the activities done within the last week, and the work sector for those who had an occupation;
- (f) education, addressed to family members above 3 years old. The questions cover the reading and writing abilities, participation in school, education level and the highest education level/class they were in, and the last education certificate they had.

### **(2) Module D: Information about Individuals Who Visited/Were Visited Periodically**

This module summarizes the information regarding individuals who became the caregivers for the target children (the sample children) but lived in a family different from the children's. The questions covered in the module are not too different from the questions in Module R, namely identity, marital status, and educational information.

### **(3) Module M: Information about Migrating Individuals**

Migrating individuals were individuals who used to live in the family but during the time of the survey were in another *kabupaten*/province/country for a period of 6 months/more and did not visit the family more than once a month. This module was addressed only to the migrant families for all the family members who once migrated, not just the mother of the target children. This module was irrelevant for the nonmigrant families.

Other than information of the individuals as stated in Module R, there are some questions covered in this module concerning information about the last migration, such as the migrating location, duration, reasons to migrate, other family members joining the migration, sources of migration funds, visits, and remittances.

### **(4) Module H: Information about Housing and Socioeconomic Conditions**

This module covers information regarding the housing condition and access to the community assistance programs. Housing conditions are about the housing and land ownership, roof conditions, floor, walls, sanitation (drinking water, bathing, and disposal), and access to electricity

and fuel to cook. The access to the community assistance programs covers access to health insurance, rice for poor family, and business credits.

## **b) Caregiver Questionnaire**

- **Module A: Information about Caregivers**

This module summarizes the information regarding the caregivers' mental conditions and caregiving workload. The caregiving workload was measured in terms of the duration of taking care of the children within one day, the number of children taken care of, and whose children are being taken care of as well as the elderly/disabled people taken care of in the family. The caregivers' mental conditions were measured from the bad habits they had, such as drinking, smoking, and gambling and any physical problems, such as headaches, digestion problems, and fatigue, as well as mental conditions (happiness, sadness, anxiety, etc.).

Sometimes there were more than one caregiver in one family or even for one child. Therefore, all the questions were asked to each caregiver, after basic questions about how many caregivers there were, who the caregivers were, and which children were being taken care of were recorded. Questions that are specifically about caregivers' problems had to be answered directly by each caregiver. Had the caregiver not been around during the survey (including the visiting caregivers/those visited regularly), the enumerator would come to the caregiver's house and waited for them.

## **c) Children Questionnaire**

### **(1) Module N: Information about Childcare Arrangement**

This module summarizes the history of the childcare arrangement for each child since birth to his/her present age. The questions were asked to the caregivers and were confirmed to the children. The questions include who the caregivers are, where the children are taken care of, and since when the children are not taken care of by their biological mothers. The question "Who is the children's caregiver?" is related to the relationship between the caregivers and the children. The question "Where are the children taken care of?" refers to the childcare location compared with the location where the parents resided. For children of migrant workers, the same question would be asked, but it would refer to the childcare location compared with where the father lived .

In addition to the history of childcare arrangement, this module also contains information on the child in question, such as his/her anthropometric data (height and weight), the number of biological siblings, and birth order.

### **(2) Module C: Information about Childcare from Caregivers' Perspective**

This module was asked to the caregivers to find out the caregiving practice that was received by the children of all ages, namely 0–17 years old. Nevertheless, the questions inside the module are classified based on the children's age, namely 0–2 years old, 3–6 years old, 0–6 years old, and 7–17 years old.

#### **(a) Module C: Children aged 0–2 years**

The questions are about breastfeeding, food supplement, and immunization.

**(b) Module C: Children aged 3–6 years**

The questions are about the attention given by the caregivers in terms of hygiene, cleanliness, and neatness of the children, and the access that the children had to pre-school.

**(c) Module C: Children aged 0–6 years**

The questions are related to the cognitive stimulation that the children received, such as through access to books or knowledge and access to socializing. Reading a tale or storybook to or with the child is an example of activities to stimulate the child's cognitive and emotional development.

**(d) Module C: Children aged 3–17 years**

The questions are about the caregivers' attention to the children's nutrition intake (balance nutrition) and medication when the children were sick.

**(e) Module C: Children aged 7–17 years**

In terms of emotional needs fulfillment, the questions in this module are related to the children's knowledge of their mothers' whereabouts and their communication intensity. Also, there are questions related to affection and emotional support given by parents, caregivers, or other family members. In terms of physical needs, the questions cover the caregivers' attention in fulfilling the children's needs for healthful food and medication when the children are sick. In regard to education, the questions are related to access to school, caregivers' attention to children's attendance at school, as well as problems and children's special needs when studying at home and at school. In terms of supervision, the questions also probe caregivers' knowledge regarding the children's social interaction and activities inside and outside school, including children's bad habits such as smoking or drinking.

**(3) Module K: Information about Childcare from the Perspective of Children Aged 7–17 Years**

This module was addressed to and answered directly by 368 children at the age of 7–17 years old. The questions in this module are identical to the ones in Module C for children between 7–17 years old. The purpose of asking the same questions to both children and caregivers was to find out how far the caregivers understood the children and how close the children were to the caregivers, including the depth of the information the children shared with their caregivers.

**(4) Modules X and Y: Child's Strengths and Weaknesses Test**

The modules cover some questions to measure the strengths and weaknesses of the children. The questions are similar for all children age groups. The division of the modules according to age groups is related to the one who has to write the answers. If the children are at the age of 4–10 (Module Y), the one answering the questions would be the caregivers. If the children are at the age of 11–17 (Module X), then they can conduct evaluation on themselves directly.

The modules were tested to 211 children aged 11–17 years and 255 caregivers of children aged 4–10 years. For the age group of 11–17 years, the questionnaire was filled out by 84 sample children from the migrant families and 127 sample children from the nonmigrant families. Meanwhile, the

255 caregivers of the children aged 4–10 years consisted of 109 caregivers from the migrant families and 146 from the nonmigrant families.

The strengths and weaknesses test is a research instrument that briefly measures children’s behavior. The questions in the module, together with its calculation and interpretation, fully adopt the Strengths and Difficulties Questionnaire (SDQ), created and published by Youth in Mind (n.d.). This questionnaire was originally created by a psychiatrist named Robert N. Goodman to identify the behavior of children at the age of 4–17 years old (Goodman, Meltzer, and Bailey, 1998).

As many as 25 items in the questionnaire represent 5 scales, each consisting of 5 items. Those 5 scales are for emotional problems, behavioral problems, hyperactivity, problems with peers, and relationship with the community. There are three answer choices for each item: ‘Not True’, ‘True’, and ‘Very True’. ‘True’ is always given score 1, while ‘Not True’ and ‘Very True’ can be given score 0 or 2 depending on the questions. The following is the detailed information regarding the scoring of each item.

**Table A1. Table of SDQ Item Scoring**

Notes	Not True	True	Very True
<b>Emotional problems</b>			
Always has headache, stomachache, and other illnesses	0	1	2
<b>Is always afraid and easily gets scared</b>	0	1	2
<b>Gets sad and upset easily, and often cries</b>	0	1	2
<b>Gets nervous easily and is not confident in new situations</b>	0	1	2
<b>Involuntary physical movements when anxious or worried</b>	0	1	2
<b>Behavioral problems</b>			
Is temperamental	0	1	2
Is well-behaved and obedient, and does what the adults say	2	1	0
Is often involved in a row/fighting or disturbs other children	0	1	2
Often lies and cheats	0	1	2
Steals at home, school, or in other places	0	1	2
<b>Hyperactivity</b>			
Actively moves and is unable to stay still even for a while	0	1	2
Is unable to listen attentively and look in the eyes when talking with others	0	1	2
Is easily distracted	0	1	2
Thinks first before doing something	2	1	0
Fully concentrates when doing something	2	1	0
<b>Problems with peers</b>			
Prefers being alone	0	1	2
Has at least one best friend	2	1	0
Is generally liked by other children	2	1	0
Often gets bullied by other children	0	1	2
Socializes better with adults than with their peers	0	1	2

Notes	Not True	True	Very True
<b>Relationship with the community</b>			
Is attentive to others' feelings	0	1	2
Is willing to share their food, toys, stationery, etc. with other children	0	1	2
Has empathy for friends who get hurt, angry, or sick	0	1	2
Is nice to younger children	0	1	2
Often helps others	0	1	2

The total scores of SDQ vary from 0–40. The higher the scores, the bigger the problems that the children have. To simplify the interpretation, the scores are grouped into several scales to evaluate whether the children's behavior is considered normal, almost normal, or deviant. The following table shows the score interpretation.

**Table A2. Table of SDQ Score Interpretation**

Notes	Normal	Almost Normal	Abnormal
<b>Scoring by caregivers (children aged 4–10 years)</b>			
Total scores	0–13	14–16	17–40
Emotional problems	0–3	4	5–10
Behavioral problems	0–2	3	4–10
Hyperactivity	0–5	6	7–10
Problems with peers	0–2	3	4–10
Good relationship with the community	6–10	5	0–4
<b>Scoring by children themselves (children aged 11–17 years)</b>			
Total scores	0–15	16–19	20–40
Emotional problems	0–5	6	7–10
Behavioral problems	0–3	4	5–10
Hyperactivity	0–5	6	7–10
Problems with peers	0–3	4–5	6–10
Good relationship with the community	6–10	5	0–4

#### **(5) Modules V and W: Child's Cognitive Ability Test**

These modules were adapted from the cognitive module used in the IFLS survey. In general, the contents of the cognitive module are divided into two types, namely picture series and arithmetic series tests. The picture series test is aimed to test the children's ability to understand and analyze problems. The arithmetic test is to find out the children's mathematical ability and their ability to think logically and structurally.

As in the IFLS, the surveys in the modules are also differentiated in accordance to age groups. Module V—the easier one—is addressed to children aged 7–14 years. This module consists of 12 picture series questions and 5 arithmetic series questions. It was expected that children not attending school would also be able to answer all the questions. Module W covers more difficult questions in which there are 8 picture series questions and 5 arithmetic series questions with higher levels of difficulty. This module puts more emphasis on the scoring of mathematical and logical reasoning abilities. Therefore, this module is addressed to children aged 15–17 years. However, 8 picture series questions and 1 arithmetic series question in both modules share some similarities.

## APPENDIX 3

### Qualitative Research Activities

This appendix is further elaboration of the qualitative approach stated in Chapter 2.

The qualitative research activities in this study aimed to (i) find village candidates, (ii) find respondent candidates, (iii) understand the problems of children left behind by their migrant mothers and the conditions of the respondents' families, and (iv) identify any formal and informal support given by the community, government, and nongovernmental institutions (individuals, NGO, or academicians' initiatives). The methods used were in-depth interviews, group interviews, and focus group discussions (FGDs).

The search for village candidates was conducted via group interviews with the *kecamatan*-level government officials. Informants of these group interviews consisted of the head of *kecamatan*; secretary to the head of *kecamatan*; and the head of either the community empowerment, good governance, or development division; and other *kecamatan* staff members whose work was related to the distribution of Raskin.

The researchers identified two village candidates having similarity in regard to the geographical conditions, number of population, size of the village, and number of Raskin recipients or local poverty characteristics. Afterwards, the researchers compared the two village candidates with the information about the village poverty level based on the BPS data.

Having received the recommendation of village candidates obtained from the group interviews of the *kecamatan* apparatus, the researchers conducted group interviews with the village officials. The researchers usually talked to the head of the village or the secretary, with the help of other officials, including the head of *dusun* or the head of RW. The researchers, together with the village officials, identified the possibility of getting respondent candidates needed for the study. After obtaining necessary information, the researchers determined the feasibility of the village candidates to be the location of the research. Then, having made the decision, the researchers with the village staff invited the community to come to the FGD at the village level.

The FGD participants at the village level consisted of men and women with the professions of village head, RT head, *posyandu* cadre, and PKK cadre. The main requirements to become the participants were that they had lived in the region for some time and known the conditions of the community. The FGD was divided into two stages: (i) identifying group welfare based on the village condition and (ii) identifying the respondent candidates based on their well-being—poor or lower-middle class. The researchers also asked the participants to make the village sketch to help the enumerators visit the respondent candidates' houses.

It turned out that the village condition would not allow the researchers to meet the targeted respondent candidates. Ideally, the number of respondent candidates were 58 people from one village (50 main targets and 8 backups). There should be additional villages both in the same *kecamatan* or in the new *kecamatan*<sup>45</sup> so that there would be 200 respondents in 1 *kabupaten*. The researchers used the method of snowball sampling by visiting community leaders to find additional respondent candidates. The researchers obtained the characteristics of group welfare through a series of in-depth interviews with the community leaders. By using this method, the researchers could verify the information obtained from those community leaders.

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<sup>45</sup>In Kabupaten Lombok Tengah, the researchers had to add more villages and *kecamatan*.

The researchers conducted FGDs at the *kecamatan* level to identify (i) problems faced by children whose mothers migrated; (ii) the impacts of the children's condition on the family, community, government, and private sector; and (iii) the forms of support from the community and their capacity in solving the problems of children who had migrant mothers. The participants of each FGD represented two study villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's caregiving, such as the principals/senior teachers (PAUD, TK/RA, SD/MI, SMP/MTs), *posyandu* cadres, PKK cadres, family planning cadres, village midwives/orderlies, social workers, facilitators of PNPM GSC, and other stakeholders recommended by the community (such as religion teachers).

The researchers conducted in-depth interviews with some of the respondents' families to find out the causes of the good or neglected conditions of the children and their caregivers and the process of how they happened. The researchers conducted an FGD with the enumerator team to obtain respondent candidates for the in-depth interviews. The researchers divided the respondent families into four categories, namely nonmigrant families with good conditions, migrant families with good conditions, nonmigrant families with neglected conditions, and migrant families with neglected conditions.

The respondent families that became the targets of the in-depth interviews turned out to have special conditions such as the child respondent being classified as a child with special needs, the child respondent being a dropout, and the caregiver respondent having a physical disability or a disease that would not allow him/her to work, such as stroke or TBC.

The series of the in-depth interviews with the respondents and the FGDs at the village/*kecamatan* level resulted in temporary findings or working hypothesis. The researchers consulted the field findings with the government and NGOs at the *kabupaten* level. The consultation process was framed in the in-depth interview method which specifically discussed the main issues.

The consultation process was successful in identifying various forms of formal and informal support given by the government and NGOs, such as individual support, employment programs (provided by the government and NGOs), and involvement of academics/scholars. The limitations faced in this process were (i) the inability to make specific local recommendations and (ii) the limited number of government institutions that were successfully interviewed, as this activity was done nearing the end of the research.

## APPENDIX 4

### List of Sample Villages and Methods of Sample Area Selection

This study was carried out in 2 provinces, 2 *kabupaten*, 5 *kecamatan*, and 13 villages as follows:

- a) Central Java Province: Kabupaten Banyumas
  - (1) Kecamatan Akasia
    - Desa Dafodil
    - Desa Kamboja
    - Desa Petunia
  - (2) Kecamatan Primaros
    - Desa Karnasion
    - Desa Sikamora
- b) West Nusa Tenggara Province: Kabupaten Lombok Tengah
  - (1) Kecamatan Pacar Air
    - Desa Krisantium
    - Desa Begonia
  - (2) Kecamatan Proteus
    - Desa Magnolia
    - Desa Kaktus
    - Desa Basil
    - Desa Gardenia
    - Desa Lavender
  - (3) Kecamatan Kenanga
    - Desa Mimosa

### Sample Area Selection Methods

#### a) Province Selection

Since the study aimed to accommodate both international and internal migrations, the data of internal migration were used as the bases of consideration to choose the provinces. The selection of areas could only be done up to the provincial level due to the limited data regarding the internal migration in Indonesia. Based on the data of migration trend in Indonesia in 1980–2010 (BPS, 2016), supported by IFLS data of the interprovincial population migration of 2007, there were two provinces with the highest numbers of internal migrant population, one of which was in Java Island and the other one in the West Nusa Tenggara Province.

#### b) *Kabupaten* Selection

In each of the provinces, one *kabupaten* that became the pocket of women migrant workers was selected by referring to BNP2TKI data of women migrant workers' placements in 2006–2012. Those *kabupaten* were Banyumas in Central Java Province and Lombok Tengah in West Nusa Tenggara Province.

### c) *Kecamatan* Selection

The scope of the study was limited only to some families with a low level of welfare. The purpose of doing so was to minimize the mixing of migration impact with the welfare impact. Thus, the welfare condition was used as the basic consideration to determine the sample *kecamatan* and villages, as well as the sample families.

The two poorest *kecamatan* in each kabupaten were chosen by referring to the Poverty and Livelihood Map of Indonesia 2010 (The SMERU Research Institute, 2014), namely Kecamatan Akasia and Kecamatan Primaros in Kabupaten Banyumas and Kecamatan Pacar Air and Kecamatan Proteus in Kabupaten Lombok Tengah. Since the quota of the sample families had not been met, the data collection in Lombok Tengah was expanded to one more *kecamatan*, namely Kecamatan Kenanga. The limited data regarding the women migrant workers made the *kecamatan* selection unable to accommodate the information concerning migration.

### d) Village Selection

Some sources were used to obtain quantitative information as the basis to determine the sample villages. One of the sources was the migrant data from the *kecamatan* office. The data detail the people who registered themselves to the *kecamatan* office to work abroad, but the completeness of the information really varied from one *kecamatan* to another. Using the migrant workers' addresses, the researchers made a rough estimation on which villages sent the most migrants. Besides that, the data of Poverty and Livelihood Map of Indonesia 2010 (The SMERU Research Institute, 2014) and the data of Raskin allocation between villages owned by the *kecamatan* office were also taken into account to determine the welfare level similarities of each selected village within one *kabupaten*.

The use of quantitative information from the secondary data was considered insufficient to determine the sample villages. Thus, it was necessary to use the qualitative information obtained from group interviews with the apparatus of *kecamatan* and villages. By using this method, the researchers could obtain information regarding the characteristics of local poverty, migration pattern, and geographical conditions among villages in one *kecamatan*. The combination between the quantitative data and qualitative information resulted in four candidate villages in one *kecamatan* which were estimated to have similar geographical and poverty conditions and which had many migrant families as well. Each village was then visited to make sure that the target villages had the respondent candidates needed. The group interview in each village was conducted once more to get a description regarding the number of children who were left behind by their mothers who migrated internally or internationally. Through the interviews, a rough list of respondent candidates was also prepared. Finally, two villages having the most respondent targets were chosen in each of the *kecamatan*.

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