

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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ABSTRACT

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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The objective of this study is to obtain a description of child well-being, caregiving arrangements, and child caregiving practices in both poor migrant and non-migrant families in two migrant sending districts, namely Kabupaten Banyumas and Kabupaten Lombok Tengah. This description is followed by an explanation of government and community support, especially for poor children who were left by their migrant mothers.

This study finds that there is a difference between the well-being of children from migrant and non-migrant families if well-being is 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, have results from the cognitive ability test, height per age, and psychological tests that are lower than children from poor non-migrant 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 5. Most of them are taken care of by the biological father and/or grandmother/grandfather. The ratio of caregivers per child is higher in poor migrant families than in poor nonmigrant families. This illustrates that there is actually a positive coping strategy present in migrant families by allocating more caregivers as an effort to maintain quality of care for children in the midst of poverty and migration of the mother.

The pattern of care practices as seen from the fulfillment of basic needs of children (summarized in physical, cognitive, emotional, and supervision needs) shows that in terms of learning activities and supervision, there are not many differences between poor children from migrant and non-migrant families. Differences in care practices appeared in matters relating to physical and emotional needs, which in this case show that the mother's presence at crucial ages and well-maintained communication between mother and child in the family are important.

This study also uncovers that there has been no specific and systematic support scheme from the government, both at the district as well as at the 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 the communication link between the family and the mother who has migrated. These support efforts are usually conducted within a certain community and are carried out spontaneously by volunteers who are concerned for the migrant families and their children. While it has been found that children from the poor migrant families in this study need more attention, this also illustrates that 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, child care, family.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
ABSTRACT	ii
TABLE OF CONTENTS	iii
LIST OF TABLES	iv
LIST OF FIGURES	iv
LIST OF BOXES	v
LIST OF APPENDICES	v
LIST OF ABBREVIATIONS	vi
EXECUTIVE SUMMARY	viii
I. BACKGROUND	1
1.1 Child Protection in the Context of Migration Escalation	2
1.2 Literature Study: The Impact of Parents' Migration on Children	3
1.3 Objective and Scope of the Study	5
1.4 Analytical Framework	6
1.5 Report Structure	7
II. METHODOLOGY	8
2.1 Research Plan	8
2.2 Profiles of Respondents	15
III. THE PHENOMENON OF FEMALE MIGRATION IN THE RESEARCH AREAS	19
3.1 Poverty and Migration Trends in the Sample Areas	19
3.2 Community's Perceptions of Children Left Behind by Their Mother to Migrate	25
IV. CHILD WELL-BEING	29
4.1 Children's Cognitive Ability	29
4.2 Children's Physical Growth	30
4.3 Children's Psychological Condition	31
V. CHILDREN CAREGIVING ARRANGEMENT AND PRACTICES	33
5.2 Caregiving Practices	41
5.3 Child Well-being Viewed from Caregiving Arrangements and Practices	55
VI. SUPPORTS FROM THE KABUPATEN GOVERNMENT AND THE COMMUNITY	59
6.1 Support from the Kabupaten Government	59
6.2 Programs Related to International Migrant Workers	60
6.3 Community Support	62
6.4 Roles and Support in Childcare	65
VII. DISCUSSION ON POLICY	67
LIST OF REFERENCES	73
APPENDICES	79

LIST OF TABLES

Table 1. Sample Family Selection Criteria	10
Table 2. Composition of Sample Families and Children Based on Migration Status	16
Table 3. Distribution of Sample Children according to Age and Gender Groups	16
Table 4. Characteristics of International and Internal Migrants	17
Table 5. Characteristics of the Residence of the Migrants, Non-migrants, Internal, and International Migrants	18
Table 6. Poverty Level in Sample Areas (%), 2009 - 2013	19
Table 7. The Problems of Children Who are Left Behind by Their Migrant Mothers	26
Table 8. Average Score of Children's Positive Behavior Which Affects Family, Community, the Government and Private Sector in 4 Kecamatan of Study Area	27
Table 9. Average Score of Children's Negative Behavior Which Affects Family, Community, the Government and Private Sector in 4 Kecamatan of Study Area	28
Table 10. Caregiver to children ratio	35
Table 11. Test on the average of the diagnosed incident a caregiver undergoes psychological problem	40
Table 12. The status of caregivers' other jobs and habits	41
Table 13. Children daily treatment at home	44
Table 14. Children based on the location of mothers' migration and the frequency of communication with mothers by telephone in the last six months	51

LIST OF FIGURES

Figure 1. Analytical Framework	7
Figure 2. Sample Selection Process	9
Figure 3. Average Score of Child Cognitive Test Results	29
Figure 4. Average Standardised Scores of Children's Height per Age	31
Figure 5. Average total score of SDQ and its components	32
Figure 6. Distribution of children's age while being left by mother (%)	33
Figure 7. Relationship between children and caregiver in migrant families	36
Figure 8. Caregiver's highest education level (%)	37
Figure 9. Proportion of caregiver responding "yes" in SRQ	39
Figure 10. Health service obtained by children (%)	43
Figure 11. Percentage of children who are never given complementary food (%)	45
Figure 12. The reasons children do not attend school	46
Figure 13. Children who have difficulty keeping up with lessons in school based on family group	48

Figure 14. Those who Told the Children about Their Mother's Departure	49
Figure 15. Frequency of communication between mothers and their children in the last six months	50
Figure 16. Who children share stories with when they feel sad	52
Figure 17. Enforcement of curfew (%)	53
Figure 18. Children working to earn income	54
Figure 19. Results of Identification of the Capacity and Strength of Influence of the Actors in Kecamatan Praya Timur and Kecamatan Praya Barat, Kabupaten Lombok Tengah	65
Figure 20. Results of Identification of the Capacity and Strength of Influence of the Actors in Kecamatan Pekuncen and Kecamatan Ajibarang, Kabupaten Banyumas	66

LIST OF BOXES

Key Findings 1. The phenomenon of women migration in the research areas	28
Key Findings 2. The well-being of children in this study	32
Key Findings 3. Caregiving arrangements and practices in the research sample	58
Key Findings 4. Supports for children of migrant families in this study	66

LIST OF APPENDICES

Appendix 1. Field Research Procedures	80
Appendix 2. Research Instruments	82
Appendix 3. Qualitative Research Activities	88
Appendix 4. List of Sample Villages and Sample Area Selection Methods	90

LIST OF ABBREVIATIONS

ABK	Special Needs Children
AKAD	Interprovincial Labour Placement Program
ART	Member of the Family
ASI	Breast Milk
Balita	Toddler under 5 years
Bapermas PKB	Community Empowerment Board for Women and Family Planning
BNP2TKI	National Agency for the Placement and Protection of Indonesian Migrant Workers
BOS	School Operational Assistance
BPS	Statistics Indonesia
BPPKB	Empowerment Board for Women and Family Planning
BMI	Body Mass Index
BSM	Cash Transfers for Poor Students
CIBI	Gifted Children
GDM	Village Development Movement
IFLS	Indonesian Family Life Survey
ILO	International Labour Organization
KHA	Convention on the Rights of the Child – CRC
KMS	Health Card
LSM	Non-Governmental Organization
MCC	Millennium Challenge Corporation
MDGs	Millenium Development Goals
PANDI	Indonesian Internet Domain Name Management
PGS	Balanced Nutrition Guidelines
PHBS	Clean and Healthy Lifestyles
PKH	Household Conditional Cash Transfer
PKK	Family Welfare and Empowerment
PNPM GSC	National Program for Community Empowerment for a Bright and Healthy Generation
Posyandu	Integrated Health Service Post
PPGA-PM Unsoed	The Univesity of Jenderal Soedirman Research Center for Gender, Children and Community Services
Raskin	Rice for Poor Households
Ruta	Household

SD	Elementary School
SDQ	Strengths and Difficulties Questionnaire
SLB	School for Special Needs/Disabilites
SMA	Senior High School
SMP	Junior High School
TKI	Indonesian Migrant Workers
TKW	Indonesian Women Migrant Workers
ToT	Training of Trainer
UNDP	United Nation Development Program
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

The flow of both international and internal migration is estimated to increase along with the rapid development of Indonesia's economy. It is also often assumed that women 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, 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 out of poverty, poor women who work outside of the region must face separation from their children, husband, and families. 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 were left by their migrant mothers, The SMERU Research Institute and UNICEF conducted research in two districts where women are often sent as migrant workers, namely Kabupaten Banyumas and Kabupaten Lombok Tengah, in November-December 2013. Earlier in mid-2013, a preliminary 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 flow of impact of mother's migration on children's well-being. By combining two methods of research (quantitative and qualitative), the main study conducted in 13 villages in five 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 non-migrant families.ⁱ 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 districts.

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 sample districts. In 2013, the poverty rate in Kabupaten Cianjur and Kabupaten Banyumas were still relatively high compared to the poverty rate of the province. As for Kabupaten Lombok Tengah, the poverty rate was lower than the poverty rate at the provincial level. 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 FGD results, the majority of sample villages usually have four categories of social welfare status, these are rich, middle, poor, and very poor. In Kabupaten Banyumas, none of FGDs explicitly identified working as migrant as one of the

ⁱTerm of migrant families refer 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 6 months before the research conducted and the mother visited the family not more than once a month.

characteristics of a certain welfare group. While in Kabupaten Lombok Tengah, one FGD concluded that one of the characteristics of the poor categories are those who resettled to Sumatera 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

Often, the decision to migrate causes married female migrant workers to leave their children and family in their homelands for a long time and they must face separation from their children, husbands and families. Focus Group Discussions with teachers, PAUD (Early Childhood Education and Development) cadres, cadres of Integrated Health-Services Post, and village midwives, conducted at *kecamatan* level in the two *kabupaten* of the main study research area (Kabupaten Banyumas and Kabupaten Lombok Tengah) depicted community's perceptions of the conditions of migrant workers' children. During FGDs, it was discussed that the separation experienced by children from migrant families generally affects children's education, health, and psychology. According to the discussion participants, rising income obtained from the migration create greater possibilities for the children to continue study. On the other hand, the rise of income from 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 is the cognitive test questionnaire (consisting of 9 questions) which was carried out by children aged 7-17 years old. Each correct answer gets 1 point while a wrong answers gets 0. The scores are 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 tests from children aged 7-17 years in the sample group, there was a difference between the average score of poor children from migrant and non-migrant families, in which children from migrant families in this research tend to have lower scores compared to children from non-migrant families.

Child's Physical Growth

For the health aspect, this study measures children's physical growth using an indicator of height per age of the child. This measurement was only observed for children aged 0-6 years. In comparing the child's height, a similar *z-score* calculation technique was applied unless it uses 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 old in this study and from migrant families have a lower average height than the average height of sample children in that age group. Meanwhile, sample children aged 0-6 years

old who come from non-migrant families are relatively taller than sample children in that age. This indicates that children from migrant families in this study are relatively shorter than children from non-migrant families.

Child's Psychological Condition

This study measures children's emotional well-being using a Strengths and Difficulties Questionnaire (SDQ). This questionnaire is usually used to identify behavioral problems of children aged 4-17 years old. The completion of the questionnaire was divided into 2 groups, one of which was filled out by the caregivers for children aged 4-10 years and the other filled out by the children themselves for children aged 11-17 years old. This questionnaire consists of 25 questions on behavioral symptoms, both positive and negative, which are related to five psychological components: *emotional symptoms*, *conduct problems*, *hyperactivity*, *peer relationship problems*, and *pro-social 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 analysing SDQs. First, there is 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. 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 non-migrant families aged 4-17 years old. The higher average score of children from migrant families indicates that children in this study who were at the age of 4-17 years old and who come from migrant families tend to have more difficulty behaving compared to children in that age who come from non-migrant families.

Children Caregiving Arrangements and Practices

Children Caregiving Arrangements

Information about the childcare arrangements was obtained from survey questionnaires and indepth-interviews, (e.g. since when the children were left behind by their migrant mother, who become the caregiver, age and education of the caregiver, also the other characteristics of the caregiver). More than half of the children from migrant families were left behind by their mothers for the first time at the age of less than 5 years. While the children from non-migrant families are cared for 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. A higher ratio of the number of caregivers per children in migrant families than non-migrant 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 migration.

Caregiving Practices

In this study, caregiving practices received by children are measured by the fulfillment of children's basic needs. The fulfillment of children's basic needs were divided into four groups, they are 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 social interaction and activities). In some aspects, such as learning activities and supervision, there are not many differences between children from migrant and non-migrant families. The common characteristics of sample children in this research, all of which are from poor families, likely causes the absence of sharp differences between children

from migrant and non-migrant 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 score of the migrant children group is possibly due to several factors relating to migrant family conditions. The importance of caregiver's presence in children's cognitive abilities can be explained with Vgotsky's cognitive development (1978), which stresses the importance of adults' role in social interaction as an assistant having higher cognitive abilities to help grow children's cognition through 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 ability assessed in this cognitive test is 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, and other external factors such as school choice, and surrounding environment such as easy access to school. 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, where nutritional intake is proven to affect a child's cognitive development.

In terms of early child health services, such as weighing, vitamin supplementation, and other aspects, it can be seen that children from the migrant group, especially international migrants, have access to less services than those from the non-migrant 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 non-migrant groups, seen from each age group. Within the migrant group, except children's physical needs in their early age, there is no significant difference in the caregiving practices. This might explain why there is no significant difference in children's height between internal and international migrant group. 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 non-migrant 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 the aspect of mothers' presence. In relation to this aspect of mothers' presence, a difference can also be seen in the aspect of communication between migrating mothers and left behind children between the group of internal and international migrants. The communication established between mothers and children in this study is found to be better in internal migrant families than international migrant families, if it is viewed from the frequency of communication by telephone between the mothers and children. Furthermore, if related to the finding in which it is noted that more than two thirds of the children in all groups assert that they use their mothers a place to share stories when they feel sad, communication with mothers is highly crucial and dreamed of by the children in their relation to their far away mothers. The communication constraint between mothers and children often exists in migrant families, especially when considering the factors of distance and cost.

Support from the Kabupaten Government and the Community

Support from the Kabupaten Government

Information regarding support from the Kabupaten government related to children from migrant mothers was obtained through FGDs and in-depth interviews. FGDs at kecamatan level were conducted to identify forms of support from the community and the actor capacity in solving the problems of children who had migrant mothers. The participants represented 2 study location villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's care giving, such as the principals/senior teachers (PAUD, TK/RA, SD/MI, SMP/MTs), *posyandu* cadres, PKK cadres, family planning cadres, village midwife/orderly, social workers, facilitators of PNPM GSC, and other stakeholders recommended by the community (such as the religion teacher). 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 *kabupaten* level on the field findings. Overall, this study did not find any specific programs designed by the government of Kabupaten (Pemkab) 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 Raskin Program, BOS, BSM, PNPM GSC, and PKH. But at this moment, Pemkab Banyumas and Pemkab Lombok Tengah were implementing *Pokja* for the Fostering TKI Family Program.

Programs Related to International Migrant Workers

The TKI Family Program is a specific program established by the government to protect international migrant workers and their family members. One of the Fostering TKI Family Program's implementation steps was setting up a working group (*pokja*) to assist the local government and the community in empowering and protecting the migrant worker's families so that the family members could make good use of the remittances for their family members' welfare, could develop themselves financially and mentally, and could protect the rights of their children to grow and develop optimally. In Kabupaten Lombok Tengah, the main activity of this *pokja* was to set up independent business, water hyacinth handicrafts, and sewing training. There was only one village that has activities directly related to child care. A key development in Kabupaten Lombok Tengah in 2015 is 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 *pokja* 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 is the presence of regional regulations which regulate the rights and obligations of not only the candidate 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 agreement of work and placement agreement. 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 focuses on the training of caregiving practices for families left behind, such as training 'fathering', management of remittances, and the communication link between the family and the migrant mother. 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 Safety in 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 basis 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 kecamatan level, the majority of FGD results showed that family plays the biggest role and provides the strongest support in terms of care giving for children who were left behind by their migrant mothers. But this support from families needs to be strengthened by 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 are migrating. The four kecamatan study areas also showed that most migrant workers lived near their relatives so that the relatives, together with their neighbors, took care of the children.

Discussion on Policy

Based on the results of the study on recent policies, and also results of interviews and discussions with the stakeholders working on and concerning with the issue of Indonesian migrant workers, this research has several points of recommendation for policy, which 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 and strengthen awareness and protection for the left behind children, also (v) to conduct further study on the impacts of previously implemented regulations in the efforts to protect children from women migrant' family.

I. BACKGROUND

Between 2003 and 2013, the poverty level in Indonesia decreased from 17.4 percent to 11.4 percent. Along with the downturn of the national poverty level, the child poverty rate also went down from 21.7 percent to 13.9 percent. However, the national poverty line (PPL) used only measures extreme poverty. If we double the poverty cut-off point (henceforth 2xPPL), there were still 62.8 percent 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 economic shock. Even though the rate of childhood poverty is declining, the rate of 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 non-poor families (Hadiwidjaja et al., 2014; SMERU Research Institute, 2013).

On the other hand, poverty itself makes children vulnerable. Children from poor families have a higher tendency to be poor when they enter into adulthood (Suryadarma & Pakpahan, 2009).² This might occur because of several factors, such as education and health (Corcoran, 1995; Harper, Marcus, & Moore, 2003). Children living in poverty for longer periods of time tend to demonstrate relatively lower achievements in education and health (Brooks-Gunn & Duncan, 1997; Suryadarma, 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, & 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 Poor Students Assistance Program (*Program Bantuan Siswa Miskin/ BSM*) and Family Hope Program (*Program Keluarga Harapan/ 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 that there are several requirements needed to gain assistance from the Family Hope Program, for instance, all become barriers for the poor families seeking to access this assistance (World Bank, 2013). 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, Manning, Li, & Effendi, 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, 2012; Frank, 2005; Macours & Vakis, 2008; McKenzie & Rapoport, 2010). Domestic internal migration is also proven to be capable of raising the socio-economic status of a family through increasing income and consumption (Deb & Seck, 2009). This opportunity to raise their income becomes a common phenomena among poor families.

²For discussions see Solon (2002) and Corak (2006).

1.1 Child Protection in the Context of Migration Escalation

In 2010, it was estimated that there were 214 million international migrants and 740 million internal migrants worldwide, half of which were women (IOM, 2011).³ 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 (IOM, 2011 cited from UN Women, 2011), in which women were the biggest proportion with their numbers reaching 75.3 percent in 2006 and 83 percent in 2009 (UNESCAP, 2008 and IOM, 2011 cited from UN Women, 2011). The primary destination of the migrant workers was Malaysia with 917,932 workers registered in 2010 (Sabri, 2010 cited from UN Women, 2011). More than 90 percent of the registered female international migrant workers coming from Indonesia worked as domestic workers (Sabri, 2010 cited from UN Women, 2011).

Amidst 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 & Seck, 2009). The estimated data from IFLS 1993, 1997, and 2000 showed that during 1994-2000, almost half of all families surveyed had at least one family member migrating internally (Deb & Seck, 2009). About 63 percent of them remained in their destinations of migration, most of who 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 it is also caused by the low availability of data related to internal migrant workers (deBraw et al., 2011; Mendola, 2008).

The flow of both international and internal migration is estimated to increase along with the rapid development of Indonesia's economy and the 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. Despite the driving factors, another factor which contributes to the increasing number of poor women migrating is the increasing demand for domestic workers, such as maids and nurses or caregivers (UN Women, 2011). Based on data from BNP2TKI (2009), 97 percent of international migrant workers working as domestic workers are women. It is typically assumed that domestic work is categorised as a low-skilled job. This number clearly shows that most female migrants working abroad as domestic worker 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 their husband or family)—is considered to have an effect on female migrant workers as well as the families they leave behind. Rahmitha et al. (2015) explains that unmarried women tend to migrate more, considering that the separation from family is one of the hardest non-monetary 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 families. From a child'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 where the mother no longer performs their role as a caregiver. These conditions highlight the importance of assessing the differences in well-being, caregiving arrangements and care practices

³International migrant in this context is defined as migrant worker with overseas destination, whereas internal migrant is migrant worker with domestic destination, which is still a part of the original state.

given to children from poor families whose mothers migrate compared to 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 from the point of view of deducing policy strategies for 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 Convention on the Rights of the Child (CRC) in 1989 stated 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 and in 2002 Act No. 23 on Child Protection was approved, and then was changed through Act No. 35 of 2014 on the "Amendment Act No. 23 of 2002 on Child Protection." Both these legal documents clearly indicate that the Government of Indonesia takes full responsibility to protect children who are in need of protection and caregiving. The opening of the CRC also explained that the family is the best environment to support the growth and well-being of all family members, especially children, and parents are fully responsible for the caregiving and fulfillment of children's rights. If parents are not able to do the caregiving, then caregiving responsibilities will move 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 above.

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, 2005; Antman, 2010; Adi, 1996; Hanson and Woodruff, 2003; Cox and Ureta, 2003; Farooq and Javed, 2009), health (Gibson et al., 2011; Hildebrandt and McKenzie, 2005; Frank, 2002; Anton, 2010), and child psychology (Liu et al., 2009; Gassmann et al., 2012; CHAMPSEA, 2009).

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; Cox 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 with an increased proportion of dropouts among boys and a decline in educational achievement of children at school age in Mexico and Pakistan (Antman, 2010; Farooq and Javed, 2009; McKenzie and Rapoport, 2005). According to Hansen and Woodruff (2003), these negative impacts arise because the children lose a figure who was a role model in the family.

In conjunction with migration, the literature of some previous studies on migration and children's health show that migration has varied implications on the health conditions of children (Gibson et

al., 2011; Hildebrandt and McKenzie, 2005). Studies conducted by Frank (2002) and Hildebrandt and McKenzie (2005) in Mexico and Anton (2010) in Ecuador found that remittances are one of the channels that contribute to improved nutrition of children when they are left by their parents for migration. Frank (2002) identified that migrant families in Tajikistan tend to have children with a normal birth weight, although migrant families tend to have higher levels of stress and limited social support compared to the non-migrant 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 an increased knowledge about nutrition and children's health (Hildebrandt and McKenzie, 2005), which is assumed to encourage parents to improve the quality of caregiver, 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) suggest that the practice of preventive health care 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 and Ph, 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 et al. (2009) found that children below 7 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 et al. (2009) state 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.⁴

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 et al. (2012) and Liu et al. (2009) who also analyzed the impact of mothers' migration. According to Battistella and Conoco (1998) and Gamburd (2005), Filipino and Sri Lankan parents' migration has 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 et al. (2009) find similar trends in migrant families in Nicaragua and China where the effect of migration is seen from the educational and psychological aspects of the child, while Gassmann et al. (2012) through their multidimensional approach conclude that such effects are ambiguous for left behind children in Moldova. On one hand, mothers' migration negatively impacts children's education, yet on the other it positively impacts the material well-being of the children.

Amidst 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., 2011; Hoang et al., 2011; UN Women, 2011; Hoang et al., 2015). A mother's decision to become a migrant worker is a family decision, although commonly children are not involved in the decision making (UN Women, 2011). 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. Contradictorily to previous studies, Hoang et al. (2015) point out that children in South East Asian countries who were left by their mothers for migration develop close relationships 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,

⁴Some 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 et al., 1986; Kendler et al., 1992) and children whose parents are divorced (Kendler et al., 1992; McLeod, 1991). Bifulco et al. (1987) and Kendler et al. (1992) also discussed issues related to the adequacy of caregiving for children separated from their parents.

relatively low educational performance, relatively bad health conditions, irritable behavior, feeling ignored and being involved in delinquent activities (Adhikari et al., 2012; Kofman and Raghuram, 2012; Bakker et al., 2009; Escobal and Flores, 2009; Edillon, 2008; D’Emilio, 2007; Save the Children, 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 South East Asia (CHAMPSEA). One part of the study (Sukamdi and Wattie, 2013) assesses whether tobacco use and exposure are higher among children in migrant families compared to those in non-migrant families in Java. The findings suggest that there is no difference in smoking behavior between children of migrant and non-migrant families. Another part of the study (Graham et al., 2011) 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 and a diversity of experiences and intimate relationships among children.

One of the most recent studies on migrant families in Indonesia is a study conducted in Bengkayang and Lombok Timur districts using a Reality Check Approach (RCA) method (RCA+ Indonesia, 2015). This method allows them 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 focused on international migration and was not specifically focused on 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 she will not migrate herself while other daughter says 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 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 like electronic gadgets to keep him occupied while his mother is away. These stories illustrate that a mother’s migration does indeed produce adverse effects on the children, depending on how well the family ties and communication are maintained even if the mother is away.

1.3 Objective and Scope of the Study

Comprehensively, the objectives of this study are to obtain a descriptive overview of child well-being, caregiving arrangements and child caregiving practices in both poor migrant and non-migrant families. This description is also followed by explanations of government and community support systems, especially for poor children of migrant families. In 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 non-migrant workers?
- b) Is there any difference in terms of caregiving arrangements and caregiving practices between poor migrant and non-migrant families?
- c) How do caregiving arrangements and caregiving practices affect child well-being in migrant and non-migrant 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, because this study compares the caregiving and well-being of children in non-migrant families, a focus on poor or low level 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 migration (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 non-monetary conditions of both migrant and non-migrant 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 is conducted with a focus on family structure as an inseparable part of parental migration. The analysis of family structure is conducted by comparing the caregiving arrangements and child caregiving practices of several sample groups. Besides distinguishing between the two main groups, i.e. migrant and non-migrant as well as between internal migrants and international migrants, the two variables are also compared based on sex and age groups. The comparison between sample groups is also conducted with a focus on child well-being by viewing the state of the child's conditions in terms of education (logical competence), health (physical growth) and emotional condition (psychology).

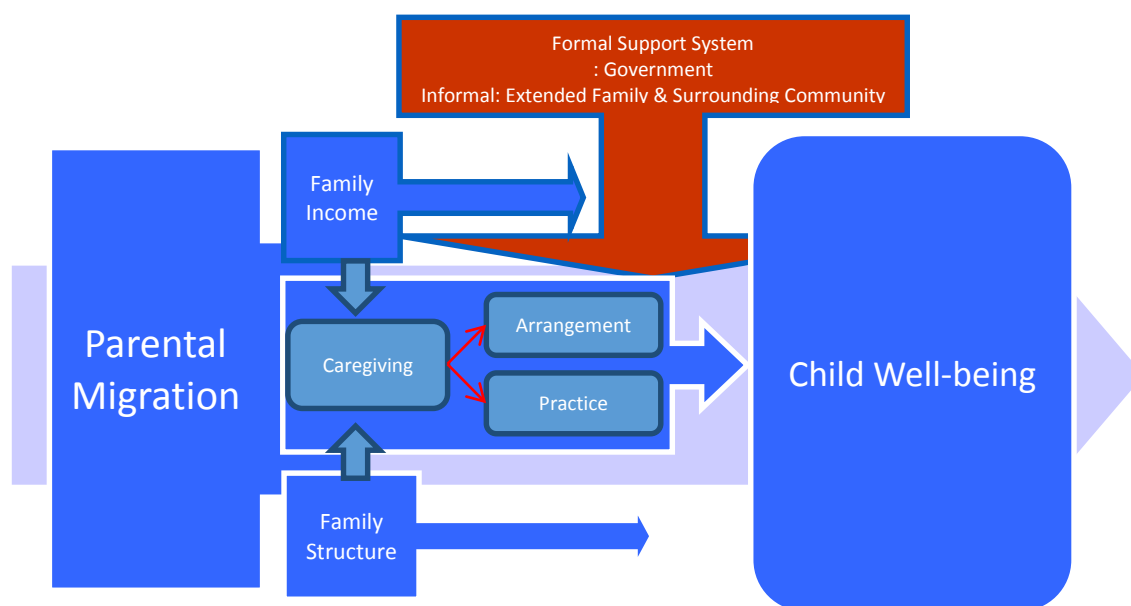


Figure 1. Analytical Framework

Support from stakeholders outside the family also make up part of the analytical framework, yet not compared between family types. An analysis of these 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 child well-being. This link can be used as the finding to support disparity and can be used as a relevant resource for the stakeholders, non-governmental 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 study and objectives of the study. Chapter 2 explains the applied research methods starting from research design until 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 study and the main study. Chapter 4 discusses the conditions of child well-being in migrant and non-migrant 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 caregiver's characteristics and the caregiving practices both from migrant and non-migrant families, as well as a brief discussion about the relationship between these three well-being aspects and child caregiving arrangements and practices in the family. Chapter 6 describes the support systems provided by the *kabupaten* government and community 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 recommendation of policy.

II. METHODOLOGY

2.1 Research Plan

This research is divided into two stages, namely the pilot study which was conducted in mid-2013, followed by the main study at the end 2013. The purposes of the pilot study were, firstly, to map the problems among migrant families in relation to childcare and, secondly, 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 in Cianjur were then used to arrange the research instruments for the main study. The research methods used during the pilot study stage were qualitative, where the research team conducted several interviews with the following participants:

- Policy makers at the province and kabupaten level (Dinas Sosial, Tenaga Kerja, dan Transmigrasi, Bappeda, P2TP2A, Dinas PPPA Subbidang Perlindungan Anak),
- Organizations or institutions focused on migration and child protection (Serikat Pekerja Migran Indonesia, Rumah Perlindungan Anak TKI),
- Elites at the kecamatan and village level (head of *kecamatan*, village head, community leader, ketua RT),
- Teachers and midwives in the area,
- Families whose mothers have been or are involved in migration.

This research combines two research 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 surveys 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, Jawa Tengah and Kabupaten Lombok Tengah, NTB. 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 macro data related to migration and poverty. Meanwhile, village selection considered additional 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.

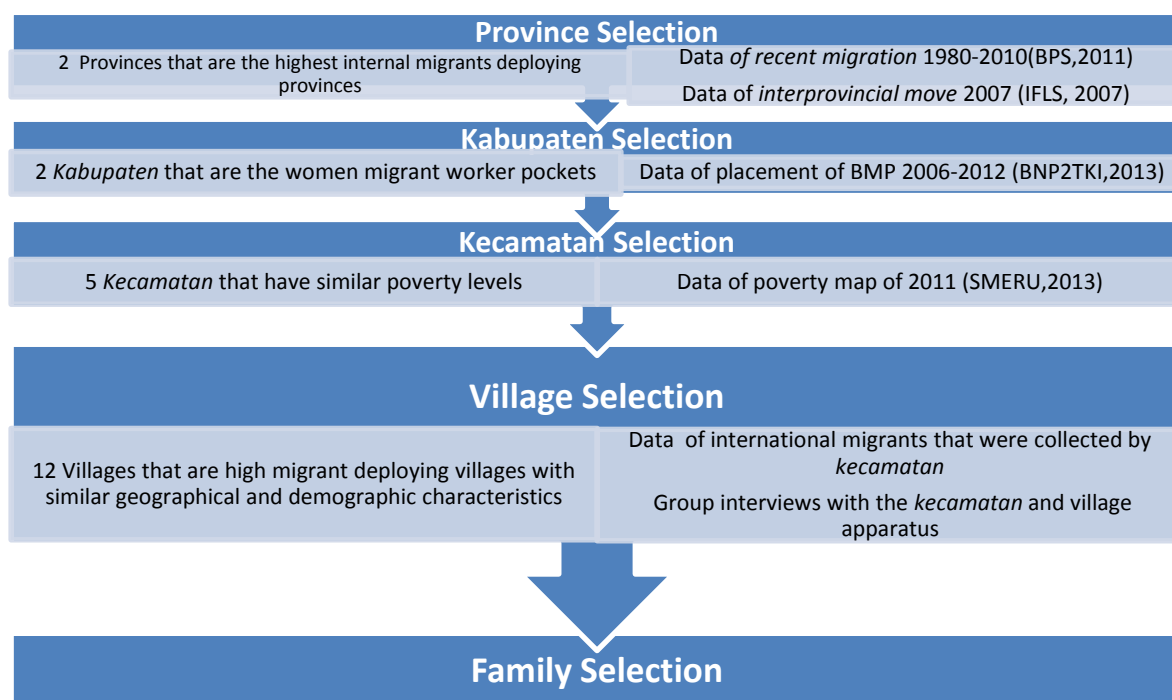


Figure 2. Sample Selection Process

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*, the head of RT, posyandu cadre, cadre of Early Childhood Education and Development (PAUD), and cadre of the Family Welfare Movement (PKK). These discussions were divided into three stages:

- 1) Grouping people from the villages into welfare levels and identifying the characteristics of each of the groups.
- 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 pre-determined criteria, namely migrant families and non-migrant 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 location of 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.

Table 1. Sample Family Selection Criteria

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

In separating the migrant families into international migrant 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*⁵ or the head of RT⁶/RW⁷), especially those who were not discussion participants, and by asking the migrant and non-migrant 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 non-migrant family groups. This discussion was conducted after around 75% of the data collection process was complete 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 targeted at families (both from migrant and non-migrant families) with special 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.⁸

⁵A *dusun* is an administrative area within a village, consisting of a number of RT.

⁶RT, or neighborhood unit, is the smallest unit of local administration consisting of a number of families.

⁷RW is a unit of local administration consisting of several RT (neighborhood units) within a *kelurahan*.

⁸The illnesses the respondents suffer from included, among others, stroke and lung disease (TBC).

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 complete. Findings from the pilot study were used as a basis to develop research instruments for both the quantitative and qualitative approaches.

a) Quantitative Approach

The data collecting technique that was used in the quantitative approach was carried out through 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 care giving, and the last part contained information about child well-being. Of the four parts, only in the last part did the respondents fill out the answer 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 social economy 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 (ART) and the characteristics of this migration. This information included the goal of migration, the duration of migration, the reasons for migrating, the 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, and marital status, etc. The third part, concerning child care⁹, 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 care giving practices. In this last module, there were two module versions with the same questions. The first version was used to collect data of care giving practices from the perspective of the caregivers and the second version was used to record care giving 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 old because the questions in this module were considered too difficult to be answered by children below the age of seven years old. 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 logics 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 old and second module by children aged 15–17 years old. For this module in particular, children were asked to fill in the questionnaire without the help of their caregiver. 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 the caregivers completed this module. The second module was for children aged 11–17 years old and the children themselves filled out the module (see Appendix 2. Research Instrument).

⁹In accordance with Law 35/2014 (Amendments to Law 23/2002), children are defined as individuals under the age of 18 years, including unborn children.

b) Qualitative Approach

Qualitative data collecting methods were conducted through 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* level to determine the problems faced by children left by their migrant 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* level 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 government institutions and the non-governmental 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 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 in this study before all FGDs or interviews were started. All members of the study team were trained to conduct studies with children. Written informed consent was sought in particular for children and also some of the parents who were interviewed representing parents or carers for the child. 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 interview would be protected, and that there is 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 two 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, care giving, 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 to 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 non-migrant families were families with children who lived with their mothers. If there was a household with more than one family 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. For the education aspect, this study considered the educational achievements of the children as measured by the cognitive ability of the child. 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, 2008). 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 non-migrant), sex, and age group.

For the aspect of health, this study measures children's physical growth using an indicator of height per age of the child. The height of the children, 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 old, 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 per 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.¹⁰

This study also measured the children's emotional well-being using a Strengths and Difficulties Questionnaire (SDQ). SDQ is a brief questionnaire that is usually used to identify behavioral problems in children aged 3-17 years old. 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 frequent 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, having a tendency to lie and steal.
- 3) *Hyperactivity/inattention*. The hyperactivity problem scale identified children's problems including an inability to concentrate, impulsiveness, not being responsible, an inability to be still and being anxious frequently.
- 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.

¹⁰The fact that the sample was initially restricted to poor families means that this comparison based on a standardized height per age calculated from local mean and standard deviation can underestimate the health problems in the areas. Therefore the interpretation should be carefully considered.

- 5) *Pro-social behaviour*. The pro-social behavior scale was used to identify the social relationships of the children, such as being helpful, having a kind attitude toward the younger children, being generous and being accustomed to showing empathy and sympathy.

The questionnaire differs depending on who completes the form; there is a questionnaire filled out by caregivers for children aged 4-10 years old and a questionnaire filled out by the child alone (aged 11-17 years). Both are composed of the same questions, but differ in terms of phrasing so that it can be easily understood and is appropriate to caregivers and children. Meanwhile, there is no difference in the analysis approach to the questionnaires. As many as 25 items in the questionnaire represent 5 scales, each consists of 5 items. There were three answer choices for each item: Not true, True and Very true. The choice of True was always given score 1, the 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 5 questions asked.

There are three steps of calculation in analysing SDQ. First, there is 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 was obtained from survey questionnaires and indepth-interviews, i.e.: since when the children were left behind by their migrant mother, who become the caregiver, age and education of the caregiver, as well as additional characteristics of the caregiver. The question of since when the children were left pinpoints the age when children were left by their migrant mothers for the first time. A caregiver is defined as the person(s) who take 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 caregiver, 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 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, 2004; Straus, 2008). In this study, caregiving practices received by the children are measured by the fulfillment of children's basic needs, but the child neglect status of the children in the sample was not further analyzed.¹¹ 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;

¹¹Need further study to discuss child neglect especially for a sample of poor children left by their migrant mothers.

3. Emotional needs, such as attention, affection, support and sense of security;
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 non-migrant. Questions asked to the respondents (either the caregivers or the children) were about daily caregiving practices like communication between families and the migrant mothers, child education and health, as well as children's daily activities.

e) Support Beyond Family Caregiving

The researchers conducted FGDs in the *kecamatan* to identify (1) problems faced by children whose mothers migrated, (2) the impacts of the children's condition on the family, community, government and private sectors and (3) the forms of support from the community and their actor capacity in solving the problems of children who have migrant mothers. The participants represented 2 study location villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's care giving, 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 the causes of the conditions of the respondent children 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, work programs (Government and NGOs) and academic/scholar involvement.

2.2 Profiles of Respondents

The data in this study was collected from 399 sample families in which there were 626 children. The sample families consisted of 239 non-migrant 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 non-migrant families and 229 did not live with their mothers in the migrant families. Out of 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 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
Non-migrants	239	397
International migrants	103	154
Internal migrants	57	75
Total	399	626

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 9). This ratio was consistent in every family group, both in the international migrant families, internal migrant families, as well as non-migrant 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 non-migrant 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 non-migrant families.

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

Age Categories	Children in Migrant Families									Total of Children in Non-Migrant Families			Observation Total		
	International Migrants			Internal Migrants			Total Migrants								
	M	F	M+F	M	P	M+F	M	F	M+F	M	F	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
Total	80	74	154	44	31	75	124	105	229	209	188	397	333	293	626

Source: Survey results, processed, 2013.

Notes: M=number of male children, L=number of female children.

Table 4 below 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 later they should return the funds to the sponsor. 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, meanwhile, 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 inter-bank 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
Migration Characteristics				
Migration destination: Saudi Arabia	45	-	44%	-
Migration destination: Malaysia	10	-	10%	-
Migration destination: Singapura	12	-	12%	-
Migration destination: Taiwan	11	-	11%	-
Migration destination: Uni Emirat Arab	10	-	10%	-
Migration destination: DKI Jakarta	-	39	-	68%
Migration destination: NTB	-	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 1 time	0	19	0%	33%
Never send remittance	15	2	15%	4%
Remittance frequency: not regular	22	20	22%	35%
Remittance method: inter-bank transfer	39	24	38%	42%
Remittance method: PIN - Western Union	30	5	29%	9%
Remittance method: bring it back by oneself	0	10	0%	18%
Migration duration ≤ 5 tahun	87	39	85%	68%
General Characteristics				
Aged 21 - 30 years old	41	19	40%	33%
Aged 31 - 40 years old	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 old. 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 certificate. The last certificate possessed by most of the internal and international migrants was an SD certificate; meanwhile, 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. Characteristics of the Residence of the Migrants, Non-migrants, Internal, and International Migrants

Housing Characteristics	Migrant Families	Non-migrant Families	p-value	International Migrant Families	Internal Migrant Families	p-value
Living in a building residence	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
Having one's own place to defecate	52%	41%	0,020	50%	58%	0,368
Electrical enery source	94%	97%	0,405	96%	93%	0,384
Electricity installed with meter	78%	80%	0,578	80%	75%	0,541
Using gas to cook	40%	37%	0,402	45%	33%	0,130
Buy/receive Raskin for the past 3 months	94%	93%	0,492	95%	95%	0,910

Source: Survey results, processed, 2013.

Notes: p-value based on chi-squared.

Some specific housing characteristics were also compared, i.e. amongst migrant families and non-migrant 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 be comprised 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 non-migrant families. This was evident in the large number of migrant families that owned their own building and land that bathed with a more maintained quality of water, and that had their own toilet facilities. However, outside those five indicators, there was no real difference in the characteristics of the houses of migrant and non-migrant families. When the international migrant families and internal migrant families were compared, only three out of the 14 residence characteristics were significantly different. There were more international migrant families who owned the property rights to the land they lived on, their houses usually had tiled roofs, and there were more of them with access to a drinking water source in which the hygiene was guaranteed. Other than the three above indicators, it could be concluded that the housing characteristics between the international migrant families and the internal migrant families were 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 is 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 level in Kabupaten Cianjur, Banyumas and Lombok Tengah has decreased in the last five years, yet the rate of decline tends to get slower. The poverty level in Kabupaten Cianjur and Banyumas is still considered high in comparison to the average provinces. In Kabupaten Cianjur, the poverty level in 2009 was 15.38 percent, and decreased to 12.02 percent in 2013; with a 0.84 percent rate of decline per year. Meanwhile in Kabupaten Banyumas, the poverty level decreased from 22.93 percent in 2009 to 18.44 percent in 2013. In other words, it decreased 1.33 percent per year on average, yet this number is still below the target set in the Regional Medium-Term Development Plan (RPJMD).¹² In addition, it is noted that 12 out of 20 *kecamatan* in Kabupaten Banyumas are still in the range of the poverty red zone.¹³ 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 about 16.20 percent, it only decreased 0.51 percent from 2012, whereas in previous years the average rate of decline of the poverty level reached 1.53 percent per year.

Table 6. Poverty Level 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 (NTB)	23.40	21.58	19.67	18.02	17.25
National	14.15	13.33	12.49	11.96	11.37

Source: BPS, Data and Information on Poverty of Kabupaten/City 2008 – 2013. <http://www.bps.go.id/index.php/publikasi/>.

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 category of poor. 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. Whilst for the category of well-being (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 poverty condition 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

¹²<http://www.jpnn.com/read/2013/01/16/154575/300-Ribu-Warga-Banyumas-Masih-Miskin>.

¹³<http://www.radarbanyumas.co.id/12-kecamatan-masuk-zona-merah-kemiskinan/>.

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

Meanwhile, in Kabupaten Lombok Tengah, based on the FGD in 5 sample villages, the level of well-being in some villages consisted of 4 categories and in the other villages only included 3 categories. The FGD in 2 sample villages classified the level of well-being in their community into 4 categories, which were (1) rich, (2) medium/simple, (3) poor and (4) very poor. In the other 3 sample villages, the state of well-being was only classified into 3 categories, i.e. (1) wealthy/rich, (2) medium/simple and (3) poor/at the threshold. Furthermore, in one of the villages it was stated that none of its residents were considered to be rich, so that the category of well-being was only divided into (1) middle, (2) poor and (3) poorest/at the threshold. The poverty condition in the sample villages of Kabupaten Lombok Tengah is slightly different from 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 (Banyu Urip) they even commonly have arable land, although with, on average, less than 5 acres 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 characteristic categories 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 a 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 for 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; Vice Headmaster in the Field of Studentship/Administration in State Junior High School 21 Kecamatan Cemara, Kabupaten Cianjur)

"The majority of migrant workers from Pancasan Village are from low-income families, or lower and middle class." - (Wawan; Former Village Head of 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 Sulistiowani, SERUNI, Kabupaten Banyumas)

All informants state that economic reasons are the main motivation as to why women want to become migrant workers, especially international migrant workers. Economic reasons here are, for instance, 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 their hometowns more than once. During leave 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 underlaid by economic factors, because the husbands are casual workers.” - (Kika; Secretary of Seruni Village, Kecamatan Cemara, Kabupaten Cianjur).

“Villages cannot provide employment”. [Factories around villages require a certain education level] 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 Seruni Village, Kecamatan Cemara, Kabupaten Cianjur)

“Economic factors is the thing that encourages the community to migrate in order to improve their lives, repair the house, pay children’s school fees and buy motorcycles.” - (Secretary of Begonia Village, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The FGD results at the *kecamatan* level, conducted in two sample *kecamatan* in Kabupaten Banyumas (Kecamatan Akasia and Primaros) and Kabupaten Lombok Tengah (Kecamatan Pacar Air and Proteus) reveal various economic motives which encourage women to become migrant workers. Some reasons put forward by the participants of the FGDs are to improve household economies, improve the well-being of the family, low income from the husband, to change their lifestyle, an inability to afford children needs and the unavailability of employment. The other causes, indirectly related to economic issues, are getting divorced with their husband, inharmonious family settings, getting bored of 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 amount of sponsors operating up to village level, which can generate community interest in becoming a migrant worker. 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 of assets, especially the 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 rather many of the children also dream of being migrant workers. The many cases of violence in the destination countries and the failure of some migrant workers do not impede the interest of the community to work abroad.

“Not all migrant workers are successful overseas, many of them don’t really make it.” - (Kika; Secretary of Seruni Village, Kecamatan Cemara, Kabupaten Cianjur)

“Even though 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

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 Banyumas, both types of migration are dominated 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 bigger 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.” - (Academics, Female, 42 years old, Jenderal Soedirman University, Purwokerto, Kabupaten Banyumas)

Meanwhile, in Kabupten Lombok Tengah, working as migrant is still dominated by men (unmarried, married, and having 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 Begonia Village) men must be the breadwinner, that’s it...women commonly go to the paddy field.” - (Secretary of Begonia Village, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

“In Krisantium Village, women and men become migrant workers together, but fathers dominate the numbers.” - (Raden Amir; Head of General Affair of Krisantium Village, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The correspondents in the level of Kabupaten Cianjur and Kabupaten Banyumas state that the flow of women migrant workers from villages, especially international migrant worker, began in the 1980s. This is consistent with the view of G. Moreno-Fontes Chammartin¹⁴ 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 is around the 80s that the villagers began to work in Saudi Arabia.” - (Head of the Employment Department of Social, Manpower and Transmigration, Kabupaten Cianjur)

“Around the 1980s women have started to become migrant workers and their number is increasing every year.” - (Desi Sulistiowani; SERUNI, Kabupaten Banyumas)

The increased deployment of migrant workers was also made possible because of the growing demand for female workers and the easier procedures available for women to become migrant workers. The 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 an income.

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

“The prospective female workers do not need to pay some amount to go to Saudi Arabia, for example, instead they are given a down payment of Rp4 million. This is different to prospective male workers who must pay Rp12 million - 13 million to work abroad.” - (Sido Merta; Community Figure of Seruni Village, 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 of Kabupaten Cianjur)

¹⁴G. Moreno-Fontes Chammartin, Domestic Workers: Little Protection for the Underpaid, April 1, 2005, accessed from <http://www.migrationpolicy.org/article/domestic-workers-little-protection-underpaid/>, March 23, 2016, at 9.35 pm.

“Women migrant workers receive a stipend of Rp1-3 million as part of the lure to make them agree to go abroad with the help of sponsor.” - (Desi Sulistiowani; SERUNI, Kabupaten Banyumas and Hasyim, JARPUK [Women Small Business Owners Network], Kabupaten Lombok Tengah)

The common characteristics found in the international women migrant workers from the three sample *kabupaten* are 18-25 year old and above, elementary school or junior high school graduates, already or never married, and some of them already have children. However, there are also some possibilities for young unmarried women to become migrant workers abroad.

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

“[The level of education of the migrant workers] most of them are elementary school graduates.” - (Kika; Secretary of Seruni Village, Kecamatan Cemara, Kabupaten Cianjur)

“Women who became migrant workers are married and some of them have already had children, but the others are still single.” - (Malik; Head of Kamboja Village, Kecamatan Akasia, Kabupaten Banyumas)

“In Wijaya Village, 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 Banjarnegara who mostly are not married or are still teenagers, and some of them who had 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 Affair of Cempaka Village, Kecamatan Cemara, Kabupaten Cianjur)

“Not a lot of mothers (with children) left their home to work in different area 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 Kamboja Village, Kecamatan Akasia, Kabupaten Banyumas)

a) The destination region/country and the type of work of women migrant workers

Saudi Arabia and Malaysia are the main destinations for international migrant workers from Indonesia, especially from the 3 sample *kabupaten*. Saudi Arabia is selected not only because of its religious proximity but also because of the desire to perform Umrah and Hajj during the worker migration. Whereas, they choose Malaysia because it is relatively close and its language is similar.

“[Saudi Arabia is the main choice for the migrant workers from Sukaraharja Village] for reasons related to religious motivation, they can perform Hajj during their migration.” (Sido Merta; Community Figure of Seruni Village, 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)

Moreover, the choice of destination country is also closely related to the education level of the prospective migrant workers. As explained by an academician 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 to that in Hong Kong and Taiwan for the same job. Working in the latter countries requires special skills and to master the local language, meaning 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 tended to decrease recently, 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 non-government migration routes.” - (Desi Sulistiowani; SERUNI, Kabupaten Banyumas)

“Even if now it is said that the route to Saudi Arabia was 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 Umrah in order to live and work in Saudi Arabia after they have finished Umrah.” - (Raden Amir; Head of General Affair of Krisantium Village, Kecamatan Pacar Air, Kabupaten Lombok Tengah)

The moratorium policy also encourages a shift of the destination countries of migrant workers to other parts of Asia such as Hong Kong and Taiwan. For example in Kabupaten Cianjur, based on the monitoring of local Department of Social, Manpower and Transmigration throughout January to June 2012, the main destination countries of 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 Seruni Village, Kecamatan Cemara, Kabupaten Cianjur)

“The woman usually work as a maid and man became a driver.” - (Kika; Secretary of Seruni Village, 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, Kabupaten Cianjur Government)

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 a drivers. Most informants stated that in 2010-2013 there were at least 3 famous shoe brand industries in the area of 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 adds that the other destination areas for the internal migrant workers from Cianjur include Aceh and Batam.

“Internal migrant workers [in Bandung, 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 laborers in the factory. Unlike the educational qualifications to work in the factory, there must be junior high school certificate.” - (Kika; Secretary of Seruni Village, 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 traders. Working as a construction worker is usually considered to be sideline job with this work being taken on by males 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 women 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 a destination area for migrant workers, as stated by one of the academicians, 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 in the the roof-tile industry, cement plants, drinking water processing industry and the tourism industry are at least to some extent able to withstand the people’s desire to work outside the region. However, due to the low wages offered from 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.¹⁵ 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 area is generally economic migration. Economic conditions are what force women in the research area 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.

Focus Group Discussions with teachers, PAUD (Early Childhood Education and Development) cadres, cadres of Integrated Health-Services Posts, and village midwives, conducted in *kecamatan* level in the two *kabupaten* of the main research study (Kabupaten Banyumas and Kabupaten Lombok Tengah) depict community’s perceptions on the conditions of migrant workers’ children.

¹⁵JARPUK (Women Small Business Owners Network) is an association of small entrepreneur women in Kabupaten Lombok Tengah which focuses on the development of small and micro business. This association is under an assisting NGO named ASPPUK (Association for Women in Small Business Assistance) of Nusa Tenggara. The business fields occupied by this association comprise trade, weaving and *ketak* handicraft, and other household industries.

According to the discussions with participants, some of the problems faced by migrant workers' children in each *kecamatan* sample in Kabupaten Banyumas and Kabupaten Lombok Tengah are generally related to child's education, health, and psychology. On the topics of education and health, participants of the discussion 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 are often absent, lack concentration in school, do not do their homework, and are relatively more consumptive. Psychologically, or in terms of behavior, the participants argued that migrant workers' children tend to have bad manners, such as being mischievous and always wanting to hang out with friends. They are also associated with being waifs and lack of 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
Lack of education for children, such as they do not go to school or are often absent	Children's basic needs (health and education) are not met	Lack of affection	Cannot meet daily needs
Children have relatively poor health	Lack of affection	Lack of education: they lack of concentration when studying in school, they do not do their homework	Children are more consumptive, meaning that they tend to buy more snacks in school
Children's negative behavior, being mischievous, always wanting to hang out with friends		Lack of good manners	Children are neglected and lack of attention

Source: Focus Group Discussion.

The 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. They 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.

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

Table 8. Average Score of Children's Positive Behavior Which Affects Family, Community, the Government and Private Sector in 4 Kecamatan of Study Area

No.	Positive Behavior	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	Able to meet daily needs, children's need, build appropriate house for children	9.42	7.50	6.25	5.75
3	Children education are 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 Discussion.

Notes: Score 1: generating no impact, score 10: giving great impact

However, the increase in income for migrant workers' families might also have negative impacts on children's behavior. According to the discussions among participants, there were cases where caregivers allocate too much allowance meaning that children tend to be overindulgent. Moreover, the money is used to buy unhealthy snacks. In other cases, the migrant workers' failure to raise income might also generate 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. All these factors are closely related to poverty and the economic condition of the migrant worker families. Hence, solutions that might be undertaken to assist these children should not only be related to poverty eradication, but also implemented in terms of caregiving arrangements and the provision of appropriate caregiving.

In relation to children's negative behavior, the participants in FGDs give high scores, except for aspects related to the private sector. This depicts that badly behaved children not only affect their families and the community, but also the village government. However, according to the participants, the private sector is also subject to the effects, although relatively small, generated by children's negative behavior. 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 practices.

Table 9. Average Score of Children's Negative Behavior Which Affects Family, Community, the Government and Private Sector in 4 Kecamatan of Study Area

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 become consumptive	10.00	4.50	2.00	1.00
4	Children become inferior	10.00	7.00	3.00	1.50
5	Sometimes, it causes divorce and the father becomes a single parent	10.00	5.00	4.00	1.00
6	Children are neglected and lack of affection	8.50	7.50	4.75	1.00
7	Relatively poor health	8.50	8.00	5.00	1.00
8	Children become mischievous and stubborn, and lack of good manner	9.00	8.75	8.00	2.50
9	Low education	8.00	2.50	8.00	2.50

Source: Focus Group Discussion.

Notes: Score 1: generating no impact, score 10: giving great impact

Key Findings 1.

The phenomenon of women migration in the research areas

Poverty is the main driver of 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 because of the high demand for women workers in migration destinations. Domestic and factory works are the two most common types of occupation employed 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 discussions held with informants in the field, children's education, health, and psychological conditions can be associated with this separation, and 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 old 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.¹⁶ This average score is observed based on children from migrant and non-migrant families, migrant family groups (internal and international), age, sex, and districts used in the research sample.

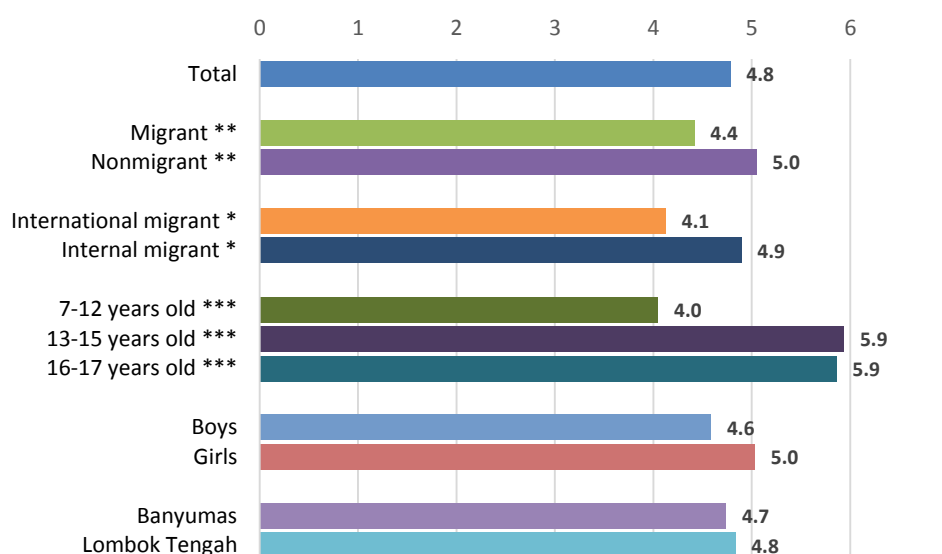


Figure 3. Average Score of Child Cognitive Test Results

Source: Survey results, processed, 2013.

Note: Number of samples were 367 children aged 7-17 years old. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

With ten percent significant 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 old (Lynn, 1994; Lynn, 2011). Children from migrant families in this research tend to have lower scores compared to children from non-migrant families. The results show that the average scores between children from international migrant families and non-migrant families in this research also differs significantly, in that children from internal migrant families have a higher

¹⁶To 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 9 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 old.

average score. If observed by age group, the test scores of children aged 7-12 years old were 1.9 points lower than those of children aged 13-15 and 16-17 years old. 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 ability in applying the common principles of logical thinking. This means, 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 Powers' study (2011) in Mexico, supports a similar finding in terms of the adverse effects of parental migration on cognitive development. Powers (2011) finds that there is a negative relationship between being in a migrant family and cognitive scores, especially in relation to visual reasoning ability. She also finds that adverse effects of migration tend to be higher in younger children, while there is no difference across gender. The reduction of growth in visual reasoning ability found in Powers' (2011) study 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. (2010). 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 suggests 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 statistically are significantly shorter than children from non-migrant families, with 10 percent significant level.¹⁷ In general, children aged 0-6 years old 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 old who come from non-migrant families are relatively taller than the average sample children in that age. This difference also occurs between sample children in the two kabupaten research locations, compared to other children aged 0-6 years old involved in this study, children 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 old, both from migrant and non-migrant families. These sample children aged between 0-6 years old were also observed based on two age groups: 0-2 years old (infant) and 3-6 years old (pre-school).

This research finding adds insights to the debate of whether parental migration is good for children's health development. Mu and DeBrauw (2013) find no relation between parental

¹⁷Height per age is one of the standard anthropometric indicators that are often used to monitor child growth and nutrition sufficiency (WHO, 2006). Other indicators are weight per age and *body mass index* (BMI) per age. Height per 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 KMS. It has to be noted that a more accurate description of children's physical growth could be obtained if there was supporting data for other indicators.

migration and height of children but they do 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 et al. (2010), using Tongan household samples and natural experiments of New Zealand's migration policy, suggest migration will affect child nutrition status through changes in dietary behavior. This being said, this research finding that suggests lower average height per age in children from migrant compared to nonmigrant families and in international migrant compared to 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.

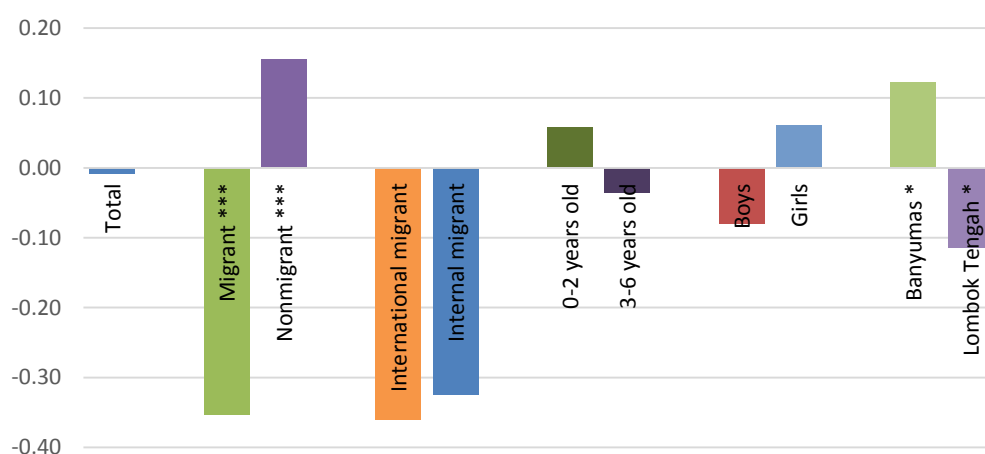


Figure 4. Average Standardised Scores of Children's Height per Age

Source: Survey results, processed, 2013.

Note: Number of samples were 217 children aged 0-6 years old. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

4.3 Children's Psychological Condition

Based on the average total score of SDQ, as depicted in Figure 5, in general, children who are between the ages of 4-17 years old 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 non-migrant families. From Figure 5, this tendency can be seen in the higher average total score of SDQ for children from migrant families when compared to those from non-migrant families.¹⁸ The higher the total score of SDQ obtained, the more psychological obstacles experienced by the children. Except for the *pro-social* 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.

¹⁸SDQ was also used in CHAMPSEA (2009) 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*, *conduct problems*, *hyperactivity*, *peer problems*, dan *pro-social 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 et al. (2000) related to the use of SDQ to detect the child's early psychological condition in the community and <http://www.sdqinfo.com> for the explanation on questionnaire, calculation, and interpretation of SDQ score results.

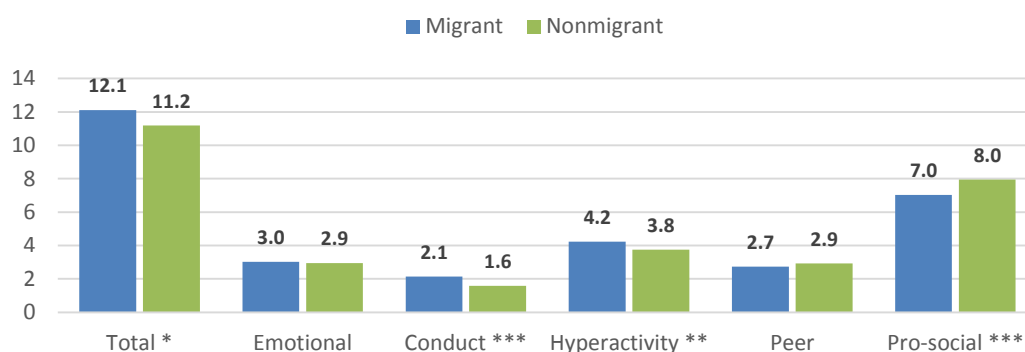


Figure 5. Average total score of SDQ and its components

Source: Survey results, processed, 2013.

Note: Number of samples were 476 children aged 4-17 years old. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Further investigation shows that the statistical difference in the average score of SDQ test results between children from migrant and non-migrant families is significantly different for the values of *conduct problems*, *hyperactivity*, and *pro-social behavior*. This indicates that children from migrant families in this study tend to experience more difficulties compared to sample children from non-migrant 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 pro-social 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 symptom*) and having problems with friends (*conduct problems*). Children from migrant families also tend to be more hyperactive in that they are more easily move around and talk. 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 to tackle the behavioral problems that they experience in their daily lives.

Key Findings 2. The well-being of children in this study

There are differences in the well-being of children from migrant and non-migrant families if 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 condition compared to sample children from non-migrant 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. CHILDREN CAREGIVING ARRANGEMENT 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 (Scalabrini Migration Center, 2004). 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 the factor of 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, which will also affect the lives of all family members (Schmalzbauer, 2004; Bruijnet al., 1992).

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

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 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.

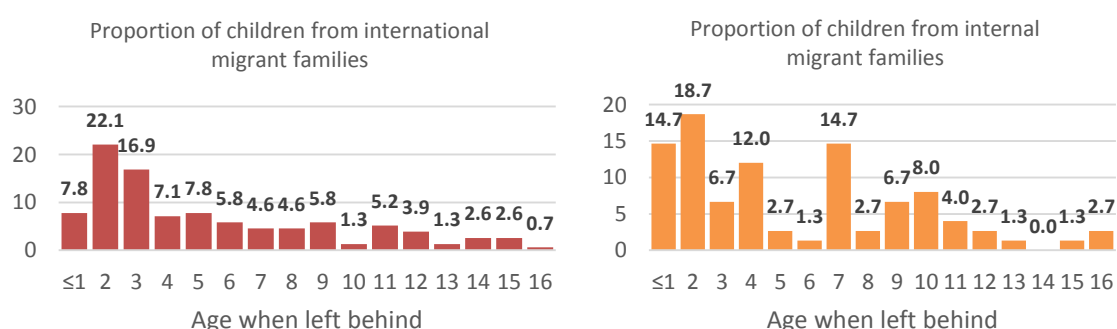


Figure 6. Distribution of children's age while being left by mother (%)

Source: Survey result of SMERU research team, 2013.

Description: 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, which 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 this figure, the trend of mothers migrating when their children are at a very young age is a common phenomenon amongst migrant worker families. Furthermore, such patterns are also found to recur in sample migrant families that have more than one child. For example, the family of a migrant worker Mrs. Siti (not her real name), where her three children were left for migration at more or less the same age; 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 unleash their families from poverty, most of the family members interviewed stated that honestly they did not agree with the migration plan conducted by their wives/in-laws/children. 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 are 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 breast feeding duration (that will be further discussed in next section), one important aspect that may be affected, in relation to children's age when they are left by their mothers for the first time for migration, 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 always being 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 a 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 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 Caregiver

The caregiver to children ratio refers to the caregiver's quantity allocation 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 found that children under six 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 monitoring.

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 non-migrant families. This means that children from migrant families usually have more caregivers than those from non-migrant 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	Non-migrant
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.

Description: The quantity of sample is 542 caregivers and 626 children from migrant and non-migrant families.

Nevertheless, generally the caregiving tasks will be mostly carried out by one of the family members as 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 of the children, and also grandmother, often become the main alternative caregiver 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, every day Ana helped her younger sibling to do their school homework, and was responsible for managing the money sent by their mother. However, this research, as illustrated in Figure 7, found 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 caregiver is very little. When viewed proportionally, there were 105 sample daughters from migrant families, with only 27% of them being aged between 13-17 years old.¹⁹

¹⁹The 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 also 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 caregiver 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, it should also be observed carefully to make sure that such burdens do not impact on the children's chances to continue their study. As found in previous research, that not all children left by their parents for migration continued to go to school (Giannelli and Mangiavacchi, 2010; Alcaraz et al., 2012) or 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 caused them to be unable to attend their classes or concentrate on their lessons (McKenzie and Rapoport, 2006).

5.1.3 The Caregiver

Based on the results of interviews with several sample families in this study, the caregiving arrangements for children of migrant families in this research, in practice, 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 changing 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 main breadwinner, but he also has to perform domestic work and childcare. Relatively older children, on the other side, are usually charged with more roles and responsibilities since they are considered able to help the father to manage the domestic work, including taking care of younger children.

The results of the surveys conducted with migrant families in this research suggests that most children who are 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 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 parents (grandfather/grandmother) as is common to 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.

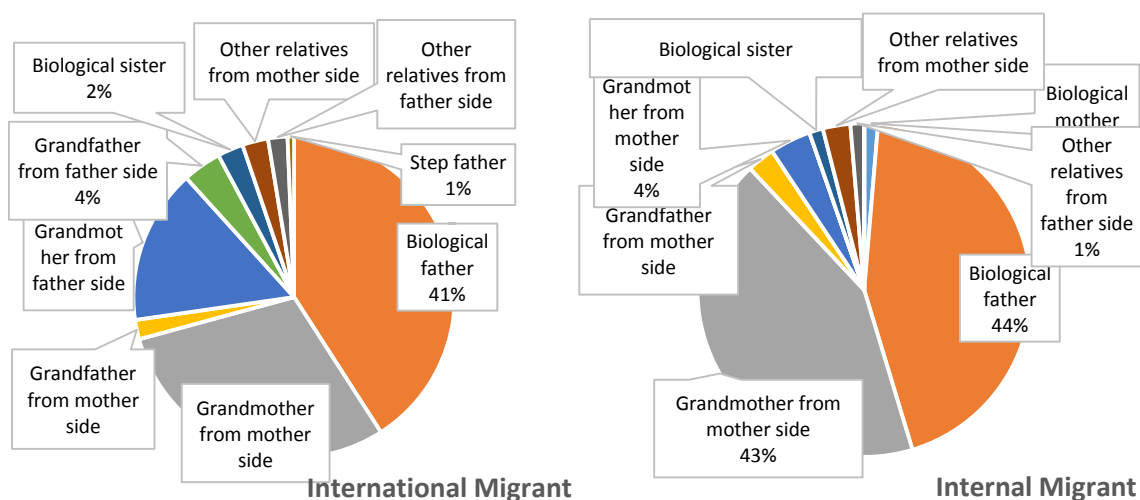


Figure 7. Relationship between children and caregiver in migrant families

Source: Survey result of SMERU research team, 2013.

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

Children's caregiving arrangements in several of the migrant families interviewed was influenced by several factors related to the relationship between the mother as an actor of migration and the family she left behind (both nuclear and extended family) as the candidates for the role of caregiver. The relationship between the mother and her husband, and her parents (grandfather/grandmother), and the commitment of the mother and father in caregiving was 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 towards childcare while the mother is migrating. Parents' commitment to maintaining caregiving quality was found to greatly affect to what extent the migrant and her spouse perform the efforts required to maintain the quality of caregiving of the children left behind. For instance, the caregiving practices performed by one of the migrant families from Kabupaten Banyumas, besides involving their parents (grandfather/grandmother) as alternative caregivers, Ibu Tini who was working in Singapore always allocated 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. Both in international and internal migrant family groups, it is evident that besides members of the nuclear family, especially the biological father, members of the extended family such as the grandfather and grandmother also become instrumental as alternative caregivers. The role of the extended family underlines the need to improve the caregiving knowledge and skills of the family in a broader terms, 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 predicted, the caregiver's age in migrant family groups is usually in the 41-60 years age group. Meanwhile in non-migrant family groups, caregiver's age is on average a bit younger, in the 31-50 years age group, where most caregivers of the children are the biological mother.

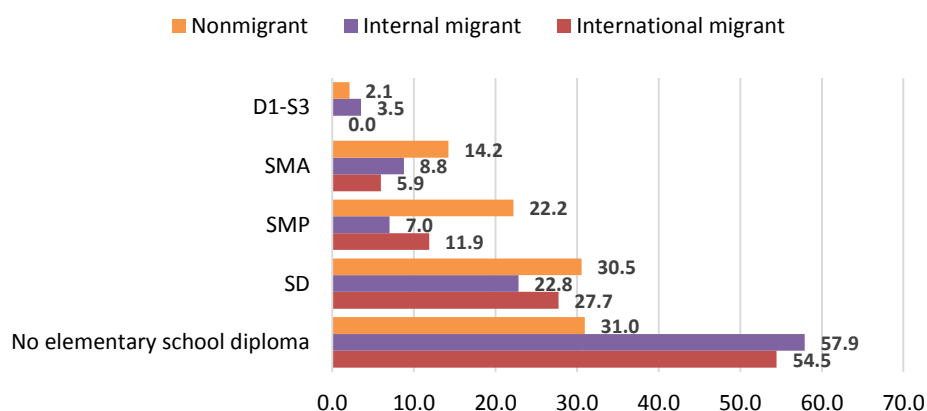


Figure 8. Caregiver's highest education level (%)

Source: Survey result of SMERU research team, 2013.

Description: The quantity of sample is 542 caregivers from migrant and non-migrant family samples.

The age of caregivers is one characteristics considered to be important in influencing the caregiving practices. The significance of investigating caregiver's age and its impact on the quality of care given to children is premised on the propriety of caregiving patterns in relation to children's age. This is also closely related to caregiver's education levels which are assumed to affect the caregiver's access to information that eventually will influence the quality of care given. Furthermore, caregivers with higher education levels are assumed to have been more exposed to the benefits of education, thus have greater potential to encourage and motivate the children to reach higher levels of education themselves (Ermisch and Prozano, 2010; Chevalier, 2004).

The survey results from this research, referred to in Figure 8, suggests 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 a limited access to education resulting in intergenerational poverty, especially amongst migrant family groups in this research. This is in line with the findings of previous research that show the significance of education as one of the key factors in breaking the intergenerational poverty cycle (Corcoran, 1995; Harper et al., 2003). Different to migrant groups, caregivers in non-migrant groups are reported as having relatively high education levels. This can be explained by the results of this study's surveys, showing that on average caregivers in non-migrant families are younger and assumed to be born in a developmental era with better access to education compared to the caregivers from migrant families who come from the previous generation. Nevertheless, the significance of the proportion of caregiver's in non-migrant families 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 amongst poor women.

5.1.5 Caregiver's Psychological Condition and Behavior

Regarding the very important role of alternative caregiver in the adaptation of children caregiving arrangements in migrant families, this research attempts to observe 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 work load related to caregiving, and also poverty which is one of the characteristics of all sample households in this research. Moreover, the function of caregiver, which is mostly undertaken by the father, may place the father in a position of dilemma due to the social pressures placed on males, in which the father is always seen as taking on the role of main breadwinner in the family (Hoang and Yeoh, 2011). Such conditions will surely affect the caregiver's psychological condition and behavior towards caregiving practices, which eventually will influence the childcare quality. Therefore, this research attempts to observe caregiver's psychological condition by using a Self-Response Questionnaire (SRQ).

SRQ is a standardized survey used to observe respondent's psychological condition (Beusenberg, 1984). The questionnaire consists of 20 questions that will be answered by the respondent by him/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 in 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 also the general health of each community. Commonly, 7 is the cut-off used in developed countries (Beusenberg, 1994). However, in the case of Indonesia, the cut-off generally used is 5 or 6 (Idaiani

et al., 2009).²⁰ Ideally, to determine a valid cut-off, it requires a validity test according to the condition of the local community. In this research, to perform such test is impossible considering the sample used can not represent the entire population and there is no data on respondent's 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 et al., 2009; Hartono, 1995).

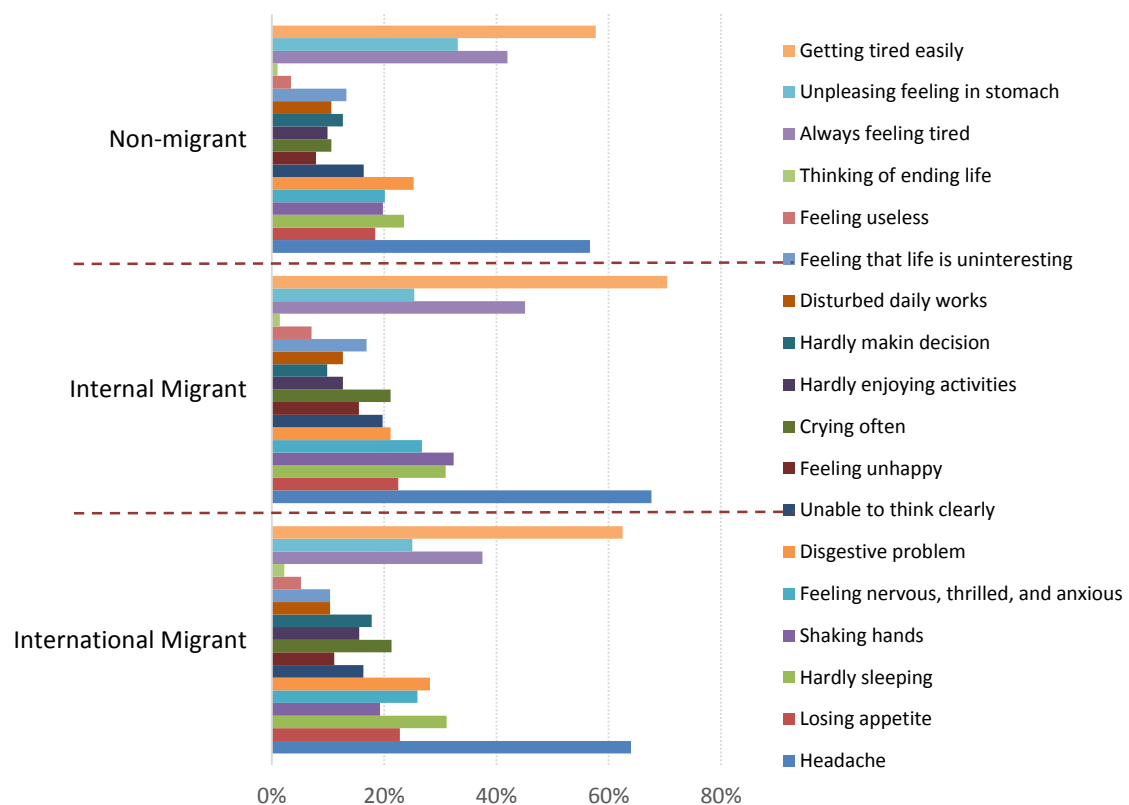


Figure 9. Proportion of caregiver responding “yes” in SRQ

Source: Survey result of SMERU research team, 2013.

Description: The quantity of sample is 542 caregivers from migrant and non-migrant family samples.

Generally, there are many similar symptoms encountered by caregivers, both in migrant and non-migrant families. Physical symptoms such as “easily tired”, “headaches”, and “fatigue” are the three most frequently appearing in all respondent’s family groups in this research (see Figure 9). This may be a result of all respondents coming from poor families, especially in relation to family member’s occupation; most parents who become a caregiver 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 also female caregivers, the responsibility as caregiver is an extra work load alongside other family work (washing clothes, washing dishes, cleaning the house, cooking). Such conditions will certainly affect the caregiver’s health. Based on the results of interviews with

²⁰The cut-off value of 5 or 6 is generated from a validity test based on Hartono (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 Hartono (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.

a female alternative caregivers from a migrant family in Banyumas, the increasing work load 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

Generally, physical symptoms such as becoming “easily exhausted”, “headaches”, and “fatigue” are experienced by most caregivers. To understand the factors which influence these symptoms, by using *principal component analysis* (PCA), it is found that there are five component factors which can explain 53 percent of all answer variations in SRQ respondents.²¹ The first factor, consists of the symptoms “inability to think clearly”, “difficulty in making decisions” and “feeling useless in life”. The second factor, consists of the symptoms “hand tremors” and “feeling nervous”. The third factor, consists of “constantly feel tired” and “easily exhausted”. The fourth factor, consists of “stomach problems” and “digestive problems”. While the fifth factor is related to “the urge to commit suicide”. The classification of these factors is similar to Iacoponi and Mari’s finding (1989) 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 of the diagnosed incident a caregiver undergoes psychological problem

Cut-off	Migrant	Non-migrant	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)
Observation number	542		

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

Information: The number of samples is 542 caregivers from migrant and non-migrant families. Error standard score in the brackets.

In the next step, we will compare the proportion of caregivers from migrant and non-migrant 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 non-migrant families. Statistically, there is no significant difference that can be found in the incidences of psychological problems between caregiver groups in migrant and non-migrant 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 difference in other aspects of the caregivers, including their side jobs,

²¹The *cut-off* which is used to establish the number of components in PCA is the commonly implemented standard, *eigenvalue* greater than 1. The *screeplot* graphic can be seen in the attachment. While for the chosen component in each factor a *cut-off* of more than 0.4 is used in the *rotated components* coefficient.

is also observed. The survey results, as shown in Table 12, show that there is no difference between the caregiver groups from migrant and non-migrant families in relation to the side jobs they undertake. This is in correlation with the behavioral aspect, in which we found that there are habits that can be associated with certain characteristics of the caregivers. The behaviour or habit of smoking for example, is found to be significantly different among caregivers from migrant and non-migrant families. This finding can be explained with the related finding on the caregiver's 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 mothers (women), it is not surprising that there are more caregivers in migrant families who smoke than in non-migrant families, whose children are mostly 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 psychological condition found between caregivers from migrant and non-migrant 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

	Non-migrant	Migrant	Diff/se
Status of other jobs			
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)
Habit			
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)
Observation number	519		

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

Information: The number of samples is 519 caregivers from migrant and non-migrant 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 before, this study attempts to observe the various childcare practices undertaken by families as a way of adaptating their caregiving arrangements when the mother is away. In this section the caregiving practices will be explained more as an effort to fulfil the children's primary needs. The primary needs which make up children's rights are divided into four groups of primary needs, these are physical, cognitive, emotional, and supervision needs.

5.2.1 Physical Needs

Based on the survey results, it is found that almost all sample children, either from migrant or non-migrant families, have at one stage been given ASI (breast milk) by their mothers but not all sample children are given ASI exclusively. According to Straus et al. (2004), physical needs including children's needs of food, clothes, health services, and housing are some of the primary needs that have to be fulfilled. In addition, it is also 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 nutrition development status at an early age. Reducing the duration of exclusive ASI intake heightens the risk of development problems in a child's nutrition status indicators, both in the short- and long-term (Weimer, 2001; Fitzsimons dan Vera-Hernandez, 2014; Atsbeha et al., 2015).

Based on in-depth interview results with one of the international migrant families in Banyumas, it was found that the mother used breastfeeding practices in the period of time 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 repeated 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 and Ph, 1999), this story underlines the importance of making sure that the procedure and the regulation of women migrant worker's 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 their mother to become a migrant worker.²² 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 (Integrated Health-Services Posts) 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 non-migrant families.

²²Several regions have implemented the Regional Regulation of Indonesian Migrant Worker protection which determines the minimum age a child permitted to be left by its parents to migrate, especially if the mother is the migrating one. The Regional Regulation of Indonesian Migrant Worker protection in Banyumas, for example, has decided that the minimum age of a child to be left migrating by mother is 6 months old.

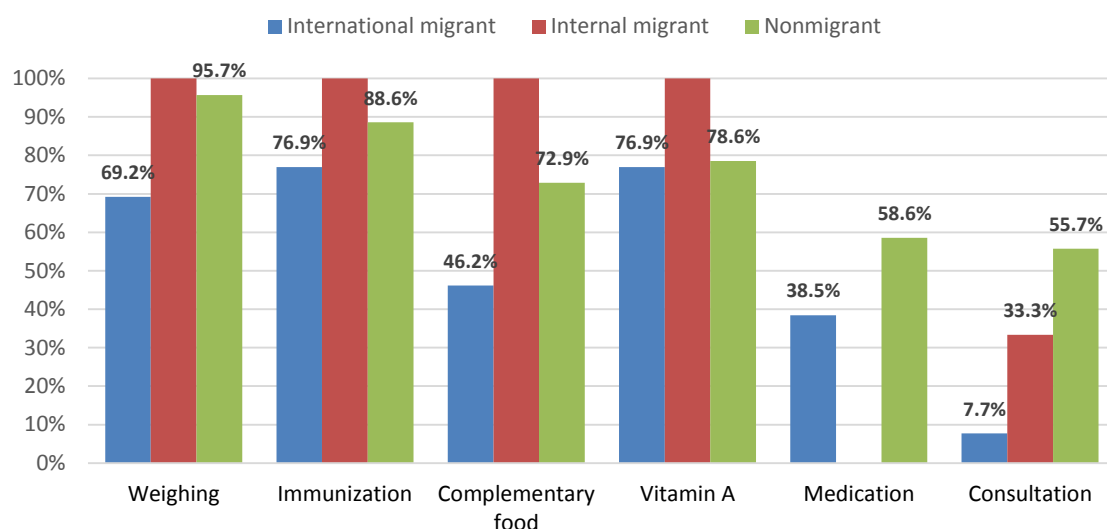


Figure 10. Health service obtained by children (%)

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

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

Based on the information provided above, in the relationship with exclusive breastfeeding and health services, the caregiving practice is found to be more prevalent in the internal migrant, non-migrant, 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, are left at the age of 0-2 years old. This means that the early hypothesis that the non-migrant group would have a better quality of caregiving, related 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 farther 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 non-migrant 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 Integrated Health-Services Post cadres in the area in relation to children's health services, and the 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 non-migrant families.

Table 13. Children daily treatment at home

Children treatment activity	International Migrant (%)	Internal Migrant (%)	Non-migrant (%)
The ones who confirm the orderliness 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
The ones who help the children trimming 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
The ones who help 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 research team SMERU, 2013.

Information: 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 non-migrant 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 and brushing their hair, trimming their fingernails and toenails, and also 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 non-migrant families.²³ 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, beside the caregivers, such as the child's sibling, to be more involved in the caregiving practices in migrant families, as shown in the table above (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 to 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 non-migrant families than in the migrant group. In the international migrant group, this caregiving responsibility is often divided amongst 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 the previous study which reports that children

²³It is important to note that the information about who helps the children in conducting self-care tasks (as shown in the table) was acquired based on caregivers' information only, and was no longer compared to information from the children who receive the treatment.

from migrant families are relatively more autonomous. 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 (Hoang et al., 2015).

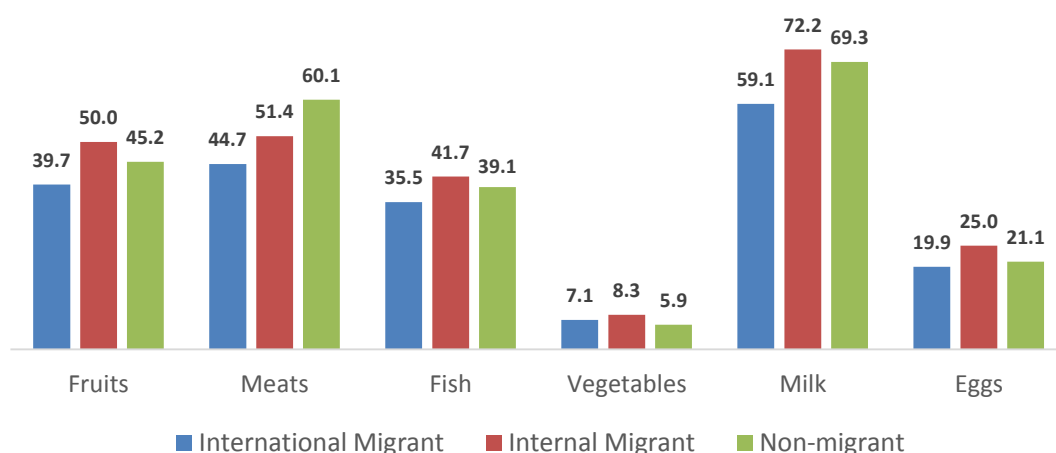


Figure 11. Percentage of children who are never given complementary food (%)

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

Information: 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 activity 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. If it is observed from the types of the supplement food, the proportion of children who are not given vegetables is about 5.9 percent for non-migrant families and 8.3 percent for internal migrant families. Different patterns were observed in the other four types of food, which are 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 non-migrant and internal migrant families. Although it has 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 percent of children are not given complementary food, i.e. eggs, by their caregivers, while as much as 59.1–72.2 percent 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 non-migrant families is higher than the proportion in internal migrant families, respectively by 60.1 percent and 51.4 percent.

The results of in-depth interviews also found that there are still cases where the awareness of the migrant and non-migrant 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 the health facility although they realize their children are experiencing delays in their growth. One of the caregivers in the migrant families who was interviewed says that he/she never takes the child she takes care of to the 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 problem later in life are not identified and treated retrospectively by the available health services.

“[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 non-migrant family says that she chooses to bring her child who experiences delayed speech to the *dukun* in the area because she is worried that a 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 (Community Health Centre) 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 Community Health Centre cadres, who take on the role of the forefront of the service, in improving the access of poor families in the location of research to the health facilities. Further, as outlined in the Regulation of the Ministry of Health No. 46/2015 related to the standard of health services²⁴, the first stage service facilities like Community Health Centres available in the migrant enclaves need to identify the needs of the children from the migrant families and provide the services needed by the children from this group.

5.2.2 Cognitive Needs

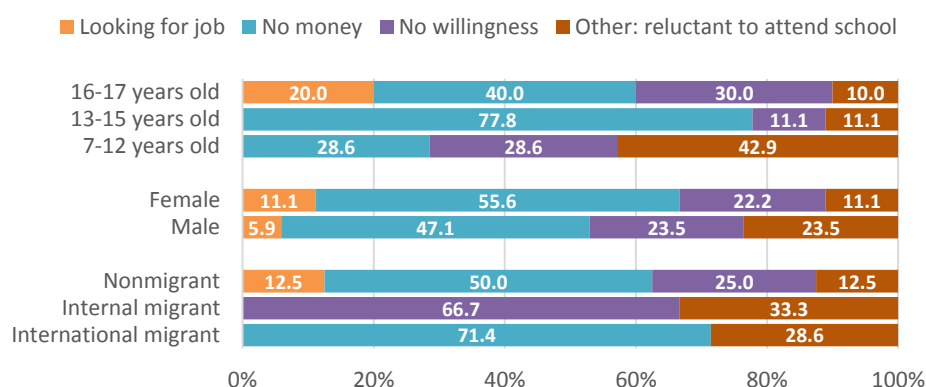


Figure 12. The reasons children do not attend school

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

Information: 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 showed that the majority of children aged 7-17 years old 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 by Figure 12, generally they reported the unaffordable cost of education as their reason for not attending school. This condition is often found in poor families where older children (their average age are equal to junior and senior high school student) are forced to stop attending school or can not continue their education because their parents can not pay for various student's needs. In general, student's needs consist of direct costs, such as school entrance and monthly fees, uniforms, books and transport, as well as indirect

²⁴The Regulation of the Ministry of Health No. 46/2015 about the accreditation of Community Health Centre, Primary Medical Clinic, and independent doctor's and dentist's practices establishes that one effort that needs to be undertaken in the implementation of Community Health Centre services is an analysis of the society's needs in their working area. It means, the types of services provided to the society need to be adjusted with the society's needs and the existing health problem in the working area by getting input from the society through the society empowerment process.

costs such as family income and the loss of economic contribution from children because they are in school (UN Women, 2011). However, previous studies show that poverty is indeed one of the main determining factors in whether children go to work (Priyambada et al., 2005). However, working is not necessarily the main reason for children not to continue 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.

Based on the interviews conducted both with migrant and non-migrant families whose children have dropped out of school, the unaffordable cost of education is one of the main reasons that children are unable to continue their education. 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 to continue their education or not, 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 realized that education is important for their children to break out of poverty. One non-migrant mother in Banyumas who was interviewed 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 his education in another school.

"Mr. Budi, Dodi's elementary school teacher, came twice to ask Dodi to be willing to go back to school. But Dodi refused it. Of course, I am confused. I ask 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 pitiful, but Dodi insists not to go." - Non-migrant family, Kabupaten Banyumas

For families having special issues with children who have development delays, both in migrant and non-migrant families, it is found that 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 compared to other children in their age group 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 (Early Childhood Education and Development)... he will not have friends." - Non-migrant 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, because 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, 2010; Ghazala, 2006; Edwardsa et al., 2003), attention and 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, 2006). Therefore, children's low motivation from this group to continue their education is more appropriate to be seen as the result of a lack of the support systems that

the children need to continue their education, and not a characteristic inherent to the group of migrant children. To that end, the support and intervention of all stakeholders, including families, schools and local governments to ensure that children can continue their education without obstacles would be necessary to resolve this problem.

One issue, related to children's education, which was often reported by children in this study is difficulty 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 non-migrant family group, admitted that they experience difficulties in following the lessons in school. Another interesting thing to be observed is the different perspective between caregivers and children which can be seen in the different answers caregivers and children supplied in relation to this point. 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 proportions 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 wider family. It implies that the involvement of each caregiver in the caregiving process is not full or is lower in intensity compared to single caregivers, who will be fully involved in all aspects of caregiving and childcare. This might be one of the factors which causes this high discrepancy or different expectations and understanding between children and caregivers about the learning difficulties faced by children from the international migrant group.

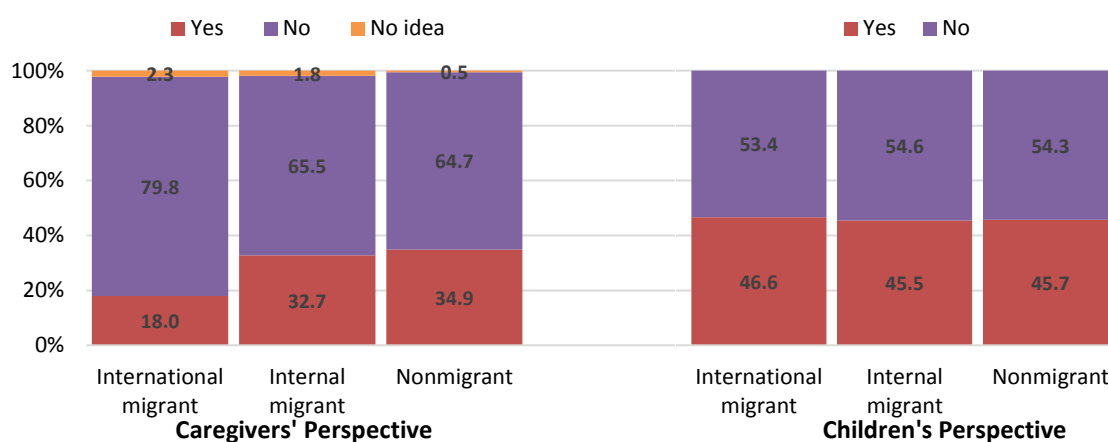


Figure 13. Children who have difficulty keeping up with lessons in school based on family group

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

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

Further research into children's learning activities revealed that there was no significant difference between migrant and non-migrant 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 non-migrant families were assisted by their mothers in completing their homework. So were the children from internal migrant group, a small proportion of the children were accompanied by the fathers when studying, whereas 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 elder sister. Since the parents got divorced, the main caregiving duty was given to the grandmother, who also had to take care of the sickly grandfather. Despite having to manage time for other domestic work, the grandmother sometimes also helped to assist 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 and encompass attention, affection, support, and security (Straus, 2004). Children's emotional development will be highly affected by the emotional ties built through interaction with surrounding people, especially their caregiver, who takes care of and accompanies the children every day. Given the absence of mothers as the main caregivers, 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.

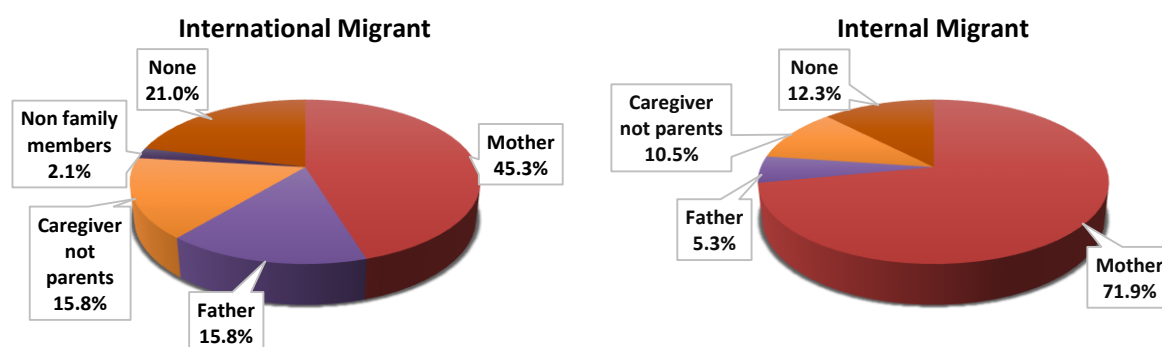


Figure 14. Those who Told the Children about Their Mother's Departure

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

Information: 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 mother's 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, they came to the knowledge by themselves.

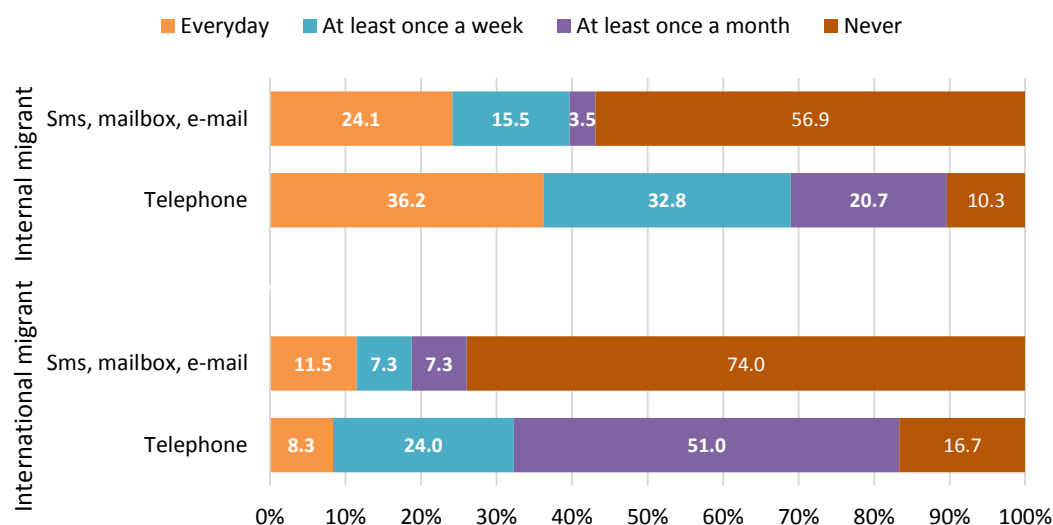


Figure 15. Frequency of communication between mothers and their children in the last six months

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

Information: The number of samples were 154 sample children of 7-17 years old from the group of migrant family.

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*” according to Tanalega (2002), in which the migrants and their families can keep connected with each other by means of modern communication such as telephone, sms, e-mail, and the other Internet media. This concept also introduces a model of caregiving practices which are achievable not only by direct face-to-face interaction, but also that can be carried out through the other communication media available in the recent era of technological development.

The survey results on the frequency of communication in migrant families is 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 percent of the children directly communicate with their mother each day, in comparison with 8.3 percent 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 use telephone more as a connecting media to communicate with their mother, instead of sms, letters, or e-mail. Despite the ease, the preference to use telephone as the communication media is likely because by telephone the children 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; some establish communication everyday, once a week, and 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 distance, cost, and also the mothers' access to the media and opportunities to communicate with the family. In addition to this, considering that most children do not autonomously earn a living yet, the mother usually plays an active role in making contact by telephone, while the children wait for the call (UN Women, 2011). 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 location of the mothers' migration, it seems that the sample children in internal migrant families communicate with their mother 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 and domestic 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. Children based on the location of mothers' migration and the frequency of communication with mothers by telephone in the last six months

Location of mothers' migration	Number of observation (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	-
Jawa Barat	1	100.0	-	-	-
Bali	6	16.7	16.7	16.7	50.0
NTB	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 Darusalam	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.

Information: The number of samples were 150 sample children of 7-17 years old from the group of migrant family.

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 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-children 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 labors in these countries, because, as stated by BNP2TKI, the majority of Indonesian migrant laborers who are infringing working agreements are the migrant labors sent to the Middle East. In Saudi Arabia, for instance, there are frequent cases in which the employer in the country 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 (Romdiati et al., 2008). Such cases are less frequently experienced by the rest of Indonesia's domestic workers in Malaysia, Singapore, and Hongkong. Nevertheless, this research also revealed that a tiny 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 to more strictly monitor the implementation of various rules on the protection of migrant laborers overseas, taking into account that some other countries excluding Malaysia, such as Hongkong and Taiwan, have, in fact, implemented regulations ensuring 1 day-off a week for domestic workers (UN Women, 2011).

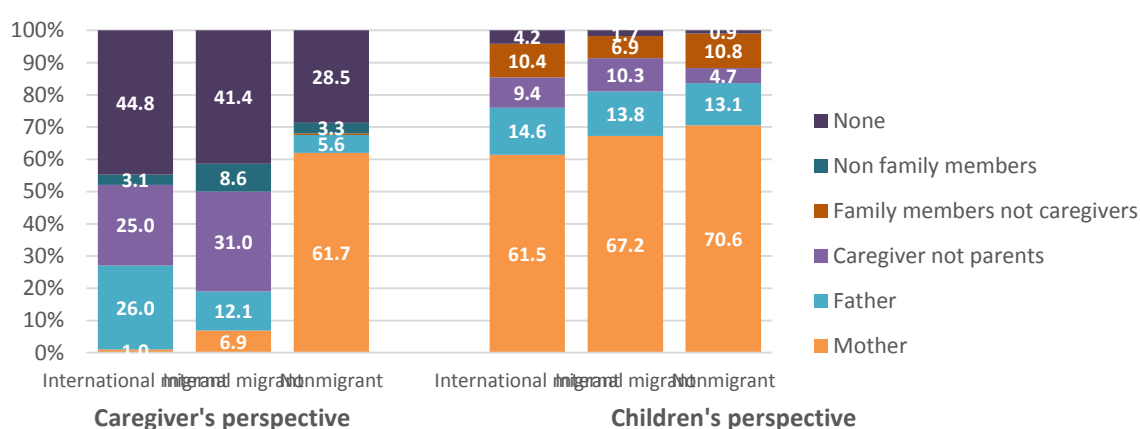


Figure 16. Who children share stories with when they feel sad

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

Information: The number of samples is 368 sample children aged 7-17 years old.

To examine the fulfillment of emotional needs, the survey conducted in this study questions 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 involved in this research expressed that the children have no place to share stories 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 non-migrant 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 non-migrant families expressed that they are not the person with whom their children share their stories, whereas according to the children, they are still the most comfortable confiding in their mothers when they are sad.

5.2.4 Supervision Needs

The fourth aspect of the children's basic needs is the need for monitoring of their activities and social lives (Straus, 2004). Based on information given about children's social relationships in their friendship circles, it was found that almost all sample children aged 7-17 years old involved in this research asserted that they have close friends. Additionally, these children also reported that their caregivers know their close friends. This can be evaluated as a good caregiving practice, since it is assumed to make the monitoring of children's outdoor activities easier. Beside this, the form of monitoring can be observed by several factors, such as curfews or caregiver's acknowledgment of children's activities, for example activities with friends, extracurricular activities, and also work.

Curfews imposed by caregivers in this research are also considered as a form of monitoring of the children. A curfew is defined as a limit on the time until which the children are allowed to conduct outdoor activities (such as playing, studying, and other activities) set by the caregivers. Most sample 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 years old children, compared to the group of boys and the group of other ages. Generally, most children admitted that they never violate their curfew, but if comparing between sex and age, it is found that boys and 16-17 years old children have a higher tendency to violate the curfew set by their caregiver. This is also in accordance with the information given based on the affirmations of both caregivers and the children themselves.

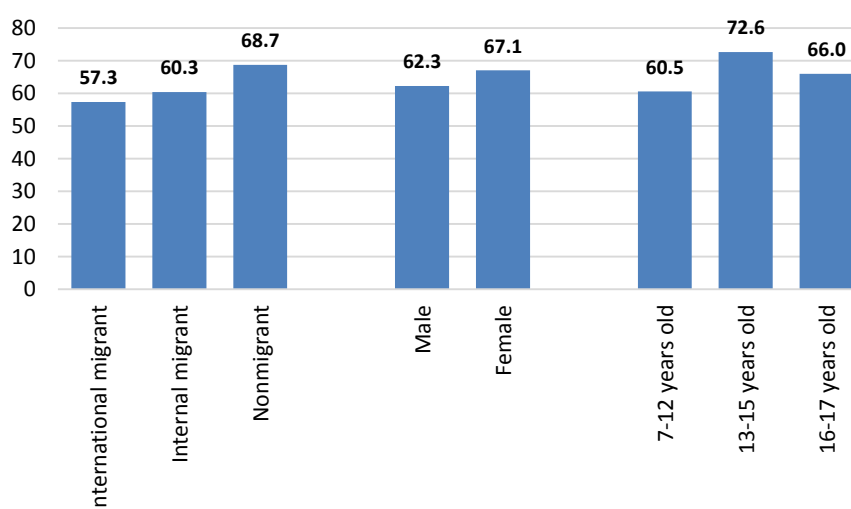


Figure 17. Enforcement of curfew (%)

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

Information: 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 from the various groups in this research with their close friends consist of playing. Besides curfews, caregivers' acknowledgment of children's activities with their close friends can also be used as a monitoring function in the context of caregiving. This also shows that children's needs in one of aspects of monitoring is relatively well satisfied by the caregivers. The similarity of information given by the caregivers and children can be interpreted to mean that caregivers know the types of daily activities undertaken by the children, which means that the alternative caregivers are involved enough in the

monitoring of the children's activities. It can be assumed that the caregivers and children can cooperate well in satisfying the children's need for supervision.

In order to gain a comprehensive overview of the children's activities, the survey in this research also encompassed the children's participation in extracurricular activities, both inside and outside school. Extracurricular activities are the activities, besides academic activities, which are participated in by the students based on their interests and talents. These activities can be conducted by the school or non-school 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 non-academic abilities such as sport, art, scouts, or Koran reciting. Unfortunately, there is no further information on the kinds of extracurricular activity participated in by the children in this research. It is reported that the sample children tend to prefer joining extracurricular activities in school rather than outside school. Considering that all children in this research come from poor families, the preference is most likely caused by the financial constraints placed on the families; additional activities outside of school often involve economic expenses, which may not be affordable for the children.

Besides activities with friends and extracurricular activities, some students are also involved in working part-time to make a living. 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 come from the group of children aged 16-17 years old (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 et al., 2005), yet the findings emphasize that working is not always a reason for the children to become dropouts. In fact, poor children often endure schooling while working part time to fulfill the family's necessities of life and school needs.

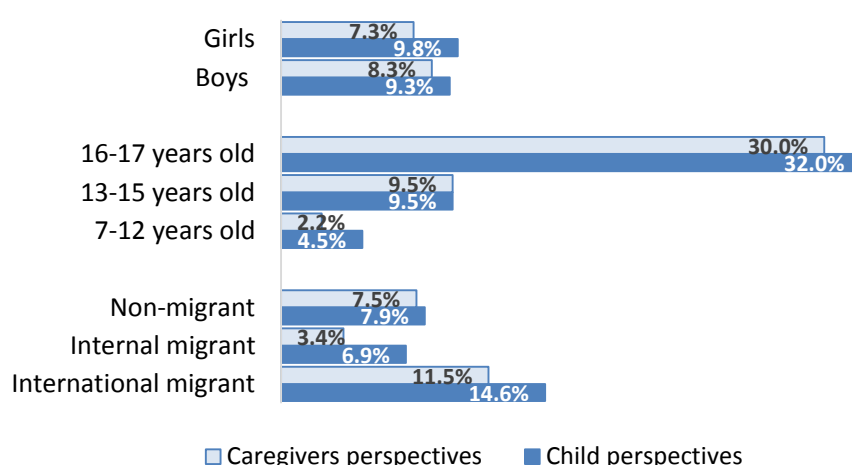


Figure 18. Children working to earn income

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

Information: The samples are 368 sample children of 7-17 years old.

In terms of monitoring, there seems to be no difference in monitoring from a perspective of gender or age group. This can be seen, as portrayed in Figure 18, in the different perspectives of children (as working individuals) and mothers on the proportion of the children working for an income.

Meanwhile, within the migrant and non-migrant family groups, it seems that there is a difference between the perspectives of children and caregivers, which are quite obviously different in migrant groups, especially the international migrant group. Generally, the difference in the information given about children who work for an income from the perspectives of children and caregivers can be found when comparing children raised by the grandmothers to those who are raised by their mothers (the data is not displayed).

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 non-migrant 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 deep 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 amidst the conditions of poverty and the absence of their mothers due to migration, children's motivation and awareness 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 non-migrant groups are apparently different in some aspects, particularly in relation to the fulfillment of the emotional and physical needs which support the development of children. 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 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 this constraint, female migrant workers in the study area commonly trust their children to alternative caregivers who have close relationships with the family. This close family relationship with the children can explain the low tendency of the mother-replacing 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 amidst 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 a physical aspect, for instance, in the practice of exclusive breastfeeding, children from international migrant families have a shorter breastfeeding duration than the sample children from non-migrant and internal-migrant families. Exclusive breastfeeding is proven to be closely related to the nutritional needs and early development of children (Green & Ph, 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 non-migrant 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 non-migrant groups from each 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 non-migrant 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 necessarily 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, the same as in poor families generally, are from low educational levels. Another factor identified as influencing children's development is the physical condition of alternative caregivers. They are generally older than the caregivers from the non-migrant group. Furthermore, the existing data show that there is no significant difference in caregiving practices from alternative caregivers in migrant and non-migrant 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, meaning that the children have had to face the consequences of their mother's absence as the main caregiver since 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. Through this assistance, children can work on particular tasks and develop their knowledge and skills (Sigelman, 2009). Through 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 adult's presence in guiding children to learn from their surroundings.

Children from migrant families do not entirely lack the attention of caregivers because all children left behind by their mothers to migrate 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, the support that can be accessed by children in their learning process. Furthermore, alternative caregiving found in this research is mostly carried

out by the biological father. In Indonesian culture, it is often found that father's involvement in childcare is so rare that fathers often lack the knowledge and adequate skills to carry out the tasks of childcare. However, this condition does not immediately affect caregiving quality, especially in terms of limited interaction between children and parents. Another aspect which affects the condition of caregiving is that caregivers have other work besides taking care of children. Hence, it is hard to achieve the same level of intensity in the caregiving practice that a biological mother can provide when being the primary caregiver. One case observed in the research can be used as an example: In one migrant family, an aunt (father's biological sister) plays a role as an alternative caregiver. She has taken on the responsibility not only to take care of the children who were left behind, but also her own children. She also has to carry out other domestic tasks. These conditions as a caregiver often leave her exhausted, meaning she has limited time and energy to assist and guide the 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 for the migrant group, as compared to those for the non-migrant group, know about these learning difficulties. Lack of interaction between children and adults who have higher cognitive abilities, as stated by Vgotsky, can explain why children from migrant families have lower scores in the cognitive test compared to those from non-migrant 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 surrounding environment such as easy access to school. That is to say, caregiving practices are not the only point to be examined in this study, which have an affect on children's cognitive competence. Poverty, for instance, is also found to affect the children's cognitive function; financial constraints of the families may become a significant barrier for them to meet the nutritional intake required in child growth, with nutritional intake being proven to affect children's cognitive development (Kretchmer, Beard, & Carlson, 1996). Other factors which are also found to have indirect impacts are 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 & Dogan, 2007; McLoyd, 1990 in Sigelman & Rider, 2009). The results of the interviews with several migrant and non-migrant 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 children's psychological need fulfillment

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 assumed and concluded that the significant difference between the group of children in migrant and non-migrant families in terms of children's behavior and social life (the result of SDQ test in the component of *conduct problems*, *hyperactivity*, and *pro-social behavior*) is most likely affected by the aspect of mothers' presence.

In relation to this aspect of mothers' presence, the difference between children from internal and international migrant families is also seen in the factor 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 it is 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 a place to share story 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. Even in the group of international migrant children it is noted that 21 percent 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, especially due to the factors of distance and cost. The high cost expended by migrant workers, particularly those working overseas (international migrant), indeed becomes a consideration for these migrant workers, 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 Hayes et al. (2009), who find 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 how important the concept of "transnational families" or "transparenting" is, which emphasizes a model of caregiving practices through various available communication media, and does not merely rely on direct face-to-face interaction for the separated families, as experienced by migrant families. The caregiving practice which this model applies is expected to be able to fulfill the children's emotional needs although they are away 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 surrounding people will have fewer opportunities to acquire guidance and accompaniment in their process of learning from their surrounding environment, and eventually this also affects the children's cognitive development.

Key Findings 3.

Caregiving arrangements and practices in the research sample

There are differences between migrant and non-migrant families in terms of child caregiving arrangements and practices. While the children from non-migrant 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 professed in the families. The patterns of caregiving practices viewed from the fulfillment of the child's basic needs specifically (encompassing their physical, cognitive, emotional, and monitoring needs) show that in some cases, such as learning activities and supervision, there are not too many differences between children from migrant and non-migrant families. 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 non-migrant 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. This depiction demonstrates the importance of ensuring fluency of communication between mothers, children, and the families left behind so that the children can still obtain their caregiving rights, even though the mothers are migrating.

VI. SUPPORTS FROM THE KABUPATEN GOVERNMENT AND THE COMMUNITY

6.1 Support from the Kabupaten Government

Overall, this study did not find any specific programs designed by the government of Kabupaten (Pemkab) 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 families, such as the Raskin Program, BOS, BSM, PNPM GSC, and PKH. But at this moment, Pemkab Banyumas and Pemkab Lombok Tengah were implementing *Pokja* for the Fostering TKI Family Program.

6.1.1 Program Supports in General

The discussion on program supports in general covered programs conducted by the government of Kabupaten Lombok Tengah (Pemkab Loteng). Those programs were Millennium Challenge Corporation (MCC) Program²⁵, Energy Self-sustaining Village Program and Inclusive Education Program. 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 placed children with special needs (ABK) and aimed for all children with special needs may follow compulsory education program. One of the child respondents from migrant internal family in this study already receive the benefit of this inclusive education program; the ABK child continues school and receives specific support in learning from one of the teachers at school.

Pemkab Loteng saw that the lack of clothing, food and housing were the main motivations that encouraged the villagers to work outside the *kabupaten*. Using the MCC grant program, Pemkab Loteng would build a hydroelectric power plant. The community were motivated to make good use of the electricity (sewing, producing equipment using machines and many others) 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).²⁶

Pertaining to children, Pemkab Loteng had implemented Inclusive education program²⁷ for children since September 2012. This was an education program from the Ministry of Education and Culture and Pemkab Loteng focused on access expansion such as pathway repair heading to the school toilets and classrooms that were accessible for wheel chairs. The expenses for Inclusive education at SD level was Rp2.200.000 per month per person. However, the School Operational Fund (BOS) has not yet been provided for inclusive schools. The School Operational fund for elementary education was Rp750.000. Thus, *pemkab* used APBD funds to cover the expenses, which was as much as Rp1.500.000 per student. In regards to human resources, there were 5 teachers (2 men and 3 women) sent to Surabaya to attend training of trainers (*training of trainers/ToT*) for one year. The cost of the 5 teachers was Rp125 million rupiahs, which was shared by the Central government and Pemkab Loteng.

²⁵General description regarding MCC can be seen on the website <http://mca-indonesia.go.id/compact-program/kemakmuran-hijau/di-mana-lokasi-proyek-kemakmuran-hijau/>.

²⁶There were three zones: Emeneng Zone, Tunjuk Dilah Zone, and Tumpak Bau Zone.

²⁷Lombok Tengah is one of 20 kabupaten that proclaimed itself as the kabupaten with inclusive.

The inclusive education was only implemented in schools under the supervision of the Ministry of Education and Culture. Schools under the supervision of Ministry of Religious Affairs have not yet received their turn. This inclusive education placed children with special needs (ABK) in general schools instead of in schools for children with special needs (SLB). Children with special needs or ABK comprise four types namely (i) slow learner (ii) gifted and talented learners (CIBI), (iii) learners with different abilities conditions, and (iv) learners with physically disabled condition. Through these programs, Pemkab Loteng wished that they had accommodated the learning needs of the children who were left behind by their migrating parents, especially those belonged to the group of children with special needs (ABK). The implementation of this inclusive education had covered some *kecamatan* such as Anggrek²⁸, Mawar, Lili, Flamboyan, dan Proteus.

When this research done in Kabupaten Banyumas, Dinas Pendidikan had not had yet any similar program on inclusive education as the one in Kabupaten Lombok Tengah. Kabupaten Banyumas only had programs to accommodate children with special needs (ABK). Number of SLB schools also limited, there were only 3 schools and the three of them were maintained by private sector.²⁹ The inclusive education program in Kabupaten Banyumas was started in 2014. Dinas Pendidikan started it through a minimum of 1 SD and 1 SMP in each *kecamatan* (Dinas Pendidikan Kabupaten Banyumas, 2014). In the early program, there were 10 inclusive schools at the level of SD/SMP, which the number increases 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 Empowerment and Children Protection (KPPPA) legalized the general guidelines of the Fostering TKI Family Program. 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 were one of the efforts taken to protect international migrant workers and their family members.

One of the Fostering TKI Family Program's implementation steps was setting up a working group (*pokja*). The members of the *pokja* comprised government institutions, nongovernment organizations, financial institutions, private institutions and other instruments such as functional apparatus in the village, *kecamatan*, *kabupaten*/city. The purpose of this *pokja* was to protect migrant worker family members so that the family members could make good use of the remittances for their family members' welfare, could develop themselves financially and mentally, could protect the rights of their children to grow and develop optimally.

The Fostering TKI Family Program in Kabupaten Lombok Tengah became official in December 2013. Immediately, three working groups (*pokja*) were established in three villages.³⁰ And in the mid of 2014, another three *pokja* were formed in two *kelurahan*³¹ and one village.³² The main activity of this *pokja* was to set up an independent business such as the production of processed food from

²⁸Of the 12 *kecamatan* in Kabupaten Loteng, Anggrek was the one conducted the inclusive education the most.

²⁹These 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). Data regarding number of SLB in Kabupaten Banyumas can be seen at: <http://referensi.data.kemdikbud.go.id/index41.php?kode=030200&level=2>.

³⁰Desa Ruby (Kec. Tulip), Desa Moringa (Kec. Mawar), and Desa Wijaya (Kec. Anggrek).

³¹A *kelurahan* is a village level administrative area located in an urban center.

³²Kelurahan Kusuma and Kelurahan Sawit (both are in Kec. Mawar), and Desa Sari (Kec. Lili).

sea produce, water hyacinth handicrafts, and sewing training. However, only in Desa Moringa were activities directly related to child care carried out since the village had had the Fostering Family with Infant (BKB) that was set up in 2009/2010, which later on developed into Early Childhood Education (PAUD) and Kindergarten (TK). Through PAUD, trainings regarding childcare pattern was given to mothers and other family members (usually fathers and grandmothers) who were responsible for taking care of children. The main problem faced by this group whose activities' main focus was child care giving was that the community always demanded training results that were physically ready-to-use (or to be sold). Meanwhile, parenting pattern was a knowledge, and it did not have any physical 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 Researches on Gender, Children, and Community Services of Jenderal Soedirman University (PPGA-PM Unsoed) in Kabupaten Banyumas. The government of Kabupaten Banyumas ratified the *Pokja* of Fostering TKI Family Program in September 2013³³ and also established other *Pokja* in three *kecamatan*, namely Kecamatan Oryza, Kecamatan Sativa, and Kecamatan Pudica. The participation of this research center in the *pokja* had significant roles in promoting, guarding and finding solutions to any problems faced by international migrant workers, in order to make the solutions to the problems the focus of the government institutions and NGOs in Kabupaten Banyumas. PPGA-PM Unsoed worked together with the *Paguyuban Peduli Buruh Migran dan Perempuan Seruni* (Seruni) in implementing various activities such as training and research related to women migrant workers and the family they left behind.

Key development in Kabupaten Banyumas is the presence of Regional Regulation 2/2015 on the Protection of Indonesian Workers in Kabupaten Banyumas.³⁴ These regulations regulate the rights and obligations not only the candidate (or have become) an international migrant worker, 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 became an 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.

Child protection aspect also emerged with the ban on the departure of prospective internal migrant workers if she is pregnant and have children aged less than 6 months (Article 23). The use of minimum age of children in terms of the pre-requisites of the international departure among international migrant workers was actually different across regions. For example, the neighboring district of Kabupaten Cilacap sets a higher minimum age of children, which is 2 years old, for women who want to become an internal migrant worker.³⁵

Key developments in Kabupaten Lombok Tengah in 2015 is the presence of village regulation on the protection of migrant workers such as for example in Desa Nyerot³⁶ and Desa Darek³⁷ (Migrant Care, 2016; MAMPU, 2015). On the village regulation of Desa Darek, it also stipulates a ban on

³³Decree of Head of Kabupaten Banyumas year dated September 7, 2013.

³⁴The presence of regulations on international migrant workers protection issued by local governments is important because in the district of pilot study, Cianjur, respondents at the district level still see that the task of the international migrant workers protection is in the hand/authority of the Ministry of Foreign Affairs. While the regional government has a bigger role at the time of the pre-departure alone.

³⁵Pasal 35 Peraturan Daerah Kabupaten Cilacap Nomor 7 Tahun 2014 tentang Perlindungan Tenaga Kerja Indonesia Kabupaten Cilacap.

³⁶Peraturan Desa No. 4/2015 tentang Perlindungan Tenaga Kerja Indonesia di Desa Nyerot.

³⁷Peraturan Desa Darek No. 4/2015 tentang Perlindungan Tenaga Kerja Indonesia Asal Desa Darek.

prospective international migrant workers who are pregnant or have infants under 12 months (Article 7). The presence of village regulation cannot be separated from the intervention from the national level organization, which is Migrant Care, and its cooperation with local agencies in the province level, Perkumpulan Panca Karsa.³⁸ They formed Lembaga Desa peduli Buruh Migran (DESBUMI) which served as an information and data center as well as the center of complaints for cases experienced by the international migrant workers. Until 2015, Perkumpulan Panca Karsa still continue to push the DPRD Lombok Tengah to produce regulations on the protection of migrant workers (Suara Komunitas, 2015).

In Kecamatan Proteus, Kabupaten Lombok Tengah, attention towards the migrant workers was also shown by the apparatus of the *kecamatan* who conducted random verification on the completeness of migrant workers' administrative documents, which had been taken care of by middle-men. 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 middle-men 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 learning from several deportation cases of TKW whom after investigation turned out to be the non-natives of Kabupaten Lombok Tengah.

6.3 Community Support

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

1. Child well-being in the aspects of education, health, and psychological condition are relatively low compared with children sample from non-migrant families
2. Adjustment setting and care practices that should be done by the family when the mother migrated
3. The family's financial incompetence in managing their income to be a more productive business, to buy assets, and to improve the children's well-being
4. Disrupted communication between the migrant workers and their family.

6.3.1 Supports for Family

The dynamics in the migrant worker's problems was child care. Mothers who became migrant workers would surely leave their children to the care of their fathers or other family members. This conditions demanded the fathers to be able to play the roles of the child caregivers. Yet, the lack of knowledge about the role of the caregivers created problems in parenting patterns that is assumed to be affected to the children's well-being.

Problems on parenting pattern for the children 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, these three institutions worked together to hold Fathering training, which was participated by 16 fathers coming from Dusun Cihuya, Desa Cihonje, Kecamatan

³⁸Intervention to protect international migrant workers are part of MAMPU programs which is launched since 2012 (see further at: <http://www.mampu.or.id/id/partner/migrant-care>).

Gumelar. These fathers were those who were left behind by their wives who worked overseas and had children under five years old.³⁹ 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 later on 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. (Sus Woyo, 2013a; Desa Pancasan, 2013; Seruni, 2013; Humas Unsoed, 2013a).

Communication was essential to maintain the family. Communication was also important to form 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 family 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 family who lived in his village. He used 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, Ibu Ariani, in Kabupaten Lombok Tengah. She was trusted by around 50 international migrant workers in the *dusun* where she lived to receive their transferred money to save and then be given for the migrant workers' family. The money was saved in the Periodical Savings account with 1.25% of interest per month. This Periodical Savings was one of the Health Office Cooperative's products that had run since the 1960s. The procedures of this financial management is done 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 was in accordance to the migrant workers' request. The money received was 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 managed to buy a house, cattle, motorcycle; they even managed to buy back their field, pay for their children's education and send their parents to perform *hajj* pilgrimage.

Attention towards the education of children of migrant workers was given by Mrs. Citra, an SD teacher who was also a Qur'an recital tutor and a Posyandu cadre in a village in Kabupaten Lombok Tengah. Mrs. Citra had the initiative to send Binar whose mother was a migrant worker, back to school and was even able to put Binar's name as one of the school fund recipients. Binar's inability to read and write although he was already Grade 2 of SD made Mrs. Citra give Binar a set of tests which showed that Binar belonged to one of children with special need (ABK). Binar's conditions made Mrs. Citra give special attention and monitored Binar closely, at home and in school and put Binar in the Qur'an 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 children sample of migrant and non-migrant families in two districts of the study area received immunization either from posyandu cadres and midwife/doctor. Regular activities performed in Posyandu such as weighing, immunization, supplementary feeding, and the provision of vitamin A can be accessed very well by the almost entire family in the sample. These activities were done not only in Posyandu, but the cadres also make home visits to check toddlers who do not come to Posyandu. The parents usually make Posyandu cadres as the main source of information when talking about the development of

³⁹Further explanation the role of fathers can be seen at the thesis of Tita Naovalitha, 'Pembentukan Kelompok dan Pelatihan Pengasuhan Anak: *Capacity Building* Suami Buruh Migran Perempuan sebagai *Caregiver* dalam Pengasuhan *Children Left Behind*'.

their children. However, cadres usually stop to record the data of child development and growth when the children reach above 5 years old (Interview, Female, 30 years old, Banyumas).

6.3.2 Supports from Actors in Village Domain

In Kabupaten Banyumas, the support for children left behind by their migrating parents was also given to the community. The rationale was that the community should be held responsible for the care giving and the development of the children. The form of the support given was called Community Parenting. The support was conducted PPGA-PM Unsoed and SERUNI and was funded by 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 Kecamatan Pekuncen. The baseline of the research was conducted in 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 practice, was the Village as the Basis of Safety in Migration Program. This program was a cooperation between PPGA-PM Unsoed, Dinsosnakertrans Kabupaten Banyumas, Seruni, and Mr. Anom. The training materials of this program included among others: (1) the procedures and the mechanism of doing the international migration, (2) the rights and obligation of the migrant workers, (3) common cases faced by migrant workers and their handling procedures and (4) reflection of activities and agenda of PPGA-PM Unsoed to empower migrant workers (PR of Unsoed, 2011). Up until the year 2013, there had been around 195 villages involved in the training (PR of Unsoed, 2013b).

The objectives of the training were (1) 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, (2) to enable the village heads to contribute significantly in managing, mentoring and supervising the arrangement of the migrant worker placement and protection (Public Relation of Unsoed, 2013b), (3) to make the village heads not only be responsible for the document authenticity of the prospective migrant workers but also have awareness and willingness to help solve any problems that surfaced in the migrant workers' family.

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 May 1st, 2013 by the Internet domain Manager Indonesia (PANDI, 2013). Some villages in this study that had such a 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 mentored 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 given a positive impact. A female migrant worker was able to contact her family after losing contact for ages by the help of the *Facebook*. Since then, migrant workers and their family members had actively communicated using the *Facebook* page.

6.4 Roles and Support in Childcare

Changes in the structure of nuclear family—as a result of one of the parents migrate—need a system of caring arrangement where the parents are obliged to put 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. Government of various levels (ranging from village to the central government) should facilitate this.

On the other hand, the government has yet to pay attention 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 results of focus group discussion in the four *kecamatan* study areas showed that family had the biggest role and the strongest supports in terms of care giving for children who were left behind by their migrant mothers. In figure 20 and 21, the strong family roles were indicated by four-layer-circle thickness in the two *kecamatan* in Kabupaten Banyumas, while the other two *kecamatan* in Kabupaten Lombok Tengah showed five-layer circles 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 sources of all of those problems were basically originated from the lack of affection and insufficient caregiving practice. There were different parenting patterns of the grandmother and the fathers. The fathers were usually more disciplined compared to 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. But, some of the caregivers who did provide affection and sufficient care giving would make (1) the children be more independent, mature and creative, (2) the children's education be more secured, and even made the children continue their education to the higher level, (3) the children live in a decent housing, (4) the children's daily needs be fulfilled, and (5) the children perform better at school. The participants of the discussion stressed that in general, children whose mother migrated would most probably lack affection despite the fact that they were taken care of by the fathers.

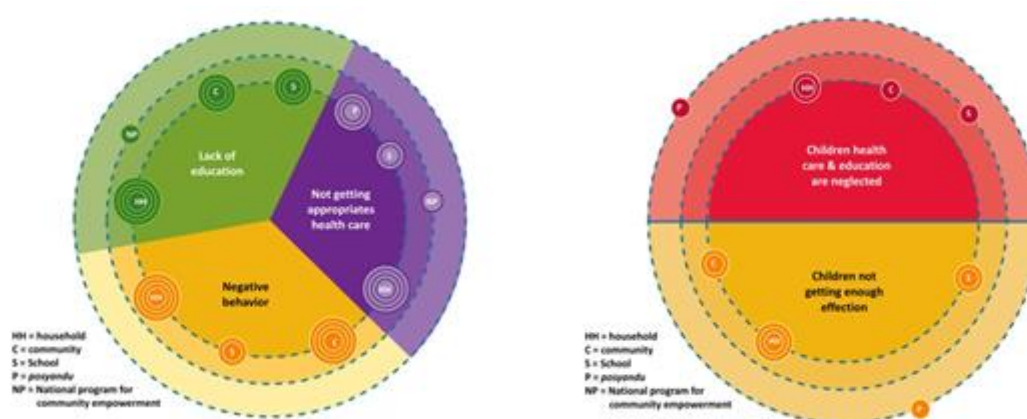


Figure 19. Results of Identification of the Capacity and Strength of Influence of the Actors in Kecamatan Proteus and Kecamatan Pacar Air, Kabupaten Lombok Tengah

Source: Focus Group Discussion.

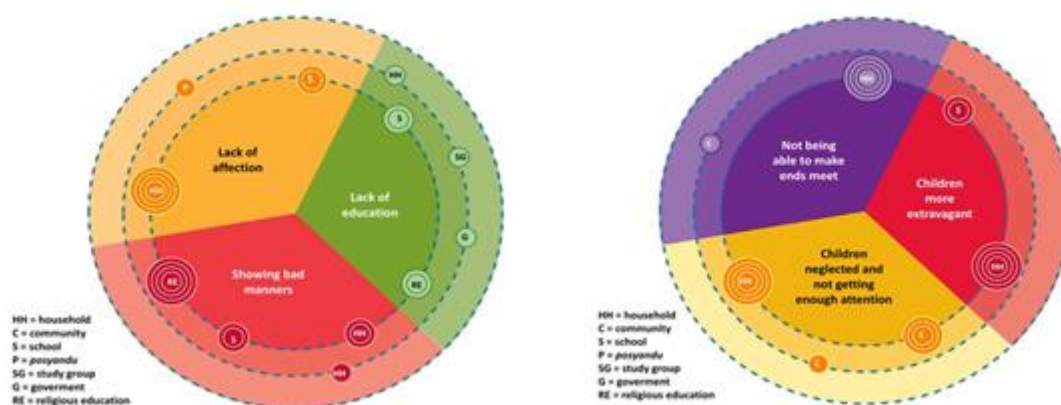


Figure 20. Results of Identification of the Capacity and Strength of Influence of the Actors in Kecamatan Primaros and Kecamatan Akasia, Kabupaten Banyumas

Source: Focus Group Discussion.

Regarding the question about the person taking care of the children after mother left, the answers of the participants of the focus group discussion were similar to the findings in the quantitative data and the results of the exploration study in Cianjur, which are first, the children were mostly taken care by 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 were mostly from the mother's side and it was the most common choice in the society. The results of the discussion revealed the facts that neighbors had also certain roles in taking care of the children. The neighbors' participation indirectly minimized the social impact of the children having migrant mothers. The four study areas showed that most migrant workers lived near their relatives so that the relatives, together with their neighbors took care of the children.

Key Findings 4. Supports for children of migrant families in this study

There has been no specific and systematic support scheme that facilitates various needs of children of poor migrant families from the government, both at the district as well as at the lower levels. Only few supports are focusing on the training of care for the families left behind, such as 'fathering' training, management of remittances, and the communication link between the family and the mother who migrated. This support is usually conducted at a certain community and carried out spontaneously by volunteers who have concern for the migrant families and their children. While it has been found that children from poor migrant families in this study need more attention, this also illustrates that there is still a policy gap provided by the government against children of poor migrant families. In other words, the existing policies governing migrant workers and its management issues itself affecting caregiving arrangement that can still actually be done by a far mother.

VII. DISCUSSION ON POLICY

This study finds that there is a difference between the well-being of children from migrant and non-migrant families if well-being is 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, have lower results in the cognitive ability test, height per age, and psychological tests than children from poor non-migrant 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 5. 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 quality of care for children in the midst of poverty and mothers migration. Patterns in caregiving practices as seen in the fulfillment of basic needs of children (summarized as physical, cognitive, emotional, and supervision needs) show that in terms of learning activities and supervision, there are not many differences between poor children from migrant and non-migrant 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 is critical.

This study also uncovers that there has been no specific and systematic support scheme from the government to facilitate the various needs of children from poor migrant families, either at the district level or at the lower levels of government. Only a few support initiatives are focused on the training of the families left behind in caregiving practices, such as 'fathering' training, management of remittances, and the 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, this indicator also illustrates that 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 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 was reflected in the Regulation from the Minister of Empowerment of Women and Children (KPPPA) No. 20 of 2010, which regulates the implementation of the Development of Indonesian Labor (BTKI). 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 of 2012, which stipulates the International Convention of Migrant Workers, 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 also in implementing the efforts of BTKI; the recent BTKI guidelines have not been able to effectively manage appropriate strategies to implement these developments. Especially in regards 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 of 2014. The child protection law discussed above 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 Decree No. 36 of 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 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 duty of care 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 of child rights, especially parents as the subject of migration, is still very low. The findings of a survey conducted by the Ministry of Empowerment of Women and Children (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.⁴⁰ 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.⁴¹ 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.

This child protection law also specifically manages special protection for the group of children considered vulnerable in Article 59.⁴² Article 53 also mentions the duty of the central government and regional government 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 be face-to-face

⁴⁰Lies Roesdianty, Deputy Assistant of Woman Labor Protection-KPPPA, Protection for Children Left Behind by Migrant Workers, was presented as the key speaker in the Workshop for the Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

⁴¹Seruni, Community concerning migrant workers and women, Community-based CLB caregiving, was presented as a speaker in the Workshop for the Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

⁴²Law No. 35/2014, Article 59 (1) the Government, Regional Government, and the other state organizations bear the duty and responsibility to provide Special Protection toward Children (2) Special Protection towards Children as referred to in paragraph (1) belongs to: a. Children in emergency situations; b. Children in conflict with the law; c. Children from minority or isolated group; d. Children economically and/or sexually exploited; e. Children who are the victims of the abuse of drugs, alcohol, psychotropic, 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 the terrorism networking; l. Children with Disabilities; m. Children who are the victims of wrongdoing and abandonment; n. Children with socially deviant behavior; and o. Children who are the victims of stigmatization from labeling related to their parents' condition.

with the issues of abandonment⁴³, 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 law-makers, 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, this law does not specify the responsible parties or the child protection mechanisms that should be performed; the law of protection merely mentions the government and regional government, referring to the chief of government and their apparatus, as the responsible parties for carrying out child protection strategies. Even though one of the articles⁴⁴ 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 in this research 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 was involved in this study, with four children who were frequently left by their mother from a young age to migrate overseas, were still able to successfully ensure that the children's needs were fulfilled in terms of education, economy and also 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 the 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 of 2004 regulating the placement and protection of migrant workers overseas 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 of 2003 concerning employment, this law is more focused on regulating efforts to protect migrant workers in particular sectors, especially the formal sector. Therefore, migrant workers in informal sectors, 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 of 2004, there are only 9 articles (Article 77-85) which

⁴³The definition of waif based on the Law of Child Protection no. 35 of 2014 is the children whose needs are not properly satisfied, in terms of physical, mental, spiritual, and social.

⁴⁴Article 74 paragraph 2 of Law No. 35 of 2014 states that in this matter the Regional Government is required to establish a Regional Commission of Child Protection or similar other organizations to support the monitoring of Child Protection in the regions.

regulate protection, and the protective mechanisms implemented to date and how the migrant workers can access them are not clearly explained.⁴⁵

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 of 2004.⁴⁶ A study conducted by the UN International Labor Organization identified that many of the ways that the rules and systems are implemented, in fact, not only burden migrant workers and fail at supporting their efforts to break out of poverty, but are also unable to provide the necessary protections (ILO, 2006). Based on the results of a study on recent policies and also the results of interviews and discussions with the stakeholders working in and concerning with the issue of Indonesian migrant workers, this research has several points of recommendation for policy which are expected to be capable of helping various stakeholders in the effort to improve the well-being of poor children left behind by their migrating mothers:

✓ **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 children from migrant families, and also to provide them with services and accesses 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.

✓ **Development of 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 in this study who were reported to be successful in maintaining communication and relationships with their children, simple but necessary practices, such as providing their children with communication devices, maintaining daily contact with their children through texting, and phone calls, are found to be useful. In this fashion, there is a substantial need for the government to cooperate with the private

⁴⁵Lies Roesdianty, Deputy Assistant of Woman Labor Protection-KPPPA, Protection for Children Left Behind by Migrant Workers, is presented as the key speaker in Workshop of Protection for Children Left Behind by Migrant Workers in Jakarta, 15 December 2015.

⁴⁶Article 81 Law No. 39 of 2004:

(1) With the consideration to protect the candidates of migrant workers/the migrant workers even distribution of working opportunity 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 paragraph (1), Government shall take into account any suggestion and consideration from the National Agency for the Placement and Protection of Indonesian Migrant Workers.

telecommunication sectors, so that the unaffordable cost of communication, especially for the families of international migrants, can be accommodated. 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 parents. It is important to ensure that the materials included in the guidelines are easy to deliver by the recruitment agents and easy to 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.

✓ **Development of caregiving guidelines and strategies to raise awareness for families and communities about the caregiving issues of children from migrant families.**

The vulnerability of the children from migrant families need to be realized and understood by all stakeholders who are going to take part in the caregiving. The relatively low educational levels and economic pressures in the communities often mean the families and communities surrounding the children are unaware of how to overcome the various problems faced by these children. The existing policies and regulations do not give clear direction and guidance to this ends. Therefore, efforts to improve the awareness of the families and communities about this issue, and the provision of easily understandable caregiving guidelines will prove extremely beneficial in strengthening efforts to protect migrant worker 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 are 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, don't 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 and providing guidance on issues faced by children from migrant family, and how to support the provision of alternative caregiving options, not only for the migrating parents, but also for the family and community left behind.

Furthermore, besides efforts to involve local communities in activities aimed at raising awareness and knowledge on issues around the left behind children, efforts to replicate and institutionalize local initiatives that have been conducted by local communities will be required to strengthen the initiative. 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 male parents 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 just one of the initiatives that can be undertaken to ensure the families who are left behind have access to the necessary support system.

✓ **Increasing school and teacher' engagement in the efforts to raise and strengthen awareness 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 found that children from migrant families often skip school or are absent from their classes; do not do their homework; and experience difficulties focusing when studying, and in their social interactions. Within the internal migrant group, children are found to be reluctant to go to school with the parents often permitting 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 were found to have no access to education because their caregivers are worried that their children will be bullied if they attend regular school. On top of this, most of these caregivers do not have information about schools for children with special needs, where they can enroll their kids. These findings highlight the important role local schools and teachers play in providing support for children from migrant families, in particular in ensuring that children from migrant families 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 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 the high numbers of female migrants need to recognize the needs of the children left behind and develop more programs to support them. This can be achieved by providing additional tutorial classes outside of school, 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.

✓ **Further study on the impacts of previously implemented regulations in the efforts to protect the children from women migrant' families**

The implementation of regional regulations such as in Banyumas and Lombok Tengah, which apply a minimum age for the children allowed to be left behind by their migrating parents, need to be further studied to provide empirical evidence for the stakeholders and policy-makers about the impact of such regulations on child well-being. Furthermore, considering the essential role of the communities in caring for the children from migrant families, the available studies also need to learn how to empower the community to be involved in monitoring the implementation of these regulations in their communities. Indonesia also need to learn from good practices implemented by other countries in the 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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Laws

Keputusan Bupati Banyumas No. 1456/2013 tentang Kelompok Kerja Bina Keluarga Tenaga Kerja Indonesia di Kabupaten Banyumas.

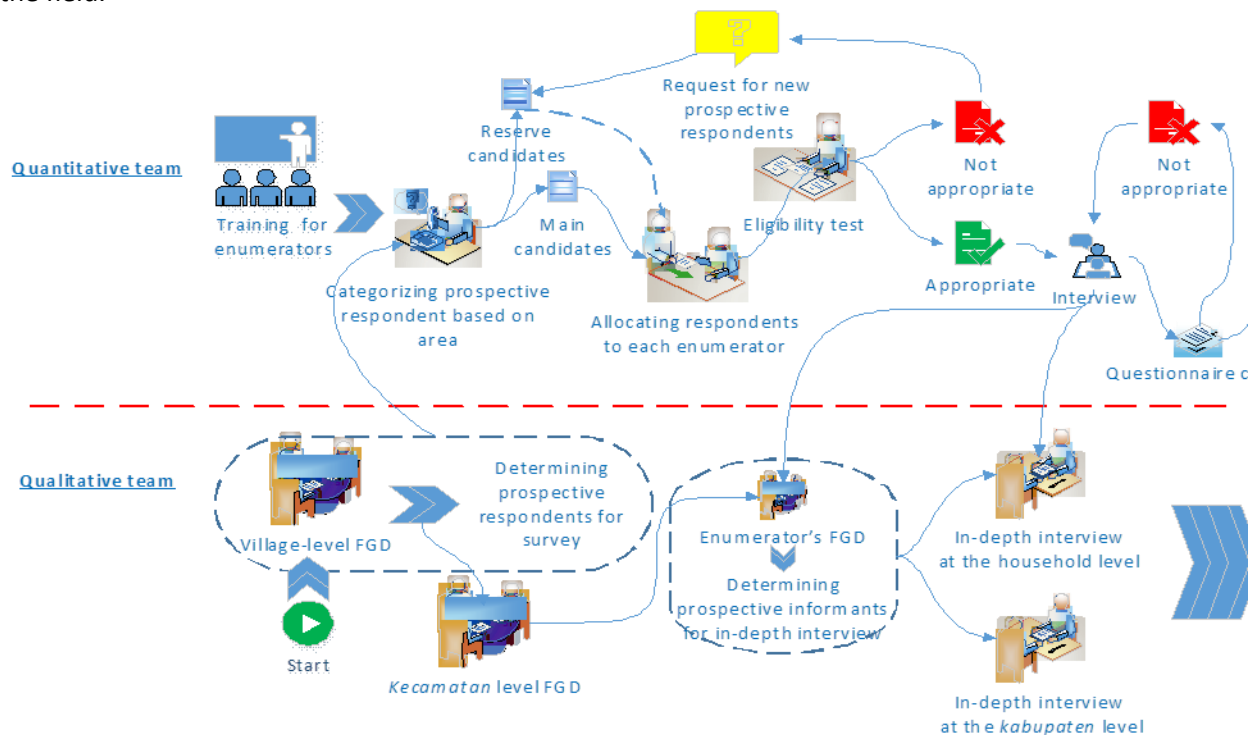
Konvensi Hak-Hak Anak Perserikatan Bangsa-Bangsa, 1989.

Peraturan Menteri Negara Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia No. 20/2010 tentang Panduan Umum Bina Keluarga Tenaga Kerja Indonesia.

APPENDICES

Appendix 1. Field Research Procedures

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



Scheme of the Field Research Procedures

As shown in the picture, both qualitative and quantitative team worked simultaneously. In brief, there were 5 stages taken in each of the regions ::

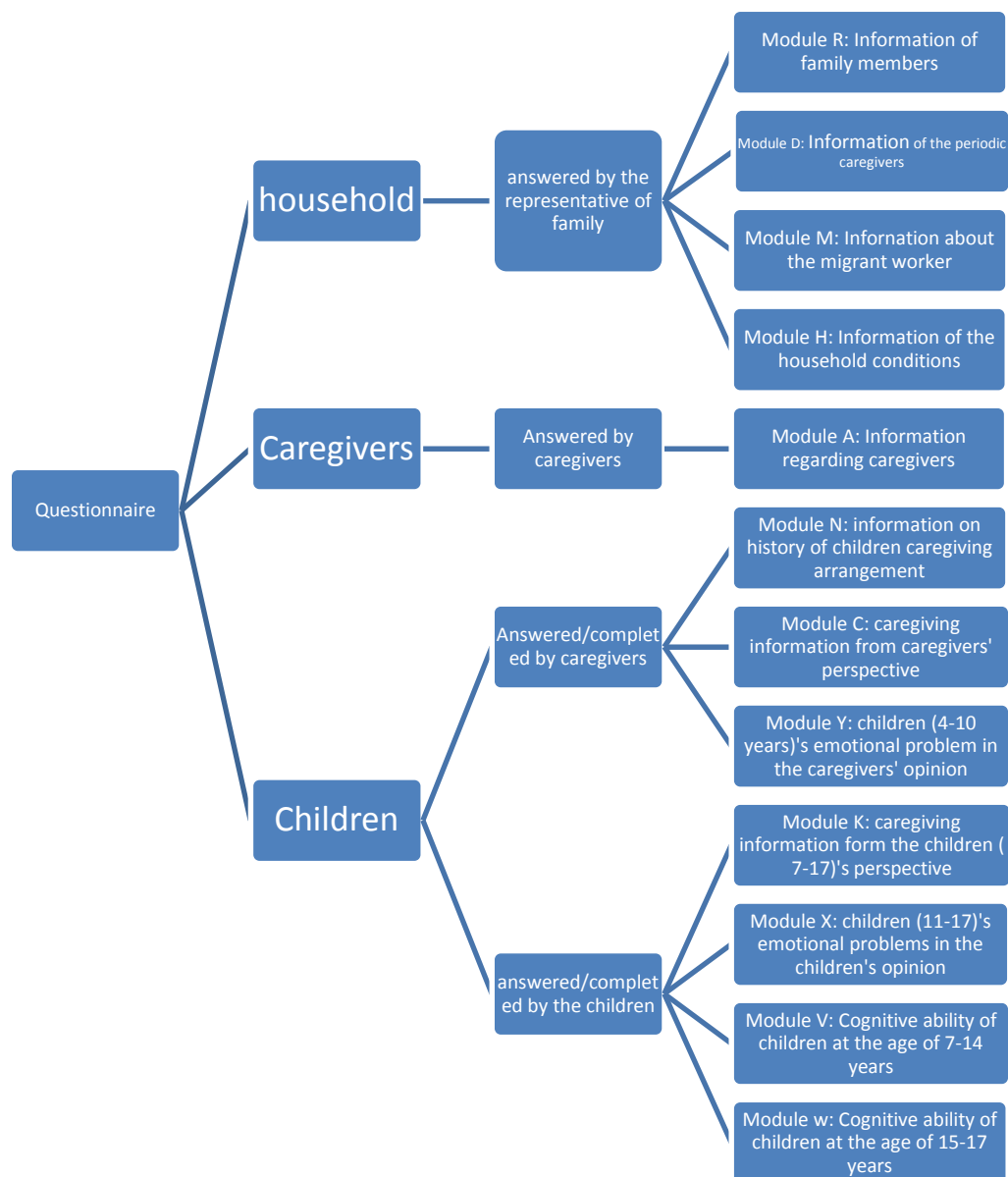
1. The qualitative team conducted FGD at village level to determine the candidate respondents of the survey. Since in every study area there were around 4 villages, then, the FGD would be done four times. For each village, there would be around 50-70 respondent targets.
2. The first FGD at village level was done by the qualitative team, while the quantitative team conducted enumerator training regarding the survey instruments and the stages as well as the ethics of conducting a survey.
3. 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 done in random without any specific criteria. There were around 50 main candidate respondents distributed to ten 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 candidate respondents in the next village. The same stage was repeated until there were 200 respondents in each *kabupaten*.

4. In the survey process, enumerators conducted respondents' eligibility examination before conducting interview. Should the respondent 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 supervisor then gave a new list of respondents taken from the list of back-up candidates. It was quite common that the supervisor directly visited the respondents to verify the respondents' eligibility.
5. All the questionnaires that have 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 module, the emotional problem module, and the care giving module. This examination was conducted by the assistant supervisor. The second examination was related to the accuracy of the way to fill the questionnaire and the consistency of the answers to the questions. This examination was conducted directly by the supervisor. Due to the large number of questions and questionnaire to be completed, while the time was limited, the examination was not done to all of the questionnaires. The supervisor had already had a rough description on the common mistakes that usually happened. Then, from each enumerator the supervisor took sample questionnaires with certain criteria to examine, for example questionnaire for migrant families, questionnaire for children under 5; etc. After that, the supervisor asked the enumerator to fix.

Appendix 2. Research Instruments

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

From the scope of the questions, the questionnaire was grouped into three: first, questionnaire that covered household information that was answered by household heads or his/her representatives; second questionnaire that covered the information regarding the caregivers that was answered directly by the caregivers; third questionnaire about children which in some modules answered/completed by the caregivers and in some answered/completed by the children themselves.



Questionnaire Diagram

Household Questionnaire

The enumerator read questions to the respondents and recorded the answers in the questionnaire. The questionnaire covered Module R, Module D, Module M, and Module H.

Module R: Information about Individuals Staying in the Family

This module summarized the information regarding each family member, the adults, children or infants who during the survey lived in the family. 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 were as follows::

- 1) The identity of the family members, such as names, gender, age, birth date and the relationship with the head of the household
- 2) Disability, meaning whether the family members had health problems leading to disability or needing the help of others to do daily activities
- 3) The ownership of birth certificate and reasons for not having the certificate—addressed to the family members with the age of 0-17 years old.
- 4) Marital status and the age when married for the first time.
- 5) Jobs, the activities done within the last week and the work sector for those who had occupation.
- 6) Education, addressed to the family members above 3 years old. The questions covered the reading and writing ability, participation in school, education level and the highest education level/ class they were in and the last education certificate they had.

Module D: Information about Individuals who Visited/Were Visited Periodically

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

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 non-migrant families.

Other than information of the individuals as stated in Module R, there were 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.

Module H: Information regarding housing and social economy conditions

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

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

Caregiver Questionnaire

Module A: Information about Caregivers

This module summarized the information regarding the caregivers' mental conditions and care giving workload. Care giving 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 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, gambling and any physical problems such as headaches, digestion problems or fatigue as well as mental conditions (happiness, sadness, anxiety, etc).

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

Children Questionnaire

Module N: Information about Childcare Arrangement

This module summarized the history of 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. What included in the childcare arrangement is questions who the caregiver is and where the children are taken care of, and since when the children were 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* referred to the childcare location compared to the location where the parents resided. During that time (certain age), the mother of the children migrated, the question would refer to the comparison of the location where the children lived and the location where the father lived.

Selain tentang riwayat pengaturan pengasuhan, di dalam modul ini juga disisipkan informasi tambahan mengenai anak, seperti anthropometri (tinggi dan berat badan) dan jumlah saudara kandung dan nomor urut anak.

Module C: Information about Child Care-Caregiver

This module was asked to the caregivers regarding the care giving practice that was received by the children in all age range, 0-17 years old. Nevertheless, the questions inside the module were 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.

- **Module C: Children at the age of 0-2 years old**
The questions were about the breastfeeding, food supplement and immunization
- **Module C: Children at the age of 3-6 years old**
The questions were about the attention given by the caregivers in terms of hygiene, cleanliness, neatness of the children and the access that the children had to pre school.
- **Module C: Children at the age of 0-6 years old**

The questions were related to the cognitive stimulation that the children received (such as access to books or knowledge and access to socializing), as well as the caregivers' emotional attention through story books or tales.

- **Module C: Children at the age of 3-17 years old**

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

- **Module C: Anak usia 7-17 tahun**

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

Module K: Information about Child Care- Children

This module was addressed to and answered directly by 368 children having the age of 7-17 years old. The questions in this module were 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 understand the children and how close the children to the caregivers, including the depth of the information the children shared with their caregivers.

Module X and Y: Child Strengths and Weaknesses Test

This module covered some questions to measure the strengths and weaknesses of the children. The questions were similar for all children age groups. The division of the modules according to age groups was related to the one who had to write the answers. If the children were at the age of 4-10, the one answering the questions would be the caregivers (Module Y). If the children were at the age of 11-17 (Module X), then they could conduct evaluation on themselves directly.

This module was tested to 211 children of 11-17 years old and 255 caregivers of children at the age of 4-10 years old. 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 non-migrant families. Meanwhile, the 255 caregivers of the children at the age of 4-10 years old consisted of 109 caregivers from the migrant families and 146 from the non-migrant families.

The strengths and Weaknesses Test is a research instrument that briefly measures the children's behavior. The questions in the module, together with its calculation and interpretation, fully adopted the *Strength and Difficulties Questionnaire* (SDQ) created and published by *YouthinMind* (<http://www.sdqinfo.org/>). This questionnaire was created by a psychiatrist, named Robert N. Goodman to identify the behavior of children at the age of 4-17 years old (Goodman, 1998).

As many as 25 items in the questionnaire represent 5 scales, each consists of 5 items. Those five scales are emotional problem, behavioral problem, hyperactivity, peer problems and relationship with the community. There were three answer choices for each item: Not true, True and Very true. The choice of True was always given score 1, the Not True and Very True could be given score 0 or

2 depending on the questions. The following was the detailed information regarding the scoring of each item:

Table of SDQ Item Scoring

Notes	Not True	True	Very True
Emotional Problems			
Always has headaches, stomachache and other illnesses	0	1	2
Is always afraid and easily gets scared	0	1	2
Gets sad, upset easily and often cries	0	1	2
Gets nervous easily, not confident in new situations	0	1	2
Is always afraid and easily gets scared	0	1	2
Behavioral problems			
Is temperamental	0	1	2
Is well-behaved, obedient and do what the adults tell to do	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, at school or in other places	0	1	2
Hyperactivity			
Actively moves, is unable to 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
Problems with peers			
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
Relationship with the community			
Is attentive to others' feeling	0	1	2
Is willing to share their food, toys or stationery, etc. with other children	0	1	2
has empathy for friends who gets hurt or 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 varied from 0-40. The higher the scores, the bigger the problems that the children had. To simplify the interpretation, the scores were grouped into several scales to evaluate whether the children's behavior was considered normal, almost normal or deviant. The following table showed the score interpretation:

Table of SDQ Score Interpretation

Notes	Normal	Almost Normal	Abnormal
Scoring by caregivers (Children of 4-10 years old)			
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
Scoring by the children themselves (Children of 11-17 years old)			
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

Modules V and W: Child Cognitive Ability Test

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

As in the IFLS, the survey in the module was also differentiated in accordance to age groups. Module V—the easier one—was addressed to children of 7-14 years old. This module consisted of 12 questions of picture series and 5 questions of arithmetic series. It was expected that children not attending school were also able to answer all the questions. Module W covered more difficult questions in which there were 8 questions on picture series and 5 questions on arithmetical series with higher level of difficulty. This module put more emphasis on the scoring of mathematical as well as logical reasoning ability. Therefore, this module was addressed to children at the age of 15–17 years old. Yet, there were some similar items in both modules; they were 8-picture series questions and 1 arithmetic question.

Appendix 3.

Qualitative Research Activities

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

Qualitative research in this study aimed to (1) find village candidates, (2) find respondent candidates, (3) understand the children's problems left behind by their migrant mothers and the conditions of the respondents' family, and (4) identify any formal and informal supports given by the community, government, non-governmental institutions (individuals, NGO or academicians initiatives). The method used were in-depth interview, group interview and focus group discussions (FGD).

The search for village candidates was conducted via group interviews with the government officials of *kecamatan*. The group interviews at *kecamatan* level consisted of Head of *kecamatan*, Secretary to the head of *kecamatan*, and the Section Head of Community Empowerment or Good Governance or Development and other *kecamatan* staff whose work was related to the distribution of *Raskin*.

The researchers identified two village candidates having similarity in regards to the geographical conditions, number of population, size and the 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 in the village level consisted of men and women with the profession of village head, Head of RT, *posyandu* cadres, members of PKK. The main requirements to become the participants were that they had lived in the region for some time and know the conditions of the community. The FGD was divided into two stages: (1) identifying group welfare based on the village condition and (2) 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' house.

It turned out that the village condition would not allow the researchers to meet respondent candidate targets. Ideally, the number of respondent candidates were 58 people from one village (50 main targets and 8 back-ups). There should be additional villages both in the same *kecamatan* or in the new *kecamatan*⁴⁷, 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 to the community leaders. By using this method, the researchers could verify the information obtained from those community leaders.

⁴⁷In Kabupaten Lombok Tengah, Researchers had to add more villages and *kecamatan*.

The researchers conducted FGD in the *kecamatan* to identify (1) problems faced by children whose mothers migrated, (2) the impacts of the children's condition on the family, community, government and private sectors and (3) the forms of supports from the community and the actor capacity in solving the problems of children who had migrant mothers. The participants represented 2 study location villages within one *kecamatan*, consisting of related stakeholders who were directly involved in the children's care giving, such as the principals/senior teachers (PAUD, TK/RA, SD/MI, SMP/MTs), *posyandu* cadres, PKK cadres, Family planning cadres, village midwife/orderly, social workers, facilitator of PNPM GSC, and other stakeholders recommended by the community (such as the religion teacher).

The researchers conducted in-depth interviews to some of the respondents' families to find out the process and the causes of the good or neglected conditions of the children and their caregivers. The researchers conducted FGD to the enumerator team to obtain respondent candidates for the in-depth interviews. The researcher divided the respondent families into 4 categories, namely non-migrant families with good conditions, migrant families with good conditions, non-migrant families with neglected conditions and migrant families with neglected conditions.

The respondent families that become the target of the in-dept interview turned out to have special conditions such as the child respondent classified as a child with special needs, the child respondent a drop-out or not continuing his/her studies, and the caregiver respondent having physical disability or diseases that would not allow him/her to work such as stroke or TBC.

The series of the in-depth interview process with the respondents and the FGD at the village/*kecamatan* level resulted in temporary findings or working hypothesis. The researchers consulted the field findings to the government and NGOs at *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 supports given by the government and NGOs, such as individuals, work programs (Government and NGOs) and the academics/scholar involvement. The limitations that were faced in this process were (1) the inability to make specific local recommendations, and (2) the limited number of government institution that were successfully interviewed as this activity was done nearing the end of the research.

Appendix 4.

List of Sample Villages and Sample Area Selection Methods

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

1. Central Java Province: Kabupaten Banyumas

- Kecamatan Akasia
 - Desa Dafodil
 - Desa Kamboja
 - Desa Petunia
- Kecamatan Primaros
 - Desa Karnasion
 - Desa Sikamora

2. Nusa Tenggara Barat Province: Kabupaten Lombok Tengah

- Kecamatan Pacar Air
 - Desa Krisantium
 - Desa Begonia
- Kecamatan Proteus
 - Desa Magnolia
 - Desa Kaktus
 - Desa Basil
 - Desa Gardenia
 - Desa Lavender
- Kecamatan Kenanga
 - Desa Mimosa

Sample Area Selection Methods

a) Province Selection

Since the study aimed to accommodate both international and internal migration, the data of internal migration were used as the basis of consideration to choose the provinces. The choice of areas could only be done up to the province level due to the limited data regarding the internal migration in Indonesia. Based on the data of migration trend in Indonesia years 1980-2010 (BPS, 2011) and supported by the data of the inter-province population migration of year 2007 (IFLS, 2007), there were 2 provinces with the highest number of internal migrant population, one of which was in Java Island and the other one was located outside Java Island in the Nusa Tenggara Barat Province.

b) Kabupaten Selection

In each of the provinces, one *kabupaten* that became the pocket of women migrant workers (BMP) was selected, referring to the data placement of BMP years 2006-2012 (BNP2TKI, 2013). Those *kabupaten* were Banyumas for the Central Java Province and Lombok Tengah for the Nusa Tenggara Barat Province.

c) Kecamatan Selection

The scope of the study was limited only to some families with low level of welfare. The purpose of doing so was to minimize the mixing of migration impact with the welfare impact. Thus, the welfare

conditions 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 data of poverty map 2010 (SMERU, 2013), namely Kecamatan Akasia and Primaros in Kabupaten Banyumas and Kecamatan Pacar Air and 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 (BMP) made the *kecamatan* selection could not 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 which was the migrant data in the *kecamatan* office. The data was from the the number of people who registered themselves to the *kecamatan* office to work abroad, but the the completeness of the information really varied from one *kecamatan* to another. Using the migrant workers' address, the researchers made a rough estimation on which villages sent the most migrants. Besides that, the data of Poverty Map 2010 (SMERU, 2013) and the data of Raskin allocation between villages owned by the *kecamatan* office were also considered to determine the welfare level similarity 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 was 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 in the target villages there were a number of respondent candidates needed. The group interview was conducted once more to get a description regarding the number of children who were left by behind by their mothers who migrated internally or internationally. Through this interview, a rough list of respondent candidates was also prepared. Next, two villages having the most respondent targets were chosen in each of the *kecamatan*.

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