

Unpaid Care Work in Indonesia: Why Should We Care?

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Outline

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Introduction

Started in 2012 as part of a global study involving 5 country-partners (Indonesia, Bangladesh, Kenya, Nepal, Nigeria) organized by IDS and funded by SIDA; and currently updated as SMERU's independent study

A combination of desk study and visual methods

Centers on the notions of 3Rs—recognition, reduction, redistribution (Elson 2008) and care diamond (Razavi 2007)

Seeks to understand the situation of unpaid care work in Indonesia not only to raising public awareness about the importance of the work but also to support the development of better care related policies

What is unpaid care work?

Direct caring—nursing the sick, looking after and nurturing children, taking care of the elderly, assisting able-bodied adults, supporting people with special needs

Indirect caring—housekeeping, home management and domestic tasks like preparing meals, cleaning the house, doing the dishes, repairing clothes, collecting water, collecting fuel

Performed in **homes** as well as in **communities**

Necessary for human's physical and emotional **wellbeing**

All of us need to receive unpaid care work and are able to provide the work

(OECD 2014; UN Human Rights Council 2013; Budlender & Lund 2008; Zimmerman et al. 2006)

Often perceived as **non-skilled, female-dominated domestic** activities. It is women's **obligation**, requiring **long hours** to complete with **non-economic reward**. Among women, unpaid care work is mostly done by **housewives** (Consultation with stakeholders, 2012 & 2014)

All of the women also work on the field; so, they use their **free time to do the household chores**. Normally, they have free time only in the morning and they use it for cooking meals (FGD with Men, SMERU's study on Gender and Economic Decision Making – Indonesia Case Study, 2011)

Homemaking covers activities done by someone in order to manage the household **without getting any payment**, e.g. [activities done by] **housewives** and **their children who help them** to take care of the house. A domestic worker, however, who gets paid for doing homemaking is considered as working.
(<https://www.bps.go.id/subjek/view/id/6>)

Unpaid care work covers washing husband's, children's, and mother-in-law's clothes; washing dishes, cooking rice, cooking side dishes, boiling water', sweeping the floor, wiping the floor, cleaning the furniture, taking care of sick household members, taking care of the children. **The most tedious one is taking care of the ill elderly, especially to provide snacks** (Interview with Female (31), SMERU's study on Life in a Time of Food Price Volatility, 2012-2014)

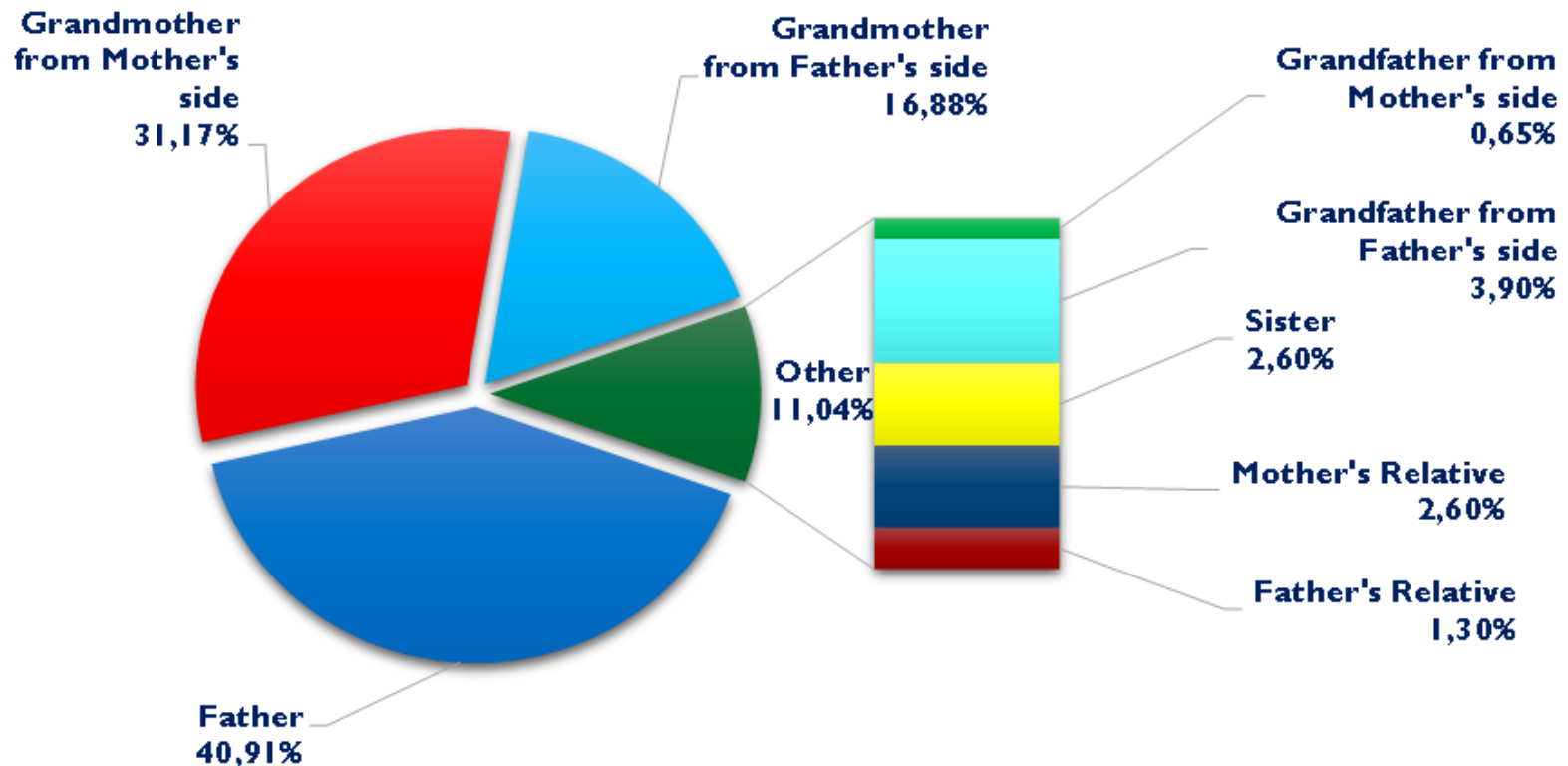
Why should we care?

Gender equality

Right-based human development

Economy

In various settings, care transfer mostly happens from women to women. When mothers become migrant workers, their caring responsibility is transferred to other family members:



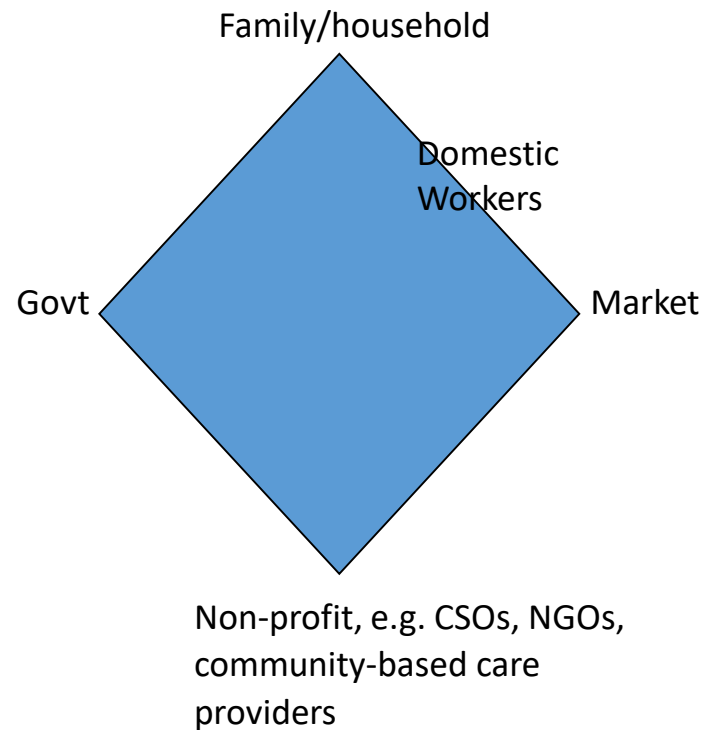
Source: The Wellbeing of Children Left Behind by Their Mothers who Become Migrant Workers: A Study Case in Two Kabupaten in Indonesia, SMERU

Policy issues

3Rs

- Recognition
- Reduction
- Redistribution

Care diamond



SDGs – global

- Goal 5

Achieve gender equality and empower all women and girls

- Target 5.4:

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

- Indicator 5.4.1

Proportion of time spent on unpaid domestic and care work, by sex, age and location



SDGs – national

- What's left post MDGs: national poverty rate, infant and U5 mortality rates, HIV prevalence, CO2 emission, water and sanitation access in rural, urban poverty (Bappenas 2015)
- In general, SDG goals and targets are already **aligned** in the RPJMN 2015-2019
- In particular, SDG goals that have **high resemblance** with the RPJMN are goal #1(poverty), #3 (health), #4 (education), #6 (water and sanitation), and #7 (energy)
- On the other hand, **limited discussion** in the RPJMN in regards to goal #5 (gender), #8 (inclusive growth), #12 (sustainable production and consumption)

Source: Study on MDGs Transformation to SDGs, SMERU, 2016

Existing Policies on Breastfeeding

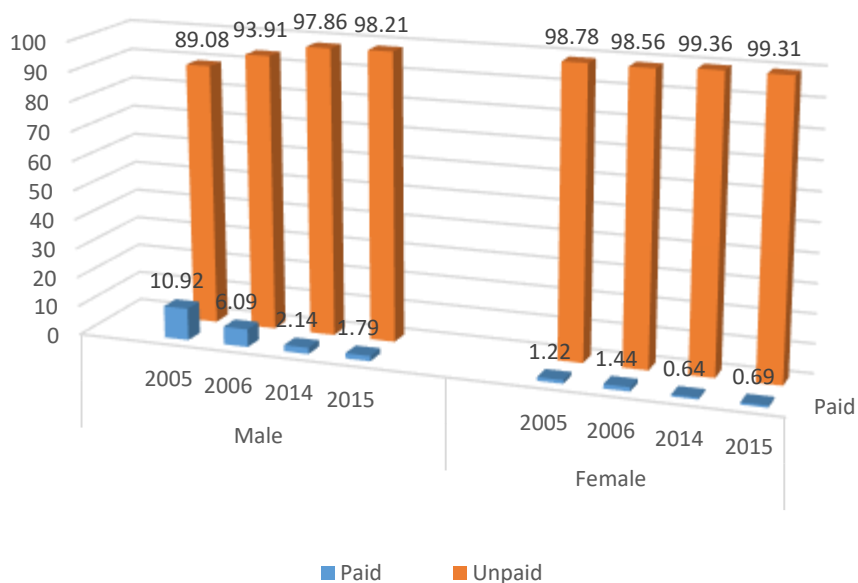
- Law No. 49/1999 on Human Rights – protection for women undertaking work/profession that might threaten their safety and/or reproductive health
- Act No. 13/2003 on Manpower – proper opportunities for female workers to breastfeed during working hours
- Law No. 36/2009 on Health – the right of every child to receive exclusive breast milk; the child's mother to receive full support
- Govt Regulation 33/2012 – workplace and public facilities must support exclusive breastfeeding
- MoH Decree No. 450/MENKES/SK/VI/2004 – exclusive breastfeeding
- Joint Regulations of Three Ministers – supporting mothers to express breast milk during working hours in the workplace
- Sari Husada – four-months maternity

Existing Policies on Daycare

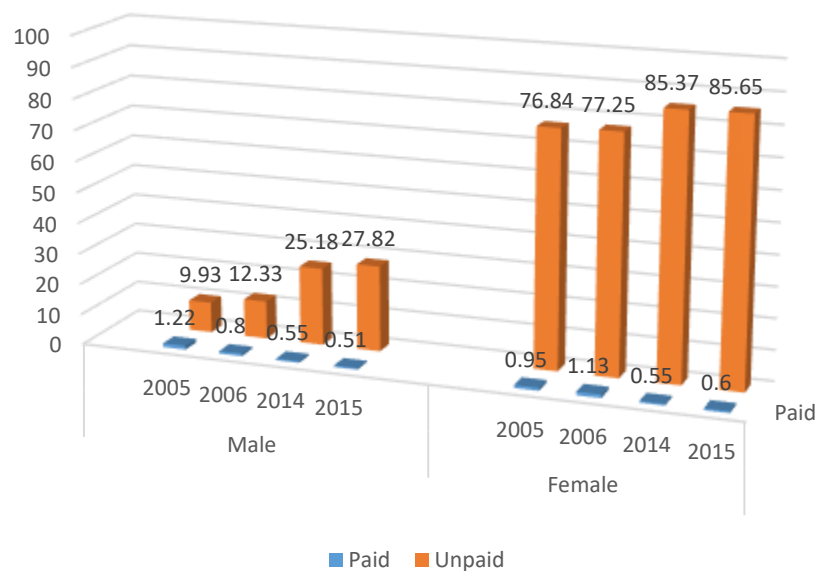
- MoE Regulation 58/2009: early childhood education
- MoE Regulation 137/2014: academic qualification for early childhood teachers
- Technical Guidance of the Directorate of Early Childhood Education of MoEC of 2015: standards of daycare management
- Joint publication of ILO Indonesia, Bappenas, MAMPU, AusAID of 2015: community-based child caring training manual
- MoSA Regulation 30/2011: national standard on child caring for institutions (foster care)
- MoH 79/2014: geriatric daylight-care clinic in the hospital
- Religious-based daycare or foster house

Unpaid care work in Indonesia

Distribution of Male and Female (Aged>14)
Doing Care Work (in %)

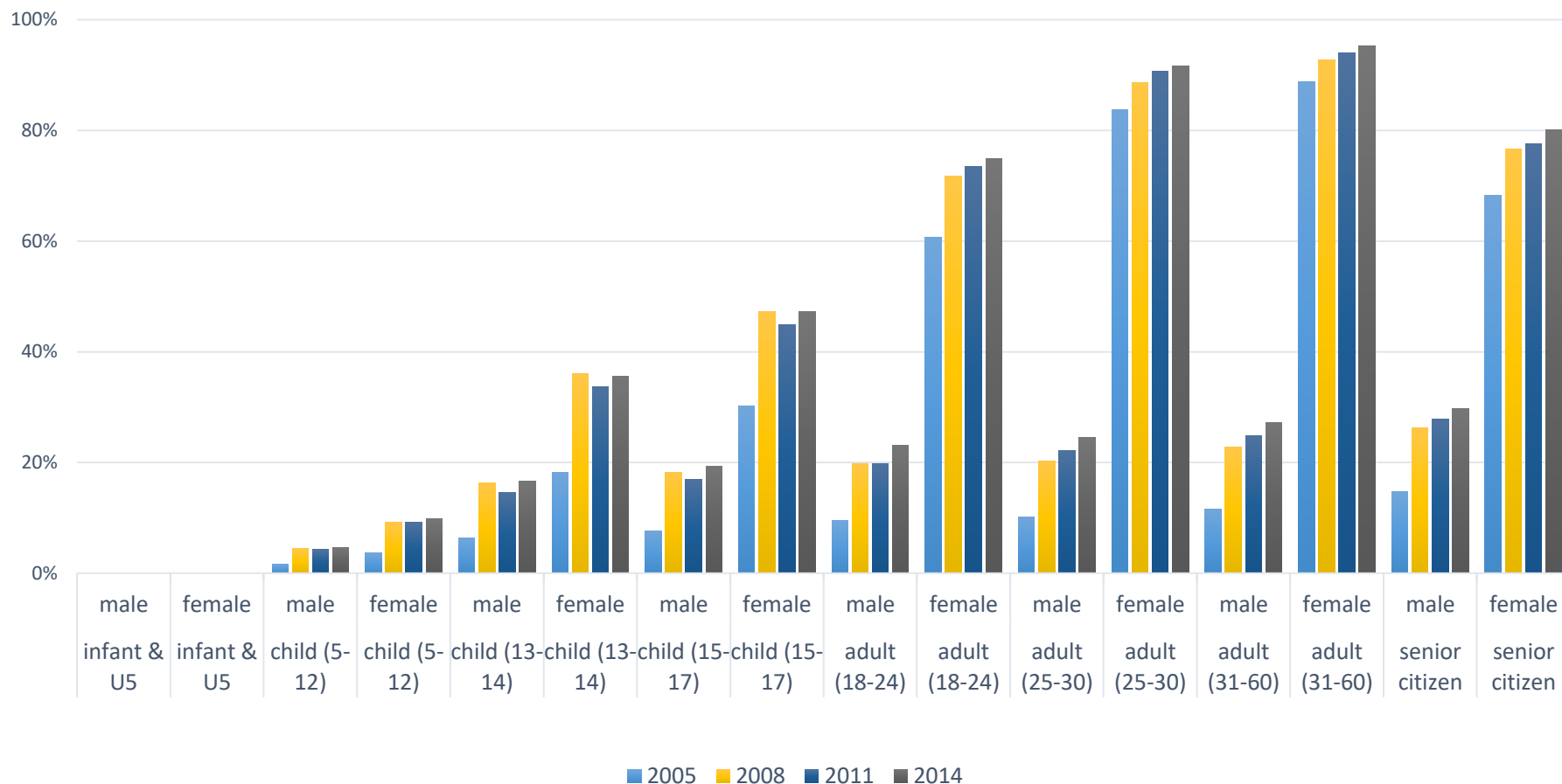


Prevalence of Male and Female (Aged>14)
Doing Care Work (in %)



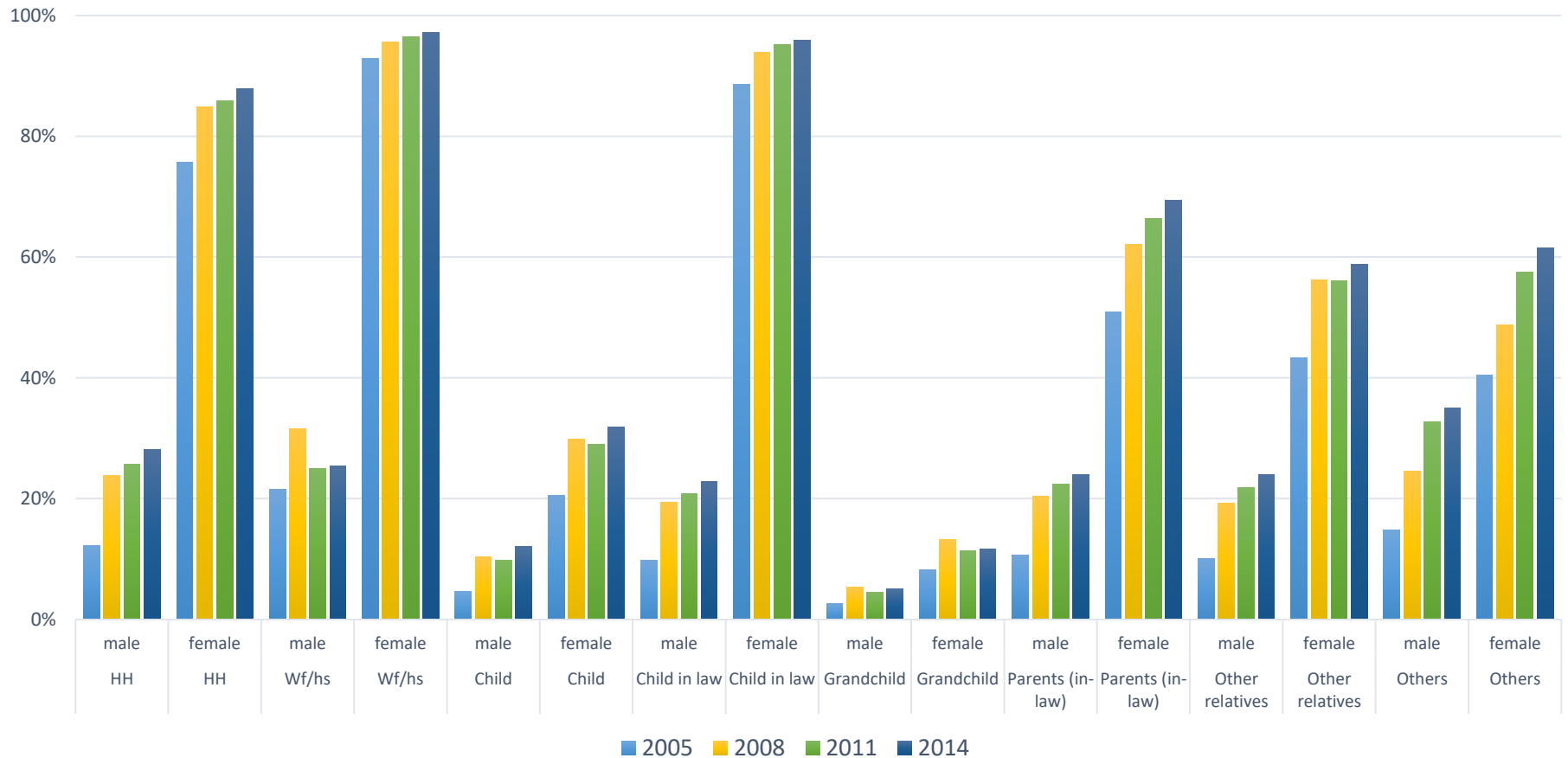
Source: SAKERNAS, calculated by SMERU

Women have actively done unpaid care work since they were very young.



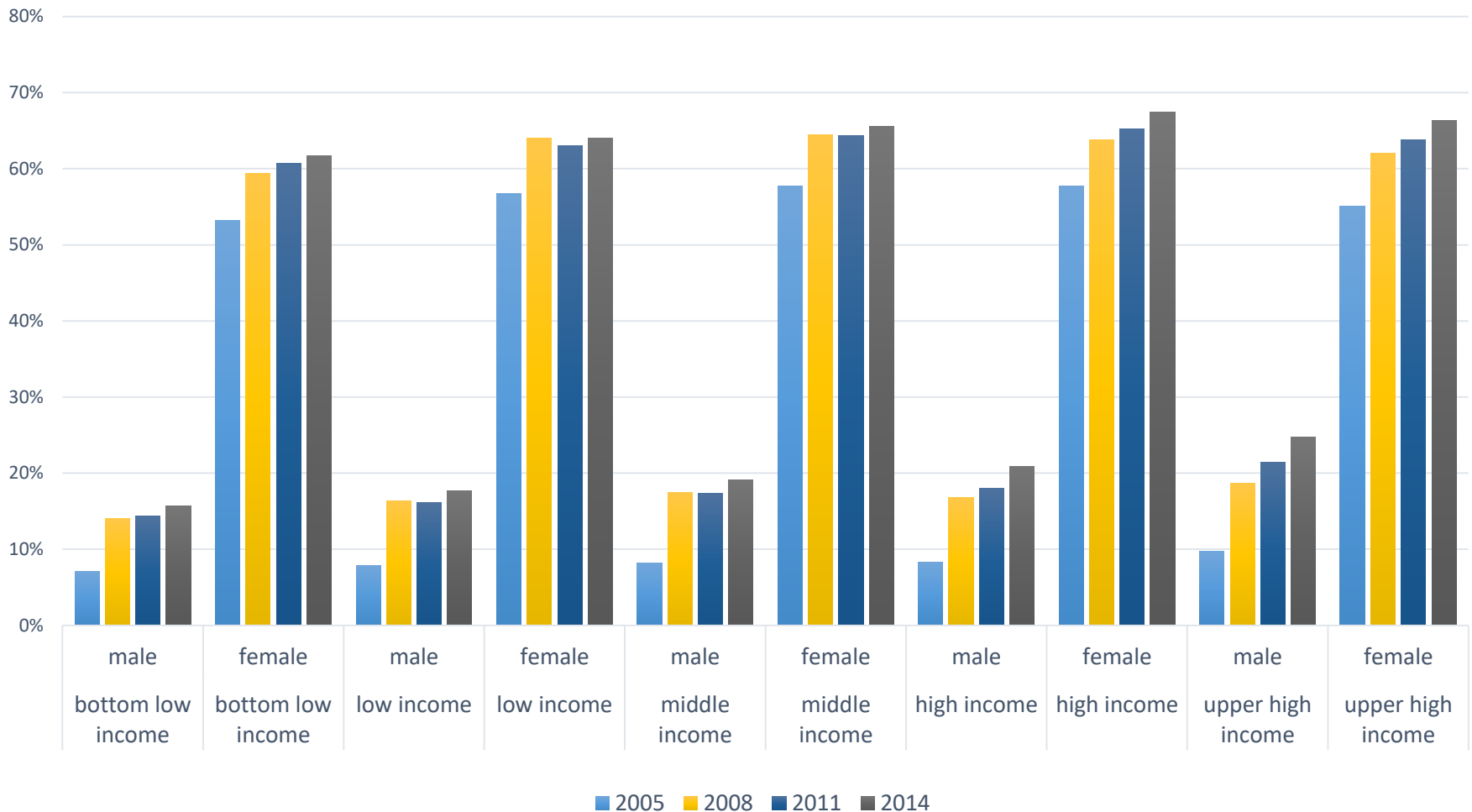
Source: SUSENAS, calculated by SMERU

By relationship to HH, those doing unpaid care work the most are:
female HH, wife, daughter in law.



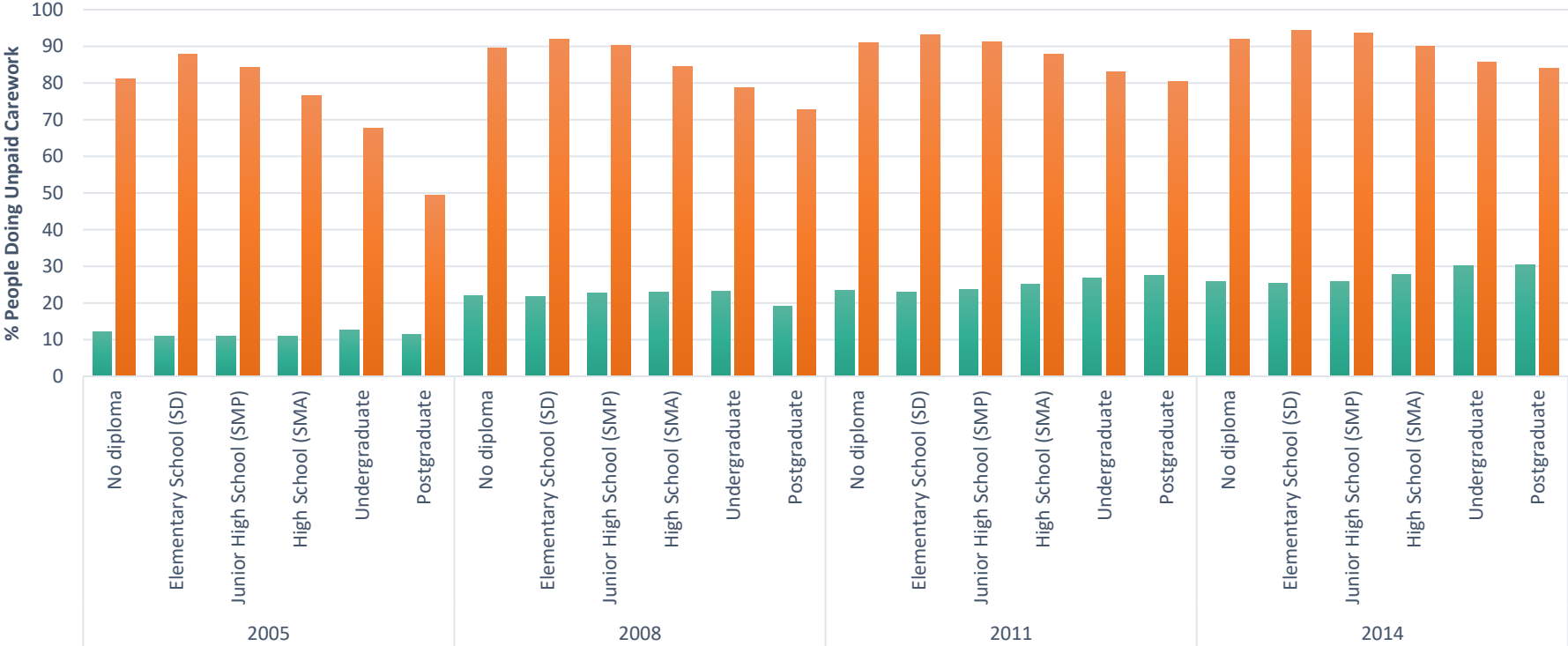
Source: SUSENAS, calculated by SMERU

In each quintile, women's unpaid care work is three fold to six fold of that of men. Interestingly, the higher the income group, the smaller the gap is.



Source: SUSENAS, calculated by SMERU

Education seems playing an important role in promoting co-responsibility in doing unpaid care work.

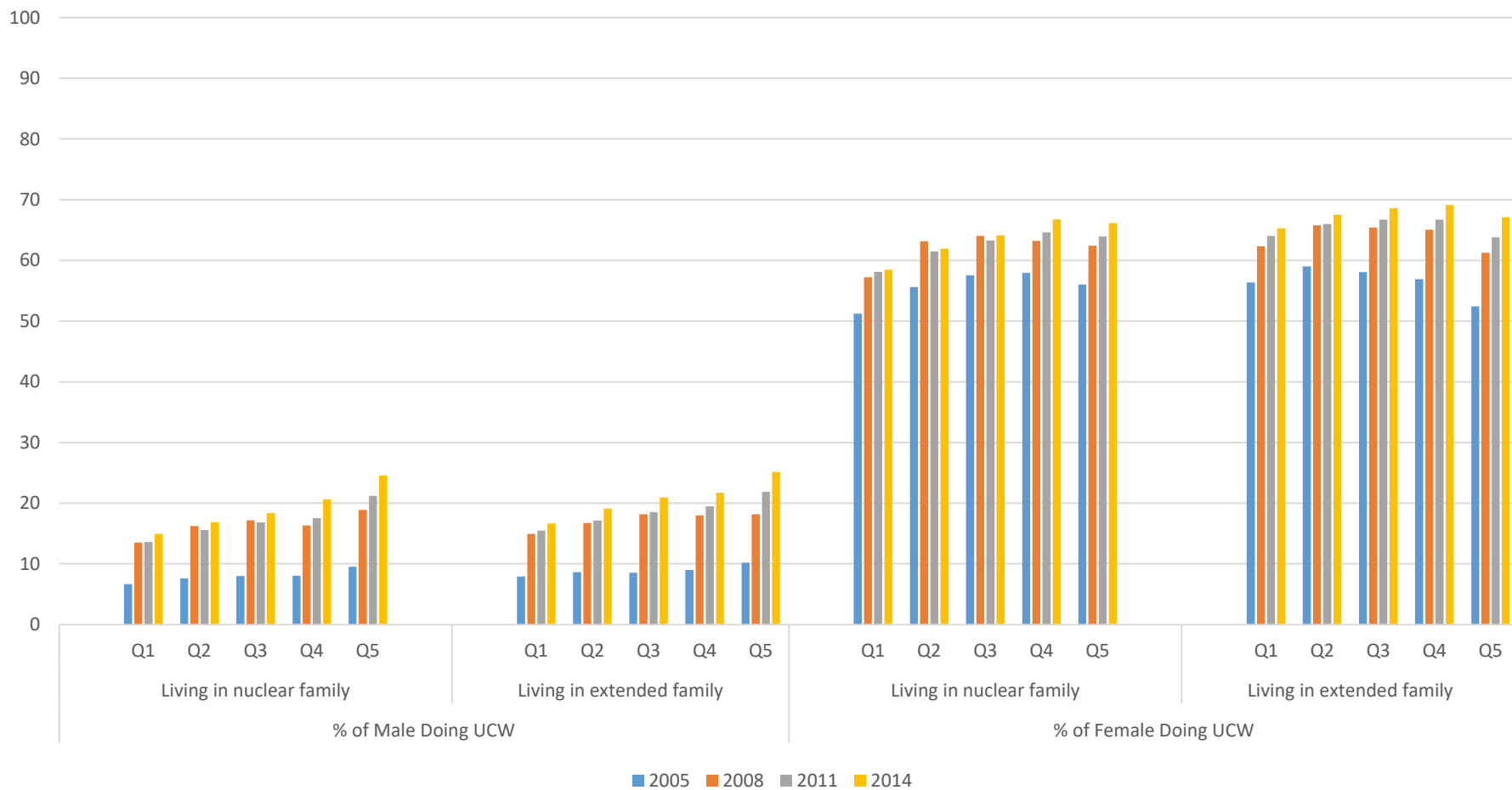


The Highest Education Attainment by Year

Male Female

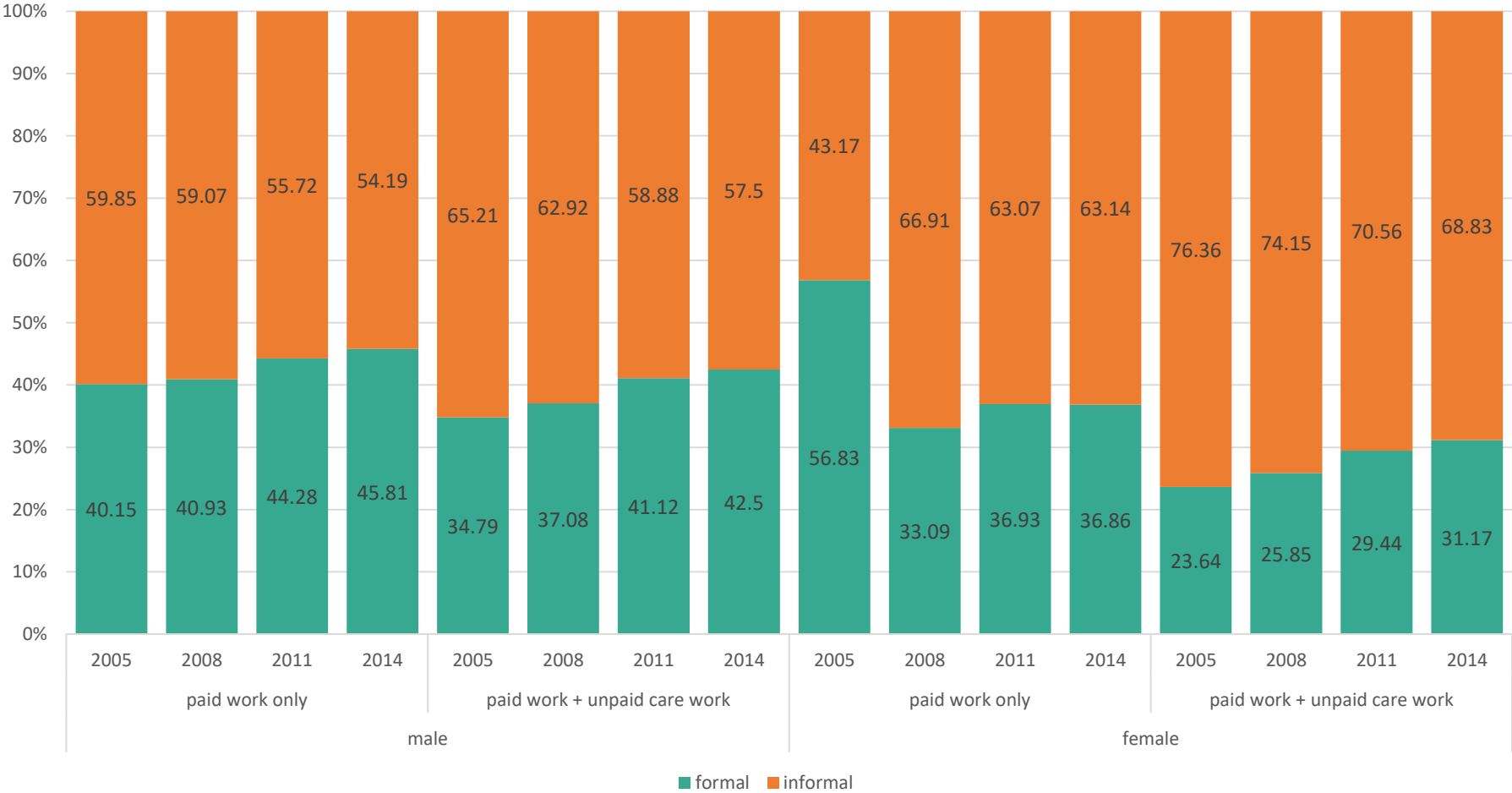
Source: SUSENAS, calculated by SMERU

Family type (nuclear family vs extended family) does not seem to be an influential driver for men and women to do unpaid care work.



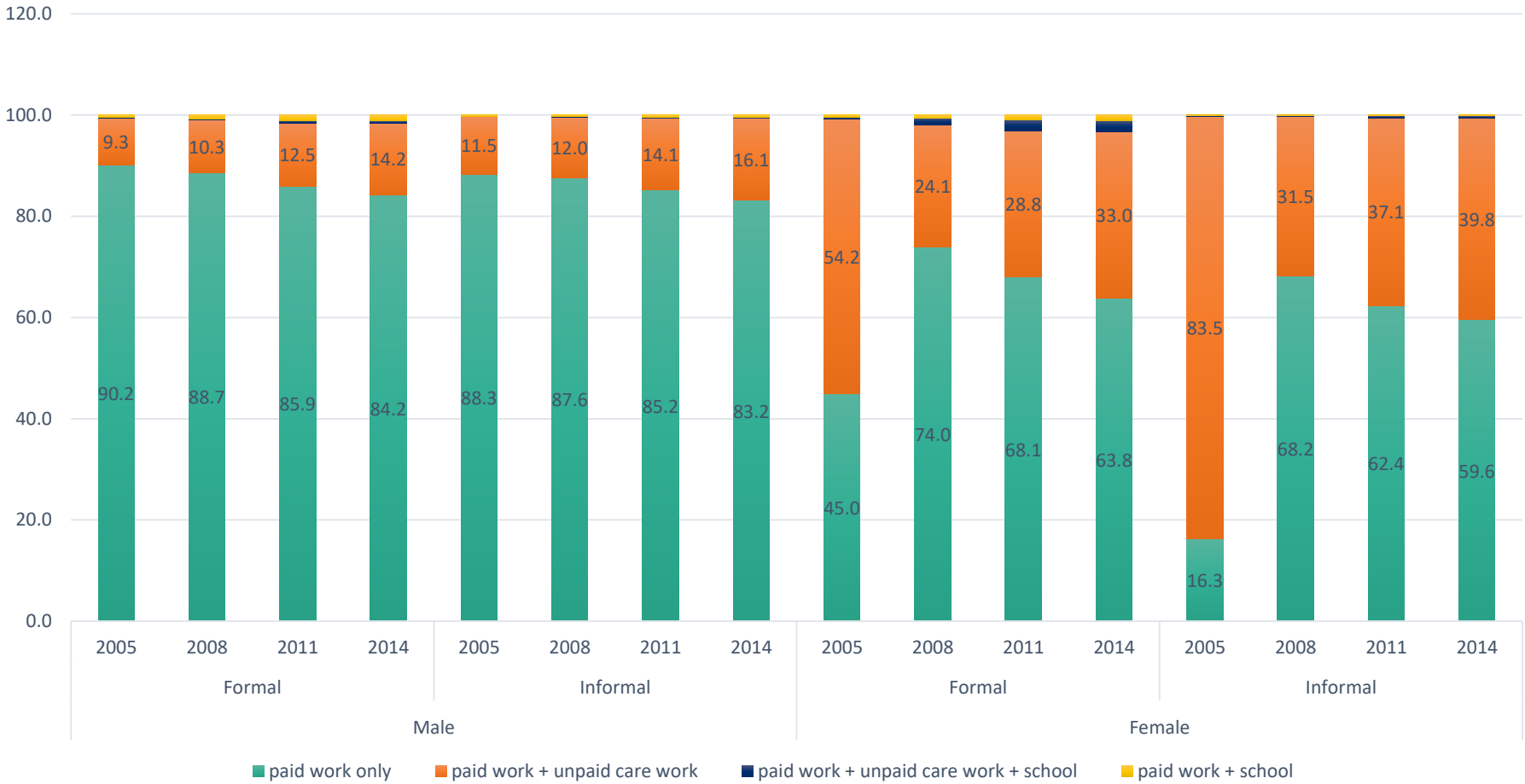
Source: SUSENAS, calculated by SMERU

It is highly likely that those doing unpaid care work will take informal jobs.



Source: SUSENAS, calculated by SMERU

Both men and women might choose informal jobs when they have to do unpaid care work. However, the possibility is higher for women.



Source: SUSENAS, calculated by SMERU

Closing remarks

- The data available does not show the magnitude of unpaid care work issues, but it has indicated that
 - ✓ There is potential decrease of unpaid care providers while the need of unpaid care work will be continuously increasing
 - ✓ Men's participation is slowly growing although women are still taking the main role
- Time use survey is **critically necessary**
 - ✓ To show the 3Rs of unpaid care work in Indonesia
 - ✓ To show whether there is a shift from household/family-based unpaid care providers to market, e.g. laundry service
 - ✓ There should be adjustment to Susenas' consumption module to follow the pattern of unpaid care service although there is a good practice in covering the costs of household chores and daycare in Survei Biaya Hidup.

THANK YOU

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