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**Being *Baboe ing Londo*:
Exploring The Life of Indonesian Migrant Care Workers in
The Netherlands**

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List of Acronyms and Glossaries

<i>Baboe</i>	a word used since Dutch colonial time to call Indonesian domestic workers. First applied to only female workers, but now also include male workers.
DEI	Dutch East Indies (Indonesia during colonial era).
<i>Djongos</i>	Indonesian male servants during colonial period. A term rarely used nowadays.
GCC	Global Care Chains
FNVMDWU	<i>Federatie Nederlandse Vakbeweging Migrant Domestic Workers Union</i> , a federation of Dutch trade Union focusing on migrant domestics
IDRL	International Division of Reproductive Labour
IMWU	Indonesian Migrant Workers Union, an Indonesian labour union in The Netherlands.
IOM	International Organization for Migration
<i>Londo</i>	a word used by some Indonesians, particularly Javanese people, to refer to The Netherlands.
MCWs	Migrant Care Workers
MDWs	Migrant Domestic Workers
OECD	Organization for Economic Cooperation and Development
VOC	<i>De Vereenigde Oostindische Compagnie</i> , literally means ‘United East Indies Company’, a Dutch business association that first colonized Indonesia.

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Abstract

In the classical sense, discussions about growth, development, and equality have solely focused on the so-called “productive sectors”. Thus, it is not surprising that the reproductive work has been neglected and/or not considered as work. In the past, the need for social reproduction within households was fulfilled by the unpaid labour of women who were traditionally attributed such tasks. However, over the last decades, women have been encouraged to join formal sectors, not only to be independent, but also to boost national economies.

But the trend of women joining the labour market has created another problem. As the participation of women in gainful employment rises, particularly in the Global North and high-income countries, care work is at risk of being left abandoned. Even though the traditional arrangement of assigning those duties to women persists to some degree, there is an increasing trend of outsourcing care work to cheap workers from poorer regions.

This suggests an emergence of a new international division of reproductive labour between people coming from different places across the globe. As many people migrate to perform care work for others, many of them delegate their own social reproduction tasks to other groups. Apart from that, migrant care workers (hereafter MCWs) themselves also face opportunities and challenges in their destination country and workplaces, primarily due to their race/ethnicity, gender, class, immigration status, and category of work.

This paper, thus, aims to provide theoretically informed exploration on the experiences of Indonesian MCWs in The Netherlands, particularly in The Hague. Since there are few studies on the topic in Dutch context, my paper intends to present a general overview as well as snapshots of certain aspects of the life of those workers who belong to different categories (i.e., undocumented migrants, au pairs, and caregiver/nurses), in the light of intersectionality as micro-level analysis, and division of reproductive labour and care chains as macro-level framework.

The case study of Indonesian MCWs in The Netherlands has been chosen based on the fact that Indonesia has become a ‘labour brokerage state’ which sends a significant number of care workers worldwide. While many studies have focused on Indonesian migrants in major destination countries in East and West Asia, few have analysed them in the European context.

Based on ethnographic fieldwork and qualitative interviews, this research found that the interplay of multiple identities has often reinforced the subordinate position of Indonesian MCWs within unequal structural relationships imposed by division of reproductive labour. In addition, this study also discusses how Indonesian MCWs are incorporated into global care chains and how it reduces the essence of care to only material provision.

Relevance to Development Studies

Development Studies, especially in its traditional meaning, mainly deal with value-creating activities for the sake of production-for-market. However, in the last decades, there has been an increasing awareness that production cannot work without relying on social reproduction activities. This paper aims to contribute to this scholarship by exploring the life and work of Indonesian care workers in The Netherlands, analysed through the framework of intersectionality in the micro-level and the international division of reproductive labour and care chains in the broader level.

Keywords

Indonesian migrant care workers; international division of reproductive labour; global care chains; intersectionality; Netherlands’ care economy.

Chapter 1 Introduction

1.1 Indication of Problem

For a very long time, since the beginning of its rise, capitalism has been built on the myth that privileges the so-called productive sector over reproductive work. As Federici (2004:78) illustrates in the context of transition from subsistence economy to capitalism,

“In the new monetary regime, only production-for-market was defined as value-creating activity, whereas the reproduction of the worker began to be considered as valueless from economic viewpoint and even ceased to be considered as work”.

Interestingly, after decades (or even centuries) of being in ‘shadowy existence’, reproductive work which was only discussed in the circle of critical scholars, has now been adopted in the official documents of mainstream bodies. International organizations such as the European Union, the United Nations, and OECD (Organization for Economic Cooperation and Development) are now acknowledging and incorporating the concept of social reproduction in their current policies and recommendations (Beier, 2018).

This progress, however, should be read in the context of recent developments in the economic realm, particularly in the Global North, for which one report by UN Women indicates, “ageing populations (...) and increasing female labour participation have resulted in a care deficit in many burgeoning economies” (UN Women, 2017:1). Such phenomenon leads to the currently highly debated topic of a crisis of care, which one leading feminist theorist, Nancy Fraser (2016:99), describes as following:

“Historically, these processes of ‘social reproduction’ have been cast as women’s work (...) it is indispensable to society. Without it there could be no culture, no economy, no political organization. No society that systematically undermines social reproduction can endure for long. Today, however, a new form of capitalist society is doing just that. The result is a major crisis, not simply of care, but of social reproduction in this broader sense”.

As a consequence of crisis of care in many affluent countries, they have seen an increasing demand of migrant care workers (hereafter MCWs) to fill the gaps. In the USA in the last decade, 39.5% of domestic workers are Latin Americans (UN Women, 2017). The similar phenomenon is also happening in Europe, where Lutz (2011) call such transnational workers ‘the new maid’. This trend then situates those workers in a new international division of reproductive labour (hereafter IDRL) (Parrenas, 2001). On top of that, this division also creates what is later known as global care chains (hereafter GCC) (Yeates, 2004b).

Against the backdrop of advanced capitalism, economic growth within the upper and lower circuits of global capital has increased the number of high-income households and neighbourhoods. On the other hand, simultaneous ‘peripheralization of workers’ happens, whose one notable symptom is ‘the re-emergence of domestic labour’ (Overbeek, 2002). Thus, amidst celebrated trend of increasing middle-class, we should not ignore what Saskia Sassen calls ‘the return of serving classes’ who are “so often discounted as valueless economic actors, [but] are crucial to building new economies and expanding ones” (2003:256).

Those classes, in fact, “benefit host countries by freeing up more of their workers to engage in the productive labour market, which in turn contributes to growth” (UN Women, 2017:3). The increasing participation of women in ‘productive’ work and the rising employment of MCWs (who are usually also women) then pose important questions regarding equality and social justice based on gender, race, and class. They also bluntly show

how past feminism in the Global North have not succeeded to incorporate the interests of people (particularly women) of colour into their agenda (Fraser, 2009).

Sara Farris, for instance, in her study about the rising of 'femonationalism' in Western European countries has shown how the idea of women's emancipation, by encouraging their participation in economically productive sectors, has been co-opted by neoliberalism. It simultaneously exploits migrant (mainly, but not limited to) women in low-paid care service to solve partially the social reproduction crisis (Farris, 2017).

On the other hand, remittances sent by those workers in significant amounts are considered useful for development in sending countries, as a report mentions that "migrant remittances regularly surpass the amount of foreign direct investment and overseas development aid in many developing countries" (UN Women, 2017:2). In Indonesia, for example, migrants remitted more than IDR 118 trillion (US\$ 8.9 billion) a year, equal to 1 percent of national GDP (IOM, 2010b).

Thus, for sending countries, migrant work is considered one important pillar of the national economy. This leads them to deliberately promote and market labour migration. Hence, it makes sense that Rodriguez (2010) calls them 'labour brokerage' states. In the case of Indonesia which this study focusses on, migrant labours are glorified as 'heroes of foreign-exchange earnings' (*pahlawan devisa negara*) in public discourse, including in government's repertoire (Killias, 2018).

Even though Indonesian state has already opened an opportunity for its citizens to work abroad since the late 1960s, it was only after the hit of the Asian crisis in 1997-98 that labour migration became a new trend (Palmer, 2016). This is indicated by the fact that over the past decade, Indonesia has sent between 100,000 and 500,000 domestic workers every year. Indonesia even had a special terminal in its main airport (Soekarno-Hatta) for departure and arrival of those workers. The World Bank counted that Indonesia's migrant workers are not less than 9 million people in total (World Bank, 2017).

From that number, it is estimated that around 60-80% of all Indonesian migrants were employed in paid care and domestic service (Lindquist, 2010) and women comprises the majority of that percentage (Parrenas, 2008). The employment of many Indonesian migrants in low-paid jobs has to do with the fact that many of them are equipped with only low skills (UN-Women, 2019).

In terms of destination countries, a report by IOM (International Organization for Migration) mentions that at least until the last decade, "(a)round 60 percent of Indonesian labor migrants are in countries in the Middle East such as Saudi Arabia, Kuwait, the United Arab Emirates, Jordan, and Qatar. The remainder have been deployed to countries in Southeast and East Asia, such as Malaysia, Singapore, Hong Kong SAR, Republic of Korea, Taiwan Province of China, and the Americas" (IOM, 2010:9).

Those are countries that have formal pacts with Indonesia regarding the sending of migrant domestic workers (hereafter MDWs) from the latter. Usually, the migration of such labourers is mediated through 'formal' agencies legalized by states in both the sending and receiving countries (Oishi, 2005). However, there are also cases in which Indonesians migrate by themselves or by the assistance of 'illegal' agencies to the countries which do not legally open the opportunity for MCWs, implying that their status in destination places is 'undocumented workers'. One of such countries to which some Indonesian MCWs migrate is The Netherlands (Soraya, 2012).

Previous studies have been conducted with regard to the topic of current Indonesian MCWs in The Netherlands. The tie that binds them is their primary focus on undocumented migrants group and the aspect of (il)legality. The main issue is how they deal with irregularity and try to obtain recognition for basic rights to healthcare, education, and a decent life despite their status (Atfin, 2017; Saptari, 2021; Soraya, 2012).

This paper intends to study other aspects, focusing on the situation of Indonesian MCWs in the IDRL and GCC, informed by the concepts of intersectionality. Another contribution from this study is that it incorporates different groups of care workers. Concerning this point, a clarification should be made.

Some authors sharply distinguish between ‘care work’ and ‘domestic work’, insisting different emphasis between the two. While the first is relational to the human object being ‘cared for’, the latter does not need to be, since it deals with ‘caring about’ things. Nonetheless, in fact, workers' duties oftentimes overlap between both types of jobs (Bikova, 2017). While acknowledging the distinct nature of both categories of work, I also recognize the need to put them in the same box.

Thus, in this paper I follow Parrenas (2008) who defines care workers broadly to include domestic workers, nurses, and entertainers. In general discussion, I use the term care work (including the abbreviation MCWs) to encompass reproductive labourers in a broad sense. However, on some occasions, to make the reference clearer, I differentiate the terms: ‘domestic worker’ refers specifically to those working in private sphere (household), and ‘care worker’ is used narrowly to indicate professional caregivers working mainly in care facilities¹.

1.2 Contextual Background: Overview of MCWs in The Netherlands

Compared to other European countries, The Netherlands was somewhat left behind up to the 1970s in terms of inclusion of women in the formal sector, as Farris (2017:219) explains,

“In The Netherlands, the rates of labour-market participation of women were among the lowest in Europe until the end of the 1970s. According to Hettie Pott-Buter, the breadwinner model dominated The Netherlands for so long both because of the high standards of living of Dutch families and because of the social structure of Dutch society in which the bourgeois family with the full-time housewife imposed itself as a family ideal already in the seventeenth century”.

Nonetheless, currently, The Netherlands is witnessing the leap of women’s participation in the labour force, thanks to the state’s active role in promoting so. Thus, after decades of effort, the government—in their publication under the topic of gender equality—can state confidently that “the labour participation of women in The Netherlands is high in comparison to other European countries” (Government of Netherlands, 2022). As shown in Figure 1, the government seems not exaggerating. In addition, the speed by which female labour participation in this country has increased is also notable. OECD reports that “female employment in The Netherlands has doubled from 35% in the early 1980s to 70% in 2016” (OECD, 2017:1)

However, this high rate represents mainly a partial employment of women primarily in part-time jobs. Around 60% of employed women in The Netherlands in fact work less than 30 hours per week (OECD, 2017), something that the government is concerned about. They argue that “some women choose to work part-time in order to combine work and care responsibilities” (Government of Netherlands, 2022). Thus, the government “wants to increase women’s economic independence” by encouraging further insertion of women in the labour force (Ibid.).

¹ Thus, rather than adhering classical differentiation based on type of work (as explained in the previous paragraph), here the differentiation is more about the place of work, since many domestic workers in fact also do ‘care for’ work for children and sometimes elderly (*opassen*).

Employment rate of women and men in the EU

(as % of the population aged 20 to 64, 2018 data)

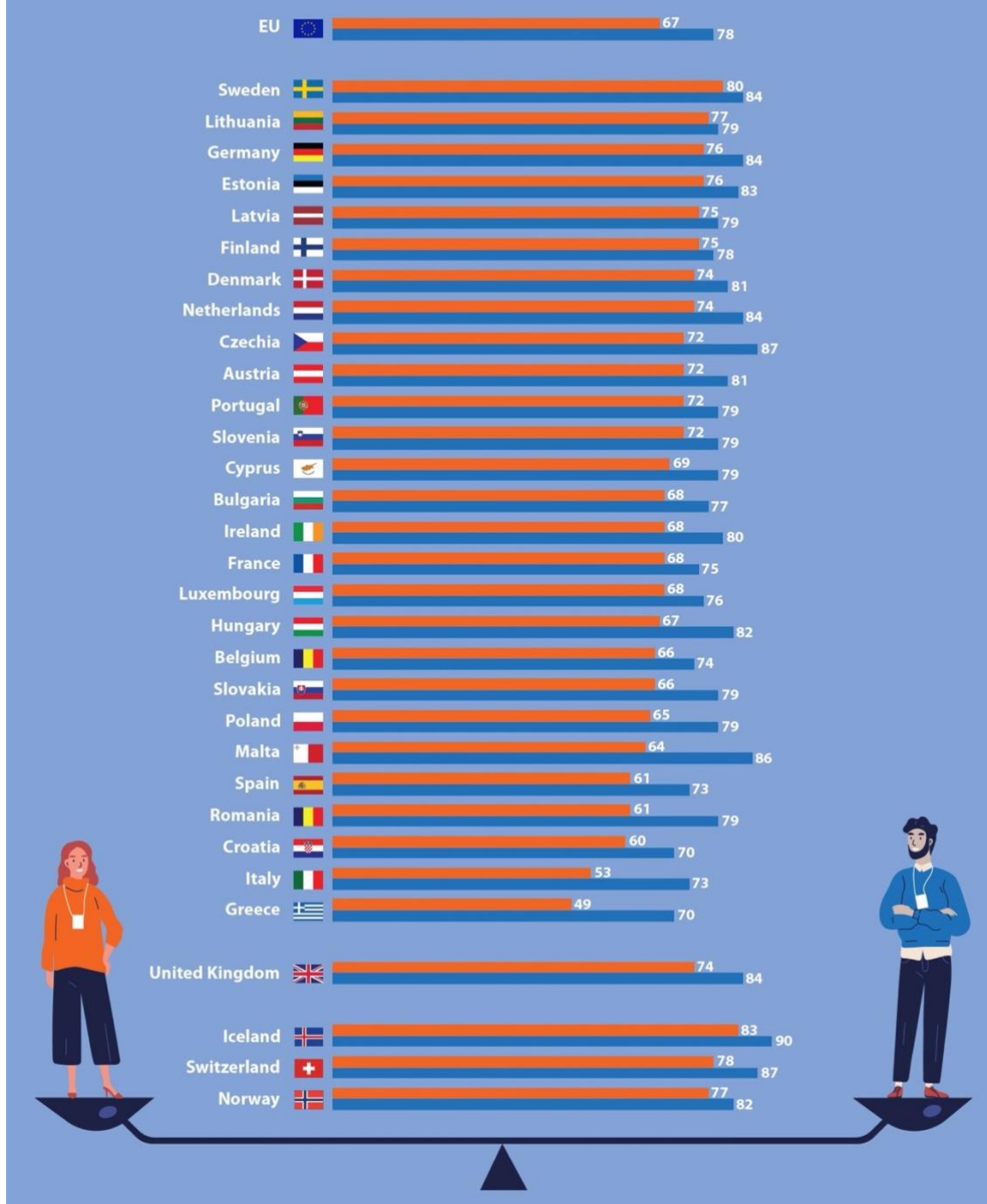


Figure 1: Female labour participation rate in EU countries (Source: Eurostat)

These facts indicate some interesting points. First, while the increasing participation of women in the labour force may be regarded as a progress of gender equality in employment opportunities, this does not necessarily imply an equal division of labour within the private sphere. Care work in many households is still gendered and deemed as women's tasks. Second, the government seems to remain silent about such an imbalance responsibility and barely has a clear stance to address the issue. Third, considering the escalating rate of women's employment and the effort of the government to encourage it without significant

measures to balance the distribution of social reproduction within households, it is logical to assume that the recruitment of care workers is a rational consequence which likely increases.

In fact, the trend of employing others to do care work has been happening. In 2004 alone, it is estimated that 1.2 million Dutch households hired domestic workers, excluding those demanded for childcare purpose (Haile & Siegmann, 2014). If we compare it with the total number households in that year (7.002 million) (Statistics Netherlands, 2004), we can generate a calculation that around 17.13% of Dutch households employ paid domestic workers. This clearly shows a rising percentage, as it is reported that “in 1995, 12% of Dutch households had paid domestic help” (van der Lippe, Tijdens and de Ruijter, 2004:226).

Since Dutch citizens, either men or women, are mainly absorbed in ‘productive’ sectors, almost all of those working on care are migrants. Some of them are originally foreign nationals (particularly Turkish & Moroccan) who, in the guise of integration programmes, are assigned (unpaid) care work under the label of voluntary work, as Faris’s study (2017) demonstrates. The others are migrants deliberately coming from diverse regions of the world to perform such jobs. Several studies show that many of them originate from the Philippines, Indonesia, Ghana, Nigeria, and various Latin American and Eastern European countries (Van Hooren, 2018). Even though the exact number of each nationality is unavailable, a study by Gheasi, Nijkamp and Rietveld (2014) indicates that Filipino and Indonesian MDWs have high share in this group.

Unfortunately, “despite the sizeable demand, domestic work has not provided a valid entry route to The Netherlands for international migrants” (Haile & Siegmann, 2014:109). Thus, many of them reside in The Netherlands as undocumented workers. Due to their irregular status, the number of migrants doing care and domestic work remains unknown. However, FNVMDWU, an umbrella organization of MDWs in The Netherlands, estimates that there are around 150,000 MDWs and 50,000 care providers working in private households in this country (2021).

By this significant number, migrants “seem to dominate the market for domestic services in the biggest Dutch cities” (Van Hooren, 2018:11). Their role is not to be neglected, as one report says, “they take care of children and the elderly, do the laundry and (partially) take over the care of the household. This allows their employers to work, study or provide informal care. In doing so, they make an important contribution to society and the economy” (FNVMDWU, 2021).

A similar trend is happening in the healthcare sector. This has to do with demographic change in which this country is experiencing population ageing (Timmerhuis, 2012). Such a transformation has major consequences, since

“the prospect of living longer is accompanied by an increase in chronic and degenerative diseases and prevalence of disabling conditions that sharply increase after the age of 75. The consequent loss of independence regarding daily activities will lead to a corresponding growth in the need for care, especially home nursing, home help and informal care (van der Boom, 2008:71).

This rising need to elderly care, turns out, cannot be fulfilled by local healthcare professionals. Since the end of 1990s, The Netherlands suffers from a shortage of health workers especially nurses and caregivers whose demand is around ten times of each medical, paramedical, and assisting professions in the health sector (Gusnelly, 2012). In the 2000s, this phenomenon is indicated by a constant need of an additional 50,000 carers a year in UK, Ireland, The Netherlands, and other European countries (Tan, 2005).

Like many other European countries, The Netherlands then chooses to invite foreign health workers to fill the gap (Timmerhuis, 2012). It is estimated that the percentage of caregivers with foreign nationalities is ranging from 11.3% to 13.5%. They are employed by

care provider institutions in residential and nursing homes or home care facilities (Van Hooren, 2011).

Different from MDWs who lack legal channels to enter this country, skilled migrant caregivers are welcomed by The Netherlands. They are the group that Parrenas (2008:3) refers to in her statement that “various countries, including (...) The Netherlands have even sanctioned the opening of their borders to foreign care workers”. However, the government sets a detailed regulation for this group to be recruited, including requiring registered care institutions to train their prospective employees to be able to adapt with Dutch care system and care for Dutch patients (RVO, n.d.).

1.3 Historical Background: Indonesian “*Baboe Ing Londo*”

As indicated in the previous section, one main country from which MCWs in The Netherlands originate is Indonesia. Besides their significant amount, they are worth attention since they become reminders of the similar group in the historical past. The presence of Indonesians working in caring for Dutch households can be traced back to the colonial period, as Indonesia was a former Dutch colony (called Dutch East Indies at that time)².

Not long after the first phase of colonization in the beginning of 17th century, a new trend emerged among VOC officers returning to The Netherlands (which some Indonesians called “*Londo*”), which involved the bringing of slaves from Indonesia to help in their households. Besides practical reason, possession of slaves also elevated one’s social status and prestige. These slaves were later known as ‘*baboe*’ (female) and ‘*djongos*’ (male) (Poeze, 2008). This phenomenon persisted until subsequent centuries, as reported by Bosma (2019:64) in his study about labour export from Southeast Asia islands: “By the early nineteenth century, most of the slaves held by Europeans were kept for domestic purposes”.

Unfortunately, not much is known about this group; their work, their migration trajectories, nor other aspects of their lives. Treatment of Indies’ slaves in Indies is better discussed compared to that of their compatriots in The Netherlands. Rarely can we find information on their identities, backgrounds, and living conditions in historical archives (Poeze, 2008). Amidst white supremacy during colonialism, Indies’ slaves were regarded equal to other traded goods such as meuble and houses, so their existence was seen as unworthy of mention, except in inheritance-related document (Ibid.).

Thus, due to very limited sources, Poeze is not exaggerating when he asserts that “we can even say that nothing is known about the life of slaves [from East Indies] in The Netherlands” (2008:8). After slavery was abolished in the 19th and 20th centuries in the East Indies, Indonesian people did not disappear from the arena of domestic work. New waves of people were imported, now as employed maids and servants. This trend continued until the first years of Indonesian independence. During this period, all domestic workers—regardless of gender—were usually referred as ‘*baboe*’ (Poeze, 2008).

In 1957, amidst the increasing tension of Indonesia and its former colonizer, Soekarno’s government ‘expelled’ Dutch people who still lived in Indonesia. This policy led to the return of Dutch and Eurasian (creole) people to their ancestral land in a big scale (Oostindie, 2011). From numerous biographical chronicles about this event, we know that many of them were accompanied by *baboes* upon their repatriation (Ibid.). However, the narratives about *baboe* were mentioned in passing in many records, something that totally make sense since “of all dominated groups in the former colonies, domestic servants were

² Thus, ‘Indonesia’ and ‘East Indies’ are used interchangeably here.

the most ‘subaltern’, silenced by the subservient nature of their work and the subordinated social class they came from” (Locher-Scholten, 1994:19). Sandra Beerends, director of *They Call Me Baboe* (2019)—a documentary film dedicated to telling the story of this group—also echoes that, “in a sense, they were invisible. And considering the lack of information about them—with the exception of the memories of Dutch families—their stories continue to be invisible today” (Dutch Culture, 2019b).

The wave of Indonesian domestic workers in The Netherlands likely came to a halt after the repatriation period. Even though in subsequent decades their presence is still reported, the number was relatively small (Priyo, 27/7/22). The new trend of Indonesian MCWs in The Netherlands seems to re-emerge in the last two decades (Ibid.), reflecting a new phenomenon of Indonesia as a new labour-sending state. Amidst new settings, there are several features that mark contemporary trend of Indonesian MCWs in The Netherlands, such as the presence of different category of care workers. Further discussions around them will be presented in the next chapters.

1.4 Research Objective & Questions

This study aims to explore the life of Indonesian MCWs in The Netherlands theoretically informed by the concept of intersectionality, IDRL, and GCC. The paper intends to discuss subjective experiences and perceptions of MCWs and their objective conditions. Hence, the two key questions that this research seeks to address are formulated as follow:

- a) What do the stories and experiences of Indonesian MCWs in The Netherlands tell us about their situation in the IDRL and GCC?
- b) How do the multiple identities of MCWs affect them in the IDRL and GCC?

1.5 Scope and Limitation

This paper tries to investigate different narratives of various types of Indonesian MCWs in the Netherlands. Thus, rather than providing an in-depth analysis of specific MCW groups, this project serves mainly as a preliminary inquiry into the three main categories of MCWs with an eye on intersectionality, the IDRL, and GCC. But working on varied groups also poses challenges. Ideally, it requires a proper comparative analysis. However, due to various accessibility and time constraints, I was unable to do equally justice to all categories of MCWs. This, for sure, influenced the depth of my knowledge about each group as well as their representation in the paper. Having said this, it was important for me to include all of them in order to have a preliminary overview as thorough as possible within the constraints of a RP like this one.

1.6 Organization of the Paper

Chapter 1 serves as an introduction to this research paper. Chapter 2 will cover the conceptual framework that I use as the foundation of this study. Chapter 3 focuses on my investigative process by discussing and reflecting on the methodology that I applied in this study. In Chapter 4, I provide an overview of different types of Indonesian MCWs. Chapters 5 & 6 explore the topics of IDRL and GCC and how intersectional identities of MCWs relate to them. Chapter 7 concludes this paper.

Chapter 2 Conceptual Framework

2.1 Contemporary Crisis of Care within Capitalism³

“Writing a history of work without care work would be like writing an ecology of fish without mentioning the water...”

Without unpaid work, especially care work, wage work would simply be too expensive”.

(Patel & Moore, 2018:116-117)

Before half century ago—and still in many contexts nowadays—the need of social reproduction was fulfilled primarily by unpaid labour of women in the household, and in some cases also supplemented by public care facilities. This was enabled by the prevailing concept of family wage in which a male breadwinner’s salary was set to reach the level needed to support a household, together with the idea of welfare statism. As Fraser (2016:109) explains,

“Public investment in health care, schooling, childcare and old-age pensions (...) was perceived as a necessity in an era in which capitalist relations had penetrated social life to such an extent that the working classes no longer possessed the means to reproduce themselves on their own. In this situation, social reproduction had to be internalized, brought within the officially managed domain of the capitalist order”.

It is important to keep in mind that these achievements were made possible by persistent (neo)imperialism projects in which ongoing expropriation from the periphery granted core countries significant amount of finance to cover their expenses in social entitlements. These arrangements also perpetuated gender hierarchies as the family wage concept tended to reinforce male authority in the household and “valorize the heteronormative, male-breadwinner, female-homemaker model of the gendered family” (Fraser, 2016).

The trend began to change in the 1970s-1980s amidst the ascendancy of financial-neoliberal capitalism. State disinvestment from social welfare projects happening simultaneously with a rise in the recruitment of women into gainful employment sparked new conditions of a care crisis in which an adequate system of caregiving became lacking. This state, which continued to the present, can be attributed to several factors: the rise of second wave feminism struggling for an increase of women in the labour force (Fraser, 2009); subsequent decline in men’s real wages; and the rise of material expectations of young individuals and families (Bardwell-Jones, 2010).

This development pushed back previous achievements by “externalizing carework onto families and communities while diminishing their capacity to perform it” (Fraser, 2016:104). Consequently, dualized organization of social reproduction is formed: commodified for those who can afford it and privatized for those unable. Both categories are not completely separated. In many cases, people from the latter provide paid services for those in the first category, mainly ‘two-earner family’ in which both spouses engage in the workforce.

For Fraser (2016:109), since “the defining feature of this regime is the new centrality of debt”, it is an important factor driving aforementioned developments. Primarily for Global North countries, “debt is the instrument by which global financial institutions pressure states to slash social spending, enforce austerity” (ibid.). On the other hand, “indebted postcolonial

³ I follow Parrenas (2008) who uses the words ‘social reproduction’, ‘reproductive labour’ and ‘care work’ interchangeably.

states subjected to IMF structural adjustment programmes (...) desperate for hard currency, some of them have actively promoted women's emigration to perform paid care work abroad for the sake of remittances" (ibid.:116).

Meanwhile for the working class, "as well as diminishing public provision and recruiting women into waged work, financialized capitalism has reduced real wages" (ibid.:114). This implies that, as "wages fall below the socially necessary costs of reproduction (...), continued consumer spending requires expanded consumer credit, which grows exponentially" (ibid.:112). Such developments have major consequences to workers across the social hierarchy. For more-privileged workers, indebtedness and increasing household spending leads to a two-earner arrangement which "rais[es] the number of hours of paid work per household needed to support a family and prompt[s] a desperate scramble to transfer care work to others" (ibid.:114). The similar effects of rising working-hour needed per household and the prevalence of dual-earner family also apply to poorer labourers, which compels some of them to seek jobs by caring for the household of higher-paid working class.

In the global level, this phenomenon leads to an emergence of what Parrenas (2001:69) calls 'servants of globalization' who act "not only to serve the needs of the highly specialized professionals in global cities but also to relieve women of their household work". The unequal development in the current world order affecting countries and groups of people in the specific ways explained above then facilitates the formation of an IDRL.

2.2 Towards an International Division of Reproductive Labour

This concept is introduced by Parrenas (2001:72) as she expanded on the notion of 'racial division of reproductive labour' developed by Evelyn Nakano Glenn in an international setting. The latter observes that in history, those providing paid domestic services and those purchasing this commodity were divided along racial and class line (Glenn, 1992). White upper-class women have historically freed themselves from reproductive tasks because "women of colour found low-paid waged work raising the children and cleaning the homes of 'white' families at the expense of their own" (Fraser, 2016:111). This division that initially happened within limited spatiality (local-national) then developed into a global scale. This is made possible as neoliberal globalization has created singular market of commodified reproductive labour in the similar way as it does to production sectors (Parrenas, 2001).

However, if in the past white (wo)men benefited from care work of others simply "as consumers and demonstrators of luxury and wealth" (Mies, 1986:120), nowadays, they take advantage from such an arrangement primarily because it allows them to engage in higher-paid employment and enjoy better life quality. The explanation below may demonstrate this:

"Households are said to have benefited greatly by the import of domestic workers. Family income has increased because the wife and other women members of working age are freed from domestic chores and are able to join the labor force. This higher income would normally result in the enlargement of the consumer market and greater demand on production and consequently a growth in the economy" (Licuanan in Parrenas, 2000:74).

This division resonates with Federici's (2004:63) conceptualization of "an accumulation of differences and divisions within the working class, whereby hierarchies built upon gender, as well as 'race' and age, became constitutive of class rule and the formation of the modern proletariat". Thus, if Rosa Luxemburg observes that in the past "capital needs other races to exploit territories where the white man cannot work" (Satrio, 2018:16), the situation is presently more complex. Territories exploited by capital through the labour of other races now include the private space in middle-class/rich households in which social reproduction

duties have been commodified. Another difference is that the ones benefitting from those others are now not only limited to white men, but also includes white women.

It is also relevant here to quote Mies' exclamation: "struggle against all capitalist-patriarchal relations, beginning with the man-woman relation, to the relation of human beings to nature, to the relation between metropolises and colonies" (1986:38). Hence, contemporary division of reproductive labour highlights hierarchies of racial, gender, and class relations in an international setting.

2.3 Global Care Chains

As part of a household, many MCWs also have care responsibility in their own families and for its members, particularly those left behind in their countries of origin. Thus, to fulfil it, they delegate the duties to other people, either unpaid relatives and kins or other paid labourers. Hence, as MCWs are situated in an IDRL, they are also connected with other people performing care in the mechanism later known as global care chains (GCC).

The concept was first coined by sociologist Arlie Russell Hochschild who defines it as "a series of personal links between people across the globe based on the paid or unpaid work of caring" (2000:131). Responding to rising commodification of care and internationalization of care service provision, this notion adopts the logic of global commodity chain first introduced and developed by World-System theorist, particularly Immanuel Wallerstein and Terrence Hopkins (Yeates, 2004b).

Similar to its predecessor, GCC tries to capture worldwide interconnected processes of production and consumption, "except that the commodity being traded in this case is care" (Yeates, 2004a). However, this does not necessarily mean that the concept is a simple equation of global commodity chain. There are some notable differences between the two notions as illustrated by Yeates (2004a:93),

"Global care chains concern labour-intensive reproductive services most of which are produced and consumed outside the market sphere, whereas global commodity chains refer to industrial products manufactured in the market sphere for profit. Not only is labour more central to care chains than to commodity chains, but while factories can be relocated abroad, the personal nature of care requires that labour be imported to the site of service deliver".

In the GCC, the worth of reproductive labour gradually decrease, as explained by Parrenas (2001:72),

"The value of family life progressively declines as care is passed down (...). Freed of household constraints, those on top can earn more and consequently afford better-quality care than can the domestic workers they hire (...). They [the domestic workers] in turn leave them [the family] behind (...) to be cared for by even lesser-paid domestic workers or unpaid female family members."

The classical version of GCC is used mainly to explain the care of Global South MDWs' children, typically illustrated by the image of "older daughter from poor family who cares for her siblings while her mother works as nanny caring for the child of family in rich country" (Hochschild, 2000:131). Even though such conceptualization "retains its usefulness because it links seemingly unrelated situations in geographically dispersed places and (...) reveals the highly unequal consequences of international division of reproductive labour" (Killias, 2018:6), this early version has been criticized for its limited application only to 'unskilled' MDWs, essentialization of motherly care to children, and restricted focus on emotional dimension of care. Considering this restriction, Yeates (2004b) proposes the idea of broadening this concept in several dimensions.

In terms of actors, it is important to take also other groups of MCWs from different occupational levels into account, such as professional nurses. Concerning the object of care, it is also essential to expand the discussion from the focus on childcare to also include care for parents, siblings, and extended family/kin. Some MCWs may not have dependent children, “but fulfil other care obligations towards their elderly parent(s) and/or other family member(s)” (Yeates, 2004b:81). Lastly, the idea of GCC should also include many dimensions of care other than emotional, such as educational, cultural, religious, and social care (Ibid.).

2.4 Migrant Care Workers at the Intersection

MCWs act in and respond to given conditions as persons situated and entangled in multiple identities, mainly race/ethnicity, gender, class, age/generation, and immigration status. The concept of intersectionality, an analytical approach developed mainly by feminist scholars, precisely tries to capture the complex totality of the social actors’ identities which influences how they are situated, what they can do and in what way under given circumstances, and how they or other parties perceive themselves. Therefore, their positionality cannot be reduced to a specific status group or identity (Amelina & Lutz, 2019).

Nancy Fraser noted that,

“After all, gender, “race,” sexuality, and class are not neatly cordoned off from one another. Rather, all these axes of subordination intersect in ways that affect everyone’s interests and identities. No one is a member of only one such collectivity. And individuals who are subordinated along one axis of social division may well be dominant along others” (2003: 26)

In the context of migrants, the reality is more complex since they live in multi-localities and interact with many actors ranging from fellow mobile migrants to immobile parties in the countries of emigration (family, relatives) and immigration (employers, local community, state officials). In such multiple settings, they deal with various dimensions situating them in different social positions within various hierarchical stratifications.

In this sense, intersectionality sensitizes the complexity of research subjects as it “recognizes the importance of context, the situated nature of claims and attributions and their production in complex and shifting locales, and the contradictory processes in play” (Amelina & Lutz, 2019:37). It helps to shed light that, for instance, a MCW may be part of a comfortable class in their place of origin but belong to a precariat group marginalized in the host country. As such, this study will explore MCWs’ subjective experiences situated by their multiple, intersecting identities in the IDRL and as part of a GCC. The next chapter will elaborate on the methodologies applied in this exploration.

Chapter 3 Methodology and Reflection

3.1 Motivation

As an AFES student, I did not start my MA programme with plans to do a research paper about care and migrant workers. However, my personal interest about this topic was stimulated by my academic and life journey in The Hague.

The Netherlands is relatively unknown as a destination country for Indonesian migrants, particularly those working in the domestic sector, since most of them go forth to East and West Asian countries. Thus, I was surprised to learn about the presence of quite a significant number of Indonesian MDWs during the first months of my residency in this country. I was first made aware of them through an Indonesian mosque in The Hague named Al-Hikmah, where many of its congregants are in fact undocumented MDWs. Since then, I established and maintained close tie with them as I regularly visit Al-Hikmah and periodically meet them during mosque activities.

My curiosity about this group grew along with my interactions with them, which led to my decision to do a study about Indonesian MDWs in The Netherlands. Besides a personal interest, this choice was also guided by my preference to work on a more grounded research topic where I had the access and opportunity to interact directly with research participants. I made this decision even though it meant that I had to go out of my academic tradition in agrarian studies and learn new things. During later stages, as I developed my research further, I also expanded the subject to also include other groups of care workers.

3.2 Methods & Data Collection

This paper adopts qualitative methods that “strongly argues the value of depth over quantity and works at delving into social complexities in order to truly explore and understand the interactions, processes, lived experiences” (O’Leary 2017:416). In so doing, it employs an ethnographic fieldwork which “means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them.” (Della Porta and Keating, 2008:28).

The primary data collection techniques in this approach are participant observation and open-ended semi-structured interviews (Della Porta and Keating, 2008). The purpose is “to gain an intimate understanding of people, places, cultures and situations” (O’Leary, 2017:417). In so doing, “ethnographers tend to immerse themselves within a culture for a significant period of time. They participate, and then reflect on their lived conversations and observations” (Ibid:425).

In doing participant observation, my main site was the aforementioned Indonesian mosque, which is a melting pot of various Indonesian groups, particularly undocumented migrants. Similar to what previous research about MCWs (Parrenas, 2001; Lutz, 2011) have shown, I found that a place of worship does not only provide religious services for migrant workers, but also serves as one main pocket of gathering where they feel safe and have relative freedom to build a community⁴. In this location, they spend days off or after-work time, share the stories, organize the events (lectures, praying together for members as a form

⁴ Its name is “Tombo Ati”, literally means ‘the cure of the heart’. It suggests that the community is intended to relieve the stress and burden that these migrants experience.

of solidarity, discussions of their rights), and circulate information related to job opportunities.

I am fortunate that since April 2022, I was granted a room in the house within the mosque complex to live in. In that place, I share a space with one male undocumented MDW in exchange of taking care of the buildings. This provided me with the opportunity to interact more with migrant workers, as some of them gather regularly in the complex after their work in the evening. During such moments, we had conversations and would sometimes also cook together. In addition, I also took part in their agendas in the mosque or outside (such as entertainment and sport events that they organized during the summer) and accompany some of them in their search for new employers.

Yasmine Soraya (see Appendix 1) also invited me to her office, Wereldhuis, and observe the activities that this NGO organizes, such as regular discussions regarding issues faced by undocumented workers and a consultation day in which migrants seek legal and healthcare assistance. I then decided to also accompany one Indonesian MDW I met during this occasion to a medical centre and served as a translator between him and the doctor.

Nonetheless, I realise that most of the MDWs I interacted with are relatively homogenous, particularly in terms of gender (male) and religious background (Muslim). I tried to compensate this issue by interviewing more female MDWs, including those belonging to another religious community (Christian) (see Appendix 1).

While an ethnographic fieldwork worked in relation to undocumented MDWs, I did not have the similar access to do the same regarding other Indonesian MCWs: au pairs and nurses. Thus, I relied only on interviews to gain information from them. In so doing, I employed snowball sampling through the help of gatekeepers. The first au pair participant was Ita, who was referred to me by Priyo, co-founder of IMWU (Indonesian Migrant Workers Union). Ita then connected me to her counterparts. Meanwhile for nurses, I had my first contact with Niken through the help of my colleague at ISS who is her relative. She then referred me to other Indonesian nurses.

A life-story approach was deployed in the interviews in which I asked about their profile, demographic background, trajectory and history of migration, life and work conditions, relation to employers and their family back home. Most interviews were conducted in-person and tape-recorded after oral consent was given by participants. As for au pairs, most interviews were done via phone calls in which I took notes during our conversations. To assure that the privacy and confidentiality of participants are respected, I use pseudonyms for almost all of participants mentioned in this paper, except for some activists from the union who agreed to have their names disclosed.

Apart from the MCWs, I also interviewed representatives of IMWU whose work deals mainly with undocumented MDWs. While most of the activists are Indonesians with legal residency and formal occupation in The Netherlands, the others are undocumented workers themselves. In addition to formal interviews, I also included information from informal conversations here after gaining consent.

3.3 Ethical Consideration & Positionality

One main challenge of doing ethnographic fieldwork is that since “the case is studied in detail, often by a long period of immersion”, there is a high risk “of the researcher him/herself becoming part of the situation under study” (Della Porta and Keating, 2008:14). I feel this circumstance applied to some extent in my case, especially in my relation to undocumented MDWs.

As a person interacting with them at the beginning as a sympathetic fellow Indonesian, then spending much time together over a period of months, I found it difficult both for myself and my participants to separate my position as friend and researcher. I even feel as if I am (regarded as) one of them: I was invited to join their WhatsApp and Facebook groups, and I am still always invited to take part in their agendas.

On the one hand, I think this relation is in line with scholar-activism, which challenges the idea of objective and distanced research and encourages active involvement with the issue studied and subject researched. However, I also realize that this close engagement also poses a number of challenges, especially regarding the issue of consent and data. Even though I have tried my best to be as open as possible about my position as a researcher, sometimes I feel that the participants disclose some information to me as an acquaintance, which most likely they will not share to a researcher. Thus, apart from asking confirmation if something is off the record, I also tried to be selective in revealing the information based on ethical consideration, especially some private stories considered 'taboo' in their community.

Another issue is regarding power asymmetry. In my case, however close my relationship with Indonesian MCWs was, I am still in a different positionality with them in the research. For example, during the fieldwork, I was asked to facilitate the regular biweekly meeting of MDWs, which exposed how I was seen as a graduate student with a knowledge authority. Many scholars have already reflected this uneasy dilemma which many social researchers face (van Voorst and Hilhorst, 2018). I personally do not have clear-cut solution to overcome this asymmetry, but I try to deal with the issue by having more dialogical processes with research participants as a form of co-production of knowledge.

Chapter 4 A Snapshot of Indonesian MCWs in The Netherlands

4.1 Undocumented MDWs

Due to their irregular status, it is not even possible to determine the early historical presence or the exact number of Indonesian undocumented MDWs in The Netherlands. However, it is said that the recent trend of Indonesians coming to work as domestics in The Netherlands started around two decades ago and rocketed since last decade (Priyo, 27/7/22). Now, it is estimated that around 2000 undocumented Indonesian migrants are spread mainly in The Netherlands' major cities (Den Haag, Rotterdam, Amsterdam) and approximately 70% of them are involved in the domestic sector (Mat and Kris, 6/8/22).

In the early 2000s, the MDWs came one by one through the assistance of relatives already living in The Netherlands. Since last decade, following the booming of social media (particularly Facebook), established workers would often share their 'success stories' on the platform, which consequently attracted more and more people willing to follow their path (Nani, 18/8/22). This, in turn, opened opportunities for 'fake' agencies to facilitate prospective migrants to come to this country. Most of current Indonesian MDWs enter The Netherlands through this channel. They have to pay in average 45 million Rupiah (\pm 3000 euros) in exchange of agencies' services. After the payment, agencies will apply for short-stay visa on behalf of those migrants-to-be and meanwhile, they are only requested to provide the needed documents and to be present during biometric recordings. After all requirements are completed, agencies will arrange everything related to migrants' departure and inform their clients of the exact date of their 'journey'.

Oftentimes, since the immigration procedure of The Netherlands (both in terms of visa application and upon arrival) is infamous among migrants for its strictness, many agencies apply for visas of other European nations (such as Greece, Hungary, or France) as entry points, then 'smuggle' the migrants into The Netherlands via those countries. Since last year, there is also an increasing trend of Indonesian factory labourers in Poland—the only European country providing legal means of entry for significant number of low-paid Indonesian workers—coming to The Netherlands to seek better salaries (Yasmine, 19/9/22). All of them are made possible by the Schengen visa regime. Once their short-stay visa period expires, they become 'undocumented'.

This model is completely different from migration processes passed through by Indonesian MDWs going to East and West Asian countries. The distinction affects the different profiles of Indonesian MDWs in aforementioned regions and those in The Netherlands. For the first group, formal agencies cover the initial expenses needed for departure to destination countries which will be repaid in instalments by migrants after they receive their monthly salary. This 'fly now pay later' system enables "poor rural women who lack the financial means to migrate to respond to the growing demand for their labour as domestic workers (...) abroad" (Parrenas, 2008:2). This is illustrated by several chapters in Hoefte and Meel (2018) and by the extensive ethnographic work by Killias (2018) in which she shows how poor women tea-pickers in a labour-sending village in Central Java are turned to be domestic workers in Malaysia, Taiwan, Hongkong, and Saudi Arabia.

However, such an image does not apply to Indonesian MDWs in The Netherlands. Since they have to cover their own initial expenses (which is a big amount for average Indonesians), either by their own savings or debt through collateral, they must belong to at least the middle-class in Indonesia and have a certain degree of financial or asset possession. In fact, most of

the MDWs whom I met were former professionals, entrepreneurs, or experienced migrants prior to their coming to The Netherlands (see Appendix 1). Some of them also have degrees from colleges. They seem to share high similarities with their Filipino counterparts. Parrenas observes about the latter that “migrant Filipina domestic workers, as shown by their high level of educational attainment, tend to have more resources and belong to a more comfortable class” (2015:44).

What motivated them the most to work in The Netherlands is the considerable income that this country offers if it is remitted to and used in Indonesia, by converting it to local currency. Most of them need to generate a substantial amount of money that cannot be met by working in Indonesia to cover high expenses, such as repaying debts, building houses, or (re)starting a business. Amir and Imas, for instance, used their initial salaries during the first years to repay loans after their businesses went bankrupt. Similar to them, Isah and Komariah allocated their wages to retake their family’s lands hypothecated as collaterals for debt whose some proportion was also used to fund their migration.

Upon their arrival in this country, they will seek jobs through various means. Some of them immediately find work through the assistance or ‘inheritance’ of their predecessors/relatives. In some cases, the first group also buy the jobs from the latter. But in general, undocumented MDWs struggle more by distributing printed advertisement in public places and in private houses. Since most of them are live-out domestic workers, they gain jobs one by one and work for many households (Yasmine, 19/9/22). Many of them also combine domestic jobs with works in other sectors, mainly in construction and restaurants.

For those specializing in domestic work with full jobs, in an active day they can work for up to two or three households per day, with each working time being about 3-4 hours. They receive around €10-15/hour and can earn from €1500 to more than €2500 in a month, depending on how many working hours and households they work for. Generally, they remit a major proportion of their income to family members back home.

4.2 Au Pairs

The au pair arrangement is depicted as a cultural exchange programme through which au pairs (usually young girls/women) are invited to live with the host family⁵ and both parties are expected to learn about each other’s culture. In addition to board and lodging, the hosts are obligated to provide pocket money for au pairs and sponsor their language courses. Different countries have different regulations regarding this arrangement. The Netherlands sets the age of au pairs to be between 18-30 years old and the pocket money to range around 300-350 euros per month. The contract of an au pair in this country lasts for one year (Au Pair World, 2022).

The facilities provided for au pairs are in fact not free gifts. In return, au pairs are assigned duties which “involve helping with childcare in the family (...) also light household chores” (Au Pair World, 2022). They are expected to do their tasks within a total of 30 hours in which “the working time should not exceed 8 hours/day, nor more than 5 days over the week” (Au Pair World, 2022). Considering this fact, it is not surprising that au pairs “should equally be regarded as a phenomenon of the private household labour market” (Lutz, 2011:11).

Indonesian au pairs generally are graduates from universities and have a career prior to their migration (see Appendix 1). Many of them pay around 8.5 million rupiah (\pm 600 euros) to agencies that connect a pool of au pairs with a pool of prospective host families.

⁵ Thus, most au pairs call (and regard) them as ‘host family’ rather than as ‘employers’.

Since this arrangement relatively does not benefit au pairs financially whilst they have to give up their previous job, one reason explaining why they are attracted by this programme is because au pairs see it as a steppingstone for further goals. They range from pursuing studies in a higher degree, obtaining a more settled job, to gaining residency status in the destination country. Thus, many of them do whatever possible to obtain their aims or at least extend their time to do so. This includes applying for another opportunity of being au pairs (Ita & Ine), marrying a local (Ine & Evi), or even fleeing from the host family and become overstayers (Yuni). Due to small amount of pocket money, au pairs tend to use it only for their own needs rather than remit it for their family.

4.3 Nurses/Caregivers⁶

Different from other groups of MCWs, Indonesian caregivers enter legally into The Netherlands, facilitated by a formal agreement between countries (Kompas, 2021). It is estimated that the coming of Indonesian nurses to The Netherlands has started since the second half of 1990s, as reported by Van Hooren (2011),

“There have been experiments with the attraction of foreign nurses (...) occurred primarily in the late 1990s, when the Dutch economy was doing well and labor shortages became a big problem in the care sector. Therefore, several hundreds of skilled nurses from South Africa, Poland, Indonesia, and the Philippines were employed in the Dutch care sector”.

This is illustrated by the record that in 1998 The Netherlands opened opportunities for 300 carers from Indonesia (Suwandono, et al., 2005). Since then, there is a constant flow of Indonesian nurses here (Aji, 25/7/22). In the past decade, together with carers from Europe, North America, Oceania, and Japan, Indonesian nurses make up around 9 percent of the total labour force in social care (Van Hooren, 2011).

If those situations become pull factors for many Indonesian nurses to migrate to this country, the conditions of the health sector in Indonesia should be taken into account as push factors. On the state level, “low formation and budget allocation to placement new nurses in public health care facilities” together with limited absorption capacity of private health institutions has left thousands of nurse graduates unrecruited properly each year (Suwandono, et al., 2005:10). On the nurse side, “low salary, lack of facilities and uncertainty of future career” in the original country are main reasons explaining why they rather choose to work overseas (Ibid:2).

This is exemplified by the case of Aji. After finishing nurse training program in The Netherlands in 2001 and going back to Indonesia to marry, he preferred to work in other sectors back home before finally returning to his old profession after returning to The Netherlands in 2010. “The salary you receive as a nurse in Indonesian does not suit the tuition you expensed in the academy, nor does this job guarantee you any career prospects in the future”, he says.

Thus, to reduce the burden of unemployment, Indonesian state actively channel its surplus nurses to work overseas, including to The Netherlands (Gusnelly, 2012). In relation to this, one representative of the government said, “The Netherlands has many job opportunities for nurses and caregivers due to the increasing number of its elderly population. This is certainly a good opportunity for the placement of specified skilled workers from Indonesia in the health sector” (Kompas, 2021). In fact, Indonesian government also has another motive in promoting the migration of its health professionals, as explained by Masselink and Lee (2013:91),

⁶ In this paper, “nurse”, “carers” and “caregivers” are used interchangeably.

While health workers leave some countries with little state involvement, the governments of other countries—such as China and Indonesia—promote the training of health professionals for overseas markets. The training for export model provides source countries with alternative markets for workers who cannot find domestic employment, and opportunities to gain revenue from migrant worker remittances. (...) The programme, established as a temporary solution to foreign debt and domestic unemployment, has become an institutionalized part of the country's economy.

Thus, besides redistributing the workforce in the health sector, the sending of nurses abroad is also a strategy of government to generate income to pursue balance-of-payment in relation to state's debt (Rosewarne, 2012).

4.4 Conclusion

The crisis of care in The Netherlands which in turn commodifies care necessitates the labour of migrants, as discussed in Chapter 1. This is seen as an opportunity by some Indonesians who respond to such a situation by embarking on a journey as migrant workers. This chapter provided an overview of various groups of Indonesian MCWs and different ways through which they are incorporated in the care sector.

Wage difference, government-backed programmes, existing presence of contacts and family members color MCWs' decisions to migrate to The Netherlands. Those are clear mainly for undocumented MDWs and caregivers. Whereas for au pairs, despite leaving behind careers in Indonesia for a short-term exchange programme with minimum financial benefits seems not promising, they see the opportunity to move to The Netherlands as a path towards a better future.

Among many motives, this study also found that indebtedness in all its forms is a significant reason pushing many MCWs to work overseas. This confirms what Fraser (2016) posits as discussed in Chapter 2 that debt and increasing material expectations, either at the level of the household or of the state, plays an important role in the migration of care workers. Debt is here not limited to consumer credit (as mentioned by Fraser), but includes productive business loans, as demonstrated by cases of undocumented MCWs whom I spoke to for this study.

While I do not have empirical data from the employers' perspective, it is fairly logical that debt also plays an important role in their economic choices. The Netherlands is among the countries with the highest household mortgage debts in Europe (European Commission, 2014). This seems to compel many households in this country to adhere two-earner arrangements in order to meet the standard of decent life. On the other hand, this leads to the transfer of care work to migrants.

Meanwhile in the case of nurses, the Indonesian government's active role in facilitating their migration, including to the Netherlands, could be linked to debt as well. Indeed, an indebted state may face budgetary constraints on the public services that in turn hinders full absorption of its work force. In this context, remittances from care workers are welcomed by indebted state not only as a mean to fund public provision, but also as one source of revenue for the state to repay foreign debt.

Phenomena mentioned above give hints on how economic disparity between nations in global capitalism—which manifests, among other, in the form of wage differences and state indebtedness—leads to different positioning of people from different regions in the international division of reproductive labour. We will focus on the experience of Indonesian MCWs in this topic in the next chapter.

Chapter 5 Indonesian MCWs in The International Division of Reproductive Labour

5.1 Undocumented MDWs

One reason explaining why many employers choose to employ undocumented MDWs is the fact that they can do the same domestic tasks as those done by *'witte werkster'* (white maid) at a comparably cheaper price and simpler arrangement. If employers have to pay between €14-20/hour for services provided by 'legal workers' plus a matching fee of around €35 to cleaning companies channelling those 'white' domestic workers, they only spend €10-15/hour for undocumented MDWs⁷. In addition, employers also need to consult a tax specialist in case they want to employ a registered 'maid' more than three days a week⁸.

Apart from those reasons, precisely the illegal nature of these MDWs that makes them relatively preferred by employers. Their status conditions them to be flexible labourers without formal contract which guarantees their rights by law. Thus, employers do not have any binding obligation to pay them salaries whenever members of the household go away for a long time, for example. For many MDWs, the months from July-August is the period when they have less jobs and receive less salaries as many employers go for summer vacation (Nani, 18/8/22). The 'bosses' are also free from paying social insurance and tax for their employees. On top of that, the work relation is very flexible. Employers can terminate it unilaterally whenever they want to. As reflected by Lutz (2011:187), "for employers, this illegality is a resource because it means that labour-power can be purchased cheaply and that domestic workers are dependent upon these earnings".

However, this arrangement is not without risk. The government clearly states that "An employer who employs one or more foreign nationals without the necessary work permit risks a heavy fine: EUR 8,000 per illegal worker" (Netherlands Labour Authority, 2013). For migrants themselves, they risk being detained and deported upon being caught. Interestingly, many state officials tend to close their eyes on the enforcement of this regulation. Some of them even benefit from employing undocumented MDWs.

Sahel, a male MDW acquaintance, tells me that he works mostly at police officers' households. Other MDWs informed me that their employers include state officials and members of Dutch upper class. I also found many MDWs working in big houses in Wassenaar which is known as a residential area for the elites and rich expats. This reveals the contradiction of neoliberal migration management, in which labour market flexibilization and deregulation creates increased opportunities for illegal immigration and working, but the waves of migrants in turn compels the state to restrict their immigration policies (Overbeek, 2002).

Both Indonesian male and female migrants work as domestic labourers in The Netherlands. However, the nature and character of their work are different for both genders. The male MDW can combine domestic work with jobs in other sectors (which are widely considered masculine work requiring physical strength) such as in construction and restaurants, while women's work is restricted in reproductive sectors. On the other hand, the opportunity to work as domestic labourers is greater for women. Many participants say that gaining full jobs in this sector is easier for females than for their male counterparts.

⁷ <https://www.helping.nl/boek-schoonmaak-online-en?city=the-hague>

⁸ <https://www.xpat.nl/expat-netherlands/living-in-holland/household-help/>

This has to do with the fact that reproductive duties assigned for women are more varied and flexible. Meanwhile male MDWs generally only do cleaning and ironing. This enables women to work in fewer households but for longer hours. Many of them even work in one household for a couple of days a week to do various tasks, while male MDWs often have to find different employers for each day. That difference is demonstrated by distinct advertisements between female and male domestic workers below. While the first, made by a female MDW, offers cleaning (*schoonmaakster*), cooking (*keuken*), babysitting and childcare (*oppassen van kinderen*), the second by a male MDW only provides housekeeping service.

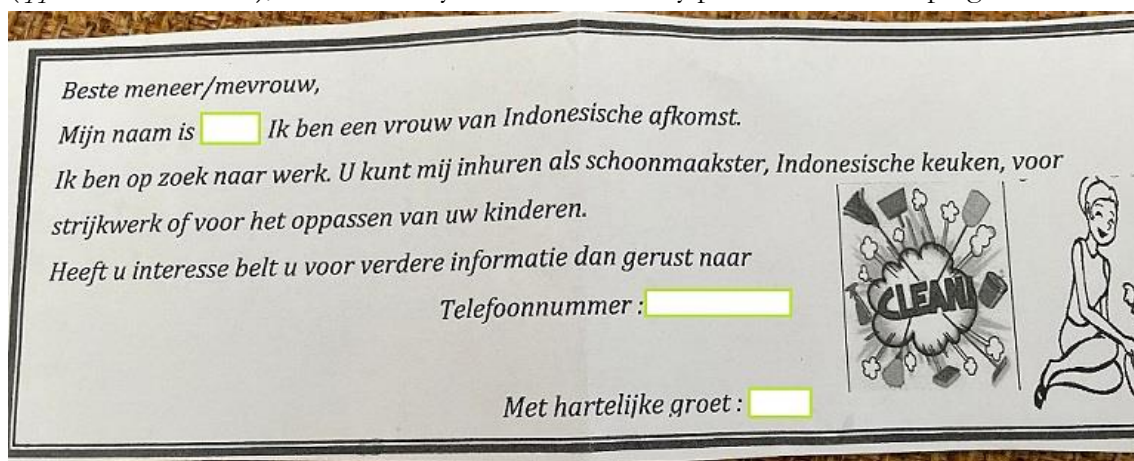


Figure 2: Advertisement of Indonesian Female & Male MDWs

The illustration above shows that the participation of male workers in the domestic sector does not (yet) suggest neutral gender images identical with this job. It also confirms the quantitative study by Gheasi, Nijkamp and Rietveld (2014) on undocumented MDWs in The Netherlands revealing that “the gender variable is statistically significant and (...) women are better paid (...) in this industry, probably due to the fact that domestic work is considered woman’s job”.

Despite generally MDWs do not face significant challenges in their work, they emphasize the low prestige and unpleasant nature of their profession. Amir, one of them, stated

“In paid domestic service, the biggest challenge is not physical work, but managing your own emotion. You have to be submissive before your employers, hear their complaints and perform what they ask without argumentation. You could feel humiliated sometimes, especially if you had prestigious position back home. Consequently, it also lowers the self-esteem, not only of yours, but also your family’s. The first time my wife knew my position

here, she lamented, because in Indonesia we are employer of domestics, not *baboe*. Whenever people in my village ask about my profession, she keeps silent. She only wants people to see the outcome of my job in the form of house and business that I build”.

Saridin, another male domestic worker, frequently said to me: “we are only *baboe* who earn money by cleaning other people’s closet”. Many of them use the word *baboe* when describing their current situation. To me, it is interesting. Besides highlighting their demeaning jobs—by equating themselves with the figure of *baboe* in the past (see Chapter 1)—it also indicates their awareness of the unequal relations in the matters of IDRL which situate them in an inferior position vis-à-vis their employers. Even though they no longer frame it as colonized-colonizer relations, they do feel and embody asymmetric power relations between people of metropole and migrant workers coming from the Global South.

5.2 Au Pairs

“I felt as if my world was inverted”, Evi began her narrative. “I applied to the program via an agency named Full Hope. However, in the first months of being an au pair, I felt hopeless”, she continued. Evi’s former host family is a prestigious household that consisted of a father who is a prominent lawyer, a mother working in parliament, and three children (one teenager girl and two kids). Despite their high status, they only paid Evi €450/month—slightly more than minimum pocket money for au pair in The Netherlands—with the agreement that she agreed to work more than the maximum working hours set by the regulation (30 hours/week).

“Sometimes I worked for them up to 12 hours in weekdays, from 7 in the morning to 7 in the evening”. Her duties ranged from preparing breakfast for kids, tidying up the beds, cleaning the house, to picking up the kids from day-care (*kinderopvang*) and playing with them while waiting their parents to come home from work. Sometimes, she was also asked to cook for the family.

Even though on paper au pairs should not be burdened with heavy household chores, in fact many of them are assigned those responsibilities (Ita, 23/8/22). This phenomenon, it turns out, is not a special case. Lutz observed similar cases of au pairs in Germany and concludes “in practice, little effort is made to check compliance with these rules, which are therefore rarely adhered to. Au pair programmes have developed into a flexible live-in labour market” (2011:96).

In addition to long working hours, what stressed Evi the most was the way her host family treated her. “They set strict rules for me as if I was a worthless other. I was placed in a room outside the main house. Since there was only one bathroom, they complained if I used it multiple times, meanwhile they let their daughter spend hours in the bathtub. The most inhumane treatment was that they did not allow me to use the toilet in their bathroom during the night. Thus, I had to void in a bucket in my room and clean it in the next morning”.

Evi also uses the term *baboe* when referring to how her host family treated her. She recalls further images of Indonesian *baboe* in the colonial time who were conditioned to be submissive and inferior before their master. By revoking this term, she depicts that the IDRL which places her in a subordinate situation does not simply imply different position in the distribution of reproductive work, but also suggest further processes of othering, silencing and reaffirming subservient character of people of colour doing domestic work as a part of a subaltern group.

This is true despite the trend in recent time to recruit migrant domestic workers that have certain similar features with their employers, as Lutz (2011:189) describes

“Domestic employees are selected on the basis of their ethnic difference, but their otherness should not diverge too dramatically from the employer’s own lifestyle and communication style. There is, in any case, a striking preference for well-educated women who belong to the middle class in their country of origin”.



Figure 3: Illustration of *baboe* (right) in the European household during colonial time
(Source: Tropenmuseum Collection)

While most Indonesian undocumented MDWs have relative freedom due to their live-out character and trade union they have, au pairs are more vulnerable to severe exploitation. Being a live-in MDWs makes them attached and dependent to their hosts most of the time. They also lack any support systems in the form of communities that are concerned for their conditions. Even if they mingle with fellow au-pairs, they usually spend time only to hang-out together to relieve stress.

Thus, in both cases, I learned that residency-workplace arrangements (live-in/out) and community support can play a more significant role than the legal status. As Haile & Siegmann (2014:109) puts it, “live-in migrants in The Netherlands—even when their status is regular—have been identified as the category of domestic workers most likely to be exploited”. Actually, au pairs have a right to ask to be rematched to another family up to three times in cases of exploitative hosts. However, many au pairs are not aware of their rights. Even if they know and try this option, they face complex bureaucracy. Thus, many choose accepting their existing conditions until the end of their contract period (Ita, 23/8/22).

Not all Indonesian au pairs whom I interviewed shared Evi’s experience. Ita and Ine, for instance, said that they were happy enough with their host family. However, Ita also stated that it was only a matter of luck that she got such a fair host who respected the regulation and clauses of agreement. She is not blind of the fact that many other Indonesian au pairs experience severe exploitation. Interestingly, even though Ita recognizes that her work condition was better than that of her fellows, she learned recently that she was actually also exploited to different degree. This awareness came after she had regular work in The Netherlands,

“When I started working and received my salary, I reflected upon my experience as an au pair. I then realized how low I was paid to do care work under the guise of pocket money. I imagine that if my host family employed registered carer, their expense could have been far greater. Now, I can say that this program is actually a cheap labour arrangement”.

Thus, even au pairs with better fortune realize that they are still situated in unequal position in the IDRL and thus benefit the employers the most.

5.3 Nurses/Caregivers

Even though do not constitute a major proportion of MCWs in Dutch elderly care (Timmerhuis, 2012), Indonesian caregivers are constantly present in the labour market over decades. This seems to have to do with historical ties between the two nations. Some Dutch senior citizens are of Indonesian descent, born in Indonesia, have experiences of living in Indonesia as a former colony, or the second generation of returnees from Indonesia. It is noted that

“Between 1945 and 1962, almost 300,000 Dutch citizens came from Indonesia. (...) More than 60 per cent of these so-called repatrianten (‘returnees’) were born in the former colony and were often of part-Indonesian descent” (Bosma, 2012:9).

Recently, it is estimated that “around 800.000 Dutch people in 4 generations have Indo-European roots” (Utomo, 2020). This may be why many of those representing an older generation of Dutch people feel more familiar with Indonesian nurses compared to those from other countries (Gusnelly, 2012).

Different from previous groups of MCWs who do dirty, demeaning, and undervalued jobs, thus receive low salary, and are relatively marginalized in the host country, Indonesian nurses are considered as skilled labour with quite esteemed jobs. Van Hooren explains this type of worker as follow,

“the social care workforce in The Netherlands is highly educated, there are more career opportunities and pay is relatively good compared with wages earned in other sectors (...) Moreover, collective agreements (...) guarantee minimum wage levels and employment conditions for all employees in the sector” (2012:142).

Due to their legal status, they also receive more privileges in terms of residency and work permit. They are allowed to sponsor the unification with family members and combine their work with other occupations. Niken, for instance, is now active as a lecturer in a nurse academy. Meanwhile, Idris runs an Indonesian restaurant with her wife apart from his job as a nurse.

However, as migrant workers, before enjoying such rights, Indonesian nurses have to pass training period when they also experience the status as cheap labour. Many of them entered The Netherlands through a mechanism entitled International Nurse Training Program (INTP) which later changed to International Healthcare Training Program (IHTP) (Gusnelly, 2012). This programme was organized by care providers in The Netherlands in cooperation with agency in Indonesia recruiting the nurses (Aji, 25/7/22). Van Hooren (2011:135) notes that “several organizations reported to have actively recruited foreign workers. One attracted Indonesian and Polish workers. Another one had a project involving nurses from the Philippines”.

For 15 months, the nurses were trained in Dutch language and more practical topics. They are placed in care facilities for 4-5 days a week and gathered once a week in the class to discuss problems and challenges they face in the practice with trainers. Since the programme was framed as training, the nurses received income as trainees during that period. “That

amount only sufficed our living cost here. We had to be economical if we want to remit the money in small amount, let alone inviting our family here”, said Aji (25/7/22).

The training organized in the host country is in fact only to prepare the nurses to adjust with a new setting of Dutch care facilities. The basic nursing skills and medical knowledge were already studied by them in the academy back home. Thus, the biggest cost of educating such professionals is still “borne by poorer countries to the advantage of richer Northern ones” (Raghuram, 2009:28). By bringing in nurses from Indonesia, The Netherlands gains vital skills with low investment in their human capital (UN Women, 2017).

On the other hand, the negative effects of this healthcare labour migration are mostly externalized to the original countries, as Raghuram (2009:28) indicates, “the erosion of human capital has a direct impact on the provision of welfare and can be measured in terms of falling health indicators in sending contexts”. In fact, Indonesia—together with Bangladesh and India—in fact is among Asian country with greatest absolute need of healthcare professionals (Raghuram, 2009). However, due to the need of hard cash, this country promotes their migration.

It is also important to bear in mind that even though Indonesian nurses benefit more from the opportunities and privileges granted by The Netherlands (compared to other group of MCWs), they also contribute more to the national economy through the taxes and social contribution they pay, such as income and housing taxes, and social and pension funds. Some of them also prefer to invest their income by establishing business in The Netherlands, as exemplified by the case of Idris. Considering these facts, some institutions even argue that MCWs commonly contribute more to the host country than what they take in benefits (UN Women, 2017).

Thus, it would be misleading if we consider them as completely equal to the host society. Indonesian nurses are still migrants who have to undergo certain adaptations through training to be able to be recognized and assimilated in the receiving country. We need to also be mindful that their insertion into care sector is for the advantage of The Netherlands in the first place. The nurses are incorporated, thus, to serve the local labour force in the IDRL and ensure that the latter can engage comfortably in the productive sectors which have greater contribution to the economic growth without worrying about their social reproduction.

In the subjective level, maybe they do not experience the same degree of suffering out of inferiority as what other MCWs endure, demonstrated by the latter’s self-identification as *baboe*. However, in the workplace, sometimes their identity as migrants comes up and highlight their unequal position vis-à-vis the local clients. On such occasions, for instance, some patients or the family file complaints because of the nurse’s less-fluent or less-clear pronunciation of Dutch, emphasizing their status as non-native (Mimin, 8/10/22). This shows that the issue of ethnicity and cultural difference of the nurse still matters in their situation in the IDRL.

5.4 Conclusion

This chapter tried to show the situation of Indonesian MCWs in The Netherlands—informed by the intersection of their multiple identities—in the IDRL through their experiences.

Similar to the international division of labour in industrial production, the IDRL is built upon “the existence of reservoir of cheap labour” from large parts of the Third World (Overbeek, 2002:76). As this chapter has demonstrated, Indonesian MCWs are incorporated in The Netherlands’ care economy mainly due to their cheap service. Even if

healthcare professionals are relatively well-paid, the cost that The Netherlands expenses for their labour is cheaper because it invests relatively little in their human capital.

To ensure the availability of care labour at a relatively low price, the IDRL creates “structural relationship of inequality based on class, race, gender, and (nation-based) citizenship” (Parrenas, 2001:73). Thus, the vignettes presented here show that those employed for care work are mainly migrants situated in lower positions within the social hierarchy due to their identities. Various groups of Indonesian MCWs discussed here also show how different status affect them differently.

For undocumented MDWs, their illegality and lack of material possession (class) condition them to be inferior before their bosses. Ironically, those are the same reasons explaining why they are preferred. In that situation, the employers can have relatively loyal domestic workers in flexible arrangements that do not bind the first to certain obligations. Gender plays a major role in determining what sort of jobs are available for MDWs.

Whereas for au pairs, their legal status does not seem to prevent them from being severely exploited. The live-in work arrangements that they have to go through, together with the fact that most of them are women from the Global South who lack any support systems in The Netherlands means that they are oftentimes situated in a subordinate position vis-à-vis their hosts, who mostly consists of white middle-class families. In addition to racial and gender factor, the case of au pairs also represents a classic form of exploitation based on the young age. Thus, generation is also a key issue here. Since au pairs are framed as ‘big sisters’, they are expected to perform the filial duties out of moral obligation in the family (Hess & Puckhaber, 2004). By this logic, the small amount of pocket money they receive in return is something that they must be gratitude for rather than complain about.

Meanwhile, Indonesian nurses are more fortunate. Due to their valued occupation, they are relatively able to live a decent life of an expatriate. However, it does not necessarily mean they are seen as equal by locals. Their identity as migrants is still pertinent and influential in determining their position within the IDRL to support national workforce.

Chapter 6 Indonesian MCWs in The Care Chains

6.1 Undocumented MDWs

This section will begin with discussion about care chains within this group's community before expanding the topic to a larger scale.

Undocumented migrants usually go alone to The Netherlands at first. After having settled jobs and getting enough salary, some of them choose to invite their spouse to also work here. In other cases, it is not uncommon for unmarried or divorced migrants to find spouses among fellow migrants.

As already mentioned in the previous chapter, jobs available for undocumented women migrants are limited in the care sector. Even they are more preferred for this work, implying that opportunities and the rate of salary are better for them. Thus, in the case when a migrant couple has a child, usually the women are encouraged to keep working, since they are paid on work basis without the right of maternal leave due to their undocumented status. This does not mean that the care duties are then passed to the father. The gender norm positioning them as breadwinners motivates them to also engage in the paid work. Thus, the dual-earner arrangement is also formed and adhered by migrants in this context.

In such a case, the couple will transfer their care responsibility to other undocumented MDWs. Since most other women MDWs prefer to work to local households in the Netherlands with higher salary (and as mentioned, the job opportunity in this sector is greater for them), those caring for fellow migrants' children are usually new-coming male migrants who do not yet have stable jobs. If each of the couple's members can earn up to 15 euros/hour, they commonly pay their 'helper' a third of their salary, around 5 euros/hour.

This phenomenon adds the nuance of care chains concept. Previously, Parrenas (2001), has shown how Filipino MDWs hire lesser-paid domestic workers in their original country to care for their left-behind families, so that they can manage to work overseas. In aforementioned cases, the option of having a lower paid care worker and the decline of value of commodified reproductive labour can be found even among the migrant community itself living in the host country.

However, not all migrant couples have or bring children with them to The Netherlands. Many others leave them back home in their countries of origin. In this case, the children are usually cared for by extended family members, mainly grandparents or uncles/aunts. The migrants will support them financially through the remittances they send. Interestingly, I found that it is the maternal kin who perform this responsibility in most cases.

This seems to stem from traditional division of gender roles within family which positions mother as carer while father acts as breadwinner. From this point of departure, the migration of men is considered normal, while the nurturing mothers are idealized to stay at home. However, when the latter migrates, thus unable to perform her responsibility of care work, it is her duty to delegate it to her family, not to the father's relative.

The same trend of entrusting children to the maternal side of the family also applies to other women migrants, regardless of their marital status (married, divorcee, or widowed). Apart from the reason that care work in the family is originally the mother's tasks and her family acts as her substitute and representation, it also results from similar

gender norms positing that men with their masculine character are unsuitable to perform reproductive work.

Imas, a divorcee, for example, states that “if care responsibility is put upon husbands, the family can fall apart (*berantakan*)”. Reflecting on her own experience, Imas thinks that men tend to prioritize their own interest, while mothers will sacrifice even herself for the sake of the children. She narrates,

“I was suspicious, why even after my debt was settled, my ex-husband kept encouraging me to stay working in The Netherlands. Turned out he cheated on me. What angers me the most is he used the remittances from me to have an affair with another woman. How can I entrust my children to be cared and educated by such a man without good attitude like him, then? Fortunately, they are safe now, living with my parents”.

Even when the children live with their father, a significant proportion of parenting responsibility is still performed by migrant mother from afar. This is exemplified by Isah, a married woman MDW. Even though her children live with her husband, she is the one who mainly gives them affective care, hear their stories, and advise them in many aspects of their life. This illustration seems to resonate with what Parrenas (2008:83) observed in the case of Filipino MDWs,

“Fathers stay out of the picture, often avoiding any nurturing responsibilities (...) or, if around (...) by never asking about their emotional well-being. Not surprisingly, children often rely on migrant mothers for emotional support before their fathers. They also turn to other female kin before their fathers”

For male migrants, the issue is simpler. Their migration fits ideal image of fathers as breadwinners. Thus, it is easier for them to rely on their wives to maintain the household and take care of the children.

However, being separated from the beloved ones is always uneasy, either for female or male migrants. On several occasions during my interviews, many of them—regardless of the gender—wept when the discussion came to the topic of their families. They feel trapped in dilemma between the responsibility to care and love directly and the need to provide for their family materially. This is very true particularly for single parents. Komariah, a widowed, for instance, told me how hard it was for her to decide firmly whether to migrate—with the consequence of leaving her children—or stay—implying she does not have stable secured income to fund her family’s needs.

Even though in the end they decide to migrate, MDWs are aware that material provision cannot compensate for their absence. For many of them, being physically present in the middle of their families is not only a matter of performing emotional care to nurture children’s affective well-being, but also to build noble characters, educate their children on moralities and ethics, and teach them manners and attitudes. For those purposes, parents are expected to pay attention and monitor their children, and be ideal role models for them. Amir, one figure of a patriarchal father, frequently laments to me, “As a father, I feel guilty, since I cannot do the same as what my dad did for me when I was child”.

Nonetheless, in the parenting task, the biggest moral responsibility is rested upon caring mothers who are idealized to guide the children. Thus, Komariah is extremely sad upon hearing that her child is involved in juvenile delinquency. This only added to her confusion of whether to stay in The Netherlands or go home to her village. “One thought keeps coming in my mind: what is the meaning of me working here for my child if he does not grow properly due to the absence of a parent guiding him?”.

Sharing a same concern with Komariah, many migrants I talked to, especially mosquegoers, rather choose to entrust their children to *pondok pesantren*. It is a religious boarding

school model where the students live in a complex and have restricted access to the world outside, from gadgets, and from internet during active school days. Isah, one of them, argues,

“We are now in moral decadence era. This is particularly true for the younger generation. You see they lack respect to the elder, wear immodest clothes and dance improperly in TikTok. Thus, it is important for us as parents to save (*membentengi*) our children from such bad influences. Even if we live in Indonesia, we cannot survey and control our children 24 hours a day, especially considering the pervasive effect of internet. Hence, by entrusting them in *pesantren*, at least they are distanced from those online threads and be in good milieu, so that they can nurture a good character and focus on their study”.

This quote and previous illustrations show that for migrants, care is not limited only to emotional aspect. In fact, they are concerned also with other types of care, particularly educational, social, cultural, and religious care. This finding echoes what Yeates (2004b) argues that the range of care in the concept of GCC should be expanded to encompass various spheres of care.

6.2 Au Pairs

Unlike previous studies, such as those by Sollund (2009) and Bikova (2017) which discuss the issue of GCC in the context of Filipino au pairs in Norway, I found difficulty in seeing a direct connection between the topic of GCC and the Indonesian au pairs whom I met in The Netherlands.

This has most likely to do with two differences. First, many au pairs in those studies left the responsibility of care for their children or ageing parents upon their migration, whereas almost all of my au pairs interviewees are single young women, relatively without care responsibilities when they joined the program. Second, the pocket money set in Norway is higher than that in The Netherlands (5600 NOK, equal to around 550 EUR) and used by many au pairs in earlier studies for remittances, while none of my interviewees channelled it for such purpose. I only found one au pair (Ita) who was married and divorced at a young age and left one child in the company of her parents when she became an au pair.

However, it would be useful to see their link with the GCC from another point of view.

Indonesian au pairs are generally aware that they are expected to care for their parents in old age. On the other hand, they also realise that being a female in their traditional society and marrying a man from their own community means their relative dependence on the male spouses⁹. This implies that they may lack freedom and means to support their parents and extended family in the future. Thus, by migration, they desire to escape from such a gendered role and gain independence, at least temporarily, for the sake of their family in the future. Yuni, who is an undocumented worker now after finishing her au pair contract, states

“In part of traditional Bali where I came from, women barely have an opportunity to be financially independent. Because once you are married, you only become a housewife and your male spouse’s dependent. In such a condition, you cannot support your own parents and family materially. I do not want that. So, I am working now to collect assets and properties, before my parents are old enough. Thus, even though I leave them now, it is for our wellbeing, because it allows me to care for them better in the future when they really need it”.

⁹ Up to now, non-heteronormative family is considered deviant in Indonesian societies.

I found similar reasoning from other au pairs, that the migration is not only for them to pursue their own goals, but also a way to provide better care for their parents in the future. By studying or residing (including through marriage) in the host country, they have bigger chances of getting better employment with higher salary which they can use to support parents and families back home. And to reach that point, being an au pair only serves as a steppingstone as already discussed in previous chapters.

Interestingly, they understand care mainly in the sense of material provision through remittances. Seen from this perspective, it is possible to argue that the idea of GCC perhaps does not apply directly to many Indonesian au pairs in The Netherlands, since those I talked to did not leave behind any care responsibilities for children and parents, nor do they contribute to the care of left-behind family during their contract period. However, this programme facilitates the formation of GCC in the future as many au pairs pursue further objectives in the host country while remitting for caring for their family back home, either to financially support parents, siblings, or extended family, including in health and education, “because education will (can) contribute to improving living conditions, remittances can also be perceived as indirect care” (Sollund, 2009:119).

6.3 Nurses/Caregivers

“Although the salary as a nurse is quite good, it is still insufficient to cover all expenses of my household in this country if I am the only one working”, Aji answers my question about why his family does not reside with him in The Netherlands. “The issue is that my wife already has a job back home and I cannot guarantee the work for her here”, he continues. Thus, despite having an opportunity to invite their family members, not all nurses choose this option, at least during earlier stages of their migration. Idris, for example, left his family in Indonesia during his first five years in The Netherlands. After having a plan to run a restaurant with his wife, he just got the courage to invite them. In such cases, usually the wives left behind in Indonesian are responsible for taking care of children.

Interestingly, I only found male married nurses who left their families back home. I do not know any married female nurse that does the same. Most likely this has to do with gender ideology within households, which regards migration as normalised for the male breadwinners, but not for the female motherly figure. This is quite different from previous group of MDWs. Even though still considered a departure from the ideal, it is more common for female in those group to migrate alone and become MDWs.

For many other caregivers who are married to fellow nurses or working spouses, they have nuclear family life in The Netherland. Thus, GCC issue for them particularly is related to the care for elderly parents or extended family. This is very true in the context of Indonesian societies that are characterized by strong values of filial piety (Chan, 2017). Framed mainly in cultural and religious terms, the children performing care for their parents are regarded as ‘dutiful’ (*berbakti*), meanwhile those unwilling to do the task are considered ‘ungrateful’ (*durbaka*) as they do not repay the love, attention, and care that their parents gave them during their own childhoods. Consequently, many people, including Indonesian nurses are haunted by “guilty feeling, that you've betrayed your parents if you don't care for them until they die” (BBC, 2013).

To compensate their physical absence and inability to care for their elderly parents, Indonesian caregivers usually act as material providers for their needs, while direct care is usually performed by other children—their siblings. This division of labour of elderly care is used mainly by Indonesian nurses to reconceptualize the idea of care and filial piety to justify their situation. They frame their role as not less important than what their siblings do back

home in Indonesia since elderly care also needs material support. By affirming this, they argue that their migration for the sake of family is also an act of care (Niken, 16/9/22).

Nonetheless, such a justification does not prevent them from emotional suffering due to the fact that they care for other people's parents while leaving their own back home. Many of them cope with this feeling by transferring affection for their parents to their patients. In this regard, Mimin explains,

“The situation of the patients may be similar to that of my family. Many of them endure great pain of being separated from their environment and children. I imagine, it is just the same that my parents may feel. Thus, I treat my patients as if they are my parents. Besides relieving their loneliness, in fact I do that also to overcome my own longing and guilt for being unable to care for my parents directly”.

However Indonesian carers are still more fortunate compared to their undocumented counterparts. Their legal residency status and surplus financial possession grant them the ability to travel and visit their left-behind family regularly. Thus, they usually spend their break or leave period once or twice a year for that objective. This also conforms with the cultural values of many Indonesian societies expecting that in-country migrants should visit remaining parents periodically. In contrary, after their parents die, they no longer have a moral duty and strong reason to return to their hometown occasionally.

6.4 Conclusion

This chapter discussed how the migration of care workers from Indonesia to The Netherlands leads to the formation of GCC. In addition to what previous studies have shown, this paper captures that care chains not only connect MCWs with family members or other local care workers in the place of origin, but also link fellow MCWs in destination country where some of them provide care work for the others. Another notable finding related to this topic is the involvement of men in the GCC, not merely as financial providers, but also as active carers, as the case of undocumented MDWs demonstrates.

Confirming what Parrenas (2001) posits, the worth of care work relatively decreases along the chains. This even applies in the transfer of caretaking within the community of migrants in the host country, in which MDWs delegate their childcare task to cheaper MDWs. Following Yeates (2004b), this study also expands the analysis of care chains from its initial version which focuses on motherly emotional care. As shown in the chapter, migrants have a range of different family roles which assign them various care responsibilities. By taking this into account, we are able to see varieties of care chains, particularly care for parents and other family members back home.

Clearly demonstrated in the case of undocumented MDWs, for many MCWs, care is not only a matter of affective emotion expressed in actions. It also deals with the social-cultural, educational, and religious upbringing of their offspring. This chapter also indicated how multiple identities, particularly gender and generation play important role in the GCC, connecting MCWs with the family in the home country.

Chapter 7 Conclusion

This paper aimed to address the question of what can the experiences of Indonesian MCWs in the Netherlands, informed by their multiple identities, tell us about their situation in the IDRL and GCC. In doing so, this study examined different narratives of various groups of MCWs.

Beginning the discussion by providing some contextual background and conceptual framework, this paper showed how a number of processes at the global and national levels lead to a crisis in the care sector of the Netherlands. The ascendancy of financial-neoliberal capitalism, the reduction of the (family) wage's real value, increasing household debt, escalating aspiration for women's participation in the labor force, all contribute to the formation and prevalence of the two-earner family model with significant working hours. These conditions compel many households to transfer social reproduction tasks to other people. It is migrants that commonly fill the gaps.

As a former colony of The Netherlands, Indonesia has been a traditional 'supplier' of care workers to this country, despite a number of ruptures after independence. As this trend grows and expands in recent time, an IDRL between the two countries is solidified. This objective condition then manifests and can be subjectively 'grasped' by Indonesian MCWs through their own experiences which are different for each group.

By abstracting cases presented in this study, several takeaways can be made regarding the topic of IDRL. First, the IDRL for the most part is classist, racialized, and gendered. This is because such a division relies on 'cheap care' (Patel & Moore, 2018) made possible by "structural relationship of inequality based on class, race, gender, and (nation-based) citizenship" (Parrenas, 2001:73). In the case of undocumented MDWs, their submissiveness come particularly from their difference vis-à-vis the employers in terms of class, ethnicity, and residency status. All those factors situate them as 'receivers of burden' in the international transfer of caretaking (Parrenas, 2001).

Indonesian au pairs share similar experiences of inferiority. Their age, gender, race, and residency-workplace arrangement trap them in multiple subordinations against the background of what Mies (1986) termed 'the capitalist-patriarchy setting'. This renders their position more precarious compared to previous group in the IDRL despite their high educational attainment, comfortable class status back home, and legal residency status. Meanwhile, the privileges that Indonesian nurses/caregivers enjoy do not negate the fact that as migrants, they are incorporated in the IDRL to fill the gaps of care in The Netherlands.

Second, in the IDRL, many MCWs experience what Parrenas (2001) calls 'contradictory class mobility' or 'inconsistent social class in the labor market'. In The Netherlands, they can be classified as lower working-class maintaining the households of their employers—mostly higher-paid labour force. On the other hand, the salaries which they remit are widely used to establish and expand family business back home. This implies an elevation of (absent) MDWs in the ladder of social class and a shifting of their position in the social relation of (re)production in their place of origin, since they are employers in this setting. Thus, they are situated in different positionalities across different localities of sending and receiving context. This fact, in turn, complicates the idea of "class" which mainly in Marxist political-economy is premised as relatively fixed and stable in one timeframe.

Third, the IDRL stems from a broader uneven development within transnational capitalism. Wage differences that motivate undocumented MDWs, promising careers that attract nurses/caregivers, and the prospects of better live(lihood) in the future that encourage

the au pairs' participation in the programme; all demonstrate inequality between two countries due to the colonial and capitalist character of the current world system. At the subjective level, an awareness about that seems to permeate Indonesian MCWs' mind. By referring themselves as *baboe*, some of them denote how the current unjust global order perpetuates colonial relations among nations even after formal colonialism has ended.

Fourth, the IDRL reflects and reinforces the division of labor within transnational capitalism in general, which divides the globe into "dominant core areas, dependent peripheral areas and intermediate semi-peripheral areas" (Yeates, 2004a:375). In the classical sense, peripheral nations act as suppliers of raw materials for the core whose "production activity [mostly] uses capital-intensive technology and skilled/highly paid labour" (ibid.). However, more than their traditional role, due to major structural changes explained in Chapter 1 and 2, peripheral areas now also serve as providers of cheap care workers who sustain the economy of the core from different side as well (ibid.).

That premise implies that amidst the increasing commodification of care in the global scale, the reproductive sectors should be taken into account more seriously in contemporary world-system analysis, supplementing the standard focus on productive sectors. It is also essential to highlight the interconnection of both since they are more and more intertwined in the current capitalist order. In this sense, we can also understand the position of Indonesia and its MCWs in relation to The Netherlands.

Fifth, the IDRL also allows us to link the transformation occurred in the household setting to that in the broader level. In relation to this, Lutz (2011:108) makes an interesting analogy:

"The arrangement [of employing MCWs] equates to the classic gender positioning in which the outward position is reserved for the man and control of the interior is the woman's preserve, except that the man's place is taken by a woman who has appropriated this masculine role (...) [and] the migrant has been given the role of the wife: she takes charge of reproductive tasks (...) and is 'always there when any need arises'".

Hochschild and Ehrenreich (2001:11f) even move further by applying such an association at the global level, whereby

"a global relationship evolves, which in certain respects mirrors traditional gender relationships. The First World assumes the role of a traditional male in the family – spoilt, entitled to make demands (...). Poor countries assume the traditional female role – patient, caring and nurturing, and self-denying".

By considering that shift, we can examine the change of familial roles and gender norms more critically.

The stories and experiences of Indonesian MCWs also substantiate the idea of the GCC in which they are involved in. While a single MCW may have to care for many categories (children, parents, siblings, kin/relatives), this study only focused on children and aging parents, arguably the most important one for each group of MCWs. For many undocumented MDWs, since they leave their nuclear family back home, the biggest obligation for them is most likely care for children. Gender does matter in differentiating responses and strategies of MDWs in dealing with this issue. Male migrants are able to rely on their wives to provide care responsibilities for their children back home, while female migrants cannot do the same with their left-behind husbands.

A similar gendered familial role of care also applies to the case of male nurses/caregivers who are not accompanied by their nuclear family in The Netherlands. However, for this group of MCWs in general, the focus is about the care of their ageing parents. This is very relevant since they care for an elderly population who are other people's parents at the expense of leaving their own back home. They cope with this contradiction by acting as

material providers for their parents' needs and justifying it as a manifestation of care. They also relieve their guilt by transferring affection for their parents to their patients.

Meanwhile for au pairs, the concept of GCC may not directly apply to their case, since most of those that I interviewed did not leave behind any care responsibilities and did not remit to their families during their contract period. However, since many of them consider this programme as an entry to longer periods of migration, they frame that by embarking on a journey to the 'developed' world and pursuing further goals there, they are able to help their family back home financially, especially when it is really needed, in the time when their parents grow older and become dependent.

From the narrative of all groups, we get the impression that in general, for them, care is "transformed into being foremost about providing materially" (Sollund, 2009:118). Thus, in addition to what Patel & Moore (2018) argues, namely that capitalism cheapens the value of care by making it relatively invisible and performed by unpaid/cheap labour, this commodifying system recently also reduces the meaning of the care in its 'essence', into merely financial provision. By considering this, we can make sense of Hochschild's (2000) proposition that the surplus which capitalism extracts is in fact not limited only to material value—as discussed in Marxist political-economy scholarship—but also encompasses 'emotional surplus value'.

Drawing from this idea, scholars also develop the notion of 'care drain', explaining that host societies benefit a gain from the care work of migrants at the expense of the care shortage in their place of origin (Lutz, 2011). MCWs and their families are the ones who "pay the emotional and social price for this depletion of care resources" (Ibid:21), as illustrated by Yeates (2004b:81),

"Global care chains reflect a basic inequality of access to material resources arising from unequal development globally but they also reinforce these inequalities by redistributing care resources from those in poorer countries for consumption by those in richer ones. Thus, the emotional labour involved in caring for children of parents further down the chain is displaced onto children of parents living further up".

Accordingly, we can see that the crisis of care which begins primarily in the Global North is relocated to the less-affluent countries (Yeates, 2009).

As a student of AFES, I find it compelling to borrow and expand on the concept of 'ecological debt'. Political ecologists define that notion as "the debt accumulated by northern industrial countries towards third world countries on account of resource plundering and use of environmental space to deposit wastes" (EJOLT, 2015). Drawing on this RP, it should now be clear that the resource exploited by rich countries from the Global South is not limited to raw materials; they also include care resources. Furthermore, the externalities 'disposed' by so-called development nations to poorer countries in recent times are also not restricted to environmental pollution, they also include care shortage in the families of migrant workers.

Thus, it sounds reasonable to argue that the core countries also owe a 'care debt' to the peripheral nations. As such, as the world currently witnesses global struggles to pursue social justice in various aspects, exemplified by the movements for agrarian, climate, and ecological justice, it is now also high time to strive for 'care justice'.

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Appendix

Appendix 1: Breakdown of People Interviewed

A. Activists/Representations of Organization

1. Yasmin Soraya, former secretary-general of IMWU. Currently, besides continuing her activism within IMWU, she is also working at FairWork, an NGO focusing on workers' rights, and Wereldhuis, an NGO assisting the fulfilment of basic rights for undocumented people. September 2022.
2. Kris, one coordinator of IMWU Den Haag. Apart from his activism, he works as a technician in train maintenance company. His prior interaction with undocumented migrants in Tombo Ati encouraged him to be active in IMWU. Considering his 'legal' residency and proficiency of Dutch, he usually does operational duties in IMWU, such as accompanying sick workers to medical centre or return-aspirant migrants to IOM. Interview with Mat Becik, August 2022.
3. Mat Becik (pseudonym), one coordinator of IMWU Den Haag. Himself is undocumented worker mainly in construction sector who sometimes assist her wife working as domestic worker. He usually helps fellow workers in the case of conflict with employers. Interview with Kris, August 2022.
4. Priyo (pseudonym), co-founder of IMWU. He has been living in The Netherlands since 1980s and has experiences of advocacy and assisting legal action in the case of human trafficking and abuse to Indonesian migrants. July 2022.

B. Undocumented Migrants

1. Isah, married woman with three sons. Previously, she worked as a domestic in Saudi Arabia twice (1993 & 1995), and Qatar (2002). She firstly worked as a live-in domestic in The Netherlands in 2014-2016 to repay debt and reclaim her family's farmland used as collateral. Then she came again in 2018 up to now. In her second period, she has been working mainly in cleaning and childcare works. August 2022.
2. Imas, woman with two children. She has been working in The Netherlands since 2015 after her small garment business went bankrupt yet she had to repay debt to bank. She divorced from her husband when she is in The Netherlands after she learnt his affair. Now she is married to a Turkish and in the process of gaining legal residency status. She is also resigning from being a domestic slowly. August 2022.
3. Komariah, a widow with three children. She firstly worked as undocumented MDWs with her husband in her first period in The Netherlands. After going home to Indonesia for some time, her husband passed away in an accident. As a single parent, she decided to return to this country to fund her children. August 2022.
4. Nani, recently married to a Dutch. She succeeded her father working as a domestic in The Netherlands. After being married, she just got residence permit. She is also slowly quitting domestic jobs. August 2022.
5. Kemala, single woman. Prior to her work in The Netherlands since 2020, she worked as a factory worker in Malaysia. Now, she is doing cleaning, cooking, ironing, taking care of animal. August 2022.
6. Wulan, divorced woman becoming single parent. She took over jobs of her cousin who returned home to Indonesia. Besides her work, she is active congregant of church. August 2022.

7. Monika, single woman. She was firstly a live-in domestic in her cousin's household in The Netherlands before being an overstayer and work irregularly as live-out domestic. August 2022.
8. Amir, married man with two sons. His first period in The Netherlands was in 2005-2010, then he entered this country again in 2017 up to now. July 2022.
9. Rifa'I, married man with a son. He first worked in The Netherlands in 2010-2015 and return again not until one year after his coming back to Indonesia, after his business went bankrupt. He is working only as a domestic. July 2022.
10. Saridin, married man. He was former construction worker in Kuwait and has been working in The Netherlands since 2014. He invited his wife to reunite in 2018 and now is working as a domestic. July 2022
11. Bejo, single man. Working in The Netherlands since 2014, he is combining works in cleaning, gardening, and construction sector. July 2022.

C. Au Pairs

1. Ita, bachelor in tourism management. Being an au pair in The Netherlands in 2019-2020, in Denmark in 2020-2021 and currently married to a Dutch and living in The Netherlands. August 2022.
2. Evi, bachelor in architect. Being an au pair in 2019-2020 and currently married to a Dutch and living in The Netherlands. Interview via call, August 2022
3. Ine, bachelor in International Relation. Former au pair in Australia. After being an au pair in The Netherlands in 2019-2020, she moved to Norway and did the same in 2020-2022. Currently she is studying in the master degree there. Interview via call, September 2022
4. Yuni, bachelor in tourism management. Being an au pair in 2020 and becoming an overstayer since then up to now in in The Netherlands. Interview via call, September 2022.

D. Nurses

1. Aji, male nurse. He firstly worked at nursing home in Rotterdam in 1999-2001 as a part of nurse training program. Then he came again in 2010 up to now to work in Eindhoven then The Hague. July 2022.
2. Niken, female nurse. Joined training program in early 1990s then married to fellow Indonesian. She is currently a lecturer in nurse academy in The Hague. September 2022.
3. Idris, male nurse. He came in the same batch as Aji in 2010. Besides being a nurse, he also runs an Indonesian restaurant with her wife. Interview via call, September 2022.
4. Mimin, female nurse. She firstly joined training program and later is married to fellow Indonesian nurse. She now lives in The Hague with her family and works actively as caregiver. October 2022.