

**TOWARD DECENT WORK AGENDA: CASE STUDY OF  
DOMESTIC CARE WORKERS IN THAILAND'S CARE  
ECONOMY**



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**จุฬาลงกรณ์มหาวิทยาลัย  
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By	Miss Chohnapa Anukul
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ประชากรสูงวัยเป็นปรากฏการณ์ร่วมระดับโลก โดยนำไปสู่การลดลงของประชากรวัยทำงานและการเปลี่ยนแปลงโครงสร้างครอบครัวควบคู่ไปกับการเพิ่มจำนวนตำแหน่งงานบริบาล กระนั้น คนทำงานเป็นผู้บริบาลยังคงเผชิญกับภาวะการจ้างงานที่ไม่เหมาะสม ประกอบไปด้วยค่าจ้างต่ำ ได้รับความคุ้มครองทางสังคมน้อย และงานหนัก วัตถุประสงค์ของการศึกษานี้ก็เพื่อค้นหาสาเหตุของสภาวะงานที่ไม่มีคุณค่าสำหรับผู้รับจ้างเป็นผู้บริบาลที่บ้านในประเทศไทย โดยมุ่งเป็นปากเสียงและเผยให้เห็นการดำรงอยู่ของผู้คนเหล่านี้ ระเบียบวิธีวิจัยประกอบด้วยการทบทวนเอกสารว่าด้วยกฎหมายที่เกี่ยวข้องกับงานที่มีคุณค่าและชุดนโยบายว่าด้วยการบริบาล ร่วมกับการตีความบทของสัมภาษณ์เชิงลึกผู้รับจ้างเป็นผู้บริบาลที่บ้านเปดคน ผลการศึกษาคือ (หนึ่ง) กฎหมายไทยยังไม่ให้ประโยชน์ตอบแทนอย่างเหมาะสมต่องานที่มีคุณค่า และไม่เอื้อต่อการมีตัวแทนของกลุ่มผู้บริบาล (สอง) ผู้รับจ้างเป็นผู้บริบาลที่บ้านภายใต้การศึกษานี้ประสบกับภาวะงานที่ไม่มีคุณค่าและมีทัศนคติต่องานบริบาลว่าไม่ใช่งานที่มีคุณค่า ข้อค้นพบสำคัญก็คือ ผู้รับจ้างเป็นผู้บริบาลที่บ้านคิดบ่วงของงานบริบาลที่ไม่มีคุณค่าด้วยสามเหตุปัจจัย นั่นคือ การไร้ตัวตนในกระบวนการตัดสินใจ ความเหลื่อมล้ำทางโครงสร้าง และคุณค่าทางวัฒนธรรม นอกเหนือไปจากการปรับเปลี่ยนกฎกติกาเชิงโครงสร้างแล้ว งานศึกษานี้ได้นำเสนอแนวทางการแก้ไขปัญหสามแนวทาง ได้แก่ (หนึ่ง) ทำให้งานบริบาลมีตัวตนถูกมองเห็นมากขึ้น (สอง) ลดความเหลื่อมล้ำผ่านนโยบายบริบาลสำหรับคนทำงานทุกคน และ (สาม) พัฒนานิยามความหมายของงานที่มีคุณค่าผ่านมุมมองของคนธรรมดาทั่วไป

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Ageing population is global phenomenon. As it causes deficit workforce and family structural change, more care job opportunities are provided. Nevertheless, global care workers are experiencing poor working conditions involving low wage, less social security and hard work. The purpose of this study is to investigate the causes of indecent work among paid domestic care workers in Thailand, with the aim to give voice and enhance visibility of them. Research methodology includes decent work related regulations and a set of care policies review and eight in-depth interviews of paid domestic care workers. Results are that (i) Thai regulations is inadequate to reward more decent work and unfriendly for representation of care workers. Care policies recognize the role of unpaid volunteer care work. (ii) All paid domestic care workers in this study experienced indecent working conditions and perceive care work as indecent work. Significant finding is that paid domestic care worker are trapped within indecent care work because of three factors, which are invisibility, structural inequality and cultural norms. Apart from changing legal framework, three interventions approaches are recommended: (i) making care work more visible; (ii) tackling inequality within care policies for all workers; and (iii) development of people's decent work definition.



Field of Study:	International Development Studies	Student's Signature .....
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Cholnapa Anukul



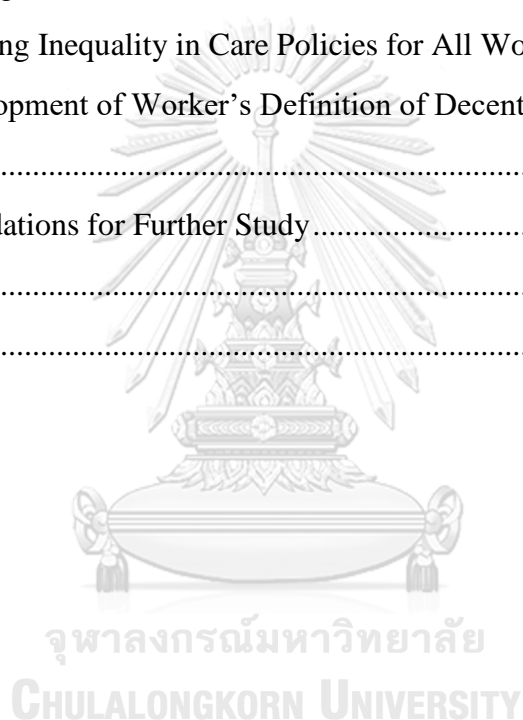
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# CHAPTER 1

## INTRODUCTION

### 1.1 Problem Statement

For a decade, ageing population has been a global phenomenon affecting sustainable development in relation to poverty eradication, healthy lives and well-being at all ages, gender equality, decent work for all, inequality reduction and inclusive cities. The World Population Prospects 2019 stated that “by 2050, the number of persons aged 65 years or over globally will also surpass the number of adolescents and youth aged 15 to 24 years (UN DESA, 2019). It is also estimated that by 2050 one fourth of population in the Asia-Pacific region will be 60 years old or older (UN ESCAP, 2017). In recent times, many countries are experiencing with increasing of elder population both in number and proportion, while fertility rate as well as the labor force population are dramatically declined. Consequently, labor markets and economic growth was affected by this demographic deficit (Harper, 2014). In addition, the demographic change in Thailand has various impacts on education, labor-force participation, urbanization, migration and health (UNFPA, 2011). Then again, the ageing population trend has increased the demand for elder person care work. As the job market for elder population care work is expanded, it provides a massive employment relationships and constitutes a part of the ‘care economy’.

The emerged care economy comprises of both paid and unpaid work activities, which take place in health, social and educational sectors (ILO, 2012; UN, 2008). Care workers, hence, involves diverse occupations providing health, social and education service. Domestic workers, as significant personal and household service providers, are part of care workforce as well. Recently, it is estimated that there are 215 million care workers in global care economy, of which 70.1 million are domestic workers (Addati, 2018). Since 65 percent of global care workers are female, whose proportion among domestic workers are 70 percent, it indicates the gender biased in job market, in which women are excluded from employment in formal economy and care activities are uncounted as economic activity. In general, the care work is disregarded in National

Accounts systems. Most of researches on gender and development focused on unpaid care work and questioned the definition of work and mainstreamed economic development as well (Folbre, 2018). Therefore, the low economic evaluation of care work specifies the low valuation of care activity.

Global care workforce, both paid and unpaid, becomes significant impetus of the rising care economy. However, while unpaid care workers are staying unnoticed and overlooked, paid care workers are confronting with poor working conditions involving low wage, less social security and hard work (ILO & OECD, 2019).

Since the promotion of the Decent Work Initiative by the International Labour Organizations (ILO) in 1999, it is believed that ensuring of the decent working conditions could improve the employment relationship. As decent work and economic growth become one of the 17 Sustainable Development Goals contributing to the global 2030 Agenda, achieving decent work for all, specifically among care workers, is one of the most challenging issue.

In 2017, 16.7 percent or 11.3 millions of Thai population are 60 years old or older (National Statistical Office, 2019). According to the World Health Organization (WHO), Thailand is, therefore, an 'ageing society', of which more than one tenth of population is elder. Predictably, by 2021 the country will reach the level of 'aged society', whose elder population is one fifth of all population, and by 2031 it will be the 'super-aged society' in 2031, in which the ageing rate surpasses 21 percent. As a result, the workforce population will be decreased from 47 million to 40.5 million, which is the uppermost shrinkage level among the East Pacific countries including China.

In response to the growth of ageing population according to the Madrid International Plan of Action on Ageing, Thailand proposed support policies for elder population such as corporate tax reduction for enterprise employing elder workers, reverse mortgage for elder person, elder allowance (The Department of Older Persons & MoSDHS, 2016). However, with lower per capita income and education level than other aged society in other developed countries, elder persons are becoming dependent. Furthermore, while the proportion of working person to elderly will be 5.4 by 2020 and 2.4 by 2040, less elder people will rely on their own family household and the government will bear more cost burden with additional welfare provision (Pinthong, Thanaporn, Sangsuksan, & Kulanartsiri, 2018). Still, the ageing society in Thailand

offers investment opportunity for nursing home and day care business as well as retirement community business, which target at 8.55 million independent elderly persons (*Thailand's Elderly Care Business: Opportunities for Foreign Businesses*, 2018). These point out that in response to ageing society, government sector focused on elderly person as care-recipient and fiscal burden, while private sector looked for care business investment. Although the governmental policy puts emphasis on the wellbeing of 'elder population', which was viewed as vulnerable population group, but is lacked of labor policy in response to care economy in ageing society. Since the emergence of ageing population leads to the high demand for care job, the right of the care workers should be protected. Since the decent work condition of the care workers improve the quality of care work, the investment in both care policy and care job are reasonable.

While decent work has been embedded within the Sustainable Development Goals, domestic workers as vulnerable working population have increased more attention from global community. In addition, domestic workers have been prioritized for implementation of decent work as the ILO's convention Nr. 189 (Decent Work for Domestic Workers) was adopted in 2011 (ILO, 2011). Simultaneously, as the rise of the care economy with high demand of care job, among a wide range of care workers' population, domestic care workers becomes one of the most vulnerable workers. This thesis, hence will put an emphasis on care workers, who are employed to work and live in private household.

The purpose of this thesis is to examine the decent work conditions of paid domestic care workers in Thailand. It aims to enhance visibility of care workers and appraise the value of care work. The thesis will begin with the exploration of care work, care workers and decent care work concepts. Next, existing policies for domestic paid care workers according to the 5R Framework for the Decent Work and related International Labour Standards will be assessed. Subsequently, the interpretative approach will be applied to the in-depth interviews of paid domestic care workers. Afterwards, the visibility of care workers in policy levels, the decent working condition of paid domestic care workers and their valuation of their own work will be assessed

and analyzed. At the end, a set of policy recommendation to close the gap towards decent work will be proposed and discussed.

## 1.2 Research Questions

1. What are the available national policies to accomplish decent work for paid domestic care workers, in accordance with the 5R Framework for Decent Care Work (Addati, 2018)?
2. What are the actual working situations of the paid domestic care workers in Thailand?
3. How could Thailand establish care economy with decent work of paid domestic care workers?

## 1.3 Objectives

1. To assess Thailand's decent work regulations for paid domestic care worker in accordance with the relevant International Labour Standards.
2. To assess the paid domestic care workers' experiences and perception about decent work.
3. To provide a set of policy recommendations towards decent care work for all in Thailand

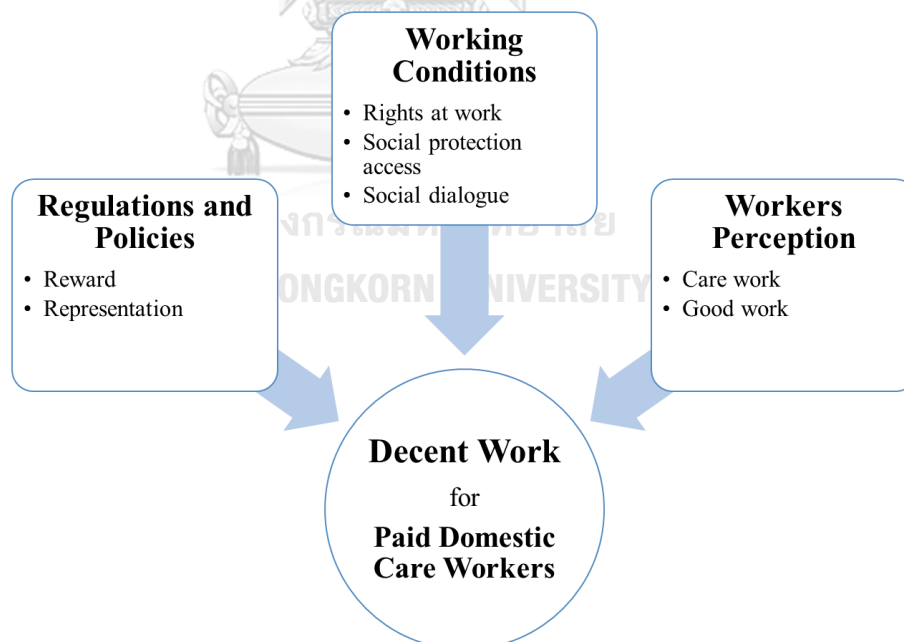
## 1.4 Conceptual Framework

How do we know that paid domestic care work is decent work? This study will assess the decent work for paid domestic workers from three perspectives involving regulations and policies, working conditions and care workers' perception (Figure 1).

From regulations and policies perspective, Thai regulations and policies according to international labour standards according to decent work for paid care work will be explored to identify the policy gap. According to the 5R Framework for Decent Care Work (International Labour Office et al., 2018), five strategical approach to attain decent work for all care workers are Recognizing, Reduce, Redistribute, Reward and Representations. The first three approaches focuses on unpaid care workers. Since unpaid care is defined as work in an international labour statistical standards in 2013,

the economic value of spent working time for care work without remuneration shall be highlighted. Moreover, because the majority of unpaid care work is performed by women, which limits their participation in job market at the time of workforce deficit in aged society, unpaid care work shall be reduced and more fairly distributed between men and women. Furthermore, as the poor quality of care job affects the quality of care work, more and decent work conditions for care workers shall be provided with rewards approach. Additionally, guaranteeing of care workers representation, social dialogue and collective bargaining shall improve the visibility and movement towards decent work.

This thesis will adapt the strategical policy approaches from 5R Framework for Decent Work comprising of recognize, reduce and redistribute unpaid care work, rewards with more and decent work for and representation of care workers. Herein, the latter two significant approaches relating to paid care workers, which are (i) rewards: more and decent work and (ii) representations, social dialogue and collective bargaining of care workers, will be the central focus of our regulations and policies analysis.



*Figure 1 Decent Work Framework for Paid Domestic Care Workers*

From the working conditions perspective, actual work situations from care workers' experiences will be inspected, which based on a set of selected issues including wages, working time, work environment, employment security, social



protection access and collective bargaining. The rights gap between paid domestic care worker and general workers will be specified.

From workers' perspective, the evaluation of care work and the valuation of good work by paid domestic care workers will provide more insight about the gap between concept and perception.

More details on decent work for paid domestic care workers are described in Chapter 2.

### 1.5 Research Methodology

The research methodology of this study involves document research, collecting and analysis of qualitative findings (Table 1).

Research Question	Data Needed	Information Sources	Data Collection
To assess Thailand's decent work policy for domestic paid care worker in accordance with the International Labour Standards.	<ul style="list-style-type: none"> <li>International Labour Standards according to 'reward' and 'representation' approaches</li> <li>Thai policies according to those International Labour Standards</li> </ul>	<ul style="list-style-type: none"> <li>ILO Conventions</li> <li>Labour Protection Act</li> <li>Labour Relation Act</li> <li>Social Protection Act</li> </ul>	Document review
To assess the recent domestic paid care workers and their employers' experiences.	<ul style="list-style-type: none"> <li>Case Studies</li> </ul>	<ul style="list-style-type: none"> <li>8 paid domestic caregivers</li> </ul>	Interview / Written notes
How could Thailand establish care economy with decent work of care workers?	<ul style="list-style-type: none"> <li>Policy Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Thesis Findings</li> </ul>	Document Review and Gap analysis

*Table 1 Methodology Matrix*

Primarily, for assessment purpose, a set of related policy issues according to the decent work framework for Thai paid domestic care workers will be selected. Each policy concerns will be accompanied by related ILO's conventions. Systematic reviewed are consisted of examination of ratification and verification of conventions contents within Thai governmental policies.

Afterwards, qualitative data will be collected. Ten in-depth interviews with Thai paid domestic care workers will be conducted. The participants were recruited by snowballs and agencies approaches. These qualitative data will reflect current situation of these workers.

Subsequently, interpretive description on qualitative data will be conducted. While policy gap analysis between ILO's conventions and Thai related policies are performed, text analysis will be implied to qualitative data.

Finally, after examination of those gap between ILO's convention, governmental policy and real experiences of workers, resolution tackling those gaps should be introduced.

## **1.6 Scope of Research**

By policy reviewing, this thesis emphasizes on decent work related policy for paid domestic workers. Moreover, in this thesis, most of interviewed paid domestic caregivers are from Bangkok metropolitan region. Therefore, these workers could not represent all paid domestic caregivers in Thailand. Furthermore, this thesis focuses mainly on the experiences of paid domestic care workers. Nevertheless, these offers great opportunities for further study about employers' care service demand, the caregiver agencies roles as significant actors in the market-based care economy and the supportive government policies enable transparency care economy and trustworthy welfare system.

## **1.7 Limitation**

Only decent work policies related to Thai domestic paid care workers are reviewed. Hence, policies for domestic migrant care workers are not presented within this thesis. Since most of paid domestic caregivers in Thailand are rarely permitted to take the day off, conducting an off-site interview is rather difficult. Moreover, the onsite

interview could bring uncomfortable atmosphere to both employees and employers, because most of in-home hiring caregivers are in sight of their own employer and there exists less privacy space for the face to face interview. Also, the interviews with the paid domestic caregivers were conducted by phone. Moreover, this thesis put emphasis on female domestic care workers, because most of domestic care workers' population is female and male domestic care workers are very rare to find. Furthermore, it is quite difficult to access the informational contact of care workers from caregiver agencies. Only one from ten caregiver agencies are willing to give the informational contact to the researcher.

### **1.8 Ethical Issues**

Since this thesis collected data directly from domestic paid care workers by in-depth interview, private data as well as personal information will be maintained with confidentiality and anonymity. Before beginning the process, the purpose of the study has been described to all interviewees. Afterwards, all informants have been asked for permission to use their data only for this research with their name keeping as anonymous. Additionally, during the interview process, privacy rights of the informants is essential and will be respected.

### **1.9 Significance of Research**

For almost a decade, Thailand is aware of becoming ageing society. Although most of social and health policies are responded to the increase of ageing population, labor policies are less engaged with the negative effects of this demographic deficit on labor markets. While the rising need of care has provided new job opportunities, caregivers still have less access to decent work. Since this thesis indicated that Thai decent work related policies are quite far from the International Labor Standards, this research could provide opportunities for promoting decent work agenda in accordance with Thailand's first Decent Work Country Programme (DWCP) 2019-2021, which is aligned with the Government's 20-Year National Strategy and the UN's Sustainable Development Goals. Furthermore, as this research pointed out to the challenge and struggles of paid domestic care workers, both Thai and migrant, who are mostly invisible within the policy development process, this study has offered voice to this marginalized

population groups and recommended alternative ways to advocate decent work apart from solely policy development process. Lastly, there is less research about decent work as well as studying about paid domestic caregiver in Thailand, especially from labor policy perspective.



## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Work, Labor and Worker

From social science and humanity science viewpoints, various meanings of 'work' include burden, freedom, goods, utilities, personal desire, social relation, caring for others, identity and service (Budd, 2011). These indicate that work should not be defined as an economic activities or simply viewed as manufacturing processes of goods and services. Work, thus, is social activity with democratic compensation as well as psychological dimensions. Besides, a lot of people involved in the work, therefore, its ethical and spiritual perspectives should be recognized too (Peccoud, 2004).

While the mainstream world prefers free markets and completion, 'labor' is seen as a production cost, whose price should be kept the cheapest. The fight to improve the quality of workers lives began in the European industrial age. The decree "*Labor is not a product*" was specified in the Philadelphia Declaration (ILO, 1944) of the International Labor Organization. In 1944, after the World War II, *The Great Transformation* by Carl Polanyi was published (Polanyi, 1944). The book of this Hungarian-American political economist has revealed the problems of treating labor as product. According to the mainstream economics framework, it has been believed that the market could regulate itself and labor could be managed by demand and supply of the market. He pointed out that the previous economic system of human society was not organized by market, land, labor and money. Moreover, it is a part of social relation concerning ethical issues, religious beliefs and community management (Boiler, 2009). Hence, labor is considered a fictitious commodity, not the real product, and should be protected as a living person .

The Universal Declaration of Human Rights of the United Nations Article 23 (UN General Assembly, 1948) states that (i) everyone has the right to work, could choose the work freely, has a fair and appropriate working conditions and is protected in case of unemployment; (ii) everyone has the right to equal pay for equal work, without any discrimination; (iii) everyone has the right to receive fair and appropriate compensation

for living with family with human dignity, and necessary subsidies from social protection; (iv) everyone has the right to establish and associate with the labor union to protect their own interests. Therefore, a part of worker rights are guaranteed as human rights.

However, returning of human dignity to ‘workers’ led to a debate about whether labor rights were human rights (Alston, 2005). Furthermore, as globalization has caused the expansion of migrant workers globally, protection of illegal migrant workers as well as domestic migrant workers became the main driving forces for the extension of human rights to cover these workers, including Thailand (Mantouvalou, 2012) (Thanachaisethvut, 2007).

Although some labor rights are recognized as human rights and the human rights of workers have been increasingly specified in the law, but the law enforcement, especially the law interpretation by the labor court, still has a gap of understanding. Additionally, some part of civil society did not agree on moving labor rights through these human rights strategy. With the fear that ‘individual human rights’ will replace the solidarity anchoring social justice (Youngdahl, 2009). And the difference ideologies between human right and labor right will deteriorate fundamental commitment to economic justice and worker democracy grounded in labor right movement (Kolben, 2009). The case of Chile demonstrated the effectiveness of human right campaign against the dictatorship, but it could not provide support for association right and collective bargaining (Marzán, 2016).

This study acknowledges that labor population are workers with human dignity as well as vital human resources for sustainable development.

## **2.2 Care Work**

Generally, the main stream economy pays attention to merely activities with economic value. Other work, which has been perceived as ‘non-economic’ activities distributing none of economic growth or prosperity, especially ‘care work’, is disregarded.

Within the conventional paradigm of rights at work, the human relationship is unnoticed (Robinson, 2006). Likewise, it highlights the rights and work in formal

economy and overlooks care workers, among whom the female majority are presented. For the reason that the development of international labor standards is established from male viewpoint, it is gender-blinded (Elias & Stevenson, 2009).

In 1993, the 19<sup>th</sup> International Conference of Labour Statisticians (ICLS) has adopted Resolution I concerning statistics of work, employment and labor underutilization, which introduced the concept of work as “*any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use*”(ILO, 2013b). Previously, there existed none of international labour statistical standard defining volunteer work or the own use provision of services as work. The labour force surveys, henceforth, could not measure unpaid volunteer work, unpaid domestic service and unpaid caregiving service consistently. This definition has included production of goods or service conducting at home for other household members and for personal use into the scope of work. Respectively, it has counted all activities, provided by any unit, regardless of its legality or its formal or informal character. The revolutionary change has recognized the provision of services for ‘own use’ and their unpaid providers as part of economic system.

Generally, from womb to tomb, everyone is care dependent, either as recipients or providers. Care is the core activities of human society. The individual well-being, social trust and solidarity are woven by care. Developing countries with the provision of high quality of care, citizens enjoys an autonomous and independent life and become productive workforce. Therefore, care become a part of citizenship rights, which are equal to all workers (Razavi, 2007).

*Care work*, in this study, is referred as “*work of looking after the physical, psychological, emotional, and developmental needs of one or more other people*”(Daly, 2003). Care recipients comprising of children, elder persons, those with illness or disabilities and healthy adults, have different physical, psychological, emotional and developmental need, which requires various level of care.

*Care activities* are classified into *direct* care activities and *indirect* care activities. While the former involve nurturing or relational care work such as feeding a baby, looking after young children, helping elderly person by sanitization or by health check-ups, nursing a sick family member, the latter is household work or non-personal care such as cleaning, laundering, cooking, household tasks. Since the indirect care activities are prerequisites for the direct care activities (Razavi, 2007), practically, both care activities categories are overlapped.

In general, care relationship between a caregiver and a care recipient takes place within care work (Jochimsen, 2003). Love and affection, duty and responsibility, family, economic and social pressures as well as compensations are commonly care motivations. Since there exists cost of caregiver's time and effort, either as care worker's payment or as paid leave, care work could be paid or unpaid.

Furthermore, in accordance with the definition of work adopted by the 19<sup>th</sup> ICLS, care work can be unpaid, which involves volunteer work, unpaid care work and trainee care work, or can be employed, which are conducted for 'pay or profit'.

*Unpaid care work* is work performed to maintain health and wellbeing of other members in a household or community without any explicit monetary compensation (Folbre, 2018). In line with the 19<sup>th</sup> ICLS Resolution I, the International Classification of Activities for Time Use Statistics (ICATUS 2016) has specified the newly definition of both unpaid domestic services and unpaid caregiving service for household and family members and households as the guidance to measurement of work (UN Statistics Division, 2016). Apart from members of a household, unpaid volunteer work could provide services for friends, neighbor, community and organizations. Still, the majority of unpaid care work takes place at home or in household. Often, girls or women provides either domestic or caregiving services to other family members. Since unpaid care work diminishes women's participation in economy system, it is the great barrier of gender equality in household, workplace and community as well.

*Paid care work*, according to ILO's Classification of Status in Employment (ICSE), is care work performed for compensation within a place, such as private households, private clinics, public hospitals, nursing home, schools, etc. In care economy, care



workers provide education and health and social services (ILO, 1993). A diverse spectrum of care workers involves childcare worker, personal care workers, healthcare professionals, education professionals, whose skills, education, compensation and economic sector are different (Razavi & Staab, 2010). Generally, care work could be classified by sectors: health and social work, education, domestic work. Besides, other technical or management supporters of these care workers in the same workplace are recognized as part of the care workforce as well. These care workers and care activities have established the significant part of care economy. By the rising demand of care, paid care work remains the large source of employment, especially for women. Since the nature of care activities, particularly relational dimension, it has restrained replacement of human workforce by the emerging artificial intelligence technology.

*Domestic work*, according to ILO's Domestic Workers Convention (C189), is defined as “*work performed in or for a household or households*” (ILO, 2011). Henceforth, it is defined according to the workplace, which is located in a private household. Domestic work activities are diverse involving cooking, cleaning, taking care of children, the sick and the disabled, accompanying, etc. However, *domestic worker* is referred as “*any person engaged in domestic work within an employment relationship*”, which means that unpaid care worker is not domestic worker. Domestic worker could be either paid care worker or paid worker.

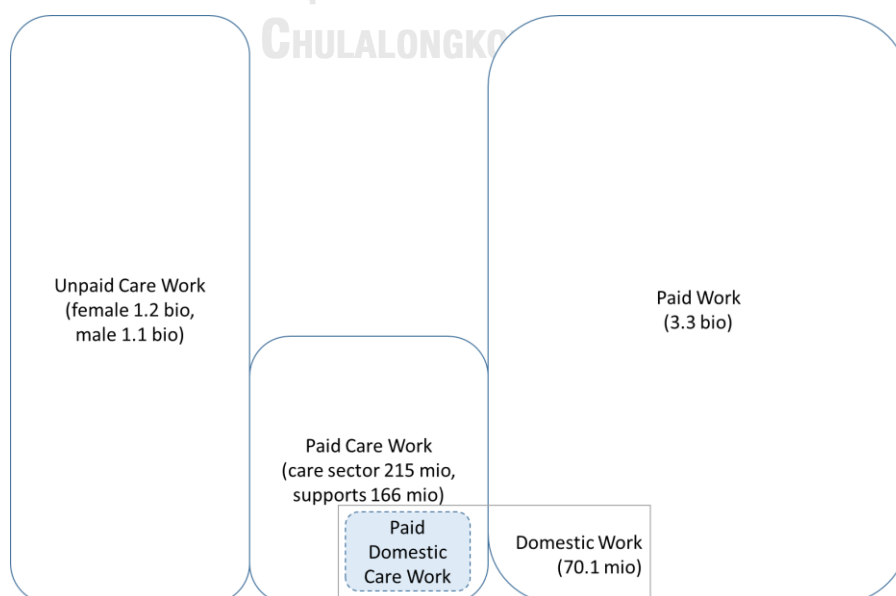


Figure 2 Care Work and Care Workers in Number

*Paid domestic care work*, which is the central interest of this study, is the intersection between paid care work and domestic work (see Figure 2). The *paid domestic care worker* is required to performed direct care activities, among which personal care is preferred rather than household care. The main task is taking care of dependent elderly person or the sick or the disabled or children in a private household. Still, both care activities categories are overlapped, because the indirect care activities are preconditions for the direct care activities (Razavi, 2007). Moreover, paid domestic care work could be part-time, full-time, or on hourly basis. They may live either in the house with the care recipients or not. Domestic worker, whose main responsibility is household care or being housemaid, could become paid domestic care worker when the care demand has changed. In principle, by transitioning from household to personal care service, delivery of the good quality of care requires appropriate skills and training, which may be provided by government or employers (Bachtiar & Tirtosudarmo, 2017; Milly, 2017).

### **2.3 Care Workers**

Globally, there are 381 million care workforce in employment relationship, among which 215 million are in care sectors involving provision of education and health and social services and the other 166 million supports the care provisions (Addati, 2018). Furthermore, 65 percent of this global care workforce is female. While global female care workers represent 19.3 percent of global female employment, the equivalent proportion for male workforce is only 6.6 percent.

Recently, there are 70.1 million domestic workers in the world, which are 18 percent of global care workforce (Addati, 2018). Moreover, about two third of domestic workers are women.

Since domestic work take place in a private house of employers, without effective worker rights protection mechanisms, domestic workers are excluded from labour and social protections. Most of employment relationship is lack of the formal contract. Combining with inequitable social norms, domestic workers are vulnerable to abusive, exploitation and violence in the workplace (Green & Ayalon, 2018).

To overcome the invisibility of domestic workers, who have been marginalized from policy realms, capturing the size of domestic workers and their contribution to informal economy become the statistic major challenges (ILO, 2013a). To achieve the definition of domestic work and domestic worker for statistical purpose, many discussions on industry-based, tasked-based, employment status, household roster approaches are discussed (ILO, 2018).

Following Thailand Standard Industrial Classification (TSIC 2009), which is in line with the International Standard Industrial Classification of All Economic Activities (ISIC Rev.4. Class 9700), domestic worker in employment is defined under the category of undifferentiated goods- and services-producing activities of private households for own use (Ministry of Labour, 2009). Although there exists no classification of care work in TSIC, care activities are already included within domestic work definition. After the consensus on standard definition of domestic worker, domestic workers become more visible in the national statistic survey, which led to several legislations changes extending coverage of labour and social protection rights for domestic workers.

In 2016, by the national labour force survey, it was indicated that there are 0.243 million Thai domestic workers, among which 86 percent are female (National Statistical, 2016).

In 2012, the Ministerial Regulation Nr. 14 (B.E. 2555) was enacted as the first legislation improving domestic worker right in Thailand. Previously, the ILO's Domestic Worker Convention (C189) and Domestic Worker Recommendation (R201) were already adopted. As the subordinate law issued under the Labor Protection Act 1998 (B.E. 2541), the Ministerial Regulation Nr. 14 (B.E. 2555) protects all domestic workers, regardless of their nationality, gender and legal status. It ensures the domestic worker right to weekly rest day, 13 paid traditional holidays, 30 paid sick day and 6 paid annual holidays after one-year employment.

Nevertheless, other worker right under the Labor Protection Act 1998 (B.E. 2541) including living wage, standard working hours, maternity leave and pay, employment termination and severance pay are not applied to domestic workers. Furthermore, although they have certain employers, the majority of domestic workers could not

access the Social Security Scheme. Since the Article 33 of Social Security Act 1990 (B.E. 2533) allows only employee in business operations to apply, domestic workers could join the Social Security Scheme only through the Article 40 as independent workers. However, with less benefit in comparison with other employees Social Security Scheme benefit, they have chosen not to apply for the Social Security Scheme.

It is undeniable that the non-profit organizations such as the Foundation for Labour and Employment Promotion (HomeNet) has significant role in facilitation domestic worker movement. Since 2009, HomeNet initiated the “*working group for decent work of domestic workers*” and organized the establishment of two important networks, which are ‘*Network of Thai Domestic Workers in Thailand*’ and ‘*Network of Migrant Domestic Workers in Thailand*’. As representation of the domestic workers in Thailand, both networks act as core engine for domestic worker movement, which promote collective actions towards decent work.

Efforts towards decent work agenda for domestic workers in Thai context are studied from many perspectives. Some explored from legal perspective based on ILO’s C189 Domestic Worker convention and recommended a new Domestic Protection Act (Buraton, 2013). Since the LPA at that time could not provide sufficient protection for domestic workers, especially to protect underage and female domestic workers, more action is required (Siripatthanakosol, 2016).

Structural inequality and cultural undervaluation of domestic work are the significant causes of domestic workers’ vulnerable working conditions. The higher inequality level in a country, the more proportion of domestic workers of total employment. The working conditions of domestic workers, hence, depends on the ability of household to pay for domestic care service, which is not supported by state or deficit of public care provisions (Jokela, 2018).

While global caregivers are confronted with overworked and underpaid (Razavi & Staab, 2010), domestic workers are faced with abusive employment relationships (Wessels, Ong, & Daniel, 2017). The hypothesis of this study is that Thai paid domestic care workers are exposed to those indecent working conditions experienced by both global caregivers and global domestic workers.

## 2.4 Decent Work

*“Whereas conditions of labour exist involving such injustice, hardship and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperiled”* – this part of ILO constitution stresses the significance of humane working conditions for peaceful and coherent world.

In 1999, the *decent work* initiative, which was firstly introduced by ILO states that *“The primary goal of the ILO today is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity”*(International Labour, 1999).

*Decent Work* concept could be traced back to the United Nations Declaration of Human Rights in 1948, which later contributes to the ILO Declaration on Social Justice for a Fair Globalization: *“to meet the universal aspiration for social justice, to reach full employment, to ensure the sustainability of open societies and the global economy, to achieve social cohesion and to combat poverty and rising inequalities”* (ILO, 2008).

According to both previous mentioned ILO’s concepts, decent work comprises of opportunities for productive work with fair income, workplace security and social protection for families, support of personal development and social integration, freedom to express concerns, organization and participation in decision process affecting their lives and equality of opportunity and treatment for all women and men.

One of its noteworthy success in 2015 was embedding the decent work within the Goal 8 of Agenda for Sustainable Development, which was adopted by all United Nation Member States to achieve the sustainable future for all by 2030. Moreover, an integration of decent work as the right to just and favorable conditions of work within the International Covenant on Economic, Social and Cultural Rights of the United Nations Economic and Social Council, was another achievement (UN CESCR, 2016).

Four pillars of ILO Decent Work Agenda to achieve full and productive employment and decent work for all comprises of rights at work, social protection, social dialogue and employment creation (ILO, 1999).

This thesis will apply the first three pillars to explore actual working conditions of paid domestic care workers participated with this study.

*Rights at work* consists of wages, working time, work environment, employment security and family responsibility. *Wages* are one of the most significant working condition. While a minimum living wage protects all employed workers in need, an adequate income ensures a fair distribution of fruitful development for all. *Working time* has been the core issue of workers right since the begin of labour movement at the industrial revolution era. By limiting working hours and providing adequate period of rest and self-development, workers health and safety are protected and their balancing of working life and life outside work are arranged. *Employment security* become one of the most concerned issues among paid domestic care workers, who have none of official contracts and are at risk by job loss due to various dismissal causes (Daly, 2003). *Family responsibility* is the central factor affecting rights at work. By addressing and supporting workers' family responsibilities, all workers could engage and participate in job market without discrimination.

If the employer has more power than the workers, this will lead to various exploited situations. The hard workers with low income, who have to work more for the survival of oneself and family, will have less opportunity for self-development education and becoming low-skilled worker and low quality citizen (Krueger, 2002). They will become consumers with low purchasing power, while the members of divided family, tend to engage in crime. Without enough income for savings, life will be trapped within vulnerability as an emergency occurs or entering old age and become dependency.

*Social protection* (Bangura, 2010) aims at moving people out of poverty and living with dignity and productive life It is referred as “*preventing, managing and overcoming situations that adversely affect people’s wellbeing*”. In case of confronting with incidents e.g. illness, maternity, disability, old age, unemployment, it is expected to support individuals maintaining their living standard (T. W. Bank, 2001). Debating on advocating of social protection could be classified by two paradigms involving ‘instrumentalist’ and ‘activists’ (Devereux & Sabates-Wheeler, 2007). The instrumentalist views ‘social protection for efficient development’, because it is believed that dysfunctionality of poverty, inequality, risk and vulnerability targets at development grounded on consensus. On the other hand, the activist views ‘social protection for social justice’, since it is believed that poverty, inequality, risks and

vulnerability are the symptom of social injustice and structural inequity. While the former one focuses on social risk management and emphasizes social protection as ‘pro poor’ policy, the latter one promotes transformative social protection as universal social right and extends it beyond economic to include legislative (Devereux & Sabates-Wheeler, 2004). The legitimacy of social protection has emerged in international policy cycle since late 1990. Various types of social security programs have been promoted and assessed of its appropriateness (Merrien, 2013).

*Social dialogue*, according to ILO, is “*all types of negotiation, consultation or simply exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy*”. Endorsement of consensus establishment and democratic participation among stakeholders in the realm of work is the aim of social dialogue.

While the freedom of expression prevents the employment termination by employers dissatisfaction, participation in the decision-making process related to work in the organization is required as well. Workers, who are able to co-decision together could solve the problem of bottlenecks and increase cooperation, which leads to higher quality and lower costs. Workers, who participate with problem solution seeking, will develop creative skills, have job satisfaction and no complaining as facing with hard work and willing to work over time. Additionally, they will have less conflict with colleagues (Appelbaum, Bailey, Berg, & Kalleberg, 2000). Simultaneously, participation in the workplace is a part of democratic process, by assuming that workers in democratic society have the same rights and voices as citizens (Blumberg, 1969). This concept is in accordance with social dialogue strategy towards decent work. Opening space for worker voicing, both individually and collectively, is another key value apart from efficiency.

Without voicing and representation of workers, collective bargaining could not take place. Since the majority of workers in the world are limited to access right to association and express their concerns, their working conditions are poor, especially domestic workers.

## 2.5 Decent Care Work

Since the concern for the working conditions of care workers has increased, ILO has proposed a '*5R Framework for Decent Care Work*' as a strategical approach to implement the decent work conditions for care workers (Addati, 2018).

According to the 5R Framework for Decent Care Work, five main policy areas involving care, macroeconomics, social protection, labor and migrant policies, should be considered to attain decent work for all care workers.

Within these set of policy areas, 5R strategical approaches, which are Recognizing, Reducing, Redistribution, Reward and Representation, will be applied for both paid and unpaid care workers.

The former three policy approaches comprising of recognizing, reducing and redistribution target at the unpaid care workers. By recognizing the existing unpaid care work, the first step is raising awareness about the invisibility characteristic of care work, which a majority of women are responsibility for. By reducing the unpaid care work, the reintegration of unpaid care workers into formal workforce is required. By redistribution of unpaid care work, the gender equality becomes core aspect among households, workplace and societies. A broad range of policy recommendations are introduced. Examples are: All form of unpaid care work should take into account in decision-making. Labour market policies supporting the integration of unpaid care workers into the informal economy should be promoted. The gender-equal household, family-friendly work place and care-friendly social protection systems should be ensured (Stuart, 2014; Sushevagul, Sangaroon, Floro, & Yokying, 2016).

The latter two policy approaches include reward and representation for paid care workers. By reward strategy, the improvement of decent work conditions for both men and women including migrant workers are necessary. By representation strategy, facilitation of social dialogue and collective bargaining could be achieved. An adaptation of Framework for Decent Care Work focusing on paid care workers will be applied for this thesis. Policy measurements according to two strategical policy approach, which are (i) rewarding more decent work and representation and (ii) social dialogue and collective bargaining, are illustrated in Table 2.



Policy recommendations	Policy measurements
<b>1. Reward: More and Decent Work</b>	
1.1 Regulation and implementation of decent terms and conditions of employment and achieve equal pay for work of equal value	• Regulation of non-standard forms of employment
	• Minimum wages and social protection
	• Equal pay for equal work
	• Transitioning of care workers from the informal to the formal economy
	• Supporting non-profit institutions devote to care
1.2 Ensuring of a safe, healthy and stimulating work environment for care workers	• Eliminating all forms of violence and harassment against care workers
	• Data collection to inform occupational safety and health at work policies in care sectors
	• Workforce development, skill upgrade, qualification certification and recognition and career advancement for all care workers
	• Equal participation of women and men in care jobs and women's promotion to management or senior positions in care occupations
<b>2. Representation, social dialogue and collective bargaining of care workers</b>	
	• Women's full and effective participation and equal opportunities for leadership at all levels of decision-making
	• Freedom of association for care workers and employers
	• Social dialogue and right to collective bargaining in care sectors
	• Alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid care workers.

*Table 2 Decent Work Conceptual Framework for Thai Paid Domestic Care Workers adapted from 5R Framework for Decent Care Work*

## 2.6 Care Economy and Care Policies

As the care work is gradually recognized its contribution to economic system, both paid and unpaid care activities are acknowledged as a part of economic activities. From feminist economics perspective, *care economy* is referred as the term describing the ways in which care work is provided, financed and regulated (Folbre, 2018; Zachorowska-Mazurkiewicz, 2015). While care work could be provided by household, community and civil society or purchased in the market, government could have significant role by provision, financing and regulation (UNRISD, 2010).

Hence, this thesis perceives Thailand's care economy as the sum of all care activities, which involves both paid and unpaid care work. However, to the extent of the research time period, this thesis focuses on paid care activities in domestic area.

*Care policies* are public policies, by which resources to care activities are distributed in the form of money, services and time (Esquivel & Kaufmann, 2017). They include payments and subsidies to both care recipients and caregivers, the direct provision of care services and regulations to corresponding services. Moreover, the assignment of care time could be directed by labour regulations involving paid working time, maternity protection, paternity leaves, etc. Care policies serve many objectives including poverty eradication, reduction of inequality, job market expansion, enhancement of workforce participation and development of human capabilities. They could be developed by various sectors including health and education, labour and social protection. Therefore, care policies are encompassed of care services, care-relevant infrastructure, social protection policies and labour market policies.

The provision of care services for early childhood development, for sick people, for disabled persons and for elder person will redistribute care workers burden from the private to the public sphere. The establishment of care-relevant infrastructure such as sanitation, energy procurement could reduce workload of women in the household. Moreover, while social protection policies provide cash transfer programmes and public work programme, labour market policies guarantee maternity benefits and paid parental leave.

Although unpaid care workers, especially female workers, and disadvantaged people in need of care are benefit most from care policies, which recognize, reduce and

redistribute most of unpaid care work, paid care workers are ensured by rewarding with decent working conditions and representing in decision making processes.

Therefore, this study views care policies in accordance with ‘reward’ and ‘representation’ strategical approach, which was mentioned previously in Chapter 1.

## 2.7 Valuation of Care Work

Historically, care work has long-lasting debates to be recognized as work with economic value. The value of care work is defined as a part of economic evaluation in the International Conference of Labour Statisticians (ICLS) in 1993. Nevertheless, the valuation of care work depends on the ways decent work is defined, which were criticized by the ethics of care and its exclusion of people aspiration.

While the ethics of care expands the economics and rights perspective of decent work to cover the invisible and overlooked care work, the inclusion of worker perception into decent work definition brings human dignity and social justice back to the core of decent work agenda.

Ethics of care is another category of virtue ethics, which was influenced by feminist thinkers. It was started from a critical perspective on ethics, which male viewpoints on morality valuing freedom and justice by questioning "*what is fairness?*". Female virtues give weight to generosity and nurturing by questioning "*how to respond?*". It focuses on the relationship between people such as parents, children, friends, neighbors, colleagues (Gilligan, 1993).

The ethics of care has expanded the economics and rights perspectives to discover the invisible works or overlooked tasks, which have been excluded from policies and regulations, e.g. insecure work in informal economy by underdeveloped and developing countries, precarious work in developed countries (Siegmann & Schiphorst, 2016), volunteer work and social work, which is often not counted as economic activity or GDP (Duffy, 2011), informal home based work and family business work. These obscure works require the social protection in order to reduce the disparity between workers in the same society (A. D. Bank, 2016). Even if the social protection will cause additional expenses, the increased quality of workers lives has led

to overall system efficiency and promote economic growth (Lee et al., 2014). This kind of care-based policy could not be denied.

The ethics of care perceives that the concept of labor protection with reference of the main rights according to the standards of the International Labor Organization has overlooked the human relationship and has been gender blinded. Hence, women, who are the largest caregiver population, and dimension of care, are disregarded (Robinson, 2006). The adjustment of international labor standards is still unable to include female informal workers, because its design is grounded on male perspective emphasizing on rights and workers in formal economy (Elias & Stevenson, 2009).

Respectively, the ethical concept of caring began to receive more attention. From the new aspects of human security, the dimensions of work are linked with both gender and environmental issues (Robinson, 2011). The gender lens has brought the new fairness perspective to the comfort women issues within the Japanese army during World War II. More complicated female labor issues at the global level becomes more visible, especially the globalization that causes the increase in the number of migrant women workers who work as caretakers (Okano, 2016).

Although the decent work concept is underpinned by the principle of social justice (Peccoud, 2004), several critiques have been raised for emphasizing decent work on macro-economic level and overlooked the meaning and work purpose perspective from individual level (Blustein, Olle, Connors-Kellgren, & Diamonti, 2016).

As people's "*aspiration for opportunity and income; rights, voice and recognition; family stability and personal development; and fairness and gender equality*", was the first definition of Decent Work introduced by ILO in 1999 (ILO, 1999). This definition encompasses the 'good life' and 'good work' from moral perspective (Peccoud, 2004). Apart from economic activity, other aspects of works are social activity with democratic compensation and psychological perspective.

However, the recent concept of decent work agenda by ILO has been criticized from various disciplines that it was moved away from initial social justice goal (Di Ruggiero, Cohen, Cole, & Forman, 2015; Standing, 2008). Since its exclusion of the meaning at work, decent work is isolated from the value underpinning its initial notion. It was recommended to extend decent work agenda encompassing the perspective of

workers (Deranty & MacMillan, 2012). This highlights one of the most significant values underneath the decent work paradigm that labor is not commodity (ILO, 1944), therefore all workers should be treated as human beings with dignity. From a psychological standpoint, bridging between micro-level perspective and macro-level perspective is possible (Blustein et al., 2016; Fabio & Blustein, 2016).

In this study, the assessment of paid domestic care workers' perception about their own work and decent work may provide more understanding about decent work from a micro-level perspective.



## **CHAPTER 3**

### **REGULATIONS AND POLICIES PERSPECTIVES**

As stated within the first objective of this thesis (see 1.3), the assessment of Thailand's decent work regulations and policies for paid domestic care worker will be conducted in accordance with the relevant International Labour Standards.

Based on the proposed conceptual framework (see 1.4), decent work for paid domestic care workers from regulations and policies perspectives of will be investigated whether they are compliant with 'reward' and 'representation' strategical approaches towards decent work.

#### **3.1 Regulations Perspective**

Two approaches for protection of rights at work by the International Labour Organisation (ILO) are: (First) legally binding international treaties, which are conventions that may be ratified by member states, (Second) non-binding guidelines involving protocol, declaration, recommendation and code of practice.

Primarily, Thailand's ratification of fundamental conventions will be inspected. Then a list of international conventions in line with paid domestic care worker, will be selected. Afterwards, the contents of the selected conventions will be used as point of reference to Thai regulations, which focus mainly on Thai Labour Laws protecting paid domestic care worker right.

In the end, those findings will be discussed in 3.3.

##### **3.1.1 Fundamental Conventions**

Three categories of conventions are 8 fundamental conventions, 4 governance conventions and 177 technical conventions. Table 3 presents six of eight fundamental conventions that Thailand have already ratified.

In general, the conventions ratification indicates the determination of member states to implement the basic principles and rights at work, which are specified in each convention, within their diverse countries contexts. After ratification process, each

member state has to establish applicable system, policy instruments as well as monitoring mechanisms according to the ratified convention, which are significant international labour standards.

<b>Fundamental Conventions</b>		<b>Year</b>	<b>Thai</b>
C029	Forced Labour Convention	1930	✓
C087	Freedom of Association and Protection of the Right to Organise Convention	1948	x
C098	Right to Organise and Collective Bargaining Convention	1949	x
C100	Equal Remuneration Convention	1951	✓
C105	Abolition of Forced Labour Convention	1957	✓
C111	Discrimination (Employment and Occupation) Convention	1958	✓
C138	Minimum Age Convention	1973	✓
C182	Worst Forms of Child Labour Convention	1999	✓
		Total ratified	<b>6/8</b>

*Table 3 ILO's Fundamental Conventions Ratified by Thailand*

Until now, Thailand has not ratified two fundamental conventions, namely C087 Freedom of Association and Protection of the Right to Organise Convention and C098 Right to Organise and Collective Bargaining Convention. In general, these indicate the position of Thai government, which does not fully support the establishment of trade union as solidarity basis of all workers and does not provide workers an opportunity to engage in fruitful negotiation to decent work.

### **3.1.2 International Labour Standards according to Decent Work for Paid Domestic Care Workers**

Generally, paid domestic care workers are not protected by labour legislation to the same degree as other workers. Additionally, although women and minorities are majority of paid domestic care workers population, they experience the worst indecent work. Accomplishing decent work for paid domestic care workers require labour legislation protection equally with other workers. By verification of Thailand's labour legislation ensuring decent working conditions and equal pay, the care-related international standards should be identified.

Policy recommendations and measurements	International Labour Standards
<b>1. Reward: More and Decent Work</b>	
1.1 Regulation and implementation of decent terms and conditions of employment and achieve equal pay for work of equal value	
<ul style="list-style-type: none"> <li>Regulation of non-standard forms of employment</li> </ul>	C175 Part Time Work C156 Workers with Family Responsibilities
<ul style="list-style-type: none"> <li>Minimum wages and social protection</li> </ul>	C102 Social Security C131 Minimum Wage
<ul style="list-style-type: none"> <li>Equal pay for equal work</li> </ul>	C100 Equal Remuneration
<ul style="list-style-type: none"> <li>Transitioning of care workers from the informal to the formal economy</li> </ul>	R204 Transition from the informal to the formal economy C189 Domestic Workers
<ul style="list-style-type: none"> <li>Supporting non-profit institutions devote to care</li> </ul>	R193 Promotion of Cooperatives
1.2 Ensuring of a safe, healthy and stimulating work environment for care workers	
<ul style="list-style-type: none"> <li>Eliminating all forms of violence and harassment against care workers</li> </ul>	-
<ul style="list-style-type: none"> <li>Data collection to inform occupational safety and health at work policies in care sectors</li> </ul>	-
<ul style="list-style-type: none"> <li>Workforce development, skill upgrade, qualification certification and recognition and career advancement for all care workers</li> </ul>	C189 Domestic Workers
<ul style="list-style-type: none"> <li>Equal participation of women and men in care jobs and women's promotion to management or senior positions in care occupations</li> </ul>	-
<b>2. Representation, social dialogue and collective bargaining of care workers</b>	
<ul style="list-style-type: none"> <li>Women's full and effective participation and equal opportunities for leadership at all levels of decision-making</li> </ul>	C111 Discrimination (Employment and Occupation)
<ul style="list-style-type: none"> <li>Freedom of association for care workers and employers</li> </ul>	C87 Freedom of Association C189 Domestic Workers
<ul style="list-style-type: none"> <li>Social dialogue and right to collective bargaining in care sectors</li> </ul>	C98 Right to Organize and Collective Bargaining C100 Equal Remuneration
<ul style="list-style-type: none"> <li>Alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid care workers.</li> </ul>	

*Table 4 Care-Related International Labour Standards with Focusing on Paid Domestic Care Worker*



To ensure proper regulation of non-standard forms of employment, the principles established in the Part-Time Work Convention (C175) could contribute to good quality of part-time work for paid domestic care workers, as well as in the Workers with Family Responsibilities Convention (C156). For paid domestic care workers, putting the Minimum Wage Convention (C131) into practice could reduce wage penalties. Moreover, the enforcement of the Social Security Convention (C102) could prevent them and their families from poverty. In paid domestic care work, equal pay for equal work could be attained in accordance with the Equal Remuneration Convention (C100) including wage transparency and gender neutral job evaluation method.

Since paid domestic care worker are perceived as low-skilled worker, they are normally confronted with indecent work conditions. Therefore, all paid domestic care workers could join organizations representing their interests in line with the Freedom of Association and Protection of the Right to Organize Convention (C87). In line with the Right to Organize and Collective Bargaining Convention (C98), social dialogue and collective bargaining could led to decent work and working conditions serving the interests of both care workers and care recipients.

As stated that the ‘reward’ and ‘representation’ framework proposed in 1.4 is adapted from the ILO’s 5R Framework for Decent Care Work, the care-related international labour standards for policy recommendations and measurements focusing on paid domestic care worker (Addati, 2018) are selected and presented in Table 4.

Since most of paid domestic care workers are live-in, they are not part time workers. Thus, the Part Time Work Convention (C175) is not included in this regulations review. Additionally, this study put emphasis on conventions, which have stronger legal binding status. So, all related ILO’s recommendations are out of scopes of this thesis. Moreover, according to ‘reward’ approach significant decent care working conditions are related with the Domestic Worker Convention (C189), the Minimum Wage Convention (C131), the Equal Remuneration Convention (C100) and the Social Protection Convention (C102). These three conventions ensures the rights of paid domestic care workers as workers, who should be protected from wage penalty and poverty. With ‘representation’ approach, the Discrimination (Employment and Occupation) (C111), the Freedom of Association and Protection of the Right to

Organize Convention (C87) and the Right to Organize and Collective Bargaining Convention (C98) will be our central focus.

The country regulations, especially labour and social protection legislations will be reviewed to verify its accordance with the following conventions.

#### *C102 Social Security*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Part III – Sickness Benefit	Chapter 2 Injury or Sickness Benefit, SSA (B.E. 2558)
Part IV - Unemployment Benefit	Chapter 8 Unemployment Benefit, SSA (B.E. 2558)
Part V – Old Age Benefit	Chapter 7 Old-Age Benefit, SSA (B.E. 2558)
Part VI – Employment Injury Benefit	The Article 5 of the Workmen’s Compensation Act 1994 has exempted domestic workers from this right. It states in the definition of employee that “ <i>excluding an employee who is employed for domestic work which does not involve in business;</i> ”.
Part VII – Family Benefit	Chapter 6 Child Benefits, SSA (B.E. 2558)
Part VIII – Maternity Benefit	Chapter 3 Maternity Benefit, SSA (B.E. 2558)
Part IX – Invalidity Benefit	Chapter 4 Invalidity Benefit, SSA (B.E. 2558)
Part X – Survivor’s Benefit	Chapter 5 Death Benefit, SSA (B.E. 2558)

*Table 5 Thai Regulations Related To ILO's C102 Social Security*

Basically, paid domestic care workers are included as ‘employee’ with the Article 5 of Social Security Act 1990 (B.E. 2533). With the Article 33 of Security Act 1990 (B.E. 2533), as employee with certain employer, paid domestic care workers are eligible to be registered for the social security coverage, which provides insured persons to seven benefits including compensation in case of non-work related accidents or illness, maternity benefit, compensation for non-work related disabilities, compensation for non-work related death, child care benefit, old age benefit and unemployment benefit. However, paid domestic care workers are excluded employment injury benefits provision within the Workmen’s Compensation Act (B.E. 2537).

### *Minimum Wage*

Key mechanism considering the minimum wage is the wage committee, whose combination based on tripartite system. Article 87 Labour Protection Act (B.E. 2562) authorizes the wage committee to specify the minimum wage for other workers separately from employees. Hence, informal workers, students, disable person, elderly people are included in its coverage. Additionally, hourly minimum wage could be specified by the wage committee. Nevertheless, with the Ministerial Regulation (B.E. 2555) paid domestic care workers are still excluded from minimum wage provision in LPA (B.E. 2562).

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 1 - Minimum Wage System	<p>Article 87 Labour Protection Act (B.E. 2562) increase the authority of the wage committee to specify the minimum wage for other workers apart from employees. Hence, informal workers, students, disable person, elderly people are included in its coverage. Additionally, hourly minimum wage could be specified by the wage committee.</p> <p>Article 89 LPA (B.E. 2562) indicates that minimum wage is applied to both employers and employees, regardless nationality, religion or gender.</p> <p>Ministerial Regulation (B.E. 2555) Nr. 14 exempts paid domestic care workers from rights to minimum wage.</p>
Article 2 - Penalty	<p>According to the LPA (B.E. 2562), any employer who violates and fails to comply the law, will be imprisoned for less than 6 months or fined with the amount at least 5,000 Baht but not exceeding 200,000 Baht or both.</p>
Article 3 - Consideration	<p>Article 87 LPA (B.E. 2562) specifies that the wage committee conduct a study and verify other facts with consideration of cost of living, inflation rate, standard of living, production cost, prices of products and services, business ability, labour productivity, Gross Domestic Product and socio-economic status.</p>

Article 4 - Mechanism	<p>Article 87 LPA (B.E. 2562) specifies as followed</p> <ul style="list-style-type: none"> <li>• The wage committee consists of 14 persons. The permanent secretary of Ministry of Labour is the chairman; 4 governmental representatives, 4 representatives of employers and 4 representatives of employees, which are appointed by the cabinet; an officers of Ministry of Labour and Ministry of Social Affairs, which are appointed by the labour minister, will be committee secretary.</li> <li>• The labour minister will specify criteria and process of recruiting representatives of employers and employees.</li> <li>• The wage committee has a duty to consider basic minimum wage and recommend to the cabinet.</li> <li>• The office of the wage committee is located at the Ministry of Labour</li> </ul>
Article 5 - Monitoring	Not specified

*Table 6 Thai Regulations Related To ILO's C131 Minimum Wage*

*C100 Equal Remuneration*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 1 - Equal pay for equal work	Article 53 of Labour Protection Act (B.E. 2562) specifies that employers has to specify wage, overtime pay, holiday work pay and overtime pay for holiday work for employee, whose job has the same character and quality and the same quantity or equal value, equally, regardless of whether the employee is a male or female.

*Table 7 Thai Regulations Related To ILO's C100 Equal Remuneration*

The principle of equal pay for equal work is embedded within the Article 53 of Labour Protection Act (B.E. 2562).

*C189 Domestic Workers*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 2 – Definition of Domestic Work	<p>No definition of domestic work in both LPA (B.E. 2562) and MR Nr. 14.</p> <p>In general, domestic work is understandable as any work or service supporting living and life of family members such as taking care of house, people, property, pet, cooking, laundering and cleaning, which does not involve business operations.</p>
Article 3 – Promotion and Protection of Human Rights and Right at Work of Domestic Workers	<p>Thai constitution provide provision for human right principle and protection mechanism.</p>
Article 4 – Minimum Age of Domestic Workers	<p>LPA (B.E. 2562) specifies that minimum age of domestic employee is 15 years old, which is in accordance with a fundamental convention C138 Minimum Age that Thailand has already ratified.</p>
Article 5 – Protection of all forms of Abuse, Harassment, Violence	<p>LPA (B.E. 2562) protects only sexual form of abuse, harassment and violence.</p>
Article 6 – Fair terms of employment and decent working and living conditions	<p>Neither fair terms of employment as well as decent working conditions nor decent living conditions respecting their privacy for live-in workers are specified.</p>
Article 7 – Information of working conditions	<p>Not specified. There is no requirement for written contract in accordance with legislations or collective agreements.</p> <p>The Labour Ministerial Nr. 14 (B.E. 2555) only states that employers shall inform the employers about annual official holidays including labour day.</p>

Article 8 – Migrant domestic workers	LPA (B.E. 2562) requires equal treatment of all employees including migrant workers, irrespective of their legal status.
Article 10 – Working hours, weekly day-off, annual leave	<p>The Ministerial Regulation Nr. 14 (B.E. 2555) specifies that employers shall provide employee</p> <ul style="list-style-type: none"> <li>• at least paid 1 day-off weekly; (Article 28)</li> <li>• at least 13 paid official holidays annually; (Article 29)</li> <li>• paid sick leave with the same wage on working day, but not exceeding 30 days in a year; (Article 32 and 57)</li> <li>• paid 6 working days annual leave for who worked for at least one year; (Article 30 and 56)</li> </ul> <p>However, it exempts the limited working hours from LPA (B.E. 2562).</p>
Article 11 – Minimum Wage and Equal Remuneration	<p>Ministerial Regulation (B.E. 2555) Nr. 14 exempts paid domestic care workers from rights to minimum wage.</p> <p>Article 53 of Labour Protection Act (B.E. 2562) specifies that employers has to specify wage, overtime pay, holiday work pay and overtime pay for holiday work for employee, whose job has the same character and quality and the same quantity or equal value, equally, regardless of whether the employee is a male or female.</p>
Article 12 – Cash payment and in kind payment	<p>LPA (B.E.) specify that employer shall provide direct cash payment to employees with age under 18 years old.</p> <p>LPA (B.E. 2562) does not allow in kind payment.</p>
Article 13 – safe working environment	<p>The Occupational Safety, Health and Environment Act (B.E. 2554) applies to paid domestic workers. The definition of the employee in the Act is that <i>“a person who is employed by an employer for remuneration, regardless of the title that he/she is given. An employee is also a person who is allowed to work or to provide benefit for or in an establishment of an employer, regardless of the name used.”</i></p>

Article 14 – social protection, maternity right	Social Protection and maternity provision in Social Security Act 1990 (B.E. 2533) apply to paid domestic care worker.
Article 15 – recruitment by private employment agencies	It was specified in the Employment and Job-Seeker Protection Act (B.E. 2558).

*Table 8 Thai Regulations Related To ILO's C189 Domestic Workers*

Paid domestic care workers are part of domestic workers. They are excluded for some basic rights including minimum wage, limited working hours, maternity right and compensation for termination.

*C111 Discrimination (Employment and Occupation)*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 1 – Definition of Discrimination	No definition of discrimination. Paragraph 1, Article 8, LPA (B.E. 2562) indicates that an employer shall treat male and female employees equally in their employment, except that the nature or work conditions do not allow the employer to do such.
Article 2 – Equality of opportunity and treatment in respect of employment and occupation	Article 38 LPA (B.E. 2562) specifies that an employer is forbidden from requiring a female employee to conduct some types of job with high risk affecting their health.

*Table 9 Thai Regulations Related To ILO's C111 Discrimination (Employment and Occupation)*

Without explicit legal definition of discrimination, paid domestic care workers could not enjoy their employment right to the extent of other workers. Key basic rights comprising of minimum wage, limited working hours, maternity right and compensation for termination are not complied to paid domestic care workers, but these are not evaluated as discrimination. For paid domestic care workers, achieving the

equality of opportunity and treatment in respect of employment and occupation could not be ensured without legislations against all kinds of discrimination.

*C87 Freedom of Association and C98 Right to Organize and Collective Bargaining*

*Table 3-8*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 2 - Right to establish organization	The Labour Relations Act (B.E. 2518) denies the right to organize of paid domestic care workers with the reason that they are not identified as workers under the Act.  Additionally, employers are also excluded from the right to organize, since they are not acknowledged as profit-making organizations.

*Table 10 Thai Regulations Related To ILO's C87 Freedom of Association*

<b>ILO Convention</b>	<b>Thai Regulations</b>
Article 1 - Non-discrimination	The Labour Relations Act (B.E. 2518) denies the right to organize and collective bargaining of paid domestic care workers with the reason that they are not identified as workers under the Act.
Article 2 - Non-intervention	
Article 3 - Mechanism	
Article 4 - Collective Bargaining	

*Table 11 Thai Regulations Related To ILO's C98 Right to Organize and Collective Bargaining*

The Labour Relations Act (B.E. 2518) denies the right to organize of paid domestic care workers with the reason that they are not acknowledged as employees under the Act. Moreover, only workers with Thai nationality could form the union.



### **3.1.3 Analysis of Decent Work for Paid Domestic Care Worker from Regulations Perspective**

#### *Reward Dimension*

The ‘reward’ approach towards decent care work involves two main strategies. While the decent employment and equal remuneration are measured by C131 Minimum Wage, C102 Social Security and C100 Equal Remuneration, the safe and healthy working environment are measured by C189 Domestic Workers. The details of reviewed regulations.

In general, paid domestic care workers are protected by the Ministerial Regulation Nr. 14 (B.E. 2555) issuing under the Labour Protection Act (B.E. 2541), whose core purpose is improving worker rights for domestic workers in Thailand. This regulation applies to employers, who employ employees to carry out domestic work not involving business operations. It extends some rights provisions within the LPA (B.E. 2541) to paid domestic care workers. Additionally, the general minimum age for employment admission provided in LPA (B.E. 2541) is applied to paid domestic care workers as well. The regulation complies some characteristics of the legislation with the Domestic Workers Convention (C189). While the right to a weekly day-off, traditional public holidays, paid sick leave and paid annual leave under LPA (B.E. 2541) are applicable to paid domestic care workers, the right to standard daily working hours are exempted. The provision for hourly overtime pay, hence, does not exist. Moreover, paid domestic care workers are not entitled to minimum wage in line with the Minimum Wage Convention (C131). By employment termination, though the right to the advance notification, paid domestic care workers are not eligible to severance pay irrespective of how long they have been working for their employers. Besides, although they are eligible to many social protection benefits under Social Security Act (B.E. 2558) through Article 33, they are not entitled to provision of employment injury benefit under the Workmen’s Compensation Act (B.E. 2537). Even though maternity benefit is provided under the SSA (B.E. 2558), employment termination of female paid domestic care workers with pregnancy are not prohibited.

Moreover, the equal remuneration for paid domestic care worker is ensured by the Article 53 of Labour Protection Act (B.E. 2562). Regardless of whether the

employee is a male or female, the Act implies that employers have to specify wage, overtime pay, holiday work pay and overtime pay for holiday work for employee, whose job has the same character and quality and the same quantity or equal value, equally.

Therefore, from 'reward' dimension for achieving decent terms and conditions of employment, in comparison with international labour standards, the Ministerial Regulation Nr. 14 (B.E. 2555) issuing under the Labour Protection Act (B.E. 2541) is essential regulation extending some rights provision to paid domestic care workers. Nevertheless, it excludes paid domestic care workers from essential five basic worker rights including standard daily working hours, minimum wage, severance pay by employment termination, employment injury benefit and maternity right. One of the key progress is provision of the rights to a weekly day-off and other paid leaves for paid domestic workers. The rights to weekly day-off provides opportunity for relaxation and recreation among them.

Also, according to international labour standards, the absence of rights provisions in Thai regulations to standard daily working time, minimum wage, severance pay by employment termination, employment injury benefit and maternity right, achieving decent terms and conditions of employment and ensuring of safe, healthy and stimulating work environment could not be possible. Paid domestic care workers could not maintain their good health and well-being as well as the quality of their care jobs.

### *Representation Dimension*

Next, the 'representation' approach towards decent care work involves four sub-strategies and measured by C111 Discrimination (Employment and Occupation), C87 Freedom of Association, C98 Right to Organize and Collective Bargaining.

While most of progressive and developmental Thai legal frameworks put emphasis on 'reward' approach, 'representation' approach is supported by an outdated Labour Relations Act (B.E. 2518). Even though the 'non-discrimination' principles in line with

the Discrimination (Employment and Occupation) Convention (C111) is specified in the LPA (B.E. 2562), the SSA (B.E. 2558) and the WCA (B.E. 2537), paid domestic workers still face with barriers to access freedom of association and collective bargaining rights.

Thailand have not ratified both C87 Freedom of Association and C98 Right to Organize and Collective Bargaining, which are two fundamental ILO's conventions among eight. This indicates that Thai government is uncomfortable with the universal principles underpinning two conventions. These reflect within the Labour Relations Act (B.E. 2518), which restricts the right to organize and collective bargaining of all workers including paid domestic care workers.

Article 88 of LRA (B.E. 2518) specifies that union founders have to be either employee of the same employers or employee working in the same sector regardless of the number of employers. Moreover, they are required to have Thai nationality and lawful age. Since most of paid domestic care workers have different individual employers, they have no rights to establish the union. Additionally, employers of paid domestic care workers are individuals and not viewed as business entrepreneur, paid domestic care workers could not form the union with the reason that they are working in the same sector. Only paid domestic care workers, who are employed or recruited by any agency company, have right to establish the union. Besides, while the majority of paid domestic care workers is migrant workers, they are denied to establish or join the union as well.

As a result, social dialogue could not take place efficiently without the governmental trust to other sector. Furthermore, the lack of representation of paid domestic care workers led to invisibility in the decision making processes.

### **3.2 Policies Perspective**

In this part, four national policies relating with paid care domestic workers, which are Decent Work Country Programme, National Labour Master Plan (B.E. 2560 – 2564), National Policy Measurement for the National Agenda concerning Aged Society and Long Term Care Project for Dependent Elderly Person, will be inspected whether they are accommodating 'reward' and 'representation' strategical framework towards decent care work.

### 3.2.1 National Labour Master Plan (B.E. 2560 – 2564)

The development of the *National Labour Master Plan (B.E. 2560 – 2564)* is expected to support the Twenty-year National Strategy framework (B.E. 2560-2580), the Thailand 4.0 development plan and the Twelfth National Economic and Social Development Plan (B.E. 2560 – 2564). While the main purpose of the long term 20 years strategic plan is to achieving developed country status with economic stability, human capital, equal economic opportunities, environmental sustainability, competitiveness and effective government bureaucracies, the NLMP (B.E. 2560 – 2564) vision is the achievement of *'labour with high potential and good quality of life'*.

Six strategies to accomplish NLMP (B.E. 2560-2564) are consisted of following:

1. Potential enhancement of labours and entrepreneurs
2. Protection, Promotion of Security and Guarantee of Work and Quality of Life
3. Management of International Workforces
4. Mechanism Development for Job Market Balancing
5. Good Governance and Participation in Organization and Personals Management
6. Development of Information Technology

However, after examining all six strategies and their corresponding plans, even though the increasing aged population situation is mentioned in the beginning of this master plan, the labour policies put emphasis on workforces in targeted industries, especially in the Special Economic Zones (SEZ). In response to ageing society, only concerns about job creation and social protection for elder workers are proposed without mentioning 'care workers'. Besides, the highlight of migrant workforce in the master plan indicates the concern of Thai government from national security viewpoint. Above and beyond, human trafficking among fish industry became central issue as well. These specify the significance role of 'growth' economic mind set underneath 'security' and 'wealth' national strategies, rather than 'inclusive' or 'care' underpinning 'sustain' national strategy.

From policy perspective, therefore, the NLMP (B.E. 2560-2564) is not in compliance with the decent work framework for paid domestic care workers, particularly in regarding to 'reward' and 'representation' strategical approach.

### 3.2.2 Decent Work Country Programme (DWCP) 2019-2021

By 2030 Thailand has committed to achieve the Sustainable Development Goals (SDGs). The development Thailand's DWCP 2019-2021 is relevant closely to the SDG Goal 8 emphasizing on the promotion of sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all.

Based on the collaboration between the ILO and the national entities, DWCP 2019-2021 was developed during 2018 with key concerns about high rate of youth unemployment and the rising number of elder population, the lack of social protection among vulnerable workers especially informal workers and migrant workers, and lower level of labour market governance. The three Country Priorities are comprised of promoting an enabling environment for the growth of decent and productive employment, strengthen labour protection, especially vulnerable workers, and strengthen labour market governance in line with international labour standards (Table 12).

Thailand DWCP's Purposes and Outcomes	Decent Care Work Framework	
	'reward'	'representation'
<b>1. Promotion of environment for decent and effective for good employment</b>		
<ul style="list-style-type: none"> <li>Increase of decent employment, improve recruitment of youth and elderly regardless of genders by agencies, training</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Sustain organization development</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Improve efficiency of Social Protection System</li> </ul>	✓	
<b>2 Strengthening Labour Protection: Vulnerable Workers</b>		
<ul style="list-style-type: none"> <li>Informal workers and migrant workers</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Reduction of unacceptable forms of work</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Safe working environment and occupational health</li> </ul>	✓	
<b>3 Strengthening Labour Market Governance</b>		
<ul style="list-style-type: none"> <li>Tripartite System</li> </ul>		✓
<ul style="list-style-type: none"> <li>Social Dialogue</li> </ul>		✓
<ul style="list-style-type: none"> <li>Conventions Ratification (C144, C102, C155, C188, C189)</li> </ul>	✓	✓

Table 12 Thailand DWCP according to Decent Care Work Framework

By achieving of promoting an enabling environment for the growth of decent and productive employment, three country outcomes are brought together, which are increasing decent and productive employment focusing on youth and elder persons of all genders, strengthen sustainable enterprise development in line with international labour standards and improvement of the social security system. By addressing domestic care job as one of the essential labour market needs within the action plan development process of the Department Of Employment (DOE), decent care work could be promoted to the youth and elder persons of all genders. In case of integrating care work in the skills development master plan, the curricula and competency standards of DOE, the employability of all people could be increased as well. The key challenge is making paid domestic care job visible to the officials of DOE.

To strengthen labour protection, particularly vulnerable workers, expected country outcomes are increasing protection of vulnerable workers in the informal economy and migrant workers, reduction of unacceptable forms of work and increasing labour inspection capacity in compliance with occupational safety and health standards. By developing a set of manuals for strengthening domestic care worker inspection as well as a training tool for national labour inspectors focusing on domestic care work in line of international labour standards, labour inspectorate capacities could be enhanced. However, challenging is the implementation of labour inspection in private household realm.

Strengthening labour market governance in line with international labour standards requires three outcomes comprising of enhancing capacity of tripartite constituent, improving tripartite mechanism and increasing of ratification and implementation of international labour standards. By organizing capacity building events for government officials, employer's organizations and employee's organizations, care job issues could be addressed within the events. The experience of paid domestic care workers by initiating and maintaining their collective movement, could be shared with other in the knowledge sharing platform. Furthermore, conducting research on challenges, processes and possibilities regarding with ratification of C87/98 in Thailand could raise awareness about rights to freedom of association and collective bargaining.

Also, DWCP provides opportunities to involve the domestic care worker issues within its action plan. Although two main priorities of DWCP put emphasis on ‘reward’ approach, ‘representation’ approach is still essential and necessary for implementing decent work. Nevertheless, Thailand’s DWCP tends to nurture tripartite relationship between employers and employees’ organizations with governmental collaboration, support feasibility study of ratification of ILO’s C87 and C98 conventions and require an establishment of negotiation and collective bargaining agreements. These initiatives could bridge some gaps within the ‘representation’ approach, which were neglected and disregarded by state policies.

### **3.2.3 National Policy Measurement for the National Agenda concerning Aged Society**

According to the cabinet resolution on 4<sup>th</sup> December B.E. 2561, Ministry of Social Development and Human Security has developed the *National Policy Measurement for the National Agenda concerning Aged Society*. Its main purpose is to facilitate collaboration among ministries such as Ministry of Public Health, Ministry of Labor, Ministry of Finance, National Health Security Organization. It aims at active ageing with two main approaches (MoSDHS, 2018) as following:

- i) Quality of life of elder persons and other generations will be achieved with following measurements:
  - By development of protection and welfare system for elderly persons, development of protection system for them in community level and standardization of all elderly care centers are required.
  - By promote employment and income for elderly persons, 80 percent of elderly job seekers are employed.
  - With supportive health system for elderly persons, 50 percent of elderly population have expected health behaviors; 90 percent have assessed health screening and 70 percent of bed-ridden elderly have provided health and social care.
  - By environment in household and community for elderly persons, increase of elder friendly communities, public facilities and safe urban footpath are mandatory.

- Development of Time Bank mechanism for elderly care is integrated with 10 percent of Center for the Development of Quality of Life of Elderly and Career Promotion.
  - With elderly literacy for new generations, positive attitude towards elderly, elderly insurance benefits and promoting of ageing preparation are obligatory.
- ii) Efficiency of governmental management should be attained through following:
- By enhancing collaboration between national entities, all of them is responsible for reporting to the National Elderly Committee twice a year.
  - All revised legislations related to elderly population are enforced.
  - Development of modern and collaborative databases and its implication for policy decision making process are compulsory.
  - Increase of productions, innovations and technology for elderly are required.

From care work perspective, measurements on protection system in community level, standardized elderly care centers, supportive health system and Time Bank mechanisms are associated with care workers.

By focusing on the significance of aged society, several standards for elderly care services are mentioned including standards for care providers, care courses and caregivers in care centers. Likewise, the requirement of supportive health system for elderly persons involving preventive, intermediate and long term care system development reveals the demand of care work gradually. Nevertheless, care workers are invisible within these policy measurements. Additionally, care work for elderly persons is evaluated as ‘unpaid’ or volunteer work, which is reflected by development of the Time Bank mechanisms for elderly care.

Therefore, without any specifications of the role and rights of care workers, who are responsible for all elderly care works, care workers in the *National Policy Measurement for the National Agenda concerning Aged Society* are invisible and there exists no policy measurement to protect their basic worker rights.



### 3.2.4 Long Term Care Project for Dependent Elderly Person

Since 2016, the Ministry of Public Health has developed and implemented the *Long Term Care Project for Dependent Elderly Person*, which contributed to more than 0.08 million bedridden elderly persons .

This project provides training for both care managers and caregivers. After 70 hours training course as caregiver, community caregiver course requires additional 50 hours training time. Moreover, the full time caregiver for dependent elderly persons in community, especially bedridden patient, will attain the complementary 120 hours training course.

All care managers and caregivers will be registered by the provincial human development plan. The care recipient will acquire the care according to the registered care plan. It was claimed that there are 12,452 trained care managers and 77,380 trained care givers.

Overall, the long term care project responses to the rising demand of care need among elderly persons in community. By highlighting the role of training courses and categorizing of care assistances levels, care activities are emphasized as ‘skilled’ work. Nevertheless, care managers and caregivers are not viewed as ‘paid workers’, but voluntary care providers for communities.

### 3.3. Discussions

With encouragement from the ILO, the implementation of decent care work through legislations and policies in Thailand is, however, limited. From decent work agenda aspects, the gap between Thai legislation and international labour standards still remain. Paid domestic care workers are obscure within both legislation and policies. The gaps in coverage to implementation of international labour standards and the invisibility of paid domestic workers will be discussed in this part.

#### *Gaps in coverage to implementation of international labour standards*

Since Thailand ratifies six from eight fundamental ILO conventions and some aspects of the decent work agenda are promoted by the state labour offices, the Domestic Workers Convention (C189) and the other two core international ILO conventions comprising of the Freedom of Association and Protection of the Right to

Organise Convention (C87) and the Right to Organise and Collective Bargaining Convention are still not ratified by Thai government.

Even though some aspects of the Ministerial Regulation Nr. 14 (B.E. 2555) are in line with the Domestic Workers Convention (C189), the deficiency of basic rights provisions for domestic workers to standard daily working time, minimum wage, severance pay by employment termination, employment injury benefit and maternity right could not ensure decent terms and conditions of employ, safe, healthy and stimulating work environment and social dialogue of domestic workers including paid domestic care workers. Therefore, according to Decent Care Work Framework, Thai regulations are still insufficient for ‘reward’ approach.

Furthermore, the lack of ratification of both the Freedom of Association and Protection of the Right to Organise Convention (C87) and the Right to Organise and Collective Bargaining Convention reflect the fear of Thai government for unionism.

Thai government have negative attitude towards trade unions and collective bargaining with the reason that it might destabilize national economy and security. With the model of ‘developmental state’, which is characterized by strong state intervention and extensive regulation and planning, the competitiveness capability of East Asian countries including Thailand in late 20<sup>th</sup> century has been established on cheap labour and cheap natural resources to attract the foreign direct investment. By state intervention, unions among private-sector and state-owned enterprise workers are less developed. Besides, Thai state has discouraged its own employees and migrant workers from unionizing and engaging in collective bargaining.

*The DWCP (2019-2021)* has put an effort to bridge these gap with strategical plans to enhance development of tripartite system and social dialogue. Nevertheless, C87 and C98 are not included within the ratification strategical plan. Additionally, without mentioning workers in domestic workers as well as care workers under ‘strengthening labour market governance’ strategy, it is questionable whether those workers will be included within the implementation process.

#### *Invisibility of paid domestic workers*

As in Labour Protection Act (B.E. 2562), it was shortly written that domestic work does not involve business activity. The lack of definition of domestic work within

legal framework indicates the invisibility of domestic workers in policy realm. Moreover, domestic work is excluded from business activity, because it is defined as a non-economic activity. Apart from domestic work legal definition, there is no distinct definition of care work in any regulations.

Therefore, as subpopulation of domestic workers and its non-standard form of employment, paid domestic care workers are insufficient protected by the *Labour Protection Act (B.E. 2562)*, *Social Security Act (B.E. 2558)*, *Occupational Safety and Health at Work (B.E. 2544)*, *Work Men Compensation Act (2537)* and *Labour Relations Act (B.E. 2518)*. While other general workers could enjoy full protection from these regulations in accordance with ‘reward’ approach, paid domestic care workers have inequality of rights at work. And while other general workers gain insufficient protection from regulations in accordance with ‘representation’ approach, paid domestic are workers are the most disadvantaged worker groups among them.

The pattern of invisibility takes place in care policies as well. In response to aged population, the *National Labour Master Plan (B.E. 2560 – 2564)* put emphasis on development of workforce for targeted industries with absence of care economy.

Even though the *National Policy Measurement for the National Agenda concerning Aged Society* by the Ministry of Social Development and Human Security and the *Long Term Care Project for Dependent Elderly Person* by the Ministry of Public Health has provided several strategies concerning provision of care services and caregiving skills for elderly persons, care activities are introduced as unpaid volunteer work for the community.

What is more, while ILO emphasizes the significance of domestic worker as the most vulnerable worker group within decent work agenda and promote care work as significant future work in response to aging society, domestic workers and paid domestic care workers are not mentioned in Thailand DWCP, which was fortified by ILO.

Apart from their invisibility, their voices are being unheard as well. As their working conditions in private household kept them distant from public space, non-separation of working hours and non-working hours have restricted them from freedom to association. While general workers could gain some rights from the obsolete Labour Relations Act (B.E. 2518), paid domestic care workers needs more supportive

mechanism. Although the Labour Ministerial Nr. 14 (B.E. 2555) specifies that employer shall provide at least one weekly day-off, this non-working day is highlighted as a rest day for mainly health purpose, but not for self-development as well as for care workers' association.

The invisibility and voiceless characteristics of domestic workers including paid domestic care workers might be another reason of Thai legislation's non-compliance with international labour standards.

To achieve 'representation, social dialogue and collective bargaining' goal, the ILO ratification and legislation reform could get strong support from paid domestic care workers movement. Therefore, more investment in leadership training program and networking for paid domestic care workers should be managed. Without empowerment mechanism and strategy to increase their visibility or representation in public policy process, paid domestic caregiver will be incessantly excluded from entirely regulations and policies.

## CHAPTER 4

### WORKING CONDITIONS AND WORKERS PERCEPTIONS

In this chapter, the experiences of paid domestic care workers in Thailand will be investigated according to previous mentioned conceptual framework involving their working conditions and workers' perception about decent work.

#### 4.1 Interviews Results

##### 4.1.1 Demographic Information

Seven female and one male paid domestic care workers were recruited for this research. Two of them are migrant workers from neighboring countries, one of them is from an ethnic community. The age ranges were varying from 25 to 55. Recently all participants work in the household in the Bangkok Metropolitan Region, but all of them came from rural areas. Three of them were single, two were married and the other three were separated from their couples. Five of them were hired directly, three were hired through caregiver agencies. Three of care recipients are bed ridden elder patients, five are elder persons. The demographic information of the paid domestic care workers is presented in Table 13.

Nr	Alias	Nationality / Ethnicity	Age	Gender	Hometown	Family status	Hiring Type	Care Recipient
1	Thong	Lao	30	f	Nhongbok	married	direct	bedridden elder man
2	Mai	Thai	54	f	Uttaradit	separated	agency	bedridden patient
3	Too	Myanmar	55	f	n/a	separated	direct	Elder woman
4	Pin	Thai	51	f	Khonkaen	married	agency	Elder woman
5	Tam	Thai	49	f	Rajburi	separated	agency	Bedridden woman
6	Tor	Thai	34	m	Songkla	single	direct	Elder man
7	Por	Thai / Karen	25	f	Tak	single	direct	Elder woman
8	King	Thai	37	f	Buriram	single	direct	Elder woman

Table 13 Demographic Data of the Participants

Three main themes related to the paid domestic care workers' experiences are becoming paid domestic care workers, working conditions and their future perspectives. Analysis of the interviews data underpinned by interpretive approach revealed how participants became paid domestic care workers, their care working conditions and their future perspective which reflected their recent struggles and valuing of decent work.

#### **4.1.2 Case Study 1: Thong**

Thong, a 30 years old married Laotian woman is recently a caregiver of a bedridden elderly man, who was once a senior judge of Thailand. As one of the guests of her employers, the researcher has met her several times. She has plain face and small figure. Generally, she is not chatty, but at the time of interview, she is willing to talk more than usual.

As her parents and her two children are still in Lao, she is the second one in the family leaving her hometown and rice farming work to look for a city job in neighboring country. When asking whether she still misses her home, definitely yes, she always think of her family. She replied quite abruptly and gave more explanation that earning from the low paid farming work was not enough to cover her family needs.

While her elder sister got a job as a food seller in Sriracha, her youngest sister, who came afterwards, sells grocery in Pattaya. Since she has only a secondary school education, she could apply for a restaurant job. As working in the small restaurants was hard and earned low wage, she has turned out to be housemaid afterwards and took care of elderly person in several households.

One of her employers submitted an employment request, therefore, she got an official documents including visa and work permit. However, after having a conflict with a Myanmar co-worker with longer employment duration, she quitted her job and went back to Lao. But not too long, she came back to Bangkok again, after getting a caregiver job offer news from one of her relative. For two months, she has started her work as a day shift caregiver for the 'grandpa' at this family house.

As a day shift caregiver, she has to work estimate 14.5 hours a day. Her current routine work begins at 6.30 am and end at 9 pm. Apart from daily body cleaning and sanitation, every two hours she has to change a body position of the bedridden grandpa. Every four hours, furthermore, she has to conduct the enteral tube feeding. Since the elderly person has diabetes, she has to collect his blood for daily nutrient and medicine management. Occasionally, she helps the grandma by house cleaning.

15,000 Baht is her monthly salary. It was paid in cash and she has to keep it with her, because the bank does not allow her to open an account without her employer's accompany. Sometimes, she got extra cash from her employers. She has a separate room and could use the house kitchen to cook her own food using available fresh food and ingredients available in the house.

She has no weekly day off automatically, for the reason that the bedridden grandpa needs continuous care and there was no other employment for extra caregivers. By request, she could take a day-off for 1-2 times/monthly. At that time, she will meet her husband, who work as a street pipe tap maker at Ramindara. With public transportation, it will take around 1.30 – 2.00 hours to reach there.

As a migrant domestic worker, she could not apply for the social security scheme. Nevertheless, she has once visit the state hospital doctor to have an internal examination by using her passport. And her employer is willing to pay for her.

When asking about her future plan, she dreams of her final life for living with family in her hometown. Her latest plan is to work for another year in Thailand. With a little bit hesitation, she said that she expects to have a saving amount of 100,000 Baht before leaving the job.

She told the researcher that she already has her own land and a house in Lao, but there exists other living cost including her children education. A high school education, is what she expected from her children. She is wavering, what her children would work later.

### 4.1.3 Case Study 2: Mai

Mai is the only female caregiver, whose contact the researcher received from many agencies asking for participation. As the researcher called her, she was eager to give the interview.

In 1995, Mai left her hometown in Uttaradit to look for a job in Bangkok. The main reason, she confessed at the end of the interview, was her divorce from her husband. Since her three children were left with her family, she proudly told the researcher that she has paid 8,000 Baht monthly for the baby sitter until her youngest daughter finished the primary school.

Her farmer parents have seven children and she is the sixth child of them. After her second year in the secondary school, her first job was rice farming. She talked openly about her difficult early childhood.

As she arrived Bangkok, she became a motorbike taxi driver. Since her mother had tremendous fear of motorcycle injuries and women were still underrepresented in this career, she was pressured to change her occupation. Two years later, after contacting a caregiver agency, she got a job as a domestic caregiver subsequently. Her first employer in Trang province trained her everything about caregiving, hence she could keep on her career for 22 years.

Her first agency took a commission of 4,000 Baht from her first month salary, which could be paid by installments as 2,000 Baht for two months, and 10% of her monthly wages subsequently. Later, she found that it was too much proportion and unfair. Hence, she changed the agency afterwards. She seems to be pleased with the recent agency, who acquired only 3,500 Baht as a commission for once. While her employer could request for the change of the caregiver provided by the agency, it seems fair that she could ask for other caregiver job with other employer too. If these take place within 6 months, the commission will be exempted. Some employers, who know about this kind of commission, will pay for her as an extra, but some would deduct from her salary later.



One of her challenges client was in coma and bedridden patient. She has to change the patient body position every two hours. For less than two hours daily, she could take a sleep, which she described it as a 'deep diving'. However, she told the researcher that she could endure hard work, but not the irritated employer. One of her care recipient was the elder women in Thonburi. Even though the elder person was neat and polite, she could not withstand the nag daughter of the elder. That job, hence, was ended within one month. Her recent work is nursing a client in one of an Ayutthaya hospital.

By ordinary agency policy, if she has to work on Sunday, she would get extra 700-1,000 Baht. Moreover, she would get 120 Baht for three meals a day. Since most of her employer has requested for monthly care work instead of daily employment, she has newly accepted a salary of 22,000 Baht and lived by the employer household without any other extra charge of working on Sunday and food cost.

"I have no idea", was the answer when asking about the future. She is now 54 years old, but has no retirement plan. With a little bit confusion after inquiring for the reason, she said that she loved this job. She complained that her son in law is unemployed. Since two of her sons have their own family to take care of, she has to give financial support to her youngest 20 years old daughter, who is currently pregnant and unemployed. After questioning about what she thought about if she could not work further, she just said that she has to go back and live at her own home in Pathumthani.

#### **4.1.4 Case Study 3: Too**

Too is a long time female caregiver of a friend of researcher friend's mother. She was known as a very loyal and attentive caregiver of her employer, who gives her huge trust and let her keep the employers purse with more than ten thousand Baht.

Recently, Too is 55 years old Myanmar woman. She was once an orphan. Her father passed away since she was three months old. Afterwards, she lost her mom as she was 16 years old. Therefore, she was grown up with the other two elder brothers. After finished her fifth year in primary school, she worked as a self-employed in rural

area of Myanmar for many years. In between, she was married and have three sons, but have already been separate from her husband for 25 years.

As soon as she heard that she could earn more at Mae Sot, a border district between Thailand and Myanmar, she did not hesitate to find a job there. She told the researcher that she needs better job with better income. And when she was motivated by higher wages in Bangkok, she moved to the capital of Thailand and worked in the big Simummuang market for two years. After visiting her family in Myanmar, as she came back to her employer, she was quite upset because the other person has got her job already. When one of her friend told her about a housemaid job offering by a family, she accepted it promptly. Later, she become the caregiver for 'A-Ma', the elderly lady of the family, and it has been more than twenty years since then.

Her regular work is taking care of A-Ma, from taking a bath, dispensing of medicines to wash the butt. She said 'everything'. Because A-Ma loves socializing and having a lot of mobility, she has to follow her everywhere. Once the researcher met A-Ma in Yaowaraj market, Too noticed that the old lady was already tired, she just arranged a rest place for her in a restaurant and went out shopping outside for her. Yes, she gains an immense trust from A-Ma, so that she could carry A-Ma's purse with a tremendous amount of cash and pay everything for her.

In the beginning, she got 3,500 Baht from A-Ma as a housemaid. Lately, as the long term caregiver, her wage has been increased to 15,000 Baht monthly, which was paid by one of A-Ma's son. Apart from the salary, she receives 2,000 Baht extra in cash from A-Ma's son. Because the family house provides rice, cooking gas and cooking oil, she just has to buy only meat for her own cooking food.

Although she has her own room in the family house, she sleeps every night in A-Ma's room. Hence, it seems she has no weekend. Nevertheless, after asking about this, she just laughed out loud and said 'yes, I would sue her to the court'. For the reason that she has to extend her passport every two years and conduct a health check at a state hospital, A-Ma's son is responsible for all existed cost. Although she has no health insurance as well as any social security, however, as she got a toothache, the family

sent her to one of the best private hospital. Moreover, the bank allows her to open a bank account without asking for accompanying of her employer. Therefore, she has her own saving and purchases gold occasionally.

She said that with the twenty years binding with A-Ma, she could not leave her and would like to stay with her until her last day. She told the researcher that she sees A-Ma as her mom and this is the foremost reason, which she would not leave even though others have asked her to be the caregiver with higher compensation. She has planned of leaving the family house after the absence of A-Ma. She described that it is unnecessary for her to stay with other family member of A-Ma. She would like to go back to her home, but could not give any concrete ideas or further details about her future plan at home.

#### 4.1.5 Case Study 4: Pin

After her parents passed away since she was quite young, Pin, as the fifth child of seven children have grown up by her elderly sisters and brother in law. By the interview, she proclaimed a lot about her tough childhood living in poverty. *“Even the cheapest dish of rice noodles with curry, I could not afford like other children”*, she said. At the age of 18, she was employed in a local dyeing fabric. She married with a truck driver, who is the father of her two children.

As her husband had been falling ill because of cancer in 2010 and Pin had a tremendous informal debt higher than 100,000 Baht, she had to left her house, her family and her job in Khon Kaen to seek for the better job with higher wage in the capital of Thailand. With an education level of the fourth grade in primary school and the caregiving job does not require any other qualification, she has been recruited to a caregiver agency. She got a 5-6 days training program and being taught by real practicing. After getting a client, the agency will take 10% of her monthly salary as a commission. However, her lately employer has paid only 10% of her first month salary to the agency and pay her directly after that.

Her first employer was a patient in Nonthaburi. In between, she went back home in the rice farming season. Afterwards, she got a longer employment by caregiving the grandpa of current household for three years. She has to reposition his body every two hours, conduct tube feeding four times a day, clean and sanitize the grandpa. She said that *'I do everything'*. After the grandpa passed away, the family has employed her further as the caregiver for the grandma and told her *that 'good people is rare, we should stay together'*.

Even though taking care of grandma is not hard, because grandma is still healthy and active and she worked more as a housemaid, her last salary is 16,000 Baht, higher than her initial 10,000 Baht salary. She got her salary in cash and save it in her own bank account, therefore she has her own saving and transfer money to her family.

Moreover, she has her own room in the family house and has no need to pay for food. She gets more extra cash, every time she goes to visit her family, especially at the time her husband falls ill more. Hence, she never stops to work on the weekend. Regularly, her social security fee has been paid by her employer.

Before her husband passed away, she had to send 10,000 Baht monthly to him and sometimes had to pay 1,000 Baht a day for his staying in the hospital. She proudly told the researcher that she is the main family bread winner, because her two children have ended their junior high school. Both of them get the job and worked in the dyeing fabric she worked with before.

After questioning about her future, she said dithery about collecting money for 400,000 – 500,000 Baht and building a one-story house for her own when getting older. She feels quite upset that her children did not continue higher education, therefore she put her hope to her four grandchildren. She believes that with the university degree, one could get the 'good job', which are, from her perspective: soldier, police, doctor. In her thought, whenever their parents became ill, the official could benefit from the state welfare. When asking her whether caregiving is a good job, she said that *'it is a good job, because it is affordable for non-educated people'*.

#### 4.1.6 Case Study 5: Tam

Tam, a 49 years old women from Rajburi, has just begun her caregiving career for several years. Her recent care-recipient is a middle age woman with disability, who is bedridden and at risk for developing pressure sores.

Asking about her background, she told shortly that since she fled from her husband and left her eight years old daughter with him, she has never come back to her family for 16 years. She did not give any explanation and reasons for her escaping.

After leaving her hometown, she stayed with her aunt and worked as housemaid. After her employer at that time became the Thai ambassador to Philippines, she was persuaded to follow her as housemaid there. In the first place, she was feared of language barrier, and perceived herself as low educated person. With disappointed tone in her voice, she said that *'she has no opportunity to study'*. Since her last year in primary school, she felt being inferior in comparison to other children, because she has to help her mother by farming. She said that she was challenged by her employer to step out the comfort zone for self-development. *"You are a coward"*, that was how she being provoked by her ambassador employer.

After three years in Philippines, she continued her housemaid career in Greece for another three years. Next, after working as a restaurant cook for three years, she was invited to worked as a nanny in Indonesia for another three years. Lately, after reconciliation with her ex-husband and met her daughter, she tried to settle down in Thailand and would like to earn a living from being a caregiver. Still, she has changed her jobs several times.

Her first client has paid 17,000 Baht to the agency, apart from 1,000 Baht as a monthly commission, the agency kept another 2,000 Baht and transfer to her only 15,000 Baht. She felt being exploited and quitted her job at the 25<sup>th</sup> working day. After 5 days waiting time, she got a new client. However, as she felt that the employer has spoken to her with no respect, she quitted the job within a month period.

By questioning about why she could quit her job so quickly without worrying about finding a new one, she answered that she is certain of doing nothing wrong and she always intends to do best for every job, hence, hence, she is never afraid of being unemployed.

Currently, she is having 18,000 Baht monthly salary, which is transferred to her bank account directly by her employer. Her latest agency required only 4,000 Baht commission once by two months installing payments. As she lived with her employer, a female with movement disability, in a one studio condominium, she has a separate bed. In case of she has to work on Sunday, she will get 600 Baht extra. As she considered herself as a healthy person, she has no interest in social security scheme. However, she told the researcher that once she felt sick, she just took a sick leave and went back home and let her brother take her to a private clinic. She accepts that caregiving is very stressful job and she needs the real rest time to release the stress.

By inquiring about her future plan, she talked jumpily about collecting an amount of money for land purchase. It would take about 3-4 years, she said. She would like to plant tons of tree. Lastly, she revealed her perspective about good work that agriculture work might be good for young and strong people and service work would be suitable for others. She told the researcher that if she could have a higher education, *“I wish I would be a nurse”*.

#### **4.1.7 Case Study 6: Tor**

Tor is the only one male interviewee, who is the care worker of a bedridden elder person in the judge family, who is his honorable and close relative. Initially, he came to Bangkok for study purpose, but has turned out to be care giver for his ‘grandpa’ for twelve years.

Since his mother passed away when he was seven years old, his father, a lottery seller in Songkla province, became a single dad of the four children. The eldest son, Tor, left the family home after finishing his high school. He stayed with his relatives’ family in Bangkok. Because of studying in an open university system, he has spent a

lot of time at the house. Therefore, he has voluntarily assisted grandpa by physical therapy and help grandma by house maintenance. Although he has no training on caregiving, he learned it by seeing how hospital personals do and asks his grandpa's doctors what he has permitted to do for nursing purpose.

For years, the health of grandpa has been declined respectively. For almost a year, grandpa has been bedridden patient, who has to receive tube feeding four times a day and body repositioning every two hours. Since he has a lot of health risks and have to be monitored very closely, Tor could not handle it alone and the family has to employed another caregiver for taking a day shift. Apart from the night shift caregiving routine work, Tor has to manage and adapt the nutrient and medicine level daily. In case of taking grandpa to the hospital, either by regular doctor visit or by emergency incident, he is responsible for these.

Although taking care of bedridden muted grandpa is quite stressful, *"but more stressful is my grandma, who grumbles and scolds"*, he desperately told the researcher. Even if he has understood and accepted grandma behavior as normal elder people, sometimes he has been hesitated, whether he should stay or go back to take care of his father, who is getting old and ill, instead. The main reason he could not leave is his close binding with grandpa and aunt. *"I could not imagine, who could take care his grandpa as I do"*, he said. Even though the new caregiver could be employed, he or she could leave any time, especially because of grandma's nagging habit.

From the beginning, he received 4,000 Baht monthly from his aunt, the daughter of grandpa. Subsequently, this amount has increased to 10,000 Baht and 15,000 Baht in the recent year, in which grandpa has experienced a series of health crisis. A comfort private room on the second story of the house is provided to him. He always gets presents from his aunt, who often travels aboard. Whenever he is enthusiastic to learn the new thing such as hydroponic vegetable gardening, mushroom cultivation, orchid breeding, salad roll production, he could get financial supports from his aunt. However, he could not make any profit from these invested activities. *"I do not know how to do business thing. I am too shy to sell anything."*, he explained. Generally, he has received his salary in cash, which he could spend for his personal cooking and drinking with

friends, although his aunt already purchases fresh food for all. That is the reason, why he could not have any saving until now.

Although he has never take a rest on weekend, he considered his daytime apart from his night shift work as his resting time. Since he is rarely sick, there is no need for the sick leave. Nevertheless, occasionally by request he could take a business leave or holiday for visit his family, attend his friend's wedding ceremony, bid farewell to some friends or relatives at funeral ceremony, etc.

After questioning about the plan for his future, there was a short silence before he tried to answer. *"I would like to do and own a business, but until now I do not know what I want to exactly."*, was his vagueness reply. The reason is that he is not good at studying and incapable of selling anything. He added that, one of his alternative might be helping his dad by selling lottery in his hometown.

#### **4.1.8 Case Study 7: Por**

Por is a 25 years old Karen female working as a live-in caregiver for an elder woman in the wealthy business family in Koraj.

She came from the highland ethnicity community calling themselves as 'Pga K'Nyaw' in Tasongyang, Tak province. As the eldest sister, she is the family bread winner including 12 younger siblings. She repeats several times that *"I have a lot of siblings to take care of"*. Two of them are died when they were young because of Malaria and incapable of bringing them to the hospital. Her 50 years old father and her 40 years old mother are farmers. Although the agriculture work could feed all family members, they have no money. Since her childhood, Por has never visit any school, as the eldest sibling, she was requested to be the family nanny. She is, hence, illiterate completely.

*'I want to have money'*, desperately she told her concerned mother about her motivation and asked for permission, which drove her away from home to find any paid job in Bangkok. Her first job was a waitress in a noodle restaurant, by which she has



less success, because she could not write down any customary orders. *“I could not write anything, so I lost the job”*, she said in sad voice.

Next, she was offered to be a caregiver for a 70 years old woman. However, she left the job after eight months, and went back to home in farming season. She did not give any reason. As she came back again, she got a job as a housemaid of an employer, who owns many houses. By commuting to clean each house, she could not endure her car sick, for that reason, she tried to change the job again. In a little while, one of her acquaintance contacted her and told about the caregiving job in Koraj. She accepted that job immediately, but has moved later to another Bangkok house of the same employer, because Koraj’s house was ‘too crowded’. Since then, she was one of three caregivers of the 76 years old lady of the prosperous family for three years.

Daily, she has to work for estimate 16-17 hours and constantly be on call. Her ordinary responsibility was being available for the elder lady all time. The elder lady loved cooking immensely. Por would be awake around 5.30 am to accompany the elder lady to the morning market. Afterwards, she would become her cooking assistance and distributed all cooking food to others, including in various households. Additionally, she would help her by bathing and sanitation. Whenever the elder lady has to stay in the hospital, she has to nurse her there as well, until the end of the elder lady life. She told the researcher that the *“she is a very good and nice person”*. Although she has left many job so easily before, she could not leave this elderly lady, because she was afraid that other caregiver could leave the job promptly without any notification, which occurs very often among them. Furthermore, she thought that wherever she is, in order to earn money, she has to work.

While she earned from her waitress job 4,000 Baht monthly and from her housemaid job 8,000 Baht, she received 6,000 Baht in cash for her first caregiving salary. Nevertheless, this has been increased to 9,000 Baht recently and she was pleased with this rate. Although she has provided a private room, most of the time she slept nearby the elder lady’s room. As the elder lady loved to cook, she has no need to purchase food for her own. Moreover, by Chinese new year, she always receives extra pocket money from the employers, who are business people and the elder lady’s

children. However, she could not save any money for herself until now, since she has to transfer most of her earnings to her family every month. The money is for her parents and all twelve younger siblings.

Each day, her caregiving worktime would end around 9-10 pm, after the elderly fell asleep. Even though she has no weekend, she could take a leave to visit her family two or three times a year. And for every visit, she has to buy many things for her family. She has no social security, only a universal health coverage card. Until now, she has never visit any hospital in Bangkok. Because she has no bank account, she asks some close relatives to bring money direct to her family or transfer through their bank account without charging cost.

Her recent plan is working in Bangkok as housemaid in the same household for the next five years. *“I would like to collect enough money for the new family house construction”*, she replies reservedly. Another main reason is that she would love to take care of her aging mother. She hopes that her sibling would get higher education, especially in the university. Therefore, they could become teacher, medical doctor or nurse. After asking about her wish, in case of she had an opportunity to learn, without hesitation she replies that she would like to be medical doctor, so she could help other people.

#### 4.1.9 Case Study 8: King

King, once a private company accountant, turned out to be a caregiver for an 81 years old bedridden lady in Koraj for almost eight years.

She was thirty years old, as her mother asked her whether she would like to work as a domestic caregiver for her employer’s mom. For many years, her mother has worked as a housemaid in Koraj, as they could not earn much from their rice farming in their hometown, Buriram. At that time, King worked at Suratthani and continued her bachelor degree study on the weekend. After her graduation, she was looking for a more secure job nearby her family. The offered caregiving job provided an opportunity for

her to stayed with her mother and her aunt, who worked and lived at the same house of her employers.

Since her care work required her on call duty, she had no limited working hours. Her general routine care work begun at 5 or 6 am, because the elder woman woke up at 7 am and had breakfast. Every day, she was responsible for cleaning, sanitation and food and nutrient preparation. The old lady had dementia, but was still very active. Even though she could not walk later, she would move her body every 20 minutes. Therefore, King has to monitor her for 24 hours, because she could walk and fall any time. After the old lady became bedridden patient, King has to conduct tube feeding four times a day and reposition her body every 2-3 hours. She said *“I had no time to sleep and woke up even the coughing sound”*. Hence, she would take a nap whenever she could. Although the old lady was very temperamental, King understood and accepted her behavior as nature of disease and aging. Additionally, she felt that her employer, the only son of the old lady, is a very kind person. Every time he came back to the house, after his working time, he would ask about everyone wellbeing, not only of his mother.

Her monthly salary was 12,000 Baht. Although it was the same amount she received as an accountant, there existed none of food and housing cost for her family including herself, her mother, her aunt and a 7 years old son of her sister. Her employer gave her 1,000 Baht extra each month for the telephone cost and her social security fee.

Even if she had to work on weekend, she could take a business leave. Nonetheless, she would take it for no more than one day, because she was afraid of leaving the elder woman with other caregiver, who did not know much about the elder woman health situation. Every time the elder woman had health status check with the hospital doctor, the doctor will check her health status in parallel. She told the researcher that she had a little amount of saving, since she had a huge burden, especially for her house in Buriram. After questioning what was the purpose of money usage, she replied timidly that it was for house appliances such as refrigerator, television, wash machine, etc.

After the elderly woman passed away, she found a new job as a production staff at the food factory. Instead of her bachelor degree certificate, she used her third grade high school certification. Since she has applied for a job and was rejected with the same reason, which is, that she has no office working experience. She said that, her mother told her for not being a care worker for elderly further. “*My aunt has Parkinson and my mother is getting old, caregiving job would not allow me to take a leave and take care of them*”, she explained.

Because she takes care of her sister son, the researcher has asked about her hope on him. She wishes him to finish the third year in high school and attend a vocational school afterwards. She believes that being technician such as mechanic, electrician, etc. provided more work opportunities.

## 4.2 Analysis

Primarily, working condition of care workers participating with this study will be examined. Next, their perceptions on decent work will be investigated.

### 4.2.1 Working Condition Aspects

Normally, decent working conditions according to ILO’s decent work are encompassed with *rights at work*, *social protection* and *social dialogue*. While rights at work could be determined by wages, working time, work environment, employment security and family responsibility, social protections and social dialogue are specified with opportunity to access of those rights. The interviewed results on working conditions are summarized in Table 14 and Table 15.

Nr	Alias	Years*	Work hours	Salary (Baht)	Daily Food	Separate Room / Bed	O.T.	Extra	Social security insurance
1	Thong	2 mo	15	15,000	provided	room	x	✓	X
2	Mai	1 y	22	22,000	120 Baht	bed	700 Baht	✓	X
3	Too	20 y	≥15	15,000	partly provided	room	x	✓	X
4	Pin	5 y	≥15	16,000	provided	room	x	✓	✓
5	Tam	1.5 y	14	18,000	120 Baht	bed	700 Baht	✓	X

6	Tor	12 y	≥12	15,000	provided	room	x	✓	X
7	Por	3 y	17	9,000	provided	room	x	✓	X
8	King	7.5 y	≥15	12,000	provided	room	x	✓	✓

Table 14 Paid Domestic Care Workers' Working Conditions

\*years indicates the number of working years of care workers with the latest care recipients; O.T. indicates overtime payment on day-off; extra indicates additional provision from employers for special occasions; social security indicates the governmental social security insurance status with access to Social Protection Rights according to SSA (B.E. 2558)

Nr	Alias	Edu. Level	Family Responsibilities				Prev. jobs	Job access by
			Parents	Children	Couple	Depend. Fa. Mem.		
1	Thong	secondary s.	x	x			farming self-employed housemaid	Relatives
2	Mai	jun. high s.		x		x	farming bike taxi	Agency
3	Too	primary s.				x	farming self-employed	Relatives
4	Pin	primary s.			x	x	factory work	agency*
5	Tam	primary s.		x			farming kitchen work housemaid	agency
6	Tor	sen. high s	x				student	relatives
7	Por	illiterate	x			x (10)	farming housemaid	relatives
8	King	bachelor	x			x (3)	farming accountant	relatives

Table 15 Educational Levels, Family Responsibilities, Previous Jobs and Channels of Paid Domestic Care Work Access

\*Initially, the participant was employed through agency. After the 3 years' client passed away, she was employed directly by the client's daughter.

#### i. Violation of Rights at Work

##### Wage

The monthly salary of paid domestic care workers participated with this study are varied from 9,000 Baht to 22,000 Baht. In general, paid domestic care workers

employing through caregiver agencies have higher salary rate than others, who have been employed directly.

Paradoxically, while the illiterate caregiver receives the lowest wage, the bachelor degree caregiver has the second lowest wage rate. Thus, these findings have confirmed that the education level is not the employment criteria of domestic care worker's occupation and its career path.

Although all of **them** have enjoyed their earnings above minimum wage level, they are struggling with overworking. In comparison with legal eight working hours, all of them have works as double workers, which means that their actual wage is underpaid. However, all of them are pleased with their wage because of two main reasons.

One important reason is that they are earning more than their previous jobs. Another reason is that they view the provision of food and housing by employers as complementary of their wage. Therefore, they have perceived their recent wage including with food and housing cost better than their former jobs. Additionally, in special occasions such as new year festivals or by family visit, they receive extra pocket money from the employers. As a result, they felt that this extra money is equal with bonus of general workers.

### **Working Time**

While none of them claimed about long working time, most of them worked more than 15 hours a day.

*“From 6.30 am, apart from body cleaning and sanitation, blood collecting and medicine management, I have to reposition of the grandpa every two hours and conduct the enteral tube feeding every four hours. Sometimes, I assist grandma by house cleaning. These routine works will end around 9 pm, and the night shift caregiver will continue the care work.” (Thong)*

*“One of my client was in coma and bedridden patient. I have to change the patient body's position every two hours. Between 3 am – 5 am I would have a 'deep diving', which means a real sleep.” (Mai)*

*“I was always being awoken at 5 or 6 pm, because the doctor grandma generally woke up at 7 am and had breakfast after that. I am responsible for body cleaning, sanitation and food as well as nutrient preparation. Since she suffered from dementia, she was able to move every 20 minutes, therefore I have to monitor her for 24 hours. Otherwise, she could walk and fall any time. While she was bedridden, I have to conduct tube feeding four times a day and reposition her body every 2-3 hours. I had no time to sleep and woke up even of the coughing sound of the doctor grandma.” (King)*

*“I have to wake up around 5.30 am to accompany the elderly lady to the morning market. She loved cooking, hence, I have to assist her in the kitchen and distribute all cooking food to others afterwards. Furthermore, I have to help her by bathing and sanitation as well. I have to be with her all the time. Around 9-10 pm, after the elderly fell asleep, I could sleep as well.” (Por)*

All of paid domestic care workers have to work on the weekend because of the necessity of the client health status, which demands caregiving activities every day. While paid domestic caregiver employing through agencies acquire additional 700 Baht a day by skipping their weekly day-off, other direct employed caregivers had none of this benefit. However, this weekly day-off issue is quite controversial. Although, paid domestic caregivers employing through agencies are aware of this weekly day-off, they are willing to work on weekend, because they could earn more. Direct employed caregivers put emphasis on the client need more than their weekly day-off basis. Nevertheless, because their perceptions of rest time among them are different, their motivations of having rest time are diverse as well. From another point of view, if skipping weekly day-off has a cost to pay, employers seems to be willing for this by including this kind of cost within their direct employed caregivers' salary. Therefore, the regulation of regular weekly day-off, which has a good intension for well-being of both caregivers and care recipients, has a space left for other argumentation. If regular weekly day-off essential care worker right, paying for violation of this right is giving the right to violate?

*“Yes, staying with the client in the one studio room for 24 hours and every day is stressful. We have separate beds, not far from each other. Generally, I need the real rest time to release stress.” (Tam)*

*“Every month, the son of A-ma will give me 2,000 Baht extra from the salary he pays me. I have my own room in the house, but I have to sleep every night in A-Ma’s room. I have to follow her everywhere, since her physical fall risk is increasing. No, I have no weekend. And yes, I would sue her to the court. (laughing)” (Too)*

*“I have no regularly rest time. I have never take a rest on weekend. Apart from my night shift caregiving time, these are my resting time. Grandpa could not be left alone. Recently, the nutrient and medicine level have to adapted to his situation every day. However, when we have to take him to the hospital for either regular doctor visit or in emergency case, I’m responsible for this.” (Tor)*

*“I could take a nap everywhere and every time I have opportunity to do.” (King)*

Regularly, all paid domestic care workers took holidays and vacation for making visit trip to their family or attending important traditional ceremony e.g. wedding and funeral ceremonies. Although there is no evidence that they have gain all holidays and vacation according to their Labor Protection Right and the Ministerial Regulation Nr. 14 (B.E. 2555), there exists no claim about this. Possibly, direct employed paid domestic care workers put emphasis on holidays and vacation more than weekly day-off and would negotiate for these. Hence, as they obtain holidays and/or vacation time enough, including with the supplementary pocket money, they could accept their working time on weekend as well.

### ***Work Environment***

All of caregivers in this study are provided either separate room or bed. However, in case of the client is required to be monitored closely, some caregivers have to slept within the client room, even if they have their separate room in the house. Being available for on-call care service most of the time causes stress, which affects the poor



quality of care as well. Some of care workers, who are aware of their own health situation, both physically and mentally, could manage their private space and time.

*“If I am too stressed, I need my private time to heal myself. Once I felt not good, I took the sick leave. My brother picked me up to the private clinic. After two or three day leave, I could come back to work.”* (Tam)

Although working in the household is physically safer than in farms or in factories, but alike other workers in service sectors, paid domestic care workers in this study have experienced emotional harassment as well, mostly in the form of verbal abusive.

*“I could endure hard work. But I could not withstand the nag relatives.”* (Mai)

*“After that employer talked to me as if I am not professional, I quit that job within a month. I am assured that I have done nothing wrong and I always intend to do best for every job. Hence, I am never afraid of being unemployed.”* (Tam)

*“How could I leave him? I could not imagine, who could take care grandpa as I do, because I know and serve him for twelve years. Additionally, the new caregiver might leave any time because of grandma’s nagging habit. I’ve been accustomed to this already.”* (Tor)

Furthermore, the overworking time causes the lack of rest time and self-development. Without appropriate resting time, the health of care workers are affected. This could lead to the quality of care later. Without self-development time, all care workers are trapped in the indecent work conditions.

These pointed out that the legal regular weekly day-off plays a significant role for the safe, healthy and stimulate work environment.

### ***Employment Security***

All of direct employed paid domestic care workers have no official employment contracts. Still, since paid domestic care workers and employers have to live together, and each could benefit from its associate, nurturing symbiotic relationship, which means giving to and taking from each other appropriately. Therefore, healthy relationship between caregivers and their employers are not established on worker rights and consumer rights only, but on sympathy and symbiosis values.

*“After the grandpa died, the family offered another caregiver position to me. Grandma told me that ‘good people is rare; we should stay together’.”* (Pin)

*“I have been with her for twenty years. It is a strong bonding. A-Ma is alike my mom. I could not leave her.”* (Too)

*“She is a good people and kind person. After she died, I still missed her.”* (Por)

*“Uncle Mon is a very kind person. He gave me opportunities to learn a lot of thing. He taught me to drive, so that I could take his mom outside. Every time he came back from work, he asked everyone that ‘how are you? how is everybody?’, not only ‘how is my mom?’”* (King)

On the other hand, if caregivers felt of being unrespect and exploited, which caused unhealthy relationship and destroyed symbiosis, they would quit the care job without hesitation and without fearing of being unemployed.

Nevertheless, the absence of employment contract is the main cause of job and income insecurity, which limits the freedom of choice as well as the economics freedom of the care workers.

### ***Family Responsibility***

Moreover, their family responsibilities are significant factor contributing to paid domestic care workers financial burden. The participants in this study specified that

their dependent family members, involving aging parents, young children, sick couple and other dependent close relatives, are the main reason of their wage earning purpose.

Besides, the paid domestic care givers in this study have to provide care service for their employers' household more than their family members.

*“My husband was a truck driver. He has been ill because of his alcoholic behaviors. A high amount of debt was an important reason that I left my factory job to become a live-in care worker. With my salary, we could pay for the debt. And before my husband passed away, I have sent money back to the family 10,000 Baht monthly and 1,000 Baht a day for his staying in hospital.” (Pin)*

The high demand of on-call caregiving activities has caused the lack of time for resting and other social life including work-life balance. Care workers as workers with family responsibilities are hardly have leave time for their children and or sick family members.

*“I have to employ other persons to look after my young children as I worked as the caregiver in Bangkok. I have to pay until my children go to school.” (Mai)*

*“My mom told me not to work as the caregiver for elderly further. Since my aunt is suffered from Parkinson and my mom is getting old, caregiving job could not tolerate for taking a frequent and long leave for family business. I have to accompany her to the hospital. The elderly does not know what to do there. I will find any work, which allows me to take care of elderly person in the family.” (King)*

## ii. Social Protection

Since, there exists generally no signed employment contracts, employers have no responsibility to pay social protection fee for the paid domestic care workers. Though, according to the Article 39 of the Social Protection Act, these paid domestic caregivers have voluntarily right to apply for a social security scheme. Still, only two of participants have applied with the Social Security Fund, and their employers have supported all of the fee for them. This points out that the paid domestic care workers

have unequal access to the social protection system in comparison with general workers with employers.

However, the total cost of live-in paid caregivers' employment includes food and housing cost as well. All of paid domestic care workers, who are employed directly, receives food and housing provided as in-kind payment from the employers. Although LBA (B.E. 2562) denies the provision of food and housing as wage, other academics pointed out that these are perceived as private social protection provided by employers (Wannarat, 2014). On the other hand, caregivers employing through agencies obtain supplementary 120 Baht for their daily meals.

### iii. Social Dialogue

Overworking time for average more than 15 hours a day has led to the limitation of self-development and other social life involving exercising of rights to association. All of paid domestic care workers participated in this study perceived themselves as caregiver rather than workers. The absence of fundamental worker rights comprising of freedom to association and rights to collective bargaining are not their concerns.

Also, these findings indicated that while the paid domestic care workers acquire wage above minimum wage, they are still overworked from working more than 15 hours a day without regular weekly day-off, unprotect from having no sign employment contracts and without social security benefit. From right based perspective, these previous mentioned findings revealed a certain level of workers' rights violation affecting access to social protection and social dialogue.

Although these findings are not difference from other global care workers' experiences, it is founded that 'overworking time' plays a significant role in indecent working conditions. The violation of working time rights affects the health and opportunities for self-development and other social life involving work-life balance and joining workers' movement.

#### 4.2.2 Workers Perceptions on Decent Work

None of participants in this study planned to stay with their employers in the future (See Table 16). This indicates that although caregivers and employers have tried

to establish symbiotic relationship, this relationship will last for duration of work, but not for lifetime.

Nr	Alias	Self-Future Plan	Future Perspective for descendants	
			Education	Work
1	Thong	Further 1 work year, 100,000 Baht	high school	no plan
2	Mai	No retirement plan	gave up	secure
3	Too	Back to family in Myanmar	no plan	no plan
4	Pin	400,000 – 500,000 Baht saving for one-story house	university	soldier, police, medical doctor
5	Tam	Collect money for 3-4 years, back to family, adult education	no plan	no plan
6	Tor	Assist father by lottery selling	No plan	Private business
7	Por	Further 5 work years, new house, back to family	university	Teacher, medical doctor, nurse
8	King	Work and take care of elderly	Vocational	technicians

Table 16 Future perspectives of paid domestic care workers

*“If A-Ma die, I will go back to my family. I have my house there. There is no need for me to stay here, even with other family member of A-Ma.” (Too)*

*“I will attend the Non-Formal Education System. Am I too old to learn? I will work for another 3-4 years and go back to my house. I love planting and gardening. I love a lot of trees.” (Tam)*

*“I am not clear with myself, I do not know exactly what I should do. I wish of having my own business, which should be a property giving to descendants later. However, I am not good at studying and selling anything. Recently, my dad is getting and falling ill. May be, I would go back home and help him by lottery vending.” (Tor)*

*“My debt is gone because of this work. I wish to save more money to build a one-story house. The amount would be 400,000 – 500,000 Baht.” (Pin)*

Most of them planned to go back to live in their own house, whether alone or with their family. It is unknown whether their plan is feasible. Still, this future perspective about themselves reflects the way they thought about their present life too. Therefore, all of them described positively about their caregiving jobs and their good relationship with their recent employers, however, they do not want to continue their job as ‘paid domestic care worker’ further.

*“My children should have a high school education. And what should they want to do for their living, I don’t know.” (Thong)*

*“I wish my grandchildren could achieve the university degree, so that they could get the good job, which are soldier, police, doctor. If their parents became ill, they could benefit from the state welfare.” (Pin)*

*“I hope that my siblings would get high education, especially the university degree. Thus, they could become teacher, medical doctor or nurse. If I had an opportunity to learn in the childhood, I would like to be medical doctor, so I could help other people.” (Por)*

From future perspective for their descendant, most of them wished for high education and secure job with appropriate income for their own living and health insurance coverage for their family. ‘Care workers’ are not presented in the given examples of occupations defined as ‘good job’ from their perspective.

These findings pointed out that the paid domestic care workers in this study perceived their care work as ‘indecent work’.

### **4.3 Discussions**

The indecent work symptoms among paid domestic care workers from working conditions aspects and care workers’ perception are the result of structural inequality and cultural norm of work.

### 4.3.1 Structural Inequality

Economic inequality has driven the paid domestic care workers from poverty to inequality of rights at work and opportunities to social protections and social dialogue. All of paid domestic care workers in this study work in private household with higher socio-economic status.

With the violations of worker rights, paid domestic care workers are trapped within indecent working conditions as well as other structural inequality including social inequality, political inequality and cultural inequality.

The family poverty and urban higher wage were central motivation of their migration to find job in Bangkok Metropolitan Region. However, with their educational level they could access only a low paid and hard work, which were insecure specified by their frequencies of job changing.

*“Even if I am single, I have a lot of living cost. Apart from my phone bill, I have a lot of install payments for the family’s television, refrigerators, washing machines, etc. My mother is getting old and my aunt has Parkinson syndrome. A seven years old son of my sisters is living with me. I have a few amount of money for my saving.”* (King)

*“My twenty-years old youngest daughter is pregnant. Both she and my son-in-law are unemployed. She still asked for my financial support.”* (Mai)

*“I have ten siblings. I do not know why I have a lot of siblings. Every time I took a vacation to visit my family, my house is full of my siblings. I have to transfer a large part of my salary to my family. That’s why I don’t have much savings.”* (Por)

The findings demonstrated that paid domestic care workers came from family with low economic status in rural area. Their low level of education limits them from ‘better job’ access. Therefore, paid domestic care works became their accessible job. Nonetheless, their family responsibilities are still major cause of their financial burden and significant reason of their reluctant care job offer acceptance.

Six of participants in the recent study have educational level no more than high school. Apart from these, one got bachelor degree and one was illiterate. All participants with primary and secondary school qualification indicated that their lower education level was the main reason of their incapability to afford better job.

*“By the recruitment of caregiver agency, there was no request of any educational qualification. Hence, I have submitted my care job application.” (Mai)*

*“I am illiterate. Even though I could communicate in Thai by oral speaking, but I could not write. I have worked in a noodle restaurant, but I could not write any customary order. Later, I was told that a caregiving job for elderly person does not required such literacy. Hence, I accept the care job offer.” (Too)*

*“I have been graduated only from secondary school. What job I could apply to? Initially, I got a job in a restaurant. Afterwards, I was employed as a housemaid, which turned me into a caregiver for an elderly person later.” (Thongmai)*

*“I finished only the sixth grade from school. After leaving my family, escaping from my husband and living with my cooking aunt in Bangkok. I could be employed as housemaid or for kitchen work only.” (Tim)*

All of participants had family background working in agricultural economic sector, and had farming work experiences since their childhood. Several participants in this study have frequently mentioned their family economic status background as major sources of their incapability to access high education.

*“I had never visit any school, because my mother told me that I had to be the nanny for younger siblings. My parents had 12 children, two were already died when they were very young. I am the eldest child, who has to take care of other children, while my parents went out to farming.” (Por)*



*“I have no opportunity to study. I have graduated only primary school, because my mother said that I have to help her by rice farming.” (Tam)*

*“Even the cheapest dish of rice noodles with curry, only twenty-five Satangs, I could not afford like other children. After finishing school, I worked in a dyeing fabric, it was only a local fabric nearby my house.” (Pin)*

Only two of them could access higher education, nevertheless, during their study they had to worked at the same time. One could manage to graduate a bachelor degree, but one could not.

*“I accepted the job offer in Suratthani, although it was far away from my family in Burirum, because it was the only job position which allowed me to study on the weekend.” (King)*

*“I came to Bangkok for educational purpose and lived with the family, whose family head was the close relative of my father. However, as I studied in an open university, I am the one who could spend a lot of time at the house. Firstly, I was a part-time caregiver for the grandpa. And it has turned out to be my full-time job after I lost my interest in studying.” (Tor)*

These findings indicate unequal distribution of resources and opportunity to access education, job position in job market, adequate income, housing, health and democratic participation.

Recent study on global domestic workers (Jokela, 2018) reveals that higher proportion of paid domestic workforce is linked with the countries inequality and higher proportion of migrant workers. According to Credit Suisse Global Wealth Databook 2018, the one percent richest Thais owned 66.9% of the country’s wealth, whose inequality rate is ranked as the first among other 40 countries. Indeed, the increasing proportion of paid domestic workers in Thailand and its indecent working conditions are the results of the structural inequality within the country.

### 4.3.2 Cultural Norm

*“Caregiving is a good job, because it is accessible for non-educated people.” (Pin)*

*“My mom prohibited me to be taxi motorbike driver. With lower education, I became housemaid and caregiver.” (Mai)*

*“Yes, I know that being a male caregiver is uncommon. I did not intend to do this job. But several things I could do better than female caregiver such as bathing my grandpa, accompanying him to toilet or lifting him from the bed.” (Tor)*

The previous quote reveals the valuation of care work from a paid domestic care worker, which reflects the cultural value as well.

The invisibility of the domestic care workers, both paid and unpaid, within regulations and policies, are not solely the absence of legal definition of care work or domestic work, but have deeper root in the cultural norm.

Since the majority of global paid domestic care work are performed by women, the gender inequality within the societies around the world is noticeably emphasized. While gender inequality pointed out to the gender differences by access to education, job position in job market, income security and family responsibilities, gender inequality has root cause within cultural norm.

The combination of women in poverty with lower education and indecent care working conditions in private household is the result of biased cultural norm, which is patriarchy oriented and overlooked women care work. Therefore, the male oriented right perspective underpinning development of international labour standards and ILO’s decent work concept has disregarded care economic activities provided by female workers.

In global level, the fight for care work within mainstreaming economic system has just succeeded in 1993 with the definition of care work in an international labour standard, which contribute to the survey of care work and visibility of care workers. Afterwards the C189 – Domestic Workers Conventions were just introduced in 2011,

which means that the integration of both concepts as new work paradigm within each country levels will take more time.



## CHAPTER 5

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Sharing Care Responsibilities

Our society are woven with care activities. Everyone is benefit from care services provided by household, private sector and governmental sector. Since indecent working conditions of care workers affect the quality of care, interventions at the causes of indecent care works on the basis of intersectoral collaboration are required.

Since previous researches on domestic workers in Thailand (Buraton, 2013; Siripatthanakosol, 2016) put emphasis on regulations change, this study will expand intervention levels further and call for sharing care responsibilities from stakeholders in the realm of work: Three recommendations towards decent care work are: making care work more visible, tackling inequality for all workers and addressing cultural based decent work.

##### 5.1.1 Making Care Work More Visible

Academics community may conduct the gender based time use survey regularly. Prior conducting the survey, the consensus of standard definition of care work will be discussed among researchers and labour policy advocates. Moreover, the prerequisite gender lens will open space for feminist economics to the mainstreaming economic study. The public distribution of survey result will initially provide public recognition of care work.

By implementation of the long term care project, ministry of public health may provide subsidization of caregiving training courses for family members, who are responsible for other dependent family members. Furthermore, the ministry of public health may certify caregiving training organizations, who provide standard training courses for care workers recruited by private agencies. The emphasis on different caregiving skills level will highlight the significance of 'care work service', which is distinct from general domestic work and value added to domestic work.

By developing and establishment of time bank for elderly person care, ministry of social development and human security may invite ministry of labour to integrate the volunteer care work within the labour protection and social protection system.

### **5.1.2 Tackling Inequality in Care Policies for All Workers**

The structural inequality affects not only the paid domestic care workers, but all workers involving informal unpaid care workers and formal paid workers. Tackling structural inequality bringing about unpaid care work, therefore, is necessary as tackling structural inequality initiating indecent paid care work.

In the era of global aged population, paid female workers spend time for unpaid care work more than paid male workers. Transferring unpaid care work to paid care workers, by provision of private household or state subsidization, lift the burden from women around the world and enhance their participation in job market.

For that reason, attaining decent work for paid care workers is inseparable from achieving decent work for both unpaid care workers and formal paid workers. The 5R Framework for Decent Care Work, which is introduced by ILO, consists of holistic approaches tackling indecent working conditions for all workers. It comprises of five main strategies, which are recognizing, reduction and redistribution of unpaid care work, reward more decent work and representation of care workers.

Normally, care economy consists of all forms of care activities including childcare, elderly care, disability care, healthcare, etc. In Thailand whereas aging society emphasizes on childcare and elderly care, protection of care worker right is disregarded.

The country has provided a lot of care policies, by which state has invested a lot of money for care system establishment. Care activities, hence, are paid work. However, the cost of employing domestic care workers pointed out that, household is the main responsible actor of paid care work in its place of state. Nevertheless, care workers' wages and working conditions are depended on the ability of household to pay. Therefore, care policies shall provide subsidization to private household as well as care workers, apart from care recipient such as elderly and children.

Since this study put emphasis on paid domestic care workers, a domestic care worker employment registration mechanism to integrate care economy within care policy and enhance the transparency of employment relationship will be introduced.

Apart from an old age allowance, elderly person of age more than 65 years old with physical or mental disability, which is severe enough to require assistance from other person, shall have an attendance allowance. Likewise, disable person with disable allowance shall be entitled to attendance allowance as well. The attendance allowance could be classified into three types, whose rates depends on supervision need: during a day, during a night, during both day and night.

If any person has to take care one with the attendance allowance for at least 40 hours a week, he or she shall apply for a caregiver allowance.

By submitting registration for the attendance allowance and the caregiver allowance, the formal domestic care worker employment contract signed by both employer and caregiver has to be demonstrated and verified by the social security office. The requirement of the formal employment contract will be the main conditioning for acquiring both allowance from the social security fund.

While the attendance allowance benefits will motivate the care recipient or the employer to sign the contract and register care need with the social security system, the caregiver allowance benefits will motivate the domestic care worker, both paid and unpaid, to register care workforce with the system. While the formal employment contract provides right at work to the caregivers, the employment relationship will be more transparency. The caregiver allowance sends the signal to the public that care work is officially paid work. Since the care economy becomes a part of care policy, care employment relationship in the private household becomes transparency.

Besides, the care need and care workforce data offers a big data for holistic care policy formation, implementation, monitoring and evaluation. Caregiver skills and training might be recorded as well.

The recommended registration model is an example approach leading to recognition of economic value of care work, which will be transferred from private sphere to public sphere. By enhancing transparent employment relationship, there is no further requirement for inspection mechanism. As both care recipients and care givers are benefitted from official employment contract, care workers will become more equal partner in employment relationship. Expected is more respected toward caregivers as humane workers, less exploitation of overworking time because of more subsidization for care need.

### **5.1.3 Development of Worker's Definition of Decent Care Work**

Cultural norms, which causes gender biased and undervaluation of care work, could be change gradually with social process like public dialogue. An initiation of research project as collaborative tool for facilitating public conversation on decent care work is an example for this approach.

Academic community could collaborate with the ministry of labour, ILO and non-profit organization like HomeNet to conduct a national project, which collects and accumulates the meaning of decent work from all care workers in Thailand.

By initiation of the project, academics with willing to work with care workers, facilitators with ability to nurturing equal partnership and all categories of care workers, especially the marginalized, will be recruited to the project.

The process of collecting data requires carefully organizing and facilitating method, which provide equal atmosphere among participants in each focused groups and allow them to express their experience of indecent work as well as their expectation of decent work with their own words.

The accumulation process evolving from each focused group is necessary as well. The project results might be presented to stakeholders in national and international level.

Other innovative methods could be used to achieve public dialogue on decent care work as well. With public dialogue, conversation on real situations will reveal their underpinning cultural norms. Some value will be questioned of its appropriateness, but

public dialogue will open space for more values competition as well. By exploring and learning facilitation from different aspects, emerging of new value is possible.

## 5.2 Conclusion

Aged population is recently global phenomenon. While it brings deficit workforce and family structural change, more care job opportunities are provided. Nevertheless, global care workers are experienced with overwork, underpaid and unprotected. Moreover, the majority of global female care workers indicates gender inequality within societies. As decent work is integrated within the Goal 8 of Sustainable Development Goals, decent care work becomes one of the most challenging development issue.

In 2017, Thailand is already aged society consisting of 17 percent aged population. It is estimated that one fifth of its population will be older than 65 years old in 2031. The workforce will be decreased from 47 million in 2017 to 40.5 million in 2031, which is the highest shrinkage rate in Asia Pacific including China. Thai household will be smaller. As number of nuclear family increases, 80 percent of 1.37 single headed family is single mom. Therefore, 11.3 million elder persons becomes the resources for care job employments and investment in care economy consisting of nursing home and retirement community. However, there exists paid domestic care workers, who deliver care services in private household. At least 0.243 million domestic workers in Thailand are providing both direct and indirect care job in the household. The research hypothesis is that they experience indecent working conditions as the global care workers. The question is that 'why paid domestic care work indecent?'. The objective of this research is to investigate the cause of indecent work among paid domestic care workers in Thailand, with the aim to give voice and enhance visibility of them.

This thesis provides only a glimpse of decent care work and paid care domestic workers in Thailand, which is a part of global care workers in the rapid changing world with aged population. Its incompleteness offers interesting and challenging space for further study in more broadly and deeply ways.

The conceptual framework of decent work for paid domestic care workers encompasses with three perspectives on decent work, which are regulations and policies



providing decent work, decent working conditions and care workers' perception on decent care work.

The research methodology is based on qualitative approach consisting of document review and interpretative interview results. Regulations according to international labour standards on decent care work are explored. Care policies involving a selected set of labour policy, social policy and public health policy are investigated. Afterwards, eight paid domestic care workers in Bangkok Metropolitan region are recruited into in-depth interview. The interviews are conducted by telephone, because their limitation of leave permission. The semi-structure interview consisted of four main parts, which are their general demographic information, their situation prior becoming caregivers, their recent working conditions and their future perspective about themselves and their descendants.

Policy review results are that Thai regulations are inadequate to ensure more decent work and unfriendly for representation of care workers according to international labour standards. Moreover, a set of care policies are lacked of presentation of both domestic workers and care workers. Besides, even though several of public health and social protection policy strategy have addressed the need of care service, care activities are perceived as unpaid volunteer work.

Interview results are that even female and one male caregivers with the aging range between 25-55 years old have participated with this study. Two of them are migrant workers, six are Thai and one of them came from ethnic minority group. All of them came from rural area with background of family in poverty, which led to low accessibility of education and limitation to job position in job market. All of them have no employment contracts. Only two is social security insurer, without employers shared. Although they enjoy their salary rate above minimum wage, with provision of food and housing by employers, all of them have to work averagely more than 15 hours a day and their family responsibilities are main resource of financial burden, by which their earnings could not reach the level of adequate income. Because of the care recipients' necessity, all paid domestic care workers have to deliver care service without regular weekly day-off. Although they praise the current employment relationship, nobody has retirement plan with their employers. Additionally, they tend to invest in descendant education to access more secure and better income job other than care work.

Significant finding is that all paid domestic care workers in this study are trapped within indecent care work because of three factors, which are invisibility, structural inequality and cultural norms.

Invisibility pattern of paid care domestic workers in regulations and policies are the main reason of the absence of legal definition of care work and domestic work. As the presence of care work as economic activities is the result of the long historical fight by labour movement and feminist thinkers, the integration from international level to national level will take more time.

Structural inequality is a core cause of indecent working condition among domestic care workers. Since all of domestic care workers provide service for the household with higher economic status, this reveals the unequal distribution of resources and opportunities in the society. Moreover, the ability of private household to pay for care services influences wages and working conditions of domestic care workers as well.

Cultural norms, which is gender biased and overlook care work providing by mostly female workforce, is another source initiating perception of care work as indecent work.

Attaining decent work for paid domestic care workers is inseparable from achieving decent work for all care workers. Apart from change of legal framework, three additional interventions are recommended, which are making care work more visible, tackling inequality for all care workers and development of care workers' decent work definition.

By making care work more visible in regulations and policies, the regular gender-based time used survey should be conducted. Moreover, by promoting standardization of caregiving skills training courses of the Ministry of Public Health's long term care project, the quality of care work and caregiving skills are highlighted, which could lead to the legal protection framework for both care recipients and caregivers. Using intersectoral approach, the quality of life of care providers and care recipients becomes the common goal of multi-stakeholders in regulations and policies level.

Since tackling inequality of unpaid domestic care workers, paid domestic care workers are benefitted as well. By transferring unpaid care work to paid care workers

with provision from household or state subsidization, care burden of unpaid care workers, mostly women, will be decrease and enhance participation in job market. A recommended approach is a care employment registration mechanism, which integrates informal care economy within formal care policies. While elderly persons in need of care receives attendance allowance and caregivers attains caregiver allowance, state could provide the registration of care employment contract between both party as the prerequisite for the subsidized allowances. As a result, employment relationship becomes more transparent without inspection requirements. While care need in private sphere is transferred to public sphere, rights at work of caregivers are ensured.

Changing of cultural norm, which is gender-biased and undervalue care work, is challenging, but feasible with social process facilitating collective learning. A collaborative research model in national level, to collect and accumulate the meaning of decent work from normal people's perspectives, especially care workers of all types, is introduced. As complementary approach to ILO's decent work agenda, this activity could bridge the gap between international intellectual concept and common people's experiences and support public conversation on decent work.

### **5.3 Recommendations for Further Study**

From our findings, there exist several gaps in our research on paid domestic care workers, which could benefit from further study.

1. The quantitative approach should be conducted to collect more data from both care recipients and care workers. Care needs and household's ability to pay should be assessed. Classification of diverse care needs and household should be provided as well.
2. To address care work issues strategically, research on unpaid domestic care work should be developed. Since middle class working women are also respondent of unpaid domestic care work, their voice could be heard and support other women experiencing indecent paid/unpaid care work.

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