

Part 2-CHAPTER 2

Migration of the Indonesian Care Workforce in Response to the Ageing Population, and Future Challenges

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June 2021

This chapter should be cited as:

Nugraha, S., T.W. Raharjo and Y. Hirano (2021), 'Migration of the Indonesian Care Workforce in Response to the Ageing Population, and Future Challenges', in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*. Jakarta: ERIA, pp.74-84.



CHAPTER 2

Migration of the Indonesian Care Workforce in Response to the Ageing Population, and Future Challenges

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Background

International migration occurs in the context of increasing global mobility and growing competition for scarce skills. International labour migration has contributed greatly to the lives of many Indonesian migrant workers, their families, and the economy. More than 9 million Indonesians work abroad, equivalent to nearly 7% of the total labour force. In 2016, migrant workers sent remittances worth more than IDR118 trillion (USD8.9 billion) (World Bank, 2017).

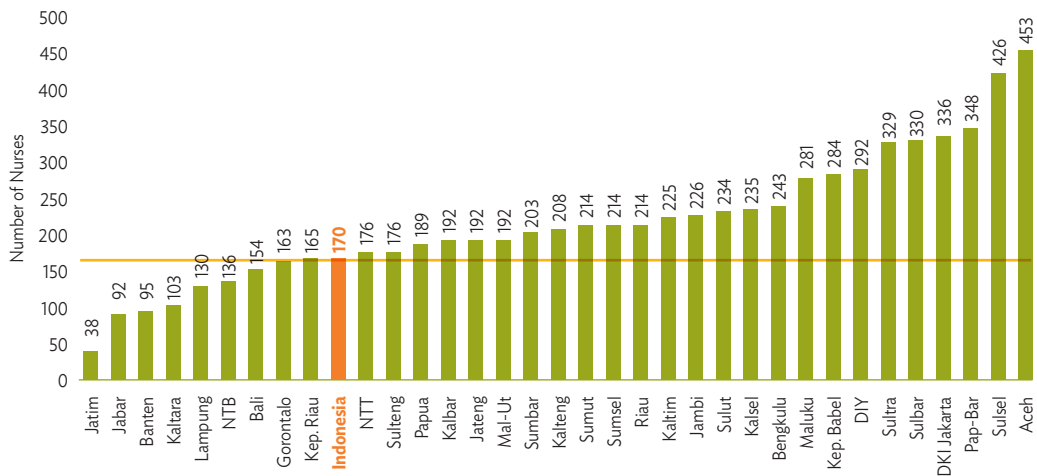
Driven by the growing ageing population, migration of skilled health professionals from developing to developed nations has increased dramatically in recent years and become a preeminent issue in global health. The World Health Organization reported a 60% rise in the number of migrant doctors and nurses working in Organisation for Economic Co-operation and Development countries over the last decade (WHO, 2014). Developed nations have become more reliant on international migrants to fill health workforce positions across the skill spectrum, from home health aides and assistants to nurses, physicians, and medical specialists.

International migration of Indonesian healthcare workers started in 1996, with the United Arab Emirates as the first destination country. This program attempted to address the false 'surplus' problem of nurses in Indonesia (Suwandono et al., 2005). Since then, the Government of Indonesia has made several efforts to promote overseas nurse programs, including improving education, recruitment, and other mechanisms. Various regulations have improved the quality of the care workforce as well as protection for care workforce migrants (Subhan, 2012).

This paper will describe the international migration of the Indonesian care workforce, including caregivers, as a response to the shifting demography of the ageing population. This paper will also provide information on the migration schemes and national policy for placement and protection of the overseas care workforce as well as utilisation of returning migrants.

Situation of the National Care Workforce

Human resource development is a priority of national health development. Indonesia still faces problems related to health personnel – number, type, quality, and distribution.

Figure 2.1. Nurse Distribution per 100,000 of Population by Province

Source : Ministry of Health, Labour and Health, 2017

The national average is 170 nurses per 100,000 thousand residents, or about 1 per 588 people, but the distribution gap between provinces is remain high. Aceh has the most nurses and East Java has the fewest. The ideal ratio is 1 nurse per 855 people (Ministry of Law and Human Rights, 2016). Utilisation of the healthcare workforce remains poor, especially in disadvantaged, remote, border, island, and less-desirable areas (Ministry of Health Republic Indonesia, 2017). As a result, many nurses work in big cities and few go to remote areas. The socio-economic, cultural, and regional government disparities, including geographical conditions between regions, discourage health workers from working in some remote areas in Indonesia.

The number of nursing schools has grown rapidly since government regulations allowed them to do so 10 years ago. Unfortunately, the overall quality of education has gone down. Many nursing schools did not meet national standards, and more nurses are produced than can be absorbed by the domestic labour market. The result is oversupply and unemployment (Efendi et al., 2018).

Working abroad is a solution to such oversupply. Indonesia has been significantly impacted by the free movement of nurses globally, particularly through domestic and international policies that encourage mobility. Some nurses are interested in finding jobs overseas or in other fields such as caregiving, which has simpler qualifications and promises better payment than jobs in the domestic market.

More than 3,000 nurses deployed to developed countries from 2008 to 2012 (BNP2TKI, 2015). International trade agreements and the treatment of health worker migration might further impact the outward flow of nursing professionals. The Indonesia–Japan Economic Partnership Agreement (IJEPA), for example, facilitates a pathway for Indonesian nurses to immigrate to Japan.

Many studies approach the IJEPA from the perspective of Japanese researchers and policymakers, but little has been written from the viewpoint of Indonesia. We aim to fill this gap in the literature by discussing the current Indonesian nurse human resource environment, describing the factors influencing the country's shortage of nursing professionals, and assessing how Indonesia's participation in international and regional agreements impacts health worker migration and recruitment.

Care Workforce Migration

The migration of caregivers for the elderly started in the past decade. Hong Kong, Taiwan, Singapore, and Saudi Arabia are recruiting the most caregivers from Indonesia. Migration is mainly through private companies that send workers abroad.

Generally, caregivers are in the domestic household sector and need to fulfil only administrative and language requirements. Candidates are trained by the sending company and take a competency test at the end of training. Those who pass are dispatched to the destination country.

Caregivers abroad perform two kinds of work:

- care for the elderly at institutions for neglected elderly people; and
- care for households, of which the family which is the smallest unit, consisting of husband and wife, or husband and wife and their children, or father and child, or mother and child.

Taiwan, Hong Kong, Singapore, and countries in the Middle East need caregivers to manage the environment of the elderly, groom and feed them, help them move, prevent accidents, respond to emergencies, report on the care given, and communicate in the language of the placement country. Overseas requests for Indonesian care workers continuously increased in 2010–2020.

Table 2.1. Migrant Distribution by Occupation

No	Occupation	2014	2015	2016	2017	2018
1	Domestic Worker	136,120	61,023	46,402	96,041	93,124
2	Caregiver	49,521	51,772	54,160	44,033	51,386
3	Operator	48,119	35,187	32,411	31,367	36,005
4	Plantation Worker	47,790	38,526	30,834	26,470	25,108
5	Worker	24,069	20,311	27,917	23,900	26,668
6	Construction Worker	10,761	4,928	2,853	1,831	2,038
7	Housekeeper	7,773	6,839	3,757	1,616	1,471
8	Cleaning Service	5,093	2,773	2,416	1,817	1,440
9	Fisherman	4,852	1,866	692	2,819	2,620
10	Waiter	3,245	2,310	1,426	1,670	1,215
11	Driver	7,467	1,278	388	242	345
12	Cleaners	2,379	4,521	1,803	381	277

No	Occupation	2014	2015	2016	2017	2018
13	Gardener	3,214	2,245	1,211	1,386	843
14	Sanitation Officer	981	1,594	1,090	376	365
15	Farmer	890	776	977	1,147	532
16	Agricultural Labour	1,302	699	301	475	542
17	Cooks	1,267	634	323	387	259
18	Nurse	930	466	178	240	227
19	Steward	1,380	235	11	96	65
20	Cook	655	144	10	2	7
21	Other	72,066	37,610	25,291	26,603	39,103
TOTAL		429,874	275,737	234,451	262,899	283,640

Source : National Body for Placement and Protection of Overseas Workers

Table 2.1 shows that caregiving is the second most common job performed by Indonesian overseas workers, totalling 51,386. Domestic workers make up the largest group of Indonesian migrants, with many caring for the elderly at home.

Care Workforce Migration under the Japan–Indonesia Economic Partnership Agreement

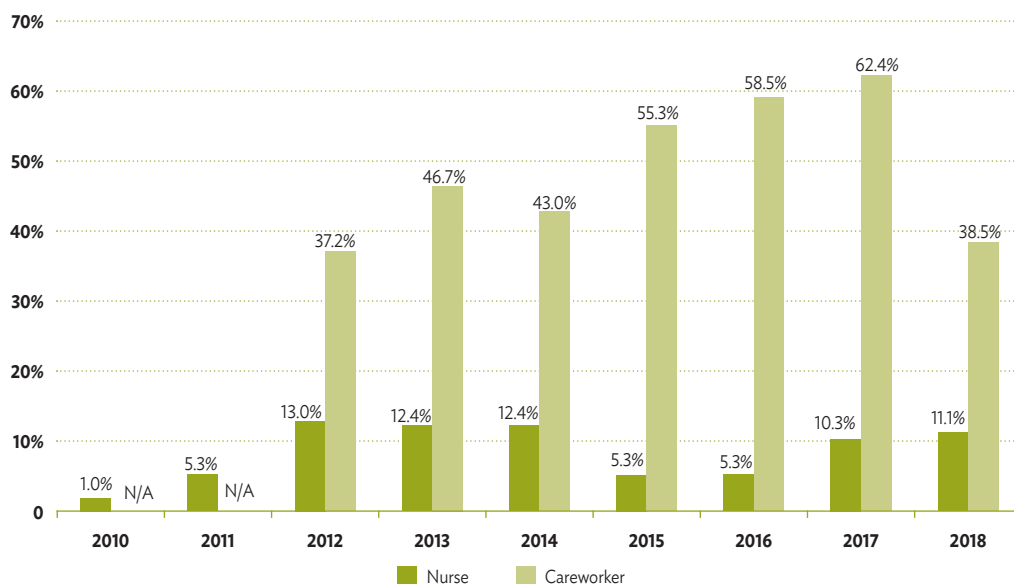
Starting in 2008, Japan opened its labour market to the foreign care workforce, especially nurses and certified care workers. The agreement's chapter on movement of natural persons encourages Indonesian healthcare professionals to work in Japan under prescribed conditions (Ministry of Trade Republic Indonesia, 2007). Healthcare migration is the first system to involve a government-to-government cooperative program underpinned by the intention to promote free trade (Hirano et al., 2012).

The program allows Indonesian care workers into Japan provided nurse candidates are certified nurses in Indonesia with more than 2 years of experience, and caregiver candidates (1) have a bachelor or associate degree (D3) and a caregiver license issued by the Indonesian government or (2) are certified nurses in Indonesia (Ministry of Health Labour and Welfare Japan, 2014). Most recruitment and coordination procedures are conducted by the National Board and the Japan International Cooperation of Welfare Service. These agencies hold a competitive selection to choose candidates and coordinate with Japanese hospitals or care institutions where candidates will work. Selected candidates learn Japanese language in Indonesia for 6 months and in Japan for another 6 months. After language training, candidates are dispatched to host hospitals or care facilities.

Indonesian nurses who migrate to Japan are designated as 'candidates' until they pass Japan's national board examination, conducted in the Japanese language, for registered nurses and certified care workers (Ministry of Health Labour and Welfare of Japan, 2014). Whilst preparing for the national board examination, the candidates may work as trainees at medical institutions and/or long-term care facilities in Japan. The contract allows for a maximum stay of 3 years for nurses and 4 years for certified caregivers to work as candidates. If they pass the national board examination within these durations, they are licenced as registered nurses or certified care

workers. They may stay and work in Japan for 3 years until visa renewal, which can be done in perpetuity as long as they work as a nurse or certified care worker. If they fail the national board examination, they must return to Indonesia (Ministry of Health, Labour, and Welfare of Japan, 2014).

Figure 2.2. Passing Rate of Indonesian Nurse and Certified Caregiver under Japan–Indonesia Economic Partnership Agreement



Source : Ministry of Health, Labor, and Welfare Japan (2018).

Figure 2.2 shows that the passing rate amongst Indonesia nurses is low, which is due to socio-cultural issues and different nursing systems in the two countries (Nugraha and Ohara-Hirano, 2014; Setyowati et al., 2010), whilst that for caregivers is better, since they have a nursing education background.

National Regulations on International Labour Migration

Law No. 39 of 2004 concerning in the placement and protection of Indonesian migrant workers is part of an effort to realise equal rights and opportunities for workers to obtain decent work and income. Article 1, number 3 states that the government is in charge of supervising the entire process of recruitment, document processing, education and training, housing, preparation for departure, protection of workers in the destination country, and the return of workers to Indonesia. The government has improved the quality and capacity of Indonesian migrant workers by doing the following:

- Implement Presidential Instruction Number 06 of 2006 concerning Reform of Policy for Placement and Protection of Indonesian Migrant Workers Abroad, by simplifying the bureaucracy of migrant worker placement services, including the placement procedure.
- Ease the burden borne by overseas worker candidates by eliminating fiscal fees, the cost of arranging the foreign worker card (kartu tenaga kerja luar negeri [KTKLN]), and the cost of pre-departure orientation.
- Improve the quality of overseas worker candidates through training in skills, abilities, and language, and mental preparation. The government will place only Indonesian migrant workers (tenaga kerja Indonesia [TKI]) considered to have fulfilled competency requirements as evidenced by a certificate from the professional certification institution (lembaga sertifikasi profesi) appointed by the Ministry of Manpower and Transmigration.
- Protect the rights and property of Indonesian migrant workers through TKI insurance programs implemented by five insurance consortia, which must cooperate with legal aid agencies and/or lawyers in migrant workers' countries.

Migration of the Indonesian workforce is in accordance with the following International Labour Organization conventions:

1. Convention No. 87/1948 concerning Freedom of Association and Protection of the Right to Organize and Collective Bargaining (Freedom of Association and Protection of Right to Organize)
 2. Convention No. 98/1949 concerning the Application of the Principles of Right to Organize and Collective Bargaining (Application of the Principles of Right to Organize and to Bargain Collectively)
 3. Convention No. 29/1930 concerning Forced or Compulsory Labour
 4. Convention No. 105/1957 concerning the Elimination of Forced Labour (Abolition of Forced Labour)
 5. Convention No. 138/1973 regarding the Minimum Age Limit to be Allowed to Work (Minimum Age for Admission to Employment)
 6. Convention No. 182/1999 concerning Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour
 7. Convention No. 100/1951 about the same wages for the same work
 8. Convention No. 111/1958 concerning Discrimination in Work and Position
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Refer to Act No. 39/2004 has five placement schemes for TKI, as follow:

1. Private-to-private (P-to-P) placement is facilitated by a private company in Indonesia (through the Indonesian Recruitment, Employment and Manpower Agency [Pelaksana Penempatan Tenaga Kerja Indonesia Swasta (PPTKIS)]) and destination countries. Agents of private recruitment agencies from Indonesia engage with private employment agencies in the destination country. End users may be legal entities such as nursing homes and individuals. Placement to Malaysia, Singapore, Taiwan, the Middle East, New Zealand, and several countries in Europe is still fully carried out this way. The Indonesian Labour Providers Organization (Perusahaan Jasa Tenaga Kerja Indonesia) is responsible for the scheme. The entire process is supervised by the government through the National Body for Placement and Protection of Overseas Workers (Badan Nasional Penempatan dan Perlindungan Tenaga Kerja Indonesia [BNP2TKI]). The economy with the biggest P-to-P scheme for caregiver placement is Taiwan, which has fewer pre-employment requirements than Japan. This is partly because Taiwan has only two types of payroll systems: formal (TWD20,080) and informal (TWD17,500). A caregiver may graduate from high school or even junior high school by first training at a technical and vocational education and training centre (Balai Latihan Kerja [BLK]) for 600 hours (depending on the country of placement).
2. Placement of Indonesian individuals does not involve recruitment agencies or government and is usually for professional workers with certain educational backgrounds and special skills, who can migrate independently. The process is carried out between the employer and the prospective worker. Many nurses, doctors, and engineers are recruited this way.
3. Government-to-government (G-to-G) placement is facilitated under a memorandum of agreement between the governments of Indonesia and destination countries, i.e. the Republic of Korea and Japan. Overseas placement is facilitated, carried out, and supervised directly by Indonesia's BNP2TKI, with users or end users in the country of placement, which are government agencies or private companies. For example, Indonesian migrant workers may go to the Republic of Korea as a result of BNP2TKI working with the Human Resources Development Services of Korea, appointed by the Ministry of Labour of Korea, or with Japan International Corporation of Welfare Services, established by the Ministry of Labour of Japan.
4. Government-to-private (G-to-P) placement is facilitated by the Indonesian government with private companies in destination countries, e.g. companies in Penang, Malaysia.
5. Private foreign companies may hire experts or professionals in Indonesia to work for them abroad.

1. Basic requirement for overseas placement

Job seekers referred to above must meet the following requirements:

- a. At least 18 years of age. Exception: Workers to be employed by individuals must be at least 21, proven by a resident identity card (kartu tanda penduduk [KTP]) or electronic resident
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identity card (e-KTP) and birth certificate or similar proof from an authorised agency.

- b. Certificate of health and evidence from a doctor stating that female participants are not pregnant.
- c. Permit from husband, wife, parent, or guardian who is known to the village leader.
- d. Card from the district or city office showing the worker is registered as a job seeker.
- e. Educational qualifications and requirements required by the employer.

2. The new track for care workforce migration to Japan

Aside from the Japan–Indonesia Economic Partnership Agreement, the Technical Intern Training Program (TITP) and international student visa program, which allows foreign caregivers for the elderly to enter Japan, was launched on 1 November 2017.¹

a. Technical Intern Training Program (TITP)

In conjunction with enforcement of the new Technical Intern Training Act, ‘care worker’ was added to occupations subject to the TITP. The technical intern trainee candidates must have at least a certain level of Japanese language ability to ensure that they can communicate with technical intern training instructors, who give guidance on skill acquisition, users of care worker facilities, and others. Accordingly, technical intern trainees must satisfy the following Japanese language requirements (Japan International Training Cooperation Organization, 2019):

- 1) Technical intern trainees (first year). Pass at least the N4 Japanese Language Proficiency Test.
- 2) Technical intern trainees (second year). Pass the N3 Japanese Language Proficiency Test.

Before leaving for Japan, candidates will have 6 months of training in basic Japanese language in Indonesia until they pass level N4. After being assigned a place of work in Japan, participants will attend 2-month pre-departure training in Indonesia. In Japan, they will train for 1 month before being dispatched to the care facilities. After working in Japan for a year, participants must take an N3-level Japanese language proficiency exam. If they do not pass, they will be sent back to Indonesia; if they graduate, they will continue to work for 2 years, for a total of 3 years. According to the announcement by the dispatch agency (Bahana Inspirasi Muda, 2018), the cost for the TITP program is JPY350,000, shouldered by the applicants. Costs include: training materials (handouts, audio, videos); dormitory residences; and facilities during training (bedding, cookware, internet, water, and electricity); uniforms; and slippers.

¹At the time of writing, no other programmes exist, but as of February 2021, another pathway for foreign care workers in Japan is effective: a new residence status of ‘Specified Skilled Workers’. The details can be found on the following website: <https://www.ssw.go.jp/en/> or <https://www.jitco.or.jp/en/skill/>. (accessed 8 February 2021)...

b. International student visa program

Applicants who meet the administrative requirements and pass the Japanese language proficiency examination may enter Japan on a student visa. After arriving, they attend Japanese language lessons in the morning for 1.5–2 years. In the evenings, they work as interns in nursing homes for 28 hours per week at most. After graduating from Japanese-language school, students immediately take *kaigo* education for 2 years. Students continue their internship in nursing homes. If they complete their education, they receive an official certificate stating that they are now *kaigofukushi-shi* (care worker) who meet Japan's standards. Graduates officially become permanent workers forever. The 2-year program cost of JPY1,300,000 is shouldered by the applicants (PT MINORI, n.d.; PT.OS Selnajaya, n.d.).

Some institutions support students with scholarships, charging only JPY450,000 for the first year's tuition and housing (PT JIAEC, 2018) (PT JIAEC; PT MINORI, no date; PT. OS Selnajaya).

Table 2.2. Caregiver Migration Scheme, Stipulated by the Government of Japan

	Economic Partnership Agreement	Technical Intern Training Program	International Student Visa
Migration scheme	Government to government	Private to private	Private to private
Who may apply	Graduate of 4-year course or of nursing school or 3 years diploma of nursing	Anyone over 18 years old, minimum High School Graduate	High school graduate
Required Japan language proficiency	Not applicable in the meantime N4 level (requirement)	N4 or N3	N2
Training opportunities	Caregiving training, national exams, Japan International Corporation of Welfare Services	Private organisations	Part-time job, on-the-job training
Benefits of working in the long-term care industry	Wages and employment, experience in a new working atmosphere	Wage and employment	Wage and employment
Cost of long-term care industry	Salary and recruitment fees (including training fee, airfare, allowance, amongst others)	Salaries paid to management group	No need to shouldered any payment, part time work salary
Risk of long-term care industry	Qualifications not established	Inadequate communication, accident, disappearance	Inadequate communication, accident
Cost to foreign workers	Almost none	Pre-departure training cost, airfare, dormitory	Airfare, pre-departure selection cost, tuition for Japanese language school, and agency cost
Risk for foreign workers	Fail national exam	Debt cannot be recovered. Cannot change employer in case problems arise.	Unable to recover the debt, difficulties in finding an employer, which may cause visa permit problem
Cost shouldered by applicant	JPY13,000 for preliminary selection	JPY350,000 for training fee, airfare, etc.	JPY450,000 for tuition fee and living cost for first year

Conclusions

The migration of care workers for the elderly is a necessity in the era of population ageing. By 2030, 70% of Indonesia's population is projected to be of working age, presenting an

opportunity and a challenge. The main benefit of migration is prosperity at home, but it hinges on creating enough jobs for the 2 million or so workers who enter the labour market each year. Comprehensive assistance, protection, and supervision are needed to maintain their capacity and quality. Migration is a way of transferring knowledge as Indonesia will see its own population age.

All stakeholders should utilise caregiver personnel in an integrated manner so that they will improve and be competitive in domestic and foreign markets. Mobilizing migrant workers to meet the care needs of an increasing elderly population is a challenge for provider countries such as Indonesia. The government should pass regulations to open formal education for care workers to meet demand in foreign and domestic markets.

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