

***Social-Economic Trajectory of Nurses and Care Workers In Global Value Chain Gary Gerrefi :***  
**An Analysis on Indonesian Nurses and Careworkers In Japan.**  
**Case Studies : Indonesia- Japan Economic Partnership Agreement (IJEPA)**

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**Dissertation theme Background**

Japan aging is become one of my interest since I was getting involved as researcher at Center for Japanese Studies, University of Indonesia. I took my master degree in Chuo University to study about life after retirement considered the long life span of Japan senior citizens. It is just like second stages of life after do the retirement. As my bachelor theme, I was interested to write about the labor migration in Jakarta sub-urban, so then, my dissertation developed to a study on migration of Indonesian skilled labor, nurses and also who becoming care workers to Japan in accommodating the Japan Aging security system under the scheme of Indonesia-Japan Economic Partnership.

Indonesia will face the aging population considering as one of most populated country in the world. The group of 60 years above keep raising until about 11% in 2020 from total number of about 258 million of population, a greatly in number compared to other aged in developed countries. (Badan Pusat Statistik, 2010) Until now, there is not many of social scientist or literatures investigating about this aging in Indonesia while the pattern of Indonesia family is shifting to a more nuclear family in urban area which is has the implication to aging group as a part of family. On one side, this as a consequence of more educated mother live in urban area who works outside, this change 'the value' that female not more are the groups who responsible to take care their parents in domestic area.

**'Care work' for aging as a new profession for Indonesian**

Since 'caring' for aging in Indonesia still laid on their families, the care workers profession is hard to be identified as a profession. 'Care workers' seen as part of 'caring service' job in public institutions as derived from domestically work. A son or daughter, believe the responsibility of taking care their parent when they grow old which is laid on their shoulders. As majority Moslem country, caring of our parents is our obligation so that in turn we also need to be cared by our children. This is believed not only laid on women responsibility, but also men who then are charged to take their roles and give more attention to their parents.

Though there are some facilities for Aging in Indonesia run by government for the poor or by private sectors for the middle class, but still the facilities called 'Panti Jompo' have small number and there is a bad image for Indonesia people, like feel ashamed, 'abandoned', 'unwanted', 'uncivilized' if living in Panti Jompo.(Cameron 2007). Though some of middle class group that see of living in Panti don't want to be a burden, want to be more independent and the purpose of living in Panti is making some friends (National Family Planning Coordinating Board). For the children who already married try to find place for living near to their parents' house so they can visit them very often or they can ask parents to watch their grandchildren while they go out. Other parents will be asked to live with one of children usually the

youngest or unmarried and stay together. Family who mother goes for work have to ask a help from a maid for doing the house work and also a helper (called baby sitter) to take care of their children under control by their grandmother. That's a kind of pattern, the combination between the grandmother and maid or called baby sitter. This continued until the grandmother/ father growing old and in turn they will be taken care by their children or grandchildren. That is why the profession of a baby sitter (assist for take care children) is more familiar than care givers for aging. Culturally, taking care of parents is socialized by the family member as primarily socialization and in also elementary school, where family as the best solution to give the 'caring' service for the aging.

### **Skill 'degrading' experience and Harmonization skill**

Japan had dealt with her aging since a long time ago, taking care of their aged by published so many policies that could be as a lesson for young society like Indonesia. The Japan-Indonesia Economic Partnership Agreement will bring some consequences for both countries at the micro-meso level. Indonesia send her skilled nurses to Japan and accepted in two categories of profession as nurses who work in hospitals and care workers who then entered the facilities for 'caring' the aged people. For nurse work, the standard of competency could be gained through doing the trainee following the Japan standard, this profession of course very well known in Indonesia and other developing countries.

The nurse migration to developed country hoped that could give much experience which is defined as 'upgrading' the skill. Unfortunately, the fact, the nurse who could not succeed passed the national exam as 'passport' to have experience upgrading process, have to switch their occupation from nurses to second option, as care workers. They do not work at the hospital but they entered the facilities which giving the service in 'care work' for ageing.

From all informants work for facilities I interviewed, mostly said that at the beginning they felt disappointed to know that they have to work not as a nurse in the hospital. But after get the trainee, some are think of not experienced 'degrading' of being care workers. For them, the experience of being care worker is learning about a new skill of 'caring' of how to offer 'life model' that emphasize quality of life for the aging, which has a different disciplines from work 'cure' in hospital as 'medical model' that somehow have much different concept of the task doing by nurses in a hospital. (Asato, 2013)

The image of facilities for aging in Indonesia which is called 'panti lansia', still have a bad image for major part of Indonesian society. Panti, is seen as one of solution for children who don't really want to take any responsibility in caring their parents, as the worst place to put their parents, seemed like an effort by children to avoid the responsibility. Some values for aged who living in Panti, they feel like abandoned by their children, their present is unwanted because their weak condition so that will ask much attention and cost from family member.

Then, why the two of profession have become more different? One reason is the activity 'care' is derived from domestically task which is burdened to female of family member and in being institutionalized through government policy. While nurse doing the 'cure' in public area institution called 'hospital' since long time ago. As my terminology the nurse who become care workers are moving to other tracks like people who doing the 'norikae' (transfer the line), sometimes they are taking a train

and then change to the subway. That's why the skill could not be compared because of different track. Also the fact that the 'caring institution' for aging like already existed in Japan seemed not urgently needed for Indonesian aging.

### ***Other Research Findings***

Other problem is the unclearly contract that created by facilities which has no standard from Japan government. As foreign workers, care workers in Japan have a kind of interaction among them, they contact each other through the social media like face book or twitter they could easily find some other differences between their facilities and others. That would pushed them asking for a better job condition including their rights for having free time or do what become their believed such as praying or wearing the scarf for female. Some of married care workers, are have a plan of inviting their husband and children but do not want to raise up their children in Japan. The problem then, the husband cannot not easily get permission for having a job and also the limitation from immigration office. And as Indonesia care workers mostly are younger than Philippines, many of unmarried female concern about their single status and worried about it, they not prefer to continue as permanent worker for some age they want to go back to Indonesia and get married.

The serious problem for care workers who go back to Indonesia then, their skill could not be applied because there were almost no facilities for elderly with Japan standard. Other problem is after when they experience the 'out burn syndrome' of doing the overtime 'care work', they don't want to enter and work with the same profession. They prefer to change their profession into the translator job in Japan big companies such like Toyota or Honda in Indonesia or starting to do their own business or any work which has no relation to the care works. Different from nurse case which the skill easily being identified and take them to the better position when they go back to work at hospital in Indonesia. Also for them who could keep maintain their network to their previous offices, though they not succeeded developed their skill as nurse coz be as care workers, they still can go back to their previous job as nurse at the same hospital.

This also could be as a contribution for Indonesian Government to start thinking of the lack of facilities for aging that might be needed to be built considering the new family roles toward aging and of course the tendencies of Indonesian aging in number. The facilities also have the other function of absorbing the 'new skill' brought by the going back care workers to keep them on the same track (as 'care' labor), avoiding the preference of moving from 'care' profession, and also the IJEPa project have more contribution for both countries not creating the disappearing of this young dedicated groups which really needed by society in the future.

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