INDONESIA-JAPAN BILATERAL RELATIONS: 
THE IMPLEMENTATION OF INDONESIA-JAPAN 
ECONOMIC PARTNERSHIP AGREEMENT ON 
THE DEPLOYMENT AND ACCEPTANCE OF 
INDONESIAN MIGRANT WORKERS (NURSES) TO 
JAPAN IN 2008-2015 

By 
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A thesis presented to the 
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Major in Diplomacy Studies 

2018
THESIS ADVISER
RECOMMENDATION LETTER

This thesis entitled “Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015” prepared and submitted by Ratih Mei Safitri in partial fulfillment of the requirements for the degree of Bachelor of Arts in International Relations in the Faculty of Humanities has been reviewed and found to have satisfied the requirements for a thesis fit to be examined. I therefore recommend this thesis for Oral Defense.

Cikarang, Indonesia, May 2018,

Recommended and acknowledged by,

Drs. Teuku Rezasyah, M.A., Ph.D.
DECLARATION OF ORIGINALITY

I declare that this thesis, entitled “Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015” is, to the best of my knowledge and belief, an original piece of work that has not been submitted, either in whole or in part, to another university to obtain a degree.

Cikarang, Indonesia, May 2018

[Signature]

Ratih Mei Safitri
PANEL OF EXAMINER APPROVAL SHEET

The panel of examiners declares that the thesis entitled “Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015” that was submitted by Ratih Mei Safitri majoring in International Relations from the Faculty of Humanities was assessed and approved to have passed the Oral Examination on May 16th, 2018.

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Thesis Adviser
ABSTRACT

Ratih Mei Safitri, International Relations 2014, President University
Thesis Title: “Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015”
Adviser: Drs. Teuku Rezasyah, M.A., Ph. D.

Indonesia-Japan Economic Partnership Agreement (IJEPA) is a bilateral cooperation framework managed by Indonesia and Japan, one of which covers the movement of natural persons. From the results of the negotiations, Indonesia and Japan agreed to cooperate on the deployment and acceptance of Indonesian nurses to work in Japan. This agreement is formed due to Indonesia experiencing the surplus of health workers, especially nurses and the lack of job opportunities in Indonesia for nurses while Japan is facing the increasing of population aging so that Japan will require more nurses and care workers to meet the demand of Japan’s national interest. The deployment of Indonesian nurses to Japan through IJEPA has been implemented from 2008 and continues until now, but the study is limited until 2015 where this study uses qualitative methods and uses the concept of bilateral relations and national interests to explain Indonesia’s relations with Japan and push and pull theory factors to analyze Indonesia’s utilization of IJEPA on the deployment of Indonesian nurses to Japan. The cooperation under movement of natural persons appears to be one of the solution to reduce the surplus of Indonesian nurses but not for a long term when the Indonesian nurses should return to Indonesia.

Keywords: IJEPA, the deployment of Indonesian nurses, bilateral relations, national interest, G to G program.
ABSTRAK

Ratih Mei Safitri, International Relations 2014, President University
Thesis Title: “Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015”
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Kata kunci: IJEPA, pengiriman perawat Indonesia, hubungan bilateral, kepentingan nasional, program G to G.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>APEC</td>
<td>Asia-Pacific Economic Cooperation</td>
</tr>
<tr>
<td>AOTS</td>
<td>The Association for Overseas Technical Scholarship</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>BNP2TKI</td>
<td>Badan Nasional Penempatan dan Perlindungan Tenaga Kerja Indonesia</td>
</tr>
<tr>
<td>CEPA</td>
<td>Comprehensive Economic Partnership Agreement</td>
</tr>
<tr>
<td>EBNP</td>
<td>Evidence Based Nursing Practice</td>
</tr>
<tr>
<td>EPA</td>
<td>Economic Partnership Agreement</td>
</tr>
<tr>
<td>FTA</td>
<td>Free Trade Agreement</td>
</tr>
<tr>
<td>GATT</td>
<td>General Agreement on Tariffs and Trade</td>
</tr>
<tr>
<td>G to G</td>
<td>Government to Government</td>
</tr>
<tr>
<td>IJEPA</td>
<td>Indonesia-Japan Economic Partnership Agreement</td>
</tr>
<tr>
<td>IPR</td>
<td>Intellectual Property Rights</td>
</tr>
<tr>
<td>JICWELS</td>
<td>Japan International Corporation of Welfare Service</td>
</tr>
<tr>
<td>JLPT</td>
<td>Japanese-Language Proficiency Test</td>
</tr>
<tr>
<td>JSG</td>
<td>Joint Study Group</td>
</tr>
<tr>
<td>MFN</td>
<td>Most Favored Nations</td>
</tr>
<tr>
<td>MIDEF</td>
<td>Manufacturing Industrial Development Center</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>PDO</td>
<td>Pre-Departure Orientation</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>P to P</td>
<td>Private to Private</td>
</tr>
<tr>
<td>ROD</td>
<td>Record of Discussion</td>
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<tr>
<td>WTO</td>
<td>World Trade Organization</td>
</tr>
</tbody>
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CHAPTER I

INTRODUCTION

I.I. Background of the Study

The bilateral relations are a cooperation and bond between the two countries that can occur in the fields of politics, economy, security, culture, and history.\(^1\) Indonesia and Japan have long established cooperation, the diplomatic relations between Indonesia and Japan began in January 1958, by the signing of a peace agreement between Indonesia and Japan in Jakarta which provides benefits for both countries in the future.\(^2\) Japan and Indonesia have undertaken several bilateral cooperation aimed at promoting both countries. Currently, cooperation between Indonesia and Japan are also continuing with the economic partnership that currently being implemented by both countries, and the bilateral cooperation is the Indonesia-Japan Economic Partnership Agreement or IJEPA. Indonesia-Japan Economic Partnership Agreement (IJEPA) is a form of bilateral agreement in terms of economic and cooperation between Indonesia and Japan which is the first Free Trade Agreement (FTA) in the framework of bilateral economic cooperation which was first conducted by Indonesia with other countries. This agreement is a manifestation of the bilateral cooperation undertaken by Japan in the framework of the realization of the Comprehensive Economic Partnership Agreements (CEPA) with the countries that are members of the Association of Southeast Asian Nations (ASEAN).\(^3\)

The IJEPA aims to facilitate closer economic relations through liberalization, trade and investment between two countries, capacity building, and

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promotion. This agreement was signed between Indonesia and Japan in the IJEPA Record of Discussion (RoD) took place in Tokyo, Japan on 20 August 2007 after seven rounds of negotiations. Under this agreement, the two countries agree on economic matters which covers eleven negotiating groups, namely trade in goods, rules of origin, customs procedures, trade in services, investment, movement of natural persons, government procurement, intellectual property rights, competition policy, energy and mineral resort, and cooperation. There are three pillars of IJEPA that become the foundation for both countries in implementing this bilateral cooperation, which are liberalization, facilitation, and cooperation. Within this agreement, Indonesia and Japan expect that this agreement will further strengthen and promote economic ties mutually and beneficially between Indonesia-Japan and contribute to realizing multi layered cooperation for capacity building in various way.

Under IJEPA framework, the scope of cooperation not only includes the liberalization of trade in goods and services as commonly contained in the FTA, but this cooperation includes a comprehensive economic agenda including the deployment and acceptance of Indonesian migrant workers in the movement of natural person sector. Within the IJEPA framework after the Join Study Group in 2005, the Indonesia government has expressed the request for the cooperation in sending Indonesian nurses to Japan because of the surplus condition of Indonesian nursing workers that occurred at that time. Under the Movement of Natural Person point, the Government of Indonesia expresses its foreign policy through requests for the possibility to send Indonesian nurses to Japan in the following statement:

“The Indonesian side expressed its interest in mutual recognition of qualifications in tourism and hotel services, spa services, food-

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and beverage-related services, caregivers, seafarers and nurses. The Indonesian side requested: acceptance of skilled workers or professional workers in areas such as nursing, caregiving, hotel and tourism industries.”

Then, the request received a response from the Japanese Government as stated in the Joint Study Group Report in May 2005, namely:

“In addition, the Japanese side pointed out that the scheme under the Japan-Philippines EPA will be applied only to Filipino nurses and certified care workers and that, if another country has any request for the acceptance of nurses and care workers, it should be fully examined on a country-by-country basis...........”

Japan government committed to the government of Indonesia in the field of workers services that provide opportunities to Indonesia to send skilled workers such as nurses and care workers, workers in the hospitality sector, tourism and craft to Japan. Currently cooperation in the field of labor services that have been implemented is the cooperation in sending nurses and care workers Indonesia to Japan. Therefore, after the IJEPA’s establishment, Indonesia’s request for the nurses that will be send to Japan was carried out under the G to G Japan Program by following up the Memorandum of Understanding (MoU) between the Government of Indonesia The National Board for the Placement and Protection of Indonesian Migrant Workers, with the Japan International Corporation of Welfare Service on the placement of prospective nurse and prospective care workers from Indonesia to Japan through Government to Government Program. The G to G program has a strong legal basis as it is the responsibility of the Japanese government and also the Indonesian government so that the nurses can implement the rights and obligations as agreed in the previous

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7 Ibid. p.14
MoU, including a defense in case of undue treatment. Unlike the case with Private to Private (P to P) which has no strong legal basis.9

Japan’s acceptance is not officially intended to solve the shortage of labor force in the medical and social welfare fields. Rather, its acceptance was agreed as an exception in order not to jeopardize its EPA negotiations. The government set up maximum numbers of foreign workers by considering the effects on the domestic labor market rather than a measure for labor shortage in nursing and care workers fields. There were less than 400 nurse candidates and 600 certified care-worker candidates by country for the first two years.10

The demand for the deployment and acceptance of Indonesian nurses to Japan based on the domestic conditions of Indonesia before the IJEPA implemented which at that time experienced surplus of nurses and reduced employment opportunities for nurses in Indonesia.11 While Japan agreed to do the cooperation because foreign medical personnel like nurses and care workers entering the country are generally beneficial to meet the shortage of domestic medical personnel. As is the case in Japan today, that the elderly reaches one-fifth of the total population. The proportion of the elderly population is predicted to increase to 32% in 2030 and 41% in 2055 due to the very low population growth rate.12 Therefore, the inclusion of migration of medical personnel on nurses and care workers in the IJEPA framework within the G to G program is a strategic solution to prevent future medical personnel crisis, especially to take care of the elderly to Japan and this cooperation will also meet the national interest of Indonesia and Japan.

9 BNP2TKI. (2012). MOU between BNP2TKI dengan JICWELS On The Deployment and Acceptance of Indonesian Candidates for Kangoshi and Kaigofukushishi..
I.2. Identification Problem

Through the EPA negotiations with Japan, the Government of Indonesia submitted a request for the deployment and acceptance of nurse scheme to Japan at the time of the JSG in 2005, undertaken by Indonesia to apply its foreign policy based on its importance to provide employment for Indonesian nurses not to become unemployed domestically. Furthermore, after IJEPA was agreed by the Indonesia and Japan in 2008, the demand for Indonesian nurses to Japan get a positive response from Japan carried out with the G to G program to Japan. The program is an easy access point for Indonesian nurses to work in Japan as skilled workers through the implementation of IJEPA, even in the G to G program there is training before and during work in Japan.¹³

In this regard, the internal factors in the Indonesian foreign policy are the domestic conditions of Indonesia which at that time experienced surplus of nurses and the reduction of employment opportunities for nurses in Indonesia resulting in many unemployed nurses, plus the Indonesian government's budget have not yet sufficient to become a separate proponent for Indonesia to fulfill its national interests through its foreign policy by implementing IJEPA. At the same time as an external factor in the selection of the policy, Japan is also experiencing the problem of its declining population, so Indonesia's demand for the deployment of Indonesian nurses’ scheme to Japan was positively welcomed by Japan in the G to G program scheme.¹⁴

Japan is a country with population is smaller than the population of Indonesia, but the number of nurses in Japan per 100,000 of the population is almost 5 times greater than in Indonesia. This is because the increasing growth in the number of elderly that need nursing care in Japan. Based on the data in 2005,

the numbers of elderly that need nursing care were 4.17 million people or about 16.6% of the total population of elderly in Japan. In 2010, Japan needs a total of 1,406,400 nurses, and it has presently a shortfall of 15,900 nurses.\textsuperscript{15} And the Japan Aging Research Center estimates that the proportion of elderly people will become 25.2% of the total population in 2013, and this means that need for nurses in Japan will increase in the future.\textsuperscript{16}

<table>
<thead>
<tr>
<th>No.</th>
<th>Medical manpower</th>
<th>Population in Indonesia per 100,000</th>
<th>Population in Japan per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor</td>
<td>19.93</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Nurse</td>
<td>137.87</td>
<td>635.5</td>
</tr>
<tr>
<td>3</td>
<td>Maternity nurse</td>
<td>35.4</td>
<td>100</td>
</tr>
</tbody>
</table>

*Table 1.1. Number of Medical Manpower in Indonesia and Japan*\textsuperscript{17}

The table above shows the number of estimated the demand of health workers between Indonesia and Japan in the population per 100,000. The big difference happened in Nurse medical workers where Japan have greater number because the increasing numbers of elderly has also raised the need for nurses and care workers in Japan. Based on the estimation by the Ministry of Health, Labor and Welfare, from the year 2000 until the year 2006 the number of nurses and care workers in Japan had increased from 550,000 to 1,170,000, and it has been estimated that in 2014, the need for nurses and care workers will become


\textsuperscript{17} Okushima, M. (February, 2010). “Working Conditions and Japanese Language Study of The Indonesian Nurse/Care worker Candidates in Japan.” KWJ UI-CSEAS, Kyoto University International Symposium in University of Indonesia
1,400,000 to 1,600,000 people. The proportion of the elderly population is predicted to increase to 32% in 2030 and 41% in 2055 due to the very low population growth rate.

The conditions in Japan really contrast with Indonesia, where the demand for nurses is smaller than the supply, so that Indonesia has a surplus number of nurses. As a result, the deployment of Indonesia nurses and care workers to Japan in the frame of IJEPA is a good chance to solve Indonesia’s problem of temporary surplus of nurses.

<table>
<thead>
<tr>
<th>No</th>
<th>Medical manpower</th>
<th>Need (demand)</th>
<th>Graduated (supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor Specialist</td>
<td>2,258</td>
<td>615</td>
</tr>
<tr>
<td>2</td>
<td>Doctor</td>
<td>6,765</td>
<td>7,576</td>
</tr>
<tr>
<td>3</td>
<td>Dentist</td>
<td>3,640</td>
<td>1,116</td>
</tr>
<tr>
<td>4</td>
<td>Nurse</td>
<td><strong>18,731</strong></td>
<td><strong>21,589</strong></td>
</tr>
<tr>
<td>5</td>
<td>Maternity Nurse</td>
<td>33,677</td>
<td>5,582</td>
</tr>
</tbody>
</table>

Table 1.2. Number of Indonesia Medical Manpower in 2007 (Need and Graduated)

Through cooperation with Japan in the strategic partnership of IJEPA, Indonesia has been trying to take strategic advantage for its domestic interests. Indeed, the election of a country's foreign policy is appropriate based on the national interest to be achieved in its international relations with other countries.

by agreeing on the G to G program to Japan. Indonesia in this case chooses to engage in foreign policy to send Indonesian nurses to Japan as a solution to the domestic needs of the country. To implement IJEPA scheme in sending nurses and care workers to Japan, the National Board for Placement and Protection of Indonesian Migrant Workers (BNP2TKI) is working together with some relevant government’s body like the Ministry of Health and Ministry of Manpower and Transmigration in recruiting and selecting the nurses that have skills and quality through a long selection process.²¹

Henceforth, this thesis would like to focus on how Indonesia utilize the deployment and acceptance of Indonesian nurses to Japan which expected to bring benefits for both parties. Migrating medical personnel from low-wage countries to high-wage countries can improve economic efficiency. For recipient countries, foreign medical personnel entering the country generally benefit from sufficient shortages of domestic medical personnel. The inclusion of labor migration in medical sector in the IJEPA scheme is strategic solution to prevent future medical personnel crisis and temporary surplus of medical workers and by the existence of bilateral cooperation between Indonesia and Japan through IJEPA has minimized the risk of conflict between Indonesia and Japan, the cooperation in this movement of natural person of Indonesian migrant workers emphasizes the opening of a free market in international cooperation that is already in the implementation of IJEPA starting in 2008 under the movement of natural person point.²²

I.3. Statement of Problem

**Topic:** Indonesia-Japan Bilateral Relations: The Implementation of Indonesia-Japan Economic Partnership Agreement on the Deployment and Acceptance of Indonesian Migrant Workers (Nurses) to Japan in 2008-2015

**Research Question:** How has Indonesia utilized IJEPA to help on the deployment its Indonesian nurses to Japan in 2008-2015?

I.4. Research Objectives

The objective of this research is to explore and identify the factors that made Indonesia utilize IJEPA on the deployment of its Indonesian nurses to Japan in 2008-2015.

I.5. Significance of Study

Through this research, the researcher hopes to be able to:

1. Enrich the comprehension on the implementation of Indonesia-Japan Economic Partnership Agreement on the deployment and acceptance of Indonesian nurses to Japan.
2. Add the understanding of the factors that influence the deployment of Indonesian nurses to Japan under Indonesia-Japan Economic Partnership Agreement.

I.6. Theoretical Framework

I.6.1. Bilateral Relations

The Theory of International Relations has a focus on the study of the causes of conflict and the conditions that support the occurrence of cooperation. Theories of cooperation and also theories of conflict, are the basis the importance for a comprehensive International Relations theory.\(^23\) Cooperation can be held in various forms ranging from framework of multilateral cooperation as well as bilateral cooperation. Bilateral relations as concept in international relations have more complex and more diverse

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meaning and contains a number understanding related to the dynamics of international relations. Bilateral relations are basically relations between two parties. In this case there are two actors playing a role called the state. Actors here are not only limited to governments that represent the state but also can be institution or agency of a country. The agency may be a government-appointed agency to undertake bilateral cooperation. The bilateral relations describe the existence relations that affect each other or there are reciprocal relations between two parties or two countries through cooperation. Bilateral cooperation itself is relation built in expectation to fulfill national interest. National interest such as integrity, economic prosperity, and live of peoples tend to be the consideration to bond bilateral relations. In the process of implementation of bilateral cooperation there are three motives behind the bilateral cooperation which are, maintaining the national Interest, maintaining peace, improving economic welfare.

In an international cooperation meet many kinds of national interests from various countries that cannot be fulfilled in their own country. Indonesia-Japan cooperation within the framework of IJEPA is an international cooperation through bilateral relations which the two countries will be mutually beneficial. In this case, Indonesia is sending its nurses to Japan as a follow-up of the state in helping to reduce unemployment or those experiencing economic difficulties. While on the other hand, Japan is also needs foreign workers to fulfill the demand of its health workers and trying to constantly develop its economy through IJEPA. Indonesia in doing bilateral relations with Japan under the economic partnership agreement by sending nurses as Indonesian migrant workers, using National Board of Placement and Protection of Indonesian Migrant Workers as government representative agency assigned to supervise in sending and protecting the Indonesian migrant workers. While in Japan side, there is Japan

International Corporation of Welfare Services (JICWELS) that will responsible in accepting the Indonesian migrant workers.\textsuperscript{27}

I.6.2. National Interest

Indonesia utilizes the moment that is expected to have a significant impact on its national interests through its advantages, such as signing the bilateral cooperation with Japan under economic partnership agreement. This explains that the role of Indonesia in making an object as the basis of national interest is undeniable to establish the attached relationship of its foreign policy. Thus, the national interest is conceptually used to explain the foreign policy behavior of a country.\textsuperscript{28} National interests of each country will vary, and do not rule out the possibility of national interests that will collide between countries. But the national interest does not require the existence of a destructive purpose that will impact on national security. The national interest here is a survival and proof of identity of a country to achieve the objectives of the state.\textsuperscript{29}

"... the relationship between states is created because of the difference in the advantages that each country has in producing. Such comparative advantage opens opportunities for specializations chosen by each country to support national development in the national interest ... "\textsuperscript{30}

Interest is a driving actor in international relations to interact. National interest in the practice of international relations is one of the drivers of international relations, with the state as its actor. The concept of national interest refers to the purpose of a country in achieving prosperity, both in the economy, and in the security of the state. The national interest


illustrates that there is an aspect to the identity of the state. This can be seen from the extent to which the focus of the country in meeting the achievement targets for the sake of the nation's survival. From the created identity can be formulated what the target in the near future, is temporary or also for long-term sustainability. The national interest is a strategy to run a partnership to fulfill the interests of the country. This is what Indonesia does in maintaining the cooperation of migrant workers by using the G to G program under Indonesia-Japan Economic Partnership Agreement.

I.6.3. Theory of Migration (Push and Pull Factors)

Cooperation between Indonesia and Japan under IJEPA is also cooperation in the field of manpower. The transfer of manpower from one country to a partner country is one form of the realization of international migration. Everett S. Lee, a scholar and migration theorist explained his theory of migration regarding the driving factors and pull factors for people migrating between countries. He summarized factors which enter into the decision of migration and the process of migration under four headings. They are factors associated with the area of origin, factors associated with the area of destination, intervening obstacles and personal factors.

Migration will occur if there is a push factor from the origin and pull factor from the destination. Place of origin will be a driving factor if there are more negative factors in place there than positive factors. The positive signs in the chart stand for the pull factors of an area which act to hold people within the area or attract people to it, and negative signs stand for the push factors in an area which tend to repel people. There are 0’s to

which people are essentially indifferent. All these factors work with the personal factors together to determine the decision making of migration.\textsuperscript{33}

**Figure 1.1. Everett Lees’ Theory of Migration**\textsuperscript{34}

From the picture above, it is known that there are factors that may affect the flow of migration in an area. First, positive factors or the pull are factors that can attract outsiders to stay in the area or hold people to stay in the area, for example better wage rates, more employment opportunities, the availability of social facilities, the perception of a relatively benign environment, hazardous environmental conditions. Secondly, the negative or push factor is the unpleasant factors that trigger a person to leave the area to migrate or move to another area such as lack of business opportunity, lack of job opportunity, relatively low wage rate, high cost of living, hazardous environmental conditions and so on. In the context of labor migration, push factors are often characterized by the lack of job opportunities in sending countries, and pull factors are the economic


\textsuperscript{34} Ibid. p. 50


opportunities presented in receiving areas or countries. In addition to the above push and pull factors, there are other factors that deserve to be considered in the flow of migration that is the intervening obstacles. Restrictive immigration laws, the distance, or ethnic barriers for example, can present a formidable barrier to prospective migrants. The last is the personal factors which are the utmost importance because, instead of the actual factors associated with the place of origin and/or destination, the individual's perception of these factors is found to influence the actual act of migration.\footnote{Mantra, Ida Bagoes. Agus Joko Pitoyo. 1998. Kumpulan Beberapa Teori Mobilitas Penduduk Buku 1. Fakultas Geografi. UGM.}

In IJEPA under movement on natural persons, the agreement between Indonesia and Japan to send Indonesian migrant workers which is nurses is because of the factors of associated with the area of origin, which is Indonesia and the factors of associated with the area of destination, Japan.

\section*{I.7. Scope and Limitations of the Study}

The author of this study focuses on the Indonesia-Japan Economic Partnership Agreement which is a bilateral cooperation agreement that has been done between two countries, namely Indonesia and Japan. In the scheme this cooperation agreed to have eleven sectors covered by the agreement. Therefore, in order for this study to be more focused, the writer focuses this study in the agreement of IJEPA on Movement of Natural Persons with a focus on the deployment of nurses as Indonesian migrant workers to Japan. The authors limit the time period starting in 2008-2015, because IJEPA itself was only enacted in 2008 and in 2015 was the latest result of nurses and care workers that passed the national exam in Japan.\footnote{Hariyanti, D. (2014, October 7). Jepang Sengaja Tunda Evaluasi Kerja Sama IJEPA, Impor RI Terus Menanjak. Retrieved from http://industri.bisnis.com/read/20141007/257/263011/jepang-sengaja-tunda-evaluasi-kerja-sama-ijepe-impor-ri-terus-menanjak}
I.8. Thesis Structure

I.8.1. Chapter I – Introduction

The first chapter provides the overview of the topic that is being researched. This chapter consists of the background of the study, problem identification, statement of the problems, research objectives, significance of study, theoretical framework, scope and limitation of the research, literature review and as well as the definition of the terms that might be found within this thesis. This chapter also provides the structure of the thesis which gives a brief explanation of the discussion in every chapter.

I.8.2. Chapter II – Literature Review and Research Methodology

This chapter will elaborate about literature review that the author chooses to support the research project by review journals and research article regarding the thesis title and also elaborate the research methodology.

I.8.3. Chapter III – Indonesia-Japan Bilateral Relations in the Framework of Indonesia-Japan Economic Partnership Agreement

The highlight of this chapter is the bilateral relations between Indonesia and Japan by implementing the Indonesia-Japan Economic Partnership Agreement. To discuss this research also need to know the chronology of the making of IJEPA from the period of negotiation until signing of agreement and implementation, goals to be achieved, and implications in IJEPA. What sectors are included in IJEPA itself, and the agreement of IJEPA under manpower provision for Indonesia and Japan.

I.8.4. Chapter IV – Indonesian Nurses as Significance Actor in the Implementation of IJEPA

The third chapter will elaborate the condition of nurses in Indonesia and Japan, the demand of Japan for foreign medical workers and the procedure of the deployment Indonesian nurses to Japan through G to G program under IJEPA.

The fourth chapter consists of the overview regarding the deployment of nurses in Indonesia that successfully deployed to Japan and overview the nurses that passed the Japanese National Examination in which will lead to the analysis of the issue using the theories that has been elaborated in the first chapter.

I.8.6. Chapter VI – Conclusion

The final chapter will provide the conclusion for the whole thesis, confirming the answer to the research question, and summarizing the research process throughout the whole thesis.
CHAPTER II

LITERATURE REVIEW AND RESEARCH METHODOLOGY

This chapter contains seven literature review from journals and research paper that the author used in regards to support this research project. In this chapter the author also would like to elaborate the research methodology that the author used for the research project.

II.1. Literature Review

II.1.1. Indonesia-Japan Economic Partnership Agreement: an Indonesia Perspective

In order to give the understanding about the impact of Indonesia-Japan Economic Partnership Agreement, a journal by Syamsul Hadi titled “Indonesia-Japan Economic Partnership Agreement: an Indonesian Perspective”, explains about the implementation of IJEPA for Indonesia faces many obstacles to its full realization. IJEPA covers three main issues which are liberalization of goods and services, facilitation including government procurement, investment and competition policy, and cooperation such as manpower and capacity building. From the three issues that IJEPA covered, the research finds that the result of IJEPA implementation fall short of Indonesia’s expectation. In the trade issue, Japan’s tariff reduction under the IJEPA does not give much impact to lead Indonesia’s automatic market penetration. Likewise, for the manpower sector (nurses and care workers) which is a major breakthrough in Indonesia-Japan manpower cooperation, but in the realization, the obstacles such as lack of Japanese language mastery and the low quality of Indonesian workers still remain. In light of this, stakeholders in Japan and Indonesia, request the Japanese government to modify the examination format to be easier than before. In the capacity building sector, the Manufacturing Industrial Development Center

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(MIDEC) was established to help manufacturing companies in Indonesia to increase its international standard. It has been running training courses and seminars to support Indonesia’s product certification. In the Japanese investment in various sectors in Indonesia has shown relatively good progress. After the two years implementation of IJEPA, Japanese foreign direct investment has increased after showing a decreasing trend before the implementation. In quantitative terms, IJEPA has achieved seemingly satisfactory results, but in qualitative terms, the improvement of national industrial capacity and competitiveness has yet to be realized.  

II.1.2. Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesia and Filipino Workers in Japan and Abroad

The next is a journal is written by Ohno Shun titled “Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad”. One year after Japan became a “super-aging society” in 2007, its began to receive Indonesian and Filipino nurses and caregiving workers into its labor market. This new government-to-government (G-G) program commenced in accordance with Japan’s Economic Partnership Agreements with the Philippines and Indonesia having large young populations. This paper addresses the past implementation of the EPA provision and reactions among the nursing associations in Japan, the Philippines and Indonesia to controversial EPA programs. It also explores the current situation of Filipino and Indonesian nurses/care workers in their countries as well as abroad to deepen understanding of different views and stances of the governments and nursing/care workers in the field of “emotional labor.” Its

discussions entail the possibilities and limitations of border-crossing care managed by the state in the country of linguistic homogeneity.\textsuperscript{39}

II.1.3. The Concerns and Motivations of Indonesian Nurses and Care Workers in Japan in the Frame of Indonesia-Japan Economic Partnership Agreement

The next research article is by Mutiawan Hamzali titled “The Concerns and Motivations of Indonesian Nurses and Care Workers in Japan in the Frame of IJ EPA (Indonesia-Japan Economic Partnership Agreement)” This study focuses on the factors that influence Indonesian nurses and care workers who migrate to Japan, and their motivations for working in Japan in the frame of Indonesia-Japan Economic Partnership Agreement. This research uses quantitative methods and interviews. From the results of questionnaire analysis and interviews, it can be concluded that the factors which influenced Indonesian nurses and care workers to migrate to Japan are basically economic, namely the chance to get a better economic life. The motivations of nurses and care workers working in Japan are further related to 1) economic security, 2) esteem and 3) self-actualization. The research also using Everett Lee’s theory of migration which the migration influenced by four factors. The result of the research are the push factor is because of standard of living in Indonesia is lower than Japan and job opportunities in Indonesia are few, the pull factor are the higher standard of living in Japan, image of Japan as a developed country and better working opportunities and experience in Japan, the intervening factor are the non-nursing education background of care workers was not efficient, insufficient information about insurance and taxes in Japan, and the language differentiation. While the motivation of nurses for working in Japan was the effort to fulfill their economic safety needs, esteem needs and self-actualization needs.\textsuperscript{40}

\textsuperscript{39} Shun, O. (2012). Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad. Southeast Asian Studies, 49(4).

II.1.4. Indonesian Nurses’ Challenges for Passing the National Board Examination for Registered Nurse in Japanese: Suggestions for Solutions

The journal titled “Indonesian Nurses’ Challenges for Passing the National Board Examination for Registered Nurse in Japanese: Suggestions for Solutions” by Setyowati, Ohno Shun, Hirano O. Yuko, and Krisna Yetti, explains about the challenges that Indonesian nurses who have entered Japan as registered nurse and certified care worker under IJEPA have to face. Based on the research, the most difficult problem that they face is the difficulty in mastering the Japanese language, which presents a hurdle for passing the national board Japan examination to become a registered nurses and certified care workers in Japan. Based on the research, mostly the problem that the nurses and care workers have to deal are the problems in learning Japanese language, varied learning hours, and differences of nursing education and practices between Japan and Indonesia. To contribute more sustainable IJEPA program, the research tried to explore Indonesian’s nurses learning strategies for passing the national examination and identify the factors for their success. Effective learning strategies that made by the nurses itself and strong leadership of the management of the hospital and its provision of comfortable study environment for foreign nurses and care workers contributes to maintaining the candidate’s motivation to pass the national exam. The data from this research suggest that the government of Indonesia and Japan should provide efficient Japanese-language courses as well as information about Japan style nursing that differs from Indonesia’s style nursing before their arrival in Japan.41

II.1.5. Migration of Health Workers Under the Japan-Phillippines and Japan-Indonesia Economic Partnership Agreements: Challenges and Implications of the Japanese Training Framework

The next paper is written by Yoshiko Naiki, with the title “Migration of Health Workers Under the Japan-Philippines and Japan-Indonesia Economic Partnership Agreements: Challenges and Implications of the Japanese Training Framework”. The focus of this research is on the trade and development on how labor mobility under Japan-Philippines and Japan-Indonesia trade agreements can bring economic development effects from the migration standpoint. For sending countries, EPAs will bring remittances and solve the surplus of supply worker with lack of job opportunities. For Japan, they will help solve the labor shortage problem. Thus, the migration provisions under these EPAs represent as a classical example of win-win situation in trade context. This paper finds that the agreement under migration provisions is not simply about trade but rather in regards to linguistics, sociology and international relations with the focus on Southeast Asia. It explains about the Japan’s immigration policy and impacts of EPAs, Japan’s training framework and its challenges, and the implications of EPA. The paper stated that the Japanese training framework has encountered many challenges. One of the critical aspects of the training framework is the Japanese language skills since the government only give six-month language training under the EPAs which is not sufficient, then the government agreed to give additional language training in the home countries, six months in Indonesia and three months in the Philippines. It also stated to help the nurses pass the national board examination, JICWELS issued the standards for study planning, a guide that only available to the host institutions and provide standardized learning tools. The Association for Overseas Technical Scholarship (AOTS) provides e-learning systems for Japanese national exams and JICWELS also sells texts and workbooks for exam preparation and provide e-learning material for nursing candidates to help them study effectively to pass the national exam. 42

II.1.6. Regulatory Approaches to Managing Skilled Migration: Indonesian Nurses in Japan

There is a research article written by Michele Ford and Kumiko Kawashima titled “Regulatory Approaches to Managing Skilled Migration: Indonesian Nurses in Japan” which examines the IJEPA under the migration provision that has allowed Japan to complement the need of its local healthcare workforce and Indonesia to increase its skilled workers’ access to the Japanese labor market when making concerted efforts to redirect the flow of migrant workers away from informal sector work. Despite the program has several problems, it has contributed to the use of trade agreements as a framework for regulating labor migration, and thus to normalize migrant workers as a tradable commodity rather than a separate area of policy-making, with all the attendant risk of bringing normalization. Trade agreements such as IJEPA so far only facilitate the inflow of far fewer workers to Japan than is needed to meet the rapidly increasing demand from the state for their labor. Once in Japan, promises of skills development and opportunities for more permanent forms of migration are only partially fulfilled. Yet while many problems have been encountered in the implementation of similar nurse and worker schemes associated with IJEPA and EPA, Japan is likely to continue to use the mechanism to expand the range of jobs open to migrant workers. Indonesia’s experience with IJEPA programs, meanwhile, will likely encourage further use of the trade framework to promote its dual objectives to stop the migration of unskilled labor and improve the skilled workers of its workforce in formal sector such as nurses and care workers. Thus, IJEPA has contributed to the normalization of migrant workers as a tradable commodity rather than a separate area of policy-making, since it has traditionally been among Asian destinations.43

II.1.7. Migration of Nurses in the EU, the UK and Japan: Regulatory Bodies and Push-Pull Factors in the International Mobility of Skilled Practitioners

The last is a journal written by Jun Inoue titled "Migration of Nurses in the EU, the UK, and Japan: Regulatory Bodies and Push-Pull Factors in the International Mobility of Skilled Practitioners" which examines about the regulatory characteristics of the UK, the EU, and Japan concerning the acceptance of nurses from other countries, by focusing on the interests of regulatory bodies and policies to mitigate the impact of push-pull factors in the flow of nurses. These cases show that verifying qualifications, assessing language skills, and admitting work permits are important, instant, and effective measures through which regulatory bodies can promote the impact of push-pull factors on the inflow of nurses into their territories. Japan's Economic Partnership Agreement (EPA) is a full-course regulatory arrangement that covers issues ranging from quantitative restriction, refusal of mutual recognition, refusal of verification of qualification valid in other countries, and language proficiency to work permit, due to ambivalent interests in a single regulatory framework. As for Japan's case, when compared with Europe, the more difficult it is for the regulatory bodies to express their single and clear interest (to accept foreign nurses or not), the less unlikely it is for the EPAs to work for producing the desired outcomes. If the regulatory bodies have interests to accept nurses from overseas, one thing that must be recognized is that they need to provide these nurses with a programme through which they can attain proficiency in Japanese, which is less popular and less widely spoken than English. 44

II.2. Research Methodology

This thesis will be using qualitative research methods in order to answer the research question. In qualitative method, the research is intended to understand a particular social situation, event, role, group, or interaction. The outcome of qualitative method will be presented in descriptive narrative rather than as a scientific report. Qualitative method is used in this thesis because it allows the researcher to analyze and explore the subject and it allows the readers to have a better understanding of the topic. Therefore, all the data for qualitative method will be seized from reliable sources. The writer will be using several reliable sources that relate to this topic such as journals, news articles, books, institution websites, reports, and documents. Data and information that were gained would be linked from said sources and the materials will be connected and analyzed in order to set up the foundation and understanding to do this study. Qualitative research used in this methods mainly uses the form of secondary data, implying gaining data from already existing sources, utilizing it for the research. The writer believes that the qualitative approach is appropriate to be used in the study as the title of the research and study and can contribute best in order to proceed with the acceptable outcome for an academic research in international relations.

CHAPTER III

INDONESIA – JAPAN BILATERAL RELATIONS IN THE FRAMEWORK OF INDONESIA – JAPAN ECONOMIC PARTNERSHIP AGREEMENT

This chapter provides information about the background of Indonesia-Japan Economic Partnership Agreement followed by the general review of IJEPA and its objectives, the sectors of cooperation under IJEPA, and specifically explain the agreement under IJEPA about movement in natural persons regarding the cooperation of deployment and acceptance of Indonesian nurses to Japan.

III.1. Background of Indonesia – Japan Economic Partnership Agreement

III.1.1. Negotiations Before the Implementation of Economic Partnership Agreement between Japan and Indonesia

The basic policy of the Economic Partnership Agreement was issued on December 21, 2004 after being approved by the Council of Ministers for the Promotion of Economic Partnership on December 21, 2004. It was mentioned in the policy that this policy was issued against the background of economic globalization growth, contributing to the development of Japanese economic relations as well as the achievement of interest economy as a mechanism to complement the WTO-based trading system. Simultaneously, the EPA is projected to promote structural reforms in Japan and its partner countries. In addition, the EPA is also planned to contribute to the creation of an international environment that is more rapidly benefiting Japan both from its strategic political and diplomatic points through the establishment of East Asian communities.47

For Japan, the Economic Partnership Agreement has role in strengthening the broader economic partnership of the World Trade Organization (WTO) including some areas that are not covered by the WTO, so that Japan can further develop its foreign economic relations. EPA is a framework of economic cooperation based on the concept of Free Trade Agreement, where the FTA has the meaning of a cooperation between two or more countries that make international agreements for the elimination of tariffs imposed between the State concerned as well as to remove regulations in the field of foreign investment at field of trade services. The EPA is an economic cooperation framework that covers two main issues: (1) traditional FTA issues, such as trade liberalization of goods and services; (2) new issues or often referred to as "WTO-Plus" consisting of two categories namely the Singapore Issues and other issues covering cooperation in various fields.

The traditional issue of FTA involves an agreement on the elimination of tariff and non-tariff barriers in trade in goods and services. This issue is called traditional because it is a basic element of GATT and WTO negotiations. At a ministerial meeting in Singapore in 1996, the WTO declared new issues related to trade liberalization which came to be known as the Singapore Issue. This issue is a clause of new rules consisting of trade facilities, government procurement, investment and competition policy. By incorporating these issues into the framework, the EPA becomes a broader economic cooperation framework of the FTA in which the EPA is concerned not only with trade liberalization, but also facilities and cooperation. By cooperating within the EPA framework, the state can generate lower tariffs than in other countries. The WTO as a

world trade organization has set the principle of Most Favored Nation (MFN) so that the treaty of a country against all countries in the world must be the same, but if the two countries agree on the EPA it can lower tariffs lower than on the MFN tariffs. This is one of the benefits of doing EPA.\textsuperscript{51}

For the realization of EPA, Japan establish bilateral cooperation with other countries one of them with Indonesia. The EPA between Indonesia and Japan formed by the agreement of two heads of state to strengthen and enhance longstanding bilateral relations between the two countries. In June 2003 Japanese Prime Minister Junichiro Koizumi offered IJIEPA which originated from a proposal for the establishment of a Free Trade Area bilaterally to President Megawati when the President visited Tokyo for the Joint Statement on Japan-Indonesia Summit Meeting. At the Conference Prime Minister Koizumi and President Megawati announced that there was a possibility for the establishment of EPA between the two countries. The two heads of state agreed to a preliminary meeting to discuss the possibility of EPA formation. And the first meeting took place on September 8, 2003 held in Tokyo with a discussion of each side's views on the FTA.\textsuperscript{52}

Then, on November 6, 2004, Chief of Nippon Kaidaren (Japan Business Federation), Hiroshi Okuda visited President Susilo Bambang Yudhoyono to continue the talk on the FTA between Indonesia and Japan. In fact, Japan's initiative to establish the EPA with Indonesia is linked to the establishment of the EPA with ASEAN. This was confirmed by Japanese Prime Minister Koizumi during the ASEAN - Japan Summit in

Phnom Penh on 5 November 2002. At the Asia-Pacific Economic Cooperation or APEC meeting in Phnom Penh, Cambodia on 20-21 November 2004, the Indonesian President, Susilo Bambang Yudhoyono officially presented to Japanese Prime Minister Junichiro Koizumi of the importance of the EPA as a tool to promote closer economic relations between the two countries. Furthermore, on December 15, 2004, Japan's Minister of Economy, Trade and Industry, Soichi Nakagawa met Minister of Republic of Indonesia, Aburizal Bakrie to discuss the EPA agreement. And at the end of December 16, 2004, Minister of Economy, Trade and Industry Shoichi Nakagawa met Indonesian Trade Minister Mari Elka Pangestu in Jakarta to agree on the establishment of Joint Study Group (JSG). Duty to review and provide a full-scale assessment of the possibility of establishing an FTA agreement, the costs and benefits that this cooperation will bring and the sectors to be included in the framework of the cooperation.

On January 6, 2005, Japanese Foreign Minister Nobutaka Machimura and Vice President of the Republic of Indonesia Muhammad Jusuf Kalla decided to hold three Join Study Group meetings which began in April 2005. The first round of meetings was held in Jakarta on January 31 and February 1, 2005; the second round was held in Bali on 4-5 March; and the third round in Tokyo on 11-12 April 2005. The meeting was held with the involvement of representatives from related ministries from both Governments, as well as representatives from academia and private sector of both countries joined in the Japan-Indonesia Economic Partnership Agreement Joint Study Group. In a discussion report presented in the

Japan-Indonesia Economic Partnership Agreement Joint Study Group Report in May 2005, the two sides discussed a number of issues to be incorporated into the EPA framework.\(^{57}\)

On June 2, 2005, Prime Minister Junichiro Koizumi and President Susilo Bambang Yudhoyono met in Tokyo. In the meeting both expressed satisfaction with the results of the JSG study and agreed on the importance of strengthening the partnership relationship through the establishment of EPA Indonesia-Japan. In this meeting, the two agreed that negotiations should be directed to the discussion of wider issues and promotion of liberalization improvements rules and co-operation suited to the characteristics of economic relations between the two countries. \(^{58}\)

After a series of rounds of negotiations from July 2006 to June 2007, Japanese Prime Minister Shinzo Abe and the President of the Republic of Indonesia, Susilo Bambang Yudhoyono, agreed to sign the document of the Indonesia-Japan Economic Partnership Agreement in Jakarta on August 20, 2007. Both sides recognize this agreement as a new era of the two countries' strategic partnership relationship. For Indonesia, IJEPA's signing is very important as an effort to fulfill its national interests. The importance of addressing the challenges of trade and investment dynamics in the region as well as the need to promote economic growth is a key factor in encouraging the Indonesian government to form a policy of partnership with Japan. The IJEPA Agreement has also been ratified into Presidential Regulation No. 36/2008 on the Ratification of Agreement Between the Republic of Indonesia and


Japan For Economic Partnership (Agreement Between the Republic of Indonesia and Japan Concerning an Economic Partnership). 59

III.1.2. The Implementation of Indonesia-Japan Economic Partnership Agreement

The IJEPA negotiations that has been done in seven rounds during the period of July 2005-June 2007, while a principle agreement was reached on 28 November 2008. On 20 August 2007, the EPA Agreement was signed in Jakarta. The breadth of coverage in the EPA agreement makes it as a broader bilateral economic cooperation agreement than simply approving the establishment of a free trade area. The EPA is based on three main pillars which are trade and investment liberalization, trade and investment facilitation, and capacity building to enhance industrial competitiveness. In addition, the EPA also covers a number of issues that have not been agreed on in the WTO such as issues in services, investment, and government procurement. Within the scope of the broad issue, there are some issues that are most prominent in the IJEPA negotiation process, reflecting the interests that both countries, want to achieve. These issues are energy issues, investment, liberalization especially the automotive sector, agricultural issues and movement of natural person. 60

To make it clearer, after both parties conducted IJEPA negotiations in order to realize the comprehensive economic cooperation, the both countries agreed that IJEPA is based on three pillars, namely 61:

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1) Trade facilitation that is reduction of trade costs and improvement of customs performance, port handling and trade-related services.

2) Liberalization is the reduction or elimination of retaliation and other barriers to trade.

3) Cooperation is a feature specifically related to IJEPA where both parties agree to cooperate in various fields outside the trade and where the Japanese are committed to activities to build capacity and movement of natural persons.

From the three pillars above, in the implementation of IJEPA resulted 11 sectors issues namely: Trade in goods, rules of origin, customs procedures, trade in services, investment, intellectual property rights, movement of natural persons, competition policy, government procurement, energy and mineral resources and cooperation.  

Not only focusing on trading in the IJEPA agreement, IJEPA cooperation also made Indonesia have a considerable interest in the investment that Japan distributed to Indonesia, and also has the interest to advance the Indonesian industry where the Indonesian government considers that industry manufacture is a contributor to the economic progress of the nation which can rapidly increase its national growth. Finally, it is in the interest of Indonesia to improve the quality of its knowledge, especially in the field of health in which Indonesia is given an opportunity by Japan within the framework of IJEPA to send its semi-skilled labor such as nurses to work in Japan in order to improve their knowledge and experience.

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III.2. General Review of Indonesia-Japan Economic Partnership Agreement

In the document of the Japan-Indonesia Economic Partnership Agreement - Joint Study Group Report outlines the 6 generals review of IJEPA as follows:

1. Japan and Indonesia have established close economic relations in various fields.

2. In the field of trade, Japan is the largest trading partner in both export and import for Indonesia.

3. In the field of investment, Japan has long been the country's largest investor in Indonesia. Although in 1997 there was an economic crisis in Asia and because of that Japan's direct investment to Indonesia has decreased. However, Japan remains the highest investor in Indonesia.

4. Japan is the largest donor or Official Development Assistance (ODA) to Indonesia.

5. The economic relationships mentioned earlier will not be maintained forever without continuous efforts by both countries. In the Joint Study Group, researchers from both sides point out that bilateral EPA between the two countries could significantly benefit both parties.

6. By considering the circumstances and after discussion in the Joint Study Group provides a view to promote and strengthen economic partnership between the two countries.

III.3. Indonesia-Japan Economic Partnership Objectives

To enhance cooperation between the two countries, Indonesia and Japan agreed to cooperate through an Economic Partnership Agreement (EPA). From the EPA was born IJEPA which is an economic cooperation agreement between Indonesia and Japan. In general, the objective of bilateral cooperation in the field

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of this economy through IJEPA is to increase trade between two countries and create win-win conditions in facilitation and cooperation. It is also improving the economic performance of both parties through the liberalization of trade in goods, services and investments, facilities and economic cooperation.  

Japan is Indonesia's largest export destination country which reached USD 23.6 billion in 2007 or twice the size of Indonesia's exports to the United States. In contrast, Japan is listed as the world's third largest trading country after the United States and the European Union, economic cooperation with the Indonesian side is certainly one of the top priorities for securing its trading volume. Meanwhile, the Indonesian side also hopes that IJEPA can encourage Japanese investment in Indonesia, which further develops industry and technology as well as deepens Indonesia’s involvement in regional and international production networks. Japan is also suspected of having huge interests in Indonesia, with a population of 240 million people living in Indonesia, the people of Indonesia are the fourth largest consumer in the world, let alone when the people of Indonesia have a high purchasing power. Besides, with the increase of investment, it is expected that the opening of employment as well as the absorption of manpower in Indonesia. It is expected that Indonesia will be used as a production based for Japanese multinational companies and the market can be for ASEAN region and others region by using FTA or exported to all over the world. Japan is the largest foreign investor in Indonesia with a cumulative amount of investment approved until 2005 of USD 39 billion, which represents 13% of total foreign investment in Indonesia. Thus, it can be concluded that Japan is one of the potential and important partners that cannot be ignored in order to continue to attract / expand investment in Indonesia.

Both countries have their respective goals in establishing EPA cooperation. Japan made the EPA to strengthen market access in countries

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targeted for its industrial products. While Indonesia makes the EPA as a tool to get the right balance, especially regarding the trading in export and the cooperation aspect to build its economic capacity.

III.4. Sectors of Cooperation in IJEPA

Of the three basic pillars of IJEPA cooperation, formed 11 area sectors of cooperation, namely:

1. Trade in Goods

In the field of trade, by realizing the desire of trade liberalization between the two countries will eliminate or reduce tariffs comprehensively, agreements by both parties covering the sectors of agriculture, forestry and fisheries and industrial sectors, which will provide support to the expansion of trade and activities related to trade activities between the two countries.67

2. Rules of Origin

Both countries share the view that the regulation on the rule of origin are based on the ASEAN-Japan Comprehensive Economic Partnership Agreement and the unified IJEPA.68

3. Customs Procedures

In custom Procedure, both countries will share information to facilitate trade. The Japanese side showed a balance between trade facilities and ensuring security is of paramount importance in the areas of import-export and customs. The Japanese industry requested to increase the predictability of import and export customs procedures through increased transparency in procedures, procedural facilitation, uniform regulatory implementation. The Indonesian side provided information concerning its customs procedures that have been

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68 Ibid.
simplified. In addition, the Indonesian side emphasized that Indonesia was making efforts to continuously improve its customs procedures.  

4. Trade in Services

The Japanese concerned in the sector of service liberalization related to the manufacture of information services and financial services, and legal services. The Japanese explained that the service provision could help improve infrastructure in Indonesia, and services related to things like Factory Industry. Where the Japanese side as one of the largest investors in Indonesia. The Indonesian side is also concerned with services in the field of liberalization, including tourism, information and communication services, maritime transport, education, and health-related services. The Indonesian side also explained the progress made in the field of liberalization that has been done under the WTO (World Trade Organization) in the field of trade and financial services. So far, the distribution service, the Indonesian side explained that this area has been opened for foreign participation.

5. Investment

IJEPA will present a framework for the expansion and facilitation of cross-border investments between the two countries through agreements on national treatment, the treatment of Most Favored nations (MFN) by the prohibition of performance requirements, disputed settlements between countries and investors, and more advanced protection on investors and investments.

6. Movement of Natural Person

Both sides will provide this framework, as it facilitates human movement across categories including short-term corporate visitors, intra-business transfers,

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71 Ibid. p. 23
investment and professional services. The Indonesians expressed their interest to recognize qualifications in tourism and hotel services, spa services, food-related food services, caregivers, sailors and nurses. The Indonesian side requested: (a) the acceptance of skilled workers or professional workers in nursing, caregivers, hotels and the tourism industry, and (b) certified seafarers' recognition on Japanese tuna fishing vessels and permit Indonesian officers to serve on Japanese tuna fishing vessels. The Japanese side explained that Japan received professional or technical personnel to enter Japan as Government policy.\footnote{Fawaiq M. (2014). Indonesia’s Services Export Opportunities to Japan Through Mode 3 (Commercial Presence) and Mode 4 (Movement of Natural Persons) Under IJEPA. Retrieved from http://www.kemendag.go.id/files/pdf/2014/11/19/-1416396938.pdf}

7. Government Procurement

IJEPA provides this framework for the exchange of information and mechanisms for dialogue with the participation of both Governments, their respective private sector and other relevant organizations. Both Parties will promote technical cooperation in this field with a view to improving transparency.\footnote{Indonesian Journal of International Law. (2008). Indonesia Japan Economic Partnership Agreement (IJEPA). \textit{International Law Making}, 5(2), 377.}

8. Intellectual Property Rights

The Japanese views of intellectual property rights is an important element for choosing investment objectives for Japan, and the need for environmental improvement in Indonesia for the protection of intellectual property rights in order for Japanese companies to promote investment. The Japanese side affirms its opinion as the improvement and protection of intellectual property rights, improved international cooperation, straighten and improve the transparency of administrative procedures, increase general awareness of intellectual property protection and improvement of IPR implementation. Both parties will ensure the protection of intellectual property rights to promote efficiency and transparency in the field of IPR administration, system protection and account size for the implementation of intellectual property rights against infringement, counterfeiting
and piracy. IJEPA will provide cooperation for Indonesia and Japan within this framework.\textsuperscript{74}

9. Competition Policy

Both sides shared their views on the importance of competition policy efforts under IJEPA. The Japanese emphasize that the purpose of discussion on competition policy under the EPA is to prevent anticompetitive activity between the two countries in order not to impede the benefits of liberalization in trade and investment, while demonstrating that efforts in this area of competition policy will be conducted with a smooth infrastructure for investment by firms Japan. In addition, the Japanese suggested that high standards of effort including law enforcement cooperation and technical cooperation should be undertaken under IJEPA, as Indonesia is one of the most developed countries among ASEAN countries in terms of competition policy efforts. The Japanese emphasized that the notice, cooperation, coordination, and commitment positively and negatively should be discussed in the field of law enforcement cooperation.\textsuperscript{75}

10. Energy and Mineral Resources

The Japanese side mentioned that the field of income for mining and energy is an important area for Japan, and should be discussed in IJEPA, namely: (a) improvement of the investment environment (b) obtaining sources of mining and energy in emergencies. The Japanese side also invites Indonesia to improve the investment environment, and the importance of resources and energy resources and adequate human resources in this field. The Indonesian side said the energy sector is an important area within the framework of IJEPA cooperation, and both parties will strengthen policy dialogue and cooperation in


this field. For Japan, Indonesia's position is very important as a country of energy providers.  

11. Cooperation

Both parties will promote bilateral cooperation for capacity building in various fields, such as industry and manufacturing, agriculture, forestry and fisheries, trade promotion and human resource development industries, tourism, information and communication technology, financial services, government purchases, with a view to improving economic partnerships between the two parties. Both parties may also consider co-operation in other areas of mutual consent in the future.

III.5. Indonesia-Japan Economic Partnership Agreement within Movement of Natural Persons

Inside the framework of IJEPA within the movement of natural persons regarding the sending of nurses and care workers, annex 10 “specific commitments for the movement of natural person”, part 1, section 6 “Natural persons of Indonesia who engage in supplying services as nurses or certified care workers or related activities on basis of a personal contract with a public or private organization in Japan”. Inside the section 6 also includes the Japanese government’s requirements for Indonesian citizens who want to work as nurses or care workers in Japan. Here are the requirements to work as a nurse in Japan within the IJEPA framework:

“(a) is a qualified nurse registered under the laws and regulations of Indonesia, having obtained Diploma III from an academy of nursing in Indonesia or having graduated from a faculty of nursing of a university in Indonesia, with total work experience as a nurse for at least two years;

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77 Ibid. p.27
(b) is designated and notified to the Government of Japan by the Government of Indonesia;

(c) will enter Japan on the date specified by the Government of Japan; and

(d) will engage in one of the following activities during his or her temporary stay in Japan for the purposes of being qualified as a nurse under the laws and regulations of Japan (“Kangoshi”):

   (i) activities pursuing the course of training, including Japanese language training, for six months; and
   (ii) activities acquiring necessary knowledge and skills through training under the supervision of a “Kangoshi” at a hospital, after completion of the training referred to in subparagraph (i)”

And the requirements to work as a care worker in Japan within the IJEPA framework:

“(a) (i) has graduated from a faculty of nursing of a university in Indonesia;
   (ii) has obtained Diploma III from an academy of nursing in Indonesia; or
   (iii) has obtained Diploma III or higher degree from any other academy or university in Indonesia and has been qualified as a certified care worker with the necessary skills by the Government of Indonesia in accordance with the laws and regulations of Indonesia, after completing appropriate training in accordance with the guidelines to be adopted by the Sub-Committee on Movement of Natural Persons pursuant to subparagraph (c) of Article 96;

(b) is designated and notified to the Government of Japan by the Government of Indonesia;

(c) will enter Japan on the date specified by the Government of Japan; and

(d) will engage in one of the following activities during his or her temporary stay in Japan for the purposes of being qualified as a certified care worker under the laws and regulations of Japan (“Kaigofukushishi”):

   (i) activities pursuing the course of training, including Japanese language training, for six months; and
   (ii) activities acquiring necessary knowledge and skills through training under the supervision of a “Kaigofukushishi” at a caregiving facility, after

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Based on the agreement of requirement from both countries, Indonesia migrant workers who can work in Japan as nurses within IJEPA framework must be a nurse who certified in accordance with law and regulation in Indonesia and graduated Diploma III from nursing academy or bachelor degree from faculty of nursing in Indonesia and have work experience at least 2 years. Then the other most important point of the requirement is for nurses who pass the selection and sent to work as nurses in Japan, during their stay in Japan, the Indonesian nurses were required to take Japanese language training for six months at the Training Center Association for Overseas Technical Scholarships (AOTS) and Japan Foundation in Tokyo, Yokohama, Nagoya and Osaka. After they complete the training, the nurses will be dispatched to hospitals or health facilities throughout Japan for a three years and four years contract.  They also have to be trained in hospital in order to get the required knowledge and skills under the supervision of kangoshi or Japanese nurse. this is done with the aim of obtaining nurse certification according to Japanese laws and regulations. the prospective nurses from Indonesia must be able to pass the Japanese nursing licensing exam for 3 years of their work in japan and given a maximum of 3 times to take the license exam, while for the care workers they are given 1 chance to take the exam during their 4 years of service in Japan. if the nurse and care worker of Indonesia does not pass the nursing license exam or care workers japan then they have to go back to Indonesia after the period of its work contract runs out. 

Specifically, the Japanese government opens opportunities for foreign medical personnel, especially nurses and care workers to work in Japan. The number of foreign medical workers working in Japan within the IJEPA framework is targeted to reach 1,000 workers (internships) with details of 400 nurses and 600 care workers. Therefore, medical personnel are expected to have

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sufficient competence skills and understand the laws and regulations prevailing in Japan. It should be noted that this placement of medical personnel can only be conducted through the government to government (G to G) program and implemented in the memorandum of understanding between the National Board for Placement and Protection of Indonesian Migrant Workers and the Japan International Corporation of Welfare Services (JICWELS). The objective of this memorandum is to manage the process of deployment and acceptance of Indonesian candidates for nurse and care worker.82

Furthermore, beside the MoU of IJEPA and MoU of National Board for Placement and Protection of Indonesia Migrant Workers and JICWELS, the legal basis for this cooperation contained on the constitution of Republic of Indonesia No.39 year 2004 regarding placement and protection Indonesian foreign workers, in the Regulation of the President of the Republic of Indonesia Number 36 Year 2008 regarding agreement between the Republic of Indonesia and Japan for an economic partnership, and Government Regulation of the Republic of Indonesia Number 4 year 2013 regarding procedures for implementation of Indonesian labor placements in foreign government.83 Based on the legal basis for the deployment and acceptance of Indonesian nurses to Japan, like the EPA program, is a measure focusing narrowly on the goal of securing foreign workers to work in this sector. This explains the Japan government’s failure to establish an independent body to oversee the private-sector-driven training program or to develop procedures to prevent the exploitation of care-work trainees by unscrupulous staffing agencies, a problem that has arisen often in the past.84

CHAPTER IV

INDONESIAN NURSES CONTRIBUTION IN THE IMPLEMENTATION OF IJEPA WITHIN MOVEMENT OF NATURAL PERSONS

The highlight of this chapter will elaborate regarding nurses in Indonesia and Japan, the supply and the demand of Japan for the foreign medical workers, and the mechanism of procedure of the sending of Indonesian nurses as a significance actor in the implementation of IJEPA to Japan.

IV.1. The Condition of Nurses in Indonesia Before Indonesia-Japan Economic Partnership Agreement

The definition of nurse is someone who has graduated from higher education of nursing science, both inside and outside the country which recognized by the government according to the constitution. Nursing service is a form of professional service that become an integral part of healthcare service based on the science and tips of nursing for individuals, families, groups of people in both healthy and sick condition.\(^{85}\) A nurse is someone who has the knowledges, skills, and authorities to give nursing acts to others based on the knowledges and skills possessed within the limits of authorities.\(^{86}\)

A nurse is someone who has graduated from formal nursing education institute, either inside or outside the country, in accordance with the applicable laws (The Decision of The Ministry of Health Number 1239/MenKes/SK/XI/2001 regarding to Registration and Practice of Nurse in chapter 1 verse 1). As a profession that doing acts of care and nursing practices, a

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nurse along with his/her qualification, is required to have letter of registration as a written proof and official registration which is issued by Ministry of Health. To acquire this registration letter, a professional nurse candidate first needs to have two kinds of certificates, which are the competence certificate as a letter of recognition for the nurse that has passed competence test and profession certificate as a letter of recognition to do the nursing practices.  

Based on the Constitution Number 20 Year 2003 regarding to National Education System, there are types of nurse education which consists of:

1. Vocational Nurse; a graduate with an Associate Degree on Nursing of organized by nursing higher education to produce graduates who have the competence as the executor of nursing care
2. Professional Nurse; a graduate with a Bachelor Degree on Nursing higher education of undergraduate and graduate programs directed primarily at the mastery of certain scientific disciplines
3. Professional Nurse consists of Nurse and Specialist Nurse; higher education after undergraduate programs that prepare students to have a job with special skill requirements (specialist program and doctoral nursing)

The roles of nurse in general consist of:

1. Care Provider, is a nurse that gives services which are nursing care. The nurse is expected to apply the skills, think critically, and do systematic approach to solve problems and make decisions in terms of comprehensive nursing care based on ethics and legal aspects.

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88 Undang-undang Pemerintah Republik Indonesia nomor 20 tahun 2003 regarding to national education system.
2. Manager and Community Leader, which in doing the role of nurse in the community, the nurse, sometimes, able to do leader role, either in the professional community or social community, and also able to apply leadership and nursing management in client care.

3. Educator, is a nurse that have to be able to educate the clients, the families, and the community as a part of his/her responsibility

4. Advocate, is a nurse that expected to be able to advocate or provide a defense and protection for the patients or the community according to the knowledge and authorities.

5. Researcher, is a nurse with all competence and abilities in terms of intelligence that expected to do simple researches in the field of nursing by growing the ideas and curiosity, and also to find out the answer for what happens to the client in the community. With expectations to apply the results in helping to create Evidence Based Nursing Practice (EBNP).

Nurses are health workers who have 24-hour interactions with patients, who provide comprehensive care and nursing care. It is appropriate if the nurse get the appropriate rewards. Salary that matches responsibility is an element of overall job satisfaction and influences with commitment to work. Unsatisfactory over salaries will increase the turnover rate of nurses working in health care settings. When viewed from the average salary of nurses in Indonesia, compared with other countries in Southeast Asia, the salary of nurses in Indonesia is small. When compared to the salaries of nurses in Thailand, nurses’ salaries in Indonesia are three times smaller.\(^9\)

In Indonesia, the regulation regarding the establishment and operation of nursing education is not fully clear, so there are institutions of nursing education whose quality is vary. In addition, there are no standardization in the implementation of competency test, so the results achieved also vary in quality. On the other hand, the education gap does not have much effect on the

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competence, recognition, and well-being of nurses in the workplace in conducting nursing care. Nursing education is an important process that every nurse must go through. For that the most important step that should be done in the process of nursing professionalism in Indonesia is to organize nursing education as a professional education, so that learners obtain education and learning experience in accordance with the demands of the nursing profession. Therefore, the nature of nursing education should also emphasize understanding of profession.

Along with the development of science and technology and the demands of the community on the quality of quality nursing graduates, a curriculum design developed based on competency-based curriculum replaces content-based curriculum. In this the assessment is conducted continuously and comprehensively covering learning outcomes, teaching and learning process, lecturer teaching competence, curriculum relevance and supporting capacity of facilities and facilities and programs through accreditation.

Nurses in Indonesia have the most quantity compared to other healthcare worker. So that the role becomes a determinant in improving the quality of healthcare service, not only in local health centers but also in hospitals. Indonesia in 2007 has the demand for worker as nurses are 18,731 people while the graduate of nursing school of Indonesia at that time amounted to 21,589 people, so there are surplus of nurses amounted to 2,858 workers. The comparison shows that Indonesia has experienced surplus of nursing that graduation and deficit on job demand in Indonesia especially those as graduates of school / nursing academy or nursing college.

The lack of work field opportunities for nurses in Indonesia has made National Board for Placement and Protection of Indonesia Migrant Workers did

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93 Ibid. p. 19
socialization on overseas employment opportunities and safe migration in areas of Indonesia so that nurses in Indonesia that still unemployed may try their experience to work abroad through the G to G program under IJEPA. Indonesian nurses are able to compete with nurses from other countries when working abroad so that National Board for Placement and Protection of Indonesia Migrant Workers assess if job opportunities become nurses especially in Japan might increase the experience and knowledge and later it can be applied in Indonesia once they returned. \(^{95}\)

**IV.2. The Demand and Supply for Nurses in Japan**

**IV.2.1. Population Aging**

Population aging is among the most pressing challenges Japan currently faces. Japan is the country with the highest percentage of citizens over the age of 65 years. In 1989, 11.6% of the Japanese population was over 65, and in 2011, 23.1% of the population was over 65 (11.4% over 75 years). With the continuing aging process of this population, Japan's Ministry of Health estimates that by 2050 Japan's population will decline by 25% compared to the population in 2005, and the percentage of citizens aged 65 years and above will increase to 38% by 2055. Reduced number of citizens with a productive age and an increasingly elderly population will be predicted to increase demand for labor in Japan, including nursing workers and care-workers.\(^{96}\)

Indeed, Japan will face its society turn into the largest proportion of old people in the world. From 2000, Japan has been turned dramatically to a society of low child dependency ratio and have high aged dependency ratio. Child dependency ratio is the ratio of the population aged 0-14 to the population aged 15-64. Old-age dependency ratio is the ratio of the population aged 65 and over

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to the population aged 15-64. Total dependency ratio is the sum of the child dependency ratio and the old-age dependency ratio. 97

![Dependency ratio in Japan over time](image)

*Figure 4.1. Dependency ratio in Japan over time*98

It is in particular the aged dependency ratio rises and puts numerous strains onto the national economy in terms of upholding welfare services. From the figure 3.2, start form the year 2000, there was a change in the dependency ratio where the ratio for old age is increasing to 25.5 while the ratio child age is decreasing to 21.4. As the year goes by, there is a big gap between the dependency ratio child and old age. In 2010, the dependency ratio of old age was 36.4 and for the child was 20.6. in 2015, the dependency ratio for old age is twice bigger than the ratio child age which is 44.2 while the child age is only 20.6. it is expected that until 2030, the dependency ratio for old age will be 54.4 and the ratio for child age will be 17.8 which is the lowest point for the ratio child age. 99

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99 Ibid.
Rarely do the larger and smaller turns in these dependency ratios occur without a reason. They oftentimes were and are closely connected to historic events such as wars or natural disasters, or simply reflect policy choices like impact of politics on the development of the total fertility rate in Japan. A baby’s value switched dramatically since the early twentieth century, when babies were seen as “tomorrow’s soldiers and factory workers” to the post-war years, when babies were seen as “tomorrow’s poor and needy welfare cases”, and again today when babies are seen as “tomorrow’s taxpayers, and there are not enough of them to pay for the health and pension benefits retiring baby boomers are counting on”. Therefore, states have always had a clear political and economic interest in influencing a nation’s total fertility rate, be it to increase or reduce it.100

IV.2.2. Japan’s Potential Market in Health Workers

Along with the decreasing of the productive aged population, and the increasing of the population at the age of 65 and above, Japan will go through human resource crisis. This situation will cause Japan to need more medical and non-medical workers, especially nurses and care workers with fair amount of quantity, and will increase the demand of labor in Japan, nurses and care workers included. In the context of economy, nurses and care workers are giving their services to serve the Japanese people, especially the elder. Their service could be categorized as service products.101

In Japan, the non-doctor medical workers can be categorized as nurses (kangoshi), nurse assistants (jun-kangoshi), care workers (kaigofukushishi), tocologists (josanshi), and public health care workers (hokenshi). Health care facilities that needs non-doctor medical workers in Japan are hospitals, medical clinics, community health centers, nursing homes, health facilities for the elder,


public health facilities, internal industry clinic, nursery school, and mobile nursing service.\textsuperscript{102}

a. **Nurse (kangoshi) and Nurse Assistant (jun-kangoshi)**

Nurse (kangoshi) is defined as a person who engages in providing care to person with injuries and/or illnesses or postpartum women, or to assist medical treatment under the license of the Minister of Health, Labor and Welfare in Article 5 of the Act on Public Health Nurses, Midwives and Nurses. Sophistication and advancement of healthcare as well as the emergence of an aging society with fewer children have triggered changes in the healthcare provision system and disease structure. Consequently, citizens’ needs are diversified so that it is required to meet such needs. Nurses are working at various settings including healthcare institutions, home-based care, social welfare and business industries in order to support people from the perspective of health and healthcare and their life.\textsuperscript{103} Nurses are categorized as graduate from school of nursing if they have attended more than 3,000 hours of education and have nursing certificate, while the nurse assistant are defined as someone who has graduated from school of nursing by attending more than 1,890 hours of education and has passed provincial examination.\textsuperscript{104}

With the increasing of population of elderly in Japan each year, since 2006 the Japan will also need a lot of nurses and care workers to solve the problem of population aging. Start from 2006, there were total 848,185 of nurses and 410,420 of assistant nurses’ work in Japan and increase in 2007 becoming 882,819 of nurses and 411,272 of assistant nurses. Seeing that there will be an


\textsuperscript{103} Ibid. p.9

increasing number of health workers because of the increasing of elderly population, Japan will need more nurses to fulfill the need of its population.105

a. Care Workers (*Kaigofukishishi*)

Care workers in Japan are defined as someone who has the knowledge and skill in taking care people or elder patients or with physical or mental disability daily. Someone can be qualified as care workers by passing state examination. Places to hire care workers are nursing home, clinic for elder, hospital, day-care center, and community welfare service center. Care workers provide care for better everyday life through health management of older people who require support in their life. Their main tasks include the basic care to establish the rhythm of everyday life, management of medications, emergency responses, support for end-of-life-care, and nursing care at the time of discharge. 106

![Figure 4.2. Growth of Care Worker Labor Quantity 2004-2009](image)


Similar with nurse and nurse assistant, along with the increasing of elder people population, demand for care worker also increases. From the graphic above, seen that in 2004-2009 periods, the increase was 34.0% from total quantity of care workers (certified and uncertified).\(^\text{108}\) The growth of health workers also expected will go on along with the decline of birthrate and the increase of elder people. Along with the growth of non-doctor health workers, the demand for them will create a new market for foreign workers in Japan. Up until now, the labor market in the sector of nurse and care worker received workers under the IJEPA program open for Indonesia in 2008, Philippines in 2009, and followed by Vietnam in 2014. There is still a lack of competing countries in this job field and with the entry of new competitors from Vietnam; this situation remains a good opportunity for nurses and care workers from Indonesia to try the chance to work in Japan.\(^\text{109}\)

Besides that, the average amount of income that can be obtained by nurses and care workers in Japan can be a motivation or reason for the foreign workers to try the opportunities to work in Japan as seen in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Salary Yen/Year</th>
<th>Salary Yen/Month</th>
<th>Bonus Yen/Year</th>
<th>Age</th>
<th>Length of Working (Year)</th>
<th>Working Hour (Hour/Month)</th>
<th>Overtime Hour (Hour/Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>¥4,710,000</td>
<td>¥330,000</td>
<td>¥790,000</td>
<td>37.3</td>
<td>7.1</td>
<td>159</td>
<td>7</td>
</tr>
<tr>
<td>Care Worker</td>
<td>¥3,095,200</td>
<td>¥218,400</td>
<td>¥474,400</td>
<td>38.3</td>
<td>5.5</td>
<td>165</td>
<td>4</td>
</tr>
</tbody>
</table>

*Table 4.1. Average Nurses and Care Workers Income in Japan\(^\text{110}\)*

\(^{108}\) Ibid.


Based on the table regarding nurses and care workers income in Japan, it is obvious that it is bigger than the income in Indonesia, but that income is limited only for the nurses and care workers who have passed the state examination. For the nurses and care workers who haven't passed the state examination, particularly those who come from abroad, their received income, as stated from National Board for Placement and Protection of Indonesia Migrant Workers, the nurses and care workers from Indonesia receives income around ¥175.000 up to ¥200.000 a month during the contract and also residence guarantee included. If converted into rupiah, their income is equal to Rp. 25,000,000 up to Rp. 30,000,000 a month, and this is an interesting opportunity for the Indonesian workers in trying to lift their standard of living. 111

IV. 3. The Deployment of Indonesian Workers (Nurses) to Japan under Indonesia – Japan Economic Partnership Agreement

Economic Partnership Agreement between Indonesia and Japan which has occurred since 2008 has the purpose to increase the goods, services and investment traffic by erasing the trade barrier between both countries. The purpose of this agreement is to strengthen the economic relations between both countries and to facilitate workers from Indonesia in order to achieve nursing certification, while working and training in healthcare facility in Japan. Beside with Indonesia, Japan also signed similar agreements with Philippines and Vietnam. Before the existence of EPA between Japan-Indonesia and Japan-Philippines, the quantity of foreign nurse and care worker in Japan was very low. The foreign nurse and care worker mostly came from China and South Korea. For them to be able to work as nurse and care worker beside obligated to pass the state examination, also required to have level 1 JLPT certificate. 112

<table>
<thead>
<tr>
<th></th>
<th>Nurse</th>
<th>Care Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>To obtain nurse certificate and then continue work afterward</td>
<td>To obtain care worker certificate and then continue work afterward</td>
</tr>
<tr>
<td><strong>Activity (before passing certification)</strong></td>
<td>Training and working at hospitals in Japan</td>
<td>Training and working at treatment facilities in Japan</td>
</tr>
<tr>
<td><strong>Activity (after passing certification)</strong></td>
<td>Working as certified nurse at hospital facilities in Japan</td>
<td>Working as certified care worker at treatment facilities in Japan</td>
</tr>
</tbody>
</table>
| **Permission Period**    | • Before obtaining certificate: 3 years max for nurse and 4 years for care worker  
                         |  • If fails in obtaining certificate in the meantime, will be sent home after the permit expired (After being sent home, still be able to go back to Japan to attend certification exam).  
                         |  • After obtaining certificate able to renew stay permit for unlimited |                                                                                                |
| **Visa Status**          | Nurse and Certified Care Worker candidate under EPA                  |                                                                            |
| **Japanese Language Training** | 6 months in Indonesia and 6 months in Japan (For the candidates who already have JLPT N2, could skip this stage) |                                                                            |
| ** Sending Organization** | BNP2TKI                                                              |                                                                            |
| ** Receiving Organization** | Japan International Corporation of Welfare Service                  |                                                                            |

*Table 4.2. IJEPA Overview of Nursing Workers and Care Workers*\(^{113}\)

As shown in table 4.2, in order to send Indonesian nurses and care workers to Japan, the one that responsible for all the process is The National Board for the Placement and Protection of Indonesian Migrant Workers. Procedure requirements and deployment stages will be part of The National Board for the Placement and Protection of Indonesian Migrant Workers to select nurses and care workers who wants to work in Japan and organizations that will accept nurses and care workers are JICWELS. What makes it different is that for nurses and care workers will have their own different visa status. The creation of a new category of visa for foreign nurses and care workers as part of efforts to fill a shortage in the workforce.\textsuperscript{114}

To succeed in conclusions of the EPA, the Japanese government make regulations to facilitate accepting these foreign candidates. Concerning nurses, under the current Japan Immigration Control and Refugee Recognition Act, the visa status of medical services. In order to seal EPAs with the Philippines and Indonesia, Japan hurried to establish the visa status of specified activities, according to which nurse and care worker candidates could be employed as part of their training for a qualification in Japan. They were given a maximum employment term of three and four years, respectively, and would be able to renew their visa status indefinitely upon gaining qualification. In addition, a framework was created for care worker candidates to enter training facilities in Japan, which allowed them to receive a nationally recognized qualification upon the completion of their course.\textsuperscript{115}

\textsuperscript{114} Japan Times. (2015, March 6). Foreign nurses, caregivers to get special visa status. Retrieved from https://www.japantimes.co.jp/news/2015/03/06/national/foreign-nurses-caregivers-to-get-special-visa-status/#.WuHDXm4vzlIV

Related to the deployment of nurses to Japan, after arriving in Japan they have to learn the language again for 6 months then can start work in hospital or health service in Japan. When they already start working, it turns out their duties there is different from what they have learned in Indonesia. While in Japan, the selected nurses will perform their duties not as nurses but as nursing assistants and care workers in Japan. This is because they have not passed the Japanese national exam to become qualified nurses. For those who become nurse assistants, although many of them may have valuable experience working as registered nurses in Indonesia, they have to learn the language and culture of Japan to adapt to their new role.

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nurses in their country origin, they are not allowed to perform any medical interventions for the patients until they have a national nursing license in Japan. Their job descriptions and salaries are the same with those for Japanese nurse assistant or non-licensed care staff.\textsuperscript{117}

For Nurse candidates, their duties are\textsuperscript{118}:

1. Assistant in Patient’s surroundings
2. Assistant according to patient’s conditions
3. Assistant with meals
4. Organizing environment
   (1) Adjusting room temperature, humidity, ventilation, lighting, etc.
   (2) Maintaining hygiene of bed and bedside table, making beds, maintaining hygiene of wheelchairs and stretchers, cleaning and keeping ward tidy
5. Others
   (1) Serving tea, and distributing and collecting meal tray
   (2) Patient transfer and/or transport
   (3) Transporting specimen, laboratory test results, various order slips, etc.
   (4) Reception of drugs and organizing
   (5) Cleaning and hygiene of equipment and instruments, preparation of replacement equipment and goods, and replacement of equipment and/or goods
   (6) Cleaning, organizing and tidying the sanitary room; waste disposal
   (7) Other instructed duties

For the Care worker candidates, their duties are\textsuperscript{119}:

\textsuperscript{117} Shun, O. (2012). Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad. \textit{Southeast Asian Studies}, 49(4), P. 558
\textsuperscript{118} Ibid. P. 560-561
1. Observation, record keeping, reporting
2. Communicating, relation building
3. Developing care processes
4. Adjusting human, physical, social and economic environments
5. Providing support for everyday living (assistant in bathing, going to the bathroom, and taking a meal, etc.)
6. Helping to maintain and expand social relations (supporting rehabilitation and recreational activities)
7. Helping to realize a healthy and sound environment and managing crises (responses to emergencies)
8. Supplying supportive counseling (utilization of social resources)
9. Giving guidance on care methods
10. Liaison and coordination (utilization of care-related professionals and social resources), etc.

IV.4. Motivation of Indonesian Nurses and Care Workers Working in Japan under the Framework of IJEPA

Indonesian nurses who interest to work in Japan have their own factors and high motivation to work outside the country. This high motivation owned by Indonesian nurses is based on a motive to encourage the nurse to work to Japan, in an attempt to fulfill or satisfy a need or to achieve a need or to achieve a goal in itself. There are also some several reasons for nurse that migrate to other countries. First, nurses migrated in search of professional development that was not attainable in their current job or country, demonstrating educational pull factors. The desire to practice nursing skills may have required moving from rural to urban areas or to another country where opportunities existed for them to use their knowledge and skills. Second, nurses sought better wages, improved

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working conditions, and higher standards of living not present in their native countries, exhibiting economic and social push and pull factors.\textsuperscript{120}

When considering the effect of nurse migration on the individual, the most general and significant benefit that migration has on nurses is the improved financial situation for the nurse and his or her family. For the vast majority of migrant nurses, the financial considerations are likely the primary factor that influences their decision. A majority of nurses are poorly compensated worldwide, particularly in developing nations. Even though nurses' pay is not favorable in developed country, the money is considerable and substantial for nurses from developed country. Nurses from developed nations make, on average, ten to twenty times more than what they would earn in their home countries. With this increase in earnings, nurses are able to send money back to their home countries and improve the lives of their families.\textsuperscript{121} According to the Japan Foundation in South Jakarta, Indonesian nurses to work in Japan, because in Indonesia, especially nursing teams are still many who receive underpaid salaries, one of the reasons they are that overseas companies offer job opportunities with better salaries.\textsuperscript{122}

In addition, the motivation of Indonesian nurses to work in Japan through the IJEPA framework is for self-actualization. This is a nurse who has high self-actualization because some nurses want to develop their own potential in the field of nursing services abroad and they assume that the highest career winner abroad according to the rules that apply. The reason nurses who have high motivation to work to Japan can actualized themselves is an impulse to become a nurse or in accordance with his ambition that includes growth, achievement of potential, and self-fulfillment in achieving a better nursing career and able to gain experience and knowledge new abroad. So, the concern and motivations of Indonesian nurses to work in Japan under IJEPA beside to increase economic ability, it is also to

\textsuperscript{120} Kingma, M. (2001). Nursing migration: Global treasure hunt or disaster in-the-making. Nursing Inquiry, 8(4), 205-212
increase and practice nursing skills followed by acquiring new knowledge and new experience in the developed country.  

IV.5. The Relevant Actors on the Deployment of Indonesian Nurses to Japan under Indonesia-Japan Economic Partnership Agreement.

In the case of Indonesia's bilateral cooperation with Japan in terms of deployment and acceptance of Indonesian candidates for nurse and care worker in Japan, the government of Indonesia has divided important key national governmental agencies in administering the G to G Japan program of Indonesian nurses. Those are Ministry of Trade, National Board for Placement and Protection of Indonesia Migrant Workers, Ministry of Health, Ministry of Manpower and Transmigration, and Ministry of Foreign Affairs, and the Ministry of National Education. Each national governmental agency has their own responsibility to help on the sending of Indonesian nurses to Japan under IJEPA. National Board for Placement and Protection of Indonesia Migrant Workers helped by Ministry of Health and Ministry of Manpower and Transmigration work together in the process of nurses’ selection that will be sent to Japan.

As IJEPA is primarily focused on bilateral economic trade and development, the Ministry of Trade’s primary concern as the lead agency for the agreement is to ensure a balance of trade and assistantship in capacity building and cooperation including the movement of natural person for Indonesia’s domestic interest. Similarly, as the agency focused on diplomatic relations with other nation states, the Ministry of Foreign Affairs welcomes the IJEPA, given its goals to maintain a history of good relations between the countries.

At the emigration level, Ministry of Manpower and Transmigration is responsible for the promotion, policy making including regulation and evaluating the practices of private recruiters. Meanwhile, the National Board for Placement and Protection of Indonesia Migrant Workers has the responsibility to implement migration policies by coordinating existing government services on the issue and ensuring the active protection of the rights of migrant workers. Collectively, the role of these two institutions is to promote migration by seeking out labor markets with an emphasis on government involvement in order to facilitate migration and economic opportunity.\(^\text{126}\) From this context, Ministry of Manpower and Transmigration both viewed the IJEPA as an opportunity to promote and a way to utilize the Indonesian workers especially nurses to work in Japan by gradually transforming the country’s image from an unskilled worker (non-formal sector) to a skilled worker (formal sector) in the healthcare sector.\(^\text{127}\) Similarly, the Ministry of Education has duty to prepare high-quality nursing graduates during pre-training by acting as the regulatory body for managing the quality and quantity of nursing educational institutions. The Ministry of Education worked closely with various stakeholders to ensure that nursing graduates meet certain global standard for license and employment, and hence, supported the IJEPA as an opportunity to further promote Indonesian nurses as high-quality healthcare workers abroad.\(^\text{128}\)

From health services institution, Ministry of Health sees the overseas movement of Indonesian nurses has been a point of concern for Indonesian health ministers and policy makers even prior to the IJEPA. In 2005, the Ministry of Health established a specific division to oversee Indonesian health worker migration. However, as stated in Indonesia’ Human Resources for Health strategic plan, the policy of sending health workers abroad has two primary objectives: addressing global demand and creating job opportunities for

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Indonesian health workers. The Ministry of Health generally supports the idea of sending nurses abroad through IJEPA, but it is specifically concerned about losing experienced workers that could be utilized for domestic needs as well as the potential for returning nurses to deskill as they are required to work in Japan below their scope of practice as nursing assistants.

The process of deployment and placement of Indonesian nurses in Japan is done through several stages carried out by the Ministry of Health and National Board for Placement and Protection of Indonesia Migrant Workers, including socialization process, recruitment (Selection of administration, written test of nursing ability, stipulation of results, psychology test), and provision of health materials in Pre-Departure Orientation (PDO). While registration up to language training for nursing and care workers conducted jointly by Ministry of Manpower and Transmigration and National Board for Placement and Protection of Indonesia Migrant Workers. The training itself will take place in Ministry of Manpower and Transmigration including technical skills training, English and Japanese language training for six months before they were being sent to Japan.

To make this cooperation more effective, National Board for Placement and Protection of Indonesia Migrant Workers makes efforts to improve the competitiveness of Nursing sector workers. In that context, National Board for Placement and Protection of Indonesia Migrant Workers will intensify the implementation of upskilling program to increase the proficiency for prospective Indonesian nurses. It is because that the obstacles to meeting the demand is in the weakness in English medical terms, competencies, licenses and certificates in Indonesia that are not recognized abroad. Observing the development, National Board for Placement and Protection of Indonesia Migrant Workers will facilitate

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courses (upskill) to nurses who want to improve capability and change the future so that the Health and hospitality sector becomes a priority sector in the placement of formal Overseas Workers.\textsuperscript{132}

Ministry of Health with Ministry of Foreign Affairs work together in monitoring the development and condition of Indonesian nurses that work in Japan under IJEPA. To see the result of it is that the Indonesian nurses work in Japan could boast Indonesia because they have work ethics, spirit, and good ability to handle patients in hospitals and other health services.\textsuperscript{133} But since there are still low of rate for the graduation of Indonesian nurses in Japan Therefore, the Ministry of Foreign Affairs conducted evaluation with the Ministry of Foreign Affairs in Japan for Indonesia on the deployment and acceptance of nurses’ personnel. Evaluations in the IJEPA program are held every 5 years. One of Indonesia's concern in the IJEPA evaluation is the requirements that apply to Indonesian nurses who are currently should have two years of work experience to be able to work in Japan with only one-year experience. Then, the next concern is that the government of Japan should decrease the difficulty of Japanese National Examination by not using lot of kanji character and use more simplified hiragana characters.\textsuperscript{134}


CHAPTER V

THE IMPLEMENTATION OF INDONESIA-JAPAN ECONOMIC PARTNERSHIP ON THE DEPLOYMENT AND ACCEPTANCE OF INDONESIAN MIGRANT WORKERS (NURSES) TO JAPAN IN 2008-2015

This chapter will elaborate the significance of Indonesia and Japan for the deployment and acceptance of Indonesian nurses in 2008 until 2015. Then, it will discuss regarding the deployment of Indonesian nurses to Japan under the framework of IJEPA and the nurses who passed the Japanese national examination in order to become a certified nurses and care workers. The next part will discuss about the motivation of Indonesian nurses to work in Japan and the last part will talk about the analysis of Indonesia’s utilization of IJEPA on the deployment of its Indonesian nurses to Japan.

V.I. The Significance of Indonesia and Japan for the Deployment and Acceptance of Indonesian Migrant Workers (Nurses)

Indonesia has the condition where the quantity of healthcare worker is more than the availability of the work field or it is called as temporary surplus. Based on the data from National Accreditation Board of Higher Education, in 2015 known the quantity of institution that has healthcare program is 863. Every year, those institutions are graduating around 43,000 healthcare workers but only about 10% were absorbed in the work field. This condition is not comparable with the availability of the work field focused in the healthcare for nurses. From the data from the Ministry of Health, known the quantity of hospitals in Indonesia is 2,406 and around 514 hospitals in every city. If the absorption in every hospital is 3 people a year, then around 7,000 healthcare workers employed and the rest of nurses who cannot compete will be unemployed or they accept work as temporary employees with lower wage salary.135

Unlike Indonesia which have surplus of nurses but lack of job opportunities that become a problem, Japan also have number of nurses greater than Indonesia. But still, Japan will need lots of nurses since the increasing number of nurses is proportional to the increasing of aging population that need nursing care in Japan.\textsuperscript{136}

![Bar chart showing the growth of nurse labor in Japan for 2007-2011 periods](image)

\textit{Figure 5.1. shows the growth of nurse labor in Japan for 2007-2011 periods}\textsuperscript{137}

This graphic reflects the demand for nurses always increases in Japan along with the population aging. In 2008 the total of nurses and nurse assistants were 1,315,500, in the next year 1,349,248, in 2010 there were 1,383,652 of nurses and nurse assistants and in 2011 it increased to 1,406,704. Based on survey regarding to the needs of nurses which was done by Japanese government in 2015, Japan was expected to experience nurses’ crisis in the future. According to the survey results, the demand for nurses will rise up to 6.9%, which is from 1,404,300 personnel in 2011 to 1,500,900 personnel in 2015. While the nurses stock will rise up to 10.2%, which is from 1,348,300 personnel in 2011 to 1,486,000 personnel in 2015. Something to be concerned, the nurses stock is the


official quantity which listed in the Ministry of Manpower in Japan. To estimate for the long term, where Japan keeps experiencing the declining of birthrate, the increasing quantity of nurses needed, will exceed the quantity of the existing nurse, since the quantity of retired nurses is way more than the fresh graduated nurses in every year.\(^\text{138}\)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated Number of Nurses Needed</strong></td>
<td>1,404,300</td>
<td>1,430,900</td>
<td>1,454,800</td>
<td>1,477,700</td>
<td>1,500,900</td>
</tr>
<tr>
<td><strong>Estimated Number of Nurses Available</strong></td>
<td>1,348,300</td>
<td>1,379,400</td>
<td>1,412,400</td>
<td>1,448,300</td>
<td>1,486,000</td>
</tr>
<tr>
<td><strong>Estimated Shortage</strong></td>
<td>56,000</td>
<td>51,500</td>
<td>42,400</td>
<td>29,400</td>
<td>14,900</td>
</tr>
<tr>
<td><strong>Percentage of Sufficiency</strong></td>
<td>96.0%</td>
<td>96.4%</td>
<td>97.1%</td>
<td>98.0%</td>
<td>99.0%</td>
</tr>
</tbody>
</table>

*Table 5.1 the Needs of Nurses Workforce In 2011-2015*\(^\text{139}\)

Based on the significance of each country where Indonesia is facing temporary surplus of nurses and Japan is facing the lack of nurses to fulfill the need of its citizens with the demand of more nurses, Indonesia and Japan see the opportunity through the EPA between both countries can be implemented so that the migration abroad is one of the options of the utilization policy of Indonesia to reduce the rate of unemployment.\(^\text{140}\)

**V.1. Overview on the Deployment of Indonesian Nurses to Japan in 2008-2015**

The implementation of IJEPA on the deployment and acceptance of Indonesian candidates for nurses and care workers began to be implemented in...
Indonesia after the signing of a memorandum of understanding between the Government of Indonesia National Board for Placement and Protection of Indonesia Migrant Workers (BNP2TKI) and the Japan International Corporation of Welfare Service (JICWELS) on 19 May 2008 on the placement of prospective nurse and prospective care workers from Indonesia to Japan. Furthermore, the program is implemented in the policy in Indonesia in the form of G to G Japan Program for Indonesian nurses who graduated from Diploma III and Bachelor majoring in nursing from all over Indonesia.\footnote{BNP2TKI. (2010, July 24). \textit{BNP2TKI Siap Lanjutkan Penempatan TKI Perawat ke Jepang}. Retrieved from http://www.bnp2tki.go.id/read/2655/BNP2TKI-Siap-Lanjutkan-Penempatan-TKI-Perawat-ke-Jepang}

Nurses who wants to apply to Japan as nurse (\textit{kangoshi}) and care worker (\textit{kaigofukushishi}) must go through a series of placement procedures. The placement procedure is the responsibility of National Board for Placement and Protection of Indonesia Migrant Workers in collaboration with JICWELS in selection for prospective nurse (\textit{kangoshi}) and prospective care workers (\textit{kaigofukushishi}). Then, the result achieved from the implementation of IJEPKA are 1,513 Indonesian nurses have been successfully sent in Japan from 2008 until 2015 consisting of 547 candidate nurses and 1,119 candidate of care workers.\footnote{BNP2TKI. (2017). \textit{Penempatan TKI melalui Program G to G ke Jepang}. Retrieved from BNP2TKI website: http://ppid.bnp2tki.go.id/index.php/informasi-berkala/404- penempatan-tki-melalui-program-g-to-g-ke-jepang}
In the figure, there is a fluctuation in the number of nurses successfully work in Japan. The decrease on the Indonesian nurses within 3 years (2010-2012) is due to several factors, among others:

1. There was the reduce institutions such as hospital and health facility in Japan who are willing to accept foreign medical workers from the IJEPA program due to the high cost of training for nurse (Kangoshi) and care worker (Kaigofukushishi) which must be borne by the institution of service user nurse IJEPA.  

2. the safety issues, after the 2011 tsunami and the danger of nuclear reactors in Japan caused Indonesian nurses to be afraid to work in Japan. In the IJEPA program in 2011 reported there are dozens of Indonesian nurses who have passed the Matching selection then they discouraged to go to Japan because of the for fear of the dangers of the

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effects of the Great East Japan Earthquake occurred on March 11, 2011.\textsuperscript{145}

3. The number of media coverage in Indonesia that talk about the difficulties of the nurse and care workers in taking the national nursing exam in Japan (Kokka Shiken) so that few pass the test to continue working career in Japan.\textsuperscript{146}

In addition, the Ministry of Health, Labor and Welfare in Japan indicated after 2010, the number of nurse (kangoshi) and care workers (kaigofukushishi) sent to Japan was drastically decreased due to several reasons, namely\textsuperscript{147}:

1. Japanese hospitals or nursing homes employing foreign nurses choose to concentrate on training capacity in nursery candidates (kangoshi) and care workers (kaigofukushishi) in early 2008-2009 (batch 1-2) rather than adding their burden to train or accept new IJEPA nurse candidate.

2. Japan's economic conditions are getting worse due to the global crisis of 2008 and the effects of "Lehman Shock" and the growing interest of Japanese citizens who want to work as medical personnel.

Furthermore, in 2013 there was a rebound in the deployment of nurse (kangoshi) and care workers (kaigofukushishi) to Japan from Indonesia even until 2015 continue to increase. A total of 156 people passed the selection and were sent to Japan in 2013. The increase was due to the extension of preparatory and training time for nurse (kangoshi) and care workers (kaigofukushishi) in Japanese national examination (Kokka Shiken) so that it becomes a convenience of the next IJEPA nurse to pass and be placed in Japan. In addition, in 2013, the Government

\textsuperscript{145} Shun, O. (2012). Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad. Southeast Asian Studies, 49, P. 547-548


\textsuperscript{147} Shun Ohno, op.cit., hal. 547
of Japan finally provides funding for institutions, hospitals and nursing homes that are willing to employ foreign nurses from Indonesia, because previously high training costs borne by the institutions of foreign service users in Japan itself.\textsuperscript{148}

Meanwhile, from Figure 5.2 shows the comparison between nurses and care workers in the difference of total numbers of care workers sent to Japan is greater when compared to nurse sent to Japan since 2009. The number of comparisons is caused by the differences in requirements for nurses and care workers, for Indonesian nurses who want to register as a care worker in Japan in fact get ease of requirements compared with nurses who register as nurse. Ease of requirements for prospective care worker is no need for work experience as a nurse for 2 years and does not need to follow the competency test for nurses conducted by the Ministry of Health during the selection phase.\textsuperscript{149}

\textbf{V.2. Overview the Nurses and Care Workers Passed the Japan National Examination}

The process required by the IJEPA introduces many significant professional hurdles prior to qualification, including a spoken and written language barrier, cultural differences, and the most difficult aspect, successfully passing the national qualification exams in Japanese as required for Japanese nurse nationals. Specifically, the nurse qualification test comprises some 240 questions conducted over 7 hours. Discussing the number of the nurses and care workers from Indonesia work in Japan which the result of IJEPA implementation through G to G Japan program is, cannot be separated from the obligation for the nurse and care worker candidates to pass the national for Japanese nurse examination. The aim of the Japan National Examination is to improve their original position at the beginning of Japanese job placement as assistant nurse and assistant care worker can be turned into nurse and care worker in accordance with


the legal standard in Japan and get a salary increase equivalent to Japanese nurses. If they passed the test the nurse and care worker workers can extend their working life in Japan for as long as possible and receive certification equivalent to Japanese nurses in general. However, if they do not pass the examination then still have to complete the contract period for 3 years or 4 years in Japan, and then can return back to Indonesia as IJEPA nurse returnees / nurse ex-IJEPA. 

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NURSE</th>
<th>CAREWORKER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>15</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>2012</td>
<td>34</td>
<td>35</td>
<td>69</td>
</tr>
<tr>
<td>2013</td>
<td>20</td>
<td>86</td>
<td>106</td>
</tr>
<tr>
<td>2014</td>
<td>16</td>
<td>46</td>
<td>62</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>47</td>
<td>58</td>
</tr>
<tr>
<td>TOTAL</td>
<td>98</td>
<td>214</td>
<td>312</td>
</tr>
</tbody>
</table>

*Table 5.2. Number of Nurse and Care Worker that has passed the national test of the period 2010-2015*

Based on the table 5.2, the data from National Board for Placement and Protection of Indonesia Migrant Workers 2015, when compared with the number of Indonesian nurse and care worker who successfully placed to Japan, the result of the number of Indonesian nurses' graduation in Japan is only a few. Participants, who arrived in Japan in August 2008, had received full-time Japanese language training for six months before their assignment to the contracting Japanese hospitals. The Association for Overseas Technical Scholarship (AOTS), an extra-governmental body that employs a number of

Japanese-language instructors, conducted the Japanese language instruction in their facilities. The condition relates to nurse workers and care worker having difficulties during the exam in Japanese language using Kanji while answering the subject matter of nursing examination in Japan. The Japan national examination for nurse and care worker was first administered to the IJEPA candidates in 2010, even in the first year (2009), for Indonesian nurse migrant workers, out of a total of 82 test takers nurse from Indonesia none of them graduated and in the next year only 2 participants graduated. The result that there were only 2 participants graduated because of the unprepared of Indonesian nurses in taking the exam using Japanese language and at that time there have not been clear authority for the exam where Indonesian nurses put together with the Japanese nurses who wants to get the certified nurse’s. Furthermore, after they came to Japan they learned the language by themselves and only helped by the co-workers from the place they worked so they did not fully maximize to study the Japanese language for the examination.  

Some of the reasons of why the nurses and care workers are difficult to pass the exam is because under the Indonesia-Japan EPA, Indonesian candidates for registered nurse or certified care worker are required to continue to study the Japanese language and Japan’s nursing in order to pass the national exam in Japan. On the other hand, their employers set their daily schedules. The EPA does not regulate the division of working and learning hours. So, the nurses and care workers candidates should be working and given the time for study hours depending on their job placement. The other things that influence the low passing rate in the national examination is that differences of nursing education and practices between Indonesia and Japan. The participants with Diploma educational backgrounds recognize that they have to study nursing knowledge and skills intensely, especially the particular diseases and symptoms of the elderly, which they had not well learned in Indonesia. It is because that the patient they took care in Japan mostly elderly so the disease they should learn are for the

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152 Setyowati et. al. (2012) “Indonesian Nurses’ Challenges for Passing the National Board Examination for Registered Nurse in Japanese: Suggestions for Solutions”, hal. 630

153 Ibid.
elderly diseases. After the candidates were assigned to Japanese hospitals, both parties recognized that the diseases prevalent among inpatients differ considerably between the two countries.\textsuperscript{154} It would be difficult for foreign nurse candidates to pass the exam and become nurses in Japan unless they profoundly understand the differences in nursing education and practices and the most common diseases, which vary because of the differences in demography, culture and other factors.\textsuperscript{155}

Acknowledging the low passing rate, government of Indonesia ask for the designated authority of Japan revised the requirements to allow an additional year for candidates to stay in Japan and re-take the test. Other adjustments have also been carried out including extending Japanese language training from 6 months to 1 year (implemented since 2013) to help the candidates better address language barriers or challenges.\textsuperscript{156} Furthermore, changes to the examination by allowing extra time to complete the exam and attaching more simplified hiragana characters to the complex kanji (Chinese characters) have arguably helped improve candidate passage rates. Japan also said it would raise the Japanese language training budget by ten times the current budget for Japanese institutions (hospitals or nursing homes) willing to employ IJEPA nurses.\textsuperscript{157}

Nevertheless, even though the number of nurses and care workers from Indonesia who passed Japan National Examination were not balanced with the amount of them that were sent to Japan, the total of Indonesian nurses and care workers’ graduation outperformed the number of Filipino Nurses who also worked in Japan. The graduation rate of Indonesian nurses reaches to 68% while


\textsuperscript{155} Ibid.

\textsuperscript{156} BNP2TKI. Kelulusan Matching Calon TKI Perawat Jepang Penempatan 2015 Meningkat [Passed the matching process of Indonesian migrant nurses candidates to Japan rising in 2015]. Jakarta, Indonesia: BNP2TKI, 2014.

the Philippines only 38%.

The total of Philippines nurses who passed the Japanese national examination from 2010 until 2015 were only 159 with the detail in 2010 and 2011 only 1 people who passed the exam, in 2012 there were 13 nurses that passed, 2013 there were 10 nurses and 42 care workers, 2014 there were 16 nurses and 32 care workers, and in 2015 there were 13 nurses and 31 care workers who passed the examination. While Indonesian nurses who passed the examination from 2010 until 2015 there were total 312. This shows that the Indonesian nurses of Indonesia proved to be qualified. This achievement is certainly a good success for improving the competitiveness of Indonesian nurses in the eyes of the world, where Indonesia is able to surpass the Philippines which has been known as the sender of the largest nurses in Asia.

V.4. Indonesia’s utilization of IJEPA on the Deployment of Indonesian Nurses to Japan

In analyzing this matter based on the result of the deployment and acceptance of Indonesian nurses under the framework of IJEPA, this thesis is using bilateral relations, national interest and push and pull factors by Everett lee as the theoretical framework. These theories will help in understanding how Indonesia has utilize IJEPA to help on the deployment of its Indonesian nurses to Japan from 2008 to 2015.

The concept of bilateral relations is the relations between two actors playing a role called the state. But the actors are not limited to government that represent the state but also can be institution or board of a country that may be a government appointed board or institution to undertake bilateral cooperation. The bilateral relations here describe the existence relations that have reciprocal relations between the two actors which is through cooperation. Indonesia-Japan Economic Partnership Agreement is a form of bilateral agreement in terms of

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economic and cooperation between Indonesia and Japan through eleven sectors of cooperation which will create reciprocal relations between the two countries.  

Furthermore, in the process of the implementation of bilateral relations, there are three motives behind the cooperation between two countries according to Spiegel which are maintaining international interest, maintaining peace, and improving economic welfare.  

To fulfill the motives of bilateral relations, Indonesia and Japan signed the Peace Agreement between Indonesia and Japan on January 20, 1958. After ratification, diplomatic relations were subsequently formed. Since the relationship between Indonesia and Japan is established, and cooperation between the state continues to strengthen, to strengthen their relationship, Indonesia and Japan forging various partnerships to meet reciprocal bilateral relations. Among others are Official Development Assistance or ODA, in the field of investment both of the countries have implemented Strategic Partnership for Peaceful and Prosperous Future, and even now being at the strategic partnership level by implementing Indonesia-Japan Economic Partnership Agreement.

In doing bilateral relations, the two actors which are Indonesia and Japan cannot be separated from its national interest so by fulfilling its national interest through cooperation. Under IJEPA Framework, both countries are trying to achieve their own interest in this agreement. For this case, there is one sector which is about the movement of natural persons of Indonesia who engage in supplying services as nurses or certified care workers. Both of the countries have their own national interest where in the implementation of IJEPA, Indonesia is experiencing surplus of nursing staff and deficit on job demand in Indonesia especially those as graduates’ school, academy of nursing or nursing college.

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While in the side of Japan, Japan is currently experiencing the problem of its declining population where Japan is the country with the highest percentage of citizens over the age of 65 year and the percentage is increasing year by year. In 2011, 23.1% percentage of the population was over 65 year and by 2050 Japan’s population estimated will decline by 25% compared in 2005, and the percentage of citizens aged 65 years will increase to 38% by 2055. This issue make Japan will lose its productive population because it will be declining while the aging population will increase. To get around the issue, therefore Japan is willing to cooperate with Indonesia to have a win-win solution in solving their domestic issue.  

In order for Indonesia able to utilize the cooperation in movement of natural person under the framework of IJEPN to help on the deployment of its nurses where Indonesia has transfer the nurses to Japan can be analyzed further based on the theory of push-pull factors by Everett Lee where it is a form of the realization of international migration. Migration will occur if there is a push factor from the origin and pull factor from the destination. The push factors are the unpleasant factors that trigger a person to leave the area to migrate or move to another area such as lack of business opportunity, lack of job opportunity, relatively low wage rate, high cost of living, hazardous environmental conditions and so on while the pull factors are better wage rates, more employment opportunities, the availability of social facilities and advanced life. Not only that, the factors that detain the process of migration is called intervening obstacle and in order to fulfill the international migration the personal factor from individual will be considered in this theory. The summarized factors which enter into the decision of migration and the process of migration under four headings,

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the first is factors associated with the area of origin, factors associated with the area of destination, intervening obstacles, and personal factors.\textsuperscript{167}

The first factor is factor associated with the area of origin, means that there is the driven push factor that make the government agree to transfer their Indonesian workers to work outside Indonesia. Push factors exist at the point of origin and act to trigger emigration. In this case, before the implementation of IJEPA, where Japan and Indonesia held the Join Study Group to discuss its sector of cooperation and express its interest in requested for the acceptance of its skilled workers, here it nurses. The driven push factor for Indonesia to request the deployment and acceptance of Indonesian nurses under movement of natural person of IJEPA is because of the surplus of nurses in Indonesia where Indonesia currently facing the most quantity of health medical workers in nurses compared to other healthcare workers that may lead to increase the rate of unemployment in Indonesia.\textsuperscript{168} Because of the limited employment opportunities for graduates of nursing education in the country and the deficit in demand of nursing staff it is increasing the unemployment rate of the sector. Limited job opportunities for domestic nursing education graduates are increasing the unemployment rate of the sector.\textsuperscript{169}

The second factor is factor associated with the country of destination, which will be the pull factor. The driven of pull factor come from the country destination which is Japan. Japan as a developed country currently facing one of the most pressing challenges which is population aging and, on its way, to turn into a society with the largest proportion of old people in the world.\textsuperscript{170} Based on the National Institute of Population and Social Security Research in Japan, the

percentage of elderly in Japan each year will increase and there will be less of child and productive age population.\textsuperscript{171} Since Japan currently facing population aging it means that Japan will need more healthcare workers especially nurses and care workers for the elderly. But what Japan faces is there is the imbalance of supply and demand for the nurses and care workers in Japan. The demand for nurses and care workers in Japan will always increase each year where Japan need to provide a fair amount of quantity for the nurses and care workers with its population aging that increase each year too.\textsuperscript{172}

Just like the demand of nurses, Japan will also need a fair amount of care workers. The increasing of elderly will affect the demand of care workers up to 102.9\% in 2011 to 2015 periods. from the data of Ministry of Health, Labor, and Welfare, Japan already has about 1.8 million care workers qualified to provide care for the elderly but it is estimates that, barring some major change, the nation will need 2.53 million care workers in fiscal 2025.\textsuperscript{173} Because of the shortage of nurses and care workers in Japan, it will create job opportunities for foreign workers and become a pull factors for nurses from Indonesia to work in Japan. A better salary wage is also the driven pull factor since Japan as developed country provide salary for uncertified nurses and care workers up to Rp. 25.000.000 up to Rp. 30.000.000 a month which is become better opportunity for the Indonesian nurses in trying to lift their standard of living.\textsuperscript{174}

Beside the factor associated from the origin and destination place, in the process of international migration there will be the intervening obstacles. Under IJEPA framework, for Indonesian nurses one of the most challenges they face is

the Japan national examination for certified nurses and care workers. The result for Indonesian nurses and care workers who passed the national examination of Japan to become the certified nurses and care workers are not much compared to the number of nurses who successfully placed in Japan. This thing happened because of the varied learning hours they get depend from where the hospital and health facility give the time for them to study Japanese. For some of them it is difficult to work and given only not much time to study Japanese language. Even though they already given one year for study Japanese it is still lack of time for them to pass the national exam. Furthermore, they have difficulties answering the Japanese language using Kanji. The other reason only few of them passed the Japanese language examination was because the difference of nursing education in Japan and Indonesia. Because mostly in Japan they take care of the elderly, they have to understand about the particular diseases and symptoms of the elderly, which they don’t learn much in Indonesia.  

Nevertheless, seeing that there has been a low passing rate for Indonesian nurses in Japan, the Government of Indonesia requested for the authority of Japan to make a change in the requirement of the examination like extending the language training which is from only 6 months in 2008 to become 1 year in 2013, adding additional year for candidates to stay in Japan, and attaching more simplified hiragana characters rather than kanji characters to make the nurses and care workers candidate easier in answering the test, and also Japan would raise the Japanese language training budget by ten times from the budget for Japanese institutions that willing to employ foreign nurses. 

The last factor which is the personal factor for migrate is the factor that comes within the individual of nurses who wants to migrate to Japan that the factors which influenced Indonesian nurses and care workers to migrate to Japan


are basically related to the economy. It was a chance to get a better economic life since the salary they got in developed country like Japan will ten to twenty times more than the salary they get in Indonesia. Even though the cost of life in Japan is bigger than in Indonesia, but they still motivate themselves in able to make savings and improve their standard of living when they go back to Indonesia. The other personal factor which make Indonesian nurses wants to apply to work in Japan is because by working in Japan they will able to develop their own potential in the field of nursing services abroad and able to achieve new experience and knowledge in Japan.  

Based on the implementation of Indonesia-Japan Economic Partnership Agreement in the movement of natural person which in this case is the deployment of Indonesian nurses to Japan in the form of G to G program, it is a strategic program for Indonesia and shows that Indonesia able to utilize IJEPA for the job fulfillment to its nurses. By implementing the cooperation with Japan under the framework of IJEPA, Indonesia is trying to change the image as the source of unskilled workers to become skilled workers to gain brand image in the international labor market. Nevertheless, the utilization of this cooperation under IJEPA is still not optimal yet because of there are still lack of nurses who passed the Japanese national examination which lead to the nurses who failed should return to Indonesia. Those who have returned to Indonesia after the completion of the IJEPA contract period, have experienced difficulties and deskilling when looking for work as nurses in Indonesia.

Because of that, National Board for Placement and Protection of Indonesia Migrant Workers continues to intensively make efforts, among others, to facilitate the quality improvement and competence of prospective health workers in the country also continue to play an active role in coordinating with various stakeholders in Indonesia by way of upskilling efforts for nursing graduates. After

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knowing that the reason of why Indonesian nurses and care worker failed in the Japanese National Examination because of the hurdles in language and different competence. Therefore, it is necessary to have upskilling for Indonesian nurses.\(^{179}\)

There are six things that need to be prepared in implementing skill upgrading, which are readiness of worker candidate to work abroad, the existence of an accredited skill upgrading institution by the government, availability of facilitators who have attended the Training of Trainers of Indonesian migrant workers, the existence of training modules upgrading skills demand drives, the existence of financing of skill upgrading, and the existence of certification after following upgrading skill. As a pilot project, National Board for Placement and Protection of Indonesia Migrant Workers has implemented this health sector upgrading activity in several regions in Indonesia, among others in Mataram, Central Java, and Makassar. Implementation Upgrading this skill is implemented by upskilling institution in area facilitated by National Board for Placement and Protection of Indonesia Migrant Workers.\(^{180}\)

Currently there are at least 94 instructors or facilitators in Indonesia who have followed training of trainer of Indonesian migrant workers to support upgrading skills, consisting of 44 Facilitators for care workers, 50 Facilitators Reviewer Proficiency for Registered Nurse and Licensed Practical Nurse as well as 6 people Master Reviewer and facilitator who facilitate the implementation of Training or Trainer. Upgrading skills for nurses and midwives include: Reviewer Registered Nurse, Reviewer Midwife, Licensed Practical Nurse, Licensed Vocational Nurse, Assistant Nurse and Upskilling Care workers; Upskilling Nurse Homecare. With this way of upskilling the medical health workers,


While for the nurse returnees who failed in the exam and they should go back to Indonesia, in this regard, the Indonesian government plan conducted a job fair through the National Board for Placement and Protection of Indonesia Migrant Workers, Ministry of Manpower and Transmigration and Ministry of Health in 2013 and 2015. The job fair is exclusively for former nurses and care worker of IJEPA program. This job fair was held to assist the resettlement of nurse and care worker who have done their contract in Japan. Companies in this Job fair are Japanese companies incorporated starting from the company in the health sectors and non-health sectors. The Indonesian government expects that this job fair can help the former nurses of IJEPA get new jobs in Indonesia while still using the skills that they have while in Japan even though some are switching professions not become the nurses in Indonesia. This is also to prevent the increasing rate of unemployment worker in Indonesia so that Government of Indonesia maximize this issue to help ex-IJEPA nurses and care workers to be have job opportunity in Indonesia.\footnote{BNP2TKI. (2015). \textit{22 Perusahaan Jepang Siap Pekerjaan Mantan TKI yang Pernah Kerja di Jepang}. Retrieved from http://www.bnp2tki.go.id/read/10860/22-Perusahaan-Jepang-Siap-Pekerjaan-Mantan-TKI-yang-Pernah-Kerja-di-Jepang}
CHAPTER VI

CONCLUSION

The diplomatic relations between Indonesia and Japan which have been established since 1958 has made Indonesia a strategic partner for Japan in doing cooperation through bilateral relations and both of the country have established cooperation relationship within the framework of Indonesia-Japan Economic Partnership Agreement or IJEPA. After a long discussion and meeting between Indonesia and Japan, on August 20, 2007 President Susilo Bambang Yudhoyono and Prime Minister Shinzo Abe signed an agreement for the economic partnership but the agreement was implemented in 2008 and it became the first bilateral free trade agreement for Indonesia. IJEPA consist of 11 sectors of cooperation which the aim to strengthening the broader economic. IJEPA has three pillars as the main concept those are trade and investment facility, liberalization and the last is cooperation.

One of the sectors of cooperation of IJEPA in this research project is about movement of natural person. Indonesia and Japan have agreed to provide this sector as it facilitates human movement across categories including professional services where Indonesia expressed their interest to recognize qualifications in tourism and hotel services, spa services, food related services, sailors, nurses and care workers. So far, from all of that only services from nurses and care workers that have been implemented in this framework. It is because the domestic interest that happen between the two countries. From the side of Indonesia, since 2007, Indonesia faced the surplus of nurses’ staff and student of nursing graduates where there are excess supply of the nurses and lack in the availability for the nurses to work while Japan started to face the population aging and shortages of non-doctor medical workers such as nurses and care workers as the population in Japan that over 65 years old is increasing.

This research project has analyzed the implementation of IJEPA within the movement of natural person in formal sector (nurses and care workers
services) about Indonesia government has utilized IJEPA on the deployment of Indonesian nurses to work in Japan. By using the theory of international migration push and pull factors by Everett Lee, it can be seen if Indonesia has utilized EPA cooperation to solve its domestic problems. Push factor of cooperation on the deployment of nurses is from Indonesia. Indonesia as a developing country with a surplus of nurses and lack of available job field has opened up opportunities for graduates of nurses or nurses who want to work abroad officially with more advanced prospects in the future to improve the lives of their people. To utilize IJEPA on the deployment of Indonesian nurses, Indonesia has implemented G to G program with Japan. Indonesia has appointed National Board for Placement and Protection of Indonesian Migrant Workers (BNP2TKI) as the official government agency responsible for the deployment process of Indonesian nurses to Japan each year.

While the factors that attract nurses to migrate to other countries that is in this EPA is Japan. Because Indonesia sees Japan as a developed country which currently facing shortages in the nursing and care workers staff because of the increasing number of elderly every year that makes Japan in a condition of shortages of labor supply nurses and care workers. Given the many job opportunities that available with a more prosperous life and larger salary can help improve living standards of the foreign nurses, Indonesia has agreed to take advantage of EPA with Japan in helping Indonesian nurses to experience and improve their economic life.

In addition, the challenge in this cooperation is mostly regarding the difficulties in different language especially when Indonesian nurses and care workers candidates took the national Japan language examination. During the year 2008 to 2015, the candidates successfully passed the national Japanese language examination to get certified nurse and care workers only 98 Indonesian nurse and 214 Indonesian care workers candidates. To overcome the challenge in order to increase the graduation rate Indonesia nurses and care workers, Indonesia has asked the Japan authorities to make changes during the Japanese language
training where initially only 6 months in Indonesia finally extending to 6 months in Japan, and there has been simplified Japanese language examination where previously a lot of test using the characters has been changed to hiragana characters. Not only that, Indonesia’s government through National Board for Placement and Protection of Indonesian Migrant Workers also held upskilling program for Indonesian nurses who wants to work in other country. Through this upskilling program, Indonesia wants to make the nursing graduates might able to compete with other countries.

The deployment of Indonesia nurses to Japan under the IJEPA scheme appears to be one of the best solutions to reduce the number of surplus nurses in Indonesia for a while, but in the long terms when the nurses fail to pass Kokka Shiken exams and cannot extend their contracts in Japan it will be a problem when they have to get into the world of work in the Indonesian market again. Therefore, the government of Indonesia has planned to hold job fair for the nurses’ returnee who failed in the examination in trying to open more job opportunities in other sectors that related to Japan’s companies. On the other hand, the Government of Indonesia in fact has not been able to develop the utilization of strategic partnership with Japan thoroughly. Strategic benefits are only felt in the early stages of implementation when the G to G program is implemented but the superiority or additional science as an improvement in the competitiveness of Indonesian nurses owned by ex-IJEPA nurses has not been fully absorbed.
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