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# **Japan Aging Issues, Long Term Care Insurance (LTCI) and The Migration of Indonesian Nurse to Enter Japan Labor Market**

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## **ABSTRACT**

Japan Aging Population is a resultant of various problems in both micro and macro levels analysis. Long Term Care Insurance (LTCI) is a strategic policy of Japan Government for the purpose to take care their Aging so that saving Japan human resources in order to remain active in the public sector. This system is facilitating the institutionalization the domestic work of caring the elderly to a professional work which need a license. Since Japan young generation specially women not interested in this kind of work as known as 3K type of work (Kitsui, Kitanai, Kikken), Japan deregulation is open for foreign workers to enter Japan 3K sectors that are no longer in demand. This article discusses on how factors contribute on Japan Aging Issue, LCTI as Government strategy to institutionalized the domestic work usually doing by female and the challenges for Indonesian nurses who enter Japan domestic labor market. They enter with various barriers to status and standard for acceptance of foreign workers along with the strict immigration policy of Japanese government and patriarchy system as Japan social construct.

**Keywords:** Japan Aging, Long Term Care Insurance, Institutionalized domestic work, Indonesian nurse migration

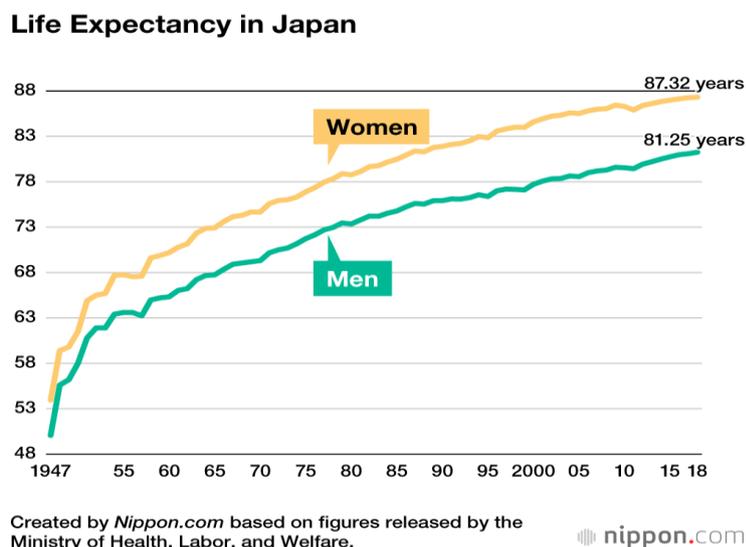
## **1. Introduction**

Japan's current population has brought the condition which called super aging nation, which is the condition of the national population composition has been so large that raises various problems including threat the economy vitality. The demographic data of Japan shows an increasing elderly population up to the year 2018, with life expectancy reach in average 81.25 for men and 87.32 for women. The rapid development of elderly when compared to other developed countries can be explained by several factors including the trigger factor. The trigger factors increase the number of elderlies can be explained through several interrelated conditions, both internal issues in Japan society itself as well as Japan external issues existed.

## **2. Japan Aging Population and Influencing Factors.**

One of the first internal trigger was the birth rate of the Japan population after World War II, where the cohort baby boomers were born in 1947-1949 who now enter the age of seniors (above the age 65 years) 70 years and second baby boomers who were born in the early 70s

brought a Japanese elderly explosion. In the year 2020 this group will reach 36.12 million and 37.01 million in 2033 before reaching its peak in the year 2042, 38.78 million. (Japan's National Institute of Population and Social Security Research-NIPSSR, 2012).



**Figure 1.** Life Expectancy in Japan

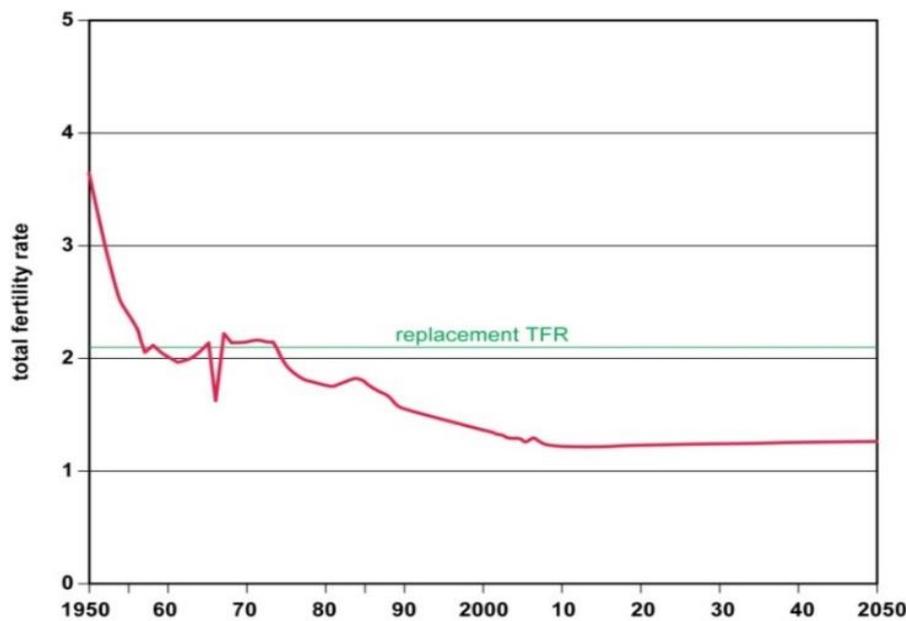
Source: Nippon.com (Ministry of Health Labor and Welfare), 2018.

The second factor is the declining fertility rate (TFR) of Japan population which continues to decline dramatically and significantly since the year 1950 and in the year 1990 TFR reaches 1.57 births per woman. Japan suffered the issue of declining population, TFR reached 1.26 World Fact Book.

The decline in TFR in Japan is seen to be progressively downward in to 5.10 in the year 1925 to 3.65 in 1950 (25 years) and increasingly lower in the year 1975 to 1.90, 1.39 in the year 2010 and predicted to reach 1.33 in the year 2024 (NIPSSR, 2012).

The third factor is the change of population composition due to medical improvement in Japan. Under the modernization of Meiji 1868-1912 period, maternal and infant mortality began to decline. But the rise in the survival rate of Japanese women implicates the productive age, muted with pressure to withstand the number of children. If modernisation does not improve this condition, the birth rate will remain high, while the society will be faced with the problem of parenting quality and women's interests should also be considered. In fact, this opinion carries the condition to the delay of marriage and minimizes the risk of child care continues until 1975 where the birth rate continues to decline and the delay of marriage above 30 years, married without children even until decide not to marry. An

alternative to such strategies is that the risk carries the condition of TFR that puts Japanese society in a numerical deficit. (Hara, 2015).



**Figure 2.** Japan TFR 1950 -2050

Sources: NIPSR, 2012

In line with the public health facilities built by the government, and the explanation that the above factors that implicate the increase in the health quality of Japanese society, the life expectancy rate increases. The average life expectancy of Japanese society increased from 79.64 to 86.39 in the year 2010 and continued to increase to 84.19 for men and 90.93 for women in the year 2060. And this affects the country's financing for the elderly, which is governed by Long Term Care Insurance, abbreviated as LCTI.

Another phenomenon still related to the previous explanation is the life style of young women generation about their choice on activities in their productive age. Whether as wife and mother or as a woman in a career outside the home. The representation of the choice is the declining marriage rate as well as the phenomenon of delaying marriage (*bankouka*) even the society still try to control them by labelling the delay marriage women as '*make inu*' (loosing dogs), and also the spouse does not have an increasing number of children. This will examine that the latest marriage-related behavior patterns among Japanese women from 2002 onward, focusing on the relationship between women's economic emancipation and marriage in a gender-traditional society. Using a newly available large panel survey on young adults in

Japan, it will demonstrate that the effects of women's education have reversed, and are now in fact positive (Fukuda, 2016).

Ideational theory claims that the weakening of traditional values and the spread of individualistic attitudes, following the satisfaction of material needs are important factors in causing a change in fertility behavior in European countries. If this theory is able to account for childbearing pattern in developed countries it may be Japanese fertility behavior also takes root in these ideational changes. More specifically, the percentage of Japanese women seeking an individualistic lifestyle has increase over the past view decades (Fukuda, 2016).

**Table 1.** Difficulty in Rearing Children (multiple choice questions) N=5494, overage 20 years old

<b>Reasons</b>	<b>Percentage of sample</b>
Educational Cost	46 %
Cost of Food, clothing, shelter	26 %
Shortage of Free Time	24 %
Psychological stress on children education	23 %
Obstacle to working outside the home	14 %
Insufficient house size	11 %
Not know how to treat children	10 %
Obstacle to going out	8 %
Dislike childrearing	1.5 %
Other	2 %
Nothing	19 %
Do not know	4 %

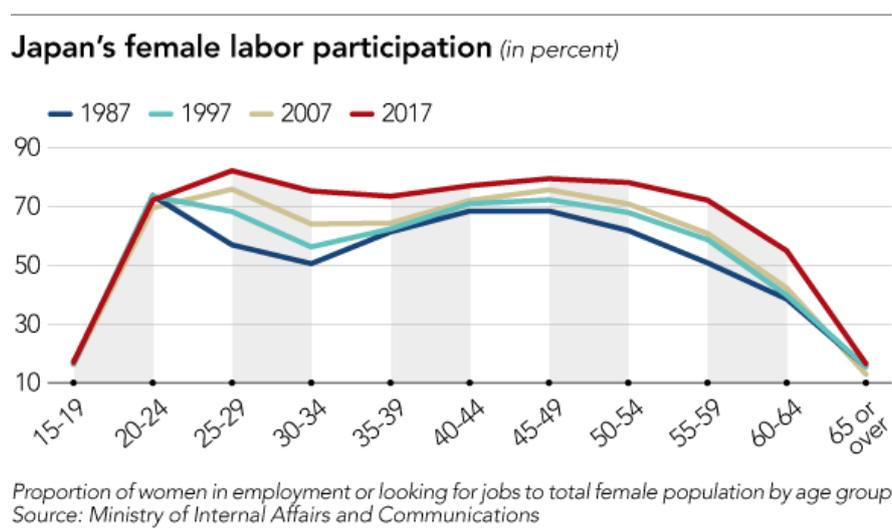
Source: Cabinet Office (2009), National Opinion Survey on Social Life

Abenomics and womenomics policies in Japan form the government support which is provide opportunities for Japanese women to improve their education so that their practical logic is participating in the workforce in the public sector. As the result of my study on the pensioners who attended the *Eikai Kurabu* (English Club) in Hachiouji city's Welfare Center in 2006, more than 70% of the samples were selected as respondents, the average education of female respondents was bachelor and master degree, but more than 50% were not engaged in any work in public sector after they got marriage. (Iskandar, 2006)

Yanfen Zhou in the Japan Institute for Labor Policy and Training, explained that according to the results of the survey (Hewlett, ett all. 2011), 74% of female university graduates in Japan do not enter the workforce and they become housewives of children. In the year 2010, in households with children under the age of 18, 47% was a full-time housewife (Ministry of Internal Affairs and Communication Statistic Bureau, "2010 Census"). Plumpness of these have double abilities both strong educational background and high ability to take care of

households, spend their time doing home tasks, parenting and part-time work with salary. Without active opportunities in the job market in the public sector.

The Institute for Labor Policy and Training (JILPT) found that: the survey results from the National Institution Survey on Family 2013, "77% of the respondents who have family replied that "mother should not work but should concentrate on childcare until their child is about three years old." The National Survey of Household with Children, 2012, also confirmed that the participation of female labour was related to the problem of childrearing of their youngest child's age. As soon as their youngest son turned 8-10 years old, then the mother's number re-entering the public sector increased to 80%. The declining factor of their participation in the public sector is due to the influence of the "myth of the first three years" that children's future beliefs are awakened and influenced by the role of mothers until their age is 3 years.



**Figure 3.** Female Labor Participation in 30 years (1987-2017)

Source : Nikei Asian Review, retrieve from <https://asia.nikkei.com/Economy/Japan-s-moms-stay-in-work-in-record-numbers>

The increasing of higher female education has led them to be more active and concentrated participating in the public sector by continuing to work and sacrificetheir marital affairs. This also contributes to the increased marriage delay rate. In addition, the Japanese are in fact demanding that the workers to work fully and professionally at the job is like Japanese men who are not encumbered by household problems. Some companies even set work hours that eventually demanded overtime hours to continue to dedicate their lives in this public domain.

The next factor is still related to the explanation of the previous factors and precisely the consideration is quite basic why Japanese women prefer to work. It is a matter of Japanese patriarchy culture that carries the value of male domination, a powerful system of patriarchy in Japanese society. Women's rights as an element of society that should be a majority in number, are thus not fulfilled when they are in the bonds of matrimony. Japanese

women do not have the right choice of solutions whether deciding on a career or getting married. If they choose to marry, then they will lose their careers and vice versa when they decide to pursue a career, the chances of getting married are reduced. Though Womenomics's policies seem to encourage women to progress to the public sector, but in reality, it does not guarantee their rights to the home will be fulfilled.

Most company's rules still require women to work as professionally as possible, there is even a tendency to exploit. It is evident in the cases of *karoshi* (dying of fatigue in the work) both physically and mentally depressed that sometimes causing suicide. While the supported system provided extended family no longer has such a role in various developing countries including Indonesia. Parenting can be handed over to the female wide family members such as mothers, mother-in-law, aunts, younger sisters, cousins and so on.

**Table 2.** Reasons Why There are Few or No Women Managers (Multiple Answers)

<b>Reason</b>	<b>Percentage</b>
There are no women with the necessary knowledge, experience, or judgement	48.1%
There are women with the capacity to be come managers in the future, but they have not yet worked sufficient number of years	30.4%
Women workers tend to work viewer years than men and retire before they can become managers	35.2%
A lot of overtime is involved or there is night work	8.5 %
Business trips are required, or nationwide transfers take place	4.3 %
Customers dislike women in mabagerial position	0.9%
Women are not assigneted to managerial position because of family responsibilities	11.6%
The work is hard and unsited for women	5.2%
Women have not asked to be come managers	15.3%
Other	7.2%

Sources: Ministry of Labor, Survey on Women Workers Employment

Abenomics-womenomics concern and support higher education and women's participation in the public domain. Increasing productivity and labor participation are keys to sustaining economic growth under the demographic change that Japan is experiencing. In realizing this,

work-style reform is the biggest challenge we need to tackle. On March 28, 2017, under Prime Minister Abe's strong initiative as chair, the Council for the Realization of Work Style Reform has formed a promising plan to realize a society where everyone can choose various and flexible work styles. Based on this plan, the administration will implement structural and legislative transformation.

Ayako Kano and Vera Mackie argued that "Abe's UN speech and in his actual policy the decision 'womenomics' is a policy for recharging the economy and refortifying the nation, not for improving the situation of women" (2013). The goal is indeed the strength and prestige of the Japanese nation over individual women was made clear in a more recent speech of Abe's. In calling actively in the workforce, "womenomics" also ignores another aspect of female labor that has long contribution to the national economy in Japan: the "affective labor" of "kinwork" and "caring labor," such as care for children and the elderly within the family. Indeed, one can, along with Michael Hart argued that, "capital has incorporated and exalted affective labor and that affective labor that highest value – producing forms of labor from the point of view of capital." What this means in the Japanese case is that the labor of women in Japan has historically been used to expand the national economy although a large portion of female labor as the 'affective labor' of running household, and even of running neighborhoods as managers of residents' association and school associations has often been unpaid. (Hardt, 1999 in Schieder, 2015)

In Japan state policy that has often definite women's social roles as primarily domestic succeeded in motivating tremendous commitment from (male) full time employees, while also making it possible to tap women as a reserve of partime workers. For example, state labor policies in the mid -1960s sought to mobilize female labor to manage a shortage in workers. However, as the Economic Deliberative Council's 1963 report emphasize, the ideal form of work for married women remained part time work and "reentry employment" taken on after a women's children entered school and allowed her time to work outside the home again. This allowed for women to perform the demands of "kinwork," while married women also functioned as a flexible workforce that supplemented the full-time employment of unmarried women and married man. (Uno, 1993 in Schieder, 2015). Full-time work and "breadwinning wages" remained structured around the assumption of a male household head. Not only employers, but also labor unions increasingly emphasized the role of women as part-time work and support for waged husbands in the period of postwar prosperity (Gerteis, 2010).

The M curve shows how the participation rate of Japanese women who decided to marry at age 24-25, then the number of those working will drop drastically. Next shows a hike back after a child enters school age even though their job type switches to a type of work that is more part time and is no longer a permanent worker. The dual labor family demands both in the public and domestic sectors will be very difficult to implement. (Gertheis, 2010)

This happens considering that Japan still strongly adhered to the value of the motherhood is very strict in the demands of the role of mothers. So, these demands bring on the condition of Japanese women have no choice, let alone the company also demanded the professionalism of its workers as a reliable. Other possibilities of support gained from the socio-economic conditions of the developing community that have stratification range of the welfare between communities are quite lengthy. Similarly, the difference in the condition of women in urban and rural areas is only when measured using indicators of socio-economic status i.e. education, employment and income. Women in urban areas that have access to higher education pathways that implicates the well-established work and high income, can employ women from the village or from poor families at a cheap wage price.

Usually they will go into the type of work in the informal sector such as a domestic assistant both settled and who come daily. Another thing is the value of the importance of having offspring begin to be unprioritized. Besides raising a child is very expensive. Having a child is no longer a promising investment especially after the child become adult, they are not expected to take care of their parents at home.

In one occasion, I gave my presentation on “Indonesian Skilled Labor to Japan” in Ilo-Ilo city, Phillipine at the beginning of 2017. I met a Japanese woman who is married to a Filipino man for more than 20 years where her husband has a very strong relationship with his extended family including take care of his parents very well. The warm experience has inspired her until she decided to try to be more have time to take care her mother in Osaka. She left for Osaka after got the approval from her husband with the intention to take care of her mother. But then, she found that her mother not really need to be taken care by her daughter, her mother said that she is better to return to her husband and children take care of them, because her mother not really need any help from her daughter since there is LCTI as service facilities to take care the elderly.

This represented that Japanese elderly are very self-reliant and feel reluctant to ask their children to be willing to take care of them in the old days. How the Japanese elderly faced his old age, of course most likely it is possible because LCTI provides a massive service for this need with private sectors, while Phillipines and Indonesian still rely on extended family supported and co-recidency pattern with parents that is to account for caring their elderly in the domestic sector.

The sixth factor that is still a hypothesis which based on qualitative data is tentatively and not yet based on statistical data is about legal abortion in Japan, this being considered factors and potentially for being as further study. Japan is a country that does not treat punishment or sanctions on the behavior of abortion due to economic or welfare reasons. Japan entered into 10 countries with a total of the fifth highest abortion of 39 million after China, Russia, USA, and Ukraine (Abortion Worldwide Report, 2017). This gives a lot of impact to the widespread conduct of abortion in young women who are not ready to marry from the age of the school very young 13 years to middle age more than 40 years. This macro-level policy carries an impact on the individual behaviour system that when dealing with the situation is not ready to conceive at the micro level, easy of access to take steps to perform an abortion as a solution. If this is done in a massive way, it will eventually affect the birth rate of the baby in Japan.

### **3. Aging Society and Long-Term Care Insurance (LTCI)**

Long-term care insurance in Japan was born as the need for care workers working to care for the elderly. Before World War II, caring for the elderly was a duty of son-in-law or daughter. However, along with the development of Japan's economy and the world of education, it is increasingly difficult for women who enter the public sector to care for parents at home. This is therefore a new thought of how the new elderly care system.

Since the enactment of free treatment for elderly in 1973, there is a phenomenon called ' *shakaiteki nyuuin* ' where the elderly has crowded into hospitals and make hospitals as a place to socialize while running the treatment. Consequently, State expenditure in the health sector has increased dramatically. 10 years later to optimize the country's budget, the laws governing health services for the elderly passed that govern the country no longer guarantee the full cost of treatment for the elderly. (Asato, 2013)

Elderly in Japan is divided into two categories, the seniors one who really need medical care and actions and those who are not require special medical care but require to be cared. Therefore, LCTI program appears as a place to 'accommodate' elderly who do not need medical action but require treatment. This mean that the family member's role used to be female member who taking care the elderly shifting to care facilities role as welfare institution, this is what I call as the institutionalized domestic work. There is somebody who have to take care the elderly but not any longer burden to family member unpaid work but in public area and as paid work doing by non family member.

Among the two groups are more members of the first class who require the dating of long-term care insurance (for members of the second class can obtain a long-term care coverage when suffering from one of 16 types the disease, which has been determined by the state – *tokuteishippe*). The recipient of long-term care insurance program is prepared on request from the insured or his family. After filing the questionnaire, they will conduct tests and assessments by the Certification Committee of the recipient of long-term care insurance service. This called *askaigoninteishinsakai*, which is in every city and district. Then, in within 30 days after the application request for long-term care, the officer will come to check the physical condition and psychology of the insured Party included in the classification of what (currently there are 74 classification), then data entered into the computer to do the first assessment. The first assessment will be retested by the experts (especially the experts in the field of health) and the second assessment result is that made as the official result of *Kaigoninteishinsakai*. If the request is approved then a long-term care insurance card will be sent directly to the insured house.

Although it is said that there is a collaboration between long-term care and medical care but there is a strengthening of community service collaborations, routine patrols, and home visits. Besides, it is not only medical treatment but also need to have involvement from various parties and information transparency in handling long-term care. In addition, there is a delay in improving the process of a social worker into a certified care worker. Even being developed 'elderly friendly housing' for elderly residents.

I was get involved in a collaboration research between Center for Japanese Studies University of Indonesia and Institute of Social Sciences, Tokyo University which conducted a comparative study between Jakarta and Tokyo regarding the relationship issues of each capital with the suburbs. In this case Jakarta with its suburb area, Depok city while Tokyo

with Tama New Town in the year 2000. Although Depok was not yet to be said as special city to shed the elderly, but it became an alternative for Jakarta's retirees' people to find a region whose density was not so high. While Tama New Town is a region specially designed to be inhabited by the elderly. This is seen from the device or furniture inside the house, the ramps and the friendly gardens to elderly, designed and built by Housing Unit Development Complex (HUDC) together with Tokyo's privates' sector. (Kano, 2000)

Asato explained that the need for long-term care is a condition where a person has dementia, lying in bed (bed ridden), or mental disability so that for his daily activities require sustainable long-term care, with the condition Level 1 (mild) to 5 (weight). While conditions with support needs are a condition in which a person needs help to prevent a decline in physical and/or mental conditions or require assistance to undergo daily activities, with levels of condition 1 (mild) and 2 (weight). Patients with the above conditions are called *youkaigoshi* and *yoshiensha*. In certain cases, members of the second group of long-term care insurance can be classified into *youkaigoshi* when suffering from one of 16 types of diseases that have been prescribed by the State.

After being declared into *youkaigoshi* level 1-5, to get long-term care service first of all the recipient's service must create a 'treatment plan (long-term care plan)' in the office of Long-term care service providers and assistance (can be made by themselves). After that, a work agreement will be made based on the treatment plan. For the insured party which is stated in *yoshiensha* level 1-2 should make a 'maintenance-prevention plan' in the Regional Support Center. *yoshiensha* is unable to use long-term care facilities, or intended for *youkaigoshi*, but can use the Support Center facilities provided by the local government. (Asato, 2013)

The Long-Term Care Assessment on the service receiver, whether in the form of maintenance or assistance, identify the problem, then analyzed and made a treatment plan to answer exactly the needs of the service receiver, then specified the place and facilities. After that follow-up (monitoring), whether the treatment plan is effective and provides results or not, and this will be used as the basis for improvement of treatment plan. This is called a long-term care (care management) process chain. This process is continued as long as a person still receives long-term care services, based on conditions, desired life, and until the recipient's QOL (Quality of Life) increased this process will continue. (Douglass and Roberts, 2000).

Assessment to provide long-term care insurance services must first start from "knowing the service recipient", meaning there needs to be an understanding of the service receiver. The understanding is only about physical and mental functions but also the basic information of service recipients, such as name, address, phone number, level, level of condition, period of long-term care insurance, family, and of course the life history (history employment, and hobbies and interests). In addition, the most important wishes of the recipient of the service about the life as desired, their dreams, and their desires.

The difficulties experienced by the service receiver are identified from the assessment data that has been collected. Then investigate where, what how, how hard it experienced, and how to remove it. Then the most important of the problem analysis process is to what extent, or it can be as far as what, the ability to survive as well as the service receiver self-support and desired. After what is needed becomes clear through the analysis of the problem, then made a long-term care plan by the recipient of the service, family parties, and the office of Long-Term Care service provider together. This plan must be made with any language understandable to anyone, then after being approved by the recipient of the service and the family party long-term care plan is signed and can begin to be implemented.

Implications of low-skill workforce shortages handled by an effort to invite foreign labor to replace Japan lost in unskilled human resource. The Japan Government made various regulations, one of which is inviting foreign workers to Japan which raises the pros counter among politicians. Another strategy that Japan has sought is to create the Society Project 5.0 where elderly citizens are expected to use Artificial Intellegent (AI) technology, Internet of Things (IoT), Big Data, imachine learning. The Program was proclaimed in the annual meeting of the World Economic Forum in Switzerland January 23, 2019. The project definition of the Society 5.0 according to the Japanese Cabinet Office as a human-centered society that balances economic progress with the resolution of social problems through a system that deeply integrates virtual space and physical space. The Society 5.0 was proposed in the Basic Plan of science and the 5th Technology as a future society that should be dicitakan by Japan. This follows the stages of the hunting Community (Society 1.0), the agricultural community (Society 2.0), the Industrial Community (Society 3.0), and the Information Society (4.0).

The liberalization of manpower involves coordination between several ministries, including METI and the Ministry of Foreign Affairs, Ministry of Health, Minister of Manpower and

Welfare (MLWH) and Ministry of Justice (MOJ). Where strict control remains done by the immigration office. The reason MHLW is cautious is that by the year 2005, the supply of nurses and qualified professionals can adequately claim social welfare positions. At the same time, the increase in elderly residents created a demand of 10,000 new nursing workers each year, where the number of students who participated in home-care-worker training programs has around 30,000 people. It is concluded that there is sufficient supply of workers, classified as a professional, it is easier to obtain approval from the relevant ministry. (Asato, 2013)

#### **4. Discussion on Migration Labor Theorist – Nurse Migration**

Many disciplines have described the migration from demographics, geography, sociology, to political science, but they all focus on one point of view and ignore the fact of the field from other science perspectives. Alejandro Portes then made a major theory about immigration. He argued that it would be pointless and at risk to explain the migration of their respective disciplines because of the differing theories and levels of the analysis of the disciplines themselves. In this chapter there are several theories regarding the migration of various sciences that can be learned. (Massey, 2013)

In a study of Indonesian nurses to Japan, the authors have seen a phenomenon as stated by Michael P. Todaro and Lary A. Sjaastad who raised the model of individual choice as a micro-level mobilizer from Economic neocolonialism. Sjaastad is looking for a place of migration phenomenon in the capital of a human being as an individual, while Todaro stressed the importance of differences in input.

Sjaastad stated that migration not only affects human displacement alone but also to its social network, as it sends and receives overall socio and economic environments. Nurses who depart for Japan, usually get info about the opening of the labour market in Japan through his fellow friends who have first departed. Many important information also they get from relationships that already have work experience in Japan. An informant explains that if stories gained from friends can be more believable than looking at BNP2TKI's website. Because forms of non-formal and more liquid information are considered to reveal the real fact about the real condition of the destination area to migrate (Iskandar, 2017).

Todaro is more of a view that migrating is a maximised form of individual roles. A new economic approach looks at how workers migrate more because household strategies are aimed at different sources of alternative income and minimal risk. Although the

microeconomic theory allows nonmonetary factors to have an influence on the individual to migrate but identifying the other associated factors also needs to be done. This microeconomic theory fails to describe how individuals move while others do not, meaning how the decision momentum is made a result of some of the considerations it describes in the realm of diverse disciplines. Including explanation of favorite destinations e.g. why migrate to Japan and not South Korea or related to returning from developed countries to developing countries, including patterns back again migrating to Japan after deciding to return to Indonesia. In the case of this nurse migration is once again an explanation as an individual driving factor to decide to move the place, other than can be explained as a rational reason in finding a higher income or salary (without to take into account high expenditures), will be better understood when described as a way of seeking a working experience in a developed country, a high interest in culture that synergizes with modern transportation systems in Japan, daily life full of high-tech support, as well as the opportunity to practice Japanese language proficiency.

Douglas S. Massey stated that interrelated approaches explained the beginning of the migration, both structural factors and aspiration of immigrants, and explanations of how migration flows. He combines the characteristics of the sending and recipient countries, the transnational structures built from the immigrants' descendants, the perception and purpose of the immigrants. The cooperation between Japan and Indonesia Government as the beginning of opened gate to the 3K work for Indonesian Nurse in order to fill the Japanese labor shortage along with the demand of Indonesian workers who are looking for work abroad.

The classical theory of decision-making for migration continues to be criticized that the basic conceptualized assumptions are inappropriately centered on the individual. Aidan S. Tabor a psychologist who researched about the migration from to New Zealand apply about naturalistic decision making (NDM) which is limited to rationality in describing a migration. Tabor also finds that identifying the existing factors that make a person move from his home country is a lifestyle and resource factor, a balance of life and work, including a matter of family and career. The immigrants chose to migrate to New Zealand on the grounds of resource factors, cultural similarities, migration legislation and state openness to immigrants. Tabor applied his theories for the first time outside of the United States and the American context, but it has not yet been implemented for the Asian case. (Massey, 1993).

The Global Value Chain developed by Gereffi from the Center on Globalization, Governance and Competitiveness - Duke University sees international migration as one of economic sociology study. Related to labor participant in global market, Gereffi concept on upgrading is identified as a step for deeper value-added activities in a production value that is to increase the benefits or benefits derived from participation in global production networks. Along with Gereffi, Humprey and Schmitz (2002) contribute for development upgrading theory, the analysis related to the effort of facing the pressure where competition is becoming a common thing in the global value chain system. (Gereffi. 2004)

As the previous findings of my research in 2014 showed that Socio-economic upgrading from the migration of Indonesian nurses to Japan did not occur significantly due to the differences in the path between the two professions, nurses and care workers. The LCTI as new system that facilitating the type of work for Indonesian nurses in Japan labor market, only can be found specifically in Japan. The difference in expertise between nurses and care workers is a major problem for Indonesian nurses who experienced as care workers in Japan, then return to Indonesia doing work as a nurse. Information that I got from doing the depth interview with Head of Noto Kusumo Nursing School in Jogjakarta, there is problem faced by many of returnee nurses who lack from the nursing work more than 3 years. They could not or nervous to do the nursing task such as injection the patients. So they have to take some courses to practice their nursing skill at least 6 months. (Iskandar, 2018).

Several cases were encountered, nurses returning from Japan turned their profession into translators, staff in Japanese companies, selling Japanese food and stuff or any commodities related to Japan. Then, the most interesting, some of them become agents of the recruiter's institution which cooperate with the facilities that received them as care workers at the beginning. The recruiter's agency also offering Japanese Language course and training. These nurses recruited as assistant of Japan recruiter agency known as LPK or Lembaga Pelatihan Kerja (Working Trainee Institution) which spreadly entered entire place in many Indonesia region with potentially of candidate who seeking for a chance to work abroad as migrant labor. (Iskandar, 2017)

The problems that arise then, where the skills of the workforce are often defined and managed by the national authorities, then the analysis of harmonization of skills will give a logical explanation of how globalization as a tool of negotiations in a government bilateral agreement to the Government. Another issue that arises according to Asato is from the

Ministry of Justice, which considers that elderly support workers are unskilled workers in Japan, even though this classification is not explicitly stated. This means that foreign workers cannot be accepted in Japan. Therefore, to accept unskilled workers will require the revision of the immigration law, and because it requires DPJ approval, which has expressed its disapproval, and the judicial ministry doubts about the prospect of the revision. If workers careworkers have been classified as professionals, it will be easier to obtain approval from the relevant ministries.

##### **5. EPA and Japan Deregulation for Foreign Workers: Open the gate for 3K job?**

Economic Partnership Agreement (EPA) is the one of migration legislation that open Japan as one of country to be visited by nurse migrants. This kind of cooperation mobilizing the labor force from developing countries to Japan as a developed country to accomodate the labor demand in Long Term Care Insurance system where no longer attract the Japan young generation to fill the type of 3K (*kitanai kitsui kikken*) or wellknown as 3D job (dirty, damage, dangerous). This EPA started in 2008 with Indonesia, 2009 with Phillipine, 2013 with Vietnam. Indonesia already sent their nurses more than 1300 to Japan as trainee that will be recruited as nurse in fact in small number and large number as care workers, the sector that real needed in Japan.

The purpose of this agreement is to facilitate the acceptance of foreign nurses who are many recruited to support Japan elderly from the three developing countries. For Japan, this collaboration was the first experience in history, opening itself to legally receive foreign workers' entry into the workforce system in Japan through G to G system. A country's socio-economic context will have implications of what workforce category that the labour market needs. In Indonesia only nurses identified as establish proffesion where the place for working is in hospitals or in clinic. Indonesian do not used to sent their parents to the facilities because the bad image for children who let their parents in care facilities. Government facilities built for elderly abandoned or poor and homeless. There are several private facilities but not many in big cities.

The IJEPA program that performs internship recruitment on the care wokers track brings consequences on the degrading of foreign nurse skills caused of the lack of nursing task and vacuum from nursing work while their stay in Japan doing the care work., "Another risk" is the returnee Indonesian nurse try to find the new job that have no related to nursing

profession. This caused by the care workers skill that they gained is unidentified profession in Indonesia, the choice is to be a nurse again or changing the work.

Seeing the reality, the recruitment of foreign workers in Japan has a history of travel that is long enough from the year of the early year where negotiations with the Philippines began at a high-level summit in May 2002, when the President Arroyo proposed a working group for economic partnerships with the Prime Minister Koizumi. The Philippine government proposed that Japan accept housekeepers, caregivers, nurses, nursing workers, and others. The Japanese Federation of Economic Organisations (*Keidanren*) also has a positive attitude towards the acceptance of medical and welfare workers to prepare for the challenge of facing elderly people. The Japanese government carried out the deregulation program in order to activate the activation of economic activities called *KozokaikakuTokku* (Special Zone of structural reform). Comprehensive structural reform began during the reign of Prime Minister Koizumi where under the deregulation program, the local government proposed deregulation to undertake an extra economic activation program so that governments could implement National and local deregulation in 2004. There are more than 10 applications for nursing and care workers, especially the demand for foreign nurses in nursing work. (Asato, 2013)

A member of METI states it is not appropriate to suggest a two-step policy in front of real conditions. Instead, it's a good idea to apply only a partial step ahead when enforcing policy changes. This implies that deregulation is a geared step towards making communities able to receive foreign workers in the health field, especially those who are through the EPA program. The acceptance of nurses from abroad, requires the mutual recognition of skills that will automatically receive foreign nurse qualifications equivalent to Japanese nurses because the core work of nurses is responsible for human life. Therefore, this profession requires special skills and expertise, knowledge, Japanese language skills, as well as a nursing examination that supports the skills and knowledge needed. (Asato, 2013)

The commodification of service work has changed the work that was volunteered to a job in an organization of public area and paid. The work of the careworkers itself is recognized by some experts with the work of nurses as from ' medical model ' to ' life model ' . Care facility in Japan is also called as *tokubetsu yogo roujin homu* (special care facility for elderly patients) for elderly with a little physical and psychic symptom. *Roujin hokken shisetsu* provided for patients malfunction and need rehabilitation (Asato 2013, Iskandar, 2017)

As a developed country, Japan has succeeded in improving the socio-economic status of its citizens to the point where the society economy gaps are getting smaller. Along with the increasing status of women both in education and the implications of higher education to the increasing participation of women in the Japanese public area, bringing the movement of Japanese women's realm to better choose the public area. Because in reality Japanese women do not have a flexibility in divide their roles in the domestic or public domain.

The form of a Japanese family that continues to transform from extended family to nuclear family and even single family (consist of only one person), the statistical data on the number of family members, has impacted the having child's pattern. If Japanese women choose to marry, it will be very difficult for her to pursue a career in the public domain. Due to the powerful motherhood system, it does not allow them to divide their time in the public domain and she can only focus on working in the domestic domain only.

While modern family models do not get any assistance from extended families as well as from wider communities such as the option to rent baby sitter as it happens in major cities in Indonesia. Working mothers have the support from extended families such as mother, mother-in-law, aunt, younger or older sister, and female cousins who also live in one house or adjacent. So baby sitter in the household unit, can be handed aside by the mother is possible.

Women with full-time job status and having children, can delegate their caregiving to large women family member. Working women will usually increase her husband's income or family income as a second breadwinner. This is usually the wife's also take responsibility to bear the cost of household assistants or baby sitter replacing the role of taking care of the house and the children as compensation left his duty in the domestic domain. The benefit of women with higher education and skill get the high income in major big cities are being able to run a role as a housewife after marriage and also maintain its role in the public sector. The availability of female domestic assistants with low education and low skill, became the main supplier who then filled the role of women working in urban areas.

The social stratification between women in rural area and those who live in urban area who are differentiated by education, type of work and income as key indicators, brought a separate blessing for both groups of women. There is interdependence relation for those groups each other. Working women can provide a portion of their salary for domestic assistants and local workers to get jobs in the domestic sector without certain skill requirements. Although there

is a risk of their work as a household assistant without a clear contract regarding the working hours, the scope of work, the facilities of the employer or salary to be received each month.

## **6. Conclusion**

The rise number of elderly population in Japan is caused not only by one or two factors but it is the result of a variety of fundamental issues with strong influence on each other such as the government policy of Japan, policies imposed by the company, the system of strong patriarchy cultural value, socio-economic context-Japanese culture as a developed country that has made Japan female postpone and avoiding the marriage or have a children.

The LCTI is the product of Japan Government Policy, as strategy for moving the activity caring the elderly from family system to the public service while this regulation purposed to save the family member from burdened supporting their elderly in their productive age. This is what I called the institutionalized the domestic work. Women do the work of taking care of the elderly but it is done in the public sector where various rules in the form of salary, work conditions and even career are determined.

The migration of Indonesian nurses to Japan could be explained by the demand of 3K job which left out by Japan young generation whether in line with the spirit of “womenomics” in Abenomics goals, encouraging the Japan educated women to more active in the elite public sector. What Sjaastad stated that migration not only affects human displacement alone but also to its social network, the Indonesian nurses who depart for Japan, has followed the track of her fellow friends who have first experienced in this kind of work.

This also could be explained what Todaro said that a new economic approach looks at how workers migrate more because household strategies, not any longer individual decisions while the microeconomic theory allows nonmonetary factors to have an influence on the individual to migrate but the roles of associated factors also.

The LTCI system is more a professional system for caring work that couldn't identified in Indonesia as it requires a specific skill including the Japanese Language skill that must be possessed by nurse candidates who wants to enter the Japan labor market. The other important things are knowledge on Japan social culture, Japan work system, work condition and work ethics which are demanded, though in many cases causing overwork, moreover the unclearly contract as consequences of those kinds of “domestic work”.

The Indonesian returnee nurses who can not pass the examination and get certified as permanent care workers in Japan are facing degrading skills while they turn their profession as care workers in Japan. Indonesian government still sending the nurses to Japan until this article written, more than 1300 nurses entered the IJEP schemes. Data from BNP2TKI (National Board of Placement and Protection of Indonesian Labor) in cooperation with JICWELS (*Japan International Corporation Welfare Service*) shows the real demand of Japan labor market, the recruitment nurses is more for those who are become care workers.

With all problematic situation and immigration policy, only 30 percent that could maintain their track in Japan labor market. The rest are going back with their own problem such as outburned syndrome, move to another track not working as a nurse any longer. My findings found that some of the returnee nurse are working in Japan company as staff or translator, selling the Japanese food, also as staff of Japan broker company which their task have no relation to the medical or care work.

I hope this would drive some scholars to investigate in their further research which more focus on: how the Indonesian nurse who become careworkers experiencing degrading process and upgrading process in one time; how the role of the 'capital' owned by the nurse becomes careworkers in the 'competition arena' and how the social economic trajectory of nurses to Japan after they return to Indonesia, do they still on the same 'track' when they go home or being exposed to the implications of the 'outburn syndrome' caused by the overload job. Since Japan publish special kind of Visa known *Tokutei Ginou* for inviting more migrant who seeking job in Japan, this would be another interesting issue to be discussed and studied.

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