

HANGING BY A FRAYED ROPE

A Research Study on
the Vulnerability
of Female migrant workers
from the Regencies of
Sumenep-Madura, Malang and Bojonegoro, East Java

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FOREWORD

MINISTER OF MANPOWER AND TRANSMIGRATION REPUBLIC OF INDONESIA

Sending workers abroad is a national program to fill up international working opportunities. Nationally, there are many benefits to sending workers abroad: reducing domestic unemployment, improving the welfare of workers and their families, increasing the country's foreign exchange and improving the quality of Indonesian workers. These benefits has a strategic position in Indonesia's development.

These benefits, however, are not free of risks for Indonesian workers and Indonesian. This is understandable because in carrying out their job, Indonesian workers must interact with others and the cultural life in the countries in which they work. Such condition expose Indonesian workers to situations which heightens their vulnerability to abusive acts, harassment and even getting infected with Sexually-Transmitted Diseases (STD) like HIV/AIDS.

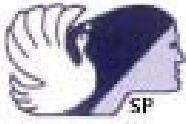
Results of a research by several institutions show that there are several cases in which former Indonesian workers, either those who worked in Asia-Pacific or Middle East countries, were infected with STD and HIV/AIDS.

Regarding the problem, protection for Indonesian workers needs to be improved either in the aspects of normative regulations or impacts that may emerge from working overseas. Therefore, I warmly welcome the activities carried out by ILO, which has been sensitive to the program of sending Indonesian workers abroad, particularly on HIV/AIDS and safe migration training among those who are closely related to Indonesian workers, such as BLKLN, patrons of shelters and pre-departure training session instructors. I would like also to say thank you and express my appreciation over the publication of a book on the vulnerability of Indonesian workers to HIV/AIDS by ILO Jakarta.

Hopefully, this good effort can bring benefits to the community in general and particularly for the protection to Indonesian workers.

Jakarta, March 2006
Director General
For Placement and Capacity Building of Overseas Workers

I Gusti Made Arka



FOREWORD

SOLIDARITAS PEREMPUAN

The number of Indonesian migrant workers has escalated in recent years, from less than 90,000 migrant workers in 1995 to 474,310 in 2005. The Government of Indonesia estimated that in 2005-2009 the country will send 6 million migrant workers (1.25 million per year) to 25 destination countries, from only 16 destination countries in the previous year. The increase of both migrant workers and destination countries would add to the state's income from USD 1,31 billion in 2000 to USD 2.7 billion in 2005. In 2006 the Government of Indonesia targeted USD 5 billion income from Indonesian migrant workers remittances.

Nevertheless, protection of migrant workers' rights have been neglected for years. The government's political will to increase the country's income from migrant workers is not in line with commitment to protect migrant workers' rights. News on migrant workers human rights violation has been published in national and international media, reported by organizations concerned with migrant workers and law enforcement officials from numerous sending regions and transit areas such as Jakarta, Batam, East Kalimantan and so on.

With the abundant of problems facing migrant workers, the issue of migrant worker's vulnerability to HIV/AIDS is overlooked by the government and stakeholders in the migration process. Solidaritas Perempuan in 2004 conducted a research in Karawang (West Java), Salatiga (Central Java) and Sumenep (East Java), revealing migrant workers vulnerability to HIV/AIDS in every stage of migration process from Pre Departure, Post Arrival, and Reintegration. The research also showed that migrant workers' vulnerability to HIV/AIDS is related to insufficient protection given by government, migrant workers' bargaining position (most of whom are females), and lack of knowledge on HIV/AIDS and migration.

Solidaritas Perempuan and ILO collaborated to formulate and to implement HIV/AIDS education and raising awareness programme for female migrant workers in 2006. In initial stage, a research was conducted to reveal Female Migrant Workers Knowledge on HIV/AIDS in 3 sender regions in East Java (Malang, Sumenep and Bojonegoro). The research aimed to assess knowledge of migrant workers (prospective and former migrant worker along with their families) on HIV/AIDS. This research could be a reference to develop the next programme: establishing IEC system (information, education and communication) for migrant workers and to develop training module for facilitators in NGO (those who concern to migrant workers), pre-departure training sessions and recruitment agencies.

We hope the findings of the research will be use as tools in socializing migrant workers' health issue, advocating and campaigning for reformation of policies that could protect migrant workers more, especially from HIV/AIDS.

We know for sure that the findings in the book are far more than perfect and it is our responsibility to update them. Therefore, we are very open to advices, critics and inputs from various parties to improve our future research.

Hopefully this small step could contribute to Indonesian migrant workers enforcement rights efforts.

Jakarta, March 2007

Salma Safitri Rahayaan

Solidaritas Perempuan

Head of National Executive Committee



FOREWORD

INTERNATIONAL LABOUR ORGANIZATION

Indonesia is the second largest migrant worker supplier in the world after the Philippines. Data from Indonesia's Manpower and Transmigration Ministry show that at least 1.4 million workers in the past three years went overseas in search of a living. The government has set a target of sending 3.9 million workers overseas in 2009. Seventy-five percent of this total will be women.

It is essential that Indonesian migrant workers receive fair treatment and proper protection in the preparation for their overseas employment and in that employment, including through the provision of programmes of education and care relating to HIV/AIDS. HIV/AIDS can be a threat to basic employment rights and livelihood opportunities, from non-discrimination in employment to poverty reduction through access to work.

Migration for employment can be positive as increased earnings may enhance their role in decision-making and reduce the poverty of their families in their home countries. However, women migrant workers are more vulnerable to particular forms of gender-specific violence and sexual abuse, especially when working as domestic workers. It is women who, for example, may be forced to provide sexual services for their employers, who are trafficked, cheated and deceived and even forced into prostitution. These factors, on top of their isolation and the lack of knowledge about how HIV can be transmitted or prevented, put them at high risk of being infected with HIV/AIDS.

This report contains the findings of a survey of women migrant workers from three areas in East Java (Sumenep, Malang, and Bojonegoro). The survey examined the risks relating to HIV/AIDS faced by migrant workers. It was conducted by ILO Project on *Opening New Front in HIV/AIDS Awareness and Education for Female Migrant Workers* in collaboration with an NGO, *Solidaritas Perempuan*, in March – April 2006.

The ILO Jakarta Office and the HIV/AIDS Project trust that the report will be a useful tool and source of reference for the effective promotion of HIV/AIDS prevention and greater protection of the rights of Indonesian migrant workers, especially women.

Jakarta, March 2007

Alan Boulton

Director, ILO Jakarta Office

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EXECUTIVE SUMMARY

Meet the Indonesian female migrant workers, also known as “foreign exchange heroes”, thanks to their remittances—the fruit of their hard work during their sojourns overseas.

Huge numbers of migrant workers leave this country every year. Ministry of Manpower and Transmigration data from 2005 indicate that in the previous 10 years, an average of 400,000 migrant workers had been sent annually to countries all over the world. A quick calculation, therefore, tells us that there are at least four million people who have, at some point, been overseas workers in the past 10 years. And this figure does not include those who went abroad as undocumented migrant workers.

It may come as a surprise that the majority—72%, or 2.88 million—of all Indonesian migrant workers are women. The explanation for this demands further investigation—does it mean that women are more courageous than men when it comes to earning a living far from home, or simply that there is a higher market demand for female workers? Or is it that women’s position in society is such that the burden falls on them to meet the family’s economic needs, even if it means seeking work overseas?

Whatever the answer is, let us leave that issue aside and look more closely at the situation of female migrant workers, who represent 72% of the total Indonesian migrant workforce.

The government has gone some way towards addressing the situation with the issue of Law Number 39 Year 2004 on the Placement and Protection of Indonesian Workers Overseas. In practice, however, this legislation has failed to provide adequate protection and guarantees for the safety and legal rights of migrant workers, particularly female migrant workers.

Various factors—the absence of protection, a weak bargaining position and limited knowledge—have always put female migrant workers in difficult situation. As a consequence, female migrant workers are all too often victims of sexual harassment, physical abuse and various forms of extortion. They are also in a position of great vulnerability to HIV/AIDS infection, a disease for which there is still no cure.

This research, entitled “The Vulnerability of Female migrant workers to HIV/AIDS”, is the outcome of cooperation between the ILO and Solidaritas Perempuan in 2006. The research, conducted in three regencies in the province of East Java, presents facts and data on the position of female migrant workers and the risks they are exposed to vis-à-vis HIV/AIDS infection.

East Java was selected as the site for the research because the province is one of the most active suppliers of migrant workers. East Java is also one of six provinces in Indonesia where HIV prevalence is high. The other provinces are the Special Capital City Region of Jakarta, Papua, Riau, Bali and West Java. Within East Java, the research was focused on three regencies, namely Malang, Sumenep-Madura and Bojonegoro. These three regencies are the main pockets of migrant worker supply in East Java.

The research was conducted using qualitative and quantitative methods. Focus group discussions and in-depth interviews were carried out with the informants, who comprised prospective female migrant workers, former female migrant workers and the husbands of prospective/former migrant workers. The life stories of some of the informants were explored in more depth in an effort to get a more comprehensive description of the situation of female migrant workers. Meanwhile, questionnaires were distributed to 570 respondents in the three regencies selected as the research sites.

As the results of the research presented in this book reveal, there is one common denominator in the motivation for Indonesian women to take leave of their families and their roots to work as migrant workers. They generally have a strong desire to do what they can to improve their families' economic fortunes by earning a better living far from home.

Jobs in their hometowns, according to the women who were the respondents for the research, are insufficiently paid to meet the economic demands of day-to-day living. Being a migrant worker—specifically, a domestic worker or factory labourer—is the most realistic choice, particularly given the low level of education most of them have.

There are also women whose decision to work overseas is triggered by their frustration over finding work in their hometowns. The success stories of neighbours, friends or relatives who have already worked overseas all serve to strengthen their motivation. The countries targeted as the preferred destinations for would-be migrant workers from Malang and Bojonegoro vary, but Taiwan, South Korea, Malaysia and Singapore are among the most popular.

In Sumenep, Madura, we will find somewhat different patterns of motivation for migrant workers. Religious values, which are strong in this region, have made working overseas a popular means not only of seeking income but also of gaining social prestige. Migrant work is regarded as an opportunity to perform the haj pilgrimage, the fifth pillar of Islam. The country of choice for female migrant workers from Sumenep-Madura, therefore, is Saudi Arabia. From this region, migrant workers usually take the undocumented route, using *umroh* (minor pilgrimage) visas.

Documented or undocumented, working in Saudi Arabia or Malaysia, from Sumenep or Bojonegoro, there is a common thread uniting all the female migrant workers. This research demonstrates clearly that woman migrant workers are exposed to the risk of being infected with HIV/AIDS.

The points of vulnerability for female migrant workers are spread throughout almost the entire process of migration—upon their initial recruitment from their villages, while waiting at the holding centre/recruitment agency, undergoing health screening, at the workplace or the house of their employer, in their social interactions in the countries where they work and as they make their way back to their hometowns. Even when they are reunited with the lovers and husbands from whom they have been separated for many years, the risk of being infected with HIV/AIDS is present.

Their vulnerability can be seen from various perspectives. Female migrant workers have a very low awareness of HIV/AIDS. This is related to their generally low levels of formal education. This research also indicates that women's position and status in the community have affected the high level of HIV/AIDS risk that female migrant workers are exposed to. The situation is worsened by the weak protection against health risks afforded to them during the process of migration, including the limited provision of information on HIV/AIDS.

The facts revealed by this research confirm that female migrant workers are highly vulnerable to HIV/AIDS infection. In fact, their situation is such that they are "hanging by a frayed rope."

FEMALE MIGRANT WORKERS AND THE ICEBERG PHENOMENON

CHAPTER

1

HIV/AIDS is a health phenomenon that has become a focus of attention across the globe. The number of people getting infected with and carrying HIV continues to rise, in Indonesia as in other places. There is some important homework to be done by the various parties concerned.

Let us take a look at the data from the Directorate General of Communicable Disease Control and Environmental Health at the Ministry of Health of the Republic of Indonesia. Between January and September 2006, 373 people were recorded as having been infected with HIV and there were 1,756 people with AIDS throughout Indonesia.

Moreover, during the two decades in which HIV has been actively spreading in Indonesia, from April 1987 to September 2006, a total of 4,617 people were recorded as HIV positive and 6,987 others were living with AIDS. During this two-decade period, HIV/AIDS took the lives of 1,651 people in this country.

Looking beyond the figures, we need to highlight the fact that HIV/AIDS is a prime example of the iceberg phenomenon. The statistics on AIDS-related deaths and those living with HIV/AIDS are only the tip of the iceberg; the officially reported data do not tell the whole story.

In 2005, the United Nations Joint Program for HIV and AIDS (UNAIDS) estimated that the iceberg of HIV/AIDS in Indonesia comprised some 170,000 people (with a low estimation of 100,000 and a high of 290,000). This marks a significant increase over UNAIDS' estimation in 2003 of 110,000 Indonesians (with the lowest estimation put at 68,000 and the highest at 190,000) living with HIV/AIDS.

There is something else that needs attention. Millions of Indonesians are currently at risk of being infected with HIV/AIDS. UNAIDS estimates that this number is somewhere between 12 and 19 million. This figure, surely, should force us into taking more serious measures to control the epidemic.

Many factors play a role in making these millions of people vulnerable to HIV. As we know, the modes of transmission of HIV range from the use of non-sterile hypodermic needles by drug users or during medical tests, to high-risk sexual behaviour¹ and non-sterile blood transfusions.

1 High-risk sexual behaviour is unprotected sex (sex without using condoms) with more than one partner.

Indonesian workers in particular, especially female migrant workers, are exposed to situations in which they are highly vulnerable to HIV/AIDS infection. This is triggered by various factors. Health tests are frequently conducted using unsafe procedures, such as the use of non-sterile needles. The various stages of the migration process that the workers go through—from arranging permits, to arrival in the designated country, and finally the return home—also place migrant workers in positions of vulnerability to HIV.

Thus, a bitter irony emerges. Our foreign exchange heroes, and specifically the women workers, without being fully aware of it, face the risk of being infected by a virus that destroys the body's immunity. The risk of HIV/AIDS infection is present at every stage of the migration process, from the pre-departure stage, to post-arrival, and finally to reintegration, when they go back to their hometowns.

In 2005, the Ministry of Manpower and Transmigration of the Republic of Indonesia stated that averages of 400,000 migrant workers were being sent annually to various countries in the Asia-Pacific region and the Middle East. Women account for 72% of all the Indonesian migrant workers who left in the past 10 years. The majority of female migrant workers from Indonesia work as domestic workers, earning an average monthly salary of between Rp 1,300,000 and Rp 4,000,000, depending on the country in which they work.

What is certain is that among these millions of migrant workers, there are some who have been infected with HIV/AIDS. The Pelita Ilmu Foundation reports that in 2003, 69 migrant workers tested positive for HIV. A study conducted in Brunei Darussalam between 1993 and 1998 also specifically indicated that three Indonesian migrant workers, two of whom were women, were infected with HIV/AIDS².

Data compiled in 2002 by the Indonesian Consortium to Defend Indonesian Migrant Workers also indicate serious disregard for the health of Indonesian migrant workers' health. There were 30 cases of sexual harassment, 27 cases of rape, 30 cases of illness and physical injury, 2,633 cases of prostitution and trafficking of women and 2,478 cases of negligence. Although the numbers of migrant workers infected with HIV are not explicitly stated, the cases above are believed to have a very close relationship with the increasing number of Indonesian migrant workers who are HIV positive, especially among those who become victims of prostitution and trafficking.

Admittedly, there are no official data on HIV/AIDS cases among Indonesian migrant workers. We can, however, take a look at the figures that are available. Of the 145,289 prospective migrant workers heading for the Middle East who were examined between January and October 2005, the Association of Medical Clinics for Migrant Workers (HIPKTEK) found that 131 (0.09%) of them were HIV positive. This was an increase compared to the data from the previous year (January–December 2004), which showed that 203 (0.087%) of the total 233,626 prospective migrant workers heading for Middle East who had been examined, had been infected with HIV.

The workers' vulnerability to HIV/AIDS reflects the absence of protection for the health rights of female migrant workers. External factors, such as national policies and regulations related to the process of migration, have not fully guaranteed that female migrant workers will not get infected with HIV. And knowledge about HIV/AIDS is still low among female migrant workers.

2 Sexually-Transmitted Infection and Risk Exposure Among HIV Positive Migrant Workers in Brunei Darussalam, by S.K Parida, a paper based on the "Mobile Populations and HIV Vulnerability" Session of the 5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia 23-October 27, 2002

Female migrant workers' vulnerability to HIV/AIDS infection is indeed a real and worrying phenomenon, especially since female workers are, on average, between 14 and 50 years old—not only the most productive years, but also the years in which they are most sexually active.

Indonesian women who work overseas are usually single migrants who are not accompanied by a partner. They work for at least two years, in accordance with their work contracts, but they do not have access to adequate health services and are given little accurate information about HIV/AIDS. Their situation overseas frequently induces them to seek comfort with multiple partners in an attempt to suppress their feelings of loneliness and alienation. These factors, combined with their low awareness about HIV/AIDS and condom use, leave female migrant workers exposed to a high risk of HIV/AIDS.

The risk of HIV/AIDS faced by migrant workers, and particularly women, has never been seen as an important issue. Even now, the government has not issued any regulations or formulated any policies that comprehensively safeguard the health of migrant workers and protect them against HIV/AIDS.

Admittedly, Indonesia has passed Law No. 39 Year 2004 on the Placement and Protection of Indonesian Workers Overseas. However, this law does not take into account legal aspects and health protection for migrant workers.

Migrant workers are forced increasingly into a corner. There are no government policies that protect the interests of female migrant workers in the migration process. Legal safeguards for those working overseas are also weak. The situation becomes even more complex when migrant workers are branded and stigmatized as a source of HIV/AIDS infection as a result of their tendency to engage in risky sexual behaviour, their low awareness about condom use, their minimal knowledge about HIV/AIDS, and so on.

The result is that female migrant workers are increasingly marginalized both in their destination country and in their native country, Indonesia. It is this vulnerability of female migrant workers to HIV/AIDS that forms the background to this research.

1.1 Research Objectives

This research was aimed at describing the vulnerability of female migrant workers to HIV/AIDS infection at the various stages of the migration process they have to go through, namely pre-departure, post-arrival and reintegration. The experiences of prospective and former female migrant workers would be accessed to reflect the level of knowledge and understanding about HIV/AIDS and the typical behaviours at each stage of the process.

This research was also aimed at learning more about the internal and external points of vulnerability for female migrant workers that put them at greater risk of HIV infection.

It is hoped that the results of the research will provide useful input for the government, worker recruitment agencies and other related institutions in the effort to protect Indonesian migrant workers and minimize their risk of being infected with HIV/AIDS at all stages of the migration process.

1.2 Research Sites

The province of East Java is one of several regions that send Indonesian migrant workers, including female migrant workers who are confronted with various situations in which there is an inherent risk of HIV/AIDS. Further research is needed in order to describe the extent to which they are exposed to such risks.

With regard to the above, qualitative research, supported by quantitative data, was conducted in three regencies in East Java, namely Bojonegoro, Sumenep (Madura) and Malang. These three regencies are pockets of female migrant worker, each characterized by different destination countries.

For the field research, observation methods were used at worker recruitment agencies and at the clinics that carry out health screening and the final pre-departure preparations for migrant workers, while the demographic data was collected in DKI Jakarta (the Jakarta Special Capital City Region, equivalent to a province), because prospective female migrant workers usually undergo their final preparations there before being sent to their destination countries.

1.3 Research Methods

For this research, qualitative methods were used, and supported by quantitative research. In this way, we would be able to get an in-depth description supported by data to back up the validity of the research.

1.3.1. Qualitative Methods

The research was conducted using qualitative methods. Such methods would allow us to get a description of the levels of awareness, understanding and knowledge of female migrant workers regarding their vulnerability to HIV/AIDS infection. The information on the state of female migrant workers' vulnerability to HIV/AIDS was derived by collecting data through in-depth interviews, focus group discussions (FGD) and life stories.

The data was collected from informants, all of whom were prospective and former female migrant workers living in three regencies in East Java, namely Bojonegoro, Sumenep-Madura and Malang.

This research also made use of observation techniques. Observations were conducted in worker recruitment agencies, the clinics that carry out health screening for migrant workers, and during the final pre-departure preparations in Jakarta. Jakarta was selected as the site for observations because the three regencies in East Java that were selected as the research sites did not have worker recruitment agencies, health screening clinics or pre-departure preparations. Prospective migrant workers from East Java are usually sent to worker recruitment agencies in Jakarta, and undergo health screening and pre-departure preparation in Jakarta too.

Details regarding the qualitative data collection techniques used are given below.

1.3.1.1 In-Depth Interviews

In-depth interviews were conducted to get an illustration of the knowledge and understanding of female migrant workers on HIV/AIDS. The in-depth interviews also functioned as a means of exploring more thoroughly their experiences during the process of migration.

The informants in these in-depth interviews in the three research sites were prospective female migrant workers³, former female migrant workers⁴ and the husbands of female migrant workers who were either still working overseas or had returned home.

Informants from the prospective women migrant worker group were selected because in the three research sites, there were no worker recruitment agencies that could accommodate candidate female migrant workers. The researchers selected potential informants from this group in every village using criteria adjusted to the objectives of the research.

Meanwhile, informants from the former women migrant worker category were those who had previously worked in the entertainment sector, and those who had worked as domestic workers. The in-depth interviews of former female migrant workers were conducted to get a description of female migrant workers' vulnerability to HIV/AIDS in various occupations, particularly in the destination countries or during the post-arrival and reintegration stages.

In-depth interviews were also conducted with the husbands of female migrant workers who were still working overseas or who had already returned home. This step was taken to get an illustration of the migrant workers' vulnerability due to the sexual behaviour of the partners they had left behind.

1.3.1.2 Focus Group Discussions (FGDs)

These discussions, which involved eight to 10 people, were organized in groups of prospective female migrant workers and former female migrant workers in each research site. FGDs for former female migrant workers were organized on the basis of destination country or type of job. FGDs were also conducted among prospective female migrant workers who had registered with worker recruitment agencies and with those who had not yet registered.

1.3.1.3. Life Stories

In-depth information was also sought by exploring the life stories of one or two former female migrant workers in each regency. In the Bojonegoro Regency research site, the life story informant was a former migrant worker who had worked in Malaysia. In Sumenep-Madura Regency, the life story informant was a former female migrant worker who had worked, undocumented, as a domestic worker in Saudi Arabia for about seven years. In Malang Regency, the informant was a former female migrant worker who had worked in Hong Kong.

The life stories were extracted to get more complete descriptions of the experiences of former migrant workers, from when they were still in Indonesia (pre-departure), to their experiences in the country of destination (post-arrival) until their return to their hometown (reintegration).

3 Prospective female migrant workers are women in the villages who have not yet entered holding centres or worker recruitment agencies, whether they have already gone through the registration process in their villages or have not yet registered with an agency or holding centre.

4 The former women migrant worker category comprises those who worked overseas within a five-year period [from 2000 to 2005] or those who returned home during that period.

1.3.1 .4 Observations

An observation was conducted at a recruitment agency, PT Abadi Sentausa (not the real name), which was located in East Jakarta. Observations were also conducted at a clinic in the same area where health screening took place and at a pre-departure preparation course for prospective female migrant workers intending to go to countries in the Asia-Pacific region and Saudi Arabia.

The purpose of the observations was to get a description of the external situations related to the vulnerability of female migrant workers to HIV/AIDS and their knowledge about HIV/AIDS. Through the observations, the daily activities of female migrant workers who are at high risk of HIV/AIDS infection, particularly at the pre-departure stage, were also scrutinized.

Informant-Seeking Techniques

Informants for the in-depth interviews, focus group discussions and life stories were selected from the lists of names of those who were already respondents. The selection criteria for the informants were based on their work experience as female migrant workers, their particular socio-cultural backgrounds and their willingness to disclose their experiences, as well on assumptions about the level of risk of the informants concerned of being infected with HIV/AIDS during the migration process.

1.3.2 Quantitative Methods

Quantitative methods were used alongside the qualitative methods in this research, involving the distribution of questionnaires to uncover more general information about the profiles of female migrant workers and their understanding of HIV/AIDS.

Two questionnaire models were used, one for potential female migrant workers and one for former female migrant workers. The data from the questionnaires were used to back up the data collected through qualitative methods.

Respondent-Seeking Techniques

There were no valid population data on the number of prospective and former female migrant workers in the three regencies in East Java where the research was conducted. Therefore, quantitative samples were taken by taking into account the number of available researchers, the size of the targeted research sites and the allocation of time for the researchers in each region.

Respondents were selected using criteria similar to those used for the selection of informants for the qualitative research. Because the villages on which the research was targeted were pockets of female migrant worker, informants were readily available.

1.4 Research Period

The field research was conducted over a period of 1.5 months, from the first week of March 2006 to the second week of April 2006. The stages were as follows:

- ◆ weeks 1 & 2 : Distribution of questionnaires
- ◆ weeks 3 & 4 : Implementation of focus group discussions (FGD)
: Observation and compilation of secondary data
- ◆ weeks 4 to 6 : In-depth interviews
: Life stories

1.5. Constraints on the Research

- ◆ The lack of secondary data on the total population of prospective and former female migrant workers in the three research sites in East Java caused difficulties when research samples were taken.
- ◆ Strong religious and local cultural values in the research area of Gaddu village, Ganding District, Sumenep-Madura Regency made informants reluctant to disclose their experiences concerning sensitive issues such as condom and sexual behaviour.
- ◆ The location of the research sites in mountainous and hilly areas with limited road access and transportation forced the researchers to allocate more time than originally scheduled to enable them to reach the targeted sites for the research.

THREE SENDING COMMUNITIES OF FEMALE MIGRANT WORKERS IN EAST JAVA

CHAPTER

2

There are three main sending communities of female migrant workers in East Java. They are the regencies of Sumenep, Malang and Bojonegoro. The strong desire of the migrant workers to improve the economic condition of their families is a common theme throughout the three regencies. Nevertheless, the characteristics—whether in terms of motivation or the preferred destination countries—of the migrant workers in each regency vary. This will be explained further in another part of this chapter.

Given that Sumenep, Malang and Bojonegoro are the main sending communities of female migrant workers, the research was focused on these three regencies. The target of the research, therefore, was the female migrant workers who came from the three regencies.

As well as involving migrant workers as respondents, this research also involved the husbands of female migrant workers. The purpose of taking this measure was to get a more comprehensive description because husbands also play a role as one of the links in the chain of HIV/AIDS infection during the process of migration that the female migrant workers go through.

2.1. Research Sites

This research, entitled “The Vulnerability of Female Migrant Workers to HIV/AIDS” was conducted in three regencies in East Java, namely the regencies of Bojonegoro, Sumenep-Madura and Malang.

The research focused on four areas, namely (1) Gaddu Village, Sumenep; (2) Pandensari Village, Malang; (3) Pujon Village, Malang; and (4) Sugihwaras District, Bojonegoro.

I. The Remote District of Sugihwaras

Sugihwaras District, in Bojonegoro Regency, is a remote area, far from the hustle and bustle of the regency’s capital. Winding, pot-holed trails make it difficult to reach the area.

Sugihwaras is an agricultural area, and the majority of its population are farmers. Paddy fields cover much of the area. However, the district is very dependent on rainfall, and irrigation can not be used optimally. As a result, agriculture in Sugihwaras provides no guarantee of prosperity for its residents.

Geographically, Sugihwaras borders the districts of Sukosewu and Balen to the south, Temayang District to the west and Kedung Adem District to the east, while the northern part borders on a forest area.

Sugihwaras District itself consists of 17 villages, 53 hamlets, 84 neighbourhoods (RW) and 280 sub-neighbourhood areas (RT). A community health centre and four community health posts provide health services for all the villages in the district. The average educational level of Sugihwaras residents is that of senior high school (SLTA) graduate.

In 2005, there were 12,135 households in Sugihwaras, and the district had a population density of 508.18 people/km². The total population was 44,288. The composition by gender is shown in Table 1.

Table 1: Population of Sugihwaras by gender

Male	Female
21,952 people	22,336 people

According to the Bojonegoro Manpower and Transmigration Office, the regency has sent many workers overseas. During the period 2004–2006, for example, 1,898 Bojonegoro residents were recorded as overseas workers. This figure does not include those who were overseas as undocumented workers.

Table 2 shows the data on the total number of Indonesian workers from Bojonegoro recorded at the local Manpower and Transmigration Office:

Table 2: The total number of migrant workers from Bojonegoro Regency by gender

Year	Total Number of Indonesian Male Workers	Total Number of Indonesian Female Workers
2004	553	608
2005	189	452
2006 [as of January 2006]	7	89

(Source: The Manpower and Transmigration Office of Bojonegoro Regency, January 2006)

II. Gaddu Hill, a strongly Islamic area

Hills and paddy fields cover the entire area of Gaddu Village, Ganding District, in the regency of Sumenep in Madura. This is a region where daily life is strongly coloured by Islamic nuances. Koran readings on various themes are the main daily social activity, especially for women. Communal ties in this village are also strengthened by various forms of *arisan* (a regular social gathering whose members contribute to and take turns at winning an aggregate sum of money), which also mostly involves women.

Geographically, Gaddu shares borders with Ketawang Larangan Village to the west, Gaddu Timur Village to the east, Ganding Village to the south and Campaka Village to the north.

This village comprises seven hamlets, namely Pregi Barat, Pregi Timur, Sumber Mandala Barat, Sumber Mandala Timur, Lalambung Selatan and Lalambung Utara. In 2005, the hamlets in Gaddu together comprised a total of 1,000 households, with a gender breakdown of 2,343 men and 2,431 women.

The majority of the population in Gaddu have completed elementary school or its equivalent. Most are educated at the Muslim boarding schools spread throughout this area. The level of education in this village is illustrated in more detail in Table 3.

Table 3: Population of Gaddu by level of education

Level of Education	Number of People
Never been to school	1,425
Elementary school or equivalent, not completed	389
Elementary school or equivalent	2,186
Junior high school or equivalent	293
Senior high school or equivalent	390
Higher education	91

Source: Data of Gaddu Village, Ganding District, Sumenep-Madura Regency, 2005

As in other agricultural areas in this country, farming, based on fertile hillside paddy fields, is the economic backbone of Gaddu. Some 80% of the population work as farmers, while the remaining 20% are in the trade sector.

However, it should be noted that the majority of farmers in Gaddu are not landowners. Most of them are farmhands, earning a wage of between Rp 7,000 and 15,000 for working in the rice fields from 7 a.m. until noon. The wages differ based on gender. A female farm labourer earns only Rp 7,000 a day, while the wage of a male farm labourer can reach Rp 15,000 per working day.

As can be expected in a village where the typical family background is that of farm labourers earning inadequate wages, many Gaddu residents eventually go overseas as migrant workers. The destination countries are quite varied, ranging from Malaysia and Singapore to Saudi Arabia.

According to the data of the local government authorities, the majority of those from Gaddu who work overseas are women. As of 2005, 347 (14.27 percent) of the 2,431 female residents of

Gaddu were recorded as having worked overseas, compared to 10.8 percent or 253 of the 2,343 men in Gaddu who took a similar path and became migrant workers.

III. Pandensari and Urek-Urek

Pandensari Village, Pujon District, Malang Regency

Pandensari is a picturesque village set in the middle of a mountainous area. This is a region with a dynamic economy driven by agriculture and livestock farming. Several home industries managed by the villagers, including tofu making⁵ and packaging, have also helped Pandensari’s economic fortunes.

Nevertheless, many of the women in this village have a strong desire to work overseas to earn a better living. The preferred destination countries of the women of Pandensari are usually Hong Kong, Taiwan, Singapore and Saudi Arabia.

Pandensari has a total population of 9,801, consisting of 4,944 men and 4,857 women, and a total of 2,563 households. The average level of educational attainment in this village is elementary school graduate or the equivalent. Details are shown in Table 4.

Table 4: Population of Pandensari by level of education

Level of Education	Number of People
Not yet reached school age	500
Aged 7–45 years, never been to school	1,300
Elementary school, not completed	1,400
Completed elementary school or equivalent	4,111
Junior high school or equivalent	1,906
Senior high school or equivalent	508
D-1 (one-year college diploma)	5
D-2 (two-year college diploma)	5
D-3 (three-year college diploma)	10
S-1 (undergraduate degree)	55

Source: Data from Pandensari Village, Pujon District, Malang Regency

Pandensari has three kindergartens, five elementary schools, a junior high school, a senior high school and two religious educational institutes.

Pandensari villagers earn their living by raising crops and livestock (cattle). Table 5 shows the composition of the population by source of livelihood.

⁵ Tofu is a food derived from soybeans with a fairly high protein content. It is usually served fried or boiled.

Table 5 : Population by source of livelihood

Source of Livelihood	Number of People
Farmer	4,654
Farmhand	975
Labourer/Private employee	70
Civil servant	118
Craftsperson	6
Trader	35
Livestock farmer	1,325
Mechanic	5

Source: Data of Pandensari Village, Pujon District, Malang Regency, 2005

Urek-Urek Village, Gondanglegi District, Malang Regency

Urek-Urek is a village covering five square kilometres in Gondanglegi District in the regency of Malang. The village consists of three hamlets and has a population of 6,040 in a total of 1,618 households.

The population composition in Urek-Urek is very unusual in that there are more females than males. The details are shown in Table 6.

Table 6: The composition of Urek-Urek Village by age group and gender.

No	Age Category	Male	Female	Total
1	0 month–12 months	72	81	153
2	13 months–4 years	151	167	318
3	5 years–6 years	176	195	371
4	7 years–12 years	201	206	407
5	13 years–15 years	351	302	653
6	16 years–18 years	534	453	987
7	19 years–25 years	402	477	879
8	26 years–35 years	377	436	813
9	36 years–45 years	334	339	673
10	46 years–50 years	151	156	307
11	51 years–60 years	96	101	197
12	61 years–75 years	71	80	151
13	Above 75 years	56	75	131
	Total	2972	3068	6040

Source: Data of Urek-Urek Village, Gondanglegi District, Malang Regency, 2005

The majority of Urek-Urek residents are farmers, while others work in craft industries. Table 7 indicates in more detail the occupations of the residents of Urek-Urek.

Table 7: Population of Urek-Urek by source of livelihood

Means of Livelihood	Number of People
Farmer	6,000
Farmhand	1,500
Labourer/private employee	275
Civil servant	9
Craftsperson	1,800
Trader	5
Livestock farmer	1
Mechanic	3
Doctor	2
Paramedic	1
Midwife	1

Source: Data of Urek-Urek Village, Gondanglegi District, Malang Regency

Like the other villages mentioned in this chapter, Urek-Urek has many women who want to be, are, or have been, migrant workers. Their preferred destination countries are Hong Kong, Taiwan and South Korea.

2.2. Informant Profiles

In this research, in-depth interviews were conducted with six informants who were former female migrant workers and six informants who were prospective female migrant workers. In-depth interviews were also conducted with six husbands of female migrant workers who had either returned home or were still working overseas.

The real names of the informants are not revealed in this research; pseudonyms are used instead. The composition of the informants from each place of origin (Bojonegoro, Sumenep-Madura and Malang) is as follows:

- I. Bojonegoro Regency
 - a. Prospective female migrant worker = 3 informants
 - b. Former female migrant worker = 2 informants
 - c. Husband of former female migrant worker = 1 informant
 - d. Husband of female migrant worker still working overseas = 1 informant

- II. Sumenep-Madura Regency
 - a. Prospective female migrant worker = 1 informant
 - b. Former female migrant worker = 3 informants
 - c. Husband of former female migrant worker = 1 informant
 - d. Husband of female migrant worker still working overseas = 1 informant

- III. Malang Regency
 - a. Prospective female migrant worker = 2 informants
 - b. Former female migrant worker = 2 informants
 - c. Husband of former female migrant worker = 1 informant
 - d. Husband of female migrant worker still working overseas = 1 informant

The prospective female migrant workers involved in this research were aged between 18 and 25 years old. Informants from the former female migrant worker category were aged between 30 and 40 years, while the husbands were also between 30 and 40 years old.

Small group discussions were held among the prospective and former female migrant worker groups in the age ranges mentioned above. Life stories were also extracted from informants in the prospective and former female migrant worker groups.

In addition to the 19 informants above, a further 570 respondents were interviewed using questionnaires. The composition of the samples was as follows:

- I. Bojonegoro Regency
 - a. Prospective female migrant workers : 54 respondents
 - b. Former female migrant workers : 54 respondents
 - II. Sumenep-Madura Regency
 - a. Prospective female migrant workers : 130 respondents
 - b. Former female migrant workers : 86 respondents
 - III. Malang Regency, covering two research districts
 - a. Prospective female migrant workers : 118 respondents
 - b. Former female migrant workers : 123 respondents
- Total number of respondents:
- | | |
|------------------------------------|-------------------|
| Prospective female migrant workers | = 303 respondents |
| Former female migrant workers | = 267 respondents |
| Total respondents | = 570 |

Looking more closely at the profiles of the informants, we discovered that the average level of education attainment of the informants was elementary school or junior high school graduate, or the equivalent. The former female migrant workers who were informants for this research had worked in Saudi Arabia, Taiwan, Hong Kong, South Korea, Malaysia and Singapore. Most of the former female migrant workers had been domestic workers, factory workers, baby sitters, care-givers, etc.

2.3. Motivation of Female Migrant Workers

The factors motivating prospective female migrant workers who intend to work overseas are varied, as are their preferred countries and jobs. Usually, the motivation of female migrant workers is very much influenced by their family background as well as the socio-cultural conditions in their village of origin.

Female migrant workers frequently go overseas at the behest of their families, rather than of their own volition. We will look more closely below at what motivates the women from Sumenep-Madura, Malang and Bojonegoro to become migrant workers.

I. The Motivation of Female Migrant Workers from Sumenep

It is mainly economic reasons that have motivated female migrant workers from Sumenep to work overseas. Difficulties in meeting their families' economic needs have attracted the women to overseas work. Several of the research informants said that the desire for a good source of income—more than they could get if they worked in their own villages—was the main motivation for going overseas as migrant workers.

Hym, an informant who used to be a female migrant worker, told her story,

Well, if you go overseas, it means you go to work, and if you're successful the money flows smoothly. First, we pay our debts. After that, those who are successful will build houses. Then, we invite our fathers or mothers to make the haj pilgrimage. That's what usually happens here. No one goes to Malaysia, but lots go to the Arab countries.

There is another motivation besides economic reasons. In most of the cases studied in Sumenep-Madura, women become migrant workers because they wanted to perform the fifth pillar of Islam, namely the haj pilgrimage. Of all the female migrant workers studied in all three regencies, this religious motivation is a characteristic unique to the women of Sumenep.

This religious motivation is an integral part of the social conditions found in the community of Sumenep, where Islam is prominent in various aspects of life. The majority of the residents are devout Muslims. The strong influence of religious figures such as clerics and ulemas has also affected the motivation of the Sumenep women. Working overseas is no longer just a means to fulfil economic needs, but religious needs as well.

Ais, a woman from Sumenep, told her story:

I was seven months pregnant when my husband left me. I was dependent on him economically. What else could I do? I thought of going to Arabia because I wanted to make my parents happy. Hopefully, one day, I can invite them to go on the haj pilgrimage. If I go again, I want to bring my mother with me to perform the haj because I could not bring her the last time. Once both my parents have been on the haj, I will return to Indonesia and will not go back again to Arabia again. That's the most important thing I can do for them, in my opinion.

Given this dual desire to work and perform the haj pilgrimage, Saudi Arabia is automatically the preferred destination. For the Sumenep-Madura community, particularly the women, Saudi Arabia is a very prestigious destination. In addition to the high incomes and working conditions that are (they hope) more Islamic, working in Saudi Arabia also offers the opportunity for a reward that is beyond a price in this world, namely the chance to perform the fifth pillar of Islam.

Let us meet Emma, one of our informants. Her experience provides an illustration of how social conditions in the Sumenep community have influenced an individual's decision to work in Saudi Arabia. Emma's father would not allow his daughter to work as a migrant worker unless the destination country was Saudi Arabia. Emma's father very much wanted his daughter to work in Saudi Arabia because he hoped that she would also be able to perform one of her obligations as a Muslim, namely the haj pilgrimage.

Hym also said that her family had demanded the same thing when she was about to leave:

*My father and mother had always wanted me to be able to perform the haj pilgrimage, to fulfil my religious obligations while working. So I'm not just a migrant worker, but I've also performed *umroh* (a minor haj pilgrimage).*

Thus Hym and Emma left for Saudi Arabia not only to seek work. Like all Muslims, they also wanted to perform the fifth pillar of Islam.

Seeking experience is another factor that motivates female migrant workers from Sumenep to work overseas. Women from Gaddu Village, Sumenep, typically become interested in working overseas once they see how their neighbours or friends from the village have been successful working in Saudi Arabia. Hym, for example, explained how proud she was to be able to tell her friends, neighbours and relatives in her village about her experience of working overseas.

Hym explained,

That's why it's not just me. I had many friends. Before, no-one here had ever been abroad. I was the first, and then my friends followed... At first, I just told them about my experiences, the good and the bad. I think that's what made the others want to go too.

Several informants in this research who were prospective female migrant workers confirmed what Hym said. Friends or neighbours often relate their experiences of working overseas, about what their employers were like, how they were treated, what conditions were like in countries where they worked, what languages they used, about their job and what they did with the salaries they earned while working.

Such success stories are therefore a strong factor in attracting Sumenep women to follow in the footsteps of their friends and neighbours, and fly overseas as migrant workers.

One woman, for example, urgently wanted to work in Saudi Arabia by the end of 2006. A friend of hers in the village, who used to work overseas, told her that usually, Indonesian women get household jobs, such as washing clothes, ironing or minding shops. Indonesian men generally become drivers. From this friend, the woman also learned that Indonesian workers are different from Filipinos. Workers from the Philippines, according to the friend, generally have better skills and do not do domestic work like Indonesians.

Hym said the same thing:

Well, of course that's all people from the village can do, unlike Filipinos. Filipinos have skills; some of them are doctors, nurses. Indonesian men can only become drivers, while the women work as housemaids.

The strong motivation of the Sumenep women to get out of their villages and work overseas is indeed unique. As described above, the women from Sumenep-Madura are motivated not only by economic demands. They are motivated by the desire for prestige, or better social status in the Madurese community. This is driven not just by social but also religious demands, namely to the demand to perform the haj pilgrimage.

Ironically, the strong motivation of the Sumenep women is not matched by adequate knowledge. Most are still ignorant about the details of the work that awaits them, ignorant about the countries they are heading for, and ignorant of the risks they will face when they become female migrant workers.

II. The Motivation of Female Migrant Workers from Malang

A better future, with a more secure economic status, is what motivates female migrant workers from Malang to work overseas. Yom, one of the informants, spoke about what influenced her decision to go.

Yom wants a brighter future. Not yet married, she was born into a farming family. Her father, who supports the family, is a farm labourer who works someone else's paddy fields for a wage that is insufficient to meet his family's daily need for food. Yom feels that it is now her duty as a child to provide a better life for herself and her family. Working overseas is the only way to earn a lot of money and make her parents happy.

According to Yom, her parents are supportive of her wish to work overseas. Their advice and encouragement have made her impatient to go as soon as possible. When this research was conducted, Yom was still undergoing training at the training centre of a recruitment agency in Malang.

Said Yom,

Yeah, I just want to go, because I'm not married and I need a future, but my family is poor, we haven't got anything. So, I'm determined to go no matter what. Here, you can't earn any more than 300, 350 (thousand rupiah). How can you save money on that? The most important thing is to do this for the future, to help my family.

Another informant, just call her Mar, has a similar view. Mar, who used to be a migrant worker, once worked in Hong Kong. This woman, now in her 20s, is the oldest in a family of several children. Mar had no choice but to drop out of school because her parents had to pay her brothers' and sisters' school fees.

Of course, this made Mar sad. But, she says, this is what motivated her to seek additional income to bolster her family's economic situation. Later, seeing the success of her neighbours and friends from her village who had worked overseas, Mar began to think about working overseas as a migrant worker as well.

Working overseas, Mar believed, would mean a higher income. If she worked in Malang, she would only get salary of about Rp 300,000 a month, a figure that was far from adequate to meet her family's daily needs.

Mar said,

Yeah, my family is big, we need money. Our economic situation is weak. My brothers and sisters were going to school, so I had to help my mother. So, I quit school. Actually, I wanted to stay on at school, but there wasn't enough money. So at that time, I went just so that I could support my brothers and sisters.

The situation of Yom and Mar, both still in their 20s, illustrates the typical situation faced by women who are determined to be migrant workers. The women have no hesitation about rolling up their sleeves to ease the economic pressure on their families. And for them, youth is no obstacle to working far from their families and hometowns.

Most of the Malang women also felt that their villages promised little in the way of jobs that would yield sufficient income. Working overseas for a higher salary is therefore an attractive option. This also applies to the women from the villages of Pandensari and Urek-Urek in Malang Regency.

III. The Motivation of Female Migrant Workers from Bojonegoro

Families' economic needs, again, are the motivating factor for women from Bojonegoro to find work overseas. Incomes that are far from adequate to meet daily needs have made these women willing to work far from their hometowns.

The Bojonegoro women who become migrant workers are from diverse economic backgrounds. Some of their husbands work as farm labourers. Others are the main support for their families, paying the medical expenses of their ailing parents and helping to cover their younger siblings' school fees. There are women whose desire to work overseas arises from their frustration at not being able to find any work in the village.

One informant, whom we'll call Khy, explained why she wants to be a migrant worker:

My dad is sick. What can I do? I know my parents need help. And my brothers and sisters have to go to school. I'm the eldest, so I want to help. All my mom can do is cook. My dad works in the rice fields, but he has been sick for a long time.

The desire to improve the family economy is the main reason why women from Bojonegoro seek work overseas. Tih, for example, described her position as a wife who is also expected to help her husband improve the family's economic status:

I'm only a housewife. I have two children. A boy and a girl, aged five and four-and-a-half. My husband is just a farmer. I want to go overseas so I can achieve my dream of buying land and a paddy field. I want to help my husband; otherwise, how can we make ends meet? I just want to have a paddy field, some land to pay my children's school fees.

Unfortunately, the strong motivation of the Bojonegoro women who want to become migrant workers is not matched by adequate knowledge or education. The typical female migrant worker from Bojonegoro is only an elementary school graduate, from a large family of more than two children.

Not all the women from Bojonegoro who go overseas are unmarried. Married women who already have children also go overseas to work in an attempt to help their husbands by seeking additional income. This illustrates the great responsibility borne by the Bojonegoro women.

The conditions referred to above also influence the choice of destination country. Unlike the women in Sumenep or Malang, Bojonegoro women generally choose Southeast Asian countries, such as Singapore or Malaysia.

Utr, who is married and has a four-year-old child, explains why she chose Malaysia as her destination country:

From what I've heard, Malaysia is the closest to Indonesia, so communication will be easier, I think. I heard that in Malaysia, it is easy to get money. If I can go there, it will be good because I can help my parents.

Apart from the geographical proximity factor, Malaysia is also chosen as a result of the influence of the success stories of relatives, friends or neighbours. Former migrant workers who had worked in Malaysia frequently told of their success after working there for several years. One informant, for example, a former female migrant worker, proudly said how well she had been treated by her employer and described how happy she was when she was trusted to look after her employer's pharmacy.

As we have seen, there is a common thread that unites the female migrant workers from Bojonegoro, Sumenep and Malang. They are all determined to improve their families' economic condition. Nevertheless, the motivations in the three regencies are significantly affected by the respective sociocultural conditions of the communities concerned.

The women's various motivations for working overseas are shown in Table 8.

Table 8: Motivations of female migrant workers for working overseas

Hometown of Female Migrant Worker	Motivation	Principal Destination Countries and Occupations
Sumenep	<ol style="list-style-type: none"> 1. Economic factors: to satisfy family's economic needs, to help parents, to give economic support to husband, to pay children's school fees, to pay younger siblings' school fees 2. Socio-religious factors: environment with strong Islamic values; performing the haj or umroh (minor haj pilgrimage) (if working overseas, they choose a country where they can work as well as perform the fifth pillar of Islam). 3. Prestige of working overseas, particularly in Saudi Arabia 4. Influenced by success stories of friends/neighbours/relatives in the village who have worked as migrant workers 5. Can earn more money working overseas than in the village 	<ul style="list-style-type: none"> ◆ <i>Country where they can work as well as perform the haj or umroh: Saudi Arabia</i> ◆ Most are domestic workers
Malang	<ol style="list-style-type: none"> 1. Economic factors: to satisfy family's economic needs, to help parents, to give economic support to husband, to pay children's school fees, to pay younger siblings' school fees 2. No employment opportunities in the village 3. Can earn more money working overseas than in the village 	<ul style="list-style-type: none"> ◆ <i>Countries that offer better salaries than other destination countries: South Korea, Taiwan, Hong Kong.</i> ◆ Usually domestic workers, child carers or carers for elderly people, or factory workers

Hometown of Female Migrant Worker	Motivation	Principal Destination Countries and Occupations
	<p>4. Influenced by success stories of friends/neighbours/relatives in the village who have worked as migrant workers</p>	
Bojonegoro	<ol style="list-style-type: none"> 1. Economic factors: to satisfy family's economic needs, to help parents, to give economic support to husband, to pay children's school fees, to pay younger siblings' school fees 2. Can earn more money working overseas than in the village 3. Countries closest to Indonesia and hometowns are preferred 4. Influenced by success stories of friends/neighbours/relatives in the village who have worked as migrant workers 	<ul style="list-style-type: none"> ◆ <i>Countries that are relatively close to Indonesia/ hometowns: Malaysia, Singapore, Hong Kong</i> ◆ Usually domestic workers and factory workers



THE LONG ROAD OF FEMALE MIGRANT WORKER

CHAPTER

3

When an Indonesian woman decides to become a migrant worker, she will pass through at least three stages in the migration process. These three stages are pre-departure (before going overseas), post-arrival (upon arrival in the destination country) and reintegration (returning home).

This process is experienced by every migrant worker, whether documented or undocumented. Let us look more closely at each of the three stages.

3.1. Pre-departure

This is the entry stage for an Indonesian woman who wishes to be a migrant worker. She will leave her village with its familiar environment and people and enter a world full of strangers. The pre-departure stage spans the period from when she is still in her village until she arrives at the airport before her departure to the destination country.

For a village woman, the entry into this new world begins with the initial recruitment by a broker or field officer, or an Indonesian recruitment agency. This is followed by a period at a holding centre or recruitment agency; undergoing training at a vocational training centre; health screening; final pre-departure preparations; and finally dealing with immigration officials. A whole pile of documents must be possessed or arranged, ranging from the passport, offer of work and visa, to the work contract, and so on.

Most of the prospective workers leave for their destination countries through international airports, either in Jakarta or Surabaya, on commercial aircraft. Undocumented would-be workers intending to work in Malaysia, meanwhile, leave by sea via Batam.

3.2. Arriving in the Destination Country

At this second stage, an Indonesian woman who becomes a migrant worker really does enter a strange, new world. Faces, customs, traditions—everything is strange and foreign. She becomes aware of this feeling of foreignness immediately upon arrival at the airport in the destination country. The post-arrival stage lasts until the migrant worker is already at work under the terms of

her work contract. Frequently, the prospective worker has to undergo another health test, depending on the rules of her destination country.

While she is working, she will meet and have various dealings with the broker, health officials, her employer and the employer's family, or the factory manager where she works, as well as local government officials. She will also meet people who are doing the same kind of work, either from Indonesia or from other countries such as Pakistan, Bangladesh, the Philippines and Turkey. During this period, the migrant worker has to adapt to her new world, where the socio-cultural conditions, traditions and customs of the people may be unlike anything she has ever experienced before.

3.3. Returning Home

The reintegration stage is the final process of migration experienced by a migrant worker. She has to pass through an airport in Indonesia and continue her trip back to her home village or town. At this stage, the worker will have to face immigration officials, brokers at the airport, and public transport or bus drivers as she makes her way home.

The story ends when she is reunited with her family. After years of separation, she is together again with her husband or boyfriend, children, parents, neighbours, relatives, as well as friends in her village.

The experiences of Indonesian female migrant workers, such as those from Madura, Malang or Bojonegoro, are indeed fairly uniform. However, each region has its own variations, particularly because as well as the migrant workers who go through the legal channels, there are those who opt to go as undocumented workers. People who choose this route do so because they believe it to be more effective and efficient in terms of both time and administrative procedures.

The migration process of the migrant workers from Sumenep, Malang and Bojonegoro described in this book is representative of the journey taken by the majority of Indonesian female migrant workers in their quest to work overseas.

3.4. The Migration Process of Undocumented Female Migrant Workers from Sumenep

1.1. Before Departure

Umroh, or a minor haj pilgrimage, is one of the favourite channels for female migrant workers from Sumenep, Madura, East Java. One informant said that the administrative procedure for getting an *umroh* visa is faster than going through the official process with a working visa, as required by standard government regulations. The undocumented route is also the route of choice in the case of prospective female migrant workers from Sumenep who prefer to use the services of individual brokers rather than worker recruitment agencies. To avoid complicated administrative procedures, the brokers use the *umroh* option.

Hym, a worker who has returned home, gave her testimony. The administrative procedures for *umroh*, according to Hym, only take one to two weeks. Mel, another informant, confirmed this. In addition to making the process of departure overseas quicker and more straightforward, the *umroh* channel does not involve any mandatory health screening for a would-be migrant worker.

Cultural factors and the strong Islamic values of the Madurese community have certainly made the *umroh* channel increasingly popular. For them, performing the haj or *umroh* is something they have to do. Being able to use the title “Haji” or Hajjah”⁶ or at least performing a minor pilgrimage is guaranteed to increase a person’s social status. As a result, for Sumenep women, working in the Middle East are the obvious choice. It’s like killing two birds with one stone. They can work and fulfil their religious obligations at the same time, and return home with elevated social status. It is this very culture, typical of the Madurese community that is taken advantage of by brokers or sponsors.

As Hym acknowledged:

Yes, my broker said, who wants to do umroh, cheap? Imagine, the down payment was only 200,000 (rupiah)! Everything else was taken care of. From accommodation costs to medical expenses, as long as the debt had not been repaid. Anyway, we could go on the haj and we could borrow against our wages. We could work there, you see. That’s why we took the umroh.

Brokers and sponsors operating in villages in Madura play a key role. They are the most important links in the process of recruitment and departure of women from Madura to work abroad. They look for people who want to work overseas. According to one informant, the brokers are usually community figures, religious leaders or ulama’s who have some influence in the villages. The high social status of those brokers makes it easy for them to recruit prospective migrant workers from the villages in Madura.

Informant Ais explained the role of brokers in Madura:

He (the broker) is only here (in Sumenep) to find people. If he gets any, he takes them to Bangkalan (capital of the province). From Bangkalan, they are taken to Jakarta along with the sponsors.

During the pre-departure stage, prospective workers must go through the departure procedures arranged by the broker. They have to wait for about a week in their villages. Approaching the departure date, the broker or a sponsor will pick them up and take them to Surabaya to apply for an *umroh* visa.

Hym, who had worked in Saudi Arabia, told of how easy it was to get an *umroh* visa:

The broker picked me up here. At the immigration office, I only had my picture taken, signed, and then came back here. The photo just took a few moments. Easy, isn’t it!

While waiting for their *umroh* visas to be issued, the prospective workers have to stay in a holding centre—an unofficial one, of course. They are merely placed at the houses of friends of the broker or sponsor. The holding centres for prospective workers from Sumenep, for example, are in the city of Surabaya. One house accommodates from six to eight prospective workers. They often meet other prospective workers placed there by other brokers.

Once the passports and *umroh* visas are issued, the women are picked up by a “courier” (a member of the broker’s network) and leave immediately for Jakarta. They travel in private vehicles belonging to the broker or someone in his network in small groups of five to seven people each. Upon arrival in Jakarta, they are taken directly to Soekarno-Hatta Airport.

⁶ Women who have performed the haj are entitled to use the title “Hajjah”. Men who have performed the haj use the title “Haji”.

Ais shared her experience:

After the passport was issued, I left immediately. We—five or seven of us—went in a car, a private car. As far as I know, it belonged to the broker. Then we flew immediately... through Jakarta. How do you say it? Via the airport, by plane. We left.

Informant Hym added:

...he drove the car himself from here (Surabaya) to Jakarta. The sponsor took us to Jakarta. From there, we were taken to the airport. To get on the plane.

Upon arrival at the airport, all the personal documents of the prospective workers, such as passports and visas, are still in the hands of the broker. The documents change hands when they are about to board the plane. The documents are handed over only for the purposes of transit in another country and the immigration check in the destination country. After that, the documents are returned to the broker.

Hym related the process of her departure until her arrival in Saudi Arabia:

I didn't have the passport on me, the sponsor held on to it... except when we arrived somewhere, and then it was returned to me. For example, at the airport, I held it.

These female migrant workers were actually aware that an *umroh* visa is not the same as a passport issued specifically for working purposes. They were also aware that using an *umroh* visa to work overseas could lead to difficulties for them. Several of the informants even knew very well that the *umroh* visa is only valid for three months.

Hym mentioned the risks of using an *umroh* visa for working:

I don't know exactly, just heard about it. What I know is that the umroh (visa: Eds.) is illegal. It expires after a few months so you are supposed to go back home. It's only three months, and then you have to go home, you're not allowed to work. But because the sponsors have made umroh into a business, we can stay there. But we have to be careful, or we could be caught... I know it's the same as being there illegally.

Once again, the problem comes back to the cost. The cost of using the *umroh* channel is lower than going through the legal process of arranging a working visa using the services of a recruitment agency.

Prospective workers pay only a down payment of between Rp 200,000 and Rp 250,000 each.

And the rest? It must be paid, of course. An amount is deducted from the worker's wages every month to repay their debt to sponsor. The debt can be anywhere between 1,000 riyals and 1,500 riyals. Ais, for example, had a debt of 1,500 riyals after paying the down payment. The debt had to be settled while she was working in Saudi Arabia.

The risks of working overseas as an undocumented worker have little effect on the choices made by the Madurese women. This is understandable; for most of them, working in Saudi Arabia is the most important thing in their life. Besides seeking a more promising income, it also means an opportunity to improve their social status by performing the *umroh* or the haj pilgrimage. And the socio-economic demands on Madurese women have to be met by working overseas, leaving their husbands, children, parents, families and relatives behind.

1.2. Arriving in the Destination Country

For the first few days, everything usually goes well. The city of Madinah is the entry point into Saudi Arabia. The migrant workers are no longer accompanied by the broker. An agent in Saudi Arabia, a member of the broker's network, will pick them up and accompany them as they make their pilgrimage to the tombs of various important Islamic figures—the tomb of Sayyidinah Hamzah, for example. The sightseeing in Madinah is then followed by a trip to Mecca to perform *umroh*. For the migrant workers from Madura, this is a proud moment.

After the religious tour and the pilgrimage, they are taken to a holding centre in Jeddah, no longer tourists now but workers.

Hym told her story of the process from the moment she was picked up at the airport until her arrival in Jeddah:

It was not the employer, but a person from here (Indonesia) who picked me up. But he had been there (Saudi Arabia) for long time and he had been successful; he was a friend of the broker in the village. When we arrived there (Saudi Arabia), we went straight to the tomb of Sayyidinah Hamzah, and paid our respects at some of the other old tombs as well. After that, I went to Mecca to perform umroh. After making the pilgrimage, I went to a holding centre in Jeddah. Once I arrived there, I was taken to the house of the person who had paid my expenses to Saudi Arabia. I hadn't spent any money myself.

During the workers' stay at the holding centre, their documents are not even checked once. They stay there for several days before being taken to meet their employers. Hym, for example, was at the holding centre for seven days before getting an employer. In many cases, migrant workers are immediately taken to their employers after performing *umroh* or visiting the tombs without staying at the holding centre at all.

The working process starts off simply enough. It is marked only by a meeting between the worker and the employer. There is no work contract for workers on an *umroh* visa. Moreover, the worker's travel expenses are not paid by the employer. The worker herself has to fully repay her debt to the sponsor who paid for her to come from Indonesia to Saudi Arabia.

Working without a contract is in fact considered an advantage by the migrant workers. The reason is that they have greater freedom of choice with regard to their employer. They believe that they have a better "bargaining position" than their colleagues who go through worker recruitment agencies and are bound by work contracts.

Ais revealed the benefits of using an *umroh* visa:

The umroh (visa) is better. For the first three months, the wages are taken by the sponsor. After the wages have been deducted for three months, it means the debt is fully repaid. After that, they (the workers) usually escape if they can't stand it anymore. Escaping is okay. If they want to go home, they can just go to the tarhil (a special holding centre where immigration violators are held before being deported). If you are asked why you are going home, you just say, yes, I can't stand my employer any longer. If you've already received your wages, good. But during those first three months, you don't have any money or wages.

On the stronger bargaining position, Ais had this to say:

You're stronger than the visa people (official migrant workers with work contracts). If the visa people are told to do something, yeah, they have to do it. But when the umroh people, for example, are told to do this or that, they can say, "What do you think I am a machine?" So, we can answer back to the employer. Visa people have to do whatever their employer tells them, while the umroh people can just stop what they are doing if they want to pray, for example.

A migrant worker who uses the *umroh* channel does indeed have the freedom to choose her employer. Beneficial working conditions are the main consideration. The issues typically taken into account when choosing an employer are daily working hours, the working environment and the total wage or salary. This is why migrant workers without work contracts frequently change employers.

Migrant workers who use the *umroh* channel have a unique way of returning home. When she wants to go back to Indonesia, a worker will deliberately get herself arrested by the Saudi Arabian police. This way, she will be put on the list of those who are to be deported by the Saudi Arabian government. The expulsion gets her home free of charge because the cost is borne by the Saudi Arabian government.

The Saudi Arabian police usually charge those who get themselves arrested with misusing their stay permit because they are on an *umroh* visa. They are sent to a *tarhil*, a special holding centre for immigration offenders, for several days.

The *tarhil* usually accommodates about 700 undocumented workers from various countries. Those who are arrested must fill an identity form and have their picture taken. All they pay for is the photo, a cost of 10 riyals. They get meals three times a day, all free of charge.

Ais explained the deportation process:

I just filled in the form... I paid ten riyals for the photo. No fingerprints. There were many other people there who had also been arrested. There were some guards, too.

Tarhil occupants from Indonesia are deported on a commercial plane chartered by the Saudi Arabian government. No tickets are needed; they already have their seats.

Ais added,

We were taken to the airport. Those from the tarhil were taken in two buses... we flew directly to Jakarta. So, everyone on the plane to Jakarta was from the tarhil. We were all wearing black. It was easy to see that we came from the tarhil and were being deported.

This is very different from the homecoming process for migrant workers on official working visas. They usually go home when their contract expires, or if they become involved in a legal case.

1.3. Arriving Home

Immigration officials at Soekarno-Hatta Airport can immediately recognize a group of migrant workers dressed in black. There is no doubt that they are undocumented migrant workers who have been forcibly deported by the Saudi Arabian government.

Ais continued her story:

He (an immigration official) asked, you've come from Saudi, haven't you? He knew the story. Because were we dressed in black. We were all in black!

Coming out of Soekarno-Hatta Airport's Terminal 3, they make their own way back to their villages. Some take the DAMRI bus or a taxi to Pulogadung Terminal in East Jakarta. There, they get on a bus heading for Surabaya and Sumenep.

Ais' experience:

After getting out of the airport, I took a taxi first to go to the bus place in Pulogadong. Then, I went directly to Surabaya, then on to Sumenep. Altogether it cost about 200,000 or 250,000 (rupiah) to get back to my village.

Upon arrival in their hometowns, they meet up with their families, husbands, children, lovers, friends and relatives. The atmosphere of the homecoming is similar to reception villagers get when returning from the haj pilgrimage in the holy land. It is a moving reunion for the workers, especially for those who are married or have partners.

3.5. The Migration Process of Female Migrant Workers from Malang

II. 1. Before Departure

Most of the women from Malang Regency who want to be migrant workers use the services of a broker or sponsor. Unlike the brokers in Madura, who offer the undocumented route through the *umroh* channel, those in Malang offer prospective workers the services of private recruitment agencies. Some recruitment agencies even take the initiative by sending their staff to the villages. Such staffs are usually referred to as Field Officers.

When registering at recruitment agencies, prospective workers typically have to produce their KTP (identity card), family card, most recent school certificate, "yellow card" (certificate of good conduct), birth certificate and a letter of permission from their parents, for those who are not married. A prospective worker who is married must have a letter from her husband permitting her to work. Additional documents that must also be provided include letters from the RT/RW (neighbourhood unit and sub-neighbourhood unit heads) and the head of the village or subdistrict.

An informant explained that the documents are kept by the recruitment agency and returned only after they complete their work contracts overseas. If they want to get the documents back before their contract term ends, the agency imposes a fee.

Recruitment agencies in Malang and the surrounding areas do indeed recruit more aggressively. They frequently advertise in the local media. The advertisements, containing information about the type of work and salaries, target women in the villages.

Yom (a girl in her 20s), for example, became interested in working in South Korea after reading a local newspaper advertisement for vacancies for factory workers. The advertisement mentioned a fee of Rp 3.5 million. She then went to the office of the recruitment agency to submit her documents and an Rp 500,000 down payment.

Several days later, the recruitment agency contacted Yom and asked her to come for health screening. Yom had to spend another Rp 200,000–300,000 for the tests. It should be noted that the money she had spent so far was not included in the Rp 3.5 million mentioned in the ad.

The process continued once the medical indicated that Yom had no health problems. The test results were given to the recruitment agency officials. At that point, Yom was officially put on the recruitment agency's list and began undergoing training for the work in South Korea. Yom's training included a language course, household skills, and an introduction to factory work.

At the time of writing, Yom had already completed her three-month training. However, she has not yet left for South Korea. She is still waiting for notice of her departure from the recruitment agency, even though she has already spent almost Rp 3 million, a considerable sum for a village girl. A buffalo belonging to Yom's father, which represented the family's savings, has been sold to cover the cost. A bitter irony.

Another informant, Mun, received an offer of work in Taiwan from the broker or field officer of a recruitment agency. She had to pay her travel expenses, amounting to about Rp 4 million, in cash. Like Yom, Mun was also obliged to provide all her documents, including her KTP, family card, good conduct certificate, permission to work from her husband—because she is married—plus her marriage certificate.

Mun went on:

Yeah, when a field officer came here, I asked: "What about going to Taiwan, for example? How much would it be?" He said 4 million (rupiah). So, I tried to get the money. There were lots of requirements; I had to get this, do that. After that, I went to PT- (the recruitment agency). I went to PT- with... the field officer.

Mun had to submit all her original documents, not photocopies, to the recruitment agency. According to the field officer, the original documents were a requirement for working in Taiwan. The regulations for Taiwan, according to the same field officer, are different from the requirements for migrant workers who go to other countries, where photocopied documents are sufficient.

Mun testified:

... My school certificate, marriage certificate, my family card, birth certificate and good conduct certificate, my KTP. Yes... the original KTP... original school certificate... original marriage certificate, original family card, all of them were the originals! Because if we want to go to Taiwan, they need the originals of everything. Yeah, Taiwan, it's a bit strict, isn't it.

In fact, the original letters and documents are not handed over to the agent in Taiwan. The recruitment agency keeps all the documents and only returns them a few months later once the worker is working in Taiwan, or if someone from the worker's family comes to collect them.

After all the documents were complete, Mun underwent a series of health tests and stayed in a holding centre for one month. The holding centre is where a worker waits for a work assignment. The workers usually use the English term "job".

During her stay at the holding centre, Mun received Taiwanese language training. The training takes place every day from 7 a.m. until noon. After a two-hour break, the workers study again until 4 p.m. If a prospective worker still does not have an employer after one month has passed, they will stay at the holding centre, learning the language on their own without the guidance of a teacher or trainer.

Mun told her story:

Yes, during that first month we usually had a teacher. After more than a month at the holding centre, waiting, we have to study by ourselves. We have the books, we just read them. Ha...ha...ha... it's confusing learning by yourself. The teachers, I don't know whether they are Taiwanese or Chinese Indonesians. But the one who tested us, I think was one of us (a Chinese Indonesian), or maybe Taiwanese, I don't know. I was tested before leaving. By the one who looked Chinese. He had slanted eyes.

Before departing for Taiwan, Mun first had to pass a Taiwanese language proficiency test. Mun believed a good knowledge of Taiwanese would help her in her work.

While waiting to be placed with an employer, the women stay for several weeks in a holding centre provided by recruitment agency. Unlike prospective female migrant workers from Sumenep, Madura, prospective migrant workers from Malang must pay their travel costs themselves.

As illustrated by the experiences of Mun and Yom, most of the women from Malang go overseas through the official channel of a recruitment agency. There are administrative requirements, in the form of documents that must be completed. The agents or prospective employers overseas also require them to undergo health screening.

II.2. Arriving in the Destination Country

Most of the female migrant workers from Malang get jobs in Hong Kong or Taiwan. There, they face a strange, new world with a socio-cultural environment very different from that in Indonesia. With employers who are mostly ethnic Chinese, known for their strong work ethic, the workers have to work harder and adapt to new customs.

The migrant workers from Malang must also adhere to their work contracts. Most are tied to two-year contracts. After that, they can return to their hometowns. However, some of them have their contracts extended by their employers.

II.3. Returning Home

Female migrant workers from Malang usually return home via Soekarno-Hatta International Airport. There is no-one to meet them and take them back home; they make the journey unaccompanied. They usually take one of the public buses plying the Jakarta-Malang route. Upon arrival in their hometowns, they are reunited with their families, husbands, children, lovers, neighbours and relatives.

3.6. The Migration Process of Female Migrant Workers from Bojonegoro

III.1. Before Departure

The existence of sponsors who are either directly or indirectly well known to prospective migrant workers is an important factor in the departure process in Bojonegoro. Prospective workers usually know the sponsors through friends, neighbours or husbands.

Khy, who is from Bojonegoro, spoke about the initial process of becoming a migrant worker:

There was someone called Mr. Har there, yes, the sponsor, the broker maybe... So, I was registered there (the recruitment agency). Mr. Har registered me, also for the medical or health screening.

The sponsor then registers prospective workers with recruitment agencies in Surabaya. At this stage, a prospective worker has to pay between Rp 700,000 and Rp 1,000,000. After being registered, they have an interview about what kind of job they want, a language test, and a maths test. The tests are frequently held not only in Indonesian but also in English.

One informant admitted that she had been directly interviewed by the representative of her prospective employer from Malaysia. The questions included whether she was left-handed or right-handed, whether she was married, and what was her motivation for work.

During the interview, they are usually asked to show their personal documents such as KTP, family card, permission from parents (for those who are not married) or husbands (for those who are married, which must itself be proved by a marriage certificate).

Khy told us about her interview process:

Well, yes, I was interviewed and tested on English and maths. One of each, oral and written. The oral test was face-to-face. The written tests were only for English and maths.

Utr, who wanted to work in a factory in Malaysia, added,

So the written tests were on English and maths. I was confused. They said I'd be working in an electronics factory, but I had to do tests on English and maths? The tests were easy, though, a piece of cake...

After taking a series of tests the prospective workers are placed in a holding centre belonging to the recruitment agency. During their stay there they meet other prospective migrant workers. Topics of conversation in the holding centre range from their experiences and how much they have spent already to their destination countries. They also chat about their families, friends and relatives.

Medical screening for the prospective migrant workers from Bojonegoro covers blood, urine, sight or eye tests and x-rays. If they are unwell at the time, they are asked to get treatment first. However, if the illness is considered serious, the recruitment agency sends them back to their hometown or village.

Win told us about the medical screening she had to go through:

We all had our medicals together, there were about thirty of us. Those who were having the medical were not just the ones who were going to Malaysia; there were some who were going to Hong Kong and Taiwan. So all the migrant workers had the medical together. I had to have a urine test, a blood test, an X-ray, and a test to see whether my vision was normal or not.

Prospective migrant workers who were going to work as domestic workers have to take some courses at the vocational training centre once they have passed the medical. Sessions start at 7.00 on the dot and continue until noon. They then have a one-hour break before the afternoon sessions begin. The subjects covered at the training centre include language, cooking, house cleaning, cleaning toilets and ironing. They also have to master other specific kinds of work such as taking care of elderly people and babies, minding a store and so on. The training does provide them with useful skills for working overseas.

The length of the course depends on each agency. At some, just one week of training is given but at others it can last for up to a month. Once this process is complete, the prospective workers wait for their departure date.

Win shared her experiences at the holding centre:

We woke up around four in the morning and did our morning (subuh) prayer. (Then) we studied together. We had to memorize all the material. We did four subjects, English, cooking, housekeeping, and care. So we had to learn how to take care of elderly people, how

to look after babies. Sometimes the sessions would go on for two hours before we had a break and then they would continue. Once we finished the care class we had a break then went to English class. We were in class with a teacher from eight until four in the afternoon.

About the learning environment at the agency's training centre, Win said:

They taught us how to take care of wounds, burns, and then we were told to memorize all the stuff we had to use, what to use to dress wounds. Then we had to do English classes, Indonesian lessons. Sometimes some of the girls got stressed out with all the training at the holding centre. So we had to be really prepared. The employers wanted us to be "ready to use".

Prospective workers cannot be sure when they will leave to go abroad. According to Win, some prospective workers spent only a week in the holding centre, leaving for their destination countries on the eighth day. But there were others who had been at the holding centre for up to three months and had not yet gone abroad. As a result of this uncertainty, some of the migrant workers got bored and eventually withdrew their applications.

Some of the informants said that the uncertainty regarding their departure was due to the fact that the personal data on the prospective workers had to be sent to Malaysia or the other destination countries first. Their prospective employers would take a look at the data and select their prospective employees themselves, in accordance with their needs. If a worker was selected, then the agency representative overseas and the agency in Indonesia would immediately arrange for her departure.

Win shared her experience:

I got the job and I was told that if I wanted to go in a few days I could leave immediately for Malaysia by plane. The airplane ticket was ready. If I wanted the job, I could just go. The cost of the airfare would be deducted from my salary. (So) out of RM 480, 20% would be deducted for five months of my contract term. I didn't know that, that was the first I heard about a salary deduction.

Once all the preparations of the recruitment agency and the prospective workers are concluded, the women from Bojonegoro set off for their destination countries via the airport in either Jakarta or Surabaya. At that point they enter the post-arrival stage.

III.2. Arriving in the Destination Country

In Malaysia, the employers or their representatives usually pick the female migrant workers up at the airport. There are no holding centres like the ones in Saudi Arabia. They are taken directly to the place where they will work. Some former migrant workers from Bojonegoro said that upon their arrival at the workplace they often underwent further training by their employers. Some even had another interview about their skills and their health status.

III. 3. Returning Home

The end of the work contract signals the return of the migrant workers to their homeland. Those who go through the official channel of the recruitment agency return to Indonesia on a commercial flight with the airfare paid by their employers. Upon their arrival at the Soekarno-Hatta Airport, they continue their journey back to their home town individually, using public transport. Some also arrive home via Surabaya's Juanda Airport.

At this stage, after many years working overseas, the women are finally reunited with their families, husbands and relatives at home.

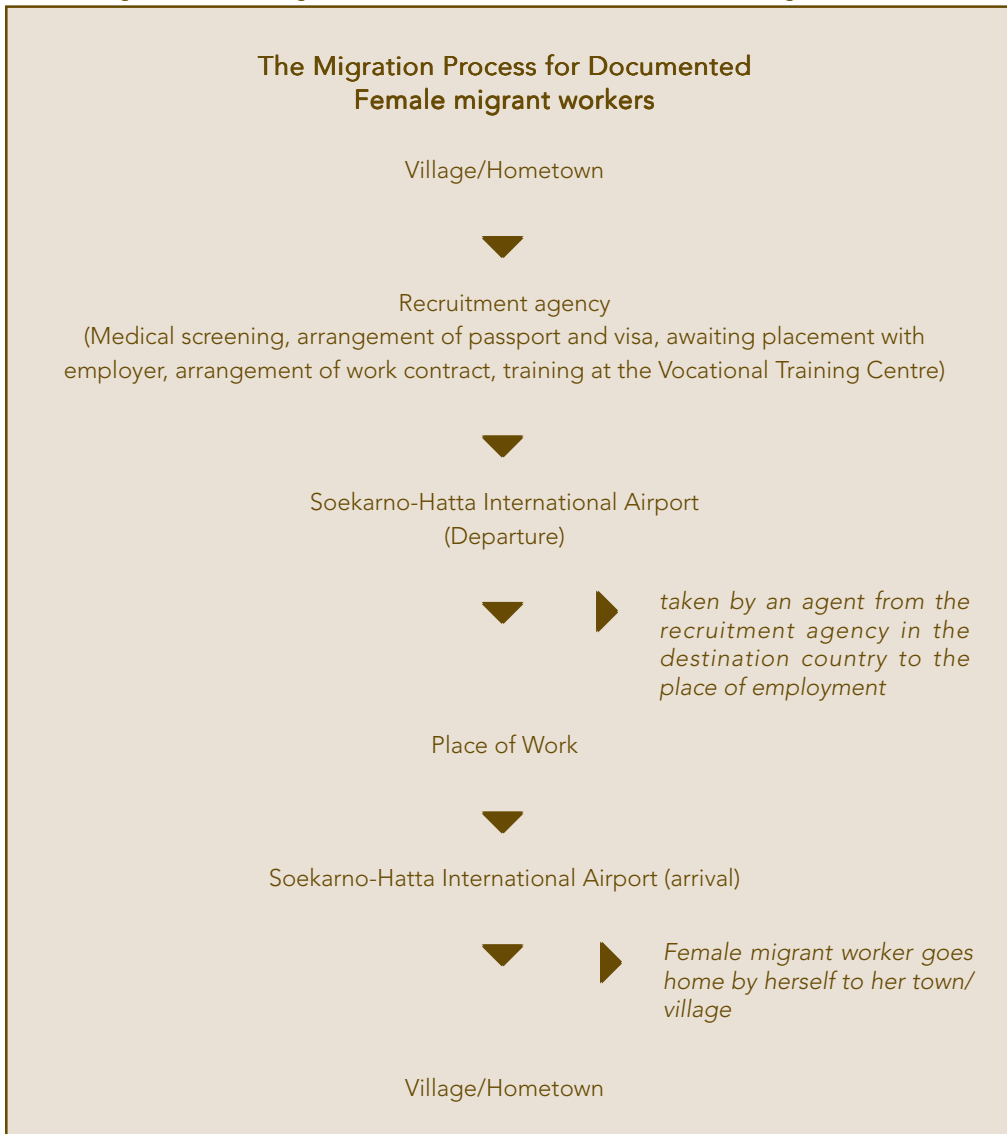
During the migration process, female migrant workers have to deal with the administrative processes of all the various institutions concerned. The processes for documented and undocumented migrant workers do not actually differ that much, as illustrated in the diagram below:

Diagram 1: The Migration Process for Undocumented Female migrant workers

Diagram 1: The Migration Process for Undocumented Female migrant workers



Diagram 2 : The Migration Process for Documented Female migrant workers



At each stage of the migration process the female migrant workers come into contact with various people, including brokers, sponsors, officials at the recruitment agency, medical officers, immigration officials, employers and agents.

Table 9: Actors encountered by female migrant workers at each stage of the migration process

Migration Process	Parties encountered by Female migrant workers
<i>Pre-Departure</i>	<ul style="list-style-type: none"> ◆ Broker, sponsor ◆ Medical officer ◆ Recruitment agency officials ◆ Immigration officers ◆ Trainers/teachers at the training centre ◆ Other prospective migrant workers, male and female, at the holding centre/recruitment agency
<i>Post-Arrival (during their working period abroad)</i>	<ul style="list-style-type: none"> ◆ Agent, broker's network ◆ Employer and family/factory manager/ dormitory or mess manager ◆ Medical officers in the working country ◆ Government officials and security officers in the working country ◆ The public in the destination country, male and female ◆ Other migrant workers from Indonesia, male or female ◆ Other migrant workers from other countries, male or female
<i>Re-Integration (Upon arrival at hometown/place of origin)</i>	<ul style="list-style-type: none"> ◆ Brokers, extortionists ◆ Immigration officers at the airport ◆ Public transport drivers on the way to the hometown/place of origin ◆ Partner/husband and family that was left behind (for a period of years)

HANGING BY A FRAYED ROPE

CHAPTER

4

They hang by a frayed rope. They are vulnerable to HIV/AIDS infection. The points of vulnerability exist at various nodes at each stage of process that female migrant workers have to go through.

The risks are ever-present. When they are first recruited from the village, when awaiting their turn at the holding centre/recruitment agency, undergoing medical tests, at their employer's house or place of work, in their interactions in the country where they work and upon their arrival back home. Even when they are reunited with the lovers or husbands from whom they have been separated for years, the risk of being infected with HIV/AIDS is still very much present.

That's the way it is for female migrant workers. They are vulnerable to HIV (*Human Immunodeficiency Virus*, a virus that attacks the human immune system) infection. A glimpse at their stories can give an illustration of exactly how vulnerable their position really is.

4.1. The Vulnerability of Female migrant workers from Sumenep

The female migrant workers originating from Sumenep, Madura, who work in Saudi Arabia, are, whether we realize it or not, are in the position of victims of violence. Their position is little different from that of victims of sexual abuse, or those whose right to health is not fulfilled. They are second-class citizens, considered weak, stupid and pliant by the other parties involved in the migration process.

Furthermore, many of the Sumenep migrant workers go through the undocumented channel by using the *umroh* visa. As a result, they lack proper legal protection. The situation is exacerbated by their limited knowledge about health. This places them in a situation where they are at high risk of being infected with sexually transmissible infections (STI), including HIV/AIDS.

The risks begin when the prospective workers decide to use the *umroh* visa. Using this route, they forfeit the opportunity to have a medical test. And, although they are only in the holding centre for a few days, the workers are exposed to the risk of being infected with HIV/AIDS.

The risks arise when they come into contact with the male brokers and other men in the broker's network. The women are vulnerable to the risk of rape, extortion and coercion into satisfying the sexual desires of others. During the journey from their home town to the destination country, there are almost no guarantees of their own security.

Using the undocumented channel via the *umroh* visa means that they have no legal protection. If they are subjected to arbitrary treatment by the people around them, the workers have no recourse to any protection whatsoever. In the eyes of the brokers, they are, more often than not, merely a commodity to be sold to the employers overseas.

When the workers arrive in Madinah, they stay temporarily in a holding centre. While the female migrant workers are accommodated in rooms separate from the male workers, the risks they face in the holding centre are no less serious.

As former migrant worker Ais reported:

The men slept on the ground floor while the women slept upstairs because the Arab people said that it was Mamnu' (forbidden for women and men to sleep on the same floor), in case something happened. So the women were separated from the men. They even separated those who were already married. Even though they were staying in the same room the husband would be separated from the wife. They put a partition in the room; it was like... like a wall... a screen separating the husbands and wives. Husbands are men, right? And wives are women. So there was one big room with several couples who were separated by a screen.

The separate rooms at the holding centre do not guarantee that female migrant workers are protected from the risks of sex or other behaviours that can lead to HIV infection. There are agents and brokers, even strangers, whose activities bring them into daily contact with the female migrant workers during their stay in the holding centre. This situation often places them in a position where their rights can be easily violated.

Ais shared her experience in the holding centre:

There were some strangers... I was scared at that time, we didn't know who they were but they were in contact with us. Who were they? I don't know. I didn't know whether they were good people or not, you know? I just surrendered to Allah. I had gone there with good intentions. They didn't do anything though, but I was afraid... I was lucky they didn't do anything to me....

According to Ais, conditions at the holding centre in Madinah were very unfamiliar, making her feel very vulnerable. Although the holding centre building had been separated into men's quarters and women's quarters, the women were haunted by the fear of sexual abuse.

The female migrant workers also have to face new situations in their local social environment. One unique rule, for instance, was disclosed by one of the informants. The Saudi Arabian government forbids foreign workers from opening the "*tagha*", the windows in their room. This regulation was in fact issued to prevent sexual abuse of women or other actions that conflict with Islamic values. But on the other hand, having to keep their windows shut at all times causes the women inconsiderable discomfort.

According to some informants, the new environment and their new friends also gave rise to diverse social patterns. There is some socializing, both with Arab men and with other male migrant workers. They come into contact during mass celebrations such as the celebration of the prophet's birthday, weddings or other social occasions that involve the wider community.

The female workers who are on working visas or who go through the official channel of the worker recruitment agencies have the opportunity to socialize more freely. Their legal status enables them to interact more openly with the local community, including those of the opposite sex. Several of the former migrant workers from Sumenep who had also worked in Singapore confirmed this. According to these women, the new patterns of social intercourse often encourage their fellow workers to do things that would be unthinkable for them at home, such as smoking or drinking alcohol. Such behaviour eventually becomes a habitual way of entertaining themselves when they feel lonely or bored with their work.

Informants reported that this new behaviour frequently leads to sexual relationships with male migrant workers from Indonesia or other countries. There were even reports of some Indonesian female migrant workers who went to work in Saudi Arabia's entertainment centres and became trapped in the prostitution business. Some others sold sex during their free time.

Reports like this are no secret among female migrant workers in Saudi Arabia. According to one former migrant worker, they all know about the whereabouts of the other migrant workers and what they are doing. News of migrant workers who change employers or return home spreads quickly and is known to everyone. The same applies if one of the migrant workers is having a relationship with a foreign man, or even opts to work as a sex worker. That kind of news travels fast among the migrant workers.

Ais also confirmed the information about a number of migrant workers who had moved into sex work. But she asserted that the kind of socializing that had dragged these women into prostitution was rare among female migrant workers on *umroh* visas like her. Those who came as undocumented workers were always afraid to socialize because it could lead to being caught by the police or immigration officials.

Ais told us:

Those who sold themselves like that; being used sexually by the people there... it seemed like they made a lot of money very quickly. Ikh...! There were some who could send Rp 15 million back home in a week. I was told by a friend that you could get 200 riyals an hour for selling yourself like that. Could you imagine if in one night you served however many people, if you worked all night... my friend could earn 1000 to 1200 riyals working like that. That's the same as Rp 2 to 2.5 million. For one night ...

Hym confirmed:

A lot of them did that. But most of them were visa people (using the official channel with official visas) who had run away from their employers, because if you were official you could go anywhere freely. Yes. She (a former migrant domestic worker) was on an official visa at first; but she only stayed with her boss for seven months. My friend said that during her stay there (in Saudi Arabia) she spent only seven months as a domestic worker; for the rest of the time she did that, serving Arab men.

It wasn't Indonesians who "booked" her because she (Hym's friend) would have felt ashamed because they were both Indonesian. They had to be Indian, Pakistani, Turkish. So she served foreigners (not Indonesians). I know that because she's a friend of mine, we were both earning a living there (in Saudi Arabia).

*I just put myself in God's hands. Especially when I saw my own friend doing that, selling her body or having relationships with Arab men or other men... She was dating... I couldn't have dated anybody in Saudi Arabia. Some of them there got rich by selling their "stuff" (bodies). But not me... I did *umroh* and worked at the same time.*

However, it should be noted that this does not mean that those going through undocumented channels are free from the possibility of HIV infection through sexual intercourse. Their weak status, without legal protection, puts them in the position of victims. Several informants admitted that sexual harassment was frequent in the workplace and elsewhere. The harassment took many forms, starting from verbal harassment and looks to touching and even rape.

One informant, who didn't want her real name used, told of how she became a victim of harassment:

The son of my employer grabbed my butt. At that time I had the courage to tell my employer that I wanted to quit. Luckily I wasn't an official worker so I wasn't bound by a contract. I was free to just quit immediately, because I had no contract.

The courage to stand up to harassment and avoid situations that could put them at risk of HIV infection could only occur among the undocumented workers. They are able to quit their jobs and leave without being penalized. Documented female legal migrant workers on formal work contracts do not have this option. The contract makes it impossible for them to escape situations where they are vulnerable to sexual harassment, which in turn could put them at risk of being infected with HIV.

Hym told the story of how she was nearly raped by her employer:

When I was asleep at night, I felt like someone was touching my legs. I opened my eyes, and saw my employer standing there, completely naked, touching my legs. Fortunately I was wearing long trousers. This was my third employer. Masya Allah, I was so scared. I kicked him hard. I ran as fast as I could, and locked myself in the bathroom until morning came. His son wanted to come in but I wouldn't let him. I had brought the towel with me, I just slept there in the bathroom, in the bathtub. In the morning I didn't work. I just stayed in there. My boss's wife got me out of the bathroom. I immediately told her I was leaving.

Hym, who was also on an *umroh* visa, chose to quit her job. No sanctions were imposed by the employer because there was no contract binding Hym to her employer. Hym told the wife what had happened.

She continued:

"Why aren't you working?" my employer's wife asked. I kept quiet, didn't answer her. But finally I told her that I wanted to go home, I'd get pregnant if I continued working here because your (the employer's wife) husband kept on harassing me. He came to my room late at night, naked, and grabbed my legs, so I ran to the bathroom. I was only harassed once. Then I went home. The employer's wife said, "Well, it's okay if you want to go home." I told her that I didn't mind either even if I didn't get my salary. I told her that if she wanted to be like her husband, she needn't bother with my wages. If she didn't want to take me to the airport, it was no problem because there were a lot of taxis outside. Finally I was kicked out by the wife.

Hym has led a very colourful life. When she was in Saudi Arabia, she got married to a Turkish man who owned a restaurant in Saudi Arabia. The relationship began with a phone introduction through a friend. Hym met her Turkish husband-to-be just once before she married him.

Hym told us how she met her husband:

It was through a friend. A friend of mine gave him my phone number. I had never been on a date. I only saw his photograph on the cell phone. We met the next day, and the day after that we were married. I got married to a Turkish man by phone! At first I didn't know him because we had only spoken over the phone a few times. Then we made a date to meet. I only met him once, in the market. After meeting, we got married the next day. No need for dating.

Hym is an example of an Indonesian female migrant worker in a position where she was very vulnerable to HIV infection. She was married to foreign man about whose background she knew very little. All Hym knew about her husband was that he already had a wife and children back in his own country.

Hym thought that being married to the Turkish man would ease the loneliness she felt after working in Saudi Arabia for seven years. Hym was married according to religious customs in Saudi Arabia. It turned out to be a brief marriage. When Hym was arrested by Saudi Arabian police and forcibly deported to Indonesia, her husband gave her no clear explanation about the future of their marriage.

Hym admitted that her husband never used condoms when they had sex, even though she knew that he already had a wife and had often “played around” with other women while he was working in Saudi Arabia. A marital situation like this can be a link in the chain of STI and HIV/AIDS transmission.

The threat of sexually transmissible infections stalks female migrant workers at each step, not least when they are arrested by the Saudi Arabian police and thrown into a “*tarhil*”, a holding centre for workers who violate immigration rules. Migrant workers are vulnerable from the moment they are picked up and in the *tarhil* itself.

Conditions in the *tarhil* make Indonesian female migrant workers easy targets for sexual harassment and abuse. Undocumented migrant workers and migrant workers who become sex workers are arrested in public. The police frequently do not take the arrested workers straight to the *tarhil*, as they should. Some informants witnessed Indonesian women being taken to a place where they were raped by policemen. Some were even gang-raped by several police officers. However, there was also a case of an Indonesian woman who, when arrested, offered to perform sexual services for the policemen.

Hym said:

On the way (to the tarhil), the policemen sometimes have sex. Yes, the Indonesian women are taken to the policeman's house first, then to the tarhil. They take the women home first, and then to the tarhil... they “do” them first... (she laughs) satisfying the sexual needs of the Arabs.

During their stay in the *tarhil*, Indonesian female migrant workers encounter migrant workers from other countries. In one *tarhil* there may be hundreds of migrant workers waiting to be deported to their countries.

Of course, the men’s and women’s quarters in the *tarhil* are separate. The female detainees are guarded by female wardens and the male workers are guarded by male wardens. But this does not mean that they are safe from the threat of sex forced upon them by other detained migrant workers or wardens.

From the *tarhil*, the female migrant workers from Indonesia are deported to Indonesia through Soekarno-Hatta International Airport. Upon arrival in Indonesia, they go by themselves back to their villages. Even though they have been deported, they still come home to a warm and enthusiastic welcome from their friends, family and relatives.

For Hym, not even the warm reception from her family could ease her sadness. Going back home meant being separated from her husband, the Turkish man. When this research was conducted, she still did not know the status of her relationship with her husband. Hym often feels lonely. She doesn't know what her husband is doing now. The questions nag at her mind; has her husband still got his restaurant in Saudi Arabia? Who is he satisfying his sexual desires with? Or has he returned home to his wife and children?

Various risk situations are highlighted in the experiences of female migrant workers who have worked in Saudi Arabia. They are not even aware of the threat. Yet the environment and the behaviour and attitudes of the people involved in the migration process are such that for the workers, HIV/AIDS is a very real possibility.

The workers have very limited knowledge about HIV/AIDS. Moreover, there are no institutions or organizations that are giving them information about this. As a result, migrant workers, especially those who opt to take the undocumented route, are at high risk for HIV/AIDS infection.

The risks also arise as the result of various uncontrollable external factors. For example, female migrant workers becoming involved with men of uncertain backgrounds, or holding centres that fail to guarantee security for the women.

Strangely enough, it is the non-contract working mechanism that enables female migrant workers to protect themselves from the arbitrary actions of their employers. They can terminate the working relationship unilaterally if they are in an insecure position, or are being sexually abused. This is impossible for those who are bound to their employers by a work contract.

4.2. The Vulnerability of Female migrant workers from Malang

Hong Kong, Taiwan and South Korea are the destinations of most of the female migrant workers from Malang. Prior to their departure, they have to stay for about three weeks in the recruitment agency holding centre. The length of the stay is due to the various arrangements that have to be made, including getting passports and work visas issued and being placed with an employer.

This fairly long waiting period is relatively risky. There is the possibility of being treated arbitrarily by the officials at the holding centre.

One informant, who did not want her name disclosed, said:

The staffs (at the recruitment agency) are nice. Well, they teased us a little bit but we didn't really take any notice. But what we're most afraid of is the fact that we're a long way from home, we don't know these people. None of us know what they're really like...

To suppress their fear and anxiety during the waiting period, some of the informants keep themselves busy with their studies. But the holding centre environment affects the mental state of the prospective migrant workers. Frequent attacks of loneliness sometimes lead them into mutual attractions with the staff at the recruitment agency, which are heightened by the sexual needs of the prospective migrant workers. Eventually sexual relationships between the female workers and the agency staff at the holding centre become inevitable.

Of course, the holding centres or worker recruitment agencies are principally occupied by female migrant workers. This apparently creates conditions for the formation of homosexual relationships, triggered by the combination of loneliness and the lack of a male presence in the holding centre. Such same-sex relationships can carry a risk of HIV/AIDS infection.

Once in the destination country, the vulnerability to HIV/AIDS infection takes a different form. Risks usually arise when the workers socialize with members of the community in which they work. They may end up having high-risk sex just to dispel the feelings of loneliness. Risks are also present when they undergo medical treatment, and so on.

Some of the informants admitted to feeling lonely and isolated when they were working abroad. To overcome the loneliness they use prayer, according to their beliefs, or they meet up with other migrant workers.

One informant said,

When I was lonely, I felt homesick; I missed the people at home. But we usually just prayed or hung out with our girlfriends. I got to know other migrant workers but that was it, I didn't do anything else.

One informant, after arriving home from Hong Kong, explained that on her days off she and her friends often went to Victoria Park, a public park commonly used as a meeting place by migrant workers from Indonesia.

On certain occasions, large numbers of Indonesian female migrant workers gather in this park to chat and share stories of their daily lives. This is also a place where many female migrant workers get to know male migrant workers. Often these meetings end in an agreement to pursue a relationship as lovers.

When the informant was asked whether any of them were involved in same-sex relationships, she replied that she did not know whether the closeness she had observed between some female migrant workers was an indication of whether they were in a homosexual relationship or not.

Nevertheless the trend in both heterosexual and homosexual relationships among some of the migrant workers could put them at risk for HIV infection. The risk is heightened by their lack of knowledge about safe sex.

Aside from high-risk sexual relationships, getting medical treatment in the destination country can also lead to exposure to HIV/AIDS. Mar, a former migrant worker in Hong Kong, told us how she had an injection with a used needle, even though at that time the SARS epidemic was sweeping through Hong Kong.

Mar said:

At that time I, along with all my boss's employees, was told to get vaccinated against SARS. That was the time when SARS was around. As far as I remember, there was only one needle used for all the vaccinations. So the needle they used for me had already been used on my friends. But for my boss, it looked like they used a different one, he had his own needle.

Mar was not aware of the danger of using used needles. But there was a real risk of infection right there. Especially if one of the people using that needle had been HIV positive. However, due to her lack of knowledge, Mar did not take any preventive action, but meekly complied when it was her turn to be injected with the used needle. Mar is now back in her hometown, having completed

her work contract in Hong Kong two years ago. As of when this research was conducted, Mar had not had an HIV test.

Even during the process of their return to Indonesia, female migrant workers are not free from the risk of exposure to HIV/AIDS. When they arrive at Soekarno-Hatta Airport they come into contact with brokers, immigration officers, public transport drivers and so on. Often on the way home they become victims of extortion.

Arn, a former worker in Taiwan, shared her experience:

The people at PT– (the recruitment agency) know who has finished their contract. They said they wanted to pick us up at the airport and take us back home. But I refused because according to my friends who had already returned home, the agency people ask us for money. They “squeeze” us for money. They squeeze the workers who have just arrived. I was told to refuse the offer of being picked up by the agency, they would just ask us for more money... when we were at the agency we already knew that. When we come home we have to arrange everything with the agency. I thought, better not, the important thing is to get home safely. It’s better to have the family pick us up, rather than the agencies or other people or whoever. But sometimes the workers are a bit naughty as well. They might just say “don’t bother picking me up”; the family wants to come and pick them up but they don’t want to be picked up. Then what happens is just like what we see on TV. It’s just the bags and the body that come home.

The female migrant workers often experience extortion when they arrive at Soekarno-Hatta Airport. Moreover, they have to deal with various forms of personal harassment, such as sexual harassment by the public transport drivers. They even run the risk of being raped on their way back to their hometowns.

On arrival in their hometown or village the migrant workers are reunited with their partners and husbands. In their eyes, these are the loyal partners who have been waiting faithfully for them while they have been working abroad. But the truth is that there is no guarantee that the partners or husbands left behind were not having affairs or sexual relationships with other women.

Thus female migrant workers are exposed to the risk of HIV/AIDS through sexual intercourse even upon their arrival back home.

4.3. The Vulnerability of Female migrant workers from Bojonegoro

While the Sumenep women work mostly in Saudi Arabia and the women from Malang go to South Korea, Taiwan or Hong Kong, most of the Bojonegoro women work in Malaysia.

In Malaysia, the threat of exposure to HIV/AIDS infection is somewhat lower. But the risks can arise nevertheless in the migrant workers’ workplace and social environment.

An informant who had been a factory worker in Malaysia admitted that a male migrant worker from Pakistan had exposed himself to her while he masturbated. This happened near the female migrant workers’ dormitory where the Indonesian factory workers lived. He did this on several occasions.

Indeed, conditions at this dormitory, owned by the factory, provided little sense of security for the women. The informant said that they often found themselves being spied on by male Pakistani migrant workers when they were in the shower.

The informant said:

Well, yes, it happened quite often. He deliberately rubbed his penis so he could get an erection. He deliberately exposed himself to the dormitory rooms. Our dormitory was near the factory. The people living there were just us, Indonesian women. The Pakistani man was staying in a dormitory not far from ours. It happened a lot. He even did it in the street. He also often used to peek at us while we were in the shower. That's what made us feel unsafe.

Female migrant workers who work in factories often experience sexual harassment from their employer, or the person they refer to as the factory manager. The employers would seduce the migrant workers to satisfy their sexual urges.

The same informant shared her experience:

Yes. The factory manager was a Chinese man. He used to come into the room in the dormitory with no warning. We were half naked, just wearing singlets. He would just watch us, pretending to be checking up. He looked like a scumbag. He once tried to seduce me, just for fun. I rejected him, although actually I was afraid that if I rejected him, the people in the factory would be mad at me.

Female migrant workers are indeed vulnerable to sexual harassment, both by the male migrant workers and by their employers. This situation adds to the risk of HIV infection for female migrant workers who are working abroad. Such situations can be hard for female migrant workers to avoid. As migrant workers bound by a work contract, their bargaining position is weak, making them unable to take measures to protect themselves.

4.4. Risks during Medical Screening (Pre-Departure)

Each prospective migrant worker who opts to go via the official channel through a recruitment agency has to undergo mandatory health screening. Health screening is one of the conditions of their departure for the destination countries. The purpose is to ascertain the physical condition of the migrant worker to ensure that they will be able to work properly.

Health screening for the prospective migrant workers usually covers blood, urine, eyesight and hearing tests, an X-ray and the recording of their height and weight. Some destination countries even oblige the prospective female migrant workers to have their faeces checked.

The tests are usually conducted by male and female medical officers. The blood and urine samples are usually taken by female nurses, while the X-ray is done by male staff. The presence of these male radiographers caused discomfort for some of the informants because for the X-ray they had to take off their clothes and change into a special thin garment.

Sit, an informant who intends to work in Taiwan said,

Yes, that's where we had to do it. Each of us was told to take off our clothes and change. The gown for the X-ray, it was very thin.

Yom, an informant from Malang, confirmed that the X-ray during the health screening was carried out by a male medical officer.

The women's discomfort is due mainly to the lack of a special room for them to change clothes. They have to change in a makeshift changing area curtained off with a screen. One prospective migrant worker was certain that the male radiographer could easily see them changing clothes.

Prospective migrant workers usually undergo health screening prior their placement at the holding centre or recruitment agency. This means that they go to the clinic or hospital of their choice. But there are also some medical tests that carried out while they are at the holding centre or recruitment agency.

Mun, who had worked in Taiwan, admitted that she had to undergo health screening twice.

I had to have a medical twice. The first one was at a clinic and cost around 250,000. The other one was when I was already at the holding centre, and cost 500,000. The screening at the holding centre was more comprehensive because there were lots of tests—a blood test, urine test, eyesight, hearing, height and weight checks and a faeces test. They said that the requirements for people working in Taiwan were very strict, that's why we had to have a faeces test as well...

The results of the medical tests are usually valid for five months. After that the results are considered invalid and another test must be done. Those who have not got a job placement after five months have to have another medical in the sixth month.

Mun said:

Of course, I had the pre-departure medical. Some people have to do it three times. I did it twice. It's like the certificate of good conduct (SKKB), it's only valid for five months. So for instance I already had a medical three months ago, so when I get a placement, I'll have to have another one.

The results of the medical screening are usually posted on the notice board at the recruitment agency holding centre. In some cases the results are announced orally by the recruitment agency officers. Those who do not pass the medical are usually summoned to the office of recruitment agency to be briefed.

Yom explained:

Yes, the result was announced by the PT people... They only read the important parts. I didn't see the result of the X-ray or the blood type result.

Some worker recruitment agencies give out the results as a written report in duplicate. The original document is given to the prospective worker while a copy is kept by recruitment agency to be attached to other documents.

Most prospective migrant workers do not really comprehend the results of the medical tests they have had. Moreover, the results are usually written in English, which they do not understand either.

A former migrant worker who went to Saudi Arabia via the official channel said that the medical screening was repeated in the destination country. Documented migrant workers in Saudi Arabia whose work contracts are extended after two years have to undergo further medical tests. Thus there are workplaces in some destination countries that impose mandatory routine medical screening for female migrant workers at least every two years.

Female migrant workers are vulnerable during medical screening because they may not know whether the medical equipment used for the tests, such as needles, are sterile.

Moreover, even if, as sometimes happens, the prospective migrant workers can see for themselves that their needles have been used or are non-sterile, they dare not refuse or ask for a new needle.

This suggests that the prospective migrant workers are not aware the danger of using used needles. Another factor is that they often consider themselves second-class citizens. As a result, they typically lack the confidence to speak up. In fact, assertiveness and the courage stand up for themselves could be a valuable weapon in their armoury of self-protection.

One former migrant worker spoke about a blood test she had in Saudi Arabia. She witnessed a doctor taking an unwrapped needle from his pocket. The informant was sure that the needle had already been used. But she said nothing. She admitted she had not dared to ask.

The use of non-sterile needles by medical attendants puts prospective migrant workers in serious danger. Measures to avoid the transmission of HIV through other people's blood on used needles should be taken as early as possible, especially by medical attendants at a health clinic.

The prospective migrants' lack of knowledge on the matter, their low status and the position of women in society in general, as well as the lack of information from the worker recruitment agencies and medical officers, has made female migrant workers increasingly vulnerable to HIV/AIDS infection.

4.5. Vulnerability upon the Reunion with Partners or Husbands

This should be a joyful stage. After years of separation from her partner or husband, after years of working abroad, the female migrant worker returns home to the arms of the partner she left for the sake of a brighter future.

But is this really such a joyful stage? Not necessarily. Even at this stage, the female migrant workers are under threat—in this case, the threat of the risks that arise from the sexual activity of their husbands or partners while they were abroad. Such sexual activity may well have been risky and therefore places the migrant workers in a position of vulnerability to HIV/AIDS infection.

Claims of faithfulness from their husbands and partners are easy to come by. But such claims, if not strictly true, particularly with regard to risky sexual behaviour, can put the former female migrant workers at real risk of being infected with HIV/AIDS.

Mad, 41, is the husband of a migrant worker from Sumenep, Madura. When this research was conducted, his wife had been working in Malaysia for a year. According to Mad, he had always been faithful to his wife. Whenever he felt lonely, he'd write her a letter or speak with her on the telephone. This was how he dealt with missing her. However, Mad admitted that while his wife had been overseas, there was a woman who had tried to seduce him.

Another admission was made by Pon, a man from Sumenep whose wife had worked in Kuwait for four years. As a man, Pon said, he often had sexual desires and he had frequently been tempted to be unfaithful to his wife. Aside from being an *ojek* (motorcycle taxi) driver, Pon also works as a sponsor for women from the village who want to work abroad. He said that while he was with such women, making arrangements for them to go to Jakarta, the temptation to satisfy his sexual desires with them crossed his mind.

Pon said:

I'm a normal human being. My wife left me to work abroad. Of course I have sexual desires. What normal man doesn't like sex? I could have done it... Those women who go to Saudi Arabia are pretty. As a sponsor, I could have had sex with them, if I was crazy...

Pon claimed that he had a better way to get rid of his sexual longings for his wife, which was hanging out with his friends in a coffee shop near his house. Usually, Pon and his friends spent their evenings playing dominos, chatting and drinking coffee or playing badminton.

But Adi, who works at an electronics factory in Bojonegoro, is different from Pon. His longing for his wife, who has been working in Hong Kong for seven months, is almost unbearable. Adi has asked his wife to come home. He told his wife frankly that he made the request because it was too difficult for him to contain his sexual desire.

While waiting for his wife to return, Adi admitted he has tried to turn his mind to other things by spending his time with his friends. When this research was conducted, Adi's wife had not yet returned. Adi admitted he doesn't know what else to do to overcome his sexual urges.

Thus, female migrant workers have little idea about the sort of sexual activities their partners are indulging in while they are working overseas, yet these activities can carry a high risk of HIV/AIDS infection. When female migrant workers reunite with their partners, therefore, there is no guarantee that they will have safe sex. All they have is a verbal guarantee of fidelity from their partners.

In addition to not knowing about the sexual activities of their partners, female migrant workers may be unaware of any other risky behaviour on the part of their partners—whether their partners have used drugs to overcome their loneliness, for example, and if so, whether they used non-sterile hypodermic needles. They may also not know whether their partners have undergone medical treatment that involved the use of non-sterile needles while they themselves were away overseas.

These conditions indicate that the risk of HIV/AIDS infection overshadows even the stage of reintegration with husbands or partners. The patriarchal culture, which places males in a central or dominant position, ensures that women are unable to reject or protest about the uncertainty surrounding their partners' sexual activities. This can give rise to a high-risk situation for female migrant workers.

Female migrant workers are increasingly at risk of falling victim to HIV/AIDS; they are hanging by frayed rope.

Table 3 explains the situation of vulnerability to HIV/AIDS infection faced by female migrant workers.

Table 3: Female migrant workers' vulnerability to HIV/AIDS infection during the process of migration

Stage in the Migration Process	Vulnerability to HIV/AIDS Infection Faced by Female migrant workers
<i>Pre-Departure</i>	<ul style="list-style-type: none"> ◆ Use of used or non-sterile hypodermic needles during health screening ◆ Flattered/coerced into having risky sexual relationships with other migrant workers, either women or men ◆ Vulnerable to risk of rape by recruitment agency officials, brokers, sponsors, etc. ◆ Engaging in homosexual relationships at the holding centre or recruitment agency ◆ Having risky consensual sex
<i>Post Arrival</i> (while working in the destination country)	<ul style="list-style-type: none"> ◆ Undergoing medical treatment involving the use of non-sterile hypodermic needles ◆ Rape by employer, member of brokers' network ◆ Sexual abuse by employer ◆ Sexual abuse, including rape, by male migrant workers from Indonesia or other countries ◆ Sexual abuse, including rape, by security or government officials in the destination country ◆ Sold as a sex slave or trafficked, particularly as a sex worker ◆ Having risky consensual sex
<i>Re-Integration</i> (Returning to hometown/village of origin)	<ul style="list-style-type: none"> ◆ Rape by public transport drivers ◆ Having risky sex with partner or husband from whom there has been a long separation and whose sexual activities during their absence are not clear ◆ Having risky consensual sex

THE STORY OF ROBI'AH, FROM MADURA

Robi'ah Al-Adawiyah—not her real name, of course—has had a colourful life. Born in Gondanglegi, Malang, she spent her childhood in Jember and Pamekasan, Madura. She has spent seven of her productive years far away in the Middle East, in Saudi Arabia to be exact. This young woman has been married three times. Unfortunately, none of these marriages lasted.

Born on February 15, 1971, Robi'ah is the second of five children. She only had the opportunity to study at a Muslim boarding school, or *pesantren*, in Gaddu Village, Pamekasan, until the fourth grade of MI (*madrasah ibtidaiyah*), which is equivalent to the fourth grade of elementary school. Robi'ah's parents asked her to leave school because a man wanted to propose to her.

The early marriage took place when Robi'ah was just 15 years old. It lasted only two months. Her husband left her and married another woman. Robi'ah returned to the *pesantren*.

A year later, a man from Jember stole her heart, and Robi'ah married for the second time. At first, the marriage was happy, and the seed of their love was planted in Robi'ah's womb. But once again, Robi'ah was unlucky in love. In the second year of the marriage, her husband left without a word. She was seven months pregnant at the time. Luckily, her parents gave her the strength to carry on. And when Robi'ah's first child was born, her family was there to support her.

While the birth of Robi'ah's baby boy was welcomed, another small mouth added to the family's burden. Life became tougher. The cost of supporting Robi'ah and her son became too much for her parents, who were only farm labourers on low wages. Robi'ah became anxious. The future was looking bleak.

One day, things began to change. Kyai Hasan—also not his real name—visited the house of Robi'ah's parents. This religious leader was the head of the *pesantren* where Robi'ah had studied. He offered her work in a distant country, Saudi Arabia.

For days, Robi'ah was deep in thought, weighing up the pros and cons of working in another country. Finally, she decided to take the opportunity. Her family's economic situation and her son's future were the deciding factors.

Robi'ah went to see Kyai Hasan. The religious leader introduced her to Haji Jawwadi (not his real name), a broker from Gaddu who specialized in sending migrant workers to Saudi Arabia using the "*umroh*" channel. Later, said Haji Jawwadi, in Saudi Arabia, Robi'ah would not only get a job but would also have the chance to perform *umroh*, a minor pilgrimage, and perhaps even perform the haj itself.

Preparations began immediately. To arrange her migration documents, Robi'ah was asked to hand over some photographs and her KTP (identity card). The fingerprinting

for the passport was done at the house of Haji Jawwadi. Robi'ah paid a down payment of Rp 70,000 to cover the administrative costs of her departure. The rest, about 600 riyals to cover the transportation cost, would be repaid once Robi'ah got a job in Saudi Arabia.

The decision was made. Robi'ah went through all the stages in the process one by one as she prepared for her departure for Saudi Arabia. She was determined to go for the sake of a better future. Robi'ah was already imagining that on her return, she would have plenty of money and in front of her name would be the word "Hajjah", a title of respect that would elevate her social status.

In the middle of 1998, Haji Jawwadi took Robi'ah to a holding centre for female migrant workers in Bangkalan Regency, Madura. There, Robi'ah met ten other prospective migrant workers. A bus would take them to Surabaya.

Robi'ah and her friends stayed overnight in Surabaya, and left the following morning for Jakarta. There were no further procedures that had to be completed in the capital. Without health screening, document verification or further job training—because they were using *umroh* visas, for which the procedures are not so strict—Robi'ah and her friends left immediately for Saudi Arabia.

Robi'ah could not hide her sadness as the plane took off. She thought of her only son, who was just two years old. She had had to entrust the child to her father, but he was now getting on in years. However, the decision had been made. At the age of 25, Robi'ah was ready to open a new chapter in her life.

The aircraft carrying Robi'ah landed at Jeddah Airport, Saudi Arabia. For Robi'ah and her friends, the first few days passed pleasantly, sightseeing and paying their respects at the tombs of the great Islamic leaders and scholars. When the sightseeing was followed by *umroh* at the Masjidil Haram, Mecca, Robi'ah's heart was full.

The happy days, however, did not last long. After the *umroh* and visits to the tombs, Robi'ah was brought by a broker to a holding centre for Indonesian workers in Jeddah. The broker was also Indonesian. Robi'ah was to wait at the holding centre until an employer was found for her.

Waiting at the holding centre for her new life to begin was not much fun. Feeling lonely and isolated, the new migrant workers were just beginning to adapt to their new environment. Robi'ah recounted her experience of life at the holding centre.

This is her story:

At the holding centre, the men's and women's quarters were separate. Even with the separation, though, relationships among the Indonesian workers could still develop. Thank God I never experienced it, because I never went out.

During her stay in the holding centre, Robi'ah often saw how her friends, other female migrant workers from Indonesia, could be flattered or coerced into having sex, whether with male Indonesian workers, taxi drivers or even local policemen.

Robi'ah went on:

"On the street, they can have sex with other Indonesian workers, with taxi drivers, or with policemen. Yeah, it depends on the women. If they want to, it will happen. I myself never went out anywhere because I would have been yelled at by my mas'ul (owner of the holding centre—Eds.). My mas'ul was very strict, different from other mas'ul. I was never allowed to go out at night. Many of the mas'ul there were Indonesian. The bad ones usually sold the women at the holding centres..."

Finally, with the help of a broker, Robi'ah found an employer who wanted to hire her. Her first employer offered her a salary of 700 riyals a month to be a domestic worker. But Robi'ah only worked there for 15 days. She didn't feel comfortable there, she said. Robi'ah went to work for her second employer. She stayed for three months and improved her mastery of the Arabic language.

After three months, Robi'ah moved yet again, and thereafter continued to move from one employer to another. She never stayed for long with one employer: a month, or a week, sometimes only a night. For seven years Robi'ah went through an unending procession of employers. Even she herself cannot remember how many different employers she worked for.

Robi'ah acted impulsively. She would move immediately if she felt unhappy or did not like her employer's behaviour, or that of his family. When she was with her fifth employer, Robi'ah was almost raped.

This is how she told it:

"My employer, the fifth one, tried it on with me. I was asleep at the time when suddenly I realized that my boss was touching my legs. He was naked. While I was asleep, I had been dreaming about joking around with a friend. But I also felt something caressing my legs. Eventually, I woke up and there was my boss in front of me, naked. Luckily, I was wearing long trousers. I immediately ran to the bathroom and slept there until the next morning."

The next morning, Robi'ah told her employer's wife that she wanted to quit. Robi'ah felt fortunate. She could not have just quit like that if she had been tied to an official work contract with an employer who had employed her through a recruitment agency. Robi'ah then explained what had happened to her friends who were on official passports and were bound to work contracts.

"One housemaid told me that she had been told to open the door. Why? "I was kicked out by my employer. Where should I go? I don't have anywhere to go." That's what she said. It's different for me. If police arrest me, there's nothing I can do. "If the police arrest you," I told her, "It's easy. Just tell them (police – Eds.), 'I'm not running away, I was kicked out by my employer. I didn't want to come here, I only came because I got a job, he (the employer – Eds.) gave me a contract.'" See, that's what you do if you're smart. That's what I taught that girl. "

Robi'ah had the courage to face up to an employer who had abused her. The absence of a work contract was indeed a blessing in this case. Robi'ah had the freedom to be able to go from one employer to another. This freedom, however, could not fully guarantee that Robi'ah was always safe. Flirtatious taxi drivers, for example, often pestered and took advantage of Indonesian female migrant workers.

Halimah (not her real name), a friend of Robi'ah's who was also from Jember, was among those who fell victim to the flattery of a taxi driver. Robi'ah takes up the story:

"I have a friend named Halimah, she's from Jember. Whenever she went out she always wore lots of makeup. It wasn't me who was pestered. We were taken into the mountains. "Robi'ah, it's better if you sit in the front. You're big, so I'm not afraid if my wife finds out," the driver said. "What's up?" "Nothing, just sit in the front, I'm not going to do anything to you, for the love of God, I'm not going to do anything." Later, I knew, he had sex with my over made-up friend in the back in the middle of the mountains.

As time went by, Robi'ah got better at judging which employers were good and which were not. Usually, it took 10 days for Robi'ah to assess the quality of an employer. One of the key characteristics of a good employer, according to Robi'ah, was if he was willing to let her use the telephone to communicate.

Robi'ah eventually found her ideal employer: an Egyptian man, who encouraged her to study after work. He even gave her the opportunity to attend religious classes, where she studied tafsir (how to interpret the passages of the Koran) and fiqh (the study of Islamic jurisprudence).

It was while working for her Egyptian employer that Robi'ah found her sweetheart, a Turkish man. The relationship began when one of her friends at the holding centre (mas'ul) gave Robi'ah's cell phone number to the man. After some time communicating only by cell phone, Robi'ah became his wife. Robi'ah's father even came to Saudi Arabia to marry off his daughter.

"It was a friend who gave him my phone number. Since I was a kid, I've never been on a date. I had only seen his photograph on the cell phone. The next morning, I met him, and the day after, we got married. "

After getting married, Robi'ah left the holding centre. Her husband, the Turkish man, ran a restaurant bought with the money each of them had saved. While her husband ran the business, Robi'ah stayed at their apartment. According to Robi'ah, her husband was faithful. Although through his second job as a traditional healer or masseur, he came into contact with many beautiful patients, Robi'ah was sure her husband was not cheating on her.

As Robi'ah put it:

"I trusted him, because he was a traditional healer, even though his patients were beautiful and he massaged them. I said, you have beautiful patients. He answered, "For the love of God, I've never had an affair. If I wanted to marry someone young and beautiful, I could have. But I don't want to do that. One is enough. I will never divorce you." When I returned to Indonesia, he used to call me twice a week, on Saturdays and Sundays, but now it's just once a week. "

Seven months had passed, and the marriage was happy. But once again, bad luck befell Robi'ah. She was arrested by the police and the local authorities because she had no immigration documents. Her husband was at the restaurant at the time. There was no-one to help Robi'ah. She was taken to a temporary detention centre (*tarhil*) to await deportation to her home country.

The *tarhil* where Robi'ah was taken was a big, air-conditioned building. Some 700 immigration offenders were being held there before being returned to their home countries. The men and women were in separate rooms, but that was no guarantee that things would not happen.

At the *tarhil*, Robi'ah met people from other countries, including the *Takroni* or dark-skinned people who worked as scavengers in Saudi Arabia. Robi'ah stayed at the *tarhil* for about a week before being sent back to Indonesia. Dressed in black, Robi'ah arrived at Soekarno-Hatta Airport's Terminal 3. Along with the other deportees, she took a bus directly to Pulogadung terminal in East Jakarta. From there, she returned to her hometown in Sumenep-Madura.

Robi'ah herself admits that she is ignorant about HIV/AIDS. As far as she knows, HIV/AIDS is a sexually transmitted disease. Robi'ah said one of her colleagues in Saudi Arabia once had a sexually transmitted infection. Robi'ah told of how her colleague frequently experienced bleeding because she had sex so often. According to Robi'ah, her friend's illness could be deadly, and could be transmitted to someone else.

FOLLOWING A DREAM TO MALAYSIA

Let's call her Wulan, like the moon. Again, it's not her real name. This former female migrant worker from Bojonegoro, East Java, had no lofty dreams. She only wanted to provide her family with a means of escape from their economic difficulties. Her father was a small farmer who sometimes worked as a labourer on a rubber plantation. Her mother sold fruit at the village market

Wulan completed elementary school in Lampung in 1986, but progressed no further. She wanted her two younger sisters to have a chance to get an education. That meant that she would have to help her parents to seek additional income.

One day, a man, a friend of the family, visited her house. He was actually a broker who made the arrangements for village women who wanted to work in Malaysia. Wulan's interest was sparked immediately. She wanted to work overseas.

In 2002, Wulan mustered up sufficient courage to register at an Indonesian recruitment agency. Several documents, such as her KTP (identity card) and a letter of permission from her family, had to be handed over to agency, which was in Jakarta.

All the documents were in order. Wulan went directly to a holding centre and underwent training in various subjects. Cooking, taking care of elderly people, English and housework were among the skills she learned during her stay at the holding centre. Wulan was also briefed on her two-year contract term and how to extend it. The migration process she would go through and the work that she would do later as a domestic worker were also explained by the agency staff.

For Wulan, being at the holding centre was pleasant enough. After lessons, she was allowed to watch television and to receive guests on Sundays.

Health screening was one of the conditions required by the recruitment agency. Wulan did not fully understand either the purpose or the procedures of the health screening. All she knew was that it was required by the employers before the prospective migrant workers left for Malaysia. Wulan simply complied. The most important thing was that she could go abroad. As far as she can recall, the screening included a physical check-up, as well as urine and blood tests and an x-ray. Unfortunately, she no longer remembers exactly whether she had a blood test or whether the needle used was sterile.

Wulan followed her dream to Malaysia

She departed in 2002, along with 30 other prospective female migrant workers. An agent met the group in Kuala Lumpur, and took them to a holding centre. Apparently, there was further training at the holding centre. After a week there, Wulan met her new employer.

As a domestic worker, Wulan received a wage of 480 Malaysian ringgit, or about Rp 1.5 million a month. The employer also entrusted Wulan to help in a clinic he owned. Her

duties included preparing the medicines to fill the prescriptions of the patients who were examined at the clinic.

Every Saturday, Wulan had a day off. Wulan's employer was impressed by her polite and pleasant manner, and the bonuses rolled in: 10 Malaysian ringgit a day.

Wulan's days in Malaysia were sunny. She got acquainted with a Malaysian man, and a relationship blossomed. They dated on their days off, but according to Wulan, sex was not involved. Unfortunately, the sunny days came to an end. Wulan had to separate from her boyfriend when her work contract expired.

Her employer paid all her travel expenses for the return journey. Thank God, Wulan said, the journey from Soekarno-Hatta International Airport, Jakarta, to her hometown in Bojonegoro went smoothly.

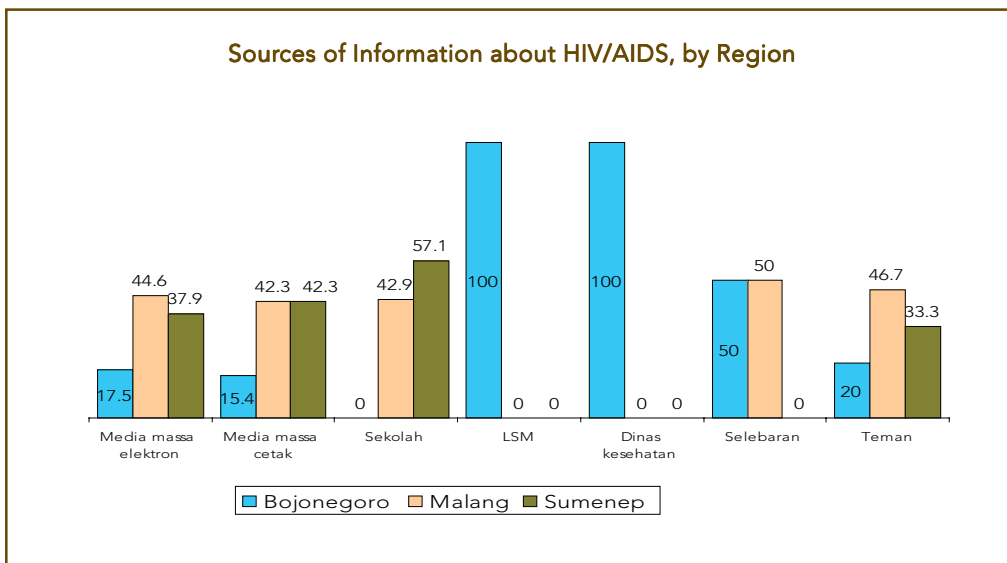
What about HIV/AIDS? Wulan was given some information when she was at the recruitment agency holding centre. As far as she knows, HIV/AIDS is an infectious disease. Wulan understands that HIV infection can occur through unprotected sexual intercourse. She also knows that HIV/AIDS can cause death. As far as Wulan is concerned, the only way to avoid HIV infection is never to have sex with anyone except your husband.

HOW MUCH DO THEY KNOW ABOUT HIV/AIDS

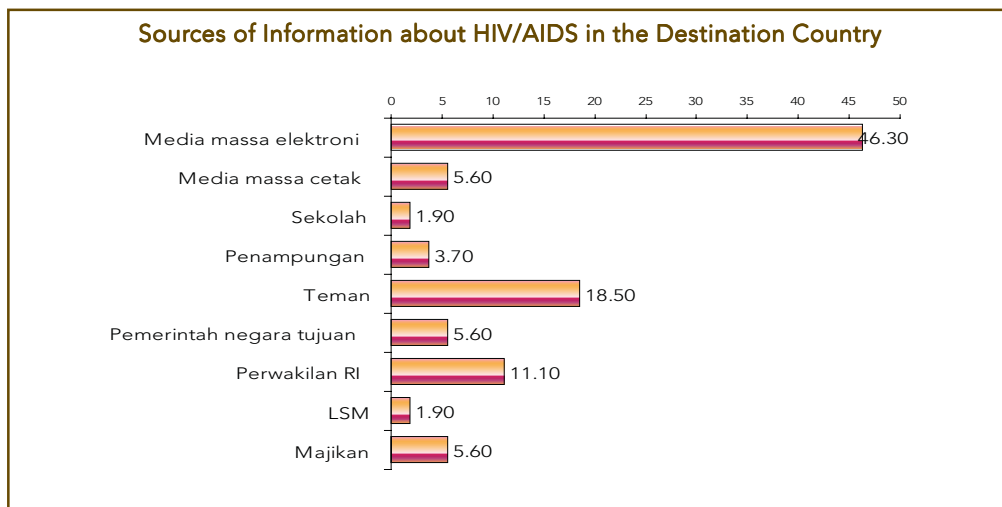
Female migrant workers know very little about what HIV/AIDS really is. How it is transmitted, how it can be prevented, how it is treated, what increases the risk of infection and who is vulnerable to HIV infection, as well as the benefits of condoms and the importance of using sterile hypodermic needles—none of this is well understood.

When they are still in the village, female migrant workers tend to get what little they know about HIV/AIDS from the mass media. Newspapers and television are the main sources. Other sources may include school, non-governmental organizations, the local health services, and so on.

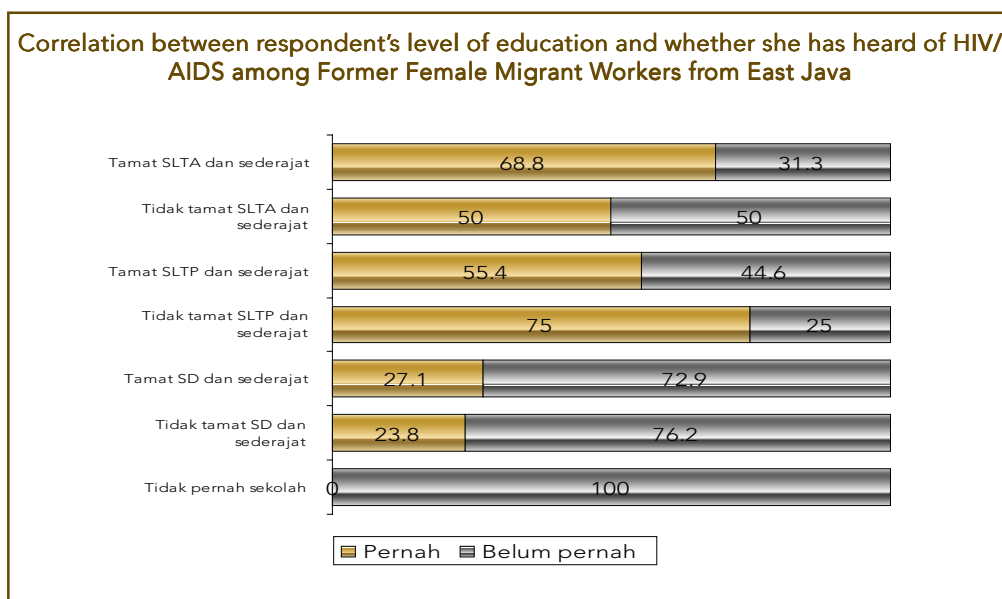
The following chart shows the data obtained from 303 prospective female migrant workers:



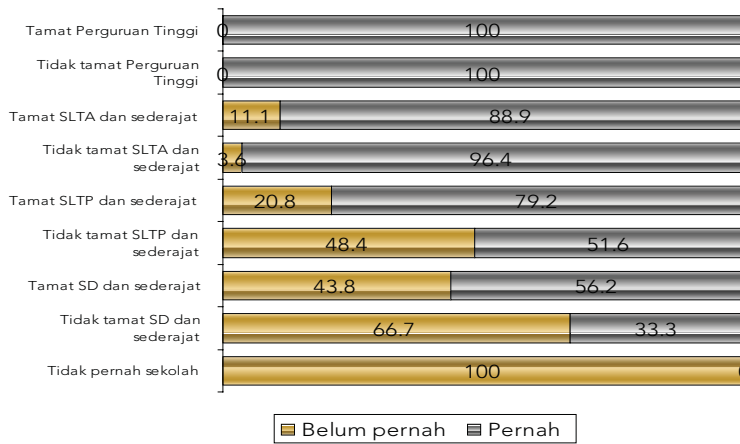
While working in the destination country, female migrant workers obtain information on HIV/AIDS from various sources, the most accessed source being electronic mass media. The following chart shows the data obtained from the results of interviews with 267 former female migrant workers.



It should be noted that on average, female migrant workers have only an elementary school education, or the equivalent. This low level of education influences their knowledge and understanding about HIV/AIDS. The following data illustrate the correlation between the level of education of migrant workers in East Java and the extent to which they have heard of the term "HIV/AIDS":



Correlation between respondent's level of education and whether she has heard of HIV/AIDS among Prospective Female Migrant Workers from East Java



The data above show the correlation between the level of education of female migrant workers and whether they have heard of HIV/AIDS. They show that the lower the level of education, the lower the respondent's knowledge about the term "HIV/AIDS" and their understanding about the disease.

The following descriptions will show the correlation between the knowledge and the behaviour of female migrant workers from Sumenep, Malang and Bojonegoro with regard to HIV/AIDS.

5.1. The Knowledge and Behaviour of Female migrant workers with regard to HIV/AIDS – A Case Study in Sumenep Regency, Madura

a. Knowledge

In general, most informants in Sumenep have heard of the terms "HIV" and "AIDS". However, their understanding is limited to mere recognition of the words. They do not have an in-depth understanding of what the disease is, or its consequences.

In general, it is known that this disease can be transmitted from one person to another through sexual intercourse with someone who is at high risk of HIV/AIDS infection. Those with high risks include sex workers and people who have ever used non-sterile needles.

Most of the informants know only in very general terms that HIV/AIDS is an incurable disease. Most of them said that people with HIV/AIDS have certain physical characteristics, such as looking weak and thin, being listless and having open sores or abscesses on their skin. According to the informants, they can avoid being infected with HIV/AIDS by not having sex or bodily contact with such people.

Hym, the informant who worked in Saudi Arabia, told us:

I've only heard about it, I don't really know whether it's true or not. People say HIV/AIDS is incurable. I once saw people with HIV/AIDS on TV, they looked very thin. I don't think I've never seen the abscesses. How you catch it, yeah, I think it can be from body contact, injections, from blood I think. I don't know exactly. That's why we have to be careful, because it is mostly from sexual intercourse. So, don't have sex.

Another informant, who asked not to be named, said,

HIV/AIDS? I think people who have that are thin, and they have abscesses on their skin, they're weak, listless, no zest for life. That's all.

All informants admitted that they had never received any concrete information on how to use condoms as a way of avoiding infection. All they knew about condoms was their function as a contraceptive. They very rarely use condoms when having sex with their husbands or partners, whether their partners are Indonesian or foreign.

One informant from Sumenep spoke about the behaviour of female migrant workers who drink alcohol and smoke when they are working overseas. This behaviour, according to the informant, often leads to sexual relationships between migrant workers from Indonesia or with workers from other countries whose backgrounds are unclear.

Information about HIV/AIDS, according to the informants from Sumenep, is mostly obtained from electronic and printed mass media. Other sources of information include staff at the holding centres, government officials in the destination countries and other migrant workers.

b. Attitudes and Behaviour

Female migrant workers from Sumenep know that HIV/AIDS can be transmitted through risky sex. However, they think that high-risk sex only means having sex with several different partners. Some of them even think high-risk sex is limited to sex with commercial sex workers, while women who are not sex workers who practice risky sexual behaviour are not regarded as being at risk of HIV/AIDS infection.

Hym, for example, was well aware that her Turkish husband already had a wife before marrying her. Hym also knew that her husband had had sex with multiple partners. However, these facts did nothing to change her decision to marry and have sex with the Turkish man. During sex, she and her husband did not always use condoms. Both felt that condoms reduced their enjoyment. However, Hym is confident that she will not get infected with HIV/AIDS through having sex with her Turkish husband.

The problem is complicated by the fact that the undocumented migrant workers who use the *umroh* visa have never undergone health screening. On the one hand, this means that they avoid the danger of being injected with non-sterile needles. On the other hand, however, it means that they can become another link in the chain of transmission of the HIV virus because unless they are tested, they will never know whether or not they have been infected with HIV/AIDS. As a result, they can unknowingly transmit the virus to others.

Hym's case is typical of the attitude of female migrant workers to HIV/AIDS and its transmission. In general, they know that HIV/AIDS can be transmitted through risky sexual behaviour. This knowledge, however, is not accompanied by attitudes and behaviours that could prevent them

from being infected with the disease. Moreover, they believe that only women who work as sex workers are at high risk of infection, even though they themselves might also have sex with partners who are at risk.

In the meantime, unmarried female migrant workers cannot always refrain from forming sexual relationships in places where they work. Feelings of loneliness and boredom in the workplace can give rise to recreational behaviour such as partying and drinking alcohol. Such habits sometimes lead to drug use and risky sexual behaviour in the countries where they work. Several informants admitted that when enjoying themselves in this way the threat of HIV/AIDS never crossed their minds. For them, such activities fill a need; the need to have fun, and put aside the feelings of loneliness and boredom that engulf them while they are working.

The lack of knowledge about the function of condoms definitely has a negative impact. Female migrant workers overlook condoms as a precautionary measure against HIV/AIDS infection. Condoms are regarded only as contraceptives, something to use to avoid pregnancy.

The lack of health screening, specifically for undocumented female migrant workers, ensures that the chance of them finding out about their health status and their right to health is even more remote. They have no way of knowing whether they have been infected with HIV/AIDS or not. This gives rise to a misperception: they feel healthy, despite having had risky sex. However, it can take years for HIV to develop into full-blown AIDS. HIV/AIDS can therefore pose a deadly threat for a female migrant worker in the future as a direct result of her present attitudes and behaviour.

The use of the *umroh* visa does sometimes serve to prevent female migrant workers from taking actions or being placed in situations that carry the risk of HIV/AIDS. This is because female migrant workers on the *umroh* visa are usually freer to choose their employers. If a migrant worker is sexually harassed by her employer—something that can put her at great risk of HIV infection—she is free to quit her job. This kind of action is impossible for a female migrant worker on a working visa with a binding work contract.

During this research, the female migrant workers were asked their opinion about what would happen if they had actually been infected with HIV/AIDS. Several informants from Sumenep admitted that the situation would be disastrous for them. If people in their villages knew they had HIV/AIDS, they imagined, they would be shunned by the community. The disease would also be regarded as a huge stigma for their families.

5.2. The Knowledge and Behaviour of Female Migrant Workers with regard to HIV/AIDS – A Case Study in Malang Regency

a. Knowledge

Female migrant workers from Malang tend to have relatively low knowledge about HIV/AIDS. Generally speaking, they know only that HIV/AIDS is an infectious, incurable disease. Several female migrant workers admitted during in-depth interviews that they did not know exactly how HIV/AIDS is transmitted.

Mun told us what she knew:

Yes, it's a kind of infectious disease, isn't it? It can be passed on through blood, through sex, and through hypodermic needles. Maybe needles that have been used by someone with HIV. It can be transmitted if someone else uses the needle. If it is used again, it's dangerous. Maybe that. I don't know exactly.

The level of knowledge about HIV/AIDS among migrant workers from Malang is also illustrated by Mar's statement:

Yeah, I don't know much, only a little. AIDS is an infectious disease, it's serious, I think. Don't ever get infected with the disease. But that's all I know. Nothing else. Yeah, what can I say, you know.

Some informants knew how HIV/AIDS is transmitted, explaining that infection can result from sexual intercourse, blood transfusions and the use of non-sterile, used needles. However, the migrant workers from Malang did not know exactly what the symptoms of HIV/AIDS are.

Meanwhile, Yom, an informant from Malang who was awaiting her departure for South Korea when this research was conducted, thought that HIV/AIDS only infects women who have (lesbian) relationships with other women. According to Yom, HIV/AIDS cannot be transmitted through heterosexual sex.

The minimal knowledge displayed by some informants is a consequence of the shortage of information sources on HIV/AIDS. The informants admitted that most of their knowledge about HIV/AIDS is obtained from their colleagues, either in the holding centre or while they are working. The rest is gleaned from electronic mass media like television; and their access to this medium is limited.

One of the informants explained that while she was at the holding centre, the recruitment agency did brief the prospective female migrant workers about HIV/AIDS. However, she felt the information was very limited. The agency staff do not usually explain in detail about how HIV is transmitted, how to identify someone who has been infected with HIV/AIDS, and so on. In fact, the female migrant workers admitted that they had been hoping for a full and thorough briefing on HIV/AIDS, particularly in relation to their work overseas. Female migrant workers urgently need information from the recruitment agency and medical officers.

b. Attitudes and Behaviour

Several migrant workers thought that HIV/AIDS could only be transmitted through same sex activities and not heterosexual sex. This has led female migrant workers to believe that HIV/AIDS will not be transmitted even through risky sexual behaviour as long as it is with someone of the opposite sex.

A fact that also needs highlighting is that the knowledge of female migrant workers from Malang about transmission through non-sterile hypodermic needles is not always matched by corresponding actions, namely the rejection of the use of non-sterile needles. This is evident in several of the cases of female migrant workers working in the Asia-Pacific region. Mar, for example, knew well enough that HIV/AIDS can be transmitted through used or non-sterile hypodermic needles. Then, one day, she was vaccinated against the SARS virus at her employer's house. Mar knew that the doctor was using a used hypodermic needle to inject her and the other domestic workers in the house. However, she made no objection. This, Mar admitted, was because she

didn't dare refuse her employer's order. Mar regarded herself as powerless to refuse because of her lowly status as a domestic worker. This reflects the social status and position of women in the community, a position that increasingly marginalizes women and forces them into a position of vulnerability to HIV/AIDS.

Similar incidents occur during health screening before departure. Several informants admitted that during blood tests, the needles used to draw their blood were the same needles that had been used to inject the person before them in line. One informant spoke of a similar occurrence during her medical, when she was the eighth person in the queue. Again, these women lacked the courage to either to refuse the test or to protest about the incident.

5.3. The Knowledge and Behaviour of Female migrant workers with regard to HIV/AIDS – A Case Study in Bojonegoro Regency

a. Knowledge

The knowledge of female migrant workers from Bojonegoro about HIV/AIDS is very low. All they know is that HIV/AIDS is an infectious disease, deadly because there is no cure.

They admit that they have minimal knowledge about HIV/AIDS. As far as they know, HIV/AIDS can only be transmitted among people who often change partners or have more than one sexual partner. One informant, Win, admitted that she only learned that used hypodermic needles could be a link in the chain of HIV/AIDS infection when she was working in Malaysia.

Win told us what she learned when she tried to ask someone:

At that time, I didn't know much about it. I only knew that we had to watch out for AIDS. I asked the lady in charge of the dormitory where I lived in Malaysia: "What kind of disease is it?" It's a serious disease that has no cure, basically. The point is if you often change partners, you can get the disease. But if you don't, you won't get it. That's all.

As for Fat, she only became aware of HIV/AIDS after returning to Indonesia:

Before, I didn't know, but after coming back to Indonesia, I know a little. I know about it from the TV. As far as I know now, it's a serious disease.

Win explained her knowledge about HIV/AIDS:

As far as I remember, it can be passed on through needles. So, through blood. And by having sex without a condom, through sperm and vaginal fluid, as well as breast milk.

The informants mentioned several sources of information about HIV/AIDS, including television, colleagues when they were still in the village and other migrant workers in the destination country. Such as Tih, who learned about HIV/AIDS when she was part of a farmers' association in her village.

The informants who were interviewed also confirmed that the recruitment agency had included HIV/AIDS as one of the subjects during their training at the holding centre. However, they felt that the information was very limited. Several informants felt that the briefing about HIV/AIDS at

the holding centre should have been more comprehensive, so that female migrant workers would have a better understanding of the various issues related to HIV/AIDS.

The knowledge of these female migrant workers about HIV/AIDS is extremely limited. All they know is that HIV/AIDS is an infectious disease, and fatal. Several female migrant workers are aware that HIV/AIDS can be transmitted through unsafe sex and the use of non-sterile hypodermic needles. However, they do not have a good grasp of the issues related to HIV/AIDS, such as mother-to-child transmission, transmission through drug use, and so on.

Sources of information such as the mass media and recruitment agency staff are felt to be inadequate. In fact, these are strategic and easily accessible sources of information. Friends in their hometowns and villages and colleagues overseas can also be a source of information about HIV/AIDS. Unfortunately, there is no way of knowing how accurate the information they obtain from friends or colleagues is.

b. Attitudes and Behaviour

Female migrant workers from Bojonegoro consider HIV/AIDS a serious infectious disease. Many are also aware that it is fatal.

One informant, who had been a factory worker in Malaysia, thought that a Pakistani man who frequently masturbated in front of her could endanger her. She also noted that Indonesian women who go out with men of other nationalities can get involved in sexual relationships and be at risk of HIV/AIDS infection.

5.4. The Knowledge and Behaviour of Husbands of Female migrant workers with regard to HIV/AIDS

The families and husbands or the people closest to the migrant workers do not yet play a role in disseminating information about HIV/AIDS to female migrant workers. This is because the husbands and families also know very little. Moreover, they typically misinterpret the symptoms of sexually transmissible infections (STI) as the symptoms of HIV/AIDS.

Moh, the husband of a former migrant worker from Bojonegoro, disclosed his knowledge about HIV/AIDS:

HIV, or AIDS, it's infectious. It's like there's mucus, like pus coming from the genitals. It can be transmitted through urine, too. How HIV is transmitted, yeah it's a disease of people who play around, promiscuous people. You get thin... So, men who play around, they should use a condom.

Pon, the husband of a migrant worker from Bojonegoro, gave a different comment:

I know what it means, but I don't know much about it. All I know is that that this HIV/AIDS, or whatever it is, is an incurable disease and it's transmitted very fast. No, it can't be cured. You can die from it. HIV... AIDS, in my opinion, it's probably the same thing. I don't really understand what the symptoms are, but of course I'm afraid of it. If there's someone who's infected. A person who's infected has red spots on his skin. It can be transmitted through skin contact, through your breath, if you change partners.

Mad, the husband of a former migrant worker who had also worked in Malaysia, revealed that he heard about HIV/AIDS from his wife when he was working there.

Mad explained:

I heard about it in Malaysia, I heard about it often. Near Kuala Lumpur. All I know is that people there said that AIDS is a disease that's difficult to cure. Secondly, the disease comes from sexual problems. People with AIDS, what I've seen is that they are itchy. They might look weak, yellowish, no blood. To avoid being infected, maybe we should stay away from people with AIDS. It's difficult to cure.

In general, then, the knowledge of the people closest to the female migrant workers about HIV/AIDS is very low. It is impossible to expect them to be able to help the migrant workers to gain a deeper understanding about HIV/AIDS.

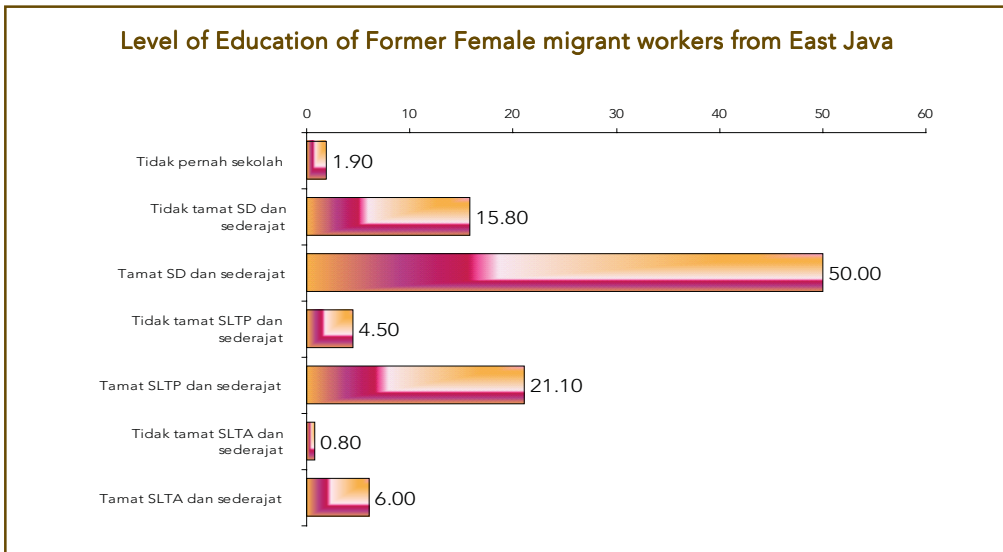
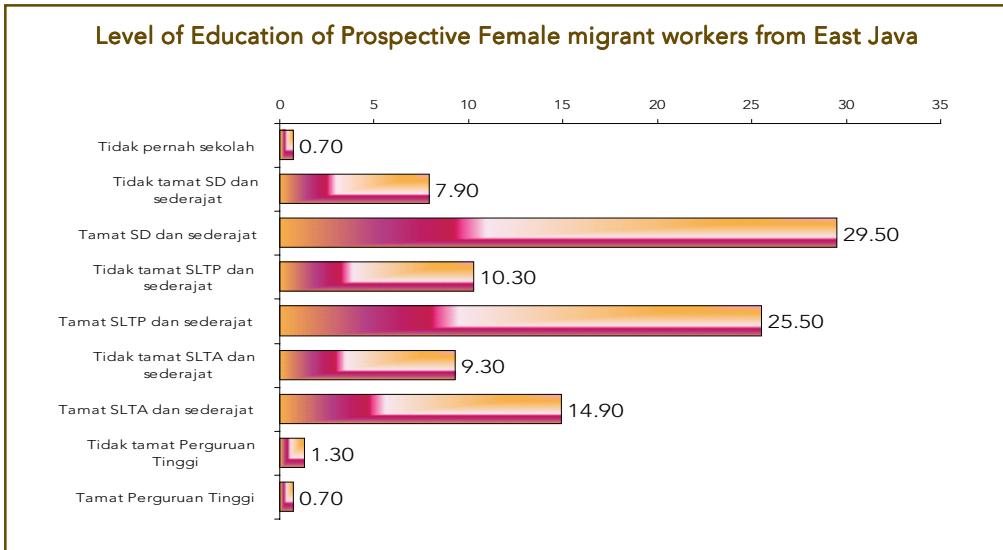
In several cases, the husbands and partners who have been left for a long time and have had sex with more than one woman are unaware that their behaviour can be a link in the chain of HIV/AIDS infection to their permanent partners or wives. Because of their lack of knowledge, these husbands and partners take the attitude that having sex with someone else besides their permanent partner will not expose them to the risk of HIV/AIDS transmission.

With regard to people living with HIV/AIDS (PLWHA), the husbands and families admitted that they would choose to stay away from PLWHA in order to avoid being infected. This would include their wives or partners if they turned out to be PLWHA.

Moreover, if we divide them once again into the specific categories of prospective and former migrant workers, the levels of understanding tend to be different. The quantitative research shows that the average prospective female migrant worker knows more about HIV/AIDS than the average former female migrant worker. This is the result of a number of factors, one of them being the educational backgrounds of would-be and former female migrant workers.

The research revealed that most of the prospective female migrant workers who are currently waiting to work overseas completed elementary school and junior high school, or the equivalent. Meanwhile, the former female migrant workers, on average, only completed elementary school or the equivalent.

The following graphs show the educational background of prospective and former female migrant workers in East Java:



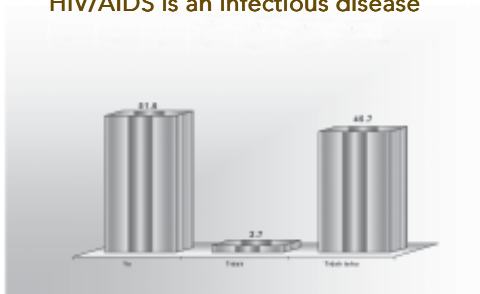
The results of the quantitative research on “The Vulnerability of Female migrant workers to HIV/AIDS Infection” show that 50% of former female migrant workers graduated from elementary school or the equivalent. Only 21.10% of former female migrant workers completed junior high school or the equivalent. It also shows that 1.9% of former female migrant workers had never been to school and 15.80% had not completed elementary school or the equivalent.

Meanwhile, among prospective female migrant workers, 29.50% had completed elementary school or the equivalent and 25.50% completed junior high school or the equivalent. Only 0.70% of prospective female migrant workers had never been to school, while 7.90% did not complete elementary school or the equivalent.

On the basis of these data, we can conclude that the educational background of former female migrant workers is a factor in their lower levels of knowledge and understanding about HIV/AIDS compared to prospective female migrant workers.

The following graphs provide quantitative data describing the knowledge of former female migrant workers about HIV/AIDS:

HIV/AIDS is an infectious disease



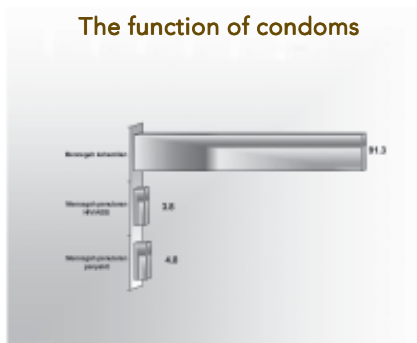
HIV/AIDS is fatal



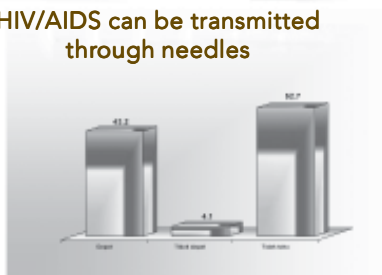
HIV/AIDS can be transmitted through sex



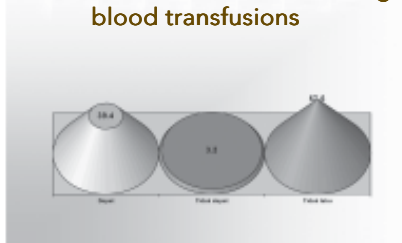
The function of condoms



HIV/AIDS can be transmitted through needles



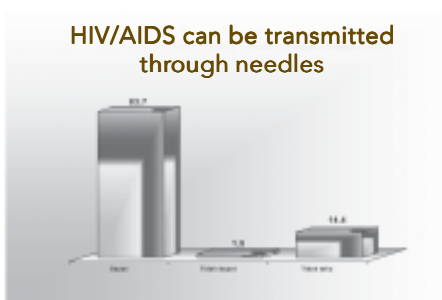
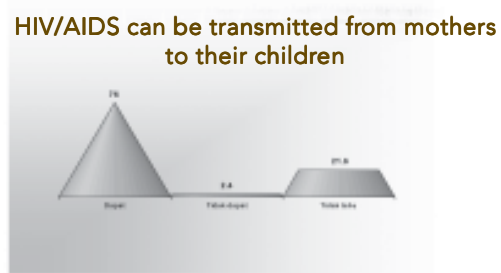
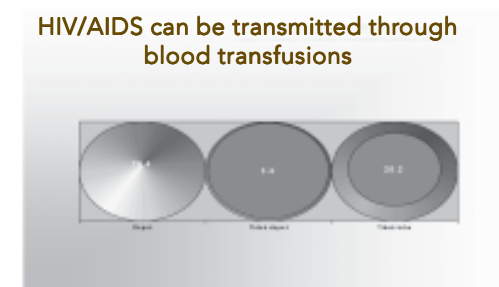
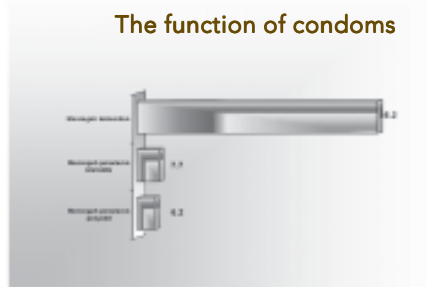
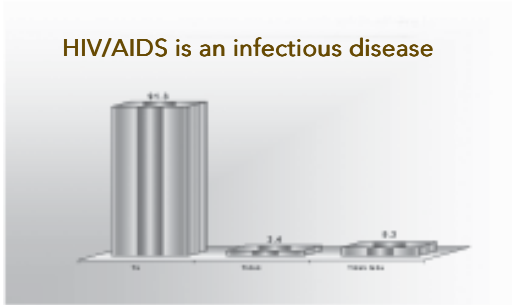
HIV/AIDS can be transmitted through blood transfusions



HIV/AIDS can be transmitted from mothers to their children



The following graphs provide quantitative data describing the knowledge of prospective female migrant workers about HIV/AIDS:



CONCLUSIONS AND RECOMMENDATIONS

CHAPTER

6

The term “HIV/AIDS” is indeed known to the majority of female migrant workers. Their knowledge, however, barely scratches the surface. They lack even the most basic understanding of the two terms, let alone an in-depth awareness of what they really mean.

As an example, female migrant workers do not know the symptoms displayed by a person with HIV/AIDS, how the virus is transmitted or what constitutes risky sexual behaviour. They do not understand either the function of condoms as a means of preventing HIV infection, or the risks of using non-sterile hypodermic needles.

This research uncovered a tendency among female migrant workers to hold mistaken beliefs about HIV/AIDS. Among these misperceptions are that HIV/AIDS is a disease of “naughty” people, or people who “play around”—i.e. people who work as sex workers; that a person with HIV/AIDS will have red spots and open wounds or abscesses, as well as itchy skin, and that they will appear thin and weak.

This situation of course gives cause for concern, particularly because female migrant workers are in a position of great vulnerability to HIV/AIDS. This vulnerability does not occur only at one stage of the migration process; on the contrary, it is present throughout the process. As indicated by the testimony of the workers themselves, the points of vulnerability occur prior to departure, in the destination countries and once they return home.

Their day-to-day external environment also places female migrant workers in a vulnerable position. They are exposed to various threats, such as the threat of rape, sexual harassment, coercion, and so on. They are also isolated, lonely and far from their families. Moreover, their bargaining position is very weak, whether as migrant workers, as women or as foreign citizens. Such external, internal and cultural conditions are all factors in the vulnerability of migrant workers to HIV/AIDS.

The widespread lack of knowledge among female migrant workers is indeed related to their low level of formal education. This research also reveals that women’s position and role in society influences the extent of their vulnerability to HIV/AIDS infection. Their position is worsened by their weak protection against various health risks during the migration process.

Unfortunately, there have been no efforts to provide female migrant workers with adequate and timely information about HIV/AIDS. Such information should be provided before they even leave their villages, as well as at the vocational training centres and worker recruitment agencies, and during the final pre-departure preparations.

During this research, we found only a few cases of female migrant workers having sufficient knowledge about HIV/AIDS. This knowledge, moreover, was only at the cognitive level, and was not reflected in attitudes and behaviours. What knowledge they had was overlooked when faced with situations that they should have been able to anticipate.

Several of the informants in this research experienced such incidents. Prior to undergoing health screening, they knew that the use of used or non-sterile hypodermic needles carries the risk of HIV transmission. While the tests were being performed, the informants were aware that the needle the medical attendant was using to take their blood was not sterile. However, the migrant workers concerned neither refused nor protested.

A similar lack of understanding was also shown by female migrant workers who thought that only commercial sex workers practice risky sexual behaviour, not women like themselves, even though they have sex with multiple partners or with men who have multiple partners, without using condoms.

The low level of knowledge and misperceptions about HIV/AIDS can also be found among the families and partners/husbands of female migrant workers. Several female migrant workers and the husbands they left behind while working overseas would shun people with HIV/AIDS because they believe that the disease can be transmitted just by being in close proximity to a person with HIV/AIDS.

Based on the facts given above, it can be concluded that the government, worker recruitment agencies and the public have yet to pay any real attention to the condition of female migrant workers who, as a group, are vulnerable to HIV/AIDS infection. Solidaritas Perempuan therefore proposes a series of recommendations aimed at ensuring that female migrant workers do not become even more vulnerable to HIV/AIDS infection.

The recommendations are as follows:

6.1. Government

1. Launch a campaign to highlight the vulnerability of Indonesian migrant workers and their spouses to HIV/AIDS.
2. Conduct and promote efforts to increase knowledge about HIV/AIDS among migrant workers and their families. Such efforts should be made in the workers' places of origin, as well as at vocational training centres and worker recruitment agencies.
3. Formulate policies to protect Indonesian migrant workers from HIV/AIDS infection. Such policies should provide protection for migrant workers at all stages of the migration process, from the pre-departure stage, through the post-arrival stage to the reintegration stage.
4. Promote diplomacy and cooperation (bilateral and multilateral) with the receiving countries aimed at protecting Indonesian migrant workers, particularly from HIV/AIDS infection.
5. Ensure that worker recruitment agencies take adequate measures in their holding centres to protect migrant workers' health, including protection against the risk of HIV/AIDS infection.
6. Ensure that worker recruitment agencies provide adequate health services (prevention and treatment) for prospective migrant workers in holding centres.
7. Monitor the implementation of health screening for prospective migrant workers, including the procedures related to HIV testing.

6.2. Vocational Training Centres/Worker Recruitment Agencies

1. Take measures to improve knowledge about HIV/AIDS among prospective migrant workers at vocational training centres and worker recruitment agencies.

6.3. NGOs and the Community

1. Launch a campaign to highlight the vulnerability of Indonesian migrant workers and their spouses to HIV/AIDS.
2. Increase the participation of civil society and NGOs in efforts to improve knowledge about HIV/AIDS among migrant workers and their family members.

The actions mentioned above, specifically those directly related to female migrant workers, must be done comprehensively. Attention should be given to every stage of the migration process, starting from their villages of origin and taking in the holding centres/worker recruitment agencies, the vocational training centres, the final pre-departure preparation, and finally the reintegration stage, when they return to their hometowns. In addition, girls could begin to learn about HIV/AIDS starting from when they first enter formal schooling.

An understanding of the role and status of women, for prospective migrant workers in particular and for society in general, could facilitate the creation of a more gender-equitable social order.

A gender-equitable social order would enable women in particular, and society in general, to build the conditions or situations that would afford female migrant workers better protection against actions or behaviours that carry a risk of HIV/AIDS infection.

APPENDICES

I. Observation

A. Health Screening Clinic

Pelangi Clinic, Health Screening February 2006

Clinic name: Pelangi (not the real name)

Location: Cawang Otista, East Jakarta

Established: 1999

The facilities at the Pelangi Migrant Worker Health Screening Clinic consist of several rooms, such as examining rooms, a laboratory, a room for taking blood samples, an administration office, the clinic owner's office, a waiting room and so on. The rooms where the various medical tests are carried out are separated only by triplex partitions. In general, the physical description of the clinic is as follows:

- ◆ The **receptionist's desk** is right by the door into the waiting room, where there are several chairs.
- ◆ The 2 x 3 metre **administration office** is right behind the receptionist's desk and has two computers and three desks.
- ◆ The **x-ray suite** comprises the room where the x-rays are done and a darkroom where the film is processed.
- ◆ The **laboratory** is opposite the receptionist's desk and the waiting room. This room is quite big compared to the examining rooms as it has to accommodate equipment for blood and urine testing.
- ◆ The **blood sample room** contains only a desk, two chairs for the patient and the medical attendant and several containers for the blood that is drawn. On the desk there are two boxes for disposing of the used injecting equipment, one for the needles and one for the syringes, while the syringes are already on the table, unwrapped. When the medical attendant was asked why the syringes were unwrapped, the response was that they are opened when the prospective female migrant workers register and there is conformation of how many will be undergoing blood testing. Opposite this room is a toilet where the patient provides the urine sample and places it in the sample container.
- ◆ The **toilet** is opposite the blood testing room.
- ◆ The **nurse's examining room** has a desk, two chairs, one medicine cupboard, an examining table, a blood pressure gauge, an eye test chart and several questions in accordance with the migrant worker health screening mechanism.

- ◆ The **doctor's examining room** contains a desk, three chairs, and an examining table.
- ◆ The **room where photographs are taken** is also used as a mushala (prayer room) and as a resting place for prospective migrant workers who are doing work experience prior to placement as clinic domestics.
- ◆ The **manager's office** is in the corner of the area leading to the back rooms.
- ◆ The **back rooms** consist of a kitchen, a bathroom for the staff and the manager and stairs leading up to the second floor, where there is a resting place for the manager and his sons or guests who may be feeling tired.

Communication between the medical attendants and the prospective migrant workers (PMW) at the clinic:

- ◆ Types of question:
 - What's your parent's (father's) name?
 - Are you married or unmarried?
 - Do you have any children? Have you ever used birth control?
 - Have you ever had any illness? – and so on
- ◆ Types of instruction:
 - Let's check your weight
 - Let's check your height
 - Remove your clothes, except for your underpants
 - Look straight ahead and close your eyes
 - Hold your breath
 - Stand up and turn around
 - Clench your fist

Staff

- | | |
|-----------------------------|--|
| 1. Doctors | : 4 women |
| 2. Nurse | : 1 woman |
| 3. Radiographers | : 1 male operator, 2 male film processors |
| 4. Analysts/lab technicians | : 1 man, 1 woman |
| 5. Drivers | : 2 men (one of whom had just been fired for making advances to a PMW) |
| 6. Admin staff | : 2 women |
| 7. Receptionist | : 1 woman |

Unlike most clinics where there are physicians and nurses, the staffs at the clinic do not wear uniforms. The reason given was that the clinic manager wanted the prospective migrant workers not to feel scared and to think of everyone as equals.

Screening process

This clinic has adopted the Singaporean standards for screening, on the grounds that using the following clinic flow it improves quality:

1. Lab testing
This clinic accepts PMWs for screening from 10.00 until 17.00 and blood and urine samples are tested after 17.00.
2. Taking blood and urine samples, using the following procedure:
 - Urine sample: this is done first because it is considered to be the easiest step. The urine sample is placed in a small jar-like container and put into the testing machine

- for about one minute, then placed on a piece of paper, on which is written the serial number of the PMW, to see whether it is positive or negative for pregnancy.
- HBsAg test: this test is done to see whether the PMW has hepatitis B or not, because if the patient is positive she will be declared "unfit" by the clinic.
 - HIV test: this is done to see whether the PMW has been infected with HIV.
 - HCV test: to see whether the PMW has hepatitis C.
 - TP (syphilis) test: to see whether the PMW has a sexually transmissible infection.
3. X-ray
 4. Physical check-up, one element of which is the eye test, which is done by asking the PMW to close her eyes one at a time at a distance of 6 metres to check whether there is any reduction of vision, need for glasses (minus/plus), or whether she is colour blind or illiterate.

Role of the Nurse

1. Calling the patients: the nurse calls the names of the PMW, checks the names and asks the PMW to come in to have their height, weight and blood pressure checked.
 - I. Recording: the nurse records that data on an SPK (work order) sheet against the name of each PMW.
 - II. Preparation for physical check-up: the nurse asks the patients to remove their clothes in turn and sit on the examining table.

Role of the Doctor

1. Physical check-up

The physical check-up is done from head-to-foot.

 - a. Shape of head and abnormalities
 - b. Eyes
 - Conjunctiva : anaemia/an anaemia
 - Sclera : icteric/anicteric
 - Cataracts
 - Strabismus
 - Pterigum
 - Other eye abnormalities...
 - c. Teeth

The client is asked to open her mouth so that her teeth can be examined.
The examination includes:

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 w: Filling (black/white)
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 x : Missing o : Caries

 - cavities (total 1,2 etc...) v : Protesa
 - Radix dentis ^ : Root rest (Radix)
 - Calculus
 - Toothache
 - d. Neck
 - Thyroid (Struma) : Thyroid small, medium, large.
 - e. ENT
 - Tonsils : T1, T2, T3 etc., (hyperemis/not)
 - Ears : Shape, hearing, ear wax etc.
 - Nose: shape and abnormalities
 - f. Thorax (lungs)
 - Shape and abnormalities
 - Bronchi, wheezing
 - g. Heart
 - Tachycardia

- Arrhythmia
- Murmur
- h. Chest
 - FAM, other tumours
 - Milk reservoir
 - Shape and other abnormalities
- i. Abdomen
 - Tenderness
 - Hepatomegali
 - Spleenomegali
 - Striae Gravidarum
- j. Extremities
 - Varices
 - Congenital abnormalities
- k. Genitalia
 - Hernia
 - Fluoralbus
 - Other abnormalities
- l. Skin
 - Tinea +++ etc., dermatitis +++ etc. (other skin diseases)...
 - Sikatrik ex injury, ex drug use, ex surgery etc.
 - Keloid ex surgery, etc.
 - Tattoos
 - Striae gravidarum
- m. Others
 - Tumour
 - Lipoma
 - Medical history
 - Patient's complaints

Recording/results of migrant worker medical check-up

- a. The medical check-up results for each patient are recorded on the SPK sheet
- b. In the physical check-up results book, the following are recorded:
 - i. Date, month, year
 - ii. Name, age of PMW
 - iii. Name of sending agency and destination
 - iv. Results of each check-up

List of Equipment for Physical Check-up

- ◆ Patient bed (2)
- ◆ Blood pressure gauge (2)
- ◆ Stethoscope (3)
- ◆ Height measure (1)
- ◆ Scales (2)
- ◆ Administration desk (2)
- ◆ Oxygen tank (1 set)
- ◆ Examination lamp (1)
- ◆ Eye Test (2), Isihara test & Chart
- ◆ Thermometer (2)
- ◆ Dental examination instruments (3)
- ◆ EKG (1)
- ◆ Kidney bowl (1)

- ◆ Basin (1)
- ◆ Reflex hammer (4)
- ◆ Talla fork (2)
- ◆ Washbasin
- ◆ Examination result book
- ◆ Othoscope (1)· Instrument tray (2)
 - Tongue Depressor
 - Dental Mirror (2)
 - Scissors
 - Gloves
 - Clamp
 - Surgical, Anatomical Forceps

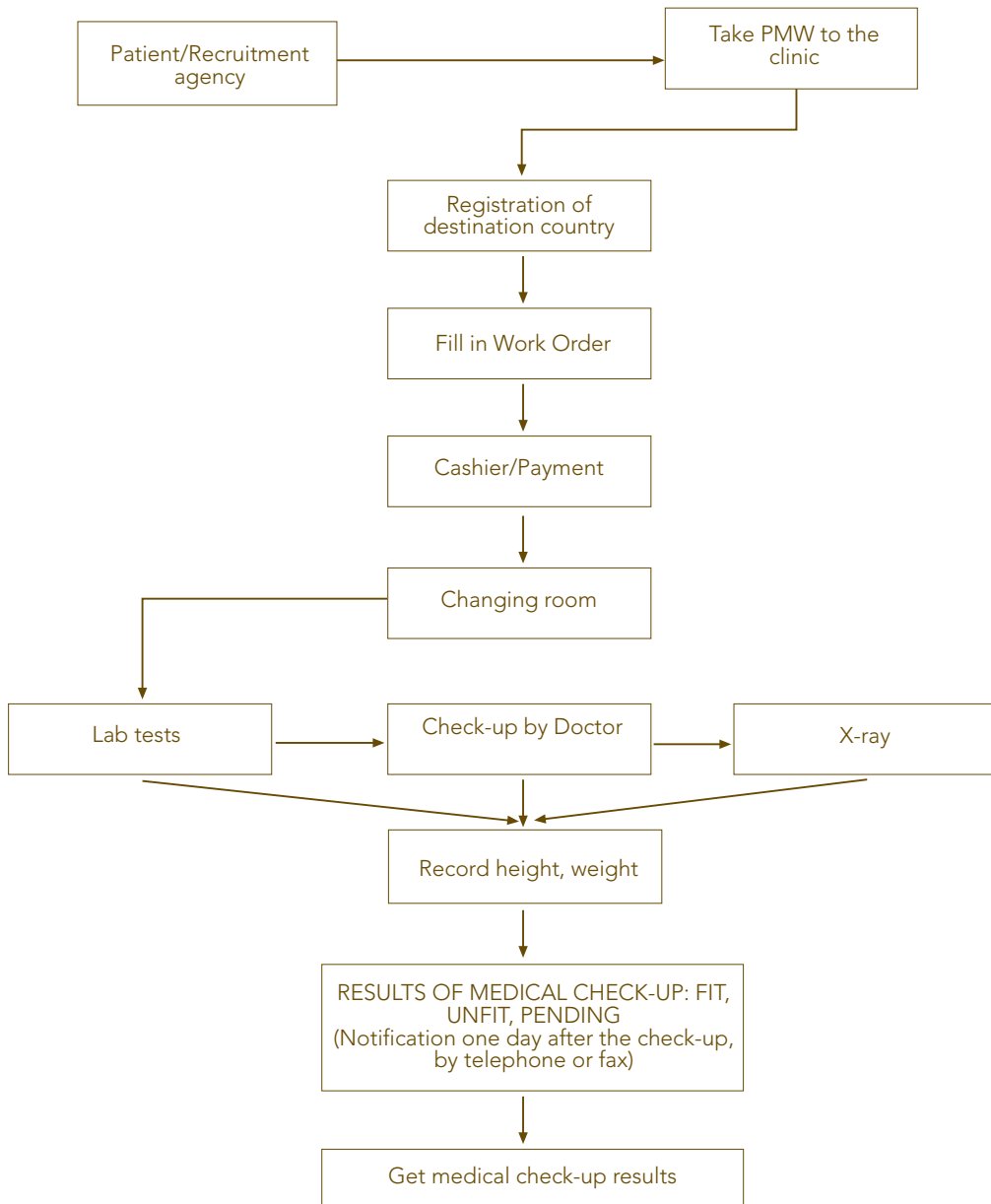
Consumables

- ◆ Wooden tongue depressors
- ◆ Betadine
- ◆ Plasters
- ◆ Cotton wool
- ◆ Alcohol
- ◆ Gloves
- ◆ Masks

Emergency Kit

- ◆ Haecting (1 set)
- ◆ First Aid
- ◆ Drugs (Adrenalin, Epinephrine, etc.)

**PATIENT FLOW DURING MEDICAL CHECK-UP
AT PELANGI MEDICAL CENTRE**



B. Final Pre-Departure Preparations (PDP) for Prospective Indonesian Migrant Workers (IMW)

Pondok Gede Haj Dormitory

Organizer: Ministry of Manpower and Transmigration (Depnakertrans)

Objectives of Final PDP for IMW: To prepare prospective Indonesian Migrant Workers (IMW) for their departure overseas.

- The government has passed a law making the Final PDP mandatory for prospective IMW before they leave.
- In 2003, the Final PDP was made mandatory for all prospective women migrant workers at private worker recruitment agencies. Previously, the Final PDP was voluntary and it was held at the request of the worker recruitment agencies.
- A Final PDP instructor explained that before the Final PDP was made mandatory for prospective Indonesian migrant workers, there were many cases of IMW being sent home by their employers or bosses because, in their view, the migrant workers from Indonesia did not know how to behave in an appropriate manner with their employers.
- At the moment, the Final PDP takes place at the Pondok Gede Haj Dormitory in East Jakarta for prospective IMW destined for countries in the Asia-Pacific region, and at the Binawan Campus on Jl. Dewi Sartika, East Jakarta, for prospective IMW destined for countries in the Middle East.
- There is no difference in the materials given to classes of prospective migrant workers destined for countries in the Asia-Pacific region or in the Middle East.
- The cost of the Final PDP training is borne by the recruitment agency. Instructors on the Final PDP training come from institutions under the Ministry of manpower and Transmigration and the Ministry of Foreign Affairs.

Final PDP for IMW at Pondok Gede Haj Dormitory, East Jakarta

Participants of Final PDP for IMW at the Haj Dormitory: Prospective migrant workers destined for countries in the Asia-Pacific region

Total number of classes for Final PDP: 6 classes

Total number of committee rooms for Final PDP for IMW: 1 room

- Each classroom at the Final PDP at the Pondok Gede Haj Dormitory is given a name, such as Anggrek (Orchid), Crysanti (Chrysanthemum), Tulip, Mawar (Rose), Melati (Jasmine) and Nusa Indah. Each classroom measures about 10x5 m².
- Each class consists of between 55 and 60 prospective women migrant workers from various worker recruitment agencies. Each class on the Final PDP has one class leader.
- Each classroom is equipped with two air conditioners (AC) that no longer work very well (not cold enough) and have to be supplemented by two ceiling fans. Apart from the ACs and fans, the classrooms also have various teaching aids such as a whiteboard, markers and erasers.
- The classrooms are on the second floor of the Pondok Gede Haj Dormitory in East Jakarta. They look like normal school classrooms, with two lines of desks going from the front to the back of the room, and lined up beside each line are three folding chairs with attached tables for writing.

Final PDP Learning Process

- Final PDP participants are taught four subjects by four different instructors.
- Class time is from 08.30 – 15.30.
- The Final PDP committee has divided the four subjects into 2 sessions. Two subjects are

given in the first session, from 08.30 -11.30. After a break from 11.30 -12.30, the Final PDP participants return for the second session from 12.30 to 15.30.

- Each instructor teaches for 1½ hours. The changeover from one subject to another is signalled by a bell.
- During the observation, not one Final PDP participant was seen leaving the classroom during some 7 hours of instruction, except to go to the toilet.

Subjects for Final PDP for IMW

- Each class of Final PDP participants gets four subjects taught by different instructors. These subjects are as follows:
 - 1) Documentation
 - 2) Preparatory information about the journey, period of work overseas and when the IMW return home.
 - 3) Information on the types and abuse of narcotics, trafficking and the definition of illegal or undocumented migrant workers, and information about sexually transmissible infections.
 - 4) Mental and personal preparation for prospective IMW.

1. Subject: Documentation

- To aid the learning process, the instructor showed realia such as passports and other types of documents that were being discussed.
- In this first subject, the lesson focused on a discussion of documents, bank accounts, insurance, work contracts, details of costs, duration and leave. Finally, on a more personal note, the instructor gave a moral message to all the Final PDP participants who would soon be leaving for the countries where they will work.
- The atmosphere in the first class was monotonous and not communicative, because some 90% of the time for speaking was taken up by the instructor.
- The instructor concluded the first subject with a moral speech for the prospective IMW who would be working hard as foreign exchange heroes, telling them to be careful and to prepare themselves mentally for working overseas.

2. Subject: Preparatory information about the journey, the period of work overseas and when the IMW return home

- Like the first instructor, the second instructor also began with an introduction.
- The instructor then began to explain the importance of understanding the local language, because this is in the interests of the prospective IMW who will be working in a foreign country. The instructor emphasised how important it is for the prospective IMW to study the language of the country where they will be working.
- The instructor also talked about how important it is for prospective IMW to have the rights skills for the job they will be doing; for example, if they are going to do domestic work in the destination country, the prospective IMW must know how to use a vacuum cleaner, washing machine, gas cooker, etc.
- The instructor also talked about their attitude and behaviour while working, such as being polite, honest, responsible, and the need to always maintain Indonesia's good reputation in the eyes of the international community.
- As well as the discussion above, the instructor also discussed the importance of being in peak physical condition. The instructor mentioned that the medical check-up prior to departure is very important because it provides proof that the prospective IMW is fit to work.
- The instructor also reminded participants that if they become sick in the destination country, they will be sent home.
- Then the instructor turned to the subject of documents, informing participants that a passport is an international identity card, and therefore must be looked after carefully and not lost. The instructor also introduced the various different types of passport [black passports for diplomatic personnel, blue passports for people on official

government business, brown passports used for the haj; and green passports used by the public].

- The instructor also informed the participants that they should contact the Indonesian consulate and suggested that the prospective IMW write down important addresses in the country where they will be working.
- The instructional mode for the second subject was not much different to that of the first subject; the instructor spoke most of the time, although the instructor did once try to involve the class by asking the participants questions.
- As with the first instructor, before the bell signalled the end of the lesson, the instructor gave a little moral speech to the Final PDP participants, telling them to be careful during the departure, while they were working and when they returned home.

3. Subject: Information on the types and abuse of narcotics, trafficking and the definition of illegal or undocumented IMW, as well as information about sexually transmissible infections (STI)

- The third subject covered the topic of narcotics, trafficking and undocumented IMW, as well as STIs.
- The instructor began the discussion by stating the importance of understanding what the different types of narcotics are and how they are abused, from pills to drugs that are in the form of powder and leaves. The instructor also informed the class that certain types of drug originate from various different countries, and Indonesia has its own specific types, i.e. a type of ganja or marijuana, which is not found in other countries.
- The instructor explained that using such drugs is a misuse of their function. Narcotics are used in medicine for positive purposes, and this is not abuse, but the dealing and use of drugs by the general public is illegal.
- The instructor noted that narcotics abuse can endanger life. The instructor then explained about undocumented IMWs, from the process of migration without documents, to working overseas using a temporary visit visa, and those who misuse the visa for visits to Mecca to perform umroh or haj, by staying on to become workers.
- Also categorized as illegal IMW are those who misuse their work contract by changing employer, whether at the suggestion of a friend or at their own initiative, or those who escape from their employer—because they are not happy or because of torture or even rape—without taking their documents and are then arrested by the local police. Illegal IMW also include those using a false identity or whose identity documents have been falsified.
- The instructor then went on to talk about sexually transmissible infections (STI), beginning with risk behaviour. The risk behaviour explained by the instructor concerned commercial sex workers [the instructor still used the term “Wanita Tuna Susila”, which literally means “woman without morals”], men who buy sex, sailors, thugs, young people who have sex before marriage, and intercity or long-distance truck drivers. The instructor explained that such behaviour could lead to being infected with a sexually transmissible infection. Risk behaviour is also common among migrant workers, if they do not watch their behaviour.
- There was a lot of laughter among the Final PDP participants during the discussion of STI, because the instructor not only knew the material well but was also able to inject some humour into the topic. Unfortunately the discussion of STI came at the end of the class, so there was very little time for any specific discussion of HIV/AIDS.
- This third subject also covered an explanation of various types of genital diseases such as syphilis, gonorrhoea, genital herpes etc. The instructor focused on how the chain of transmission begins, taking as an example a typical long-distance inter-city driver who often has sex with partners other than his wife. When he buys sex, the driver is infected by his sex partner, then when he goes home, he has sex with his wife and passes the infection on to her.
- In the discussion on HIV/AIDS, the instructor explained that HIV is a disease that destroys the body's immune system. The instructor explained that if the HIV virus enters

the body, it will seek out the immune system and paralyze it. The instructor also explained that HIV is a virus, not bacteria, so it cannot be killed like bacteria. Over a period of 4, 8 or 10 years the HIV virus destroys the body's immune system, and then the person will suffer from AIDS.

- The discussion of HIV/AIDS only took about 4 minutes of the entire time given.

4. Subject: Mental and personal preparation for the prospective IMW.

- In this subject, the instructor gave preparatory advice to the participants regarding their mental, personal and spiritual preparation.
- The instructor emphasized the need for prospective IMWs to watch their behaviour and attitude when they are overseas as workers, whether in the informal or the formal sector. Attitude and behaviour, according to the instructor, are the key to ensuring that the prospective IMWs keep their jobs. Like the first, second and third instructors, this instructor dominated the lesson by lecturing, so of course the class was monotonous. At 15.30 the bell signalling the end of the lesson rang, and the class was concluded.
- Of all the teaching methods used by the various instructors, lecturing was clearly the most dominant, and the Final PDP participants were merely passive listeners.
- There were no opportunities for participants to share their experiences, nor were there any question and answer sessions.

National Demographic Data on Documented Indonesian Migrant Workers

National Demographic Data on Documented Indonesian Migrant Workers January 2004–December 2005

Source: Ministry of Manpower of the Republic of Indonesia

1. Data on Departure of Indonesian Migrant Workers in 2004

▪ Destination Region of Indonesian Migrant Workers

Destination Region	Total
Asia-Pacific	160,991
Middle East & Africa	219,699
Total	380,690

• Gender of Indonesian Migrant Workers

Gender	Total
Male	84,075
Female	296,615
Total	380,690

• Type of Occupation (Formal and Informal)

Formal		Informal	
Male	Female	Male	Female
68,648	47,583	15,427	249,032
116,231		264,459	
380,690			

2. Data on Departure of Indonesian Migrant Workers in 2005

• Destination Region of Indonesian Migrant Workers

Destination Region	Total
Asia-Pacific	297,291
Middle East & Africa	177,019
Total	474,310

- **Gender of Indonesian Migrant Workers**

Gender	Total
Male	149,265
Female	325,045
Total	474,310

- **Type of Occupation (Formal and Informal)**

Formal		Informal	
Male	Female	Male	Female
136,607	60,267	12,658	264,778
196,874		277,436	
474,310			

**PLACEMENT OF INDONESIAN MIGRANT WORKERS
IN THE MIDDLE EAST
IN 2005**

NO	DESTINATION COUNTRY	Formal		Informal	
		M	F	M	F
1	Saudi Arabia	1,579	1,145	9,788	137,723
2	Kuwait	-	-	25	16,817
3	UEA	93	17	8	5,504
4	Bahrain	5	-	-	16
5	Qatar	145	20	9	828
6	Yordania	-	-	-	2,081
7	Tunisia/Oman etc.	282	729	39	166
	Total	2,104	1,911	9,869	163,135

**PLACEMENT OF INDONESIAN MIGRANT WORKERS
IN THE ASIA-PACIFIC REGION
IN 2005**

NO	DESTINATION COUNTRY	Formal		Informal	
		M	F	M	F
1	Malaysia	126,672	57,023	34	18,158
2	Singapura	-	-	-	25,087
3	Brunei	5	2	2,407	2,564
4	Hongkong	-	6	2	12,135
5	Korea	4,020	484	-	2
6	Jepang/Eropa/USA	102	12	-	-
7	Taiwan	3,704	829	346	43,697
	Total	134,503	58,356	2,789	101,643

II. Guidelines for Interviews, FGD and Questionnaire

In-Depth Interview

IN-DEPTH INTERVIEW FOR WOMEN MIGRANT WORKERS (Prospective and Former)

I. MOTIVATION

“Please explain, in as much detail as possible, about your motivation for becoming a Woman Migrant Worker overseas. Give a detailed explanation about your background and your family’s background, your reasons for deciding to become a Woman Migrant Worker (WMW), who influenced you to become a WMW, and the country where you intend to work.”

Details of the questions that must be answered by the informant regarding Motivation:

1. (Extended) family background.
2. Regarding gender relations:
 - a. Describe your role, duties and obligations in your family
 - b. What kind of relationship do you have with your partner/husband, your father, your mother, brothers and sisters, your children, and your neighbours?
 - c. What is your status in your family and in your community?
 - d. What are your family’s hopes and expectations for you? [as a means of support, etc.]
3. Reasons for becoming a WMW:
 - a. Economic motivation (ask for a detailed explanation, for example whether she is the economic provider of the household, etc.)
 - b. Reasons related to religious/cultural values, ambitions/lifelong dreams (for example, so that she can perform the haj/umroh, socialize/meet new friends, etc.)
 - c. Etc.
4. Process of making the decision to become a WMW; in detail, what made you finally decide to become a WMW? [who encouraged you to become a WMW and who finally made the decision for you to become a WMW, whether it was a broker, or other actors who influenced your decision]
5. What do you know about being a migrant worker overseas? [risks, skills needed]
6. Why did you choose:
 - (1) The type of work;
 - (2) The destination country.

II. MIGRATION PROCESS

A. Pre-Departure

“Please explain in as much detail as possible about the process of your departure overseas, starting from your home village until your time in the holding centre/recruitment agency. Please explain who was involved in your pre-departure process, from when you were in the village to your time at the holding centre, including when you were in contact with the broker or sponsor, the registration process at the recruitment agency, the requirements and documents you had to have. Also explain in detail your activities while at the holding centre.”

Details of questions that must be answered by the informant regarding the migration process: Experiences between leaving the village and being at the holding centre:

1. Ask for a detailed explanation of the process of going from the village to the holding centre/worker recruitment agency: what the difficulties were, who were the agents/brokers,

who helped if there were any problems, who made the departure process difficult, how long you were at the holding centre/worker recruitment agency, what expenses had to be paid, etc.

Remember: link this to vulnerability to HIV/AIDS

2. Explain in detail about the registration process you underwent at the worker recruitment agency: difficulties, who helped you, who made difficulties, how long it took, how much it cost, what requirements did you have to fulfil and what documents did you have to have in order to be able to work overseas, and in which region did you register with the worker recruitment agency.

Remember: link this to vulnerability to HIV/AIDS

Below is a list of additional questions for the In-Depth Interview for FORMER WOMEN MIGRANT WORKERS:

III. MEDICAL CHECK-UP (external)

"Please explain the process of the medical check-ups you had, both before departure and in the place where you worked."

Details of questions that must be answered:

1. Did the health officer inform you about the scope of the medical check-up that you would have?
2. Explain in detail about the health tests you had: pay attention to whether the informant had to have any contact with needles or if blood samples were taken.
3. Were the results of these tests then given to you? How long did you have to wait after having the tests before getting the results? [how many days/weeks]
4. Did the informant read the results of the tests?
5. Did the informant understand the results of the tests after reading them? If the Informant did not keep the test results, who did?
6. Did the informant take the document containing the medical test results overseas [to the place of work], and were they handed over to the "boss"? Or what happened to them?
7. Did the informant undergo any further medical check-ups in the destination country? How many times? Explain in detail [who performed the medical check-up, where it was done, how much it cost, who bore the cost]

B. Post-Arrival

"Please describe your experiences when you arrived in your destination country. Please also explain what documents you had with you at that time, and describe your job, your rights and your obligations at your place of work.

Details of questions that must be answered:

1. Describe your experiences from when you arrived in the destination country until you were at your place of work? [who picked you up, the documents checked by the local officials, other requirements that had to be fulfilled in the country, etc.]
2. Describe in detail the work you did in the country [did the job match the information you received at the holding centre, the work contract, your rights and obligations]
3. How long did you work overseas?
4. Did you ever have any difficulty in connection with your documentation?

C. Re-Integration

"Please describe the process of your return home to Indonesia, the requirements, and the documents you had."

Details of questions that must be answered:

1. Describe your experiences from your arrival at Terminal 3 at Cengkareng Airport until you

- reached your home village. [who picked you up, how you went back to your village]
2. Did you have to pay anything when you went back to your village?
 3. Explain in detail what documents you still had with you at that time.

These questions are also given to prospective and former Women Migrant Workers:

IV. KNOWLEDGE AND BEHAVIOUR related to HIV/AIDS
 [Pre-departure, at the place of work, on returning home]

Knowledge

“Please describe what you know about HIV/AIDS, such as how it is transmitted, prevented and treated, the risks associated with this disease, etc. Also describe what types of people, in your opinion, are at risk of being infected with HIV/AIDS. ”

Details of the questions that must be answered by the informant on Knowledge about HIV/AIDS:

1. Probe the informant for information on her basic knowledge about HIV/AIDS: what is HIV/AIDS, what are the symptoms, how do people get infected, how can it be prevented and treated.
2. Probe the informant about behaviour that could make her vulnerable to HIV/AIDS infection: sexual behaviour, condom use, use of non-sterile needles, etc. (careful: these are sensitive issues!!)
3. Does the informant know about tools that can be used to protect against HIV/AIDS infection?
4. In connection with the informant’s future [for prospective WMWs] or previous [for former WMWs] work as a WMW overseas, who, in her opinion, must be given information about HIV/AIDS?
5. Where and who can the informant ask for help for health problems?

IN-DEPTH INTERVIEW: Husbands of WOMEN MIGRANT WORKERS
 (whose wives are working overseas or have returned home from overseas)

Question:

“Please describe your experiences when your wife left to become a WMW. What did you do while your wife was working?”

Questions that must be answered by the WMW’s husband/partner:

1. Informant’s profile (name, number of children, occupation, income, what he did in his spare time when his wife was overseas, educational background, age, whether he has been married before, etc.)
2. Probe the informant about his knowledge about HIV/AIDS: what is HIV/AIDS, what are the symptoms, how can it be transmitted, prevented and treated.
3. Probe the informant about behaviour while his wife was away working overseas that may carry a risk of HIV/AIDS infection.
4. For husbands whose wives are still overseas and those whose wives have already returned: Probe the informant about any changes in his sexual behaviour. How does/did he channel his sexual needs?

Focus Group Discussion [FGD]

PARTICIPANTS: FORMER WOMEN MIGRANT WORKERS

Scope of discussion

Pre-departure

- Sharing experiences regarding their motivation before they left to go overseas [pay attention to any vulnerability that arose]
- Sharing experiences regarding the process of the medical check-up before departure [pay attention to any vulnerability that arose]
- Vulnerability during the departure process and at the holding centre
- Differences in treatment of men and women, from the women migrant workers' perspective, during the pre-departure process
- Actors involved in the process of their departure. Probe more deeply about the profiles and roles of the brokers/agents/worker recruitment agencies/local government officials/community leaders, etc.
- If there were any problems in the pre-departure process, from whom or where did they seek help [this could be any kind of problem, from personal problems or health problems to contract problems, etc. – REMEMBER: pay more attention to situations that could make them vulnerable to HIV/AIDS]

Post-arrival – Work country

- Sharing experiences about when they were in the country/workplace [related to vulnerability to HIV]
- Concerns that arose when they were working overseas in relation to health risks [HIV]
- From whom or where did they seek help if there was a problem [this could be any kind of problem, from personal problems or health problems to problems with their contracts, their jobs or the local bureaucracy, etc. – REMEMBER: pay more attention to situations that could make them vulnerable to HIV/AIDS]

Reintegration – Return to home country

- Sharing experiences about coming home [the process of returning from the country where they were working to arriving at the airport in the home country, and getting from the airport to the home village—what were the difficulties, threats, problems they faced, etc. Pay attention to vulnerability to HIV/AIDS]
- From whom or where did they seek help if there was a problem [this could be any kind of problem, from personal problems or health problems to problems with their contracts, bureaucracy, transportation to their home village, etc. – REMEMBER: pay more attention to situations that could make them vulnerable to HIV/AIDS]
- Knowledge and behaviour regarding HIV.
- Sharing experiences about whether they got any information about HIV/AIDS from the workplace.
- Sharing experiences about their risks/experiences or those of their workmates related to HIV/AIDS or rape.
- The difference between their expectations before leaving and the actual situation at work in the destination country: describe their worries about the health risks they had before going and the health risks they were exposed to when they were at work in the destination country.
- From whom or where did they seek help if they had any health problems.

PARTICIPANTS: PROSPECTIVE WOMEN MIGRANT WORKERS

Scope of discussion

Pre-departure

- Reasons/motivation/ambitions/dreams about working overseas
- Briefly, personal experiences prior to departure
- Concerns and hopes about working overseas
- Actors involved in their departure process [Probe more deeply about the profiles and roles of the brokers/agents/ worker recruitment agencies/local government officials/community leaders, etc.]
- Factors that could lead to the cancellation of their departure

Knowledge and behaviour related to HIV

- Whether they have any idea about the risks related to reproductive health /HIV.
- Whether they have any idea about vulnerability to HIV in the country/place they intend to go to.

Questionnaires

QUESTIONNAIRE FOR PROSPECTIVE WOMEN MIGRANT WORKERS

Form Number:

Research Area:

Interviewer:

Date:

SP - ILO HIV/AIDS PREVENTION AND EDUCATION PROGRAM FOR MIGRANT WORKERS Survey on Women Migrant Workers

[Read clearly:]

I ... **[state your name]** from ... **[mention the name of your institution]** am currently doing research for the HIV/AIDS Prevention and Education Program for Women Migrant Workers in three areas in East Java, i.e. Bojonegoro, Sumenep and Malang. The information from this research will be used to describe to the situation of women migrants in East Java [Bojonegoro, Sumenep and Malang] regarding their vulnerability to HIV/AIDS.

In relation to this, you have been selected to be interviewed about your motivation for becoming a female migrant worker, and about your knowledge and behaviour related to HIV/AIDS.

I will also ask you a number of questions of a personal nature. Your answers will be kept confidential. You also have the right not to answer any questions that you don't want to answer. However, your honest answers will be very helpful for us in developing an HIV/AIDS Prevention and Education Program for Women Migrant Workers. We are very grateful for your participation in this interview.

Form Number:

HIV/AIDS PREVENTION AND EDUCATION PROGRAM FOR PROSPECTIVE WOMEN
MIGRANT WORKERS

I. Identity of the Respondent

1. Name:
2. Full Address:
3. Contact Number (if any):

II. Respondent's Profile

Objective: understanding and knowledge about HIV/AIDS is determined by age, education

1. Study Area:

1. Ganding District, North Sumenep, Village: _____
2. Sugihwaras District, Bojonegoro, Village: _____
3. Ngasem District, Bojonegoro, Village: _____
4. Tirtoyudo District, Malang, Village: _____
5. Gondanglegi District, Malang, Village: _____

2. How old are you now?

_____ years

88. Don't know
99. No answer

3. What was the last level of education you completed?
 1. Did not complete primary school or the equivalent
 2. Completed primary school or the equivalent
 3. Did not complete junior high school or the equivalent
 4. Completed junior high school or the equivalent
 5. Did not complete senior high school or the equivalent
 6. Completed senior high school or the equivalent
 7. Did not complete higher education
 8. Completed higher education
 9. Never went to school
 10. Non-formal education (such as "Kejar Paket A" - distance learning for children/adults who dropped out of primary school; Islamic boarding school; etc.), mention what —
—

4. Can you read and write using the Latin alphabet (Indonesian)?
 1. Yes
 2. No
 88. Don't know
 99. No answer

5. Can you read and write a language other than Indonesian?
 1. Yes, mention what [can be more than one] _____
 2. No
 88. Don't know
 99. No answer

7. What is your current marital status?
 1. Unmarried
 2. Married
 3. Formerly married (divorced/widowed)
 99. No answer

III. Knowledge, sexual behaviour of woman migrant worker and HIV/AIDS prevention

8. Have you ever heard of the term "HIV/AIDS"?
 1. Yes
 2. No.

[The questions end here. The interview is over. Say thank you]

9. Where did you get your information about HIV/AIDS? (mention where; there may be more than one answer)

10. Is HIV/AIDS an infectious disease?
 1. Yes
 2. No
 88. Don't know
 99. No answer

11. Can HIV/AIDS cause death?
 1. Yes
 2. No

- 88. Don't know
 - 99. No answer
12. Can HIV/AIDS be transmitted through sexual intercourse?
- 1. Yes
 - 2. No
 - 88. Don't know
 - 99. No answer
13. Do you know about condoms?
- 1. Yes
 - 2. Don't know: Go straight to question 17
 - 3. No answer
14. In your opinion, what is a condom used for? [mention, explain]
-
15. Do condoms have any other functions than the one mentioned? [mention, explain]
- 1. Yes [mention, explain] _____
-
- 2. No
 - 88. Don't know
 - 99. No answer
16. Does your partner use a condom during sex?
- 1. Yes
 - 2. No
 - 88. Don't know
 - 99. No answer
17. Can HIV/AIDS be transmitted by using a non-sterile or used needle?
- 1. Yes
 - 2. No
 - 88. Don't know
 - 99. No answer
18. Can HIV/AIDS be transmitted through a blood transfusion?
- 1. Yes
 - 2. No
 - 88. Don't know
 - 99. No Answer
19. Can a pregnant woman who has HIV transmit it to the baby in her womb?
- 1. Yes
 - 2. No
 - 88. Don't know
 - 99. No answer

Thank you for taking part in this survey.

QUESTIONNAIRE FOR FORMER WOMEN MIGRANT WORKERS

Form Number:
 Research Area:
 Interviewer:
 Date:

**SP - ILO HIV/AIDS PREVENTION AND EDUCATION PROGRAM FOR
 MIGRANT WORKERS
 Survey on Women Migrant Workers**

[Read clearly:]

I **[state your name]** from ... **[mention the name of your institution]** am currently doing research for the HIV/AIDS Prevention and Education Program for Women Migrant Workers in three areas in East Java, i.e. Bojonegoro, Sumenep and Malang. The information from this research will be used to describe to the situation of women migrants in East Java [Bojonegoro, Sumenep and Malang] regarding their vulnerability to HIV/AIDS.

In relation to this, you have been selected to be interviewed about your motivation for becoming a female migrant worker, and about your knowledge and behaviour related to HIV/AIDS.

I will also ask you a number of questions of a personal nature. Your answers will be kept confidential. You also have the right not to answer any questions that you don't want to answer. However, your honest answers will be very helpful for us in developing an HIV/AIDS Prevention and Education Program for Women Migrant Workers. We are very grateful for your participation in this interview.

Form Number:

HIV/AIDS PREVENTION AND EDUCATION PROGRAM FOR FORMER WOMEN MIGRANT WORKERS

I. Identity of the Respondent

1. Name:
2. Full Address:
3. Contact Number (if any):

II. Respondent's Profile

Objective: understanding and knowledge about HIV/AIDS is determined by age, education

1. Study Area:

1. Ganding District, North Sumenep, Village: _____
2. Sugihwaras District, Bojonegoro, Village: _____
3. Ngasem District, Bojonegoro, Village : _____
4. Tirtoyudo District, Malang, Village : _____
5. Gondanglegi District, Malang, Village : _____

2. How old are you now?

- _____ years
88. Don't know
 99. No answer

3. How old were you when you first went to work overseas?
 _____ years
 88. Don't know
 99. No answer
4. What was the last level of education you completed?
 1. Did not complete primary school or the equivalent
 2. Completed SD or the equivalent
 3. Did not complete junior high school or the equivalent
 4. Completed junior high school or the equivalent
 5. Did not complete senior high school or the equivalent
 6. Completed senior high school or the equivalent
 7. Did not complete higher education
 8. Completed higher education
 9. Never went to school
 10. Non-formal education (such as "Kejar Paket A" - distance learning for children/adults who dropped out of primary school; Islamic boarding school; etc.), mention _____
5. Can you read and write using the Latin alphabet (Indonesian)?
 1. Yes
 2. No
 88. Don't know
 99. No answer
6. Can you read and write a language other than Indonesian?
 1. Yes, mention what [may be more than one]

 2. No
 88. Don't know
 99. No answer
7. What is your current marital status?
 1. Unmarried
 2. Married
 3. Formerly married (divorced/widowed)
 99. No answer
8. How many times have you worked overseas?
 _____ times
9. How long in total have you spent working overseas?
 _____ years
10. Which country did you work in? [If the informant has worked overseas more than once, choose the country where she worked the longest]
 1. Saudi Arabia
 2. Kuwait
 3. Malaysia
 4. Brunei Darussalam
 5. Singapore
 6. Hong Kong
 7. Taiwan
 8. Other, mention.....
 88. Don't know
 99. No answer

11. Principal type (sector) of work performed

1. Domestic worker
2. Shop keeper/assistant
3. Looking after elderly person/baby
4. Karaoke lounge/pub
5. Factory
6. Plantation
7. Restaurant
8. Other, mention _____
99. No answer

12. When you were working overseas, did you have any days off?

1. Yes
2. No (go straight to no. 15)
88. Don't know
99. No answer

13. How many days off did you get in a month? _____ days

14. If Yes, what did you usually do on your days off? (can be more than one activity)

15. What was your average monthly income when you were working overseas? _____
 _____ (state the average income in rupiah)

88. Don't know
99. No answer

III. Knowledge, sexual behaviour of woman migrant worker and HIV/AIDS prevention

16. Had you ever heard of the term "HIV/AIDS" before you left (in the village)?

1. Yes
2. No: Go straight to question 18

17. Where did you hear about HIV/AIDS (in the village)? (mention: there may be more than one answer)

18. Did you receive any information about HIV/AIDS in the country where you worked?

1. Yes
2. No
88. Don't know

19. If Yes, where did you get this information about HIV/AIDS in the country where you worked? (mention; there may be more than one answer)

20. Is HIV/AIDS an infectious disease?

1. Yes
2. No
88. Don't know
99. No answer

21. Can HIV/AIDS cause death?

- 1. Yes
- 2. No
- 88. Don't know
- 99. No answer

22. Can HIV/AIDS be transmitted through sexual intercourse?

- 1. Yes
- 2. No
- 88. Don't know
- 99. No answer

23. Do you know about condoms?

- 1. Yes
- 2. Don't know: Go straight to question 27
- 99. No answer

24. In your opinion, what is a condom used for? [mention, explain]

25. Do condoms have any other functions than the one mentioned? [mention, explain]

- 1. Yes, [mention, explain] _____

- 2. No
- 88. Don't know
- 99. No answer

26. Does your partner use a condom during sex?

- 1. Yes
- 2. No
- 89. Don't know
- 100. No Answer

27. Can HIV/AIDS be transmitted by using a non-sterile or used needle?

- 1. Yes
- 2. No
- 88. Don't know
- 99. No answer

28. Can HIV/AIDS be transmitted through a blood transfusion?

- 1. Yes
- 2. No
- 88. Don't know
- 99. No Answer

29. Can a pregnant woman who has HIV transmit it to the baby in her womb??

- 1. Yes
- 2. No
- 88. Don't know
- 99. No answer

Thank you for taking part in this survey.

