

# HIV & MIGRATION

## COUNTRY PROFILE 2009: INDONESIA

Indonesia is a major sending country of migrant workers overseas. Indonesian migrant workers are among the fastest-growing migrant population in Asia.<sup>1</sup> High levels of unemployment in Indonesia, particularly in the current economic condition, together with the relatively low earnings of workers, will continue to encourage Indonesians to seek employment abroad.<sup>2</sup> Migrants come from all over Indonesia, but particularly from South Sulawesi, East and West Java, West Kalimantan, North Sumatra, and East and West Nusa Tenggara.<sup>1</sup>

The primary destination is Malaysia, where the Indonesian migrant community amounts to approximately 1.4 million. Other countries that are the main destination of Indonesian migrants include Saudi Arabia, Singapore, Taiwan, South Korea, Hong Kong.<sup>2-3</sup>

The remittances sent by Indonesia migrant workers continue to increase from US\$ 1.67 billion in 2003, to US\$ 5.84 billion in 2007.<sup>4</sup>

### Summary

Estimated no. of Indonesian migrants	3.5 – 4.0 million. <sup>1,3</sup> (estimated annual flow of 300,000 – 400,000).
Estimated no. of undocumented migrants	150,000 – 200,000. <sup>3</sup>
Net migration rate, per 1,000 population	-0.9 in 2005 <sup>5</sup>
Primary destination countries	Malaysia, Saudi Arabia, Taiwan, South Korea, Singapore, Taiwan, Qatar, Bahrain, Macao, Australia and United States. <sup>2-3</sup>
Primary sending countries	-
Estimated number of Indonesians overseas	<ul style="list-style-type: none"> <li>• 3.5 – 4.0 million currently working overseas.<sup>1,3</sup></li> <li>• 1 million annually.<sup>3</sup></li> <li>• 150,000 – 250,000 undocumented.<sup>3</sup></li> </ul>
Percentage of women among migrants	70 – 80% <sup>3</sup>
Involvement in human trafficking	Yes – source, transit and destination. <sup>1</sup>
Estimated number of displaced people	70,000 – 120,000 <sup>6</sup>
HIV prevalence among migrants	0.03% among out-migrants tested by the Ministry of Manpower and Transmigration, 2006. <sup>7</sup> No data on returning migrants or other data available.

# INDONESIA



### HIV situation overview

Since the first reported HIV case in 1987, the number of cases rose to approximately 270,000 people living with HIV & AIDS at the end of 2007.<sup>8-9</sup> The national HIV prevalence estimate for 2006 was 0.17%.<sup>7</sup>

The increasing number of new HIV infections in Indonesia makes the epidemic one of the fastest growing in Asia, even though the aggregate national prevalence is as low.<sup>9</sup>

Moreover, despite the fact that HIV prevalence is low among the general population, HIV prevalence is about 43-56% among injecting drug users in 2007<sup>13</sup>, 6-16% and 2-9% among direct and indirect sex workers respectively in 2007<sup>13</sup>, and 2.5% among men having sex with men in 2002<sup>9</sup>. Two provinces of Papua in Indonesia show an HIV prevalence of 2.4% among the general population aged 15-49 years in 2006.<sup>9</sup>



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## HIV and STIs among migrants

HIV prevalence among out-bound labour migrants tested by the Ministry of Manpower and Transmigration was low, at 0.03%.<sup>7</sup> Data from HIPKTEK (Association of Medical Clinic for Migrant Workers) show that there were 131 (0.09%) cases of HIV infection among the 145,298 potential migrant workers who underwent testing during their application to work in the Middle East from January-October 2005.<sup>2</sup>

Beyond this, there is no other data available on the prevalence of HIV or other sexually transmitted infections among migrants. Similarly, there is no data on HIV knowledge and risk behaviours specifically among Indonesian migrant populations.

## Governance and policies

- **Guidance of Minimum Requirements Physical Health on Medical Facilities for Indonesian Migrant workers 2002:** Outline of the procedures for medical tests, including confidentiality requirements.<sup>10</sup>
- **Ministerial Decrees No. 157/2003:** While abroad, the migrant workers have to be insured by their employers. The insurance should cover risks faced by the migrants such as; accidents in and out of the workplace; cost of treatment and medicines; death caused by accidents or illnesses including cost of funeral and sending the body to Indonesia; unpaid salary and termination of contract by employer<sup>2</sup>.
- **Bill No. 39/2004 on the Placement and Protection for Indonesian Manpower in Foreign Countries:**
  - Preparation of migrants during recruitment process: the Pre-Departure Orientation Seminar that is under the jurisdiction of the Director General of Placement and Training of Migrant Workers and Pre-Departure Training that is held in private training and holding centres<sup>2</sup>.
  - Medical testing: Policies on medical testing cover all aspects of medical testing for migrants, ranging from their obligatory medical tests, the procedures of medical testing, accreditation of medical testing institutions, and the monitoring of medical testing facilities.<sup>10</sup> The Bill makes the requirement for a medical check – including physical and psychological tests – as well as a pregnancy test for female migrants (Article 35: a prospective migrant worker should not be pregnant).<sup>10</sup>
  - HIV testing: the policy prohibits the use of HIV test results as part of the recruitment process or determination of working status.
  - For returning migrants: The agencies are responsible for migrant workers' reintegration including provision of health services to workers who are not in good health condition upon their return.
- **2005 Decree of Minister of Health No. 1586/MENKES/SK/XI/2005 on Medical Check Centres for Prospective Indonesian Migrant Workers:** The prohibition of HIV testing does not have any bearing since most receiving countries require mandatory HIV testing, to which the Indonesian government and migrant workers must comply. This Decree provides a list of authorised medical centres.

## Healthcare and HIV-related services

### Pre-departure

Indonesia conducts a Pre-Departure Orientation Seminar with inputs prepared by the Manpower Department in cooperation with the Health Department, Ministry of Women Empowerment and Foreign Affairs Department. Medical testing of migrants is the responsibility of recruitment agencies. A total of 119 government-approved clinics to conduct HIV testing are distributed in 16 provinces.<sup>10</sup> The cost of the

medical test is around US\$ 21 - US\$ 28 depending on whether an HIV test is included.<sup>10</sup> Migrants are informed whether they are medically 'fit' or 'unfit'. When a migrant worker tests positive for HIV or hepatitis, a confirmatory test from another hospital is requested.

Those who are unfit (including HIV-positive) are referred to a doctor and a counsellor. There is no standardized referral system in providing care, support and treatment, though most are referred to the Ciptomangunkusumo Hospital or to NGOs providing services for people living with HIV.<sup>10</sup> Recruitment agencies are also informed of test results.<sup>10</sup> Unfit prospective migrants are denied employment overseas. Those who have treatable medical conditions may be classified as 'pending' candidates, and are returned to the pool of prospective migrants once they have been declared fit.<sup>10</sup>

#### **On site**

Upon arrival in most destination countries, migrants may undergo another medical screening process. Periodic medical tests are carried out every year, or every 2 or 3 years, depending on the host country and the type of employment. These test results determine the continuation of their work permit.<sup>10</sup> Unfit migrant workers are deported back home, especially when testing positive for HIV or TB or when pregnant.<sup>10</sup>

#### **Reintegration**

Several institutions in Indonesia that provide care, support and treatment services for persons with HIV can be accessed by migrant workers. These include *Yayasan Layak*, *Pokdisus RSCM*, *Yayasan Pelita Ilmu* and *RSPI Soeryanti Saroso*, Jakarta.<sup>10</sup>

#### **Vulnerabilities:**

- **Implementation and enforcement of policies and ministerial decrees:** Although existing policies are intended to protect migrants, often compliance is poor. The Coordinating Board of Indonesian Overseas Employment, established to ensure implementation of the decrees, is not particularly effective in its function.<sup>1</sup> Despite the pre-departure training sessions, there is a lack of information for migrants about HIV testing processes, regulations and rights. There have been reports of a lack of pre- and post-test counselling in terms of medical and HIV tests.<sup>10</sup>
- **Undocumented/irregular migrants:** Existing policies and regulations only apply to documented migrants. Undocumented migrant workers are among the most vulnerable groups, due to reduced access to healthcare for limitations including lengthy distances to/from health facilities and reduced health-seeking behaviour when abroad. Moreover, without legal documents, many migrants may not be eligible for healthcare services, and may also fear of being caught, detained and/or deported.<sup>2</sup> Migrants involved in 'informal' sectors, such as seafaring migrants, face similar obstacles in accessing healthcare services and HIV programmes.<sup>2</sup>
- **Internal migration:** Internal workforce migrants – that is, labourers who move between provinces within Indonesia – face similar socio-behavioural vulnerabilities as international migrants and are even less regulated.
- **Human trafficking:** Indonesia is a source, transit and destination country for women, children and men trafficked for sexual exploitation and forced labour.<sup>3</sup> Women make up 70-80% of the total migrant population, amounting to 1.4 – 2.1 million women who are vulnerable to trafficking.<sup>1</sup> Trafficking in women and girls occurs particularly along Indonesia's borders in such areas as Pontianak in West Kalimantan, the Riau Islands, and North Sumatra.<sup>1</sup>

Presently, only the Medical Service Centre (*Pusat Pelayanan Medis or PPM*) provides medical services for distressed migrant workers, particularly trafficking victims. This is part of the Integrated Service Centre (*Pusat Pelayanan Terpadu*) of Raden Soekanto Hospital in Jakarta.<sup>10</sup> The PPM cooperates with the International Organisation on Migration in taking care of, and giving treatment to, migrants, as well as returning them to their villages after their health improves.

- **Displacement:** An estimated 150,000 – 250,000 people are displaced in Indonesia.<sup>3</sup> In 2006, UNHCR reported 301 refugees and 265 asylum seekers in the country.<sup>3</sup>
- **Mistreatment and abuse:** Anecdotal evidence indicate that abuse and mistreatment of migrant workers may occur during all stages of migration.<sup>10</sup> Potential migrant workers are held in ‘holding’ or ‘training’ centres while awaiting clearance of their visa applications. These facilities are sometimes inadequate and women often become victims of various types of harassment, including physical, psychological and sexual abuse.<sup>2,4</sup>

Abroad, there have been reports of migrant workers being subject to physical and mental abuses and mistreatment from their employers. Women, in particular, are vulnerable to sexual harassment and abuse by employers or others.<sup>11</sup> Women returnees who experienced abuse in the destination country are treated at the Integrated Service Center (ISC), a special unit for women and children victims of violence. The services include medical and psychosocial care as well as legal aid. In 2004, a Medical Recovery Center (MRC) was established as an integrated part of ISC, based on a MOU with the International Organization for Migration. The MRC provides medical and psychosocial treatment for victims of trafficking.<sup>2</sup>

Sexual abuse may also occur upon return to Indonesia. In 2002, there were 31 cases of sexual harassment and 27 cases of rape reported to have happened in the airport Terminal III, a terminal specially designated for overseas migrant workers.<sup>4</sup>

- **Separation from spouse and family:** Indonesian migrants tend to have very little contact with family members in their home country. Only one in three Indonesians working in Japan, Hong Kong, China, Malaysia, and Singapore had contact with their family members at least once a week.<sup>1</sup> Male migrants separated from their spouses are more likely to visit sex workers, compared to non-migrants.

## Notes

- Map from [www.worldatlas.com](http://www.worldatlas.com)

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