

THE SOCIAL PROTECTION RIGHTS FROM PRE & POST- PLACEMENT WOMEN MIGRANT WORKERS PERSPECTIVE

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Abstract

Migrant workers' social protection rights include the rights to access healthcare services, medication, social services, and social security. Social security branch applicable for migrant workers are for instance social insurance, universal coverage, provident funds, individual private accounts, employer-liability schemes, and social assistance. Indramayu as the highest migrant workers sender district until April 2019, is also a district with the highest complaint in 2018 and several cases related to social protection. With 148 total cases reported from Indramayu leads to the question of whether women migrant workers from Indramayu understand social protection and its function to protect them and prevent them from poverty. Therefore, this study aims at providing an overview pertaining social protection rights to migrant workers based on the perspective of pre and post-placement women migrant workers from Indramayu District with Hongkong, China as the host country. This is historical-comparative qualitative study with purposive sampling to 10 pre and post-placement women migrant workers. The findings demonstrated that social security obtained by the women migrant workers from Indramayu is social insurance from the home country and healthcare insurance for workers from the host country. At the host country, women migrant workers are protected with healthcare insurance from the employer while at the home country, women migrant workers are protected with social insurance for migrant workers known as BPJS Ketenagakerjaan TKI, whose occupational injury and death insurance schemes are mandatory for all migrant workers. For women migrant workers, healthcare insurance in the host country is much more crucial than BPJS for TKI. It is expected from the findings of this study could be considered by the stakeholders of migrant workers to enhance and to extend the coverage of protection for migrant workers especially woman migrant workers.

Keywords: Women Migrant Workers, Social Protection, Human Rights

INTRODUCTION

People migrate for many reasons. It can be for personal reason or to nurture themselves in professional areas to fulfill their desire to see the world. Some of them migrate due to unforeseen circumstances that happened beyond their control for example due to disaster or conflict (ILO, 2007). The global population shifted as a result of massive migration from undeveloped countries to developed countries. There are approximately 244 million international migrants around the world, with 150.3 million consist of migrant workers (ILO, 2017). Indonesian migrate for work, PUSLITFO BNP2TKI (2019) published a report on April 2019 and informed that in recent 3 years 189.128 people, men, and women migrate as migrant workers. The total amount of remittance from Indonesian Migrant Workers is USD 10.970.807.926. Based on this report, women migrant workers contributes above 50% every year as can be seen at the table below:

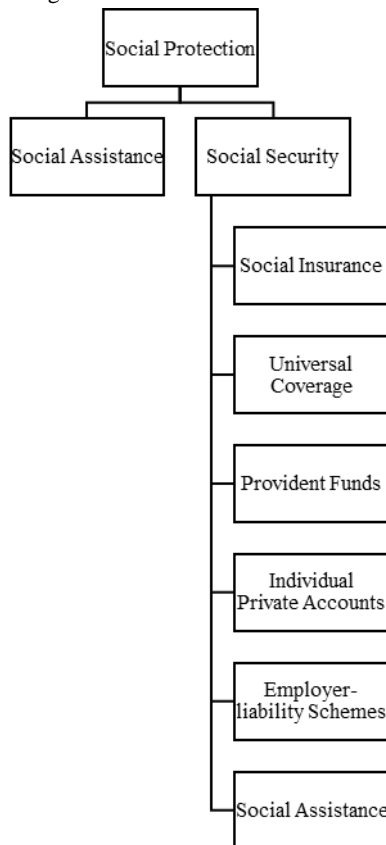
Table 1. Migrant workers based on sex

No	Sex	Year		
		2017	2018	2019
1	Men	18.867	20.575	19.597
2	Women	40.109	45.515	44.465

For some women, migration and its morality issue are not only about to secure livelihood but also a way of life (Platt, 2018). Elias (2013) in Platt (2018) said that the remittance generated by the migrant workers used as a cornerstone for national development. Furthermore, when a country has been transformed through economic growth, the population in the modern sector

are protected with social security (Midgley & Tang, 2008). Midgley (2014) stated that social protection as a “broad umbrella” with its various interventions related to poverty alleviation programs including social security. ILO (2007) demonstrates that migrant workers’ rights are the rights provided to migrant workers as human beings and as the responsibility of both sending and receiving countries. ASEAN Secretariat (2016) defines social protection as human rights given to individuals notably to those who are vulnerable such as migrant workers to protect them to fall into poverty. Vulnerability definition as explained by Barrientos (2010) is the condition that can cause individuals, households, and communities to encounter poverty in the future. Social protection is useful to increase their capacity in managing risk and increasing the opportunities and equal access to the essential services based on needs or rights approach (The ASEAN Secretariat, 2016). Moreover, the purpose of social protection is also to enable the poor and vulnerable to have dignified living standards. Therefore, poverty will not be bequeathed from generation to another generation (Bappenas, 2014). Tamagno (2008) has classified applicable social security into six branches: social insurance, universal coverage, provident funds, individual private accounts, employer-liability schemes, and social assistance.

Figure 1. Social Protection Structure



Social protection floor (SPF) is the terminology adopted to describe a set of rights to access social services and its facilities that can be experienced by everyone. United Nations recommendation stated that SPF encompasses two elements particularly in realizing human rights that are accessible to geographical and financial services such as clean water and sanitation, education, and cash transfer in goods or cash system to achieve a minimum standard of income and access to essential services such as healthcare (International Labour Office, 2011).

Social protection has two issues, equity and financial. The equity issue is on how to construct justice to the citizen and financial issue is on how to create a financial system without becoming a burden for the country in the future (Ananta, 2012).

Related to social protection for Indonesian migrant workers, it is stipulated in Peraturan Menteri Ketenagakerjaan Nomor 18 Tahun 2018 about Jaminan Sosial Pekerja Migran Indonesia. The regulation covers three assurance programs: 1) Jaminan Kecelakaan Kerja (JKK). 2) Jaminan Kematian (JKM). 3) Jaminan Hari Tua (JHT). Migrant workers are required to register for JKK and JKJ, while JHT is an optional program allowing the migrant workers to register on voluntary basis. The length of protection of JKK and JKJ is 31 months in total, starting five months before departure and one month after return to the home country. The annual report from the national social security institution of Indonesia, Badan Penyelenggara Jaminan Sosial (BPJS) Ketenagakerjaan noted that at the end of 2018, a total of 365.662 migrant workers are already registered as insurance policyholder from 520 labor sender companies.

The Government of Indonesia efforts to protect migrant workers is enforced by the Undang-Undang No. 6 Tahun 2012 about Pengesahan International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, Undang-Undang No. 39 Tahun 2004 about Penempatan dan Perlindungan Tenaga Kerja Indonesia di Luar Negeri until Undang-Undang No. 18 Tahun 2017 about Perlindungan Pekerja Migran Indonesia. As stipulated in Undang-Undang No. 18/ 2017 on Perlindungan Pekerja Migran Indonesia to ensure protection for the migrant workers, Indonesia will only send migrant workers to countries with regulations for migrant workers bilateral agreements between

sending and receiving country, and social security system to protect migrant workers.

Kusumawati (2016) argued that migrant workers should be advocated about their obligation and rights and understanding of applicable law to protect them. Otherwise, any incident could be unfavorable for the migrant worker. For example unemployment from the employer in the host country, as explained by Sumiyati (2013) the consequences suffered by migrant workers for such incidents are unpaid wages and severance payment will not be received. According to the report from BPJS Ketenagakerjaan in April 2019, several cases related to social protection such as sickness counts up to 1018 cases, unemployment 507 cases, violence 127 cases, and over workload 66 cases as well as occupational injury with 81 cases. Indramayu is the largest sender district for migrant workers, also reported the highest number complaint from migrant workers in 2018 with 148 total cases.

Table 2. Migrant workers cases

No	Cases	2017	2018	2019
1	Sick	246	130	642
2	Unemployment	227	22	258
3	Violence from the employer	66	27	34
4	Over workload	18	15	33
5	Occupational injury	2	39	40

The study conducted by the research centre of the government of Jawa Barat Province (BALITBANGDA) in collaboration with the Langlang Buana Research Institution reported that the problems of migrant workers in Hongkong are part of the problem in home country itself, the problem can be traced from the

recruitment process, the falsified document, insufficient training materials, broker interferency, rule violation by the sender company (P3MI), and bribery to airport officials (Habibullah, Juhari, & Sandra, 2016).

All the cases mentioned above are related to social protection and violation to the rights of migrant workers still occurs although the government of Indonesia reformed the regulation. This leads to the question whether women migrant workers understands about social protection as their rights and its function to protect them in case violation of their rights happens and the violation of their rights can affect them to fall into poverty. This study is intended to provides an overview as well as to explore concerning the social protection rights based on the perspective of post-placement women migrant workers from the Indramayu District.

METHOD

This study applies a qualitative approach with the historical-comparative method. To collect data, the researcher uses primary sources discovered from running records, the individual report from their past experiences, and oral history. The researcher conducted an in-depth interview session to the informants who reminisce the events, beliefs, feeling, and experiences.

This study chooses purposive sampling to 2 pre-placement workers and 8 post-placement workers of women migrant workers from Indramayu District as explained by Neuman (2013) that purposive sampling is usually used for informants from specific populations like migrant workers. Indramayu was selected as the research

location since Indramayu was the largest sending migrant workers district until April 2019 (PUSLITFO BNP2TKI, 2019). All informants are references from Serikat Buruh Migran Indonesia (SBMI), the organization for migrant workers and their families established since 2003.

RESULT AND DISCUSSION

Summary of ILO (2007:41) related to the rights of migrant workers as stated in several United Nations Convention:

- Non-discrimination.
- Right to equal treatment before the law.
- Rights to establish and join trade unions.
- Rights to access healthcare services, medication, social services, and social security.
- Rights for training and education.

Before departing to the host country, women migrant workers will be trained in BLK at least 3 to 6 months at the longest period. Several training materials besides their daily job are about obligations, salary information, and the rights of migrant workers. These training materials will be informed to women migrant workers during the final placement process session which will be scheduled for a day.

WU, post-placement migrant workers and now working as a trainer at P3MI explained that she will inform pre-placement women migrant workers important matters such as salary, salary deduction, insurance, employment contract, and what to do if something happens in the host country, she said:

“Usually a few days before departure, I provide them with information about salary, salary deductions, who and how to contact

the agency or KJRI, or how to seek help from a social organization in the host country if something happens”. (WU, 25 Dec 2019)

NU expressed different statements, she said that she did not remember when P3MI inform her about her rights, NU worked for a month after discovering that her work is different from what is stated in the employment contract. Subsequently, she reported the case to the agency, but her employment contract is terminated by the employer.

“I have never been informed about this before. When I was in BLK, I had been trained on how to take care of a baby for 5 months, that’s all”

J, as the head of the Indonesian Migrant Workers Union Indramayu branch office clarifies the different opinion between WU and NU, he said that during training few days before placement, migrant workers are informed about their rights, obligation, and protection program provided for them. Usually, the session will be conducted in one day with compact materials, that is why sometimes the migrant workers cannot remember clearly whether they have been informed about their rights and protection program and what kind of rights, obligation, and protection that would be given to migrant workers. He said:

“It is difficult for migrant workers to understand their rights, obligation, and protection program provided for them if the session is conducted only one day with compact materials. Sometimes, migrant workers only sign the contract without reading it first, let alone, then language used for the contract is in English, it will be hard for them to understand”. (J, 24 Dec 2019)

Host country, for example Hongkong, has KJRI as a government representative. Usually, KJRI conducts welcoming program session for newly women migrant workers. During the session, a representative from the Labour Department of Hongkong shares information about the rights of migrant workers, contact centers for migrant workers, and what important documents should be kept by migrant workers themselves.

In relation to the workers, social protection is associated with public institutions that uphold the norms and its program is intended to protect workers from everything that can threaten their living standards. Social protection is divided into three main categories: (i) social insurance which comprises of protection programs such as sickness, maternity, unemployment, and pension (ii) social assistance to help them exit from poverty, and (iii) labor market regulation (Barrientos, 2010).

The social protection concept as described by Asian Development Bank (ADB) in Ananta (2012) has four different features. First, social protection should have featured more than protection for the poor, it also functions to help the poor to escape from poverty. Second, the program aims to target the problem not only the symptom. Third, the program is not only recognised as a cost but also as an investment. Lastly, the feature does only supply the poor with cash, because poverty cannot be solved only by providing the cash.

Bista (2016) has elaborated the Social Protection Floor which can be nationally defined with regards to the ASEAN-World Bank recommendation in 2010 No. 202 as follows:

- Access to a series of goods and services such as essential healthcare including maternity care, that meets all those criteria of accessibility, availability, acceptability, and quality.
- Basic income security for children, to provide them access for nutrition, education, and healthcare.
- Basic income security for persons in active age who are unable to earn sufficient income notably due to sickness, unemployment, maternity, pension, and disability.
- Basic income security for the elderly.

Various branches of social security, at least six types are applicable differentiated on financing method: 1 Social insurance, the generic social security program as well as employment-related programme with a source of fund mainly from workers and employers 2. Universal coverage, financed from the government income and prevail to the entire population subject to the eligibility of beneficiaries in example age and a minimum of stay as permanent residence 3. Provident funds, a preceptive collective savings schemes that manage and finance workers and/or the employer contribution and investment income fund, its contribution can be made by or on behalf of the worker credited along with a part of investment income fund to the account of the worker proportionally to the balance in the workers account 4. Individual private accounts, this scheme is similar to provident account financed by the workers or the employers and the contribution credited to a worker's account along with investment income fund of the previous contribution and privately administered subject to the regulation and

supervision by public agencies 5. Employer-liability schemes, this is a service given to the worker from the employer in situation when specific contingencies happens, individual employers are fully responsible under the employer liability schemes and employers can purchase insurance to cover their liability 6. Social assistance, is a means-tested program that only intended to the poor or the person with low income (Tamagno, 2008).

Social protection is human rights given to individuals especially to those who are vulnerable such as migrant workers to protect them to fall into poverty (The ASEAN Secretariat, 2016). Rights to access healthcare services and medication as mentioned by ILO (2007) is also a social protection floor elaborated by Bista (2016) based on the recommendation from ASEAN-World Bank in 2010 No. 202.

As mentioned by several migrant workers during the interview session, they explained that one day off, leave, monthly salary, and overtime wage are the rights that should be received by the migrant workers while working. Other rights received by women migrant workers from Indramayu are healthcare insurance from the employer and BPJS Ketenagakerjaan from Indonesia. Women migrant workers' participation in this programme are registered by labour sender company before their departure. Healthcare insurance is the program for migrant workers to access healthcare services and medication, while BPJS Ketenagakerjaan TKI is a life insurance for work injury and death. With these findings, social protection obtained by the women migrant workers as explained by Tamagno (2008) is social insurance under the social

security branch that is distinguished into two categories. The first is insurance from the host country and the second is insurance from the home country.

1. Insurance Provided by Host Country

The majority of women migrant workers from Indramayu work in Taiwan and Hongkong. Non-discrimination and equal treatment before the law is the enforcement of the right to migrant workers as mentioned by ILO (2007) as migrant workers received equal treatment as a permanent residence in the host country. Bista (2016) mentioned that access to a series of goods and services such as essential healthcare as coverage of social protection and as the first recommendation of social protection floor. Most of the migrant workers acknowledged that the employer is responsible for medical care and they can obtain healthcare access through their employer for sickness and work injury. Healthcare access to the migrant workers in host country is not only the evidence that migrant workers receive equal treatment in the host country, but this is also to confirm an averment on implementation of social protection as demonstrated by ASEAN Secretariat (2016) that social protection is useful to increase their capacity in managing risk and increasing the opportunities and equal access of the essential services based on needs or rights approach. Information on medical care for sickness and work injury is obtained during a training session in Balai Latihan Kerja (BLK), *welcoming program* at the Consulate General Office, or during sharing sessions among women migrant workers. WT, post-placement women migrant worker from Taiwan said that she

obtained healthcare insurance as her rights. She expressed:

“It is like a healthcare insurance. I want to get it from my employer. When I worked in Taiwan, my employer gave me the healthcare insurance. But in Saudi Arabia, they did not”. (WT, 24 Des 2019)

IKA, as the Director of Operations of P3MI, said that the employer will insure their workers according to the respective host country regulation about migrant workers. Particularly in ASEAN Countries, there is a convention about the rights of migrant workers and from that convention, migrant workers will be insured by the employer for them to access healthcare, he said:

“There is a provision about this. For ASEAN Countries all employers insured their workers in the host country, if Singapore will be registered in Singapore, Malaysia to Malaysia, Hongkong to Hongkong”. (IKA, 24 Des 2019)

AF, CA dan JU, post-placement migrant workers with different periods of placement confirmed that they had obtained healthcare insurance from the employer. Although they confirmed that the employer provided them with healthcare insurance, the information on when and how the insurance was registered is different. AF said that she was registered when she was in BLK, which means that her employer did not register her name. CA said that the insurance was purchased by the employer, and JU said that the employer would register their name to the insurance provider when they arrive at the placement country.

“We need healthcare insurance for sickness. That is our right as a migrant worker, we have registered for insurance when we were in BLK”. (AF, 25 Des 2020)

“As far as I know, my boss purchased it for me, with healthcare insurance we do not need to spend money and my boss will shoulder the insurance”. (CA, 25 Des 2019)

“Already in host country not in BLK, healthcare insurance from the employer”. (JU, 25 Des 2020)

The implementation of healthcare insurance is different. Not all women migrant workers can access it directly, especially those who just arrived in the placement country, they will need assistance from the employer or agency to get to the hospital.

a. Employers accompanies their workers to the hospital.

Language is the main factor why the employer should accompany their workers to get to the hospital when their workers are sick. The capability of women migrant workers to speak in foreign language is limited and it will be difficult for them to communicate about their illness. With that reason, ES was accompanied by her employer to the hospital to examine her illness and the employer bear all the cost for the medical treatment as well as for the medication:

“I was sick and my boss accompanied me to the hospital since I could not speak Cantonese fluently. I did not pay anything, I thought my boss paid the bill”. (ES, 25 Des 2019)

JU also said that when she was sick, she was accompanied by her employer to the clinic:

“Yes, the employer accompanied me to the hospital. They were using insurance for the payment”. (JU, 25 Des 2019)

b. Labour agency accompanies migrant workers to the hospital.

Employers will be responsible for healthcare insurance for their workers. However, in certain condition, they are busy and could not help the sick workers. In this condition, the employer seeks help from the agency to assist them in bringing sick workers to the hospital particularly for severe illness. M, as post-placement women migrant worker and now works as a marketing staff at P3MI shared her experience:

“Yes, all migrant workers have been registered for insurance healthcare by the employer, since our workers are the employer’s responsibility in the host country. If something happens, the employer will be assisted by the agency to take care of migrant workers to get to the hospital”. (M, 24 Des 2019)

More detail, M explained that at the first stage, the agency reports to the P3MI that one of their workers is sick and shares the illness of the migrant worker in detail. After the information is received by P3MI, M informs the migrant worker’s family and decides whether migrant worker have to return to the home country after the treatment is completed:

“First, the agency will inform us that our workers have been

hospitalized due to low blood HB. They told us not to worry since our migrant worker has been insured by the employer. We brought the worker to the emergency unit and received treatment from the doctor. Sometimes, we also inform the family that their children or their wife has been hospitalized and we ask them whether the family wants us to bring the worker back to the home country or still work after the worker recovers from the illness”. (M, 24 Des 2019)

TMS, who works in a social institution that actively provides advocacy assistance to the migrant workers in Hongkong said that sometimes migrant workers are scared about their illness and do not want to inform their actual condition to the employer to avoid contract termination. In this condition, migrant workers asked the agency or social institution to get them to the hospital. In a situation that employers sometimes cannot always monitor their workers’ health conditions, agency or social institutions will help. Insurance still covers for treatment.

“They were scared and worried that the employer would terminate their employment contract or sometimes because they do not understand their illness. I have one client, she has cancer, her employer did not terminate the contract, however, the employer could not manage to take care of her in their house so that the employer asked our assistance to keep her in our shelter and helped

her to get to the hospital with healthcare insurance. In case there is additional treatment fee, sometimes we help migrant workers to get a donation from philanthropy". (Kak TMS, 16 Jan 2020)

c. Employer provides medicine and allows migrant workers to rest

Employers does not always bring sick workers to the hospital or clinic. When the illness is not too serious, the employer will ask their workers to rest and give them medicine. As experienced by NU, post-placement women migrant workers from Hongkong. She was sick while working, her nature of the illness was exhaustion since she worked too hard and fainting. The employer asked her to rest and gave her medicine.

"Yes, but since I was working only for a month, I have not used it. I have never been hospitalized, I was fainting and my employer only asked me to rest". (NU, 25 Des 2019)

JU had a headache while working, her employer give her medicine from the drugstore and asked her to rest.

"Only gothad a headache, bought medicine at a drugstore nearby the employer's residence was enough". (JU, 25 Des 2019)

Migrant workers agreed that healthcare insurance in the host country is essential for them. WU demonstrates that initially, she did not understand the importance of healthcare insurance in the host country, after months, she realized that the program is critical for

her as a women migrant worker, she explained:

"Healthcare insurance from the host country is very important. If something happens to us in the host country, who will be responsible for our health? Back in the day, the most important thing for me is high salary, but what is the point if it is only used for medication?"

2. Insurance Provided by Home Country

One of three categories of social protection explained by Barrientos (2010) covers social insurance including sickness, maternity, unemployment, and pension. One of the recommendations of the social protection floor as stated by Bista (2016) is basic income security for persons in active age who are unable to earn sufficient income notably because of sickness, unemployment, maternity, pension, and disability.

Indonesian National Social Security Systems known as Badan Penyelenggara Jaminan Sosial (BPJS) is embodiment for this recommedation. As stipulated in Peraturan Menteri Ketenagakerjaan Nomor 18 Tahun 2018 about Jaminan Sosial Pekerja Migran Indonesia. BPJS for TKI is social insurance schemes for migrant workers which is mandatory program for migrant workers. Its program for occupational injury as known by Jaminan Kecelakaan Kerja (JKK) and life insurance as known by Jaminan Kematian (JKM) are compulsory program for migrant workers, while old-age pension or Jaminan Hari Tua (JHT) is voluntary program.

Migrant workers mentioned BPJS as one of their rights. BPJS is compulsory for migrant workers, particularly for JKK and

JKM. There are three categories of migrant workers related to BPJS Ketenagakerjaan for Indonesian Migrant Workers: 1. Migrant workers who are not registered in BPJS scheme 2. Migrant workers registered in the BPJS scheme without the card 3. Migrant workers registered in the BPJS scheme with the card.

M described that before migrant workers could depart from home country to host country, P3MI required to register their name in a specific national social security scheme, BPJS Ketenagakerjaan TKI and they will be considered as illegal migrant workers without BPJS ID record.

“Yes, there is BPJS for ID Record. Our worker cannot depart to the host country if they have not registered to BPJS”. (M, 24 Des 2019)

P3MI pays the premium for BPJS first and migrant workers can pay it including all cost for their departure deducted from their salary up to six months as explained by IKA and TMS.

“For BPJS, P3MI will pay it first and migrant workers will pay later, deducted from their salary”. (Bapak IKA 24 Des 2019)

“For pre-placement, migrant workers will pay BPJS through PT, there is a regulation about this, I read it already”. (Kak TMS, 16 Jan 2020)

a. Migrant workers who are not registered in the BPJS scheme

Migrant workers responded that BPJS is their rights, however not all are registered particularly those who are still in BLK for training. WT has not registered to the BPJS scheme since she is post-placement women migrant workers from another country and still

need to be reviewed again about her travel history.

“She has not registered to BPJS yet since she is post-placement migrant workers”. (M, 24 Des 2019)

b. Migrant workers registered in the BPJS scheme without the card

NU, NI, NK, dan JU stated they were registered by P3MI for BPJS TKI but they never hold the card. They informed that the card is held by P3MI or the agency.

“There was a BPJS card, but the agency did not give it to me”. (NU, 25 Des 2019)

“I did not know, everything was already handled by the agency”. (NI, 25 Des 2019)

“PT registered my name for BPJS, but they did not give me the card”. (NK, 25 Des 2019)

“Yes, PT registered my name for BPJS, and for the payment it was deducted from my salary up to six months salary deduction, but the card was not with me, the did not give it to me”. (JU, 25 Des 2019)

c. Migrant workers registered in the BPJS scheme and the card with them.

ES, RA, and EDA confirmed that they were registered in the BPJS TKI scheme and the card are with them. They understand that the BPJS card is important for their social security status and will not allow someone else to hold it on behalf of them. They were registered for BPJS TKI specifically for sickness and work injury as confirmed by ES, “BPJS, for sickness and work injury”. (ES, 25 Des 2019). RA also said that she has her BPJS card “yes, I

registered and the card is with me but I do not bring it today". (RA, 25 Des 2019).

At the beginning EDA did not hold her own BPJS card though since she believes that it is her rights, she asked it directly to the agency:

"I asked alleveryone. I asked, where is my BPJS insurance card? Why did you not give it to me? I was asking everything such as the BPJS card, employment contract, and my passport because I have paid it with my own money". (EDA, 20 Jan 2020)

Six recommendations of ASEAN-World Bank No. 202 of the social protection floor as explained by Bista (2016) are interconnected with one another. In the case of women migrant workers working abroad to secure their livelihood as mentioned by Platt (2018), once healthcare access is achieved, it will be followed by another set of social protection floor, nutrition and education for children can be fulfilled as women migrant worker can transfer their salary for their children needs. When their children are secured, they can find a way to secure themselves at senior age as well as to find other types of social security to keep them safe if a dangerous incident happens, they still can have guarantee to earn a basic income.

CONCLUSION

The perspective of women migrant workers related to their rights depends on the training materials in Balai Latihan Kerja (BLK). Women migrant workers have

demonstrated their understanding of the rights of migrant workers. For example day off, leave, salary, and insurance. The perspective of women migrant workers regarding social protection is limited to social security with its branch social insurance.

Social insurance for women migrant workers accomplished through healthcare insurance in the host country and BPJS Ketenagakerjaan for migrant workers in the home country. Incomprehensive social security understanding of migrant workers caused women migrant workers to only focus on healthcare insurance programs in the host country rather than BPJS for TKI. Several migrant workers tend to be ignorant and leads to the perception that BPJS Ketenagakerjaan for migrant workers is only an administrative arrangement which is required to be fulfilled by migrant workers to get ID Record so that women migrant workers can depart from home country to placement country as legal migrant workers. Fulfillment of the social protection floor is critical to extend the coverage of social protection to the women migrant workers. P3MI should instill deepen understanding about the rights of migrant workers during training in BLK to avoid violation against migrant workers in the host country. Migrant workers are advised to jointly be active in a trade union or migrant labor union in the host country to gain a comprehensive understanding of social protection.

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