
Social Network Analysis of Indonesia Migrant Workers in Hong Kong: Study Social Integration Between Health Care and “KOTKIHO”

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Abstract

In research, relationship between social networks of migrant domestic workers from Indonesia in Hong Kong and the accessibility of medical care and legal protection is investigated. To help others and support the struggle of PMI organizations and groups in Hong Kong, the Coalition of Indonesian Labor Organizations in Hong Kong (KOTKIHO) was founded out of concern and solidarity.. Similarly, participant observations from formal and informal activities were used in this research, which also drew on field notes. In order to control risk and gain access to resources for their health and well-being, KOTKIHO strategically use their strong and weak ties, deciding within their social network who and what to discuss with reference to medical issues. For characterizing and assessing the continuous dynamic social integration process, researchers suggest using social network analysis. Their employers, who can also provide them with access to institutional and social resources, are carefully negotiated with regarding their rights and opportunities. Participate in online discussions and debates regarding the health policies of their native and host nations. To better comprehend the complexity and intricacy of social integration, social network analysis must be done using a mixed-methods approach due to its limitations as a relatively new tool in the field of social integration research. It also demonstrates the establishment, activation, and mobilization of migrant social networks around discourses on state-designed immigration-related health policy.

Keywords

Indonesia migrant workers; Hong Kong; KOTKIHO network;Migrant health

Introduction

The limited employment opportunities in Indonesia and the collection of salaries or wages for working abroad have resulted in crowds of people in various ways to go and work outside the territory of the Republic of Indonesia. This requires cooperation between institutions/ministries to provide protection for every Indonesian citizen who will work abroad, so that his human rights are fulfilled. Global developments have encouraged the increasing mobility of the world's population which has an impact, both beneficial and detrimental to the interests and lives of the nation and state of the Republic of Indonesia.

Migrant workers are objects of discriminatory behavior from the level of policy operators to service users. The services offered by migrant workers, especially in the domestic sector, have attracted user interest and have been facilitated by the government and the private sector. The activity of sending and facilitating migrant workers generates remittance and foreign exchange profits. Even migrant workers are called Foreign Exchange Heroes in Indonesia. In receiving countries, the problem of migrant workers is increasing because they have to adapt to new environments, receive unfair treatment from employers, pay cuts by work agents, and discriminatory treatment from local governments. During the pandemic, the burden on migrant workers is getting heavier because they experience less pleasant treatment.

Hong Kong, with the country's first highest placement of Indonesian workers. However, there may be a side where Hong Kong cannot manage labor and wage-related problems but Hong Kong is trying to make a policy of the labor system, namely by providing free access to services for consultation of migrant workers who are experiencing problems. Based on PMI placement data 2019-2021(BP2MI 2 0 2 1, n.d.) :

Table 1. PMI Placement for the Period 2019 to 2021 of Country of Placement PMI

State	2019	2020	2021
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Hongkong	71.779	53.178	52.278
Taiwan	79.573	34.287	7.789
Italia	1.349	411	3.225
Singapura	19.356	4.481	3.217
Polandia	430	837	1.195
Turki	730	47	874
Saudi Arabia	7.018	1.926	747
Malaysia	79.659	14.742	563
Maldivest	292	73	449
United Emirate Arab (UEA)	578	117	437
Jepang	486	753	359
Papua New Guini	1.034	105	259
Qatar	217	43	219
Korea Selatan	6.207	641	174
Rusia	126	16	154
Zambia	89	95	144
Hongaria	56	33	112
Rumania	34	34	83
Oman	471	65	37
Sri Langka	42	14	36
Yordania	48	2	33
Cyprus	27	3	25
Seychelles	41	2	25
Gabon	96	16	22
Albania	4	3	11
Lainnya	7.747	1.512	157
	277.489	113.436	72.624

Source: BP2MI 2021

The number of Indonesian Migrant Workers in 2021 based on PMI placement data in 2021 was recorded at 72,624 people consisting of 16,809 Formal PMI people and 55,815 Informal PMI people. BP2MI said, from the data, it can be seen that the informal PMI placement rate exceeds 75 percent. This means that the majority of migrant workers sent abroad are Informal Migrant Workers based on the placement from 2019 to 2021. PMI placement in Hong Kong 2019: 71,779 2020: 53,178 2021: 52,278. Worker guarantees will be a priority for the country of origin (government) as well as for Indonesian migratory workers themselves. Because when we are in the social life of another country, we must be able to balance and adapt both for the security of ourselves and for the good of the receiving country. Hong Kong became the highest center, one of which was in Asia pacific with a figure of 70,840 in 2019, by being the top three among other countries destinations for Indonesia according to BNP2TKI.

This paper investigates the connection between Indonesian migrant networks and the availability of health resources, particularly for migrant women in Hong Kong, in light of the mounting evidence of the negative effects of migration on health and in response to the paucity of studies on the role of social networks in countries of destination. This article tackles the following particular research questions (RQs) by looking into the health experiences and worries of KOTKIHO and how their social networks react to health issues:

RQ1: How do social networks operate for KOTKIHO's health?

RQ2: How do they set up and utilise their social networks in relation to their health?

RQ3: What social networks for health are available to KOTKIHO in Hong Kong, and what are the potential and constraints?

The overall migratory conditions of the KOTKIHO are discussed in the paper, along with the current socioeconomic and political circumstances that affect how they experience their health. This is followed by a conceptual study of migrant social networks and a brief section on the methodologies. In order to address their health, KOTKIHO organize and mobilize their social networks, which is examined in the results section. The discussion part derives conclusions from this. The important findings and implications are summarized in the conclusion.

Literature Review

Studies on social networks concentrate on the players and the characteristics of the links that bind these actors in order to understand "the web of social contacts around an individual" (Smith & Christakis, 2008, p. 406). Social networks play a key role in enabling mobility and lowering the hazards associated with migrating, according to studies on migration. For instance, immigrant groups, particularly those in Europe, have occasionally used informal social networks to support themselves while undermining official resources granted by state authorities (Picos et al., 2022). Social capital, which is defined as "friends, coworkers, and more general contacts through whom you acquire opportunities to employ other types of capital," is a key idea in analyzing this element (Sahai et al., 2022). This definition takes into account two key concepts, namely the location of social capital, or "where it sits," and "what it can utilize to achieve" its objective (Piper & Rother, 2021). Most studies stress the importance of social capital, network governance, corporate social responsibility, and financial resources in fostering migrant entrepreneurship (Newman et al., 2014). However, the focus of this research is on social capital, which supports health and wellbeing and is ingrained in interpersonal networks (Smith & Christakis, 2008).

"New social health experiences" are being created by social networks (Newman et al., 2014). Because of the connections with formal and informal channels created inside social networks, health care promotion and delivery have become more easy and accessible, especially for vulnerable groups. A qualitative study on the social networks and support of Korean-American adults seeking health information, with a focus on migrant settlers, was undertaken. The findings highlighted how important social networks are for recommending doctors or hospitals and disseminating knowledge about certain ailments through friends, church, and family members (Editor & Drahos, n.d.). In general, these networks that promote a sense of community have also boosted the perception that everyone is in good physical and mental health. However, there are also evident concerns because social media can spread false information about medical conditions and jeopardize the delivery of healthcare in several ways. stated, for instance, that networks' effects on health and wellbeing could vary based on the resources, opportunities, and information passing through them (Lavenex & Piper, 2021). As opposed to weak network links, which offer "resources or opportunities discovered outside the tightly bounded group," strong network relationships offer direct and accessible information (Piper & Rother, 2021), which are frequently beneficial for entering the labor market. But weak ties do not inevitably mean they are less reliable or strong. These connections, despite being "superficial and less deep" (Sabot et al., 2017), bring people from different groups together in a larger social context (Yeoh et al., 2020), which has an impact on social integration in a community. For example, friends can link network clusters together such that the network keeps growing over time. The validity of these arguments for KOTKIHO in creating networks and connections to access resources and information on health is examined in this essay.

Method

SNA is a quantitative method for examining the development of networks and their connections. It entails a matrix representation of the underlying structures and patterns of social interactions, which is frequently represented graphically by a "sociogram." According to the SNA perspective, social relationships and social positions are the foundation of social existence. This calls for an examination of the distribution of status and places within social networks inside organizations and societies (Eiler et al., 2017). Components (nodes) and interactions (ties) are the two components that make up the fundamental form of SNA (Smith & Christakis, 2008). In a social network, ties represent the connections between nodes, which might be people or organizations, and nodes are specifically pertinent subjects inside a network. An organization or network's communication channels and information flow can be mapped and exposed using the SNA technique (Bae et al. 2015; Sabot 2017). A SNA application has been created to show social interactions between people or organizations, including organizational structure and healthcare systems (Cross et al., 2013).

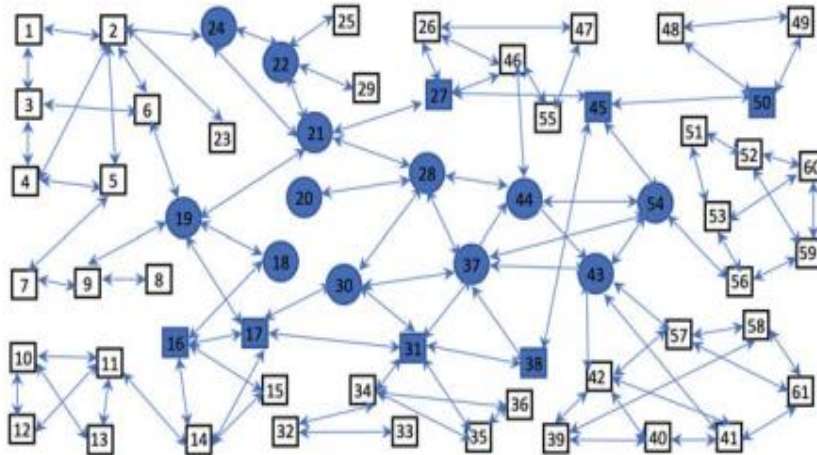


Figure.1 The social network in KOTKIHO Home. Note white boxes: rural migrant care workers; blue boxes: urban care workers; blue circles: urban managers; lines: social ties; arrows: direct work relationships or friendships

SNA makes it easier to locate nodes and the connections between people and groups while also highlighting the degree of interaction between them in a given situation. Figure 1 shows the social network estimated for the care facility used in our case study (more information on our methodology is provided below). The boxes in Figure 1 represent the nodes/components (rural migrants and urban residents are shown in different colors), and the lines show the connections (ties) between the nodes. The social interactions of a group or neighborhood could be explained using this hypothetical social network graphic. Individual connections are represented by the arrows, which are either single for one-way connections or double for two-way connections. We concentrate on direct connections between people as well as indirect connections made through a mediator, such as how #2 in Figure 1 connects #1 and #23's indirect connections. While weak network ties give "resources or opportunities available outside the closely bounded group" (Sabot et al., 2017), which are frequently beneficial to enter the labor market, strong network relationships offer direct and accessible information. But weak ties do not inevitably mean they are less reliable or strong. Although these connections are "superficial and less deep" (Newman et al., 2014), they nonetheless bring together people from different social groups (Kavanaugh et al., 2003), which has an impact on social integration in a community. For instance, friends might link network clusters together such that the network keeps growing over time. The validity of these arguments for KOTKIHO in creating networks and connections to access resources and information on health is examined in this essay.

Result and Discussion

Civil Society "KOTKIHO" Network

Speaking generally related to a guarantee, by definition a worker's guarantee means how a worker gets a legal protection for what happens during the service period of work. Worker guarantees are the main topic when a person or country that sends labor to the recipient's place, must really select and discuss as an aspect of assessing whether the recipient is fit to hire labor. Not only on guarantees about life but from economic-related rights (salaries) to individual issues must be carried out by the recipient of labor. Vice versa, the worker himself must also carry out what is his obligation as a worker. This is a condition that may seem simple but when looked back it is the main thing to ensure the respective obligations and protection.

An occupational safety, in the advanced conditions of industrialization, modernization, the mechanism all requires very deep direction related to the needs of workers so that workers feel comfortable. This condition is in line with the discussion of the case study of the Hong Kong state which is the main destination for Indonesian migrant workers to work. The end of the data obtained through online sources said that around 3,793 placements of Indonesian migrant workers worked in Hong Kong with Asia coming first in 2020 (BP2MI, 2021). The first problem is that the income in Hong Kong is an interesting thing because it is high. According to sources salaries are in the range of approximately

15 million-40 million, this is one of the attractions because workers hope that working in Hong Kong can improve their economic conditions.

There is also a strict law regarding migrant workers where the Hong Kong immigration office although strict with the administration of the extension of the period of service but that there is no positive side like Indonesian migrant workers because then when there is something that leads to illegal actions it will be immediately detected. So that the strict legal system in Hong Kong will have a great influence on the mindset of employers and workers there. Employers will always be held accountable in the chapter on administration, the human rights of workers that must always be upheld to mutual respect between the strata of workers and employer .

Based on concern and solidarity to help others and strengthen the struggles of BMI organizations and groups in Hong Kong, the Coalition of Indonesian Labour Organizations in Hong Kong (KOTKIHO) was formed by 7 organizations on August 20, 2000. Currently, KOTKIHO has 9 members, namely the Mu'minat Peduli Umat Communication Forum (FKMPU), Yogya International Club (YIC), Amanah, Sanggar Budaya, Majelis Taklim, Persatuan Dakwah Victoria (PDV), Al Mubarakah, Lentera Sosial Organisasi, and Mar'atush Sholihah. Of the 9 members of the organization, the total number of Hong Kong migrant workers/TKWs who are members of the KOTKIHO container has reached more than 7,500 people.

The Migrant Workers Network, often known as JBM, is a collection of working groups and organizations that support adequate protection for migrant workers from Indonesia wherever they may be. This network is currently run by a presidium, each of which has distinct but related responsibilities, including enacting laws to protect migrant workers, handling migrant worker-related cases, and fighting to advance the interests of Indonesian migrant workers in various regional forums, including ASEAN. JBM initially focused the fight on the national legislation agenda, including the dpr push to amend Law No. 39/2004 concerning the Placement and Protection of Indonesian Workers Abroad, starting in 2010. (PPTKILN). This situation encourages civil society groups consisting of trade union/worker components, migrant trade unions, academics, and NGOs to oversee the legislative process by uniting themselves in an advocacy network. Migrant workers network list data in Hongkong:

1. Asean Employees Services Trade Union Council (ASETUC)
2. Assosiasi Serikat Pekerja Indonesia (Aspek Indonesia)
3. FSPSI Reformasi
4. Human Rights Working Grup (HRWG)
5. Indonesia Migrant Workers Union (IMWU) Belanda
6. Jaringan Nasional Advokasi Pekerja Rumah Tangga (JALA PRT)
7. Konfederasi Serikat pekerja Indonesia (KSPI)
8. Konfederasi serikat buruh sejahtera Indonesia (KSBSI)
9. Konfederasi serikat pekerja seluruh indonesia (KSPSI)
10. Trade Union Rights Centre (TURC)
11. Union Migrant Indonesia (UNIMIG)
12. Migrant Aids Indonesia

Health Care in Social Network

Furthermore, the main thing is an occupational safety that is assessed from the guarantee of Indonesian workers in Hong Kong. HongKong provides very detailed guarantees when it comes to accepting workers from foreign countries. Such as the procedure for conducting learning, conducting socialization, and providing a consultation room to solve all problems that occur while working there. According to the sources obtained, one of the partisans who chose to work in Hong Kong considered that in addition to getting a high income but in Hong Kong, the level of violence was small compared to other countries, besides that the protection of women's labor was also high protected by the government the statement was sourced from.

Geographically, Hong Kong is in the scope of a safe country, the economic conditions are high, the legal system is in a strong and stable condition between the employment system carried out with the "P TO P" scheme so that it is well able because it is related to the agency in Hong Kong that reprimands it (very good clarity) (BNP2TKI, 2016). Easily accessible transportation for Indonesian migrant workers, assessment facilities in exchange facilities and remittances of workers' money to their home countries until they can live which is a strong enough calculation for Indonesian migrant workers there.

The prevailing regulations in Indonesia also stipulate that every Indonesian migrant worker must participate in the social security program organized by BPJS. In the future, Hanif hopes that BPJS Indonesia can cooperate more closely with the social security organizing body in Hong Kong. As long as they have an employer, migrant workers in Hong

Kong have the right to seek treatment if they are sick. If an employer performs a Layoff when sick, then in addition to being able to sue to the Labour Department office, we can also sue to the Equal Opportunity Commission (EOC) for discrimination. If our disease is categorized as curable, then the employer has no right to terminate our contract.

Protections related to social security for migrant workers in Indonesia are contained in Regulation of the Minister of Manpower Number 18 of 2018 concerning Social Security of Migrant Workers Indonesia which is managed by the Social Security Organizing Agency (BPJS) Employment Program Indonesian Workers or abbreviated as BPJS TKI. In addition to protection, the program this is a prerequisite so that PMI can leave for the destination country.

Based on the Regulation of the Minister of Manpower Number 18 of 2018, the type of program Social security for Indonesian migrant workers includes: 1) Work Accident Insurance (JKK). 2) Warranty Death (JKM). 3) Old Age Guarantee (JHT). Of the three programs, migrant workers are required register participation in the JKK and JKM programs, while the JHT program is optional programs that can be followed at the initiative of the migrant workers themselves. As for the program for migrant workers are before placement with a protection period of at most 5 months, within the placement period with a maximum period of 25 months, and post-placement with time period of 1 month. Thus the total protection time for PMI is 31 months. Being away from family makes pmi care for each other. PMIs usually have

trade union organizations, associations of one agent/PT, or groups of friends a village. The rapid advancement of technology makes it easy for them to exchange with each other information. PMI has its own place to exchange information with each other using whatsapp group (WAG) app.

The COVID-19 Virus had just become a pandemic in Wuhan that is directly adjacent to some areas of Hong Kong that enter mainland China. Mask became a rare item that was urgently needed as self-protection. On a sense of solidarity between fellow workers, PMI distributes masks to prevent the transmission of the virus which is a donation from one of the local governments whose citizens are mostly PMI in Hong Kong. Division This mask is also a form of informal social protection for migrant workers. Access to informal networks is also a component of social protection that can accessed not only by migrant workers but also by their families. Access to informal networks occurs one of them is because they are vulnerable to protection bad social because they can't enjoy the same schemes as citizens. Informal schemes emerged to address this. The donation is uninterrupted by PMI income as in the context of social protection formal that the social protection system is aimed at subsidizing and protecting income also maintains income. Transferring cash between individuals and families with the goal of maintaining income when possible death, disability, illness occur, unemployment, layoffs, or other adverse conditions interfere with or reduce family income which was previously sufficient to meet the basic needs of the family.

There are two types of informal social protection, namely traditional or assistance systems family and joint arrangements. The traditional aid system is a kinship system as social security institutions that help family members in the event of a risk, while the co-regulatory system refers to the system of assistance between neighbors and communities. Two types of informal social protection systems are known during interviews with migrant workers done, the first is a donation or donation between fellow migrant workers and the second is loans between PMI families. Donations are made when there is a PMI affected by problems such as faced with the law and sick. Loans between PMI families are carried out when PMI must paying fines due to legal problems in the country of placement or paying tuition fees children when pmi cannot send money.

This instance shows how social networks can be strategically used to access health care in another way. The state-approved health discourses that institutionalize healthcare in Hong Kong are not tolerated by KOTKIHO. Instead, people bargain for the costs and benefits of social and economic opportunities when sharing knowledge through interpersonal networks. When making decisions about their health, they carefully consider both the immediate effects of those choices and how those choices might affect their work status in Hong Kong.

Conclusion

KOTKIHO strategically utilizes their social networks, particularly their interpersonal ties with their relatives, friends, and employers in Hong Kong, to explain from their narratives of health concerns and health-seeking behaviors. They use their social networks to acquire and share health information, locate resources outside of official institutions to supplement healthcare provision, and band together to discuss national health policy from both their home country and their host country. KOTKIHO demonstrate their agency in controlling risks and resources for their health and well-being in host nations through their social support network. They choose within their social network who and what to disclose regarding health concerns after being made aware of the danger involved in negotiating both the strong and weak relationships within their interpersonal connections. They diligently bargain with their employers, who may also be potential suppliers of social and institutional health resources, about their rights and opportunities.

Finally, KOTKIHO engage their social network in discussions and discourses on the health policy of their native and host nations. Thus, in order to consider the limitations of state policies for migrant health in both their home and host countries, it is essential to comprehend how migrant social networks organize and mobilize toward health care.

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