

# **Indonesia Migrant Worker's Strategy Toward COVID-19: Study of Migrant's Knowledge and Host Countries' Policy**

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## **Abstract**

Covid-19 pandemic has caused disruptions to the existence of Indonesian migrant workers in other countries. The present study aims at investigating the health status of the Indonesian migrant workers, the social dynamics, and the state policy in the place where they live in. The study utilized the quantitative research method with a survey approach. The population were the Indonesian migrant workers who are still working in the host country with as many as 30 respondents. The findings indicate that the Indonesian migrant workers have implemented the health protocols properly to avoid the spread of Covid-19. This affects the workers recent health condition that are well maintained during the pandemic in the country they settle in. Furthermore, the good health condition is also supported with the government policies and health facilities in the country. It can be concluded that the worker's knowledge of health protocols and the government protection positively contribute to the health status of the migrant workers. The combination of the knowledge and the government policies can be a model to be implemented to maintain the health status of the citizens to remain fit amidst the Covid-19 pandemic in Indonesia.

## **Keywords**

Health status; health protocols; knowledge; government policy; health facilities

## **Introduction**

The Indonesian migrant workers experience a dilemmatic position. Their position is crucial in the context of meeting the economic needs. The money they earn results in remittance, which gives positive contribution to their family economic situation. In addition, the remittance of the workers also contributes positively to the increase of the region's income. However, the positive contribution to the family and the country is leaving an urgency to be solved.

The Indonesian migrant workers are not only a source of income that benefits the family and the country. Their existence, on the other hand, also raises problems for families and society in general. The common problem that the workers often experience since the day they depart from the home country is related to the family aspect. The first problem is connected with how the family manages the remittance funds. Second, the issues of infidelity and divorce, and third, the growth of the workers' children that are not optimal because they do not earn some ideal parenting (Ministry of Women's Empowerment and Child Protection, 2020).

Such conditions often occur in East Java Province. This situation makes sense because this province is the largest contributor to Indonesian migrant workers in Indonesia. Based on the data in 2020, East Java Province ranked first as the provider of migrant workers. Until April, East Java had sent 14,275 workers, followed by Central Java with 12,308 people and West Java with 12,135 people (Indonesian Migrant Workers Protection Agency, 2020c, 2020b, 2020d, 2020a). However, at that time, the problems that occurred in East Java were not just problems related to family and society. There is also an emerging problems related to the health of the workers, family, and surrounding. In the beginning of 2020, there was a pandemic which caused the transmission of Corona virus or Covid-19 around the globe. The pandemic affected the migrant workers from East Java that had been working abroad or the ones who were about to leave the country for a job. There were 7.044 workers from East Java affected by the pandemic, so they returned home to their hometown. The returning workers came back home due to the end of their working agreement with the employer, their taking leaves, work termination, and deportation (Editor Kompas TV, 2020). The arrival of the workers has set a new threat from the aspect of health especially amidst the pandemic of Covid-19.

The fact that the migrant workers returned to the home country is likely to carry the Corona virus. The migrant workers coming from the country with a high case of Corona virus such as Malaysia, should be under monitoring system (Setiaji, 2020). The threat has been understood and anticipated by some parties, including the Government of East Java. The governor, Kofifah Indar Parawansa, along with the Head of Transportation Department of East Java has anticipated the threat by performing examination and observation to the migrant workers who returned home to various districts and cities (Kurniawan, 2020). The examination to the health status of the workers was also carried out by the Health Department of East Java, together with the Port Health Office (Widarti, 2020).

The government's attempts to deal with the migrant workers' problems turns out unable to finish the complexity comprehensively. The problem experienced by the workers is in fact getting a lot more complicated. The existing threat from the departure of the workers to the foreign countries does not only happen in the context of family and administration. The workers are also vulnerable to experience threats in the health aspect. The displacement issue experienced by the workers is often a problem that triggers health threats for them. Health problems that pose a threat to the migrants lately have more to do with the spread of infectious diseases. The present study aims at investigating the health status of the Indonesian migrant workers, the social dynamics, and the state policy in the place where they live in. This study aims to obtain an overview of the workers' health conditions and the policies of the country of residence of the workers. An overview of both points is needed to get an appropriate model of handling the workers returning to the country during the pandemic.

There have been some studies on the protection and handling towards the migrant workers. The studies can be commonly classified as three major groups. The first group is the studies investigating the problems of law protection for the migrant workers. This has been conducted by Tyas Retno Wulan et al which explained how the country's protection to the migrants was done through rural institution (Wulan, Shodiq, Ramadhanti, & Wijayanti, 2017). The second group revealed the economic protection covering the workers' family and retirement. The research was done by Kurnia Novianti illustrating the increasing welfare by the income, better quality of living space, and the fulfillment of daily supplies for the workers' family (Novianti, 2016). The third group is in relation to the social protection of the migrants' family. The study elaborated the important function of family and relatives in carrying out parenting role for the children when the parent was working abroad. The similar study was done by Lalu Saefullah et al that described the social supports and survival of the migrant workers' family (Saefullah et al., 2018).

The above research highlighted the level of vulnerability of the migrant workers in social life. Based on the research, the migrants needed law, economic, and social protection from the stakeholders. The protection is urgent to be performed to well handle the problems faced by the migrant workers. However, the previous studies have not unveiled the issue of health protection of the migrant workers and their family from the threat of communicable diseases. The workers and family have not so far received appropriate protection and advocacy to get access to health guarantee. Thus, the present research aims at investigating the health status of the Indonesian migrant workers from East Java, the social dynamics, and the state policy in the place where they live in.

## **Literature Review**

### **Social Determination on Health Status**

Social determination is interpreted as the social factors affecting individual's attitude to health. Kawachi and Subramanian in Poston and Micklin, 2005, stated that one's attitude had something to do with his or her health. Other spatial and contextual factors can also have a strong connection with health, such as neighbors, working space, political system, and even regional economy. The status of individual's health is prominent to determine the status of community health. The dwellings or offices which are potentially exposed to virus or germ might increase the rate of illness transmission from one individual to another. The same condition applies when there is a particular political system that brings influence to public health policy, so the individual's health status might also experience some changes. To add, the economic downturn of a country can also have some relation to one's weakened health status. For instance, a country that is encountering economic inflation and price rise will cause hardship for the citizens to access basic needs. When this situation lasts for long, then the accumulation will trouble the people's fitness.

Health status refers to the healthy condition of an individual and society. There is a perspective to see someone's health. Kawachi and Subramanian in Poston and Micklin, 2005, mentioned: *One*, health status can be observed by their life-course or life span, such as what they have been through that affects their health condition. *Two*, health

status is seen from biological condition, such as physical body fitness and heredity, and psychological condition that is connected with mental health. Social relationship also corresponds to health. There is a tendency of people who are unhealthy also experience problems with their social relationship (House, Landis & Umberson, 1988). The social relationship is likely to be the intermediate variable, independent variable, or moderating variable in affecting someone's health status. The social relation is as well a "social support" for someone with poor health status.

The health status of female migrant workers has become a crucial theme for research. The female migrants moving to the country of destination are likely to carry any type of illnesses from their home country, and this can bring impacts to the condition in the destination area, or the migrants might contract an endemic disease in the home country. This social health status relies on the attitude and working environment of the migrant workers.

Oftentimes, we see the facts that the migrant workers going abroad will undergo some shifting in attitudes. The attitudes here can refer to the way they perform interaction with the society in the country of destination, including their sexual behaviors. The sexual behaviors embody the partner changing actions that are highly potential to cause HIV/AIDS contagion. According to *Coordination of Action Research on AIDS and Mobility Asia* (CARAM Asia), female migrant workers were exposed to HIV/AIDS after they worked abroad. Based on the data of the Labor Department of East Java Province, there are 4,000 Indonesian migrant workers, including the females, infected from HIV/AIDS (Kinasih & Dugis, 2015).

In addition, the occurring epidemic of another disease in the country of destination also increases the risk of transmission for the female migrants. Under the condition of being far away from home, the migrants might get tempted to imitate a new habit that they have never experienced in their home country before, such as smoking, from their new friends, and this indeed brings great impact to their health issue. From the example aforementioned, the geographical mobility of the female migrant workers was carried out full of risk. Besides their battle to depart from the home country, a migrant also had to deal with the adjustment process in the destination area. The adjustment covers the working system, the rules, and the new norms in keeping in touch with people, which are all closely connected with their health status. Thus, in observing the health status, there is what so-called *Life Course Perspective* to describe the things causing particular status of health of someone. The health status is viewed from the historical record before the current health condition. The three introduced perspectives are (Kawachi & Subramanian dalam Poston & Micklin, 2005).

#### *1. Latent Effect*

Somebody's health status is interfered by the birth weight or any other birth related conditions. This issue will also intervene the health status when somebody is reaching adulthood. Another condition is the state of childhood environment from which somebody is growing up. The factors encompass the interaction between parents and children, child abuse that has massive and lasting effects to health when the person is growing older.

#### *2. Pathway Perspective*

It is the way to track the health status of someone through their life span that has influence on their fitness issue from when they were a kid, a teenager, and now an adult. For example, a teenager who was unfortunate financially and could not access any health facilities has now experienced some kind of alteration in terms of current health status.

#### *3. Accumulative Perspective*

The accumulative exposure to disadvantaged social and environment conditions of one individual is likely to have side effect on his or her health status. One example is someone who comes from an area with the habits of smoking, alcohol drinking, and is in debt and under poverty, and this condition keeps repeating all over time, will experience a deterioration in health problem.

### **The Vulnerability of Communicable Disease to Female Migrants**

The vulnerability of communicable disease is a potential situation which has something to do with disease transmission. According to Fitriana, Saraswati & Widayani, 2013 who conducted a study in one area of Bantul Districts, Yogyakarta, there were categories to explain the vulnerability of Tuberculosis, namely land use, distance to the main road, distance to the public services, distance to the health facilities, population density, poverty, and settlement density.

The sensitivity of communicable diseases, such as Dengue Fever, Diarrhea, Pneumonia, and Tuberculosis, is also induced by environment factors, for instance the poor quality of water and air, society attitude that supports the

transmission, non-permanent type of house, the number of impoverished households that struggle to have the access to clean water, and the garbage volume sampah (Fitriana, Saraswati & Widayani, 2013).

Another sensitivity level of communicable disease is the HIV/AIDS of the migrant workers. The factors causing the sensitivity are the low level of knowledge about HIV/AIDS, the big influence from friends, and the one who never did any health tests in recruitment process of Indonesian migrant workers (Aisyaroh, Suryoputro and Shaluhayah, 2012).

The female migrant workers are the Indonesian workers who go abroad to have a job. Based on the statistical data of Placement of Indonesian Migrant Workers 2019, there are many of them with the status of domestic workers. The domestic workers refer to the type of doing house chores, such as sweeping the floor, cleaning up the house, preparing meals, and taking care of children or elderly. The quite 'closed' working space of the migrant workers is susceptible to any unfavorable situations. Due to the lack of control, there is a high risk of accepting harassment from the employer. This condition has implications to the health status of the workers. The same thing happened to the Indonesian migrant workers in Malaysia. For a construction worker, there will not be any sufficient health access when the work accident takes place. This makes the health treatment to the patient was done modestly and finally will lower the health status of the migrant workers (Tjitrawati, 2017).

The female migrants working in domestic sectors are the most vulnerable to problems. One example is the issue of human trafficking as an effect of the improper procedure during the migration process. The data from *International Organization of Migration (IOM)* of Indonesia revealed that the case of trafficking happened to domestic migrant workers, and another supporting data by Himpunan Pemeriksa Kesehatan Tenaga Kerja Indonesia (HIPTEK – the association of Indonesian labor health examiner) stated that there was also an increase of HIV/AIDS of the migrant workers (Solidaritas Perempuan, 2014). This condition makes the position of the female migrant workers weaker, especially in terms of health. The health status of the female migrants drastically dropped after situated in certain working environment and they lost their rights to any health improvement. There were more disadvantages experienced by the workers when the illness they suffered from got worse and uncured, or even led to mortality.

This fact was advancing a lot more seriously when the female workers returned home and reintegrated with their family. In the process of discharging the female migrants, there were an absence of precaution or early detection towards the health status of the workers, so there was not any knowledge about the kind of illness the workers might have suffered from abroad. If there is an indication of transmitting illness, and not treated immediately, it will be likely to affect more people in the neighborhood area where the migrants come from. The illness can be transmitted in that particular area and it can be worsened by the state of epidemic. The policy of early detection of health is only valid during the departure of the migrants, and when they return to their home country, there is not any strict health check (Kinasih & Dugis, 2015). This causes the susceptibility of contagious diseases in the home country, and this can be transmitted to their close family. In addition to the sexually transmitted disease, other identified diseases are SARS, bird flu, and corona. According to Kumparan news, 5 February 2020, there was one migrant worker who contracted a disease from his or her employer, that was a shop owner.

To measure the health status, the researchers of the study implemented the aforementioned dimensions, namely environment and social aspects which encompass the knowledge and comprehension, along with the addition of policy on responsive action to handle the plague by government. To elaborate the policy, the researchers oriented to the document of WHO COVID-19 Technical Guidance, in term Guidance 7 March 2020. Based on the technical guidance, the following points are the actions which can be performed by the government, along with the mass media, health sectors, non-government and private institutions, to respond and lower the virus transmission. Some actions proposed are:

#### National Coordination

The prominent actions taken by having the national coordination are to enhance the readiness plan of hospitals and the stocks to deal with the surge in needs of taking care of the patients, to restrict transportation facilities and entry access to and from the country, to provide social guarantee for the affected citizens, as well to prepare the major design to face influenzas pandemic.

#### Risk Communication and Society Involvement

There are some points the government needs to consider in order to communicate the prevention procedures and to find a way so that the society can participate in the action, the stakeholders can cooperate with the media, government, health officers, non-governmental organizations, and education element to consistently introduce the prevention and control of Covid 19. There should also be government's attempts to deal with the misleading information about Covid 19 and to raise people awareness to obey the health protocols.

#### Public Health Measurement

There should be social/physical distancing, washing-hand habit, mask use, self-isolation for people who feel sick, monitor to symptoms and environment cleaning, advice to stay away from crowd, closing down or limited operation of school, working space, and public transportation, and quarantine policy at health facilities.

#### Case Management and Health Services

The presence of health facilities to perform triage (the classification level of patients based on the illness, severity, and resource availability), to disseminate guidance of handling the COVID 19 to health facilitators, to provide counselling for in-house patients with COVID 19 light symptoms, to recommend patients to get hospitalized when the illness gets more serious, to support medical treatments, nutrition, and comprehensive psycho-social factors for people with COVID 19, and to supply routine and emergency services.

#### Preventive Actions to Infection and Control

This point highlights the importance of identification to government ownership of trained health staff to deal with COVID 19, of information socialization about COVID 19 by news, social media, and websites, of implementation of early symptom detection and the use of protective equipment, of national plan to provide self-protective equipment for people or health officers, and of monitor towards health officers in taking care of patients with COVID 19.

#### Monitor and Evaluation to Risk and Severity

If needed, government needs to monitor the public and private health sectors and to communicate the change of policy to treat COVID 19.

#### System of National Laboratory

Government should get ready with the increase number of specimens to test in laboratory with standard access, stocks, and protocols.

#### Logistics, Procurement, and Stock Management

#### Maintenance of Important Services

#### Research and Development

### **Methods**

The method used in this present study is Mix Method, that is to combine qualitative and descriptive quantitative. The descriptive quantitative is implemented to do the survey by online questionnaire to measure the health status and working strategy of Indonesian migrant workers. The result of the survey will be strengthened by the method of descriptive qualitative to perceive the phenomenon experienced by the subjects of research (Moleong, 2007). The data is processed using the google form and distributed to respondents working abroad, and we get 30 samples. The samples are collected by conventional method/incidental sampling by looking at the existing sample availability. The sample is accurate to be used since the study is explorative, that is to achieve early comprehension on the condition of Indonesian migrant workers in the country of destination that is susceptible to COVID 19. The data analysis taken from the result of quantitative survey will be organized by the use of software SPSS. There are three dimensions, namely Environment Aspect, Social Aspect, and Policy Aspect, and the analysis product of the software will result in numbers in the form of the health status of contagious disease of the Indonesian Migrant Workers which is interpreted into poor, fair, and good.

Table 1. Research Measurement Dimension

	Measurement Dimension	
	Environment of Destined Area (Environment Aspect)	
Health Status and Strategy of Indonesian Migrant Workers on the Transmission of COVID 19 in the Country of Destination	Environment of Destined Area (Environment Aspect)	Quality of water and air
		Population density and settlement
		Social gathering
		Clean water access
		Health accessibility and services
		Poverty level
		Garbage volume
	Social process affecting to disease transmission (Social Aspect)	Level of knowledge and comprehension
		Precaution Actions
		Treatment/recovery behaviors
		Relation/contact with the family members inside the house
		Norms and values in making interaction with the opposite sex
	Policy of health detection in destined area (Policy Aspect)	National coordination
		Information on risk and community solidarity
		Society health measurement
		Case management and health services
		Preventive actions on infection and control
		Monitor and evaluation of risk and severity
		System of national laboratory
Logistics, procurement, and stock management		
Maintenance of important services		
Research and development		

Source: Adopted from Kawachi & Subramanian dalam Poston & Micklin, 2005 and WHO COVID-19 Technical Guidance, interm Guidance 7 March 2020

### Result and Discussion

The present study carried out the health measurement and strategy of Indonesian migrant workers to deal with COVID 19 in the destination country. The survey was conducted to 30 respondents spread in some countries including the one with the status of red zone of COVID 19. The findings revealed that the health status of the Indonesian migrant workers originated from East Java was good, with 66.7% or as many 20 respondents. Meanwhile, 30% or 9 of them were in fair status, and only 3.3% or 1 respondent was at the poor condition of health. The result is shown in Figure 1.

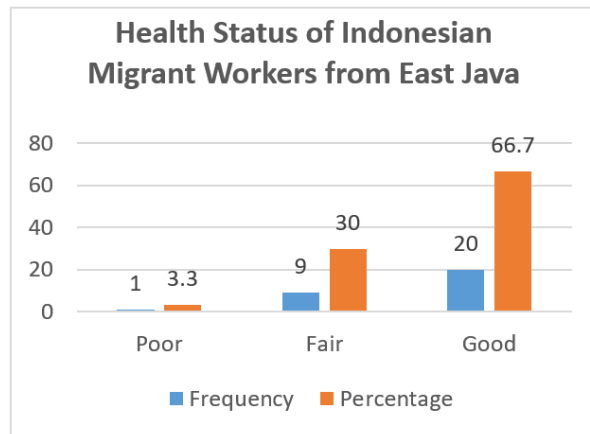


Figure 1. Diagram of Health Status of Indonesian Migrant Workers Originated from East Java

The health status of the Indonesian migrant workers in the destination country is based on the three aspects of measurement, namely environment aspect, social aspect encompassing knowledge and comprehension, and policy aspect that is relevant with responsive actions from the government in dealing with the plague.

When the measurement on the environment aspect of air quality was performed, 73.3% or as many as 22 respondents showed a good result. This indicates that the migrants' neighborhood area had minimum exposure to air pollution. About the water quality measurement, 83.3% or equals to 25 respondents stated that they were not lacking of water. The water around where the migrants live was clean and worth consuming. 73.3% of migrant workers described that their settlement is not very dense, so the social distancing remained easy to be managed. There were still some social activities performed by the people around, such as people gathering and keeping interaction as usual, but only 20% of them stated so. The community doing social activities followed the health protocols, such as wearing mask and keeping the distance. Some common activities were shopping for daily necessities, working, or simply greeting others when they meet on the street. In addition, 40% migrant workers revealed that there was not any single social activity around their neighborhood. 90% of them said the accessibility to health facilities was easy, and 93.3% even had health insurance to enable them to get quality medical treatments, while 6.6% or the same as 2 respondents found it hard to get medical treatments because they had to pay for the insurance. Based on the indicators aforementioned, it can be stated that the environment aspect of the Indonesian migrant workers in destination country showed good result, with 83.3% as illustrated in Figure 2.

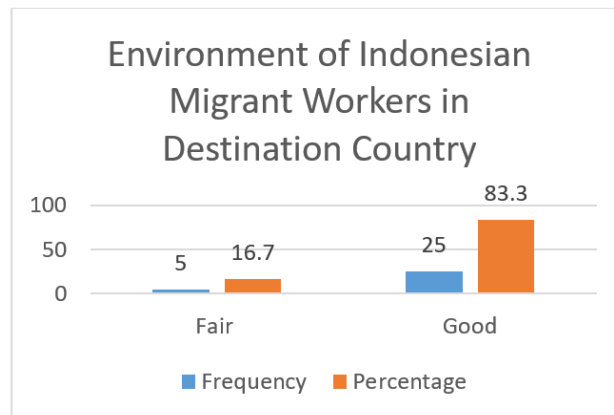


Figure 2. Environment Aspect of Indonesian Migrant Workers in Destination Country

The social aspect comprises knowledge and comprehension of the Indonesian migrant workers on facing the pandemic of COVID 19. The survey resulted in 86.7% or 26 respondents stated that the symptoms of COVID 19 were fever, exhaustion, and dry cough. The respondents also perceived that when they showed a mild symptom and were stated healthy by the health officer, they had to do self-isolation at home and consume vitamin to enhance body immunity. 93.3% mentioned that when they showed symptoms of fever, cough, and breathing difficulties, they had to immediately contact the health officer to get some help. The migrant workers in the destination country had a high awareness of how to prevent the transmission of COVID 19. 100% respondents described preventive actions as washing hands with soap and flowing water, keeping distance, and wearing face mask. 80% of them took action to stay at home and the other 20% remained doing activities outside for work. At working space, there were some respondents who were still afraid to make physical contact with their colleagues, so they could maintain the distance at times. This habit was not regularly carried out, because they added that sometimes they forgot the health protocols during the pandemic period. In conclusion, the social aspect in terms of knowledge, comprehension, and social process of the Indonesian migrant workers originated from East Java is good at dealing with the pandemic. The knowledge is in fact a form of strategy that they could optimize to survive the susceptibility of the disease or virus during this pandemic. Figure 3 illustrates the previous discussion.



Figure 3. Indicators of Social Aspect of Indonesian Migrant Workers in Destination Country

Policy aspect is a detection of health status in destination country. The country implements the policy of detection, health status, precaution protection, and recovery to the Indonesian migrant workers who were stated positive of COVID 19. The detection process performed in some countries was the rapid test method, and then the PCR Swab. In the early pandemic, there were some Indonesian migrant workers sent home to their origin as long as they were negative COVID 19. The destination country made some preparation to deal with the virus, such as ensuring the room capacity of hospitals, coordinating the transportation to restrict the activity in and out of the country. 86.7% respondents said that the destination country had prepared health insurance of COVID 19 for the Indonesian migrant workers. 96.7% government in the destination country communicated with the society to participate in performing preventive actions of COVID 19. Also, 90% of them mentioned that the government had made communication with the media, health officers, non-government organizations, and education institutions to consistently take actions to prevent the COVID 19 transmission. The government had also carried our socialization and prevention from false information about COVID 19 to all society. The policy on prevention includes keeping the distance, wearing face mask, washing hands, self-isolation, and quarantine. The health facilities had applied triage (the classification level of patients based on the type of illness, severity, and resource accessibility) and had distributed the guidance of dealing with COVID 19 to health care providers.

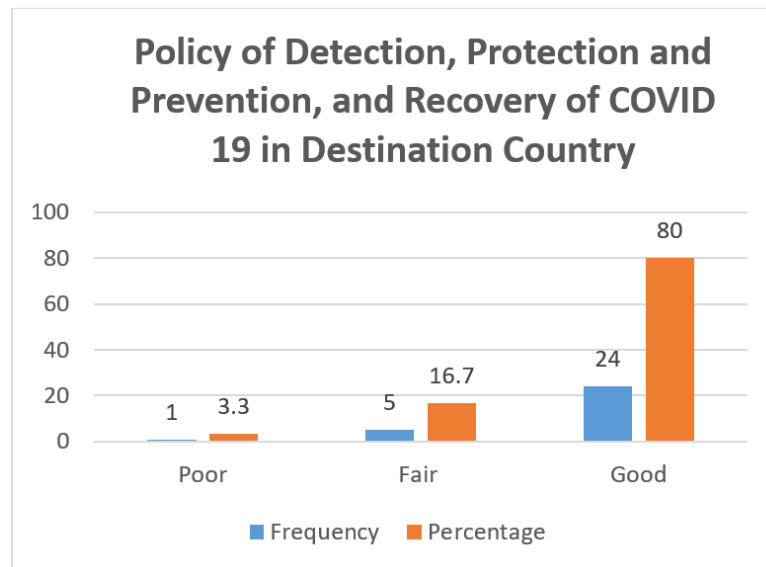


Figure 4. Indicators of Policy Aspect in Destination Country



On average, the respondents answered that the policy of handling COVID 19 in the destination country is overall good, this is because the government had been ready with provision of guidance for home-care patients with mild symptoms of COVID 19 and with recommendation of reference when the illness got more severe, medical treatment supports, nutrition, and comprehensive psychosocial factor for people with COVID 19, socialization from news, social media, website for information on COVID 19, national plan to provide self-protection equipment for public and health personnel. In addition, the government also prepared for the increasing number of specimens to be tested in laboratory, access, supplies, and laboratory protocols which are standard, and the ownership of trained health staff to handle COVID 19. Thus, the policy of detection, protection and prevention, and recovery of COVID 19 in destination country belongs to a good condition, as much as 80% as illustrated in Figure 4.

## **Conclusion**

Based on the above discussion, there are two major conclusions. One, the health condition of the Indonesian migrant workers originated from East Java belongs to 'good' category. This fact negates the issue stating that the migrant workers are the carrier of COVID 19 virus to the home country. The condition is also strengthened by the checkup result of the workers from East Java who just arrived from abroad and they were mostly stated negative to COVID 19. Second, the government policy for the migrant workers abroad went well. The destination countries were successful in improving the knowledge, alertness, and behaviors of the workers to stay safe under the health protocols. The combination of the knowledge and the government policies can be a model to be implemented to maintain the health status of the citizens to remain fit amidst the Covid-19 pandemic in Indonesia.

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## **Biographies**

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**Ucca Arawindha** was born in 18 November 1987. She has been a lecturer in Sociology Department, Faculty of Social and Political Science, University of Brawijaya Malang since 2013. She completed her undergraduate degree from Sociology Department in University of Brawijaya Malang in 2010 and finished her master study in Sociology Department in Gadjah Mada University in 2012. She concerns the issues on Health Sociology and Inclusivity with specific focus of HIV/AIDS and Disability. She is currently working on a Research group on Social Exclusion in her present institution. She published some journals and books, such as Indeks Keberlanjutan Pendidikan Inklusif di Kota Malang (sustainability index of inclusive education in Malang city), Modal Sosial Hellen Keller dalam Kebijakan Pendidikan Inklusif di Jawa Timur, (Hellen Keller's social modal in inclusive education policies in East Java), and Aksesibilitas Infrastruktur Difabel dalam Kegiatan Wisata di Kota Batu (Infrastructure accessibility for disabled people in tourism activities in Batu city). She is at present active in performing some accompaniments to the community of People Care for AIDS in Turen sub-district, Malang. She is accessible through email: [uccaarawindha@ub.ac.id](mailto:uccaarawindha@ub.ac.id).

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