

Indonesian Migrant Workers' Language and Cultural Barriers in Accessing Health Care System in Foreign Countries

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Abstract

Language and cultural barrier become problems for Indonesian migrant workers in accessing health care services in arrival countries where they work, especially for undocumented migrant workers. This study aimed to describe Indonesian migrant workers' linguistic and cultural barriers, factors that influence linguistic and cultural barriers and the strategies of Indonesian migrant workers to overcome linguistic and cultural barrier in accessing health care in Malaysia and Singapore. This study used qualitative method by using descriptive qualitative analysis. 52 respondents were involved, which consist of 32 from Malaysia and 20 from Singapore. The findings showed that Indonesian migrant workers are facing linguistic problems in accessing healthcare both in Singapore and in Malaysia. Notwithstanding, they have less problem with culture. Secondly, undocumented migrant workers faced more language and cultural problems in accessing healthcare service. Thirdly, the factors that influence Indonesian migrant workers' linguistic and cultural barriers are the long of settled, profession, status of employment, self-motivation, and proper preparation before leaving the country. Lastly, some strategies used by Indonesian migrant workers in overcoming linguistic and cultural barrier. The strategies include using nonverbal language, asking for someone help, do online search and even motivate themselves to learn the language diligently. More contextual with specific cases language pre departure training should be improved to develop migrant workers' better English language performance in the destination countries. Furthermore, cooperation between home country and destination country, stake holders and NGO are really needed.

Keywords: *Language barriers, cultural barriers, indonesian migrant worker, health care system.*

Introduction

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Indonesia ranked in second position after Philippines that send migrant workers abroad that recently has more than 9 million workers overseas (The World Bank, 2017). In other words, Indonesian migrant workers make big contribution to economy as they send hundreds of trillions rupiahs each year to Indonesia in remittance. As a form of protection and coordination, Indonesian government establish the National Board for the Protection of Indonesian Workers (BP2MI) on behalf of The Ministry of Manpower which officially placed in some provinces in Indonesia to give the service in coordination and supervision, solving migrant workers' problem before and after leaving the country.

Nowadays, most of Indonesian migrant workers have been coming come from rural area in Java Island and Nusa Tenggara whose education is low. Indonesian labor migration is driven by a lack of good employment opportunities at home coupled with the potential for higher wages in the foreign labor market (Surjaatmadja & Hubaib, 2019). Most of them earn a lot of higher income, even after reduced by migration costs. Those who are interested in mostly people who do not have permanent jobs where they live and are tempted to see migrant workers returning to their hometowns with a very large income. At the same time, they face some risks as the consequences of working far from their country. One of risks is difficulties in accessing health facilities is one of problems that they must face when working abroad. Migrant workers tend to find some problems in term of different language and culture.

Migrant workers sometimes encounter various language and cultural barriers. The problems appear is related to context misunderstanding, formality level, nonverbal behavior, how to dress, hygiene, customs, work ethics, social status and others. Lack of understanding of a term sometimes causes frequent misunderstanding, so that migrant workers sometimes make mistakes in their work that might be fatal. Besides, problems also happen with the use of formal and informal language that might cause the other person feels offended or ashamed. In nonverbal behavior, many differences are among nonverbal behavior that occur in one and other countries. Having to work in new country with different cultures may cause some intercultural problems particularly in communication (Dewi, 2015). Different culture is a kind of big challenge to the migrant workers that need a lot of time to adapt and understand the new culture. More than that, migrant workers must also communicate frequently with local residents to increase their cultural understanding.

In some countries, healthcare services are often inaccessible to migrant workers who want to have consultation or information related to their health condition. For instance, Malaysia, which is assumed, has complex access barriers that are identified in their healthcare services for migrant workers (Loganathan et al., 2019). As a result, many migrant workers choose to recover their own health instead of having to go to the health facilities available in the country. They feel that visiting health facilities will not improve their health to recover.

Language and cultural barrier in accessing health care in new country are often faced by most of Indonesian migrant workers, even in countries with similar clusters such as Malaysia or Singapore. Lack of linguistic competence and cross-cultural understanding affect the communication between health care providers and Indonesian migrant workers and limited access to resources. When the migrant workers got sick, they need to have interaction and communication to the doctors to consult what they feel and tell the symptoms. For those who do not have experience in accessing health outside their country, they will find difficulties to interact with the

doctors and nurse that might cause error medication. The less linguistic competence they have, the less interaction they have with the doctors or nurses. Linguistic competence provides social knowledge on how they use utterance appropriately. Some of them also find difficulties in reading printed material, such as forms. Migrant worker patients face more language challenges than other patients have.

Language and cultural barriers in accessing health care services are the problem mentioned in some countries that concerned to increase health quality of their citizens in foreign country. Even though health problems are personal problem, the country has an obligation to provide health facilities needed by migrant workers overseas. Some of the obstacles that have been conveyed by migrant workers can be used as knowledge to be able to improve the system so that the goal of protecting citizens can be properly realized. The topic related to linguistic and cultural barriers for migrant workers is very interesting to be explored in order to get comprehensive knowledge in creating cross-cultural understanding among international communities.

In connection with the purpose of this study to see what difficulties or challenges faced by Indonesian workers who are in Malaysia and Singapore in terms of culture and language. The phenomenon related to language and culture barrier has been widely observed including on what problems they have and how migrant workers overcome their language and cultural barriers. There are a lot of researches that focused on language and cultural barriers. Despite this, one of the major topics to be investigated in this field is linguistic aspect, which is more specific explained about communication and interaction in different language and culture. More interestingly, recent studies by Chen (2013) and Roberts et al. (2015) have related where the linguistic contents contributed significantly to explaining peoples' behavior. It means that the language and culture barrier in accessing health care service remains an empirical question to be analyzed. This study is conducted to seek the answer to that question to find the barriers that prevent Indonesian migrant workers living in Malaysia and Singapore from accessing health care.

Literature Review

Language and culture problem is one of the common problems faced by migrant workers. Even though all of the official migrant workers have already done all procedures including language and culture training from BP2MI, they still sometimes cannot stand with language and culture barrier. New environment makes migrant workers have to adapt physically and make some adjustments on how they behave and say (Hoang, 2008). As we are well aware, Indonesian migrant workers experienced significant language barrier especially for those who work in East and West Asia. For the workers, especially migrant workers who have a job in service area, language is the basic necessity for them to communicate with the customers. Indeed, they also can use their body language, but still, it cannot explain all the feeling that they want to express. Linguistic competence can affect the quality of communication between two people with the same or different socio-cultural backgrounds. As stated by Chomsky, linguistic competence is a proper language system, which enables speakers to utter and understand unlimited sentences in their language, and to differentiate the grammatical and ungrammatical sentences (Chomsky, 2014). Coupled with this argument, linguistic competence will drive the speakers succeed in communication because they have the ability to transfer their grammatical knowledge (linguistic competence) and transform it into

performance (communicative competence) (Canale and Swain, 1983). Linguistic competence have important role in international community. Nevertheless, linguistic competence cannot be mastered in a short time. People need adjust new language they have learnt to minimize the influence of their mother tongue. In most cases all over the world, people who go abroad deal with the language and culture situation where they feel disturbed. The reaction to the new culture might spoil the culture experience that result many kinds of negative reactions. In order to overcome negative reaction to the new culture, it is needed to learn cross-cultural competence. Cross-cultural competence is often considered as a part of communicative competence (Deardorff, 2006). It also defines as the ability to think and act in cross-culturally appropriate. Someone with cross-cultural competence can build relationships with people from other cultures and minimize the barriers. Cross-cultural competence is one of essential factors in international communication.

In international communication, cross-cultural understanding simply indicates as the basic ability of people to recognize, interpret and correctly react to people, incidences or situations that are open to misunderstanding due to cultural differences. People who can communicate successfully across cultures refer to have the ability to master the language too. Cross-cultural understanding learns the concept of respecting other cultures and its own values. In the end of this perception, people with high cross-cultural understanding will respect to the difference of the culture to being tolerant and acceptable. By having cross-cultural understanding people can motivate others, as people begin to see their roles within the workplace more clearly. Through self-analysis, people begin to recognize areas in which they need to improve and become motivated to develop and progress.

In term of accessing healthcare, some countries give different treatments and service to the foreign patients. Cross-cultural understanding among doctor and patients interaction may increase positive effect for the patients' health. Patients will feel more comfortable in consulting their illness as they accept cultural differences and respect them. Doctors also provide effective medication to the patients and avoid negative judgmentally respond to the patients. Cross-cultural understanding will increase patients' satisfaction because of the increased respects toward health care providers.

However, it becomes common problem in many countries that migrant workers have limitations in accessing health care facilities in the destination countries (Ang et al, 2017 and Izziyana et al., 2019). Accessing health is luxury facilities for some migrant workers who do not have legal documents. Moreover, the problems related to accessing health care system in foreign country have become the global issues in the whole world. Many factors influence migrant workers difficult to access such as lack of information, communication, and discrimination and so on. Some studies have been researched regarding to this problems. Loganathan et al. raised the issue about the barriers that occur in accessing healthcare in Malaysia (Dewi, 2015). The research revealed that healthcare service in Malaysia is difficult to access for most of migrant workers. There are many problems that are not controlled relate to the access of migrant workers in healthcare service. Most of them come from financial and accessibility including the discrimination and xenophobia that usually happened among migrant workers. This study suggests that health insurance under government supervision for migrant workers is deemed inadequate, in view of the increase of medical costs recently. Moreover, for those who do not have complete documents while working

abroad, they will not get the insurance from the government. Therefore, health care service provided by the government are still insufficient in serving migrant workers.

Method

This research is qualitative design, which focuses on the participants' experience of what actually happened in term of observable behavior or events. Therefore, the researchers captured record participants' statement of their experience in accessing health care in Malaysia and Singapore. The researchers figured out about participants' language and cultural barrier in Malaysia and Singapore in order to investigate their experience by using Focus Group Discussion and questionnaire. The data of this study are all of the experiences described by the participants. The participants in this study are 52 Indonesian migrant workers who work in Malaysia and Singapore. This research used Focus Group Discussion (FGD) as the main data collection technique and questionnaire to support the data. The questions of FGD are classified into some categories related to language barrier, cultural barrier, and healthcare access in Malaysia and Singapore. While, the questionnaire were used as the supporting data in order to provide the additional information related to the topic. The data that have obtained from FGD and questionnaire were analyzed by using descriptive qualitative analysis.

Findings and Discussion

Findings

The data are obtained through focus group discussion (FGD) and questionnaire. All the data from respondents are broken down into two parts, namely data findings Malaysia and data findings Singapore.

- **Malaysia**

- **The Results of the Focus Group Discussion**

Linguistic barrier refers to phrase that usually explains is related to the communication obstacle that caused by different language. In this case, the respondents have to adjust the vocabulary and the grammatical aspect that sometimes makes them found misconception and miscommunication. Malay language and Indonesian language have many similarities in vocabulary and grammar. However, not all vocabularies of Malay language that is same with vocabularies in Indonesian language have the same meaning and use. Some of vocabularies that are different used make the respondents difficult to adjust the language, because they need to get used to apply same vocabularies with different meaning in everyday communication. Moreover, not all of the respondents use English as their second language in communication.

A: "It is difficult to use Malay language at the first time I arrived here. Malay and Indonesian have a lot of same vocabularies, but with different meaning."

B: "The structure or grammatical aspect is mostly similar, but they have different intonation to be used in questions, statements, or command. So, when I tried to use the language correctly, I pronounced the correct sentence, but with wrong intonation."

Furthermore, when it relates to the linguistic barrier that happen among Indonesian migrant workers, in Malaysia in accessing health, most of them said that the problem is usually in understanding doctors' statement when they use Malay language. However, when migrant workers ask for repetition and use nonverbal language, doctor and nurses understand the condition.

Cultural Differences

Mostly, the culture between Indonesia and Malaysia are quite similar. Indonesia and Malaysia have similarities in how they behave to people, value, and religion. Because Malaysia have many ethnics and religion, they are usual to find different habits and customs among people, so it is easier for them to behave with Indonesian who also has similar background culture.

However, when it relates to the health system, there are some differences on the procedure and service in hospitals or clinics. Cultural difference concerns about the service and manner of healthcare providers in Malaysia to serve Indonesian Migrant workers. Most of the respondents said that the doctor and nurse are nice and humble. The procedure to get the treatment in Malaysia is simpler than healthcare procedure in Indonesia. In general the healthcare service for legal Indonesian migrant workers in Malaysia is good enough.

Health Facilities for Migrant Workers

The information about health facilities that can be used by Indonesian migrant workers in Malaysia are discussed. Some of the respondents do not have health insurance and have to pay by themselves or get the fund from their employer. Generally, most of them said that the system of health providers is good enough.

A: "The service and facilities are good, comfortable, and open."

Hospitals and clinics in Malaysia do not differentiate the facilities used for local people or migrant workers. The facilities that can be used are the same. Some of the healthcare providers give the complete facilities, especially for migrant workers. However, a healthcare facility that is provided to the migrant workers is viewed expensive. Moreover, if they do not have health insurance in their workplace, their employer would not provide it. 14 respondents said that the cost that spends to get the treatment in clinic is quite expensive. Some of them also complained about the service that they got from the healthcare providers.

Then, Indonesia and Malaysia might have similarities and differences in healthcare facilities, depending on the health system that occur. In Malaysia, the procedures that migrant workers must fulfill are not too difficult compare with Indonesian health providers in the same level.

Questionnaire Result

The data obtained from the questionnaire are additional information that used in order to know factors that influence linguistic and cultural barriers of Indonesian workers in accessing health care and the strategies used to overcome the problems. In this study, several categories were obtained which are described as follow:

Language Mastered

Although Indonesian Migrant workers have a lot of same vocabularies, Malay language has different linguistic and grammatical aspects with Indonesian language. Therefore, the respondents are asked the questions related to the language that they mastered, including their language skill such as listening, reading, speaking and writing. The following diagram showed the language mastered by Indonesian migrant workers, are served in Figure 1.



Figure 1. Language Mastered

Based on Figure 1, it can be seen that 42% of respondents master in English. Because Malaysia uses English as their second language, so the people who already master English are easily to communicate with local people in Malaysia. They know Malay language, but cannot make good communication by using Malay language. Meanwhile, the second order showed that 39% of respondents master Malay and use it to communicate with other people. Then, 16% of respondents master Chinese language. The people who master Chinese are directly have interaction with local people from Chinese ethnic in Malaysia. The last is the respondents who master Tamil is 3%. Tamil language becomes one alternative language that used in the certain time.

Then, the language skills that mastered by the respondents also described in this research. The further description is presented by using diagram below.

Indonesian Migrant Workers' Language and Cultural Barriers in Accessing Health Care System in Foreign Countries

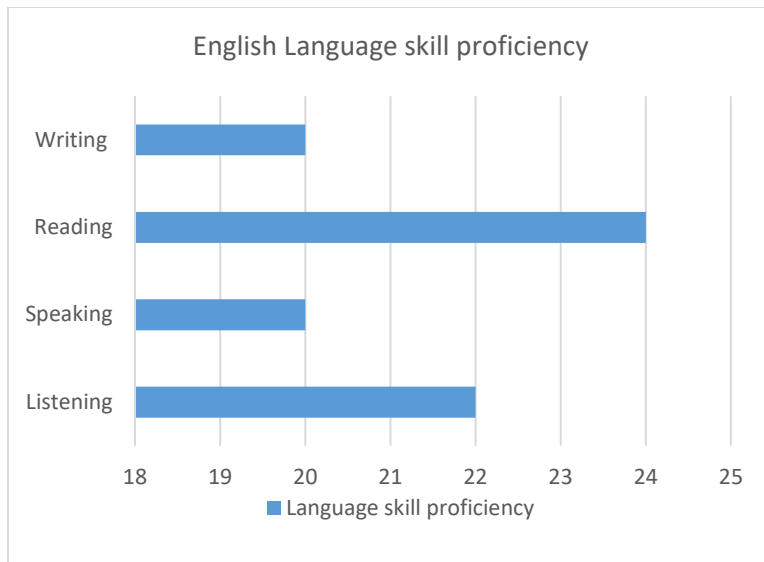


Figure 2. English Language Skill Proficiency

Figure 2 showed the proficiency of language skills such as listening, speaking, reading and writing that they master in English. Based on the figure above, 24 respondents said that they master English reading skill. Meanwhile, there are 22 respondents said that they are proficient in English listening skill. Then, writing and speaking are at the same level of number, which obtained 20 respondents for each skill. Then, the following figure illustrates about the proficient of Malay language skills, namely listening, speaking, reading, and writing. The figure is presented as follows.

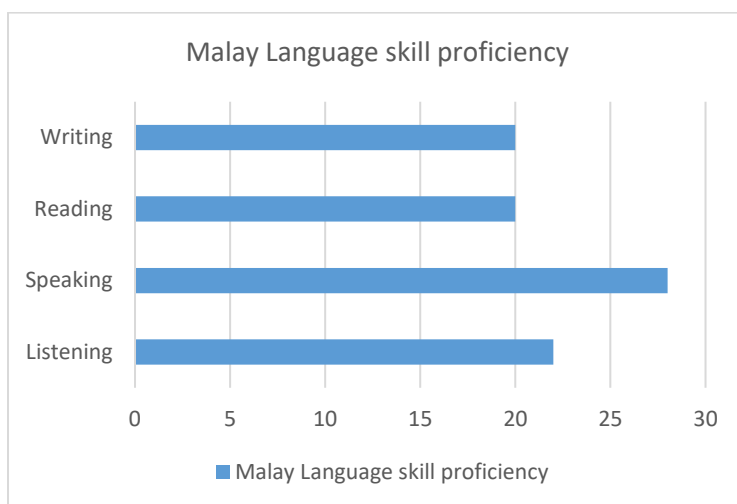


Figure 3. Malay Language Skill Proficiency

Figure 3 showed the proficiency of language skills such as listening, speaking, reading and writing that they master in Malay language. Based on the figure above, writing and reading are in the same level, which gained 20 respondents for each skill. Meanwhile, 22 respondents are proficient in listening skill. The most proficient skill in Malay language is speaking, which obtained 28 respondents.

Language Barriers

Regarding to the difficulties to communicate in English and Malay language, the respondents are asked about their problems appear in using the language. This study categorized the problem into four categories, namely the difficulties in grammatical aspect, using formal language, word order, and the meaning of the words. The categories are asked both in applying Malay language and English because most of the respondents use those languages.

First diagram below is the description of language barriers in English that appear while they communicate to other people. The diagram is presented in Figure 4 below.

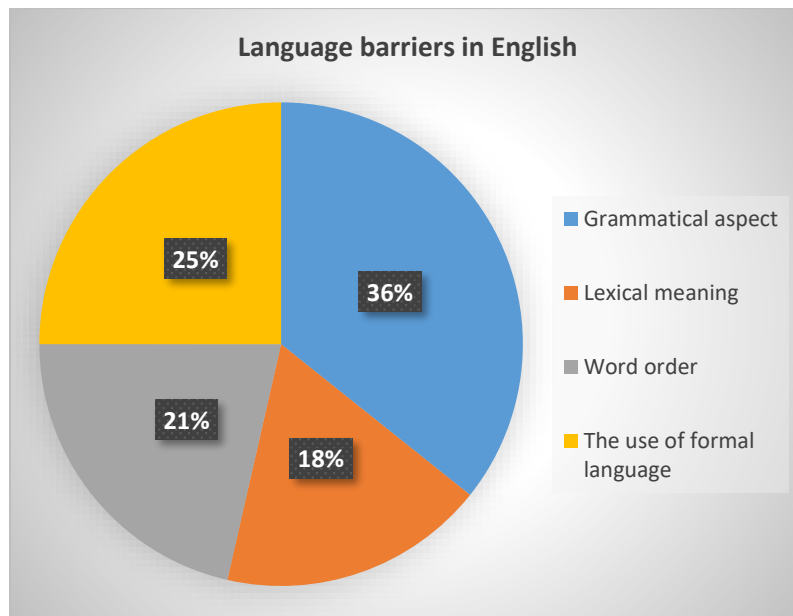


Figure 4. Language barriers in English

Based on the Figure 4 above, 36% of respondents found difficulties in grammatical aspect. Grammar is viewed as the most difficult aspect in English. The second language problem based on respondents' opinion is on the use of formal language that showed 25 % of respondents. Many Indonesian migrant workers have learnt English in order to communicate to local people in daily life. However, they rarely use formal language in English, so that the reason some of them found difficulties in using English formal language. The next problem is related to the word order in English, which obtained 21% of respondents. English and Indonesian language have different word orders. It sometimes make them confuse to consider the word order in English. The last problem is lexical meaning, which obtained 18 % of respondents.

The language barrier is not only occur in English, but also in Malay language. Some of the respondents said that there are language barriers in Malay language, such as in grammatical aspect, lexical meaning, word order, and the use of formal language. Different from language barriers in English, language barriers in Malay language is presented in figure 5.

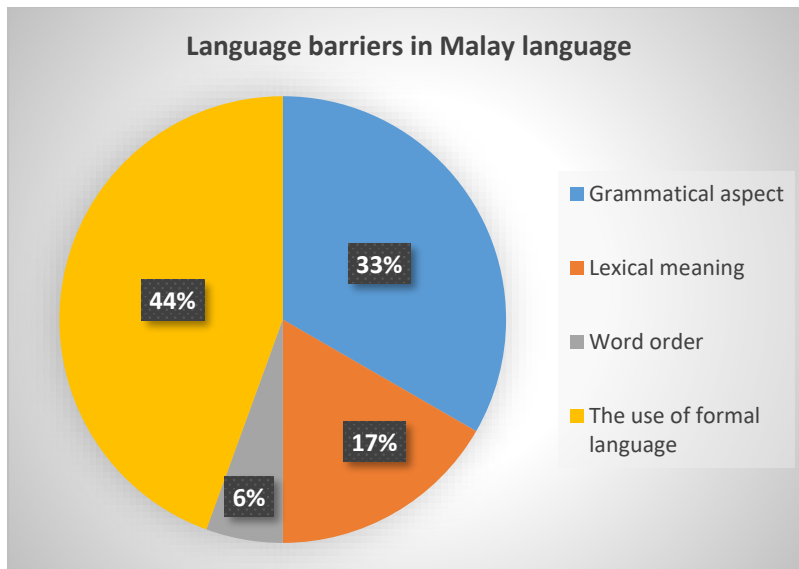


Figure 5. Language Barriers in Malay Language

Based on Figure 5, it can be seen that 44% of respondents said that the language barriers in Malay language is on the use of formal language. Most of them have difficulties when communicate with other people in formal situation, because they do not master the formal language. The difficulties are also occurred in grammatical aspect, which obtained 33% of respondents. Meanwhile, the barrier regarding to lexical meaning in Malay language is 17% of respondents. The rest 6% of respondents said that the word order is difficult.

The Strategies in Resolving the Barriers

The result of questionnaire showed that most of respondents do not find significant barriers in accessing healthcare facilities in Malaysia. Moreover, the respondents who have health insurance have an easy access to get the treatment from clinics or hospital. In term of language differences, the respondents have some strategies in resolving the barrier when access health care service. Most of them will ask for repetition if they do not get the point that doctor said. They also use non-verbal language to give brief answer to the doctor such as nodding, showing the illness by movement, or answering yes no questions with hands. The specific descriptions on how the respondents resolving the language barriers while accessing healthcare service in hospital or clinic are presented in figure below.

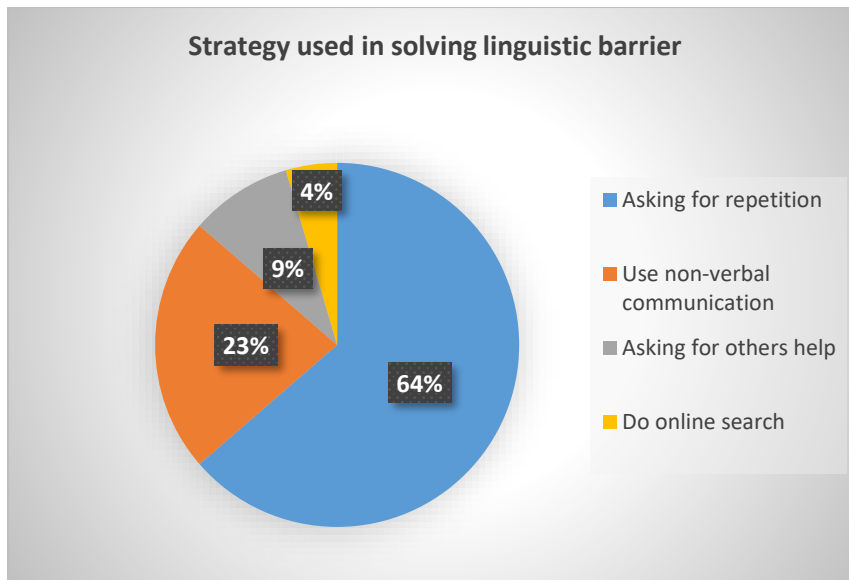


Figure 6. Strategy Used in Solving Linguistic Barrier

The most common things respondents do when they do not understand the language while getting the treatment is by asking for repetition. The above figure showed that 64% of respondents would ask for repetition when they do not get the point of their conversation with the doctor or nurse. The main reason is that Malay and Indonesian language have a lot of same vocabularies. So, when they do not understand, they ask for repetition to get the point of the conversation. Meanwhile, 23% of the respondents use non-verbal language to communicate when having language problem. Nodded and shook the head is easier to do to answer the question fast. In order to make the communication easier, the respondents tend to use non-verbal language, for instance nodded, shook, or wave their hands. In healthcare facilities, the respondents are able to use non-verbal language in answering fast questions that usually asked by the doctor. Then 4% of the respondents said that they use online search (Google search) when finding difficulties in understand the meaning. Online search is one of alternatives that can be used when they cannot express and understand doctor' utterance. The last, another 9% of respondents said that they ask for others help if they do not know the meaning of the words in sentence or do not get the point of doctors or nurses said related to the treatment, medicine, insurance claimed, or hospitalized service.

1. Singapore

The Results of the Focus Group Discussion

Communication is the most important thing to talk to or discuss in more conversation. Barriers to communication are very common if we are in a country that does not speak Indonesian and are in a clinic or hospital in Singapore. Some of the things that cause communication difficulties are limited time and busy work. This becomes a communication barrier because there is not much time and other people do not understand what is being said. But there are some who feel normal and do not feel that there are obstacles in communication.

A: "So far, it's normal and Alhamdulillah rarely gets sick, so it's rare to see a doctor except for a medical check-up every 6 months. I went to the doctor several times but Alhamdulillah it wasn't really sick."

B: "There is, a limited time and work."

Cultural Differences

Cultural differences are the differences between the creativity, taste and intention of a society. What makes every culture different from other is that there are differences in beliefs, because belief or religion will cause differences in people's cultures. In Singapore it is also possible to have cultural differences with the health system in clinics / hospitals. Several things that differentiate it from the health system in Indonesia are that the services at the hospital in Singapore are better; the queuing system is neat and orderly, making prior appointments on the previous days.

A: "We have to make an appointment well in advance."

B: "The hospital service is very good."

Facilities for Migrant Workers

Facility in hospital should provide health service efforts, whether preventive, curative or rehabilitative, carried out by the central government, regional governments and / or the community. To achieve a good degree of public health, Health Service Facilities are needed. It can provide affordable health services for all levels of society in the context of health improvement, health care, disease treatment and health recovery. Migrant workers do not know what facilities are available at hospital in Singapore. Some said that if someone is sick he/she gets treatment quickly and all the tools are available at the hospital.

A: "...I don't know, but I think Singapore has good facilities for all its patients."

B: "5 years ago, I have a hole in my throat, in a short time it can be resolved quickly and there are tools all here..."

Regarding to the language and culture, Singapore and Indonesia have different language, habit, custom, and culture. Singapore has some national languages that can be used as communication tools among the local community. However, most of them use English in communication. This situation makes Indonesian migrant workers have to adapt, including their language. For those who cannot speak English very well, they are still easy to have communication with the doctors and nurse in healthcare facilities.

A: "When I got sick and have to be hospitalized, they asked whether I can speak English or not. Then, I said I could not speak English. They sent me nurse who could speak Malay language to make me easier to communicate my illness."

Hospitals and clinics in Singapore also do not differentiate the facilities used for ordinary people or migrant workers. The facilities you get are the same, sometimes there are hospitals that provide facilities for free for migrant workers.

A: "All hospitals and clinics here are good and serve well regardless of status."

B: "Sometimes NGOs provide free facilities for migrant workers..."

Different facilities in each country may be possible depending on the advantages and disadvantages of the hospital. Facilities obtained by migrant workers that are not obtained from Indonesia are health insurance, medical check every 6 months, death and accident insurance.

A: "...in Singapore we get accident and death insurance which is limited."

B: "Yes, like a medical check-up every 6 months."

In this study, several categories were obtained which are described below:

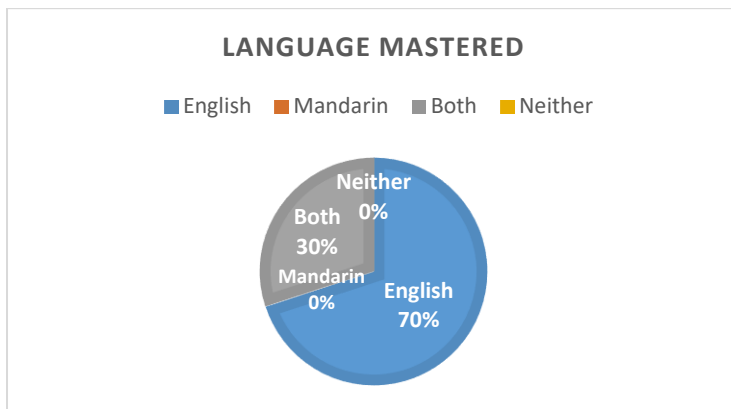


Figure 7. Language Mastered

Figure 7 shows that the most proficient language is English (70%) and master both English and Mandarin (30%). Based on the graph, it states that migrant workers communicate easily and there are not too many obstacles in communication as written in the focus group discussion. The highest foreign language skill is speaking, it can be said that migrant workers have no obstacles in communicating. A clearer explanation can be seen below:

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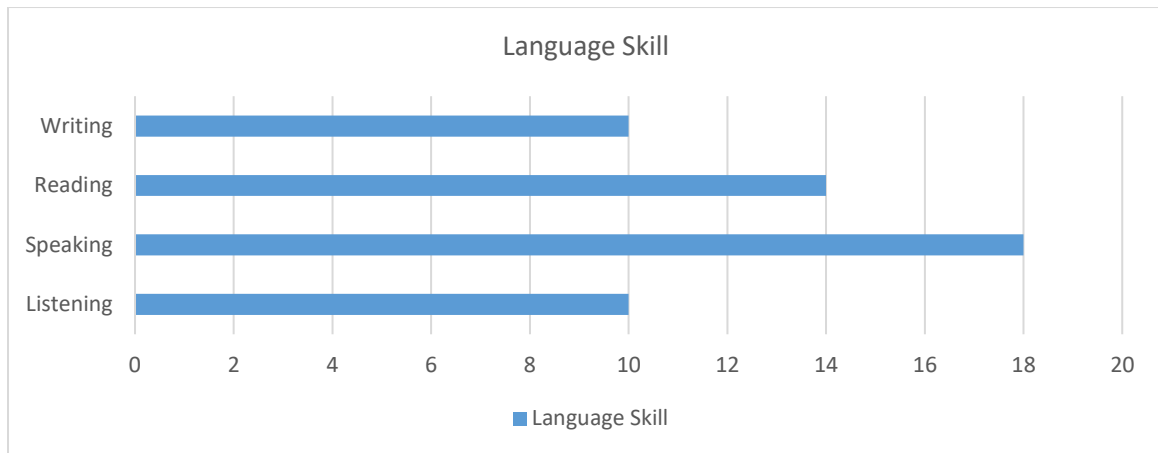


Figure 8. Language Skill

Figure 8 shows that the most skill mastered by migrant workers is speaking, which is 18 point, while the second highest is reading, which is 14 point, then listening and writing have the same points, namely 10. If it is ordered according to most proficient, proficient, moderately proficient, and less proficient, English remains the highest position, because English is a universal language that almost everyone uses when visiting other countries. The diagram can be seen below:

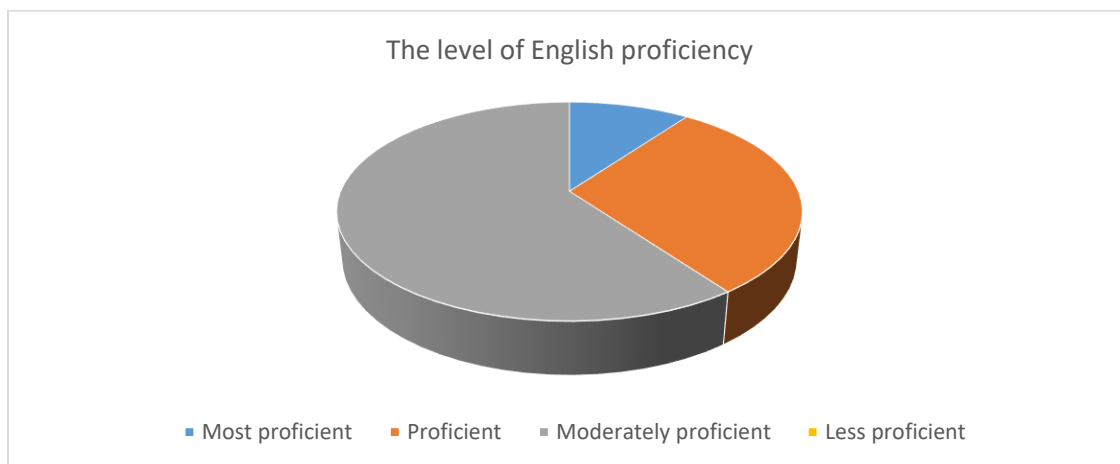


Figure 9. The Level of English Proficiency

The diagram above shows that, 60% English skills are quite proficient mastered by migrant workers. The second highest is 30% who are proficient controlled by migrant workers. However, many of them also still use nonverbal language, for example moving their bodies like nodding when they don't know how to answer questions from doctors or health workers at Singapore hospitals, and usually ask the doctor or hospital staff to repeat the explanation, or ask someone else for help. Many migrant workers have less difficulty in communication with doctors or hospital personnel, even though there are some that may not be understood but they know what to do, such as asking for repetition, or asking other people to explain the language.

Discussion

This paper explores the linguistic and cultural barriers that occurred in Indonesian migrant workers while accessing health care services in their workplace in Malaysia and Singapore. Regarding the results of the research, there are several items identified for this research, the discussion are explained as follows.

1. Indonesian migrant workers are facing linguistic problems in accessing healthcare both in Singapore and in Malaysia. Notwithstanding, they have less problem with culture

Indonesian migrant workers have linguistic problems in accessing health care service, especially for those who have low proficiency in English and Malay. In Malaysia, Malay language is the official language and plays a role as the national language established in National Language Act 1967. In addition to Malay language, other languages are also used such as Chinese, Tamil, and English. Therefore, other than Malay and English, some Indonesian migrant workers have the ability in Chinese and Tamil due to its wide range use in the country. The condition that placed English as a foreign language in Indonesia has made most of the citizens accept learning English as something, which gives no direct benefits to the life of Indonesian citizens. English is not used outside the English language classroom in most places in Indonesia. This condition has significantly affected the ability to speak in English for most Indonesian. Many Indonesian are not having adequate ability to produce English language accurately and fluently in both speaking and writing. While Indonesia has been successful in the adoption of Indonesian as a national language, as demonstrated by the large numbers of people who now use Indonesian for daily communication, it has been less so in promoting the use of English for international communication as the majority of people remain handicapped by their “less-than-adequate knowledge of English”. Even highly educated intellectuals often make a poor impression when giving presentations in English or find themselves are unable to access academic articles written in English, being confined to publications in Indonesian. This is obviously a handicap and means that while policy for Indonesian development is relatively successful, the same is not true for English (Dardjowidjojo, 1996, 2003A & 2003b).

This condition is worse for many Indonesian that live outside the capital city. And unfortunately, most migrant workers from Indonesia come from several places except from the capital city. According to the World Bank (2017) that stated most of Indonesian migrant workers come from rural area in Java Island and Nusa Tenggara whose education is low, including English education [9]. Therefore, Malaysia was chosen to be the target country to find a better job. Most of the migrant workers in Malaysia said that they choose Malaysia as a working country because lots of people in Malaysia use Bahasa Melayu which is very close to Bahasa Indonesia. They think that it will be easier to them to acquire Malay language as their second language rather than learn English. This fact encourages many Indonesian citizens to seek work in Malaysia, apart from the higher salaries given compare with Indonesia.

Interestingly, in addition to English as the language that is comprehended by the migrant workers, most of them are able to use the language widely used in the country such as in Malaysia, it has Malay, Chinese and Tamil. Unfortunately, the information gathered is limited only on migrant workers ability in English and Malay, which are commonly used in Malaysia. In English, the highest skill is reading while the other three skills have the same percentage for listening, writing, and speaking. This shows that Indonesian migrant workers have been using

English passively. They are able to understand English in reading announcements, pamphlets, advertisements, and traffic signs as well as any medical information published in the form of poster or pamphlet.

Besides, Indonesian migrant workers are better in reading skill because English education in Indonesia that learnt in most places focus on reading skill, where they often to do learning activity that only focus on reading skill. Meanwhile, their ability in Malay language is dominantly in active speaking followed by listening. The result of questionnaire shows that Malay language that used by Indonesian migrant workers in Malaysia tend to use daily language, which is not formal language. This is very possible considering that most of them work in the domestic sector, which more emphasis on the everyday Malay language to communicate to the local community or their employer.

On the other part that describes the difficulties of Malay language, respondents mention that the difficulty in learning Malay is when using Malay for formal situations. This situation makes them capable in using Malay language in daily conversation. This dominant ability in speaking and listening allows them to have an effective communication and interaction in Malay language considering the similarities in both languages. Nevertheless, Indonesian migrant workers still consider themselves to have a low ability in reading and writing of Malay language. It points out that any similarities of both languages do not guarantee that they are good at all skills.

In terms of accessing health in clinics or hospitals, Indonesian migrant workers who work in Malaysia assume that they do not find many difficulties to communicate their illness. In Malaysia, for English, the biggest challenge found by Indonesian migrant workers is in its sentence structure. Unlike Malay and Indonesian language, English has a completely different grammar and structure, especially in terms of tenses. Besides, the difficulties of gaining structure of English had been the problems for most Indonesian. Moreover, most of Indonesian migrant workers who work in Malaysia are not familiar with the use of tenses and part of speech, which make them do not understand how to speak English fluently. In the use of formal language of Malay language, this has become another challenge since most of the time the Indonesian workers use the language in an informal context such as talking with the employer or surrounding people. They are rarely exposed to opportunities in which the use of formal language is required. Therefore, they assumed that the necessity of using formal language is not urgent to learn so that they ignore to learn formal language and tend to use daily conversation. The next challenge is the word placement in the sentence and sentence meaning. This is mainly caused by their limited vocabulary in the language. Additionally, in Malay language, they found no difficulty in the sentence structure, sentence meaning, or word placement in a sentence due to a big amount of similarity in vocabulary to Indonesian language. However, to use the language in a formal setting is another case where a clear difference in terms of which proper vocabulary to be used is present.

Furthermore, Singaporean migrant workers face more linguistics and communicative barriers in Singapore. This is due to the fact that Singapore use more English than Malaysia. As we know, both Malaysia and Singapore accept English as their second language while Indonesian accepts English as our foreign language. The language difference becomes our own challenge. Based on the result of questionnaire, all respondents who include in this research are working as domestic workers, which their education level is still low. Meanwhile, English learning

in Indonesia in elementary to high school is still in very basic level. However, the limitation of their English is not becoming an obstacle to keep looking for a job in Singapore.

Based on the findings, English proficiency of the respondents in Singapore has already improved. It is because all of the respondents have been working in Singapore for more than five years, which means that they have been acquiring and learning English as their first language. However, based on the result of FGD, most of them have language barriers at the first and second years of their work. They are difficult to communicate in English because they did not speak English. Based on the graphic of English proficiency of respondents from Singapore, they have more proficiency in English rather than in Mandarin. However, the highest skill of English that mastered by the respondents are speaking. It can be said that Indonesian workers who work in Singapore use English as their tool of oral communication. They actively speak English and more focus to improve speaking skill rather than other skills. The work environment, where all of them work as domestic workers, require them to be able to speak English, especially when communicate to their employer. It is quite different with listening and writing skill, where the percentage is the least of all English skills. It means that most of them rarely to write English. Surprisingly, the respondents classify their listening skill into the skill that viewed difficult. Different from other skills, the respondents are not capable in English listening. Meanwhile, the communication between them and their employer are not only focus on speaking skill, but also in listening skill in order to succeed two ways conversation. As a result, the communication problems that appear between Indonesian migrant workers and the employer is because they lack of listening skill.

Therefore, the importance of language can be recognized when people go abroad. The challenge is real, proving that most Indonesian migrant workers still have low mastery at the beginning of their work, especially in English. Meanwhile, one of the main problems in accessing health care facilities Malaysia and Singapore is language barriers that caused by the failure to understand communication between Indonesian migrant workers and employer. However, the people who are not easy to give up to communicate when they feel unwell to their employer mentioned that the situation will getting better and the employer will understand the situation, even help their claim for insurance.

Above all, Indonesian migrant workers still struggle in acquiring learning Malay language and English as their first language to be used recently. Most of the respondents said that they still keep going their passion in English learning by studying hard independently or by joining the social community to meet the need to become more skilled at work and to master English. Yet, even though language can be learnt independently by them, still, Indonesian government needs to improve language skills of migrant workers. The language training before going overseas is the key to reduce low language skill of migrant workers. Language mastery is an important aspect to be learnt before going to work overseas.

Next, the cultural barriers that identified in this research are unsystematic health care services and healthcare insurance information, difficulties to access healthcare services and healthcare insurance because of lack of appropriate documents, healthcare insurance are not affordable for low-level income workers. Malaysia and Singapore are widely recognized as the country that achieved universal health coverage for its citizens. They also

provide migrant workers with health insurance and health service. Some examples mentioned that is unlike in Indonesia, Malaysia has better ways how the healthcare service is given to the patients; such as good and well-arranged queue management for anyone visiting the healthcare center as well as the documentation in which each clinic. Despite its type, either big or small clinics, always keeps a good documentation of the patient even though the patient is not the regular patient there. In terms of the culture in accessing the healthcare service, the migrant workers do not find any big difference between Indonesia as their country of origin and Malaysia and Singapore as their country of destination.

Most of Indonesian migrant workers are entitled for a health insurance that must be covered by the employer during their employment. Even though not all medical care or treatments are covered in this insurance, it is very helpful for them. The insurance provided only covers any accidents and/or any injuries caused by force. This insurance is a compulsory for all employers to be given to the workers. Unfortunately, in Malaysia, not all migrant workers are warranted for any insurance due to the fact that some Indonesian migrant workers entered the country without work permit which as a result causes them to be undocumented. To find further information on this matter has been a challenging issue from time to time since those undocumented workers tend to not show up and withdraw themselves from any socialization or interaction in public or community to avoid any problems that may happen. Without having any work permit or identity such as passport, they cannot access any healthcare services available in the country for the registration and documentation purposes in the healthcare center, either clinics or hospitals. Surprisingly, those undocumented workers still have a chance to gain access for healthcare services. Instead of going to the clinics or hospitals, they take the benefit from any NGOs which sometimes provide some free medical care or treatment for them.

But not all migrant workers have good service for their health, especially for undocumented migrant workers. It was proved by Zilling (2018). However, the accessibility of health services for migrant workers is questionable. Recently, medical expenses for foreigners in public facilities have increased rapidly. Compulsory health insurance covers only general hospital admissions and does not include undocumented migrants. We found that health care services in Malaysia are often inaccessible to migrant workers. Complex access barriers were identified, many beyond the control of the health sector. Key themes include affordability and financial constraints, the need for legal documents such as valid passports and work permits, language barriers, discrimination and xenophobia, physical inaccessibility and employer-related barriers.

2. Undocumented migrant workers faced more language and cultural problems in accessing healthcare service

Based on the findings, undocumented migrant workers faced more language problems in destination countries. According to their geographic location, Malaysia and Singapore are the nearest countries from Indonesia. Therefore, many Indonesian citizens easily enter Singapore and Malaysia without complete documents. Unlike Malaysia, which still has some problems with undocumented Indonesian migrant workers, Singapore has established stronger rules and policies concerning the compulsory to provide the insurance to all migrant workers. The prospective migrant workers will only be given the work permit if they pass the early mandatory medical

examination. Therefore, no healthcare services provided to undocumented workers since every migrant worker must be documented in Singapore. This early examination includes TB, HIV, syphilis, malaria within 14 days of arrival. The report is given to the employers from the doctors. In addition to this examination, the migrant workers must go for a six-monthly medical examination as mentioned by the participants to screen for any infectious diseases and pregnancies. Further, the migrant workers are entitled for a mandatory medical insurance or personal accident policy in which it is required for employers to purchase and maintain a minimum insurance coverage of S\$15,000 per year for inpatient care and surgery, including hospital bills for conditions that may not be work related.

The discussion of healthcare services is closely related to any facilities provided by the healthcare center. The overall facilities provided in both countries, Malaysia and Singapore, are satisfying especially with the supporting facilities for patients with disability, such as the availability of escalator lift, wheelchair, entrance and exit, ramp, security guards to control the traffic, railing handles, special queue, and toilet as well as parking. This shows that other than employment opportunities as the pull factor for the migrant workers to go to a particular country, the quality of the governance, public goods and services also attracted them to go (Wang, Nijkamp, and Graaff, 2018). With the availability of good healthcare facilities, it is unfortunate to find out that the Indonesian migrant workers consider the cost of the services is too expensive and not affordable for them, especially for hospitalization and surgery. It urged more the need to provide all Indonesian migrant workers with insurance by the employer to minimize the cost problem during their employment in the country. In this case, despite the fact that those who work in Singapore have been enforced to have insurance, a few of them still experience some situations when no permission or support is given by their employer to go to the clinic or hospital for seeking a medical care. This situation may happen due to some illness that is not particularly covered in the insurance. In this case, the employers likely make some excuses by blaming the migrant workers for being careless and the accident is their fault so that they need to be responsible for themselves. Particularly in Singapore, one of the major health issues was that lack access to medical/health services in which the subsidized medical care for migrant workers was removed in 2007, and many of them are denied for medical care and even in worst cases, those who looked for any potentially costly medical treatment due to serious injury are repatriated to their countries (Hoang, 2008).

Although more than half migrant workers joined this study revealed that for them healthcare services are accessible both in Malaysia and Singapore, almost all migrant workers mentioned that the cost of healthcare services are not affordable, especially in Singapore. They also added that the cost for hospitalization and surgery are very expensive and not affordable for low wage workers both in Singapore and Malaysia. The Indonesian Government recognizes that labor migrants might experience various problems while working abroad, the more serious and common ones being redundancy, work accidents, violence, illness, and death. For these reasons, an insurance program guaranteeing assistance in cases of loss, damage, violence or financial loss is important for labor migrants. Regarding the more vulnerable labor migrants (i.e. those who are less educated), the effective control and structuring of insurance companies to ensure provision of the required services is an important way to ensure that they are protected. To date, the implementation of government policy on insurance for labor migrants has not been focused on the efficient processing and settlement of insurance claims from labor migrants experiencing problems.

Moreover, the insurance policy has been revised numerous times yet it is still unable to guarantee the rights of labor migrants to claim the insurance that they are required to pay for pre-departure. According to a 2010 World Bank presentation, issues with the insurance systems can be seen at all levels (The World Bank, 2017). First, at the government level there is a lack of coordination between the three agencies involved that is the Ministry of Finance, Ministry of Manpower and BP2MI. Second, the consortium companies responsible for the actual claims processing and payments have made the process difficult and lengthy. They often do not provide migrant workers with general conditions and coverage descriptions, and if they do, the literacy level of the migrant workers is often not taken into account. Finally, the recruitment agencies often fail to provide the migrants with the help they need to file their claims.

Regarding the second question, factors influence linguistic and cultural barriers of Indonesian workers in accessing health care in Malaysia and Singapore, there are several items identified as a result for this research.

3. The factors that influence Indonesian migrant workers' linguistic and cultural barriers are the length of settled, profession, status of employment, self-motivation, and proper preparation before leaving the country

The factors that influence linguistic and cultural barriers of Indonesian migrant workers in this research are the length of settled, profession, self-motivation, status of employment and proper preparation before leaving the country. Firstly, the length of settled is viewed as one of main factors that make the barriers to Indonesian migrant workers. Based on the theory stated by Nordquist (2020), he stated that linguistic competence could affect the quality of communication between two people with the same or different socio-cultural backgrounds. Meanwhile, linguistic competence can be acquired through the time. In some occasions, the different meaning from Malay language and Indonesian language sometimes makes Indonesian migrant workers find miscommunication between them and their employer. Miscommunication makes Indonesian migrant workers are considered as not good employees and not capable of doing their job. Moreover, for those who work as domestic workers, they have to frequently communicate and understand what work the employer has ordered. As stated in several research results of miscommunication gap (Washburn, 2020), poor communication often created several bad results such as bad relationships, loss of productivity, inefficiency and rework, and even conflict (Washburn, 2021). Miscommunication between employer and Indonesian migrant workers was reported to develop uncomfortable situations, which sometimes detrimental to both of them. At the initial time of working, the employer might accept the workers' mistakes and miscommunication that happened between them. Yet, the situation will get worse if the employee cannot acquire the language quickly. In several cases, when the worker was feeling unwell, the employer was not giving any information about the healthcare facilities available to them or about the healthcare insurance.

Different from Malaysia, many migrant workers in Singapore revealed that they often face difficulty in communicating to their employers. Observations of Indonesian labor migrants in Singapore by the Institute for Ecosoc Rights from 1995 to 2007 show little change in the pattern and breadth of problems that they face (IOM Indonesia, 2010). Disconcertingly, the death rate amongst migrant domestic workers from year to year has not

declined or shown any significant change during this period. In addition, a minimum of two Indonesian domestic workers per day abscond from their employer to seek assistance in an Indonesian Government shelter.

In Singapore, there is Mandarin as a language widely used by the people other than English. In both English and Mandarin, Indonesian migrant workers ranked their highest ability in speaking and reading, and listening and writing is the last rank. It shows that, the migrant workers are able to express some ideas or feeling in the language while they might still find problems while receiving information to listen especially in the form of listening during a communication. The different accent between native English and Singaporean English become one of the reasons why they found difficulties in listening skill. Most of them rarely get the exposure in listening skill, which make them fall into miscommunication and misconception. In reading, the exposure to the use of English and Mandarin in the country is quite high in terms of any announcements and signs around. In addition, the writing is their lowest skill due to no exposure to writing task during their work or daily life. In Singapore, Indonesian migrant workers found the biggest difficulty of the language in terms of the sentence structure even though they considered themselves to be good at using the language in speaking. It implies the possibility that even though the language they use in communication might be meaningful and understandable, there is a possibility that the sentence structure of the language is not properly used.

The failure to communicate will give bad impact to the relationship or even misconception. Therefore, bad impact of relationship have been the problem that appear among Indonesian migrant workers. Many bad treatments felt by Indonesian migrant workers because of bad communication between them. Between 1999 and 2005, at least 147 migrant workers, of whom 122 were Indonesian citizens, died from falling or jumping from their employer's apartments in Singapore (IOM Indonesia, 2010). These incidents included both workplace accidents, such as unsafe methods of cleaning windows, and suicides that were the consequence of inhumane working conditions, which caused depression and anxiety amongst these labor migrants. Similar to this case, bad communication between the employer and migrant workers have been found in many previous research findings. The findings also revealed that the language skills of Indonesian migrant workers cannot be said enough to do the job overseas, where English is used. Due to the low ability of explaining their condition to the employer, the workers often did not get any help or assistance when the workers needed medical facilities.

The next factors that influence their linguistic and cultural barrier are profession and status of employment (Edwita et al., 2019 and Perbawasari et al., 2019) The findings showed about the profession of Indonesian migrant workers, where most of all the respondents come from domestic workers such as housekeeper, caregiver, or house cleaner. These professions have intense oral communication with their employer. Then, the status of employment that included in documented migrant workers and undocumented migrant workers. Some labor migrants who consider the legal channels of recruitment too time consuming, expensive, and complicated choose to migrate through irregular channels. Due to the unregulated nature of these migration flows, there is no accurate data available; at best there are broad estimates. Certainly, the number of irregular migrants is high. Irregular labor migrants also pay fees to agents that facilitate their placement and travel to the destination country. The costs range widely from hundreds to several thousands of dollars, depending on the type of job and location. Despite existing international legal norms, irregular migrants in many countries are not afforded their basic human rights and have limited access to legal redress in cases of non-payment of wages, dangerous working conditions, mistreatment or exploitation.

Because they do not have the legal status to live or work in the destination country, they also live in greater fear of being arrested and deported and can therefore be much more easily controlled by their employer.

The last factors are self-motivation, and proper preparation before leaving the country. Indonesian migrant workers who intend to work overseas are motivated to get better life. This motivation brings Indonesian migrant workers have effort to learn language and culture of the destination country. Earlier in the migrant workers' time working in the country, they found some problems in how they communicated with the doctors or nurses in the clinics or hospitals. However, as time went by, they are getting familiar with language and culture used from their surroundings, especially in medical setting. Here it can be seen that the no matter how limited the knowledge and skill in terms of the language and culture that the prospective Indonesian migrant workers have before the departure to the country of destination, they must try hard to survive even though there surely must have some bad experience that they face throughout the time in the country. In fact, this spirit to survive cannot be an excuse for anyone to not prepare them with the best knowledge and skill required later on in their destination country.

Another possible factor is that they have a limited chance to have a communication or interaction with a broader range of people. For example, the Indonesian domestic workers stay at the employer's house and spend every day in the house with only in some occasion go out for grocery shopping with or without the employer. Other than that, the employer is the one who takes them to the clinics or hospitals to have the direct communication with the doctors. Even for claiming the medical expenses to the insurance, the employer is the one who take care of it. Too much involvement of the employer and limitation to a wider range of interaction has become a big factor of barriers that the Indonesian migrant workers face.

Regarding the third question, the strategies that Indonesian migrant workers think to overcome linguistic and cultural barrier in accessing health care in Malaysia and Singapore, there are several items identified as a result for this research.

4. Various strategies used by Indonesian migrant workers in overcoming linguistic and cultural barrier in accessing health care in Malaysia and Singapore

Some strategies used by Indonesian migrant workers in overcoming linguistic and cultural barrier. Based on the research results of this study, most of the migrant workers who joined this study have stayed more than five years in Malaysia or Singapore. They mentioned that they have more difficulties in their initial period in the destination countries. They have applied several strategies in acquiring English as a second language throughout their stay in the foreign countries. After working for several years in foreign countries, they perceived that now they have better knowledge of English language. They have better both the receptive skills and the productive skills of English. Furthermore, the questionnaire result of this study also showed that many migrant workers are perceived to have reading skills as their most acquired skills. They also mentioned that they produce better English speaking skill as compared to their initial coming to the destination countries. They now have more fluency and accuracy in English language speaking skill.

As previously stated, Malaysia and Singapore have become two of the most popular destination countries for migrant job seekers from Indonesia. This condition has created a huge amount of irregular migration from Indonesia to those two countries. Irregular migration is defined as movements that take place outside the regulatory norms of countries of origin, transit and destination. From the perspective of destination countries, this includes illegal entry, stay or work in the country, meaning that the migrant does not have the documents required under immigration regulations to enter, reside or work in a country at that time. From the perspective of countries of origin, irregular migration occurs when a national of that country crosses an international boundary without a valid travel document or does not fulfill the administrative requirements for departing the country.

Despite the fact that there is no guarantee that adequate education and training is provided by recruitment agencies in Indonesia, as these are often not monitored by the government, most of the undocumented migrant workers were not having any training at all before their departure, especially language training. Besides, most of undocumented migrant workers do not know relate to where they work and to whom they work. It can be said that undocumented migrant workers only know that their agency that brings them abroad is legal and will give them job. The information relate to the job that they have to do abroad is not announced; while they do not prepare properly to the challenge they want to face in the destination country. Therefore, the fate of undocumented migrant workers is even more pathetic.

Lots of the migrant workers who joined this study mentioned that one out of three migrant workers in Malaysia and Singapore do not have complete legal documents including working permit. The absence of any legal documents often has blocked their movements of having activities outside their employer house if they are a housemaid or outside their working place for others. They did not get enough exposure and opportunities to improve their English skills and abilities.

In accessing any healthcare services, there are some situations in which the migrant workers find problems to communicate with the doctors, for example a migrant worker comes to a clinic to be asked some questions regarding to how they feel about their physic, or after taking an examination, the doctor explains the result of the examination to the patient. The first strategy used by the migrant workers is to use some nonverbal language such as nodding and eye contact. Interestingly, in Malaysia, most of the Indonesian migrant workers do not use any nonverbal language due to generally the doctor speaks in Malay language which can be understood by them due to its similarity with Indonesian language.

In the case the migrant worker has no idea of what the doctor is saying, another strategy used is to be silent. Certainly, to be silent is not an effective way for having a communication because there might be some misunderstanding between the information given by the doctors and the message received by the migrant workers. In this case, it has raised the necessity to provide the migrant workers with the preparation of language used in a medical setting so that they can use and understand the language, at least some common words, phrases and/or terminologies. It is in line with the fact that most of the migrant workers, previously did not get any training or lesson in how to communicate with doctors or medical officers.

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Actually, other than the silence response, the Indonesian migrant workers are welcome to request the doctor explain the information in the language that the Indonesian migrant workers prefer. For example in Malaysia, those who are not familiar in English, they can request the doctor to use Malay language instead so that the Indonesian migrant workers are able to grasp more information, and vice versa. Interestingly, in Singapore, even though English is widely used there, it does not mean that the patient cannot make any requests. They can request for Malay or Mandarin for them to access the information easier from the doctor. Even, the migrant workers can make a report to the law officer in case the doctor or hospital reject the request or does not provide any further assistance. This is what happened when once a migrant worker experienced the moment when the doctor showed dislike and yelled at her once she requested if the explanation could be given in Malay. In Singapore, it has a rule that patients deserve to gain access to information of their own medical information in which the clinic and or hospital must at least try to accommodate it with the language to describe best to the patients.

The strategies that used to communicate in accessing health care facilities become wiser than only hide the bad feeling away because of afraid. Therefore, understanding the cultures of other people and countries must be placed in their respective positions so that tolerance and good relationships are established with people around them. Then, in term of health facilities for all Indonesian migrant workers, the government must really implement proper and good health regulations for migrant workers where they are placed, including the healthcare providers and the health insurance. In order to avoid social problems that caused by undocumented migrant workers, the government at least need suppress the amount of undocumented migrant workers and crack down on illegal migrant workers agency to reduce the problems that will occur in the destination country.

Despite the fact that no specific training is provided for the Indonesian migrant workers in terms of the linguistic and cultural context to access a healthcare service, surprisingly no big issues or obstacles they face so far. It turned out that most participants have been staying in the destination country for more than three years in which throughout these years, they have been through a lot of experience with some trials and errors. The high motivation and strong willingness to learn from their experience has a big contribution in how they overcome any barriers to access any medical care or treatment. The lessons learned become their reference in case the same situation happens again in the future. In relation to the Developmental Model of Intercultural Sensitivity (DMIS), after a few years staying in the destination country, it can be seen that the Indonesian migrant workers have been through the stages from denial which happened a few years back, up to the adaptation stage until they are now able to switch the cultures flexibly and competently by not emphasizing too much on any differences present between the origin country and the destination country.

Not only do the Indonesian migrant workers learn from their own experience, but they also share stories, experience and knowledge with other Indonesian migrant workers. This strategy allows them to learn from one to another some possible issues or problems which may arise in the clinics and/or hospitals, the particular action taken by any of them at that time, and some advice, suggestion, as well as tips to make things easier in the future can also be discussed among them so that the same problem will not happen in the future.

Conclusion

Based on the result and discussion of the study, some conclusions are concluded as follow. First, Indonesian migrant workers are facing linguistic problems in accessing healthcare both in Singapore and in Malaysia. Notwithstanding, they have less problem with culture. Indonesian migrant workers still struggle in acquiring learning Malay language and English as they first language to be used recently. Second, Undocumented migrant workers faced more language and cultural problems in accessing healthcare service. Inadequate education and training that provided by recruitment agencies in Indonesia, as these are often not monitored by the government, most of the undocumented migrant workers were not having any training at all before their departure, especially language training. Third, the factors that influence Indonesian migrant workers' linguistic and cultural barriers are the length of settled, profession, status of employment, self-motivation, and proper preparation before leaving the country. Fourth, some strategies used by Indonesian migrant workers in overcoming linguistic and cultural barrier. The strategies include using nonverbal language, asking for someone help, do online search and even motivate themselves to learn the language seriously.

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