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Sharing Care: Economic Partnership Agreement and Beyond

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Abstract

This paper culls the highlights of Filipino interviewees' experiences, comments, and suggestions about their own participation in this new Economic Partnership Agreement (EPA) program which brings together the Filipino nurses, caregivers and the Japanese elderly within the context of Japanese hospitals and care-giving institutions. Although limited by the small sample size, the interview results can serve as initial assessment of the EPA program and can also be used as baseline information for more comprehensive future research and policy. The inclusion of the movement of health and care providers within the EPA is also worth analyzing, especially in terms of its implication for care which has gone beyond homes and households, for the care providers and recipients, for gender, as well as for the participating governments and their respective societies.

Key words : Gendered migration, Economic Partnership Agreement, State, Care and health providers, Elderly

1. Introduction

While the important role of the state for international migration has been noted, albeit belatedly,¹ Nana Oishi (2002:11) pointed to the need to include the state's "major role in determining the patterns of international female migration". Similarly, Rachel Silvey (2004:246) wrote that "noticeably absent from most of this work on immigration and the state, however, is attention to the gender dimensions of the interactions between states and international migrants".

"The state is an active participant in shaping policy responses to globalization, despite the oft-cited claim that globalization hollows out state capabilities" according to Scott Solomon (2005). Michael Teitelbaum (2002) noted that states play important roles "in initiating, selecting, restraining, and ending international migration movements." Whether states promote or restrain out-migration or in-migration, whether they are migration-exporters or emigration-limiters, Teitelbaum emphasized that "all modern

states do intervene-with greater or lesser effectiveness-to influence the size and composition of international movements".

As the recent movement of nurses and caregivers from both the Philippines and Indonesia to Japan will attest, states do influence and facilitate the migration of females and their labor from sending to receiving countries. This initial assessment of the implemented EPA-MNP (Economic Partnership Agreement-Movement of Natural Persons) provision concerning the sending of Filipino nurses and careworkers and their acceptance into Japan hopes to contribute to the study of the important role of the state for female migration.

While very preliminary in nature, the paper hopes to outline the gains and challenges of this program as shared by 16 Filipino nurses and certified careworker candidates interviewed in prefectures of Fukuoka and Ehime anytime between February and March 2010.

The paper culls the highlights of the

¹ See Solomon, 2005 and Teitelbaum, 2002.

interviewees' experiences, comments, and suggestions about their own participation in this new EPA program which brings together the Filipino nurses and caregivers and the Japanese elderly within the context of Japanese hospitals and caregiving institutions.

The Filipino nurse and caregiver "candidates"² were asked to share some personal and household information. They were also asked about their reasons for coming to Japan as well as their pre-departure requirements and experiences. Finally, they were asked to share and comment about their present and prospective work and stay in Japan.

Although limited by the small sample size, the interview results can serve as initial assessment of the EPA program from the perspective of the Filipino candidates and can also be used as baseline information for more comprehensive future research and policy. The inclusion of the movement of health and care providers within the Economic Partnership agreement is also worth analyzing, especially in terms of its implication for care which has gone beyond homes and households, for the care providers and recipients, for gender, as well as for the participating governments and their respective societies.

2. Background of the JPEPA Program

A review of the inception, approval and initial implementation process of the JPEPA shows the dominant role of both governments of the Philippines and Japan in sending Filipino nurses and caregivers to Japan. It is interesting to note how political decisions intertwined care/welfare issues within an economic partnership agreement, hence facilitating the gendered movement of candidates from the Philippines to provide carework for Japanese elderly within Japanese institutions and hospitals in various prefectures of Japan.

In 2002, then Prime Minister Jun'ichiro Koizumi proposed the Japan-ASEAN Compre-

hensive Economic Partnership during his visit to the Philippines and 4 other ASEAN countries. From that year on, preparations for the approval of the Japan-Philippines Economic Partnership Agreement (JPEPA) were pursued. Despite its approval by the Japanese Parliament and its signing by the Philippines and Japanese heads of state in Helsinki in 2006, it was only in December 2008 when the JPEPA was finally ratified by the Philippine Senate (See **Table 1** which shows the timeline of the JPEPA approval).

Chapter 9 of the JPEPA entitled Movement of Natural Persons (MNP) provides for the entry, under certain conditions, of "nurses or certified careworkers or related activities, on the basis of a contract with public or private organizations" or "on the basis of admission to public or private training facilities" in Japan.

The Annex to Chapter 9 mentions the requirements for Filipino nurses and caregivers to Japan, which includes the following; 1) passing the qualifications as a nurse or caregiver under Japanese law, pursuing Japanese language training for 6 months, and 2) after completion of the said training, acquiring necessary knowledge and skills through the training under the supervision of *Kangoshi* (registered nurse in Japanese) at a hospital for nurses or *Kaigofukushishi* (certified careworker/caregiver in Japanese) at a caregiving facility or a public or private training facility for caregivers. The latter should be made with a "personal contract" that shall satisfy the conditions notified by the Government of Japan to the Government of the Philippines. The Japanese government assured that their salary should be the same or more than that of their Japanese counterparts.

The Philippines Overseas Employment Administration (POEA) and the Japanese Ministry of Health, Labour and Welfare through the Japan International Corporation of Welfare Services (JICWELS) have been tasked to coordinate this EPA program.

2 Until the Filipino nurses and caregivers pass the national licensure examination in the Japanese language, they are officially referred to as "candidates" in Japan.

Table 1. TIMELINE of the Japan-Philippines Economic Partnership Agreement, Movement of Natural Persons (JPEPA-MNP)

2002	
January	The JPEPA is viewed as a response to the proposal for the Japan-ASEAN Comprehensive Economic Partnership made by Japanese Prime Minister Jun'ichiro Koizumi during his visit to the Philippines and 4 other ASEAN countries.
2006	
September	Philippines and Japan's heads of state signed the JPEPA in Helsinki ahead of required Japanese Diet and Philippine Senate approvals
November	The JPEPA approved by Japan's House of Representatives (<i>Shugiin</i>)
December	The JPEPA approved by Japan's House of Councilors (<i>Sangiin</i>)
2008	
December	The JPEPA ratified by the Philippine Senate
2009	
January	Signing of Memorandum of Agreement (MOU) between POEA and JICWELS
May	The First batch of Filipino nurse candidates (93) and certified careworker candidates (185) arrived in Japan, and proceed to AOTS and other facilities for intensive 6-month language training
October	Filipino nurse and certified careworker candidates proceeded to their respective hospitals and institutions for work and continuing study to pass Japanese national licensure examination
2010	
March	The first Filipino nurse passed the Japan nursing licensure examination

After the December 2008 Philippine Senate ratification of the JPEPA, a Memorandum of Understanding (MOU) was signed between POEA and JICWELS on the 12th day of January 2009 which specified the process and concrete framework for implementing the program for deploying Filipino candidates for *Kangoshi*, Filipino candidates for *Kaigofukushishi*, Filipino *Kangoshi*, and Filipino *Kaigofukushishi* to Japan based on the JPEPA. The recruitment process, which involves several stages were coordinated either by the Japanese or Philippine counterpart, is shown in **Table 2**.

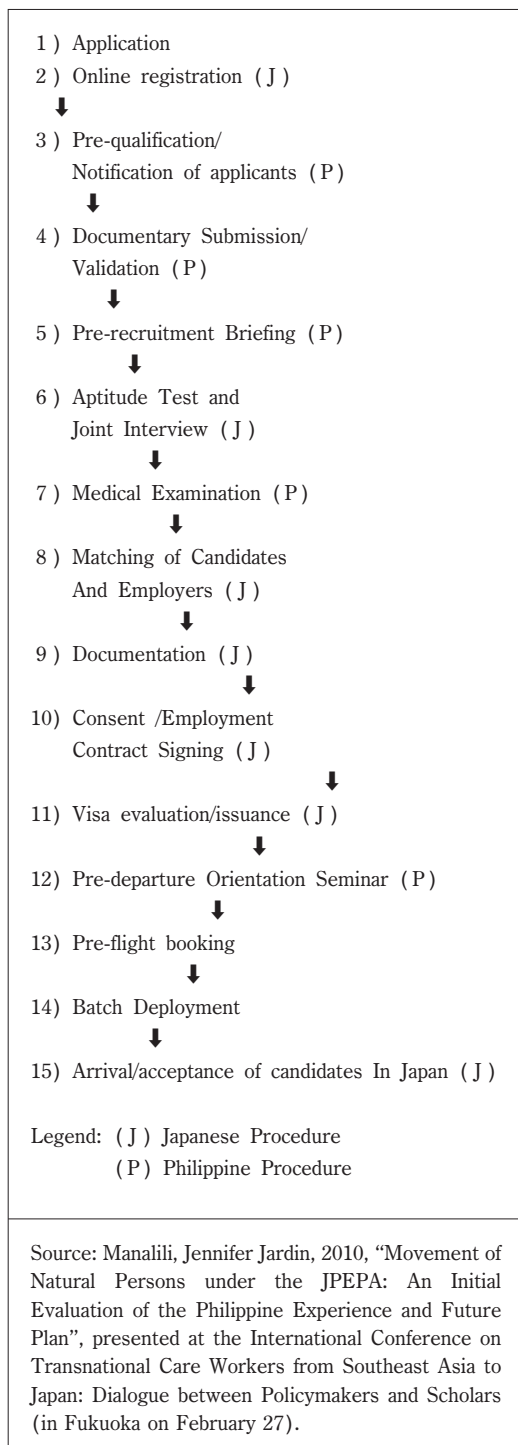
No data was provided about the total number of online applicants but a total of 516 were interviewed with about only 58% (298) of these successfully matched. According to POEA Administrator Jennifer Manalili (2010), of 202

nurse applicants, only 46% or 95 were successfully matched, 94 issued visa as 1 applicant withdrew. Of 314 caregivers who were interviewed, about 62% (195) were successfully matched and issued visa but 5 withdrew later.

A total of 283 Filipino candidates from the Philippines were finally accepted, 93 nurse candidates and 190 certified careworker candidates. By May 11, 2010, the first batch of Filipino nurse and certified careworker candidates arrived at Narita Airport. Under the JPEPA, not more than 400 nurse candidates and 600 certified careworker candidates are expected to be deployed to Japan within two years.

The Filipino candidates went for a 6-month Japanese language and culture training, and 88 Filipino nurse candidates finished training at two training centers of Association for Overseas

Table 2. Recruitment Stages for Deployments Japan under the JPEPA



Technical Scholarship (AOTS) in Tokyo and Osaka, whereas 178 Filipino certified careworker candidates did at Japanese language schools in Tokyo, Nagoya and Hiroshima.³ Director Ryuji Satomi of the Economic Partnership Agreement Office of the Japanese Ministry of Health, Labor and Welfare noted that ten Filipino caregiver candidates were exempted from the Japanese language training as they had Level 2 Japanese Language Proficiency (Satomi, 2010).

According to Senior Deputy Director Daisuke Okabe (2010) of the Second Southeast Asia Division, Ministry of Foreign Affairs, the 6-month Japanese language education, focused on two required subjects: Japanese language training for 675 hours and socio-cultural adaptation training for 141 hours. The Japanese language training, which is further subdivided into 1) general language training (505 hours) and 2) nursing and caregiving terminology (170 hours), was geared to allow the candidates to work and acquire necessary knowledge and skills through later training under the supervision of a nurse at a hospital or a certified careworker at a caregiving facility. The socio-cultural adaptation training component intended to provide the candidates with sufficient understanding of Japanese society as a resident and nurse or certified careworker candidate and the acquisition of the ability to later adapt in the work place (ibid.).

The Filipino candidates were assigned to hospitals and caregiving institutions after their 6-month Japanese language and culture training. **Table 3**⁴ lists the prefectural assignment of the Filipino nurse and caregiver candidates throughout 44 hospitals and 92 caregiving institutions throughout Japan.

Most of the Filipino candidates (about 72%) were assigned to 3 regions: Kanto (29%), Kinki (23%) and Chubu (20%). The following prefectures had the most number of Filipino caregiver candidates: Osaka (20), Tokyo and Kanagawa (16 each), Chiba (15), Shizuoka (12) and Tokushima

3 Data obtained from: <http://www.mhlw.go.jp/bunya/koyou/other07/index.html> accessed April, 2010.

4 Source: Kosei Rodosho Shokugyo Antei Kyoiku, February, 2010.

Table 3. Distribution of Filipino Certified Careworker and Nurse Candidates Working in Japanese Care Facilities and Hospitals By Prefecture

	Prefecture	Filipino Caregivers	Care Facility number	Filipino nurses	Hospital number
Hokkaido 北海道	Hokkaido	2	1	2	1
Tohoku 東北	Aomori	2	1	0	0
	Iwate	0	0	0	0
	Miyagi	0	0	0	0
	Akita	0	0	0	0
	Yamagata	0	0	0	0
	Fukushima	4	2	0	0
Kanto 関東	Ibaraki	4	2	0	0
	Gunma	0	0	0	0
	Tochigi	5	2	2	1
	Saitama	0	0	4	2
	Chiba	15	7	4	1
	Tokyo	16	10	9	5
	Kanagawa	16	6	4	2
Chubu 中部	Niigata	2	1	3	2
	Yamanashi	2	1	0	0
	Ishikawa	0	0	0	0
	Fukui	0	0	0	0
	Nagano	3	2	0	0
	Toyama	0	0	2	1
	Gifu	6	3	4	2
	Shizuoka	12	6	6	3
Kinki 近畿	Aichi	4	2	11	3
	Mie	5	3	0	0
	Shiga	0	0	0	0
	Kyoto	8	4	3	2
	Osaka	20	9	8	4
	Hyogo	8	4	5	3
	Nara	0	0	0	0
Chugoku 中国	Wakayama	3	2	3	2
	Tottori	4	2	1	1
	Okayama	7	2	2	1
	Hiroshima	9	4	3	1
	Yamaguchi	5	2	4	1
	Shimane	0	0	0	0
Shikoku 四国	Tokushima	11	5	1	1
	Kagawa	0	0	0	0
	Ehime	4	3	1	1
	Kochi	8	4	2	1
Kyusyu 九州	Fukuoka	0	0	4	3
	Saga	0	0	0	0
	Nagasaki	0	0	0	0
	Kumamoto	0	0	0	0
	Ooita	2	1	0	0
	Kagoshima	1	1	0	0
	Miyazaki	0	0	0	0
	Okinawa	0	0	0	0
	TOTAL	188	92	88	44
(source) Ministry of Health, Labour and Welfare of Japan (as of February 2010)					

(11). Filipino nurse candidates were more numerous in the following prefectures: Aichi (11), Tokyo (9), Osaka (8), Shizuoka (6) and Hyogo (5).

3. Field Research Data

This portion presents the Filipino candidates' reports of their participation and experience within the EPA-MNP program. Although preliminary and limited by a small sample, the information shared by the interviewed candidates can shed light on the initial impact of the EPA-program as well as provide important directions for policy particularly those affecting the welfare of the female candidates.

(1) Method

This section will focus on the comments related to their participation in the EPA program of interviewed Filipino nurse and caregiver candidates in three prefectures (Ehime, Fukuoka, and Yamaguchi).

The Filipino candidates were interviewed generally by a combined team of Filipino and Japanese academicians and a Filipino government official. The Ehime interviews were conducted either by a team of Filipino and Japanese professors, some university students and a Filipino church volunteer, or by the Filipino team alone. The interviews which took from 1-2 hours on the average were conducted either with or without the presence of their Japanese supervisors and coworkers.

(2) Profile of the Interviewees

Sixteen (16) Filipino candidates were interviewed: seven (7) nurses and 9 caregivers. Of the 9 caregivers, 2 were actually registered nurses back in the Philippines but who were matched as caregivers for the EPA program.

All the Filipino nurses graduated from college/universities in the islands of Luzon and Mindanao, and graduated within the period 1994-2008. The Filipino caregivers were also college graduates from the same areas, except for 1 who

was a former teacher (graduate of Bachelor of Science in Education) and another, a former nurse who trained as caregiver at TESDA.

Most of the Filipino candidates (12) are from various parts of Luzon (Batangas, Cavite, Rizal, Novaliches, Quezon City, Caloocan, Pangasinan, Bulacan, Pampanga, Laguna, Oriental Mindoro and Cagayan Valley), while four are from Mindanao (Cotabato, Sulu, Kidapawan and General Santos).

The interviewed Filipino candidates declared their ages within 24-38. Of those who answered about their civil status, ten were single with 3 married. Two of the married candidates had children (1-2), with one of them separated from her spouse, one married candidate had no child while 1 single candidate had a child.

Prior to coming to Japan, the Filipino nurses had jobs for several years as nurses (staff nurse, head nurse, operating room nurse, emergency room nurse) in several hospitals in the Philippines. So did the caregivers. One nurse reported having worked in Saudi Arabia.

(3) Experiences and Issues

A. How They Learned About the EPA Program for Japan

The Filipino candidates mentioned that they directly learned about the deployment to Japan from the POEA ads through internet or through their friends or family members who saw the POEA ads on the internet, TV or even at a department store.

B. Reasons for Deciding to Go to Japan

The Filipino candidates interviewed offered three general reasons for deciding to apply for Japan. These 3 reasons can be termed as the "3 Cs", namely, Concern/care, Cash, Career. One, all expressed their concern and care for their family members as the main reason for deciding to proceed to Japan. Another reason reported was their expectation to earn better income (what some of them termed as "cash") to share and provide for the needs of their family back in the

Philippines. A third reason expressed, especially by the Filipino nurses, was their desire for further career development.

C. Pre-departure Procedures and Requirements

With their friends or by themselves, they applied online. Shortly after, they received a phone call requesting them to submit certain requirements. They attended the interview sessions conducted by JICWELS and representatives of interested Japanese institutions or hospitals. One candidate noted about 200 applicants when she went for the half-day interview. Then, the candidates had to take a psychological exam. Then, matching followed where the candidates were made to choose their preferred institution or hospital in Japan. They were allowed 3 choices but some stopped at 1 or 2 due to mutual agreement between the candidates and the accepting Japanese institution or hospital. To facilitate the matching, aside from documents submitted, videos of candidates were also taken by interested participating Japanese institutions or hospitals.

How did the candidates select their preferred work sites in Japan? They reported going online where the profiles (names and related data) about the participating Japanese institutions and hospitals were listed.

Candidates mentioned a number of information they considered for the matching stage in choosing their prospective worksites such as, 1) salary or bonus offered, 2) other privileges afforded (such as availability of lodging (free or not), and free utilities, 3) ratio of staff to patients, 4) how many candidates would be accepted, and 5) location in Japan.

Apparently, some interviewed candidates noted that the data about the Japanese participating institutions and hospitals were not uniform nor complete. Most Japanese participants mentioned only the monthly gross salary but did not detail the types and costs of deductions (for tax, lodging, utilities, among others). Some which mentioned available lodging did not mention that

candidates had to pay for the lodging or that the candidates had to travel and spend for transportation from the work site to their residence in Japan.

Upon confirmation of successful matching, the candidates were advised to apply for their visa from the Japanese Embassy in Manila. Then, they attended the Pre-departure Orientation Seminar (PDOS) which lasted from an hour to an hour and a half and which provided them general information about Japan, like the weather and some cultural differences (like Japanese-style toilet and use of chopsticks). Candidates reported that there was no discussion about their future work during the departure process.

Most candidates mentioned the quick processing of their application which took about 2 months or less. Some applied as early as the end of January and completed all requirements for deployment by February. The whole process proceeded too fast, according to some candidates, they barely had time to prepare themselves for the trip and future stay in Japan. They had very little time left too to bid goodbye to their loved ones, especially those with children. Then, they finally left as a batch, for Japan.

D. Japanese Language Training in Japan

From Narita Airport, the Filipino candidates, as mentioned earlier, were assigned to the AOTS' Tokyo facility, the AOTS Kansai Training Centre in Osaka and the Arai Gakuen Akamonkai Japanese Language School in Tokyo. One caregiver candidate reported that they were brought to the Hiroshima International Plaza (HIP) from Narita for Japanese language and culture training. The training was conducted from Monday to Friday, from 8a.m. to 5 p.m. Another caregiver candidate reported studying after dinner, then they interacted with the other Filipino candidates or with other Filipinos (marines and Philippine Navy), Indonesians, Malaysians and Africans who were at HIP as well.

The candidates were unanimous in reporting that the Japanese language and culture training

was not enough for their communication needs at the workplace as the emphasis was placed on learning vocabulary for their daily life. They also hoped they were given more technical vocabulary needed for their work and their licensing examination. The presence of Filipino speaking candidates as well as other English-speaking foreigners in the same area limited their use of the Japanese language.

However, most, if not all, of the interviewed candidates reported enjoying their stay at HIP because they had fully-equipped single rooms (especially mentioned were the TV and internet connection), received monthly stipend of 37,000 yen per candidate, and were able to do group sightseeing as well. At HIP, the candidates also bonded among themselves.

While here, the internet was the most used medium of communication and connecting with families and friends especially those in the Philippines. Others used the cellphone for their communication. One candidate reported using KDDI card and spending an additional 4,000 yen for communication. After the training, the candidates continue to communicate with fellow candidates and their families using the internet (chat and Facebook).

E. Transfer to Assigned Work Site

From their language and culture training, the candidates then proceeded to their assigned hospitals and institutions in various prefectures throughout Japan. Some mentioned they were fetched by some staff of their assigned training areas while some mentioned they traveled alone. One recalled one cold day in November when she traveled alone with anxiety about reaching her destination correctly.

At their new training site, their first concern was to settle into their residence. Some candidates were very grateful and pleased that their matched institutions and hospitals, as noted in their internet information during the matching period, had free lodging with complete furnishings (especially for winter - heater, thick blankets),

and either within walking or short distance to the candidates' assigned hospital or institution. Some of those who were given free lodging located quite far from their work site were provided free transportation service by their hosts.

Some candidates who expected either free and/or available residence or dorm as specified in the internet information, however, were surprised to find no such accessible and/or free residence or dorm for them. Instead, they were brought to apartments, mostly unfurnished, that they had to pay for through monthly deductions from their salary. Others had their household items like TV, microwave, refrigerator, washing machine, computer with internet connection on loan from their employer or Japanese staff.

As they transferred during their first autumn experience, the cold weather and the absence of free heaters and warm blankets, among others, added to their disappointment and difficulty in the early phase of their transfer. Accustomed to sleeping on beds, some candidates also mentioned their difficulty adjusting to sleeping on the *tatami* mats, Japanese style. Some had to buy their own folding beds.

Those who had to reside some distance from the closest shopping areas for their basic needs suggested that the location of the institution or the hospital (whether it is urban or rural, far or near the city proper) be specified in the website during the matching period. The candidates either had their own room or shared the room with others (one or more). Some found this arrangement acceptable, others mentioned the lack of privacy with this system.

One candidate living alone, even with Indonesian candidates as neighbors, expressed feeling sad and stressed not having anyone to freely talk to. She has met some Filipinos at church but she hesitated to bother them as they had their families to attend to.

There are no parks near her residence, just farms and a near-by river. There are also no lights at night in their neighborhood so she fears going out alone. She also mentioned that she has

no place to go to, aside from home and work, as she lives far from the nearest shopping center and aside from the expensive transportation fare to get there, she fears getting lost. She reported that she cannot sleep and has been taking anti-allergy medicine to put herself to sleep. She tries to cope by communicating with family and friends through the facebook and computer chat which other candidates as well reported to be doing.

F. Situation at the Workplace

From their language and culture training, the candidates found themselves, especially during their first two weeks, adjusting, not only to their new residence, but to their new work, to their new work schedule and environment, as well as to the people with them in that new setting, their superiors, co-workers, and the Japanese elderly. A number mentioned experiencing culture shock especially where differences in work styles were concerned. (“*derecho* work” (expected to go and do work) - “no sitting down,” “even after work hours, try to anticipate other tasks that need to be prepared for”).

The candidates expressed their appreciation about taking care of the elderly whom they describe as kind, gentle, generous, especially those who hug them and who ask about them during their day off. Some feel sorry seeing so many elderly away from their families and seeing elderly taking of those older than them. Some commented that language was no barrier as far as genuine care and personal interrelationships were concerned.

Regarding continuing language education, certain work sites, not all, provided special staff members to share time and attention to assist the Filipino candidates. Except for one instance where candidates confided to the interviewers about one overly strict Japanese staff in their work site, generally, the candidates also expressed their appreciation for the assistance and support of their Japanese employers and/or their superiors and co-workers. Some candidates even noted the warm reception shown to them by the

town officials and media.

All were unanimous, however, in expressing problems of communication with the elderly and the Japanese coworkers. Not only are they pressured and stressed to learn and acquire Level 2 Japanese language proficiency in some cases. All candidates are expected to pass the Japanese National Licensing Exam within a maximum of 3 attempts, for better communication and understanding of the elderly, they also have to learn the local dialect used by the elderly.

The nurse candidates experienced the most challenge in their new work. As nurse aides or caregivers, they lamented not doing “real nursing work” (not allowed even to do vital checks (like temperature or blood pressure)). While they are generally happy to be in Japan, career-wise, they are not. The nurses among the Filipino candidates are very concerned and worried that they may no longer be able to use a syringe in the long run, the longer they are not allowed to practice doing nurse work. A tearful nurse candidate said she was losing confidence in her ability as a nurse because her present work as a candidate requires her to carry a pail and dryer (to care for the elderly) rather than a thermometer. Some regretted not having prioritized their career when they decided to come to Japan. While some acknowledged being exposed to new technology at their work sites in Japan, many nurse candidates regret not being able allowed to practice their profession here, until and if they pass, within the allowed 3-year stay for them, the Japanese national nurse licensing exam.

Together with some other staff, the Filipino candidates reported doing the following work: feeding, bathing, attending to the toilet needs of their elderly clients, and assisting them during recreation time or transporting or moving the elderly for therapy or to some other ward (see **Box 1** below for a more detailed description of their daily work as provided by one candidate).

The ratio of staff to elderly clients differed by institutions and hospitals. One candidate reported having 3-4 staff attending to 12 patients in their

work area, another reported having 7 staff to 25 patients where she worked.

Box1. A Regular Work Day as reported by a Filipino certified careworker candidate.

Although her work officially starts at 8:30, she is expected to be at the institution ten minutes before to get her instructions/endorsement for that day. Then, she starts her work (preparing the bathing place, bathing and dressing about 10 15 elderly). At 11:00am and until 12:30, she proceeds to the cafeteria where she assists the elderly to eat and do oral care.

She takes a lunch break (from 12:30 1:30) and when she has time, she takes a rest in the canteen. Then, upon endorsement, she brings some elderly for rehabilitation related-therapy. Next, she proceeds to change the beddings for the male elderly clients (scheduled every Monday, Wednesday and Friday), and for the female elderly clients, (scheduled every Tuesday, Thursday and Saturday).

At 3pm, her work is over but she has to spend 2 hours (from 3 5pm) to study for the Japanese National Licensing Exam. At 5pm, she goes home.

Working hours also differ depending on the work sites and shifts but many Filipino candidates reported working within 8:30am-5:30 am. Shorter working hours were reported by candidates allowed to have Japanese language study period by their institutions and hospitals. Some candidates were sent to Japanese language classes provided by the local government or by volunteers or fellow staff members tapped by their institutions and hospitals.

Combining work and study, however has not been easy for the Filipino candidates. They suggested that language training and the examination for Japanese national licensing be done in the Philippines and only the successful ones sent to Japan to avoid the undue stress and pressure that the present Filipino candidates are currently

experiencing.

Finally, the Filipino candidates also reported receiving varying incomes. Monthly gross salaries reported ranged from 120,000 to 230,000 yen (Satomi, 2010), with some institutions and hospitals having indicated bonuses to be given. However, after deductions for tax, insurance and utilities, interviewed Filipino candidates reported monthly net incomes that ranged from 90,000 to 129,000 yen. Most reported remitting part of this net income to their families back in the Philippines. Two reported remitting about 50,000 yen per month.

Many Filipino candidates noted and even complained, both to the Filipino and Japanese authorities, about the income differences among them. Many were disappointed to learn about the deductions which were not indicated in the website during the period of matching with the institutions and hospitals. Some also expressed their surprise about not receiving the bonus stated in the website by the Japanese employer. An initial misunderstanding about not receiving their salary on time as well as having unexplained deductions that occurred upon the transfer of the candidates to their institution or hospitals was eventually resolved. Both candidates and institution/hospital staff, however, suggested that information about the Japanese salary system and schedules be included in the pre-departure information to be disseminated to candidates. Some Japanese staff and officials also suggested more frequent visits by those implementing the EPA program for better communication and understanding among all program participants.

G. Personal Assessment of Their Stay and Work in Japan

When asked, 1) if they were happy with their decision to come to Japan, 2) if they would go through the 3-year program they signed for, and 3) if they would stay on if they successfully pass the Japanese national licensing exam, the Filipino candidates gave varied answers.

There were those who answered being

happy to be in Japan, to learn new skills (technical care, recreation, and exercises) and new work values, to serve the elderly. Many, however, honestly answered that they were unhappy. Some became emotional and cried when asked this question. One nurse candidate tearfully said she was happy to be in Japan but was very unhappy career wise as she was fearful that she would no longer be able to perform as a good nurse after three years as she is not allowed to be one here in Japan without passing the Japanese nursing licensing exam.

Will they go through the 3-year program or would they stay on in Japan if they successfully pass the national licensing exam? Many candidates could not give a definite answer to the second question. One candidate said if she will have a Filipino co-worker where she is now and if she can have English books and reading materials, she may consider staying longer. One mentioned she could stay on as she did not want the Philippine Government to be put in an embarrassing situation but if she passes, she would take some vacation first back in the Philippines. One mentioned the difficulty of bringing her family to Japan if she stays longer as a licensed nurse who is actually allowed to invite and stay together with her/his family members in Japan. One mentioned that it was difficult to live in Japan (*suminikui* in Japanese) and that she would not bring her child to stay permanently in this country. Some said that if their pending applications for work in other countries would be approved, they would rather go to those countries rather than stay in Japan. One mentioned that while her salary was satisfactory (*sulit* in Filipino), she found communication difficult (*hirap sa kaiwa* in Filipino) and she offered the information that in Saudi Arabia, the salary offered ranged from 143,000 yen to 180,000 yen with free food, lodging, allowance, fare with 1 month vacation. The EPA program, she shared, allowed 10-days of leave only in Japan with 8days/year sick leave. One remarked that she does not mind the salary, as long as she can continue to have her career (*kahit walang pera, basta*

may career in Filipino).

4. Discussion and Initial Analysis

This section summarizes certain key highlights that need further verification and research but which require immediate serious attention and consideration by various stakeholders involved within the EPA program.

(1)The Filipino candidates appreciated the speedy processing of their application for deployment to Japan as well as the absence of unnecessary, exorbitant deployment-related costs often experienced for application for other countries. However, they suggested being given more time to be with their family before departure time. They also suggested that the Pre-departure Orientation Seminar (PDOS) offered by POEA have more work-related information aside from the general information about Japan's weather and culture. More information about Japanese hospitals and care institutions, Japanese work ethics, Japanese elderly, work and wage systems, among others, are suggested to be shared during the PDOS and/or the matching stage.

(2)The Filipino candidates also expressed their confidence and trust in participating in this EPA program due to high visibility of government involvement, both on the side of the Philippines and on the side of Japan. They suggested, however, that both governments require participating employers to provide detailed information about, a) income (gross income, net income, type and amount of deductions, amount and schedule of bonuses), b) location of their institution and hospital (whether urban or rural) and accessibility to residence and shopping area for basic items, c) accommodation type (dormitory, apartment and so on), what furnishings and appliances are provided or not, whether heater for winter and beds are available, and most importantly, if the candidates will be the ones to pay for these or not and the cost to be paid per month, among others.

(3)They also noted the income differentials among them for the same job specifications. They suggest income standardization for similar job

descriptions. They also suggest regular monitoring and effective implementation of work contracts and conditions.

(4) While the Filipino candidates appreciated their 6-month Japanese language and culture training at the language school, they all acknowledged that the training was insufficient. They suggest the inclusion of more work-related technical vocabulary in their language training as well as the prior information about possible dialects in the area that they will be next assigned to.

(5) The candidates who experienced genuine support and assistance for their adjustment, residence and language education needs by their receiving institutions and hospitals were observed to be happier and less stressed. Institutions and hospitals may be encouraged or required by both participating governments to provide continuing language education support and ample period of study time to encourage the candidates to attain level 2 Japanese language proficiency and pass the national licensing exam.

(6) Close monitoring of candidates and their work areas should also be regularly conducted to confirm if the expected support for the candidates are provided in their work areas. The review should also include a study of the Japanese proficiency and teaching skills of those assigned to assist candidates in their worksites.

(7) Both governments should also ensure an effective stress management system for the foreign candidates to be provided for by the participating institutions and hospitals. While the foreign candidates provide care for the Japanese elderly, the foreign candidates, in turn, deserve to receive care from the governments as well as from their institutions and hospitals while in Japan. Stress among the interviewed candidates was either expressed or noted, requiring immediate attention by the participating governments, institutions and hospitals. Similar to the findings of the presence of stress among Indonesian candi-

dates⁵, interviewed Filipino candidates expressed experiencing stress related to concerns about their family and feelings of being alone in a new country, related to language and communication, to job-related matters such as salary, amenities and more importantly, the pressure to pass the national licensing examination and the sacrifice of their nurse profession for nurse aide or caregiving work.

(8) The nurses among the candidates feel their nursing career is imperiled during their 3-year stay in Japan as they have no opportunity to pursue their career until they pass the national nursing licensing exam. If they are not successful, however, after 3 attempts, they will return to their home country, with compromised career options. Both governments should resolve this unfair dilemma for the nurse candidates soon.

(9) The candidates as well as interviewed officials and staff of hospitals and institutions suggested that Japanese language training be done in the sending country. They also suggest that the Japanese licensing examinations for both caregivers and nurses be given in the sending countries. Only those with having Japanese Language Level 2 proficiency and those who pass the Japanese license exam should be deployed to Japan. These suggestions will save costs for language training in Japan, will avoid the perception of Japan encouraging cheap labor with the employment of nurse and caregiver candidates, will lessen the burden of the participating hospitals and institutions, and will promote better welfare for the foreign nurses and caregivers deployed in Japan.

(10) The sustainability of the EPA program, at this point of the implementation, may need to be given attention with many candidates expressing their being generally unhappy with their present residence and stay in Japan. Not only labor but personal and non-economic considerations must be included in the EPA program to ensure that participating candidates will be encouraged to stay

5 Setyowati, 2010, "The Experiences of Indonesian Nurses in Japan in Facing Job and Cultural Stress in Their Work: A Qualitative Study", presented at the International Conference on Transnational Care Workers from Southeast Asia to Japan: Dialogue between Policymakers and Scholars.

longer to care for the Japanese elderly. Participating institutions are also worried about whether the foreign candidates will be able to hurdle the national licensing examination. For their financial and non-financial contribution for the EPA program, the hospital and institution respondents suggested more support for their institutions and hospitals from the EPA program.

5 . Conclusion

A more comprehensive assessment of the EPA program should also consider not only the views of the foreign candidates but also of other stakeholders, like the participating institutions and hospitals, the participating governments, as well as the elderly clients.

During this research, the participating institutions and hospitals of the interviewed Filipino candidates were observed to be big in scale of operation as reflected in the variety of services they provide, the number of clients they service, the number of employed staff, among others. It may not be incorrect or premature to ask whether the EPA program is available only for big-scale hospitals and caregiving institutions. The EPA program may be questioned in terms of providing special financial and other types of support to elderly and institutions that can support themselves rather than in providing assistance and support to the most needy.

A re-examination of the geographical assignment of the foreign candidates should also be made, without compromising their salary and other work conditions, to check if they are deployed to areas in Japan where 1) there is a high rate of needy elderly needing caregiving services and 2) there is a low supply of local caregivers. The EPA program can be most meaningful and effective if it will help to address the needs of more elderly in areas where local caregivers are in low supply.

There are those who question the preoccupation on language proficiency and success in passing the national licensing exams as well as the existing language and licensing preparations observed among certain government and participating institutions and hospitals rather than on the welfare of the foreign candidates and the Japanese elderly.

The critics opine that language and license alone cannot guarantee genuine care. There are also those who question whether the delicate matter of care can also be effectively implemented within an economic partnership agreement. Without proper *tamashii* (spirit) of care⁶ for the program, especially for the candidates, the elderly, and the participating institutions and hospitals, incorporating the delicate issue of care and welfare within EPAs may need to be reviewed more sensitively by the governments of the Philippines and Japan.

The Japanese Government may wish to consider alternative ways, other than accepting foreign careworkers, to sustainably address the demand for care providers for the growing number of Japanese elderly while the Philippine government, on the other hand, may wish to consider alternative ways, other than labor migration, to address the question of unemployment and low wages and working conditions and the causes of these problems.

Is it possible for the Japanese government, instead, to provide better incentives to local care and health providers (both from among Japanese nationals and permanent/long-term foreign residents in Japan) to address the needs of a continuing aging society? Is it possible as well for the Philippine government to rethink the policy of labor export and instead look inward to find better sustainable and effective solutions for addressing the needs of Filipino women and their families?

Is it possible for both governments to re-

⁶ The idea of *tamashii* of care comes from Mr. Masahiro Nakamura of InterAsia Corporation, a private company that offers training program and work for *Zainichi* (permanent/long-term resident) Filipinos in Fukuoka. He bases his caregiving language and work training on *omoide* (memory) and *tamashii* (spirit) which focuses on the trainees' understanding the world of the elderly that is full of memory of their younger years (hence *omoide*) and which emphasizes the presence and belief in the right *tamashii* (spirit) of caring for others. For more information about InterAsia Corporation, see <http://interasia.hp.infoseek.co.jp/>

evaluate and rethink the EPA, outside of an economic agreement framework, and more sensitively craft a more gender-sensitive and human-centered (rather than market-oriented or political-expedient) agreement?

Future and more comprehensive research and assessment about the present EPA program is imperative. Although the movement of care workers is a part of the EPA, a separate program focused solely on care and outside of economic agreements may prove to be the sincere path to take to meet the care needs of the various stakeholders, particularly care for the unemployed in the sending country and the elderly in Japan.

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