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Assessing Language Access and Barriers to Health Information for Indonesian Migrants in The Netherlands

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Abstract

Migration to a different country requires a challenging adjustment process. Migrants encounter a range of challenges when adapting to their new environment, but the language barrier is the most significant obstacle that affects their overall well-being. The issue becomes particularly crucial and poses a significant concern for migrants when they search for health and medical information in the country to which they have migrated. This study aimed to examine the linguistic requirements of Indonesians in terms of accessing medical information and receiving healthcare services. The study was partnered with the Indonesia Migrant Workers Union (IMWU), based in Rotterdam, Netherlands. This research endeavor involved interviews with 18 Indonesian migrants employed in the Netherlands. This study employs the communication barrier hypothesis, as elucidated by Robbin in 1996, and the language barrier theory, proposed by Feely and Harzing in 2003, to substantiate its conclusions. The findings demonstrate that Indonesian migrants are generally able to utilize the Indonesian language to effectively search for and obtain health and medical information in The Netherlands. This is mostly due to their heavy reliance on the presence of IMWU, which greatly assists them in locating material in their mother tongue. Despite being aware of the limitations of utilizing Indonesian, many struggle to acquire proficiency in Dutch or English.

Keywords:

1. Introduction

Knowing a foreign language allows us to socialize and expand our relationships as much as we desire. It offers a new way to connect with a new world, adapt to a new culture, and perform countless feats beyond our comprehension (Sarnovska, 2020). However, learning a new language was not as easy as initially believed. People must be determined and begin immediately if they are willing to start. Additionally, it is a welcoming society.

Although not every person has the opportunity to overcome obstacles, a significant number confront further impediments that are not under their jurisdiction. These impediments may consist of time, financial, and societal pressure. This exemplifies the circumstances encountered by low-skilled Indonesian migrants residing in the Netherlands, specifically those deficient in both Dutch and English. Their inability to communicate effectively with non-Indonesians and impedes their daily activities is a consequence of their lack of proficiency in the local language. Regarding Indonesians' decision to migrate to the Netherlands in pursuit of a better existence, I am filled with apprehension. The presence of this language barrier has emerged as a formidable obstacle that may substantially hinder the capacity to flourish in the Netherlands. Concerns have emerged regarding the ability of these migrants to survive emergencies and obtain vital information in the absence of proficiency in Dutch or English. This scenario provides a more comprehensive examination of the challenges encountered by Indonesian expatriates residing in the Netherlands, with a focus on their access to health and medication-related information. Furthermore, it prompts inquiries regarding the community's responsibility to provide Indonesian migrants with precise information.

This study refers to the concept of sociolinguistic justice: the self-determination of linguistically subordinated individuals and groups in socio-political struggles over language. (Bucholtz, et al., 2014). It is noted that the concept of sociolinguistic justice here is more concerned with the fairness manifested in society in terms of linguistic practices applied in providing access to healthcare, education, employment, and housing, among other things. One of the concerned parties is the migrant community of Indonesians, who do not speak Dutch, English, or any other language. Indonesia was closely related to the Netherlands. The closeness of these two countries is undoubtedly related to the history of colonialism, which has developed since the fifteenth century. Experts say that the arrival of the Dutch to Indonesia around 1787 would certainly be the beginning of a significantly different period for Indonesia (Kuitenbrouwer, 2003).

The 1950s and the 1960s marked a significant period in the history of Indonesian-Dutch relations, characterized by the Indonesianisation of Dutch economic interests (Kerkhof, 2005; Wie, 2009). For about 70 years since then, there has been a large-scale migration of Moluccans, who were former Dutch colonial soldiers in the KNIL (Koninklijk Nederlands Indische Leger). The Dutch government's recognition of Indonesian sovereignty on December 27, 1949, presented the Ambon KNIL soldiers with a new choice: either remain in the KNIL army or go back to their hometowns (Amersfoort, 2004). On April 25, 1950, the KNIL Army proclaimed the Republic of South Maluku, which resulted in President Soekarno rejecting around 4000 KNIL soldiers on the island of Java who would return to Ambon (Fatgehipon, 2021). This issue divided Indonesia, and finally, the Dutch government had to follow the agreement of the Round Table Conference and dissolve the KNIL on July 26, 1950 (Fatgehipon, 2021). The Dutch government allowed the KNIL the option to maintain the temporary status of Koninklijk Landmacht (Royal Army) Finally, around 12,500 Ambonese chose to go to the Netherlands, and to date, there are around 40,000 Moluccans still living in the Netherlands (Fatgehipon, 2021).

The President of the Indonesian Diaspora Network (IDN) in the Netherlands, Ebed Litaay, stated that the composition of the Indonesian diaspora in the Netherlands consists of five parts (Litaay, 2015). The first generation comprised about 125,000 people who were migrants in the period 1946-to 1968. The first generation had various origins in background, education, and social culture. This generation maintained a close relationship with Indonesia because most had already lived in large parts of their lives in Indonesia. The second generation comprised the offspring of the first generation. The number of second generations was approximately 275,000. The third generation was similar to the offspring of the second generation and was approximately 1.3 million people. According to Ebed, this generation is still attached to Indonesian culture. The fourth 3 generation is a result of a separate migratory wave, consisting of Moluccans (named Maluku), comprising about 65,000 people. Moluccans have been integrated into the Dutch social community because they have been in close contact with each other for the past 70 years. The last is the migratory wave of the Surinamese Javanese generation. Until now, they number 83,000 and are scattered in big cities in the Netherlands (Litaay, 2015).

The reasons for Indonesian migrants moving to the Netherlands are based on several factors, such as studying, getting married, or working. Some lived temporarily in the Netherlands, but a few stayed there. One of the independent organizations established by and for Indonesian workers in the Netherlands is the Indonesia Migrant Workers Union (IMWU). The IMWU was founded on January 2, 2011, based on a sense of solidarity, togetherness, and inner involvement as Indonesian citizens (Migran, 2022).

According to the website of the Embassy of the Republic of Indonesia, there were approximately 1.6 million Indonesians overseas in the Netherlands in 2019, and this number will continue to increase. However, not all Indonesians understand Dutch or primarily English, and they still speak Indonesian depending on with whom they talk. The percentage comparison of the number of Indonesians who still know Dutch also overlaps. Generally, outside of people who learned Dutch of their own will, only elders who witnessed the colonial period still used Dutch to communicate. This situation is very different from that experienced by young people.

To better understand this issue, this study will collaborate with the Indonesia Migrant Workers Union (IMWU) and interview eighteen IMWU members who do not speak Dutch and English. The IMWU coordinates the departure and return of documented and undocumented Indonesian migrants. The vast majority are domestic workers who already live and work in the Netherlands. The majority of IMWU members living in The Netherlands do not speak Dutch or English fluently. Their education is typically limited to elementary or junior high schools, which further limits their ability to communicate. Since 2020, the Covid-19 pandemic has increased the need for health and medical information provision, especially for remote (online or telephone) assistance. At that moment, how do Indonesian migrants seek and find health information in Dutch and English? Based on the information stated in the paragraphs above, the main purpose was to determine Indonesians' linguistic needs in relation to the availability of medical information and accessibility of health care.

2. Literature Review

2.1. Communication Barrier

Communication is an essential requirement for humans to interact individually or in groups. Communication is a process by which a person or person, group, organization, or society creates and uses information to connect with the environment and other

people (Winarso, 2018). Cangara (2006) explained that three essential functions cause human reason to communicate. The first is human desire to control the environment. Through communication, humans can determine the intentions and goals of other people and find opportunities to exploit them. Second, communication can help humans adapt to their environment. With the creation of communication, humans can determine interlocutors and adapt themselves. Third, there has been an attempt to transform the legacy of socialization. Transformation of socialization inheritance is a situation in which the community wants to maintain its existence so that there is an exchange of values, behaviors, and roles (Cangara, 2006).

2.2. Language Barrier

The language barrier is often one of the biggest problems for migrants, which leads them to significantly extend their adaptation time in the host country. In addition, migrants feel that learning the host language requires considerable time and effort. Language, accents, and regional dialect barriers that prevent successful written or verbal communication significantly shape multilingual communities (Buarqoub, 2019). Consequently, miscommunication can be severe and even fatal (Alhamami, 2020). Language barriers can be identified and analyzed based on several factors.

People who have problems with language barriers are still hesitant to start speaking, because they are not confident enough or are afraid to try. The effect of language barriers is the difference in meaning received by the interlocutor. This serves as a reminder that language is frequently a barrier to direct communication between two people (Robbins, 1996). The difference in the understanding received will make the communication content bland unclear.

This is the most significant barrier to effective communication. Communication is difficult to establish if both parties do not speak the same language. In this study, for example, the language barrier is the most critical point to discuss because it is the source of difficulties for migrants seeking health and medical information while in the Netherlands. Language barriers result in many communication imperfections. For the health and medical sector, one of the consequences of this barrier is the obstruction or an incomplete understanding of the patient's condition, possibly resulting in incorrect medical diagnosis or even disruption of trust in the services received (Moissac & Bowen, 2019). The problem of the language barrier is usually not only felt by one party but also multiple. In Alhamami's research (2020), some doctors and nurses also mentioned that it was challenging to communicate with their patients because of language barriers, thus hindering their work. For example, patients from Arabic backgrounds often use dialects from their respective regions. They cannot understand Modern Standard Arabic, making it difficult for doctors to understand it in Europe (Alhamami, 2020).

2.3. Health Care Service in the Netherlands

The year 2020 was a very influential year worldwide. This is due to the impact of COVID19, which affects the whole world. Thousands of medical personnel have been prepared to treat COVID-19 patients, but this virus continues to mutate and cause a pandemic that is still ongoing. As a result of the pandemic that has affected many people, the government of the Netherlands has anticipated increasing health assistance for the community around. In the Netherlands itself, the health assistance provided also varies services. The government contributes free polymerase chain reaction (PCR) tests from the Municipal Health Service (GGD) and provides assistance with health information that society can access. Quoted from Zorginstituutnederland, The Dutch healthcare system is governed by four basic healthcare-related acts:

- the Health Insurance Act (Zorgverzekeringswet)
- Long-Term Care Act (wet Langdurige zorg)
- the Social Support Act (Wet maatschappelijke ondersteuning)
- the Youth Act (Jeugdwet)

In the Netherlands, health insurance covers essential medical treatment, medications, and continuous medical assistance (Ministry of Health, 2016). People who require regular, permanent, or 24-hour home care can access the Long-Term Care Act's provisions (Ministry of Health, 2016). Local authorities are responsible for assisting individuals with disabilities under the Social Support Act. The Youth Act provides additional care and support for children and youth, such as nursing aids.

3. Methods

To investigate the issue that determines the linguistic needs of Indonesian migrants who seek medical information and access to health care in the Netherlands, I conducted 18 in-depth face-to-face interviews. Participants were selected through membership in the Indonesian Migrant Workers Union (IMWU) spread across three different cities in the Netherlands: Rotterdam, Amsterdam, and The Hague. However, in this study, only the IMWU members of Rotterdam collaborated. This study adopted structured interviews to obtain comparable data related to the research topic, as described by Denscombe (2010). Eighteen participants were

included in the study. The participants were members of the Indonesian Migrant Workers Union (IMWU). Although there was no pre-defined age limitation, most of the respondents who took part in this interview were 35–55 years old. All respondents came from and grew up in Indonesia and have lived in the Netherlands for different periods, ranging from six months to 13 years.

Data for this study were collected through face-to-face interviews. In conducting interviews, this study prepared questions divided into five parts. I wrote a transcript of the interview results in Indonesian, which can be seen in Appendix B. However, to analyze the conversation, this study translates Indonesian into English for easy understanding by the reader. The questions were divided into several sections. In the first part, questions regarding general information were asked. This question was used to determine the participants' backgrounds. In the second part, we asked questions about health services. This study involved questions about the health or medical information that respondents had been looking for in the last 12 months. This study also divided the answers into "yes" and "no." This was done so that I could evaluate the responses and measure the number of migrants seeking health information. Next, this study continued the interview by asking further questions about where the respondent usually finds information, in what language the respondent looks for information, and how respondents access the latest news about health information in the Netherlands. This question was intended to determine whether the source participants usually found health information.

This study conducted offline interviews by scheduling the right time for respondents in advance; 17 of 18 respondents were interviewed in Rotterdam and one in The Hague. However, all respondents were members of the IMWU Rotterdam.

4. Results and Discussions

4.1. The language used by Indonesian migrants to access health and medical information in the Netherlands

Table 1 displays the languages most frequently used by Indonesian migrants in the Netherlands to seek health and medical information. All 18 participants reported using Bahasa Indonesia to search for health information. The main reason they use Indonesian in the information search process is that they do not comprehend the Dutch language.

English. In addition, they communicated more with other Indonesians in the Netherlands. This argument is also supported by Robbins (1996), who stated that the environment must ensure effective communication. This means that if the migrant still sticks to another Indonesian, the process of learning Dutch will be more difficult.

Table 1. The information of language used by Indonesian migrants while looking for health information

No	Interviewee	Language use	Other Language	Length of stay in NL	Have / Have not searched health information
1	Interviewee 1	Indonesian	A little bit Dutch and English	6 years	Have
2	Interviewee 2	Indonesian	A little bit Dutch	5 years	Have
3	Interviewee 3	Indonesian	None	10 years	Have
4	Interviewee 4	Indonesian	A little bit Dutch	3 years	Have
5	Interviewee 5	Indonesian	None	7 years	Have not
6	Interviewee 6	Indonesian	None	3 years	Have not
7	Interviewee 7	Indonesian	None	3 years	Have not
8	Interviewee 8	Indonesian	None	4years	Have not
9	Interviewee 9	Indonesian	A little bit Dutch	3 years	Have not
10	Interviewee 10	Indonesian	None	2 years	Have not
11	Interviewee 11	Indonesian	None	1 year	Have not
12	Interviewee 12	Indonesian	None	1 year	Have not
13	Interviewee 13	Indonesian	None	1 year	Have
14	Interviewee 14	Indonesian	None	6 months	Have
15	Interviewee 15	Indonesian	A little bit Dutch	6 years	Have
16	Interviewee 16	Indonesian	A little bit Dutch	13 years	Have
17	Interviewee 17	Indonesian	A little bit Dutch	8 years	Have
18	Interviewee 18	Indonesian	A little bit Dutch	6 years	Have

The study revealed that Indonesian migrants in the Netherlands primarily use Bahasa Indonesia for health information, reflecting both language barriers and cultural preferences. While some have learned a bit of Dutch, particularly from work

environments such as cleaning, caregiving, or restaurant services, they still prefer Indonesian for clarity and ease. This preference is linked to the challenges of adapting to new environments and the influence of cultural barriers. Additionally, age and a lack of motivation to learn Dutch affect language acquisition. Some migrants use tools such as Google Translate, but this reliance varies. Interviews confirmed that these migrants confidently seek health information in Bahasa Indonesia, with a sense of trust in the information received in their native language. Furthermore, All interviewees who had searched for health information in the last 12 months stated that they had used Bahasa Indonesia in the search process. They felt confident about asking questions about health information using their mother tongue.

The following are the results of interviews conducted with interview 17:

"I received health information from fellow Indonesian migrants, and I am confident with the contents of the information because it is explained in Indonesian too. So, I think the information is well received".

Interviewee number 17 felt confident while receiving information in Bahasa Indonesia because he felt well informed when speaking his own language. Even if he did not receive information in Dutch, he did not believe that general knowledge had misinformed him. Another attitude shown by Indonesian migrants when speaking Indonesians is ease. Migrants believed that Bahasa Indonesia makes it easier for them to absorb the information offered. Interviewee 17 used the migrant WhatsApp group to search for health information, implying that they had exchanged information with other Indonesians. The second-attitude that migrants feel while using Indonesia can also be seen as a positive attitude because it helps them receive information without feeling difficult. This attitude can also help migrants expect good things from the information they receive.

4.2. *The self-assured feeling that Indonesian migrants feel when speaking Indonesian.*

The study found that interviewees felt comfortable using Indonesians to search for health information, gain confidence in their abilities, and speak with fellow Indonesians.

Table 2. Identification self-assured feeling that Indonesian migrants feel when speaking Indonesian.

Interviewee ID	Comfort Using Indonesian	Satisfaction with Information Delivery	Influence of Other Indonesians	Language Barriers	Notes
1	Yes	Yes	Yes	No	Felt confident in abilities.
3	Yes	Yes	Yes	No	Gained confidence in abilities.
14	Yes	Yes	Yes	No	Satisfied with information delivery.
15	Yes	No	Yes	Yes	Does not speak Dutch or English; relied on Dutch-speaking spouse.

Based on Table 2, it was found that interviewees 3, 1, and 14 expressed satisfaction with information delivery and confidence in their abilities. However, interviewee 15 had a different experience, as she did not speak Dutch or English, but had a fluent Dutch spouse. Despite her partner's assistance, she communicated in Indonesia while seeking health information. This study highlights the significant influence of other Indonesians in helping migrants obtain accurate information. The interviewees believed that they could follow advice from the information and that there were enough Indonesians in the Netherlands to help them collect additional health information. This study highlights the importance of understanding the language and culture of other Indonesians in facilitating communication and information exchange.

4.3. *The sense of ease when searching for health information in Bahasa Indonesia*

Indonesian migrants who have sought health and medical information in the Netherlands admit that using Indonesians makes information exchanges more accessible. Table 3 shows that Interviewee 2 found it easy to follow instructions and consult a doctor from the Netherlands but still felt comfortable using Indonesian. Interviewee 17 also expressed this sentiment, as he used Indonesian when searching for information on the migrant WhatsApp group, as all the members were Indonesian citizens. Interviewee 4 found it difficult to find information in the Netherlands because everything was written in Dutch, so she sought assistance from Ms. Nur's WhatsApp Group. The chairman of IMWU, Nur Hajatie, speaks Dutch fluently, and she believes it is not difficult to find information written in Indonesian as long as it remains on the WhatsApp group chat.

Interviewee 4 found it difficult to find information in Indonesian because all of the information she found in the Netherlands was only in Dutch and English. She required the assistance of an interpreter while consulting with a Dutch doctor. However, she accepted the convenience of using Indonesian as the primary language.

Table 3. Identification the sense of ease when searching for health information in Bahasa Indonesia

Interviewee	Use of Indonesian	Assistance Required	Attitude Factors	Reason for Language Preference
2	Comfortable using Indonesian	No specific mention	Sense of self-confidence and ease	Language barrier
4	Sought assistance from Ms. Nur's WhatsApp group; accepted the convenience of using Indonesian	Needed an interpreter for consulting with a Dutch doctor	unidentified	Language barrier; convenience of using Indonesian
17	Used Indonesian in migrant WhatsApp group	unidentified	Sense of self-confidence and ease	Language barrier

The interviews concluded that the most significant reason Indonesian migrants use Indonesian when seeking health and medical information while in the Netherlands is due to two attitude factors: the emergence of a sense of self-confidence and a sense of ease obtained when communicating. Nine out of 18 participants who have looked for health information do not dispute that the language barrier migrants face is another reason they utilize Indonesian when seeking health information. Nine interviewees who had never sought health and medical information in the Netherlands were analyzed, and they stated that they would use the migrant WhatsApp group for health-related information. This linguistic barrier poses a significant obstacle for them, as they have no other way of connecting with non-Indonesians and require aid from the IMWU chairperson, an Indonesian who speaks Dutch and English.

The language barrier is confusing when obtaining information, and migrants incapable of communicating in Dutch must rely on an interpreter to translate information. This is felt not only when searching for health-related information, but also in other aspects of daily living, such as filling out administrative forms or searching for general information on life in the Netherlands.

The findings of this study demonstrate that the language barriers encountered by Indonesian migrants conform to Robbins' theory of communication barriers (1996). Cultural and environmental distractions had the greatest impact on the communication of Indonesian migrants seeking health information. When Indonesian migrants arrive in the Netherlands, they must adapt to a new cultural distraction that can be classified into two parts. The first is that migrants believe they must learn Dutch quickly due to community factors, most of which are Dutch nationals. Despite modern technology aiding in translating host languages into Indonesian, Indonesian migrants believe that there are differences in the meanings of translated words that might be influenced by the cultural background of each communication opponent.

The second type is environmental distractions, which cause migrants to refuse to learn a new language because they communicate with more Indonesians in the Netherlands. The interviews revealed that ten Indonesian migrants chose not to learn Dutch because they were very comfortable communicating in Indonesian. Environmental factors are also involved in the language choices made by Indonesian migrants, as they interact with their fellow Indonesians more than with Europeans.

However, the results of the interviews show the negative impacts that can occur if Indonesian migrants only seek information in Indonesia. They feel isolated because of their inability to communicate in the host language and remain restricted in their community. They also have access to a single source of Indonesian language information, which can cause inconvenience when comparing multiple sources. Additionally, the growth of apprehension about initiating conversation in Dutch may lead future migrants to be unable to communicate in any language other than Bahasa Indonesia, which is detrimental to those who wish for a broader relationship.

4.4. The influence of networks in the search for medical and health information sources

Indonesian migrants in the Netherlands rely on various sources of health and medical information, including WhatsApp groups, hospitals, newspapers, television, and the internet. Most of these migrants believe that migrant WhatsApp groups are their primary source of health information, as they can promptly provide the information they require. The impact of technology on dealing with doctors while looking at health information in the Netherlands is also discussed.

Developing one's network is challenging, especially for migrants in the Netherlands, owing to language barriers. However, this study identified positive outcomes for Indonesian migrant association (IMWU) members who sought health information. The first is that it is possible to receive health information without using the Dutch language of instruction. Good networking can provide information to each other and help maintain kinship. The IMWU is all-encompassing for interviewees, and they have no intention of joining another community.

In addition to receiving information about work in the Netherlands, IMWU members frequently received assistance from various organizations, such as the Red Cross, which provided food supplies during the COVID-19 pandemic. This proves the need for Indonesian migrant associations, as they provide obvious assistance and convenience, making them feel secure in the Netherlands. However, not everyone interviewed had the same view of having only one community in the Netherlands. Interviewee 4 admitted that it was still difficult to find a community that could provide many benefits for her other than IMWU, but she did

not rule out joining other communities, such as the Indonesian community that cares about women, careers, religious studies, and other Indonesian communities and related matters. Interviewee 4 spent a decade in the Netherlands and believed that if given the opportunity, she would like to join the rest of the international community to broaden his interactions in the Netherlands.

Networking significantly impacts the identification of various types of information. As IMWU members, migrants had the opportunity to meet numerous Indonesian migrants, which was their third benefit. The greater the information provided by Indonesians, the greater their likelihood of receiving as much health information as possible. This also makes it simpler for them to learn and acquire new health information in the Netherlands. Interviewee 4 also perceived the convenience offered by IMWU. When Interviewee 4 was about to perform a birth operation in the Netherlands, she felt that several IMWU members had provided her with assistance, as she spoke no Dutch. The Dutch-speaking members assisted her as an interpreter, delivering to the hospital, accompanying her at the hospital, and handling vital documents.

By joining multiple networks, especially Indonesian migrants who do not know anyone in the Netherlands, they will receive information about events both within and beyond the Netherlands. From the preceding interviews, we determined that networking is essential for locating health and medical information. However, language was the most significant barrier to network entry. The IMWU's presence is undeniably advantageous as its members are all Indonesian nationals, most of whom are Javanese. According to the research findings, IMWU members' closeness is advantageous because they want to help each other, which also applies to members who need assistance. Consequently, they considered the IMWU community sufficient.

4.5. The impact of technology in the search for health and medicine information

The interviewees of the Indonesian Migrant Workers Union (IMWU) in the Netherlands agreed that technological assistance significantly affects information retrieval. They believe that using technology is simple, particularly for those who struggle with Dutch language. One example is the use of Google Translate for learning Dutch, which helps to gain confidence and comprehend information. However, technology should be used correctly to ensure its effectiveness. Many online courses provide free foreign language instruction, such as Duolingo, and numerous informational videos are available free of charge on YouTube. However, personal motivation is also essential for learning a foreign language, as many migrants work Monday through Saturday, and sometimes on Sundays, which can hinder their ability to learn Dutch or English.

Indonesian migrants often communicate via WhatsApp groups, making their lives easier and providing a sense of safety and ease when gathering information. However, not all immigrants share this viewpoint. For example, a 51-year-old immigrant struggles with technology, making him more reliant on word-of-mouth information. Learning Dutch is mainly self-taught, particularly when working with Dutch-speaking coworkers. Migrants often experience language sophistication that forces them to learn foreign languages rapidly because of the need to work. Interviewee 9 confirmed that the primary reason he studied Dutch was work. He also agreed with the information provided by other Indonesian migrants, but not everyone could use the technology.

Indonesian migrants believe that health information written in Bahasa Indonesia is not always updated when searched online. According to Kiyohara et al. (2022), the existence of a multilingual website does not guarantee that all multilingual communities will effectively utilize it. Additionally, posting health-related information on Facebook group pages is ineffective. In conclusion, the interviewees agreed that technology has a significant impact on information retrieval in the Netherlands, but it is crucial to use it correctly and with personal motivation. Language barriers are significant for Indonesian migrants, and while technology can simplify life, it is essential to ensure that they are used effectively and efficiently.

4.6. Indonesian migrant dealing with the doctor in the Netherlands

Typically, direct consultation with a healthcare professional is necessary if a patient wishes to know and understand their illness or receive more extensive treatment. However, it can be difficult for Indonesian migrants who do not speak Dutch or English and require additional consultations in the Netherlands to consult directly with doctors. This can occur when doctors and patients use different languages, resulting in patients not understanding the health information provided by doctors. Fourteen respondents stated that they believed it would be impossible to consult a doctor on their own. Therefore, they always require assistance from Dutch or English speakers. Interviewee 4, communicating directly with doctors in the Netherlands, was more challenging than anticipated, so she sought aid from a Dutch-speaking IMWU member. An example of Interviewee No. 4 is as follows.

"I once consulted with a doctor in the Netherlands, fully expecting to comprehend the information the doctor received. However, when I arrived at the hospital, I felt completely overwhelmed. Finally, I contacted an IMWU member who spoke Dutch and assisted me in communicating with my doctor. Since that day, whenever I must meet in person with a doctor, I always bring a friend who can translate".

This barrier is frequently encountered by migrants from Indonesia, who are hesitant to see a doctor on their own. Despite interviewee 4's initial confidence in consulting and expectations of understanding what the Dutch doctor said, this issue demonstrates a language barrier. She continued to have difficulty in understanding the conversation. According to Squires (2018),

the presence of interpreters is highly beneficial for migrants who face language barriers, particularly interpreters who already hold a license that allows them to communicate in foreign languages. In this instance, however, interpreters who typically assist Indonesian migrants are Indonesian nationals who have lived in the Netherlands for an extended period. Typically, they learn Dutch on their own to facilitate workplace communications. Migrants from Indonesia are unconcerned about the interpreter's background, as long as they can communicate effectively. What Squires (2018) describes regarding speaking-up to improve care is also supported by the general inability to comprehend a foreign language. Some migrants believe they will receive at least more information if they attempt to communicate with the health staff in the Netherlands. However, migrants must possess a basic vocabulary to begin speaking, as they cannot do so if they have no knowledge of Dutch.

Interviewee 17 had a different impression of trying to speak up in Dutch. Even though there was a language barrier, he had little basic Dutch to consult a Dutch doctor. The following are the findings from Interviewee 17.

"Currently, I'm attempting to consult a doctor on my own because I'm learning Dutch. Indeed, the language barrier still exists at times, and I frequently struggle to understand what a doctor is saying. However, I try to practice as much as possible until I am satisfied and understand."

Even though he sometimes noticed a language barrier, he continued to force himself to practice and remained optimistic. Some Indonesian migrants wish to speak Dutch. This is also because their jobs require them to talk to the Dutch occasionally. The willingness to learn a new language resembles Feely and Harzing's (2003) description of language sophistication. If Indonesian migrants learn Dutch, they will have more opportunities to interact with their work environments. According to interviewee 17, he spent eight years in the Netherlands. For a long time, it was impossible for him to not understand the Dutch.

From the previously described interviews, this study concluded that environmental barriers substantially impact the communication of Indonesian migrants seeking health and medical information. The communication barriers identified in the interviews demonstrated significant cultural and environmental influences. Each individual participating in the process carries out this communication process to achieve the same point of view. Generally, when a person enters a new environment, they begin to adapt. Adapting to new circumstances does not always result in a smooth path, as evidenced by the interview results. According to interviewee 4, she attempted to consult in the Netherlands but found adapting to doctors in the Netherlands challenging. Because of her predominantly Indonesian environment, she did not have many opportunities to interact with the Dutch community. This made her feel insecure, and she realized that her Dutch language proficiency was insufficient for two-way conversations with Dutch citizens. This response demonstrates that interviewees who encounter communication barriers will cease responding and reacting, and face various circumstances requiring them to adapt to a new and different culture (Kristiani & Utami, 2019).

5. Conclusion

They need a community that meets the linguistic requirements. The community can assist interpreters and information providers. This study illustrates that a significant proportion of Indonesian immigrants residing in the Netherlands have persistently encountered linguistic obstacles. However, it also highlights that the communal aspect plays a role in the ability to adapt and thrive in the Netherlands. As long as they retain the ability to communicate in Indonesian, they do not consider it a significant concern in their lives in the Netherlands.

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