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Trading off Health for Wealth

Assessing the Health and Vulnerability of Low Wage Foreign Workers

to HIV/STD Infection in Singapore

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HealthServe Limited
Singapore

November 2009

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Foreword

The world talks, lives and feels the effects of globalization and migration; and never more so than in the past few decades. Singapore has been a beneficiary of this phenomenon which in many critical areas involves low wage migrant workers.

Peter et al gives us an in-depth look of the myriad of issues facing the foreign workers, employers and government alike. This qualitative research is the first of its kind done in Singapore. It has precious relevance for both policy formulation and the lives of migrant workers who keep Singapore ticking and growing. It has broken new ground in understanding the effects of current practices and policies of the Ministry of Manpower (MOM) on employers in the context of the foreign migrant labor.

With the holistic coverage of this research from the health seeking behavior to sexual practices as well as social well being and employment practices, agencies from both the governmental bodies to the non-profit community development groups like HealthServe will be able to engage the entire spectrum of key players in a more culturally and socially relevant way. In view of such a ground level understanding of our migrant labor force, this report will certainly go a long way to give dignity and due recognition to workers, raise productivity for employers and provide constructive feedback and resource for the Ministry of Manpower.

By shedding light on the real challenges for the MOM, employers and workers, we can look forward to a truly more gracious global city; more livable for every member of the community both local and foreign. I am certain that in reading and understanding this report, it will cause a transformational change in your perspective of civil societal norms and international best practice standards in managing human resource. Peter et al has thankfully given us a lead by providing some very practical and doable recommendations for all involved to begin that critical change.

Dr. Goh Wei-Leong
Chairman
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Acknowledgement

I gratefully acknowledge the valuable contributions of the following individuals, who had provided various types of support in different stages of this research project (Assessing the Health and Vulnerability of Low Wage Migrant Workers to HIV/STD Infection in Singapore):

Consultants

Dr. Wong Mee Lian and Dr. Eric Charles Thompson.

HealthServe Research Team

Teresa Chin, Ranajit Dastidar, Sharon Low.

Administration and Support

Marilyn Foo, Carol Lee, Sylvyn Lim, May Teo, Jacqueline Tan, Shin Yong Tang

Funding

Far East Broadcasting Company (Hong Kong), Health Promotion Board, Mr. and Mrs. Richard Lieu

Volunteers' Mobilization

Srilatha Balasubramanian, Audrey Chan, Debbie Fordyce, Peng Kee Gay, Kim Hong Hazra, Soak Mun Lee, Sirene Lim, Kim Lan Lim, Swee Hong Lim, Emily Ng, Karen Singarayar, Ranjana Raghunathan, Robyn Tan.

Focus Group Discussion (moderators, transcribers and translators)

Chinese

Audrey Chan, Mun Sang Cheong, Shaun Chong, Tat Keong Chow, Keng Wah Chng, Qi Fenglin, Raymond Fong, Michael Huang, Tan Huiying, Liping Jiao, Heng Kaile, Steven Lee, Kar Yan Liong, Doris Lim, Loh Hung Chee, Su Bing, Yondi Lee, Wong Mailing, Pei Yi Tew, Sarah Yang.

Indian (Tamil)

Mehraj Begum, Deepa Deep, Kalamegam Gauthaman, Jayaraj, Satish Krishnan, Meena, Jebasheelan Nadar, Easwaramoorthy Rangaswamy, Jareena Salih, Jayanthi Sankar, Srivatsan Sundersan, Raja Thomas.

Bangladeshi

Khurshida Haq, Md. Moinul Haque, Shamin Ahmad Salim, Shahabuddin, Raja Chowdhury, Farah Haq Quazi, Tasnim Disha.

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1. Executive Summary

There is no hitherto known study on the low wage foreign workers in Singapore encompassing their general health seeking behavior, sexual practices and vulnerability to HIV/STI, socio-cultural wellbeing and employment practices. In order to fill-in the gaps in knowledge as well as to find out the appropriate measures of intervention, this qualitative study is undertaken by HealthServe Limited to address these issues in both diagnostic and prescriptive manners. The field study was conducted in a purposively chosen commercial purpose-built dormitory during January-June 2009 using participation observation and 51 Focus Group Discussions (FGDs) among the Bangladeshi, Chinese and Indian (Tamil) migrant population covering both the males and females between 20-40 of age.

The analysis of findings represent that the foreign workers are subject to deficient accommodation, physical, mental and workplace hazards, negative experiences with health providers, substitutional sexual practices, and different sorts employment malpractices. For most of the workers, these factors contribute to developing various forms of sickness affecting their access to health services and well being, potential vulnerability to HIV/STI, indebtedness, lack of social wellbeing, emotional vulnerability and low productivity. This scenario is represented below graphically:

Foreign workers often fall outside or beyond the reach of existing social services that invariably increase their vulnerabilities. Leaving behind familiar places and societies with different values,

perceptions and traditions strongly challenges mental wellbeing and imposes certain psychological stress which in turn potentially triggers health problems and social functioning in individuals. Overcrowded and unhygienic living condition, sleep deprivation, various health hazards related to their workplaces, communication problems, limitations having access to and unaffordable health services make the workers vulnerable to productivity loss and attritions. High debts encourage workers to work excessively long hours without adequate rest. Structural barriers, such as language and cultural differences, limited finance, inadequate health insurance coverage, cultural practices and beliefs prevent them from seeking medical help.

Most of the foreign workers are in their reproductive years (20-40) and denied of the company of regular partners. Hence they are finding other ways of dealing with these needs. Concern of harassment and fear of negative repercussion on their employment hamper the migrant workers' willingness to seek proper STI treatment and HIV testing until they incur higher costs to remedy a bad situation.

The key concerns of foreign workers we interviewed are centered on issues concerning excessive job placement fee, under-payment of wages and un-authorized deduction. Many involved in the transnational recruitment networks are treating the workers as commodities for trade with little concern about their wellbeing. They require workers to pay high upfront costs that put workers in heavy debt and hence the recovery takes a long time (typically 1 to 3 years) to accomplish. Workers are given misinformation about the working environment, wages and benefits. Often workers are not given adequate pre-departure orientation. They are employed without proper employment contracts and payment receipts that may hold employers, employment agents and migrant workers accountable to their rights and obligations.

The analysis of findings leads this report to recommend migrant friendly, culture specific health and wellness services incorporating HIV/STI prevention programs, enforcement of laws and regulation by the ministry and employers, increasing understanding of the migrants' rights and responsibilities through community connections, developing sector specific ethical codes of conduct as well as arresting employment malpractices. The following measures are recommended to improve the wellbeing, motivation and productivity.

Migrant-friendly measures and services:

1. To establish health care standards in terms of culturally competent care, language access services and organizational support for cultural competence at foreign workers' "hot spots".
2. To provide adequate and culturally sensitive workshops for foreign workers on healthy lifestyles, gender specific issues and information on stress management.
3. To improve access to diagnosis and treatment of STIs, anonymous HIV counseling and testing services and to set up "*integrated*" community drop-in centers that provide relationship and value education so that foreign workers can build and maintain healthy relationship with one another and with opposite sex.
4. To increase workplace STI programs in partnership with employers, and by disseminating information and materials.

Enforcement of measures against employment malpractices:

1. To ensure that the Sick Leave Section 89 of the Employment Acts (Chapter 91) is properly implemented to all workers including foreign workers and active monitoring of the employers' compliance with such standards, and taking step against non-compliance.

2. To establish optimal number of occupancy in the workers' dormitories for maintaining health-friendly environment and conduct regular spot checks to maintain the standard.

3. To provide incentives to develop participatory, collaborative partnerships with community organizations and employers in the setting up of community centers that capture the needs and the recreation services for the foreign workers.

4. To tackle employment agents' (EAs) malpractices by engaging the foreign workers and employers in collaborative thinking.

Considering the limitation of this qualitative research as discussed in section 5, we would recommend to conduct a full length quantitative survey based on the above findings in order to test/establish the representativeness of this study and to make policy recommendation accordingly.

2. Introduction

Foreign workers form a significant group in Singapore, comprising 36% (Straits Times (ST) April 3, 2009), or more than 860,000 (ST Aug 6, 2009) of the nation's 2.939 million workforce[1] . They play an integral part, as noted by the Prime Minister, to "*help to enlarge the economic pie*" (ST 2008, PM's May Day Speech). While addressing a rally of the People's Action Party (ST Nov 2, 2009), he further commented:

> *'But if I didn't have foreign workers, would you be able to build HDB flats, would Singaporeans be building the flats? 'If I didn't have foreign workers for my factories, would I have wafer fabs here, would I have petrochemical plants here, would I have electronics factories here, would the United Workers of Electronic and Electrical Industries be able to have 50,000 members, and of that, maybe about half would be Singaporeans whose jobs are there?'*

Foreign workers fill the gap between required growth of labor force and available labor force in the country. There is a complimentary effect between Singapore and foreign workers in the workforce and in the community, and it is a delicate act to foster inclusive growth in order to minimize possible economic and social backlashes. The demand of foreign workers will not diminish with the aging of Singapore population becoming a wide spread phenomenon in the next 20-30 years. As in the past, this trend will put pressure on wages and increase the incentives for attracting potential employees from the developing countries with abundant labor.

The management of migration and protection of migrant rights are two sides of the same coin to ensure a sustainable foreign worker population that complements local workforce and to support a high productivity economy. Policymakers need to tackle the decline in labor productivity in a number of sectors such as construction (ST August 6, 2009) and service (ST October 28, 2009) by raising the quality of foreign workers allowed into Singapore. At the same time, Singapore is conscious that they are competing for foreign manpower with other countries such as Hong Kong, Japan, South

[1] There are about 1.253 million foreigners and their dependents, excluding 533,000 permanent residents (Nov 23, AsiaOne). They make up roughly 36% of Singapore's 2.939 million labor force (Singapore department of statistic, September 2009). These make up largely 870,000 Work Permit holders, 143,000 Employment Pass holders, 6,500 Study Mamas (12 Oct 2008, August 6th, 2009 – Straits Times). Out of the work permit holders, there are about 200,000 plus PRC Nationals, 150,000 Indonesians, 120,000 Filipinos, 90,000 Indian and 60,000 Bangladeshi, 45,000 Thai, 20,000 Sri Lankans, 10,000 Burmese (Source: Embassies).

Korean, Taiwan and further fields such as the Middle East and North America. There is a need to ensure workers' concerns related to employment and welfare are addressed in order for Singapore to be the preferred destination for economic migrants.

A balance approach of management of migration and workers' protection should:

1. Reduce the upfront cost of migration due to enhanced competition on the "regional labor market" with more countries appearing on the 'export scene' pushing recruitment fees up.
2. Minimize the perception of the "needed but not wanted" feeling of migrant workers in Singapore that hinders integration and to advance national development.
3. Help foster a sense of belonging. By doing so, Singapore can become a desired destination for economic migrants and to retain good foreign workers, and not merely a stepping stone to another country.
4. Reduce the extra demands on health and social services, as well as other economic costs thought to be generated by unhealthy non-nationals.

2.1 Gaps in Information

The influx of large numbers of foreign workers brings with it a host of challenges that are experienced with increasing frequency and immediacy in health care services. It suggests that there is a need to assess cultural competency and language services so that health care providers understand and respond effectively to the health care needs of migrant workers. The research findings of Wong et al. suggested that the foreign workers are at higher risk than local clients of acquiring and spreading STI/HIV due to their higher inconsistent condom use, increased likelihood of patronizing freelance and indirect sex-workers, higher STI rates, and delay in seeking treatment for STI symptoms. Presently in Singapore, there is very limited HIV/STI prevention programs tailored effectively at migrant workers. It is obvious that there is a huge need to increase HIV awareness, provide risk reduction skills, access to condoms and STI services to reduce the incidence of STIs/HIV among foreign workers, one of the bridging populations in sexual transmission of HIV to women and children in their home as well as the host countries.

3. Methodology

For collection of qualitative data through conduction of Focus Group Discussions (FGDs) among the migrant workers, the Dream Home Dormitory[2] was chosen purposefully for the following reasons:

1. We selected a purposed built dormitory with better accommodation and living conditions that is more representative of the general population of foreign workers, compared to other poorer ones which may have termed or considered as outliers (e.g. those in Tuas Avenue 6).
2. Large migrant population size and the nationalities represented that could provide a wide range of perspective.
3. Sympathetic relationships with major stakeholders (dormitory operator, employers of foreign workers, nearby medical clinics' doctors)
4. Suitable location where we can anchor HealthServe's community centre tailored specifically for migrant workers.
5. Accessibility to migrant population in workers' day off and a neutral environment.
6. Based on criteria drawn up with inputs from a number of migrant workers and representatives from dormitory management.

We employed qualitative research methodology to gain "real", "rich" and "deep" insights into how migrant workers perceived and interpreted their health service encounters as well as wellbeing after coming to Singapore. FGDs allowed us to capture contradictory behavior, beliefs, options, emotions as well as cultural norms in order to gain a better understanding of the "full multi-dimensional picture" of the migrants' situation. The findings also revealed causal relationship and patterns amongst and between different variables as well as factors amongst multifaceted dimensions of the workers' interactions.

During the FGDs, we encouraged participation of foreign workers themselves. Open ended questionnaires had motivated workers to unpack their complex experiences in Singapore, so that it was not just the moderators who learned from the discussions but migrant workers as well, leading

[2] Pseudonym has been used for the dormitory to maintain research ethics as well as anonymity.

to empowerment and increase control over behavior and better survival strategies. Many workers expressed appreciation that it was the first time they were listened to in Singapore. Two discussion guides were used:

1. General encounter of healthcare services (Appendix 1)
2. STI/HIV risk related behavior and its associated factors (Appendix 2).

The first guide helped us to understand the issues related to workers' living environment, social, financial and health concerns, how they viewed their health care services, why they used them and what they did in case of disturbance in their health. The latter helped to identify contradictory sexual behavior as a result of migration, workers' awareness of STIs and HIV, the form of sexual relationship they entered into, belief and opinion about condom use , factors influencing their behavior. Some workers participated in both interview and most did not.

The interview guides were translated and pre-tested to allow for necessary adjustments. 17 trained, native speaking moderators were given thorough explanation of the project as well as focus group training before the interview started. The contacts with the foreign workers were made through a mixture of convenience and snowball techniques:

(i) The community centre provided a natural and safe venue for migrant workers to visit.

(ii) Native speaking volunteers made door-to-door visitations; when there was sufficient number of interested residents; FGD was conducted spontaneously in their living room.

(iii) Volunteers make door-to-door visitations to invite residents to participate in FGDs at HealthServe Community Centre – either on the very day or a separate day. S$5 NTUC vouchers were useful incentive to encourage workers to participate in the interviews.

(iv) We provided other incentives (e.g. Crocs shoes) to encourage residents to invite their friends to participate in the discussion.

A total of 51 FGDs with a minimum of 4 and a maximum of 8 participants in each group were conducted at HealthServe community centre or at the workers' apartments in the Dream Home Dormitory between February and July 2009. Moderators conducted FGDs until the discussion yielded no more new insights – reaching saturation point. A total of 289 respondents from China, India (Tamil) and Bangladesh participated in the interviews. Majority of the workers interviewed have

been working in Singapore for 2 to 5 years. The materials were transcribed verbatim, checked for accuracy by another native speaker before it was translated into English by another native speaker. We used NVIVO qualitative research software to speed up data analysis to identify common and conflicting themes. We invited two local doctors with experience treating foreign workers to participate in discussion on our findings to provide professional inputs.

	PRC (Male)	PRC (Female)	Tamil Indian (Male)	Bangladeshi (male)
General Health	11	5	7	5
STD/HIV	7	6	5	5
Number of FGDs	18	11	12	10

4. Analysis of Findings

This section highlights and analyses the findings emanated from the FGDs described above.

4.1. Sickness and Access to Health Services

Foreign workers in Singapore often confront some common mental and physical sicknesses, and they face variable forms of accessibility to the health services in this city state. They are contracted by some uncommon diseases as well. The following subsections bring out these issues of illness and access to medical services.

4.1.1. Mental Health Problems

Secluded from their family, relatives and friends, the blue-collared, low-paid migrant workers virtually stay in isolation in Singapore. Although they live in 'congregation' with their country fellows in the workers' dormitories, they are not allowed to bring along their family members. As such, to many workers, mental stress plays an important role in their day to activities and productivity, particularly among the Chinese females. Stress also corrodes workers' ability to work and optimism to perform. A lady said, "There is more stress and less fulfilment compared to life in China".

Another Chinese lady expressed that

"Except work, I feel lonely. No place for me to play and enjoy. I feel something is pressing upon me every day. I have a lot of stress."

For the ladies, stress leads to disorder in their menstruation cycle as well as developing gastric problem and headache. Consequently, they become irritable at work. A few of them faced with mental breakdown as well. In at least four incidences, the workers were sent to the Institute of Mental Health (IMH) and subsequently repatriated to their home. It is argued that working overtime worsens this situation and dehumanizes the workers in a way.

Beside the above, there are other very important causes of mental stress. Most of the foreign workers are already in heavy debt in order to finance high agency fee and other migration costs. Coupled with the very high cost of living in Singapore (compared to their home countries) this indebtedness further soars up leading to severe stress upon them. Worst affected are the low-paid workers, who are unable to find sufficient work to maintain their familial subsistence and pay back their debts. Those at the higher rungs of the pay scale may have coping mechanism to deal with their stress, but those at the bottom of the pyramid feel being crushed.

Although the word "stress" was not cited explicitly by the Bangladeshi and Tamil workers, but the discussion about their indebtedness, loneliness and alienation obviously points towards their mental stress as well.

4.1.2. Physical Health Problems

4.1.2.1. Common and Chronic Diseases

Across ethnicity, flu (cold, runny nose, fever, cough, etc.), stomachache, high blood pressure, various types of allergy and skin disease, insect (bed bugs) bites, lethargy, soreness, horse voice are common among the Bangladeshi, Chinese and Indian (Tamil) workers. Some of these diseases are chronic among them. It was reported by many of them that working off-and-on between the air conditioned and non-air conditioned spaces often make the workers contract common flu. The Chinese workers, coming particularly from the cold weather of the North, suffer from flu, diarrhoea, other stomach trouble, insect bites etc while adjusting to the hot and humid living condition in Singapore. The system of shift work contributes to developing gastric problem among all types of migrant workers. Allergy and skin diseases are quite common among the migrant workers due to their unhygienic living condition – in many apartments we visited 14 people live in a one-bedroom apartment. In this

condition bathing, washing, cleaning and cooking cannot be done for so many people even in a barely hygienic manner. However, diarrhoea is reported to be infrequent among the Bangladeshi workers.

Female workers face a particular type of health hazard related to their menstrual cycle. Change of environment and weather, emotional imbalance and type of food intake can bring about hormonal changes. Menstrual problem is the most common cause for ladies to seek medical leaves. Generally female workers take 6 months to 1 year to regulate their menstrual cycle.

Beside the above common diseases, some of the workers are contracted with the uncommon health problems like ulcer, kidney stones, chicken pox, etc.

4.1.2.2. Workplace related Health Hazards

While working in their respective workplaces, the foreign workers, mainly those working in the shipping and construction subsectors, are also prone to various health hazards. The most common of these are: headache, body-ache, back pain due to lifting of heavy materials, knee pain/injury, hearing loss, eye problems and loss of sight due to splattering of hot oil, hand injuries, leg injuries, welding shock/sparks, intrusion of foreign objects into their eyes, etc. These are discussed below with a bit of details.

- Inhaling of factory dusts and chemical particles during the working period creates various problems as well as potential danger for their health. The Tamil workers reported that this process led some of their fellow workers becoming impotent/infertile later on (discovered when they returned back home). However, this could not be verified.

- Noises are quite high in the workplaces, particularly in the construction sites and shipyards, which lead to hearing loss (impaired hearing). The Tamil workers complained that most of them suffer from ear-pain and other audiometric problems.

- Eye sore as well as various other eye problems are contracted due to air pollution in the work places.

- Some workers are not provided with protective gear, although they have to work at least 8 hours per day in the shipyards in the midst of dust. This situation leads to contracting respiratory problems/diseases.

- Workers complained that they have had been penalized for reporting their accidents to the authority. As such, they tend to hide these incidents and consequently avoid company doctors.

- It was reported that some companies do not pay the eligible insurance claim (workman compensation) and medical leave (with pay) to the accident victims (their workers). In such a situation, many workers return back to their home countries under circumstantial compulsion.

- While working in the ship, the shipyard-workers cannot take their food (lunch, etc.) and drink in time, because they don't get these there. This in turn affects their health and productivity adversely.

4.1.2.3. Poor Housing Condition

Poor housing conditions in their dormitories contribute a lot towards contracting and worsening various diseases. It is very difficult to maintain a healthy environment for so many people living in a one-bedroom apartment. Inadequate toilet facilities, hanging of sweated cloths of so many workers in a small space, improper cleaning and washing in such an inadequate space, etc. make their housing condition very poor. Consequently infestation of bed-bugs and cockroaches go unabated making their housing poorer. Some Bangladeshi and Tamil workers also reported that they need to complete their cooking within 10 pm, because their gas stoves are not allowed to be on after this time[3]. This restriction proves to be very harsh because most of them return from work during 7-8 pm doing overtime.

4.1.2.4. Sleep Deprivation

The workers do not get adequate time for rest. Typically, their sleeping time is less than 6 hours per day (some days it is even 3-4 hours). Other than this, usually they have no other resting time during the workday. Their working time elongates up to 18 hours including transportation, bathing, washing-cleaning, cooking, eating, etc. Moreover, even within this short period, they are deprived of sound sleep due to frequent movement of people coping with their shift work in such a limited

[3] It seems that supply of gas is probably regulated from outside by the dorm operators.

space. Sleep deprivation is one of the major issues concerning their health and productivity. This also affects their relationship and emotion, as the workers remain tired most of the time at their dormitory.

4.1.3. Social Wellbeing

4.1.3.1. Overwork and Monotony

Fatigue due to excessive work (longer working hours and overtime as well as working during the holidays) causes health hazards and contributes to low productivity as well. Robotic work environment leads to health degradation and consequently productivity loss. For the sake of economic gain and repayment of high debts, workers are prepared to adopt monotonous work life that is often *"unfulfilling and without real satisfaction and joy".* Most of the workers are keen to work on Sundays to earn overtime, which is double of the weekday wages. One has to put this in the context that many workers have paid at least $8,000 as agency fee and earn only S$300-500 per month. When the availability of overtime is reduced, workers experience financial hardship. As such, one of the respondents commented that "*now it is difficult to recuperate the debt after meeting our needs in Singapore*".

Beside the above, the employers often disregard workers' need for rest as well by imposing overtime upon them that stress the latter to a breaking point. It was reported that migrant workers' salaries are deducted if they do not agree to undertake overtime work. For example, a Tamil worker complained that "*if we take leave on Sunday, the other day's salary is reduced*". A female Chinese worker described about how one of her friends succumbed to mental disorder due to excessive stress of work imposed upon her:

> *"I have a few friends, who came here and were under too much pressure. There was one friend, who was undergoing through extreme pressure. The pressure was too overwhelming that led her to imagine unusual things. She had to do overtime every day. She didn't want to work overtime; but the company pressurised her to do that. Consequently, she used to be very tired and could not do any other things. She was squeezed to the point that she lost her usual capacity to work within two years. As such, the company wanted to let her go back after the 2-year contract period. Eventually, suffering from nervous breakdown, she is now seemed to be an abnormal person."*

4.1.3.2. Loneliness

Overwork and living away from parents, siblings, relatives and friends make the migrant workers lonely as well as develop feelings of alienation among them. In Singapore, they are unable to get personal care and nursing attendance during their period of sickness compared to that at home. Hence one Tamil male worker commented, "*Here, in Singapore, there is no one to ask me about my well-being or what I do*". This situation, coupled with various workplace hazards and social despise, make them feel that "*as far as foreign workers are concerned, we are only treated as second class residents*". Both the Chinese and Indian workers stated that "*no one care about our emotional well being and problems here*". According to a Chinese woman:

> *"Apart from my work, I feel lonely and constricted, unless back home when I was happier and could visit different places. For the past three years, there were hardly any joyful moments; it is like something heavy weighting me down."*

The following comment of a Tamil worker also depict their state of loneliness: "*We are bound by situations and victims of circumstances*." Another Chinese male worker pointed out that he is "*used to being lonely as his friends have gone, (he) can only enjoy the loneliness, (I) am numbed to it*". His friend added: "*With parents around, then feel a sense of security, here is no sense of security*".

Many workers feel that, by working in the shipyards and construction companies, they are actually trading off their own peace and pleasure for money. A Tamil worker made this point succinctly by saying that "*to be honest, by losing our peace we give the people back home a peace of mind*."

Although the young workers suffer from a feeling of alienation, the older ones do possess a sense of belonging to Singapore. A young Chinese woman commented that

> *"… their (the older women's) sense of belonging is stronger than ours; 10 years later they are still around, whereas we are gone already".*

4.1.3.3. Coping with Loneliness and Mode of Relaxation

For the migrant workers, one way of coping with separation from the family, friends and relatives is to speak to them over telephone. Another is to chat with the friends and fellows in Little India during the holidays. For the PRC workers, some meet up their spouses during the weekend while others spend most of their rest time on the internet.

To some, shopping is a coping strategy to deal with loneliness and monotony. *Oniomania*, a compulsive desire to shop, is contributed by stress and low self image. Hence, one of the Chinese workers described herself:

> *"I love shopping. When I feel down, I would go on a shopping spree. I love to have lots of clothes and shoes. I always feel that it is not enough. I do not like to eat when I feel down; I would go on a shopping spree to reward myself! ... I borrow money to shop."*

However, most of the Chinese workers make themselves engaged in surfing internet during the off days and evenings when they do not have any overtime work. Other workers across the ethnicities watch TV, listen to music, do physical exercise (soccer, jogging), read newspapers and novels, etc. Some workers drink alcohol, particularly beer, after receiving their salary. However, a few drink out of frustration for not being able to remit money home. Some Christian workers of Chinese and Tamil origins visit church in the weekend, while many Bangladeshi and Tamil Muslims offer their prayers at the mosques. They also perform these religious rituals at their dormitory.

4.2. Access to Health Services

Although some workers, particularly those employed in the manufacturing sector, are quite happy with their medical services, most of the migrant workers in the shipping and construction sectors face various forms of constraints to access health services. These are discussed below.

4.2.1. Communication/Language Barrier

Migrant workers, particularly the Bangladeshis, cannot convey the proper information of their physical and other problems due to dearth of their communication skill in English or Chinese. As one Bangladeshi worker reported,

> *"Here, you see, the biggest challenge is the language barrier. While many of us here are educated, some are not. Now what my problems are, it is seen that often I cannot express it properly. It is because I have to speak in English completely."*

Another Bangladeshi worker said,

> *"You see, many of us here cannot even tell what our problems are; whether the problem is in the hand or the head or the stomach. We can't explain it to the doctors. Often it seems that we are visiting the doctors four, five, or six times, but the problem still persists"*

Even the Tamil workers face such problems, since only a few Tamil-speaking doctors are available.

This inability to communicate properly, or miscommunication, often leads to improper diagnosis and consequently wrong medical treatment (e.g. suggestion of wrong or improper or ineffective medicines by the physicians). The new comers (migrants) are most affected in this respect. One general practitioner (GP) commented, "*Ineffective communication lengthens consultation time and this can translate to higher medical charges.*" It may be worth mentioning here that no service of interpreter is available in the company sponsored clinics or with the private GPs. To cope with the problem of communication, the foreign workers take help of their friends, who are comparatively better in English communication. As such, while visiting the doctors, these patients need to manage and bring their friends along with them.

However, this communication problem does not appear to be a major constraint for the workers from China because most of the doctors are Chinese-speaking.

4.2.2. Negative Perceptions and Experiences with Health Services

Some Tamil workers complained that they do not get proper treatment and adequate service from their company appointed doctors. In the words of one such worker:

> *"They won't even touch us to see what is wrong. They will just give us leave and send us away. So, there is an abuse of the system because they give leave to everyone and no one gets proper service. They just give some medicines to take."*

Another worker said,

> *"If we go to them for fever, they won't even check our pulse. They don't touch us. Everyone gets the same kind of medicine."*

Another worker added further, "*They look at your face and deduce the illness from there.*" However, confronted with the issue of touching a patient, a GP commented, "*not all doctoring require physical contact*". He further added on the aspect of prescribing medicine,

> *"Factory doctors may come up with a list of cheap generic medicines that the GP can prescribe to foreign workers."*

Foreign workers from China have the perception that some doctors are "*responsible*", while others

are "*irresponsible*". The "*responsible*" doctors take time to listen to and examine (by asking detail questions) the worker properly before deciding upon diagnosis and giving a prescription. In contrast, the "*irresponsible*" doctors rush through, often prescribe painkillers or provide similar medicine every time. There are communication problems as such. The medical practitioners give the impression that the patients' perception of their own sickness is not important. As one Chinese worker expressed,

> *"It seems that the foreign workers are not valued, and the consultation time is kept minimal."*

Another worker added,

> *"Sometimes, before I finish telling him my problem, the prescription has already been given. Once when I was at the clinic, the patient who was before me in the queue said the same thing".*

Another Chinese worker added,

> *"The medicines GP gives are all the same, they only treat the symptom and not the root cause."*

The GP, who was interviewed for this research project, opined on this aspect that

> *"Bad doctors simply want to have fast turnover of patients and do not want to work too hard. A busy clinic with many company contracts is highly profitable. In some cases, these clinics employ local doctors who may not feel responsible for the patients' wellbeing."*

The workers also complained that the medicines prescribed by the company doctors were not that much effective compared to those brought from home or purchased from the medical stores here. Workers' perception is that, in general, medicines purchased from their home towns are more effective. The doctors probably try to limit their cost by prescribing cheaper medicines. A Chinese worker's testimony in this respect is worth mentioning:

> *"Once I went to see a doctor. I had stomach-ache and was given some medicine, but it was not effective, I was rolling in pain, I repeatedly asked for an injection; but the doctor said it won't be useful. But I insisted on having a shot, because it was too painful; so after the injection, I was ok."*

Asked to comment on this, the GP we interviewed told us that

> *"Apparently the PRC (Peoples' Republic of China) workers are more prompt to ask for injections, influenced by the type of medical services they experienced in China. Injection will definitely increase the cost. Oral medication can work but may take a longer time."*

It appears that a sort of cross cultural miscommunication prevails between the physicians and workers. One female worker from China reported,

> *"That is right. Once when I visited the doctor, he asked me, what medicine do you want? I said how do I know? I am not a doctor, I also do not understand. Then he prescribed medicine to reduce inflammation, like those type."*

Another male Chinese worker commented,

> *"When we are sick here, sometimes do not even know about it. The way the work is done here and in China is different; things are different when at home. Here we are affected by multiple factors."*

A Chinese female worker described his interactions with a physician in Singapore in this way:

> *"His attitude (towards patient) is based on patient's social standing; to us his attitude is lousy, which doesn't make us feel good. Of course, there are some who are not that much sick, but most people are really sick (when they see a doctor)".*

Hence this type of behavioural practice from the physicians discourages the workers to seek medical help till it becomes too late and the problem has escalated.

The above findings point towards the fact that all medical encounters are to be considered in the setting of cultural and social differences. It will help doctors to understand, what 'good doctoring' is all about – i.e. listening, asking the right questions, and meeting the patients where they are.

4.2.3. Cost of Medical Services

Although some companies provide free medical treatment, many workers prefer to buy the service from outside which is quite expensive. A male Tamil worker reported that

> *"Medical services are too expensive. I got charged S$100 for a slight fever. The shipyard doctors' services are free; but they don't give us proper medicines and leave. All our illnesses are treated with the same few pills."*

The Government Polyclinic consultation cost is S$16, while they charge S$10-$15 for medicines. Private Clinics under contract by the employers may charge S$6-$8 for consultation and S$10-$15 for medicine. Often polyclinics can be more expense for foreign workers than the private clinics because repeat visit is treated by the former as a new incident. They are generally much stricter in giving out

MC. There are wide range of contracts between the employers and GP clinics; but there is no fixed benchmark. It ranges from setting the upper limit of workers' treatment by the company (a total of S$15-$20 for consultation and medicine) to co-pay scheme whereby workers pay $5 and the company pays the rest. In this case, company may cap the coverage to a limited amount. In some cases, company pay a cap and the rest is paid by the foreign worker. Government requires the clinics to itemize the bill. However, there is no guideline for consultation fee. It can range from S$16 to S$40. If the worker goes to see a doctor on Saturday or Sunday, the charges can be doubled!

In some cases, employers pay the full costs of treatment after work injury as well as pay the salary during the whole period of medical leave. But not all employers do that. Workers are generally paid a portion of the full amount of out-patient care, while companies cover the full expenses for accident. It is quite common for subcontractor not to pay medical expenses or salary during sick leave. Some Tamil and Bangladeshi workers reported that their companies do not pay for medical services. Moreover, workers are required to pay 3 days' wages for absence of one day leave. For workers who cannot afford the expenses, they pull support from their friends and relatives – the larger social support network.

A Tamil worker commented,

> *"In Singapore, there is a lack of compassion and medical attention for us. They charge us so much, but don't seem to care about us."*

One of the GPs we interviewed commented that

> *"There is no rule for outpatient treatment of foreign workers. They (migrants) have no right to take sick leave. Ideally the company that employs foreign workers, should treat them (migrants) as other employees, they (migrants) should be able to know their rights, able to seek medical care and claims; e.g. maximum claim per year, entitlement of number of MCs and days of hospitalization per annum."*

4.2.4. Long Waiting Time

Workers complained about long waiting hours in the hospitals and clinics, about 5-8 hours. Some of them were released around 3 pm, while they checked-in at 10 am; even some had to spend 8 am to 4 pm in the hospitals and clinics. In some of these cases, they could not even get medical leave if the doctor did not consider this eligibility. This in turn compelled them to take leave without pay from the work, affecting their productivity and resting time.

4.2.5. Self-medication

High medical costs in Singapore (compared to their wages), juxtaposed with their negative experience with various health services, discourage many migrant workers to seek service from the doctors (other than their company's ones) even in case of requirement. As long as possible, at least at the initial stages of ailment, the workers indulge themselves in self-medication. Anti-biotic and other medicines are brought from their home countries. Some of them prefer to take herbal medicines (e.g. *ayurvedic* medicines available in Bangladesh and India) or resort to other traditional remedies (Chinese, homeopath, etc). They prefer to see the physicians whenever they fail to cope with self-medication anymore. For common health problems, the Chinese workers prefer self-medication because there is a lack of confidence in medical treatment available in Singapore. As one such worker said,

> *"We understand the specifications of the medicine that are brought from China, which help us to avoid consuming wrong medicines."*

Another Chinese worker explained further,

> *"They (doctors in Singapore) usually prescribe simple and general medications, but not focusing on the root cause. This contrasts the practices in China – there doctors examine the patients carefully before they prescribe. That's why we do not see doctor here for small problems. It doesn't make big difference between whether we see doctor (in Singapore)) and self recovery"*

However, according to a medical practitioner, self medication can affect the outcome of proper diagnosis.

4.2.6. Medical Leave

Many workers reported that it is very difficult to get medical leave despite having disease and fallen sick. In such condition, some workers opt for leave without pay. In a complaining tone, one Tamil worker said that

> *"I have been here (Singapore) for one and a half years. I went to see the doctor for the first time after two months of my arrival. I had an oil splatter on my abdomen. I could not take the pain. They did not reduce my usual duty to a light one. The wound swelled up, but the shipyard doctor refused to give me medical leave."*

Another respondent added,

> *"You have to beg an M.C. (Medical Certificate) from them. It is very difficult to get."*

It was also reported that, in case of migrant workers, medical certificates (MCs) from outside doctors[4] are not usually accepted by many companies, while this is not the case for the Singapore citizens and permanent residents (PRs). Sometimes companies set policy to instruct their doctors not to give MCs to the migrant workers and the company doctors may comply this for the fear of losing contract with the company. A medical practitioner of Singapore opined that

> *"for manual workers, inadequate rest and limited right to take sick leave means that workers have less time to recover from their physical exhaustions, hence lowering their immunity".*

The workers are afraid of forced repatriation to their home countries. Hence, at least in one instance of chicken pox a group of Bangladeshi workers chose not to report this incident. In the absence of medical support from the company, the patients were left out in the dormitory.

4.3. Sexual Behavior and Vulnerability

4.3.1. Culture and Sexuality

Open discussion on reproductive health and gender issues are avoided by the migrant workers due to their socio-cultural beliefs and taboos. To some extent, socio-cultural impulsion working through social kinship network prevents migrant workers from meeting the sex-workers. As some Tamil workers expressed,

> *"Our home is in Pattickota. His home is also in Pattickota. If four people are from Pattickota, this (visiting sex-workers) will be known. You will be scared that the others will know. If people have come from the same hometown it is like that."*

Some workers interviewed exhibited dual identities regarding their sexuality. During one interview, our moderator was given the impression that sexual needs are irrelevant to them by way of their following expressions: "*We are not married*", "*Your questions are too direct*", and "*I fell asleep in sex education class*". But when the moderator asked them whether they would use branded condoms or the unbranded ones, all suggested that they would choose the branded ones. At the end of the interview, a box of unbranded condoms was placed on the table. Almost three quarter of the box was exhausted by the female workers instantly!

[4] That is, the physicians who are not deployed by the respective companies.

However, the mindset of dealing with sexuality is changing. Some of the workers expressed like this: "*No one is shy and backs out*", "*I want to go*", and "*I don't have a problem. You don't either*".

4.3.2. Sex Education

Generally PRC workers would have received some form of sexual education in China but the information is generally partial because of the taboo such as "*sex is filthy*". As such the information appeared to be relatively superficial like the following ones:

> *"The teacher did not teach us (laughter). They only taught what AIDS is. How to do precaution is up to you to discover (laughter); maybe your father can teach you (laughter)."*
>
> *"Something likes STD. In any case, some 'filthy' disease; people like us wouldn't know about these things. So if someone in the dormitory gets it, what are our chances of getting infected?"*
>
> *"In China, we had sexuality education classes in our teens; sometimes our parents also hinted such things to us."*

It appears from the FGD findings that formal sex education is virtually absent among the Bangladeshi and Indian (Tamil) workers, because none of these respondents mentioned any such issues.

There were mixed comments about condom distribution in the dormitory; from those perceiving it as encouraging promiscuity to necessity since government is publicizing on HIV prevention and condom use.

4.3.3. Visiting Sex-workers

Generally the foreign workers acknowledge that visiting sex-workers is very common because of their physical need. However, during conduction of the FGDs, most of the respondents did not admit that they visited the sex-workers in person. Most of the time, they referred to 'others' indicating their friends, acquaintances, colleagues and neighbours. According to one Tamil worker, "*some visit sex-workers once a month and a few visit them once a week*". Sometimes the migrant workers go in a group to meet the same sex-workers in sequence. While meeting sex-workers, all of them (migrants) are in the habit of using condoms to avoid contracting HIV/AIDS or other STDs. They procure

condoms either from the shops (mostly from NTUC Fairprice Shop) or vending machines. If they do not carry condoms themselves, the sex-workers supply and insist them to use.

Many workers opined that the issues of sexual behavior and practice are not that much important to them. As such, many of them were reluctant to deal on this aspect. During a FGD, one of the Tamil workers got annoyed and commented that "*our actual problems at workplace are much more than the sex-related issues*".

4.3.4. Cost of Meeting Sex-workers

Meeting sex workers is quite expensive. The costs (i.e. the fee of sex-workers, price of sex pills, hotel room rent, costs of drinking beer or other alcoholic beverages and soft drinks, transportation, etc.) may come up to S$100 or close to 25 per cent of their monthly salary. Consequently, some workers refrain themselves from meeting the sex-workers due to their financial constraints – to them this is unaffordable. When asked about meeting sex-workers, a Tamil worker opined that

> *"We can't even settle our debts with a salary of S$400 per month. We obtain pleasure from the bottle*[5]*. We drink so that we don't get such thoughts. If we spend S$100 a night with them*[6]*, that is equivalent to five days' salary. But with S$5 we can save that money and still go to work the next day. If you think like that, you won't go (to sex-worker)."*

4.3.5. Indirect Sex-workers

Other than meeting regular/licensed sex-workers in the brothels of Geylang, Little India (Desker Road, Tekka), etc., many workers have contacts with indirect or irregular sex-workers. These are mostly housemaids of Filipino, Thai and Indonesian origins. Many migrant workers develop some sort of friendship with some of these maids, hence calling them '*girlfriends*'. As one Bangladeshi worker admitted,

> *"More or less everyone goes (to sex-workers). If one is here for long time, he has to go. Otherwise he can't stay. I mean whoever is staying here for a long time, he has 'girlfriend'. Hence many workers take up girlfriends. And one who is new, he does it after coming here."*

[5] By saying 'bottle' they usually mean beer.

[6] Sex-workers

Another Tamil worker revealed that the "*workers may have one or more 'girlfriends' and they keep changing every month*". The workers, however, admitted that they neither prefer nor use condom while meeting their 'girlfriends'; although these maids follow safety guidelines (referring to natural/biological contraception maintaining menstrual cycle). According to them, they do not get pleasure in making sex using condom. As such, knowingly or unknowingly, these migrant workers are vulnerable to contracting HIV or other STDs.

Although the female workers from China did not admit that they were involved in the activities of sex-work, it appeared from their discussion that at least some of them have had some sort of irregular sexual relationships. As one of the FGD participant (female) told,

> *"A lot of Mainland Chinese girls work in the day and change clothes to solicit customers at night. At least this doesn't happen on our side. These girls would go out when there's no one around and return home very late at night. If you sit over there outside at 12 midnight (pointing out towards the gate of the dormitory), or even around 9-10pm, you will see that the girls that come here are dolled up; they really don't look like they got off from work. The girls who return home very late wear like white-collar professionals. Really look very pretty. This doesn't happen for us lah!"*

Requested about elaborating more specifically, another respondent added:

> *"Now that girl doesn't do this anymore. She has a husband already. When one day she took a cab at night, the 'uncle' asked her if she wanted to be a kept woman; she scolded him for being insane. And she felt embarrassed and did not mention it anymore. This is from our dormitory."*

Beside the above cases of "*girlfriend*" and "*uncle*", there are also 'floating sex-workers' who are unlicensed. For example, many workers told that there is an open and secluded field near their dormitory at Dreamland (pseudonym) where their fellow workers meet the Thai girls (sex-workers). Here a sort of makesh "Thai field", since mainly the Thai sex-workers are available here. Beside these, as told by the Tamil workers, floating Tamil sex-workers are also prevalent in Little India, particularly around the Tekka Mall who are usually met by the Tamils and other South Asians.

The above instances raise the concern of vulnerability to HIV and other STDs, because safe sex practices are not possibility maintained in the case of indirect or floating sex-workers. Proper monitoring of safer sex and health practices cannot also be ascertained in these instances; hence causing a potential treat of proliferation of HIV and other STDs in Singapore and their home countries.

4.3.6. Other Longer-term Relationship

There are also cases when Chinese female migrant workers develop relationship with Singaporean men. Chinese workers that are in high debt are often led to sexual relationships with the local men, who help them in return.

But most of them (migrant females) are not aware that legally foreign workers cannot go through any form of marriage or apply to marry, or to become pregnant or deliver any child under any law with a Singaporean citizen or permanent resident in or outside Singapore while she holds a work permit. Hence, their ignorance about the Singaporean law actually gets them cheated.

During a FGD, one of the Chinese female workers cautioned about this situation:

> *"But it is really the case and there is no other way – the girl would foolishly live together with him (a Singaporean man) for a few years. After separation and going back to live for one to two years, the relationship will become distant. I feel that a lot of Mainland Chinese females don't understand this point. If problems arise, the law won't recognize these issues; when time passes by and the couple is not getting on well and get separated after a while, the female would suffer as she won't get any benefits out of the relationship. Nothing at all to attained, because they are not legally recognized as couple. I will go back and inform my friends (girls), otherwise they would get cheated."*

Long term relationships also develop among the foreign workers – other migrants begin relationships with migrants of different nationality.

4.4. Migration Cost

During the discussions almost all the workers persistently raised their voices against very high cost of seeking employment in Singapore, particularly about payment of high agency fee. Let us discuss a bit about these here in context.

The whole process of in-migration is handled by certain recruiting and travelling agencies in the countries of emigration and Singapore. These agencies typically perform the following tasks:

- Introducing the workers to jobs, arranging interviews, providing administrative support and finding housing for the workers, assisting employers in the cases of repatriation;
- Agents in China also help workers to procure loan from banks;
- Agents, at times, visit schools to source for workers even they do not have the job in place;

- The agents very often misinform the workers and government bureaucracy about the logistic of applying for job overseas;
- Workers cannot apply for visa without paying high agency fee for sourcing jobs, which may involve bribing officials in the home countries as well.
- Sometimes the agency fee is based on the basic monthly salary of the worker

The following testimony of a migrant worker from China sheds some light on the aspect dealing with payment of extra money, the so-called 'economic rent':

> *Worker (W): "We can't apply for visa on our own. In china, it's about RMB 110. But if we go on our own, they will reject for sure."*
>
> *Question (Q): "What will happen if rejected?"*
>
> *W: "Then we will not be allowed to come over. Unless you pay RMB 500 to the agent, they will not apply for you."*
>
> *Q: "If you pay RMB 500, can you apply for yourself?"*
>
> *W: "For sure we can't."*

In case of the workers from China, typically they pay agency fee for S$7000 to S$18,000 which most of them will not be able to earn back in one contract term. The Bangladeshi workers typically pay S$8,500 to S$10,000 to their agents. This agency fee is generally shared between the home and Singapore agents. According to the interviewees, the larger sum is taken by the Singapore agents but Singapore employers interview claimed differently.

Without getting overtime during the ongoing phase of recession, and with the prospect of retrenchment, the uncertainty creates a lot of stress among the migrant workers. The incidents of retrenchments increase their debt burden embroiling them into cycles of indebtedness.

In terms of the relationship between the workers and agents, there is little more than an economic transaction. One Chinese worker portrayed the mutual relationship between the workers and agents in his following statement:

> *"The relationship between us and the agents is like trading business. We pay them to come over here to work and they make money from us. For our examination and interviews, they only provided us with information and told us how to deal with (the Singapore interviewers). We were not their friends at all. We had little time to contact with each other. It was only a short period of training time. The home agents communicated with the agents in Singapore and we got connected to Singapore agents*

through them. If we managed to pass the exam and interview, we would come over and paid them; but if not, we went back home and they walked off. Therefore, to us, the relationship is just like win-win situation. We get opportunity from them and they make money from us. These are my thoughts"

Without the legal binding leading to proper tripartite contracts between employers, foreign workers and recruitment agents in the home and host countries, disputes become extremely difficult to resolve and workers generally lose out in the deals. As one Chinese worker revealed:

"Our company didn't discuss with the intermediary to return us the fee. Right till now, we have tried to find out. Initially, we couldn't contact the intermediary as we only had his phone number but no address. The intermediary told us his names; but we don't know whether the name is genuine or not. Every time we called him and requested that we wanted to discuss with him face-to-face, we were declined. He found excuses to reject us. Then we formed a group of more than ten people. Afterwards, locating the intermediary, we went to discuss with him. But, in the meantime, one of us was still sent back to China."

The complete case study is available in Appendix 3.

4.5. Suggestions of the Workers

The following suggestions have been emanated from the FGDs conducted with the workers in the Dream Home Dormitory:

- The migrant workers favour subsidized medical service from HealthServe (HS) as well as a general medical check-up once in every 3-6 months. HS may provide orientation and counseling on HIV-AIDS and other STDs as well as potential danger of using counterfeit sex-pills being sold on the streets around the brothels.

- Among all the requests from the PRC workers, the Stress Management Support is a priority. Generally workers are concerned about their health and will appreciate health talks to keep them healthy.

- Specialist talks (STD/HIV, Gynaecology) in ways that can communicate effectively with migrant workers compounded with migrant friendly, easily accessible clinic ("doctors who understand us").

- Recreation and educational activities suggested by the workers: English class, yoga, fitness room,

social activities (because many cannot afford), ball games, football, and drop in centre where workers can mingle.

- Some other suggestions for the proposed community centre (CC) are: (i) provision of cable TV channels in native language (e.g. ATN, Channel I, etc. of Bangladesh), (ii) newspapers, novels, story books in their vernacular, (iii) internet browsing service,(iv) English language training, training on computer, electrical and mechanical services, short courses on various other skill development, etc., (v) information, training and guidance for job opportunities other than shipyards and construction sector, (vi) arrangement for relaxations
- Another suggestion to HS is to conduct orientation course on safety precautions and warnings in the workplaces, presumably the courses they receive is not adequate.

5. Limitation of this Research

The limitations of this study are briefly stated below:

- Even with the large sample size of this qualitative focus group analysis, the finding may not be considered as representative for the general migrant population, since this study has not employed a quantitative survey technique to gain a detail and statistically representative assessment of the migrant workers from a larger sample size.
- The finding was time sensitive because the FGDs were conducted at the height of 2009 economic tsunami that results in many workers living in the Dream Home dormitory retrenched, living in great deal of uncertainty or asked to reduce work week. Their comments might have been different in the absence of the financial crisis.
- The discussions captured responses from the perspective of foreign workers and healthcare providers. More comprehensive pictures will require interviews with other stakeholders such as employers and dormitory operators.

6. Conclusion

"The quest to earn money has made me accept the fact that I have to sacrifice my health for salary. In reality, to earn better income in Singapore, we need to spend much more in order to take care of our health." – a male foreign worker, age 29.

6.1. Access to Health and Welfare Services

The foreign workers have raised their concerns about malpractice of some employers regarding health care and claims, occupational health and safety. These pertain to accommodation, working hours, mental and physical health, workplace hazards and monotony.

Foreign workers often fall outside or beyond the reach of existing social services that invariably increase their vulnerabilities. Leaving behind familiar places and societies with different values, perceptions and traditions strongly challenges mental wellbeing and imposes certain psychological stress which in turn can potentially trigger health problems and social functioning in individuals. Overcrowded and unhygienic living condition, sleep deprivation, various health hazards related to their workplaces, communication problems, limitations having access to and unaffordable health services make the workers vulnerable to productivity loss and attritions. High debts encourage workers to work excessively long hours without adequate rest. However, during the economic crisis they cannot work overtime; rather have their week shortened, which make them worse and embroil them into indebtedness as well as severe mental depressions and physical health hazards. Structural barriers, such as language and cultural differences, limited finance, inadequate health insurance coverage, cultural practices and beliefs prevent them from seeking medical help. A previous bad experience, fear of repatriation and perception of negative attitudes on the part of the health provider, as well as the location of services within their reach may put them off.

Most of the foreign workers come from South, Southeast and East Asia and are recruited in their reproductive years (20-40) when they have needs for intimacy and sexuality. Denied the company of regular partners, they are finding other ways of dealing with these needs. Until now, there is no tailored program targeting the large and growing number of male and female foreign workers who come from the Asian countries with STI and HIV prevalence [i]. The combination of migration and high risk behavior among these workers is acting as vectors for the spreads of STIs/HIV[ii]. Furthermore it is

the behavior at key intersections (such as Geylang, Desker Road and Tekka in Little India, Bedok, "Thai Field", etc.) of mobile and non-mobile groups as well as other transient short and longer terms relationships with Singaporeans and among themselves create an opportunity for increasing STI/HIV transmission.

Concern of harassment and fear of negative repercussion on their employment hamper the foreign workers' willingness to seek proper STI treatment and HIV testing until they incur higher costs to remedy a bad situation. In the majority of cases, migrants leave Singapore alone to avoid exposure to further shame. Hence, the actual volume and rate of infection is much higher than that known. While Wong et al.'s survey on foreign Asian clients of sex workers[iii] confirm the findings on self-medication and some other health practices by the foreign workers[7], it seems to disagree with the findings of this present study where it is found that the workers use condoms while meeting the regular (licensed) sex-workers. However, Wong et al.'s survey corroborates with this study's finding that the migrant workers do not practice safe sex while meeting the irregular sex-workers (their 'girlfriends') and having extra marital relationships. While the Chinese foreign workers possess some sex education (although inadequate), the Bangladeshi and Indian (Tamil) workers are devoid of such formal education because of cultural limitation and social taboos. These factors potentially contribute to the vulnerability of migrant workers to STIs/HIV.

As indicated in the Methodology section, the Dream House Dormitory has been chosen as a representative purposive sample site for its better accommodation and living condition. Even then its crowded housing and unhygienic condition contributed to sleep deprivation, various diseases and stress that may have led to reduction of workers' productivity, keeping aside its moral issues. This

[7] Studies on HIV-risk related behaviours among foreign Asian workers in Singapore conducted by Wong ML et al on a random sample of 810 clients of sex workers (677 foreign Asian clients in Singapore, of which 80% were migrant labourers and construction workers; and 133 locals) recruited from the streets and outside the brothels in Singapore found that foreign clients were more likely than locals to be inconsistent condom users with sex workers. Clients from China reported the highest percentage of inconsistent condom use (29.2%) and sexually transmitted infections (16.7%) compared with 8.3% ($P < 0.003$) and 2.3% ($P < 0.005$), respectively, among locals. Additionally, foreign clients reported a slightly higher but not statistically significant prevalence of STI symptoms in the past 6 months than local clients (3.2% vs. 2.3%, $p=0.283$). Other findings of concern are their delay in seeking treatment and propensity for self-medication. Only 13.6 % of foreign clients compared with 66.7% of locals sought treatment within one week of symptom onset. Less than half (44%) sought treatment from clinics and hospitals, where all of them were confirmed by laboratory tests. The others self-medicated (24%), got medicine from friends (24%) or sought treatment from traditional practitioners (8%). A higher proportion of foreign clients than locals self-medicated or obtained medicine from friends (57.4% vs. 33.3%).

situation logically puts us before the question of what the condition is there in the other accommodations for foreign workers, e.g. those of Tuas Avenue 6, containers, etc.

6.2. Employment Malpractices

The key concerns of foreign workers are centered on issues concerning excessive job placement fee, the non-payment or under-payment of wages and un-authorized deduction. When the system of recruitment becomes highly de-regulated and market driven, the private employment agencies, third party brokers and labor recruiters, that span international boundaries, dominate the process of recruitment, migration, deployment and repatriation. Many involved in the transnational recruitment networks are treating workers as commodities for trade with little concern about their wellbeing. They require workers to pay high upfront costs that put workers in heavy debt and hence the recovery takes a long time (typically 1 to 3 years) to accomplish. Issues of kick back (whereby the agents give incentives to the employers to employ migrant workers and then pass the cost to the latter) further increase what migrant workers have to pay back. Workers are given misinformation about the working environment, wages and benefits. Often workers are not given adequate pre-departure orientation. They are employed without proper employment contracts that may hold employers, employment agents and migrant workers accountable to their rights and obligations. Where there is no direct relationship between the employment agency in the sending country and the employer in receiving country, it is almost impossible to ensure accountability and an effective channel to handle grievances from the workers' perspective. In times of economic downturn, workers have their contracts terminated pre-maturely or have their monthly income reduced because of shorter work weeks. This translates into longer repayment period for the workers.

6.3. Recommendations

The following recommendations are put forward to ameliorate the health and other problems as well as vulnerability of the migrant workers.

6.3.1. Education/Workshops and Health Service focusing on Health Promotion

The following migrant-friendly measures and services are recommended:

1) To provide adequate and culturally sensitive workshops for migrant workers on healthy lifestyles.

2) To provide health specialist workshop targeting gender specific issues and information on stress management.
3) To provide relationship and value education so that migrant workers can build and maintain healthy relationship with one another and with opposite sex.
4) To improve access to diagnosis and treatment of STIs, anonymous HIV counseling and testing services
5) To empower migrant communities with STI prevention programs by setting up integrated community drop-in centers which provide access to information, counseling, condoms and learning activities.
6) To increase workplace STI programs by developing motivational meetings in partnership with employers, and by disseminating information and materials.

6.3.2. Enforcement

6.3.2.1. For the Ministry

a. To ensure that the Sick leave section 89 of the Employment Acts (Chapter 91) is properly implemented to all workers including foreign workers and active monitoring of the employers' compliance with such standards, and taking step against non-compliance.

    i. Migrant workers should have sufficient training on key employment terms prior to coming to Singapore. This includes contract terms and conditions and the process, knowledge of their rights and responsibility (including workman injury compensation acts, knowledge and access to resources in Singapore, cultural awareness and sufficient language ability.

    ii. To provide more resource guide to the migrant workers detailing the available resources for reporting maltreatment.

    iii. As an interim solution, invest in or support the existing hotlines to increase transparency and provide communication channels to migrant workers.

b. To establish health care standards in terms of culturally competent care, language access services and organizational support for cultural competence at migrant "hot spots". The following measures need to be taken:

i. To ensure that the patients/consumers receive effective, understandable, and respectful care from all staff members that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

ii. To provide the ongoing education and training through culturally and linguistically appropriate service delivery.

iii. To provide training on culturally appropriate services to the health care providers and staff members providing other services to migrant workers.

iv. To provide language assistance services at all levels and across all disciplines, including bilingual staff and interpreter services. This should be done at no cost to the patient with limited English proficiency at all points of contact and in a timely manner during all hours of operation.

v. To make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

c. To establish optimal number of occupancy in the workers' dormitories for maintaining health-friendly environment and conduct regular spot checks to maintain the standard.

d. To provide incentives to develop participatory, collaborative partnerships with community organizations and employers in the setting up of community centers that capture the needs and the recreation services for the foreign workers.

6.3.2.2. For Employers

a. To ensure that workers have adequate rest, they are brought to the workplace just before the commencement of their work.

b. To obtain feedback from the employees concerning the medical treatment they received and conduct dialogue on these feedback with the health care providers.

c. To tackle employment agents' (EA) malpractices

i. Engage foreign workers to identify their motivation drivers and theirs needs to migrate, assumptions they make and to gather their feedback of possible

solutions to tackle the problem.

ii. Collect examples of other attempts to resolve EAs malpractices

iii. work with trade associations and employers

    1. to develop sector-specific standard codes of business conduct and tripartite contracts (employers, foreign workers, EA) which include recruitment policy to make up for shortcomings that may exist in host country laws.
    2. Choice of EAs who demonstrate commitment and actions to protect workers' welfare.
    3. to ensure that the migrant workers are made familiar with language, culture, legal and social structure of their destination countries.
    4. to ensure that migrant workers are informed of wages, working condition and general living condition before deciding to work overseas.

Considering the limitation of this qualitative research as discussed in section 5, we would recommend to conduct a full length quantitative survey based on the above findings in order to test/establish the representativeness of this study and to make policy recommendation accordingly.

APPENDIX 1: FGD Guide – General Encounter of Healthcare Services

All of the Main Questions (*) should be asked in each focus group session.
The Prompts do not need to be asked, but should be used if discussion stalls.
Try to make sure all participants have a chance to talk (try not to let one or two do all the talking).
Encourage discussion between the participants (avoid talking to them one-to-one).

SECTION ONE: INTRODUCTION

*To begin, we would like each of you to introduce yourself. Say your name and tell us how long you have been in Singapore. Also, briefly tell us, how do you feel about your health since you have been in Singapore?

[Note: Aim to conclude this discussion in approximately 15-20 minutes]

SECTION TWO: EXPERIENCES OF ILLNESS AND INJURY

*Discuss the kinds of health problems that you and other foreign workers face in Singapore. What are the most common health problems that you or people you know have experience? Please tell us specific stories of what has happened to you or people you know here in Singapore?

[Note: Spend approximately 30 minutes on this section; prompt participants for more stories if less than 30 minutes; after 30 minutes move to next section.]

[Prompt: Are there other kinds of health problems that you or other people you know have had?]

[Prompt: Can you tell us other stories about times you or others had health problems? What happened? What did you do about it?]

SECTION THREE: EXPERIENCES OF HEALTH SERVICES

*When you or foreign workers you know here are ill or injured or have other health concerns, what do you do about it? Where do you go for help? Who do you talk to? Please tell us specific stories of what has happened to you or people you know here in Singapore?

[Note: Spend approximately 30 minutes on this section; prompt participants for more stories if less than 30 minutes; after 30 minutes move to next section.]

[Prompt: Can you think of other things you do when you have health concerns?]

[Prompt: Are there other places you or other foreign workers go for help?

[Prompt: Are there other people you would talk to about health concerns?]

SECTION FOUR: SUGGESTIONS FOR HEALTHSERVE

*We are interested in providing health and wellness services for workers in the dormitories here. What suggestions would you have for us on the kinds of services you most need?

[Use the remaining time in the session to discuss this question.]

APPENDIX 2: FGD Guide - STI/HIV Risk Related Behavior and its Associated Factors

Objectives: This study is to increase our understanding of knowledge and perception about sexually transmitted infections (STIs) and HIV among foreign workers, to explore their sexual and treatment seeking and STI/AIDS-risk reduction behaviors, and to explore their ideas about how best to promote condom use for STI prevention.

Introduction

Good morning/afternoon/evening. My name is _____ and I work/volunteer for Health Serve.

As part of our studies, we've asked you here to discuss the problems that communities face. Our discussion should last for about _____ hours.

I will be helping to guide the discussion and make sure everybody has a chance to speak. This is my friend_____. S/he will be making notes during the discussion so that we do not forget any of the points discussed. Although s/he will be recording the points raised, s/he will not write down any names, so whatever you say will be confidential.

STI FOCUS GROUP INTERVIEW GUIDE

Icebreaker general questions

1. Please tell us something about your family?
2. Where do you work? How long have you been in Singapore?
3. What are some of the problems you face working in Singapore?
4. Where do people go and what do they do to relax during day off?

Theme 1. Sexual behaviors

1. I know it is quite common for workers to visit brothels in Little India or Geylang to seek other forms of relaxation, can you tell us some experiences you have heard of from your friends?
2. What are the reasons that lead them to do that?
3. How do they do that? Who makes the arrangements?

Theme 2. Knowledge and perception of STI and HIV

1. What are some of the good things and what are some of the not so good things about going to Geylang? …about visiting a prostitute?
2. After visiting a prostitute do people worry about what might happen to them?
   Do they worry about getting diseases/conditions from having sex with prostitutes?
   What do you know about these diseases?
   What are the chances of people getting such diseases?
   What do people do about it?

Theme 3. Treatment seeking behaviors

1. In your personal opinion, what are your chances of contracting the bad things such as the diseases you mentioned?
2. For the bad things you mentioned, how much do you worry about them?
   How would people know that something is wrong for example that you may have gotten sick or a disease from a prostitute? What do people in your dorm do to cure themselves?
   Usually what do they do to cope with the worries?

Theme 4. Condom promotion

1. Do most men know how to protect themselves, for example do they use condoms?
2. Where do they get their condoms?
3. In your view, where would be the best places for people to get condoms?
4. What can HealthServe do to make condoms easier to get and to use?

Is there anything else you would like to know or ask me?

APPENDIX 3: PORTIONS OF INTERVIEW WITH PRC WORKERS ON AGENCY FEE

I give you feedback, we paid quite an exorbitant sum of agent fee to come here; we needed $16, 000 Sing dollars or RMB 80, 000.

M: Where do you come from?

Changchun. Now our situation at the company is very dire; we can't even get our base pay. The company issues S$600+ dollars in a month, now we are struggling to make our money last. After paying for necessities, even when we are frugal we can't save a lot of money. Now, we still need to pay up around S$10,000+ dollars for our agent fee.

M: Wah, how come it is so expensive? Then what is your base pay?

Around $700. Then there's a problem with your agent. I worked through an agent in China. The agent would set his fee based on a proportion of your base pay.

A lot of us came here via this agent. All of us, in fact.

M: Did you all come here via one agent or many intermediaries?

Only one agent.

M: Then the agent you relied on, did he liaise directly with the Singapore agent?

Now the company isn't very nice-it wants to discuss with him, whether he can give us a portion back? The supervisors in Singapore side were shock when they heard the exorbitant agent fee on the China side. Because we are new arrivals and do not have much money. We still have loans to pay in China.

M: Certainly. The agent is too greedy already.

It's impossible to earn so much money in a year. If you want to attain this kind of money, your company must give you backing. Other people can't help you; only your company can stand up for you.

We also submitted lots of money when we came. Initially, we also looked for an agent, an agent at the Singapore side. Our company also intervened to look for an agent. Our company has done rather well. It intervened before to get back the agent fee but the fee it got back wasn't a lot.

But we don't know if our company would help us? One thing I'm worried about, if we go and complain, would the company retrench us and send us back home? Or will they fail to pay us money after we have worked for two year? That's why we also don't dare to look for company and request that it help us look for an agent.

M: Can you speak, discuss to the HR department in the company?

Her concern right now is if she solicits help, the company would fire her.

I feel that her agent fee should be pocketed by the China side, should be from China.

Our company didn't discuss with the agent to return us the fee. Right till now, we tried looking, initially, we couldn't contact the agent as we only had their phone number but no address, the intermediaries told us their

names but we don't know whether the names are genuine. Every time we called him and said that we wanted to discuss with him face-to-face, we were declined every time. He found excuses to reject us. Then we formed a group of more than ten people, after locating the agent, we went to discuss with him, but one of us was still sent back to China.

M: Why was he sent back?

The agent said that being a guy, he was brainwashing us and leading us to make trouble for the agent, that's why he was sent back. The agent fee was also not returned to him, that's why he sent the boy back now so as to serve as a deterrent and prevent the rest of us from creating trouble; otherwise we would also be sent back. That's why we now haven't gotten back our agent fee, our company also didn't help us speak up, that's the situation now.

The Chinese feel that there's stress here; that's the biggest reason because a high agent fee. Especially in one's first year of arrival, he would be especially afraid to make mistakes during work and be sent back after that. That's the greatest pressure, there's no other source of pressure.

To be sent back after incurring mistakes, that's their first comment: you will be sent back if you make a mistake again.

Also when we first came, everyone thought that we could earn a lot of money when we came to Singapore. But in actual fact, when you came, you would feel that the situation wasn't as good as you expected. You won't earn as much as you thought. Like our agent fee was S$16,000, in situations such as this, one can't repay even after two years. And if the company doesn't sign contract with us after two years, we simply can't earn money and even have to incur a financial loss.

[i] Mee Lian Wong M, MD,* Roy K. W. Chan, MBBS, FRCP,† David Koh, MBBS, MSC (OM), PHD,* Mark E. Barrett, PHD,* Suok Kai Chew, MBBS, MPH,‡ AND Sharon S. H. Wee, BA, MSOC SCI*. A Comparative Study of Condom Use and Self-Reported Sexually Transmitted Infections between Foreign Asian and Local Clients of Sex Workers in Singapore. July 2005; Vol. 32, No. 7 p.439-45.

[ii] Skeldon, R. 2000. Population mobility and HIV vulnerability in South East Asia, UNDP, Bangkok

[iii] Wong ML**,** Chan RKW, D Koh, Mark B, Chew SK, Wee S. A comparative study of condom use and self-reported sexually transmitted infections between foreign Asian and local clients of sex workers in Singapore. Sexually Transmitted Diseases, 2005; 32:439-445